WITNESS STATEMENT OF KATHERINE ELLIS

I, Katherine Ellis, Chief Executive Officer of Youth Affairs Council Victoria, of Level 2/235 Queen St, Melbourne VIC 3000, say as follows:

Background

1   I have worked for almost 20 years in the youth sector, including five years at the Reach Foundation which has a strong focus on youth mental health, and six years at the Commonwealth of Nations (based in London) focused on systems and policy to strengthen outcomes for young people. I am currently the CEO of Youth Affairs Council Victoria.

2   Through all these roles I have gained a strong appreciation of the issues faced by young people, of which mental ill-health is a consistently serious concern. I am particularly aware of the stigma that is often attached to mental health issues, and the important role that youth workers and primary / universal programs play in identifying and supporting young people before their issues reach crisis point. I am also cognisant of the issues faced by young people who do not have easy access to suitable mental health services, such as disabled young people, rural and regional young people, and those from Aboriginal and Torres Strait Islander, LGBTIQA+ and multicultural communities.

3   As CEO of Youth Affairs Council Victoria ('YACVic'), I am responsible for strategic and operational leadership and management of the peak body for the youth sector and young people in Victoria. This includes working with members, government and other stakeholders to create a robust policy environment; facilitating strong youth participation in institutions and youth voice in decision making; building the capacity and connection of the youth sector; and ensuring that cohorts of young people who face marginalisation are included and supported in all relevant aspects of society and the economy. I also oversee the Youth Disability Advocacy Service and auspice the Koorie Youth Council and the Victorian Student Representative Council. The full time staff headcount across all the groups is approximately 35.

4   I have the following qualifications:

(a)   Master of Public Administration (Harvard University Kennedy School of Government);

(b)   Master of Business (e-Business) (RMIT University);

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

(c)   Bachelor of Commerce (University of Queensland); and

(d)   Diploma of Youth Work (RMIT University).

5   I am giving evidence on behalf of YACVic and I am authorised to do so.

Adolescents and young people

Current demographic composition of adolescents and young people living in Victoria

6   Generally when we refer to young people at YACVic, it is to people aged 12-25 years inclusive. However, the data on demographic composition of adolescents varies, which is why I have specified the age group for each statistic I refer to.

7   As at June 2019, there were 1,205,286 young people (12-25) in Victoria, representing 18.3% of the total population.[1]

8   Of these, an estimated 78% resided in 'Greater Melbourne'[2] and 22% (an estimated 265,163 young people) resided in the 'Rest of Victoria' which is considered to be rural and regional Victoria.[3]

9   15.6% of young people aged 15-24 inclusive currently live in poverty in Victoria. This is higher than people aged 25-64 (11.9%), higher than those over the age of 65 (9.9%) and higher than the average for Victoria (13.2%).[4] Even before the advent of COVID-19, 20.1% of young people in Victoria were reported to be 'extremely' or 'very' concerned about their financial security.[5]

10   The share of emerging young adults aged 18-24 in Australia living with their parents is quite significant, and increased from 58.2% to 65.8% over the 12 years between 2003-04 and 2015-16.[6] This increased delay in independence is indicative of a number of things such as education, employment prospects and housing affordability – all of which are factors that can affect a young person's mental health if they perceive that they are not progressing in their lives.

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[1]   Australian Bureau of Statistics. (2020). *3101.0 - Australian Demographic Statistics, Sep 2019 [Data set].* Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Main+Features1Sep%202019?OpenDocument

[2]   As defined by the Australian Bureau of Statistics.

