

Submission to the
**Royal Commission into
Victoria's Mental Health
System**

Prepared by headspace
July 2019



Part A: Introduction and recommendations

headspace National welcomes the opportunity to inform the Royal Commission into Victoria's Mental Health System. This submission reflects input from headspace National and the headspace Centre Network.

headspace provides a comprehensive, diverse and accessible platform for young people, and has excellent brand recognition and trust in Victorian communities. From 2014 to 2018, 70,637 young Victorians were helped by headspace centres.

headspace has a proven track record of working effectively with the Victorian Government to leverage the headspace brand and platform to deliver targeted state based initiatives to meet the unique needs of young people in centres, in schools, in communities and online.

It is our view that Victoria's mental health system has the fundamental building blocks to meet the needs of the community, but that chronic underfunding, a lack of integration and system fragmentation have eroded the efficacy of the system over time. This aligns with the findings of the recent Victorian Auditor-General's Review of Child and Youth Mental Health.

Real opportunities exist to ensure the system can meet demand, streamline access and transition between services utilising a 'no wrong door' approach, build real continuity of care through dedicated integration of funding, alongside a *much greater focus on* consumer and family/carer participation.

Not only is the headspace platform an integral part of the mental health system, headspace is also an example of mental health reform in action. Having established an entire national service sector within a decade, headspace is uniquely placed to provide insights and learnings to inform future reform in mental health.

We attribute the success of the headspace establishment to some of our fundamental principles, the most important of which is partnership with young people, their families, carers and friends in design, planning, delivery and governance of headspace centres and services. Since inception, headspace has continued to refine participation and has learned a lot about what is required to support and embed true partnerships with young people and their families and friends.

Other key headspace principles are: the importance of brand traction to facilitate help-seeking and access; family and community inclusive practice; a focus on the 'whole person' rather than the disease (through our four pillars); diverse service offerings which reflect the needs and preferences of the young people; and a collaborative, place-based approach to establishment based on leveraging existing community strengths.

The Royal Commission process and recommendations will provide opportunities to leverage off previous headspace investments in Victoria and develop an enhanced system of care inclusive of education, employment, drug and alcohol, and general health systems

We are hopeful that the work of the Victorian Royal Commission can lead the way for further reform and improvement not only in Victoria, but also nationally.

Our recommendations

Our recommendations reflect the current need to inform the ongoing *process* and the *overall strategic objectives* of the Royal Commission. Our recommendations also reflect some of the immediate and urgent work which can be done to address the needs of vulnerable children and young people in our community, and their families, who cannot afford to wait for years to benefit from change. We therefore call on the Royal Commission to make the recommendations below for the Victorian Government to do the following:

Our recommendations are based on the premise that headspace is well positioned to partner with the Victorian Government to guide and support sector reforms. We welcome the opportunities to build reforms off the back of, and inclusive of, the headspace platform which provides safety and security for young people in need of mental health care and support.

Recommendation 1: Direct future youth mental health investment to help reduce headspace wait lists and strengthen and extend access to headspace centres and services, specifically:

- **Direct immediate funding toward moderate to severe mental health services**
- **Direct funds to headspace centres to undertake service coordination and integration to work with young people, particularly those experiencing complex mental health and social problems.**

This recommendation seeks to address one of the most fundamental concerns held by headspace, other youth mental health providers and the Victorian community. Some young people presenting to headspace have complex mental health and social problems and/or are experiencing moderate to severe mental health conditions. These young people require greater supports and care than what headspace can manage within our current funding and model of care. Many of these young people are unable to access the tertiary services they really need because of excessive wait lists, reductions in funding, restrictive eligibility criteria and/or a lack of local, appropriate and youth friendly service options. Young people come to headspace because they know and trust our brand – we need to be able to respond to their needs in a safe and sustainable way and ensure we can work effectively with crisis and tertiary services to help them to get the care they need.

We acknowledge that while fundamental change is needed to address the significant and systemic issues facing Victoria's mental health system, the reform should focus on building on the existing mental health system (inclusive of the headspace platform) rather than disruptive structural change. This in no way seeks to minimise or trivialise the nature and scale of change required to provide Victorians with the mental health system they need. It speaks to the opportunity to ensure that reform achieves the best possible outcome in the shortest possible time. Major structural change and introduction of new structures take years to implement (the roll-out of the National Disability Insurance Scheme and the establishment of the Orange Door initiative are examples). Mental health reform will have greater impact, faster and at less cost if it builds on existing strengths and structures.

Recommendation 2: Boost funding to Victorian Aboriginal Community Controlled Health Organisations and headspace centres to improve the social and emotional wellbeing of young Aboriginal and Torres Strait Islanders by:

- **Co-designing culturally safe services and supports**
- **Improving engagement with Aboriginal communities including young people, elders and families**

In Victoria, as in other states and territories, Aboriginal and Torres Strait Islander young people experience disproportionate rates of distress, mental illness and suicide. The contributing factors include colonisation, loss of land and cultural connection, racism, intergenerational trauma and forced removal of children. The prevalence of mental health issues exists alongside other concerning outcomes around substance abuse, engagement in education, economic participation, housing stability and general health.