[3]   Australian Bureau of Statistics. (2018). *3235.0 – Regional Population by Age and Sex, Aug 2018 [Data set].* Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/3235.0

[4]   NATSEM, Institute for Governance and Policy Analysis (IGPA), University of Canberra. (2018). (2018). *Every suburb Every town: Poverty in Victoria.* Report commissioned by VCOSS. Canberra, ACT.: Tanton, R., Peel, D. & Vidyattama, Y.. Retrieved from https://vcoss.org.au/wp-content/uploads/2018/11/Every-suburb-Every-town-Poverty-in-Victoria-VCOSS.pdf

[5]   Mission Australia. (2019). *Youth Survey Report 2019.* Sydney, NSW.: Carlisle, E., Fildes, J., Hall, S., Perrens, B., Perdriau, A., & Plummer, J.. Retrieved from https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey.

[6]   Australian Housing and Urban Research Institute Limited. (2019). *Young Australians and the housing aspirations gap, AHURI Final report 318.* Melbourne, Vic.: Parkinson, S., Rowley, S., Stone, W., Amity, K., Spinney, A. and Reynolds, M.. Retrieved from https://www.ahuri.edu.au/__data/assets/pdf_file/0019/44605/AHURI-Final-Report-318-Young-Australians-and-the-housing-aspirations-gap.pdf

11   In 2016, there were 586,463 families with dependent children under 15 years of age in Victoria. Around 18%, or 107,499, of those families were single-head households, with around 85% parented by women.[7]

12   In 2016, approximately 22% of young people aged 12-24 in Victoria were born overseas.[8] These young people are highly optimistic about the future, although, disturbingly, this optimism declines with time spent in Australia.[9]

13   In 2016, there were an estimated 16,144 young people aged 12-25 (1.33%) in Victoria who identified as Aboriginal or Torres Strait Islander.[10]

14   It is estimated that 4% of males and 6.4% of females aged 18–24 identify as lesbian, gay or bisexual,[11] which would amount to 24,848 males and 37,382 females in Victoria. However, this is likely to be a poor estimate as data on identification as LGBTIQA+ is not collected in the census. That means that census data excludes information about groups of young people who may be disproportionately likely to experience mental ill-health, including transgender young people, gender-diverse young people and young people with intersex variation.

Changes in the demographic composition of adolescents and young people over time

15   The population of young people (12-25) in Victoria has grown from 1,054,587 in 2010 to 1,205,286 in 2019, which is a 14.3% increase over 9 years.[12] This is likely to be as a result of people migrating to Victoria from overseas and interstate. This data does not include international students who are living in Victoria. In Victoria, one in seven young people are international students and one in twelve people in Victoria are international students.[13]

[7]   Australian Bureau of Statistics. (2016). *Census of population and housing. Victoria.* Retrieved from http://www.censusdata.abs.gov.au

[8]   Centre for Multicultural Youth. (2019). *A Young and Multicultural Victoria: The 2016 Census.* Melbourne, Vic.

[9]   Youth Research Centre. (2018). *Multicultural Youth Australia Census Status Report 2017/18.* Melbourne, Vic.: Wyn, J., Khan, R. & Dadvand, B.

[10]   Australian Bureau of Statistics. (2018). *3238.0.55.001 – Estimates of Aboriginal and Torres Strait Islander Australians, June 2016 [Data set].* Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3238.0.55.001June 2016?OpenDocument

[11]   Wilson, T., & Shalley, F. (2018). Estimates of Australia's non-heterosexual population. *Australian Population Studies*, 2(1), 26-38. Retrieved from https://www.australianpopulationstudies.org/index.php/aps/article/view/23

[12]   Australian Bureau of Statistics. (2020). *3101.0 - Australian Demographic Statistics, Sep 2019 [Data set].* Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Main+Features1Sep%202019?OpenDocument

[13]   Australian Trade and Investment Commission. (2019). Discover Victoria. Retrieved from: https://www.studyinaustralia.gov.au/Destinations/victoria

16   The population of young people (12-25) in Victoria is expected to grow to between 1,480,211–2,087,412 by 2050.[14] However, young people are likely to represent a smaller proportion of the population due to the ageing population.

Challenges and opportunities for young people in the coming decades

17   Young people are currently very fearful for their future. They are likely to be the first generation worse off than their parents and have less hope for the future than previous generations.[15] This is due to the dangers of climate change, the unfairness of income equality, increasing difficulty in accessing rites of passage to adulthood such as affording their own home, and challenges to securing decent and stable work for a variety of reasons such as a rise in the gig economy, and productivity drives and an increase in artificial intelligence leading to elimination of entry level jobs.

18   It will be important to understand the impact of COVID-19 on this generation. Unemployment, underemployment and wage stagnation increases the prevalence of mental ill-health among young people. It disproportionately affects young people from marginalised communities and makes it difficult for young people to afford mental health care without access to free or low cost services. It seems highly likely that those issues will only be exacerbated by this global pandemic.

19   Income inequality, which has always existed in the world, is now easier to observe. Using social media and television, young people can more easily draw comparisons between themselves and others, which can induce envy and a lack of hope about ever being able to change their situation. That is affecting young people's mental health in an adverse way and will continue to do so.

20   There is expanding research that young people's mental health is being affected by climate change, with increasing evidence that extreme weather events can trigger PTSD, major depressive disorder, anxiety, depression, complicated grief, substance abuse and suicidal ideation.[16] Young people are experiencing increased anxiety and stress about the uncertainty of their future because of the uncertain future of the planet.

21   The Foundation for Young Australians published research showing that the majority (70%) of young people join the workforce via entry level jobs that will be affected by

[14]   Australian Bureau of Statistics. (2018). *3222.0 – Population Projections, Australia, 2017 (base) – 2066.* Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02017%20(base)%20-%202066?OpenDocument

[15]   Grattan Institute. (2019). *Generation Gap Ensuring a fair go for younger Australians* (2019-07). Retrived from https://grattan.edu.au/wp-content/uploads/2019/08/920-Generation-Gap.pdf

[16]   Hayes, K., Blashki, G., Wiseman, J. et al. Climate change and mental health: risks, impacts and priority actions. International Journal of Mental Health Systems 12 (2018). https://doi.org/10.1186/s13033-018-0210-6

automation.[17] Some companies are using unpaid internships, exploiting the many young people who are desperate to get their foot on a career ladder. Many young people are surviving by cobbling together a number of part time jobs that have no real career path. This will affect them in the long term as they will not rise up the salary ladder that will allow them to take on mortgages and have the stability to support a family.

22   The future will involve a shift to jobs that require 'digital literacy', i.e. the ability to use technology to communicate and configure or create systems. There will be a real divide between young people who have had the opportunity to become business and technology literate, and those who have not. This is something we are seeing now with COVID-19 as schools go online. Young people who live in homes without devices and stable, or any, internet access, will be prevented from progressing at the same pace as their more privileged classmates.

23   Young people have lost trust and perceive real failure in institutions that should be supporting their futures – political, economic, educational and social institutions. Young people recognise that the population is ageing and a significant amount of policy setting is focussed on older Australians and not younger Australians, particularly those who are not old enough to vote. Many are also frustrated with politicians who seem more interested in securing and maintaining power than in making evidence-based decisions that will benefit citizens. Young people perceive the educational system as lagging in relevance in a fast-evolving job landscape in relation to both delivery and content.

24   An emerging concern is the intergenerational divide that has been developing over the last 20 years. Young people are engaging less with intergenerational members of their families and are instead seeking support from their peers or 'tribe.' The support model is therefore horizontal rather than vertical. This is exacerbated by a grudge that is developing towards older people who have benefitted from generous economic policies such as free education, and who are perceived to have destroyed the climate, a calamity which young people will inherit and have to deal with in the future. This intergenerational divide is going to be influential on young people's mental health, and how they perceive their position in society and as contributors to the economy.

25   On a positive front, young people are part of a much more connected and therefore smaller world through technology. Young people also seem to be much more accepting and embracing of diversity; there is a real difference in how younger generations perceive topics like marriage equality and the LGBTIQA+ community compared to older generations.