Between 2014 and 2018, 2,635 Aboriginal and/or Torres Strait Islander young Victorians were helped by headspace centres, making it clear that many young Indigenous people do access headspace and other mainstream services. While it is critical that mainstream services continue to make improvements to deliver culturally safe and appropriate care, the Aboriginal Community Controlled Health Organisation (ACCHOs) sector is ideally placed to provide Aboriginal and Torres Strait Islander young people and their families with the holistic and culturally safe care that they need to achieve better social and emotional wellbeing. Particularly in regional Victoria, ACCHOs are central to effective engagement with Aboriginal and Torres Strait Islander young people and their families, and to accessible and appropriate services.

Ensuring that ACCHOs are resourced to support young people and to work in collaboration with headspace and other mainstream providers is critical if we are to improve outcomes for Aboriginal and Torres Strait Islander young people and communities.

Recommendation 3: Increase investment in digital services and incentivise integration between digital and face-to-face services.

Providing young people and their families and friends with a range of options to source information, seek help and engage in treatment is critical to supporting equitable access for people experiencing geographical or social isolation, and can also be an important service option for people who need anonymity, or are in unsafe family environments for example. Digital options as an adjunct to face-to-face can also be an important part of reducing wait times, increasing access and delivering efficiency.

headspace has demonstrated that young people can and will readily engage in online options, and that these are particularly powerful when they form part of an integrated approach with face-to-face delivery. From 2014 to 2018, 148,394 young people registered for support through eheadspace. We believe that good integration with digital platforms, such as web-chat and group-chat, is often missing in current approaches, and is often not considered when new models of care are being developed and commissioned.

There is an opportunity to continue to grow investment in digital services and online supports that integrate with and complement face-to-face service delivery for young people (and their families and friends), and to support existing and new face-to-face services to engage with digital services, both to coordinate care and to better utilise digital supports for young people.

Recommendation 4: Fund evidence-based demonstration projects that help address child and youth suicide by following up those who present at hospitals for a suicide attempt or significant self-harm.

A paper by Orygen¹ summarising the evidence and policy regarding youth suicide argues strongly for the involvement of young people in the development of youth suicide policy, funding, decision making and evaluation. The report highlights that even brief contact with services can result in a reduction in suicidality.

The Orygen report clearly articulates the need for follow up after young people present to emergency departments. Not only is investment in this area urgently needed to improve and save lives, but the early learnings from demonstration projects can be used to inform the Royal Commission moving forward. The evidence-based Hospital Outreach Post-suicidal Engagement (HOPE) Initiative is currently very adult focused, but could readily be expanded to include youth focused sites. headspace would welcome the opportunity to work with Primary Health Networks (PHNs) and other key stakeholders to be part of placed-based, tailored responses to reduce youth suicides.

Recommendation 5: Invest in the capacity and capability of the mental health sector to build on and continue to evolve meaningful participation by young people and their families and friends in service development, delivery and evaluation of mental health programs and services.

¹ Orygen, The National Centre of Excellence in Youth Mental Health. (2016) Raising the bar for youth suicide prevention. Available: <https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report.aspx?ext=>.

This recommendation is relevant across the Victorian population, not only for young people and their families and friends. Meaningful participation will be a critical enabler to create and sustain successful reform, and achieving sufficient levels of participation takes time and ongoing effort. headspace National is well positioned to support this work and to leverage the learnings from our best practice youth participation work for the benefit of the entire community.

Recommendation 6: Establish a taskforce, including headspace National, to investigate and develop a model to address the alarming rates of mental illness and self-harm in primary school aged children.

We are increasingly concerned about the rise of anxiety, depression and self-harm in young children, and believe that urgent action is required to address this rise. Our concern is also shared by educators, health professionals and parents. Victoria has an opportunity to take the lead on developing a service model which truly provides age-appropriate prevention and early intervention. We are ideally placed to be part of developing this service model as a leading provider of youth mental health services, through our work in primary and secondary schools and based on our experience of establishing and scaling up age-specific services and programs.

Recommendation 7: Embed Individual Placement and Support (IPS)² in all Victorian headspace centres and expand access to Digital Work and Study Service (DWSS) to all young Victorians.

Supporting social and economic participation for young people living with mental illness is of critical importance, and needs to include a comprehensive set of strategies across education and employment settings. headspace runs two existing programs which are evidence-informed and are achieving positive outcomes: IPS³ and DWSS.⁴ Investment in these programs to substantially boost access to vocational support for young Victorians is an important first step. We would welcome further opportunities to engage with the Royal Commission on development of other complementary strategies in schools, training and tertiary settings, as well as in workplaces where young people are frequently employed.

Recommendation 8: Continue to invest in and scale innovative models to future-proof the ongoing viability of general practitioner, nursing and allied health services in rural and regional Victoria. This is to ensure communities can access the care they need, including mental health care.

Recruitment and retention of qualified and experienced health professionals, particularly clinical staff and specialist providers, is a significant challenge for headspace and other services, particularly in rural and regional areas. However the focus must address the shortcomings of previous workforce strategies which still result in poorer health outcomes the further away people live from metropolitan areas. It is a critical time in Victoria to ensure integrated models of care in rural communities are financially supported. For instance, new integrated approaches such as the Integrated Health Network (IHN) being developed by the Murray

² Currently Bendigo and Shepparton have IPS in place. IPS will commence at Frankston and Sunshine soon.