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[17] Foundation for Young Australians. (2017). *The New Work Order: Ensuring young Australians have skills and experience for the jobs of the future, not the past*. Retrieved from http://www.fya.org.au/wp-content/uploads/2015/08/fya-future-of-work-report-final-lr.pdf.

Mental health of adolescents and young people

26   There has recently been an increase in young people showing signs of probable mental illness and a significant number of young people now have a severe mental health problem.[18] Mental health issues overwhelmingly emerge during the early stages of life; half of all lifetime mental health disorders emerge by age 14 and three quarters by age 24.[19] In the Mission Australia Seven Year Youth Mental Health Report, the number of young people (15-19) who self-reported experiencing psychological distress increased from 18.7% in 2012 to 24.2% in 2018, a rise of 5.5% in 6 years.[20]

27   The proportion of young people who rank 'mental health' as the 'most important issue in Victoria' increased from 13.7% in 2010, when it was the seventh most important issue, to 36.2% in 2019 when it was reported as the most important issue. This is an increase of 22.5 percentage points over nine years.[21] It is probably somewhat influenced by raised awareness due to the Royal Commission into Victoria's Mental Health System and school / public health messaging about mental health, which is a good thing.

28   The proportion of Aboriginal and Torres Strait Islander people with psychological distress rose by 3.3 percentage points from 28.6% in 2012 to 31.9% in 2018.[22]

29   There are several key factors that have contributed to the rise in the prevalence of mental ill-health in young people. The world is changing quickly and is far more complex and challenging than ever before. I have heard adults in positions of power speak anecdotally about young people not being as resilient as previous generations. I would argue against that point – I think that young people are just as resilient as past generations but are dealing with a much more complex and challenging world, and a very uncertain future. These factors are manifesting in negative behaviours and psychological distress.

30   There is dramatically increasing inequality in Victoria, with over 6,000 young people who are homeless on any one night.[23] It is very difficult to maintain positive mental health if you don't know where you'll be sleeping, and you don't feel safe.

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[18]   Patrick D McGorry et al, 'Cultures for Mental Health Care of Young People: An Australian Blueprint for Reform' (2014) 1(7) Lancet Psychiatry 559; Ronald C Kessler et al, 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication' (2005) 62 (June) Archives of General Psychiatry 593.

[19]   Patrick D McGorry et al, 'Cultures for Mental Health Care of Young People: An Australian Blueprint for Reform' (2014) 1(7) Lancet Psychiatry 559; Ronald C Kessler et al, 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication' (2005) 62 (June) Archives of General Psychiatry 593.

[20]   Mission Australia. (2019). *Can We Talk? Seven Year Youth Mental Health Report*. Retrieved from: https://www.missionaustralia.com.au/publications/youth-survey.

[21]   Mission Australia. (2019). *Youth Survey Report 2019*. Retrieved from: https://www.missionaustralia.com.au/publications/youth-survey; Mission Australia. (2010). *Youth Survey Report 2010*. Retrieved from: https://www.missionaustralia.com.au/publications/youth-survey.

[22]   Mission Australia. (2019). Can We Talk? Seven Year Youth Mental Health Report. Retrieved from: https://www.missionaustralia.com.au/publications/youth-survey.

31   Young people are working harder and with greater insecurity in the gig economy, yet are finding it harder to make ends meet.

32   Young people who are studying full time and receiving Youth Allowance from Centrelink cannot afford to cover their basic living expenses.

33   It takes young people on average 4.7 years to find full time work, compared to just one year in 1986.[24] Full time work gives employees stability and purpose and is a necessary building block of positive mental health.

34   Young people are facing large-scale existential threats like climate change, bushfires and pandemics like COVID-19, as mentioned above. In this context, young people are demanding action from decision-makers, knowing that their future is at stake, yet are feeling that their voices are not heard or respected. A strong protective factor for young people's mental health is a feeling of control over their lives – when they are not feeling heard or respected that is going to be affected.