³ Soon to be released. KPMG. (2019) Final Report for the Evaluation of the Individual Placement and Support Trial. Canberra: Department of Social Services.

⁴ Kennedy V, Miyazaki K, Carbone S, Telford N, Rickwood D. (2018) The Digital Work and Study Service: Final Evaluation Report. Melbourne: headspace National Youth Mental Health Foundation.

Primary Health Network (PHN) should be encouraged and expanded across other PHN regions. A vibrant and connected general practice that integrates with state based services can enhance opportunities for headspace centres in rural communities to provide the right care in the right setting for the young person in a timely manner.

In addition to general staff shortages for mental health clinicians, recruiting General Practitioners (GPs) is especially challenging for headspace, and is becoming more and more of a concern in rural and regional Victoria, as well as in many urban centres. Currently 19 per cent of Victorian headspace centres do not have a GP (historically we know this figure varies between 20–30 per cent), which undermines our model of care and impacts on the extent to which young people experience a coordinated approach to care.

Recommendation 9: Work in partnership with the Federal Government to develop and implement a Mental Health Workforce Strategy for the training, recruitment and retention of an appropriate workforce for mental health, including for youth mental health, across Victoria and Australia.

An appropriate and sustainable workforce is absolutely fundamental to being able to boost the capacity of the mental health system, and to enable the roll-out of any reform agenda. headspace National calls for development of a Mental Health Workforce Strategy to be developed in collaboration with multiple national and state agencies actively working together to address workforce limitations (shortages, maldistribution, attraction and retention, ageing workforce and training placements) with both a short term and longer term view. This will ensure the Victorian mental health system can accommodate scale up and reform. Learnings from other major reform agendas (such as family violence) can be leveraged here to avoid workforce issues being a limiting factor down the track.

Recommendation 10: Fund the roll-out of community engagement efforts to improve mental health literacy, reduce stigma and increase help-seeking behaviour of young Victorians, including priority populations

There is clear evidence that community engagement efforts and multifaceted mental health literacy campaigns can be highly effective, and headspace National has a range of concepts and collateral available which can be adapted and relaunched to target Victorian young people and their families and friends. Our extensive experience and expertise makes us well placed to work with the Victorian Government around developing a community engagement approach. See page 10 for more information about headspace community awareness campaigns. There is also an opportunity to look at targeted community engagement for priority groups such as Aboriginal and Torres Strait Islander young people, culturally and linguistically diverse young people, LGBTIQ+ young people, young men, young people experiencing homeless or unstable housing, and young people living in rural and regional Victoria. *Note: We acknowledge that consideration must be given to scaling up services in time to meet the additional demand that will come with community engagement efforts.*

Recommendation 11: Fund the development and co-design of tailored approaches which enable culturally and linguistically young people and their families to engage with providers and services in youth mental health.

We know that young people from culturally and linguistically diverse (CALD) backgrounds are vulnerable to poor mental health, and experience many barriers to accessing care. For example, in some languages there

are no words to describe the concept of mental health, and in some cultures mental illness is highly stigmatised and shameful. Therefore, mainstream messages, campaigns and engagement approaches are not particularly effective and young people in these communities can be very isolated and unable to seek help.

Young refugees and asylum seekers are particularly susceptible to poor mental and physical health, often exacerbated by the insufficient access to health care, trauma, family separation, violence and periods of deprivation and poverty that are often associated with the causes and process of seeking refuge.

headspace Dandenong has worked closely with local CALD communities to understand the needs and priorities of young CALD people and their families, as well as to identify and address cultural and language barriers in order to increase engagement and access for this cohort. While this approach has been successful, it requires significant investment in order to establish partnerships with other services, build trust with local communities and to undertake meaningful co-design which empowers the young people, as well as families and community leaders.

We would welcome the opportunity to work with the Department of Health and Human Services to establish ways to scale this approach through targeted co-investment and collaboration.

Part B: Overview of the headspace platform

headspace is the National Youth Mental Health Foundation and is one of the Australian Government's major investments in the area of youth mental health. headspace comprises the largest national network of youth mental health services.

The core of the headspace service offerings is the network of headspace centres (110 locations), contracted through PHNs. Centres have been progressively rolled out across Australia in a series of rounds since 2006 when the first 10 centres were commissioned. See Appendix A for a list of Victorian centres and satellites.

Each headspace centre offers multidisciplinary care structured around four core service streams:

- Mental health, with a focus on mild to moderate presentations and early intervention
- Alcohol and other drug services
- Primary care (general and sexual health)
- Vocational support.

However, the extent to which these services are available and accessible in each centre varies, and is impacted by funding availability, staff profile and available infrastructure.

Central to the headspace centre model is the concept of place-based collaboration. Each centre is run by a local agency which is commissioned by the regional PHN in each location. A consortium of local service providers, influencers and community members come together to guide and nurture their local headspace centre, ensuring that the service is deeply embedded within the local system and community.

In 2011, headspace received funding to provide online mental health care through eheadspace, which enabled headspace to extend its reach and reduce the barriers to service access for young people who may not live near a headspace centre, or are not ready or able to access face-to-face care.