35   Some cohorts experience additional issues that exacerbate their mental health issues. Young women and transgender people experience violence and abuse. Young Aboriginal and Torres Strait Islander people, refugees and migrants experience racism and discrimination. Young disabled people experience exclusion and discrimination. Legislation in other countries such as the USA protects disabled people's rights in relation to issues like transport and access much more strongly than in Australia, which affects young people's ability to live their lives fully and consequently their mental health too.

36   Without intervention, we expect the visible presence of mental health issues will increase as there is increased awareness and decreased stigma about mental health among young people, which means that they are more likely to identify that they have a mental health issue.

37   We also expect the prevalence of mental illness to rise if unemployment, underemployment and wage stagnation continue without intervention. This would lead to more difficult living circumstances and poverty among young people. This issue could be avoided by addressing the causes of inequality.

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23   Australian Bureau of Statistics. (2018). *2049.0 - Census of Population and Housing: Estimating homelessness, 2016* [Data set]. Retrieved from https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2049.02016?OpenDocument.
24   Foundation for Young Australians. (2015). *Report Card 2015: How are young people faring in the transition from school to work?* Retrieved from https://www.fya.org.au/wp-content/uploads/2015/11/How-young-people-are-faring-report-card-2015-FINAL.pdf.

Access to services

Help seeking and engagement with services by young people

38   Young people are likely to seek help from their peers, families and school environment before accessing services. Mission Australia's Annual Youth Survey for 2018 listed the following places young people (15-19) experiencing mental ill-health seek support:

(a)   friends: 75.9% of young people;

(b)   parents or guardians: 54.8% of young people; and

(c)   internet: 53.3% of young people.[25]

39   In the same survey, the barriers that prevented young people from getting the help they need for mental ill-health were:

(a)   stigma and embarrassment: 37% of young people

(b)   fear: 27.6% of young people; and

(c)   lack of support: 26.8% of young people.[26]

40   Young people are also more likely to research a service online before making a booking or appointment, and tend to be informed about services.

41   Young people need to feel that they can trust a service, and often that means it needs to be local, and easily and sustainably accessible. It also means that the service providers need to have the skills to engage authentically and respectfully with young people, and be open and proactive about collaborating with young people with lived experience on how the service can be best designed and delivered.

42   If young people have a bad experience, especially on first approach, they are unlikely to return for further support. A similar situation arises when young people are passed from service to service without adequate supports, and fall through the gap.

Helping seeking and engagement with services for young people in rural and regional communities

43   Young people in rural and regional Victoria are less likely to seek support for mental health issues than those in major cities, and are delaying care when they experience

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[25]   Mission Australia. (2019). *Can We Talk? Seven Year Youth Mental Health Report*. Retrieved from: https://www.missionaustralia.com.au/publications/youth-survey.

[26]   Mission Australia. (2019). *Can We Talk? Seven Year Youth Mental Health Report*. Retrieved from: https://www.missionaustralia.com.au/publications/youth-survey.

severe or urgent mental health issues.[27] Many young people in rural and regional Victoria have told us that they simply do not have access to mental health services where they live and are choosing not to access services due to distance or a lack of transport options.

44   There is stigma and discrimination towards young people with mental illness in rural and regional communities.[28] These ingrained social attitudes towards mental illness make it difficult for young people to seek help and speak openly about their concerns. This includes perceptions of family members and the broader community. Young people report being told to 'get over it' when discussing mental health. The lack of transport and accessibility issues can exacerbate stigma and privacy concerns if a young person can only access transport by asking a family member or friend.

45   Our analysis in our submission showed that:[29]

    (a)   none of Victoria's most disadvantaged rural suburbs have a psychiatrist within 10 km;

    (b)   only 5% of Victoria's most disadvantaged rural suburbs have a headspace centre within 10 km;

    (c)   in more than a quarter of Victoria's most disadvantaged rural suburbs (28%), young people would be required to travel more than 100 km to see a psychiatrist;

    (d)   in 15% of Victoria's most disadvantaged rural suburbs, young people would be required to travel more than 100 km to access the nearest headspace centre; and

    (e)   in 70% of Victoria's most disadvantaged rural postcodes, young people would have to travel more than 50 km to see the nearest psychologist.

Helping seeking and engagement with services for culturally and linguistically diverse young people

46   Young people from culturally and linguistically diverse backgrounds may experience additional barriers when seeking access to services and may also experience and

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[27]   Adrienne Brown et al, 'Systematic Review of Barriers and Facilitators to Accessing and Engaging with Mental Health Care Among At-Risk Young People' (2016) 8(1) *Asia-Pacific Psychiatry* 3.

[28]   Kairi Kõlves, Allison Milner, Kathy McKay and Diego De Leo (eds), *Suicide in Rural and Remote Areas of Australia* (Australian Institute for Suicide Research and Prevention, 2012); Antonio Lasalvia et al, 'Global Pattern of Experienced and Anticipated Discrimination Reported by People with Major Depressive Disorder: A Cross-Sectional Survey' (2013) 381(9860) *The Lancet* 55.

[29]   Youth Affairs Council Victoria. (2019*). Beyond Access: Youth Mental Health in Rural and Regional Victoria*. Retrieved from: https://www.yacvic.org.au/assets/Documents/Youth-Affairs-Council-Victoria-Submission-to-the-Royal-Commission-into-Victorias-Mental-Health-System.pdf.

respond to stigma or risk factors differently to their peers.[30] During our community consultations, we found that young people living in rural communities found it hard to access services that were sensitive to their cultural, religious and spiritual beliefs, and that impacted their mental health wellbeing.[31]

Helping seeking and engagement with services for LBGTIQA+ young people

47   LGBTIQA+ young people experience higher rates of mental illness compared with their peers. Homophobia, Biphobia, Transphobia and Intersexism are still common in communities, including in schools. LGBTIQA+ young people told us they were denied access to services because of their identity and experienced discrimination when accessing services. They also told us they wanted to access LGBTIQA+ friendly services, defining these as services that identify themselves as welcoming (for example displaying the rainbow flag) and/or staffed by LGBTIQA+ workers.[32]

Helping seeking and engagement with services for Aboriginal and Torres Strait Islander young people

48   Young Aboriginal and Torres Strait Islander people experience worse mental health outcomes than non-Aboriginal people and the incidence of serious mental illness and self-harm among Aboriginal and Torres Strait Islander young people is increasing.[33] The case study in our submission about a young Aboriginal man named Adam demonstrates that practices such as removing young people with serious mental health issues away from their family and community in hospital can exacerbate the illness. Particularly if they are removed to a distance where the family is unable to visit.[34]

49   In a survey conducted by the Koorie Youth Council, mental health was raised as an important concern by a substantial number of respondents.[35] In consultation with young

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[30]   Department of Health (Cth), Mental Health Services for People of Culturally and Linguistically Diverse (CALD) Backgrounds (Fact Sheet); Department of Health and Ageing (Cth), Suicide Prevention and People from Culturally and Linguistically Diverse (CALD) Backgrounds (Fact Sheet No 20, 2007).

[31]   Youth Affairs Council Victoria. (2019*). Beyond Access: Youth Mental Health in Rural and Regional Victoria*. Retrieved from: https://www.yacvic.org.au/assets/Documents/Youth-Affairs-Council-Victoria-Submission-to-the-Royal-Commission-into-Victorias-Mental-Health-System.pdf.

[32]   Youth Affairs Council Victoria. (2019*). Beyond Access: Youth Mental Health in Rural and Regional Victoria*. Retrieved from: https://www.yacvic.org.au/assets/Documents/Youth-Affairs-Council-Victoria-Submission-to-the-Royal-Commission-into-Victorias-Mental-Health-System.pdf.