In 2012, headspace School Support (hSS) became the first service in the world to offer a postvention service to schools affected by suicide. Its purpose is to reduce the impact of suicide on school communities and ultimately reduce rates of suicide among Australian secondary school students through offering immediate and ongoing services to assist all secondary schools to prepare for, respond to, and recovery from a death by suicide. hSS has evolved over time to include responses to the risk of suicide, suicide assertive aftercare, suicide attempt and suicide prevention.

By mid-2013, the headspace centre network was strengthened with the integration of specialised services for more complex, low prevalence disorders, specifically early presentations of psychosis. The headspace Youth Early Psychosis Program (hYEPP) is based on the Early Psychosis and Prevention Centre (EPPIC) model developed by Orygen.⁵

In July 2016, headspace received funding from the Department of Jobs and Small Businesses to pilot the Digital Work and Study Service (DWSS). This service supports the vocational service delivery of headspace centres through the provision of work and study assistance for young people via a digital platform. Additionally, the Individual Placement and Support (IPS) trial is being delivered from selected headspace locations across Victoria. The IPS model integrates employment and vocational services with clinical mental health and non-vocational support, and focuses on the individual needs of people with mental illness who are seeking to enter, or remain in, education and/or employment.

The Department of Health is the principal source of funding for the headspace initiative. This includes funding for headspace National, as well as for the platform of services offered under the headspace brand. headspace National provides national coordination and support for all headspace services and programs.

⁵ The program was implemented in six clusters (servicing a national total of 14 centres) using a hub and spoke model and has full service funding committed until 30 June 2021.

Support headspace National provides includes: national community awareness campaigns, national workforce training, education and development; advice and support to PHNs commissioning headspace services; national data collection and evaluation; fidelity assessment and credentialing of headspace centres; facilitating the headspace centre network; monitoring and reporting on services to funders, particularly the Department of Health; and other activities that enable the initiative.

headspace is a company limited by guarantee established for the purpose of promoting improved health and mental health outcomes for young people in Australia, including through the funding of early intervention and prevention programs.

Part C: Question responses

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

Building community understanding of mental illness and reducing stigma can be achieved through sustained efforts to increase mental health literacy and build the capacity of people to understand and look after their own mental health, and to recognise and respond to changes in the mental health of their family, friends and colleagues.

From a youth mental health perspective, research shows that limited mental health literacy and the impact of stigma has significant implications for young people in particular, in terms of their ability to manage their mental health and seek help when it is needed.

Improving mental health literacy for young people means ensuring that:

- Young people can better understand their own mental health, and the mental health of their peers and friends. This includes knowing where, when and how to seek help if needed.
- A young person's family, teachers and work colleagues recognise when something isn't right, know how to start a conversation, respond supportively and when to suggest a young person seeks help.

The approach that has yielded the most successful results for headspace is a systematic, integrated approach that includes:

1. Raising awareness of the specific services that are available to young people and their families and friends.
2. Committing to a co-design approach for service development and delivery and community engagement efforts with young people and their families and friends.
3. Rolling out large-scale community awareness campaigns that build the mental health literacy of young people and their families and friends. This helps to build skills in self-care, recognise warning signs, start conversations and seek help.
4. Ensuring that clinicians working with young people are equipped with resources and skills to deliver effective psycho-education to young people and their families.
5. Helping those who are supporting young people (parents and friends) to develop skills and use resources to support a young person who is struggling.
6. Improving mental health literacy in workplaces where young people are, so that young people who are experiencing mental health difficulties are supported to remain in employment.
7. Targeting efforts for priority populations who have lower mental health literacy, and who can benefit from tailored messages, engagement approaches and suitable calls to action. For example, as Aboriginal and Torres Strait Islander young people, culturally and linguistically diverse young people, LGBTIQ+ young people, young men, and young people living in rural and regional Victoria.

The evidence we have compiled over many years demonstrates that this integrated approach is effective at reducing stigma, increasing mental health literacy, promoting available services and stimulating help-seeking among young people. A recent example is our headcoach campaign, which reached just over one quarter of young men in Australia aged 18–25 years. Of those, 64 per cent took an action to improve their mental health e.g., they visited the headspace website for information or spoke to a friend or family member about their mental health.

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?

From the headspace experience the following approaches are effective in preventing the onset of mental illness, and supporting help-seeking behaviour and early intervention:

- Increasing mental health literacy through community awareness campaigns focusing on young people and their parents.
- Building and leveraging a trusted youth friendly brand to encourage help-seeking behaviour and engage young people and their families in mental health services.
- Improving access to care by increasing the availability of face-to-face and digital services, to offer choice and alternative approaches to help-seeking. This should include:
 - evidence-based, guided self-help (information)
 - digital services (web and phone)
 - face-to-face primary care services
 - access to specialist mental health services.
- Services that practise consumer-centred design, delivery and improvement cycles show results in improved consumer experience and satisfaction.
- Creating services and programs that target and respond to the unique needs and preferences of priority groups who experience poorer mental health and social outcomes. For example, as Aboriginal and Torres Strait Islander young people, culturally and linguistically diverse young people, LGBTIQ+ young people, young men, young people experiencing homeless or unstable housing, and young people living in rural and regional Victoria.

To better assist people to access early treatment and support, it is necessary to address the challenges which are currently restricting the capacity of mental health services to intervene early.

The following are key observations identified by headspace:

- Disinvestment in tertiary mental health, coupled with improved help-seeking and rising levels of distress in young people, has impacted wait lists for primary care services such as headspace.
- Wait lists are affecting access to services – preventing young people from getting the help they need when they need it.
- More young people with complex mental health and social problems and/or moderate to severe mental health conditions are seeking help at headspace. These young people are often prioritised due to their high risk profile, which extends the wait list for young people with more mild to moderate mental health issues.
- We are increasingly concerned about the rise of anxiety, depression and self-harm in young children, and we believe that urgent action is required to address this growing concern, which we know is shared by educators, health professionals and parents.

Key actions from headspace's perspective include:

- Incentivising early intervention/primary services and specialist mental health services to work together to address the 'missing middle', and to ensure better continuity of care and transition for people as they move from one part of the system to another.
- A significant boost to enable effective coordination and support for young people which transcends service sectors and current funding streams and, ultimately, delivers service integration.
- A sustained and multifaceted focus on tailored engagement and campaigns that target priority groups.
- Funding and contract reform, including provision of longer-term contracts, to provide certainty and stability for organisations to ensure that their workforce is sustainable and to support more strategic and sustained approaches.

- A commitment to decreasing waiting lists (through state and federal co-investment) so that people can get the help they need, when they need it.
- Developing a service model which truly provides age-appropriate prevention and early intervention for children 12 years and under.
- Developing and implementing education settings-based approaches (across secondary schools, but also with a focus on vocational education and training providers, as well as universities) for young people experiencing mental ill-health.

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

Suicide is the leading cause of death for children between five and 17 years of age, and many more children and young people consider or attempt suicide. We know that the prevalence of suicide, and suicidal feelings and behaviours are rising, even in children as young as eight. The impact of suicide is immediate and traumatic for those affected by it – for the friends or family of the individual especially, but also for the broader community.

We note some encouraging progress in the suicide prevention field:

- Orygen's 'Raising the bar for youth suicide'⁶ report clearly articulates the need to engage young people in suicide prevention policy, service design development and evaluation.
- We are encouraged by the increased focus on research relating to suicide prevention in recent years, including the emerging evidence base relating to suicide postvention.
- headspace's school based postvention program is an example of leading practice in this space. This program is leading the way in developing a strong body of practice based evidence for effective postvention in school communities⁷, and the proactive prevention of suicide contagion. We believe it is crucial that this program continues to be strongly supported by State and Federal agencies. *Note: this program is currently being delivered by headspace as a part of the Be You Initiative.*
- We welcome a focus on programs which provide assertive follow-up care to people following discharge from inpatient care or emergency departments due to significant self-harm or suicide-related behaviours. Such programs can make a real difference in diverting people from future suicide attempts. We are concerned however that these programs are currently primarily targeted towards adults, and we believe there is an opportunity to expand the pilots to include some youth focused approaches.

From headspace's perspective there are still many opportunities to improve efforts to prevent suicide, including:

- More focus on translation of suicide prevention and postvention research into practice. There is a growing body of evidence about what needs to be done following a suicide attempt, however this is not being routinely implemented in the community nor is there a strong enough focus on youth specific pilots.
- Discharge/transfer to appropriate assertive follow-up care and support after a suicide related hospital admission to reduce the risk of further attempts. The HOPE Initiative is a good example, and we would like to see more of these types of programs, including a greater focus on young people and priority populations.
- Better integration between health and education providers where young people are identified as being at risk in one or both of these settings.
- Introduction of standardised monitoring and surveillance systems for the collection and use of data on suicide and self-harm.

⁶ Orygen, The National Centre of Excellence in Youth Mental Health. (2016) Raising the bar for youth suicide prevention. Available: <https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report.aspx?ext=>.

⁷ To ensure a consistently high standard of service delivery, hSS has commissioned the following evaluation and evidence-gathering projects: Responding to Suicide in Secondary Schools: A Delphi Study (2015), hSS Evaluation (2014) and hSS Awareness and Satisfaction Evaluation (2015).

- A mechanism to understand the number of people, including young people, who are effectively diverted from suicidal behaviour, in order to continue to build our understanding of what works and for whom.

As a frontline provider with significant reach into youth populations and a strong brand, headspace is well placed to scale up efforts to reduce suicides and suicidal behaviour for Victoria's children and young people.

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.

One of the most vulnerable times for young people to experience mental health issues is between 18 and 24 years of age. At this stage, young people face a unique set of life challenges: transitioning from school to study or the workforce, moving out of home and relationship breakups, which can all make it hard for them to stay in a positive state of mind, and research shows rising rates of distress in young people.⁸

Evidence indicates that young people in general experience a set of unique barriers including:

- A lack of mental health literacy resulting in young people not being able to recognise that something is wrong, when they should seek help and where to go if they need help. Young men can be particularly vulnerable.
- Stigma and shame around mental health and asking for help.
- Considerable delays between the onset of their symptoms and accessing treatment. This is due to a lack of capacity within the system to provide timely access to services. In Victoria we know that at headspace young people wait on average 10.5 days for their intake session, 27.8 days for their first therapy session and 11.8 days for subsequent therapy sessions.
- A lack of extended opening hours often result in young people having to take time off school or work to attend appointments.
- Affordability of care. Many services are financially out of reach for young people, which deters them from accessing services.
- Workforce, services and environments not being youth friendly or youth appropriate.
- Concerns about confidentiality and privacy.

In addition, adolescence and the transition to adulthood is a time of individuation and with that comes experimentation and risk taking behaviour, often associated with unsafe drug and alcohol use. Particularly for young people, mental health and drug and alcohol misuse are often co-existing. If mental health services are to be able to address the needs of young people holistically, they need to be equipped to address substance use in relation to prevention, harm minimisation and therapeutic interventions that support both improvement in mental health and comorbid drug and alcohol misuse. There is a huge opportunity to intervene early in problematic drug and alcohol use in young people to improve outcomes across their lifespan.

Based on our insights and observations, we believe that services are not effectively linking together. This is largely due to the workforce and services being extensively stretched and the progressive reduction of dedicated funding to enable integration between parts of the system. All of these factors mean that the most complex and vulnerable people in our population are getting lost.

From a youth mental health perspective, key priorities include:

- Increasing mental health literacy through community awareness efforts focusing on young people and their parents.
- Ensuring people have access to interim support while waiting for a service. For example, phone and online services can not only help to improve the level of engagement with young people, but can be integrated with face-to-face services to provide a powerful and highly accessible package of care option.

⁸ headspace. (2018) New headspace research reveals alarming levels of psychological distress in young Australians. Available: <https://headspace.org.au/blog/new-headspace-research-reveals-alarming-levels-of-psychological-distress-in-young-australians/>

- Growing and strengthening existing platforms to reduce waiting times and improve service integration.
- Incentivising early intervention/primary services and tertiary services to work together to address the 'missing middle', and to ensure better continuity of care and transition for people as they move from one part of the system to another.
- Access to services which are provided for free or at a low cost.
- Access to holistic service delivery which addresses key areas of a young person's life including: mental health, physical health, vocational supports and alcohol and other drug use. (Note: this is a core tenant of the headspace model of care.)

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

There are a number of priority groups who have unique needs, and who experience poorer mental health and social outcomes. Namely, as Aboriginal and Torres Strait Islander young people, culturally and linguistically diverse young people, LGBTIQ+ young people, young men, young people experiencing homeless or unstable housing, and young people living in rural and regional Victoria.

These groups have been identified as priority populations as they often experience a complex, mutually reinforcing mix of economic, social, health and early-life disadvantage, as well as being marginalised, dealing with stigma, entrenched poverty and inter-generational trauma. All of these factors increase the likelihood that they will experience periods of poor mental health.

In addition to greater need and complexity, these communities experience a range of barriers to accessing appropriate care, and this contributes to poorer outcomes. Key barriers to access for these groups include:

- Personal barriers to access such as: limited mental health literacy; stigma, shame, and fear of seeking help; and concerns about confidentiality.
- Service and environmental barriers such as: a lack of youth friendly and cultural appropriate services, environments, tools and approaches; limited access to transport; limited choice and flexibility within services and programs.
- Structural barriers such as: limited local service options; inflexible intake processes, and rigid eligibility criteria which can fail to take into consideration the needs of more complex and vulnerable young people.

From headspace's perspective, the following key actions are needed:

- Fund the development and co-design of tailored approaches which enable culturally and linguistically young people and their families to engage with providers and services in youth mental health.
- Increasing mental health literacy through multifaceted community engagement efforts focusing on priority population groups which may benefit from more bespoke and targeted focus such as Aboriginal and Torres Strait Islander young people.
- Prioritisation of mental health services for key priority population groups in all future youth mental health investment.
- Partnering with the Aboriginal Community Controlled Health sector, Aboriginal and Torres Strait Islander young people, communities and elders to design and develop resources, services and policy.
- Ensuring people have access to various modalities of support (face-to-face, phone and online) to increase the availability and geographic accessibility of services across Victoria.
- Incentivising providers to develop and maintain inclusive and culturally safe services which holistically meet the needs of young people and their families.

What are the needs of family members and carers and what can be done better to support them?

Involvement of family and friends contributes to reducing the incidence of relapse, improving adherence to treatment, improving family functioning, increasing periods of wellness, and improving a young person's quality of life and social adjustment. Despite this, family and friends often feel like their role in supporting a young person is unrecognised.

From headspace's perspective, we understand that:

- Young people are most likely to talk to friends or family members as the first step in seeking support, however, sometimes family and friends are unsure of how to respond to those disclosures and the most appropriate advice about how to seek professional help.
- Family and friends are particularly important in the early stages of emerging mental illness, and their capacity to notice, respond and support the young person effectively can be critical to the outcomes for that young person.
- In order to effectively support young people in an ongoing way, families and friends need information to increase their own mental health literacy and need help with clear strategies and supports for their young person.
- Families of young people report that service providers don't listen to them or value their input enough, or they are simply not consulted about important matters related to the young person's care, despite the fact that they are key to the young person's wellbeing and recovery process.

Families and friends can play a critical role in supporting a young person's recovery as they possess valuable knowledge and resources that will assist in the treatment of the young person. It is time that the mental health system value and routinely involve family and friends in mental health care. For this to be done well it is imperative that:

- The mental health literacy of families and friends is increased so that people can recognise when something isn't right with their young person, know how to approach a conversation in the right way, and know what services are available.
- Families and friends are empowered to participate in their young person's care, engaged in ongoing service development and evaluation, and engaged in the governance of organisations.
- Mental health services acknowledge and respect the contributions of family and friends. Families and friends need to be treated with dignity and respect and to feel included in the treatment of the young person.
- Families and friends are supported to care for their own wellbeing, as well as caring for the young person. They need to be provided with information that is useful, practical and supportive, and be referred to support services where appropriate.

headspace has a proven track record in youth participation, and a growing focus on participation of family and friends. This means we are at the forefront of building family and friends' participation into the way care is provided (see the headspace Family and Friends Inclusive Practice Model for details); the way we plan, deliver and evaluate services; and the overall governance of headspace. While we still have a long way to go, our learnings and insights can help other parts of the system expedite efforts to improve the way the mental health system responds to, and supports, families, friends and carers.

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

An appropriate and sustainable workforce is absolutely fundamental to being able to boost the capacity of the mental health system, and to enable the roll-out of any reform agenda. A critical next step should be the development of a Mental Health Workforce Strategy addressing, at a minimum, attraction/retention, training, maldistribution and appropriate support and supervision. This strategy needs to be developed

collaboratively, with multiple national and state agencies actively working together to address workforce limitations and shortages with both a short term and longer term view.

From a youth mental health perspective, we believe that the following specific actions may assist in building the sustainability of the workforce:

- Embedding training in youth mental health and holistic multidisciplinary care into the qualifications of all of the key mental health professions (e.g. psychiatry, psychology, general practice, social work, occupational therapy and mental health nursing).
- Supporting clinical placements (especially in rural areas) in youth mental health through targeted incentives and well supported placements.
- Investing in meaningful development of a peer-led workforce. There is a need for the peer workforce to have clearer role definition, professional development through peer-led training and supervision and enhanced job security.
- Enable services to 'top-up' private practitioners' funding (GPs and allied health professionals) who are funded through Medicare Benefits Schedule items.
- Collaboration between the State and Federal Government (through PHNs) to develop a coordinated approach to incentivising psychiatrists and other specialists to work in areas of workforce shortage.
- Investing and expanding integrated service approaches that ensure rural and regional communities get the care they need. An example such as the Integrated Health Network (IHN) being developed by the Murray Primary Health Network (PHN) could be encouraged and expanded across other PHN regions.
- Introducing longer funding cycles for government funded youth mental health services to support greater job security. This can be led by the Victorian Government, but should also include active lobbying of Federal agencies. This is critical for the attraction and retention of high calibre professionals.
- Directly supporting efforts to build the capacity and capabilities of the youth mental health workforce to respond to the preferences, needs and unique circumstances of Aboriginal and Torres Strait Islander young people, young people from culturally and linguistically diverse communities, and LGBTIQ+ young people.

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?

In our experience, there are some clear opportunities to improve the social and economic participation of young people experiencing mental health problems:

- Increased investment in vocational support programs within all youth mental health services. This could include the Victorian Government co-funding the roll-out of services such as Individual Placement and Support (IPS) and the Digital Work and Study Service (DWSS) which have been shown to produce positive outcomes for young people. For example, over half of the young people participating in the headspace IPS trials and the DWSS report a work or study outcome.
- Developing and implementing education settings-based approaches (across secondary schools, but also with a focus on vocational education and training providers and universities) for young people experiencing mental ill-health to prevent early exits or enable re-engagement with education.
- Developing and incentivising workplace mental health approaches to increase mental health literacy and promote workplace approaches to responses that support ongoing engagement in employment for young people experiencing mental ill-health. This is particularly important within industries that traditionally employ young people, such as retail, hospitality, construction and entertainment.
- Investment in group programs to promote social inclusion.

headspace is at the forefront of developing and implementing programs and responses which seek to build social and economic participation for young people experiencing poor mental health in order to support and

enable their recovery, resilience and longer term outcomes. We continue to evaluate these programs in order to contribute to the emerging evidence base around what works in this space.^{9,10,11}

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?

Both headspace centres and eheadspace are responding to an increasing proportion of young people with complex, high-risk presentations, many of whom have extensive involvement trying to unsuccessfully access acute mental health services and other social support services (the 'missing middle').

There is no doubt that the level of care that is readily available to these young people is often insufficient, particularly in the context of risk of suicide. Generally, these young people are too unwell to be appropriately cared for solely within the primary mental health system, but are not acutely unwell enough to access crisis services or tertiary care. We are deeply concerned about the lack of services available to address the 'missing middle' and believe that urgent action is required.

As a matter of priority, early intervention/primary services and tertiary services should be incentivised to work together and integrate to address the needs of this group. An example of this may include creating central hubs of community-based mental health care for people with moderate to complex mental ill-health which could be trialled as a 'proof of concept' to address the 'missing middle'.

There is growing evidence that approaches which are based around follow-up when someone presents to hospital after a suicide attempt or serious self-harm episode can reduce the likelihood of subsequent attempts and save lives. We appreciate that a range of pilots and programs are being implemented in this space, but would like to see immediate investment in youth focused assertive outreach demonstration projects, particularly in rural and regional Victoria.

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

From a youth mental health perspective, we believe the following can be done now to prepare for changes:

- Build the capacity of the sector and the community to create real and meaningful participation for young people and their families and friends in service development, delivery and evaluation of mental health programs and services. Meaningful participation will be a critical enabler to create and sustain successful reform, and achieving level of participation takes time and ongoing effort.
- Work in partnership with the Federal Government to develop and implement a Mental Health Workforce Strategy for the training, recruitment and retention of an appropriate workforce for mental health, including for youth mental health, across Victoria and Australia. This will ensure the Victorian mental health system can accommodate scale up and reform. Learnings from other major reform agendas (such as family violence) can be leveraged here to avoid workforce issues being a limiting factor down the track.
- Review the existing mental health literacy campaigns and collateral headspace currently has for improving self-care and help-seeking and consider adapting and relaunching to target young Victorians and their parents, including those in high-risk populations.

In order for any changes to the Victorian mental health system to be successful, there needs to be a strong focus on preparing the system for change to ensure everyone is ready, willing and able to make the change.

⁹ Orygen, The National Centre of Excellence in Youth Mental Health. (2014) Tell them they're dreaming: work, education and young people with mental illness in Australia.

¹⁰ Killackey E, Allott K, Woodhead G, Connor S, Dragon S, Ring J. (2016) Individual placement and support, supported education in young people with mental illness: an exploratory feasibility study. Early Intervention in Psychiatry. DOI: 10.1111/eip.12344

¹¹ Kennedy V, Miyazaki K, Carbone S, Telford N, Rickwood D. (2018) The Digital Work and Study Service: Final Evaluation Report. Melbourne: headspace National Youth Mental Health Foundation.

We need to ensure there is adequate leadership and change management capability within the system if reforms are to be successful.

Appendix A: Victorian headspace centres and satellites

Established Victorian headspace centres and satellites:

Location	Primary Health Network	Lead Agency	Service Type	Date Opened
headspace Albury Wodonga	Murray PHN	Gateway Health	Centre	2014
headspace Bairnsdale	Gippsland PHN	Relationships Australia	Centre	2017
headspace Ballarat	Western Victoria PHN	Ballarat Community Health	Centre	2013
headspace Bendigo	Murray PHN	Bendigo Community Health Services	Centre	2011
headspace Collingwood	North Western Melbourne PHN	YSAS (Youth Support + Advocacy Service)	Centre	2012
headspace Craigieburn	North Western Melbourne PHN	Orygen Youth Health Research Centre	Centre	2014
headspace Dandenong	South Eastern Melbourne PHN	EACH	Centre	2013
headspace Elsternwick/Bentleigh	South Eastern Melbourne PHN	Alfred Health	Centre	2008
headspace Frankston	South Eastern Melbourne PHN	YSAS (Youth Support + Advocacy Service)	Centre	2008
headspace Geelong	Western Victoria PHN	Barwon Child, Youth and Family	Centre	2008
headspace Glenroy	North Western Melbourne PHN	Orygen Youth Health Research Centre	Centre	2009
headspace Greensborough	Eastern Melbourne PHN	Mind Australia Limited	Centre	2016
headspace Hawthorn	Eastern Melbourne PHN	Access Health and Community	Centre	2014
headspace Horsham	Western Victoria PHN	Uniting (Victoria and Tasmania) Limited	Centre	2017
headspace Knox	Eastern Melbourne PHN	EACH	Centre	2013
headspace Melton	North Western Melbourne PHN	Odyssey House Victoria	Centre	2018
headspace Mildura	Murray PHN	Ramsay Health Care Pty Ltd	Centre	2015
headspace Morwell	Gippsland PHN	Latrobe Community Health Service	Centre	2008
headspace Narre Warren	South Eastern Melbourne PHN	EACH	Centre	2015
headspace Portland	Western Victoria PHN	Brophy Family and Youth Services Inc	Satellite	2018
headspace Shepparton	Murray PHN	Goulburn Valley Health	Centre	2014
headspace Sunshine	North Western Melbourne PHN	Orygen Youth Health Research Centre	Centre	2007
headspace Swan Hill	Murray PHN	Swan Hill District Health	Centre	2016

Location	Primary Health Network	Lead Agency	Service Type	Date Opened
headspace Warrnambool	Western Victoria PHN	Brophy Family and Youth Services Inc	Centre	2008
headspace Werribee	North Western Melbourne PHN	Orygen Youth Health Research Centre	Centre	2014
headspace Wonthaggi	Gippsland PHN	Relationships Australia	Centre	2019

Not yet established headspace centres and satellites (locations announced during Federal Budget and Federal Election):

Location	Primary Health Network	Service Type
headspace Colac	Western Victoria PHN	Centre
headspace Echuca	Murray PHN	Centre
headspace Glen Iris	<i>To be determined</i>	Centre
headspace Lilydale	Eastern Melbourne PHN	Centre
headspace Monash	Eastern Melbourne PHN	Centre
headspace Ocean Grove	Western Victoria PHN	Satellite
headspace Pakenham	South Eastern Melbourne PHN	Satellite
headspace Rosebud	South Eastern Melbourne PHN	Satellite
headspace Sale	Gippsland PHN	Satellite
headspace Wangaratta	Murray PHN	Satellite
headspace Whittlesea	Eastern Melbourne PHN	Satellite