[33]   Jenny Adermann and Marilyn A Campbell, 'Anxiety and Aboriginal and Torres Strait Islander Young People' in Nola Purdie, Pat Dudgeon and Roz Wa ker (eds), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (Commonwealth of Australia, 1st ed 2010) 105.

[34]   Youth Affairs Council Victoria. (2019*). Beyond Access: Youth Mental Health in Rural and Regional Victoria*. Retrieved from: https://www.yacvic.org.au/assets/Documents/Youth-Affairs-Council-Victoria-Submission-to-the-Royal-Commission-into-Victorias-Mental-Health-System.pdf.

[35]   Jenny Adermann and Marilyn A Campbell, 'Anxiety and Aboriginal and Torres Strait Islander Young People' in Nola Purdie, Pat Dudgeon and Roz Wa ker (eds); *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Commonwealth of Australia, 1st ed 2010) 105.

people, the Koorie Youth Council discussed Aboriginal young people's troubles with mental health and heard that:[36]

> 'Young people feel troubles with mental health occur more in the Aboriginal community due to past injustices and the Stolen Generation.'

50   Consultations conducted by the Koorie Youth Council have consistently included requests for the mental health system to include culturally appropriate services. For example, access to a culturally specific service for Indigenous communities dealing with colonisation and intergenerational issues is extremely limited.[37]

51   YACVic made a recommendation in our submission to the Royal Commission that the state invest in culturally competent mental health services that recognise the specific social and emotional framework that will best support Aboriginal young people.[38]

Changes over time in help seeking and engagement with services by young people

52   The internet has had a huge impact on the way that young people seek help and engage with services. It has led to increased access to online mental health resources and information sharing, which is beneficial but must also be approached with caution given young people predominantly get their information from social media which is not always reliable or factual.

53   There are moves towards telehealth and online counselling which are powerful, but sometimes the distancing effect of those online tools can make it harder for young people to build trust. In our surveys, young people were adamant that online support by itself is not enough; there needs to be in person support as well. Our view is that a hybrid of in person and online support is likely to be most effective going forward. This will allow young people to build a relationship in person with a counsellor and then continue to connect with them online when issues such as distance, transport or timing may prevent them from seeing a counsellor regularly.

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[36] Koorie Youth Council. (2017). *What's Important to YOUth?* Final Report from the Koorie Youth Council. Retreived from: https://www.yacvic.org.au/assets/Documents/Whats-Important-to-YOUth-Final-Report-KYC.pdf.
[37] Youth Affairs Council Victoria. (2019*). Beyond Access: Youth Mental Health in Rural and Regional Victoria.* Retrieved from: https://www.yacvic.org.au/assets/Documents/Youth-Affairs-Council-Victoria-Submission-to-the-Royal-Commission-into-Victorias-Mental-Health-System.pdf.
[38] Youth Affairs Council Victoria. (2019*). Beyond Access: Youth Mental Health in Rural and Regional Victoria.* Retrieved from: https://www.yacvic.org.au/assets/Documents/Youth-Affairs-Council-Victoria-Submission-to-the-Royal-Commission-into-Victorias-Mental-Health-System.pdf.

Barriers to access for young people in rural and regional communities and how they may be overcome

54   Young people in rural and regional communities face many barriers in seeking help and engaging with services, including:

    (a)   limited capacity which means that young people are turned away because services are too busy and have long waiting lists;

    (b)   financial barriers which mean that young people cannot afford to pay for services or 'gap payments';

    (c)   the 'missing middle' whereby young people do not meet the threshold for complex care but primary care services are insufficient;

    (d)   privacy concerns, particularly for young people in rural and regional Victoria who cannot access confidential services;

    (e)   services do not always travel or travel regularly to deliver place-based services, even when they are funded for outreach;

    (f)   frequent turnover of service personnel makes it more difficult for young people to build trusting relationships;

    (g)   many services do not operate after 5pm, so school-aged young people cannot access them and many services are difficult to access for young people, especially in rural and regional Victoria; and

    (h)   stigma prevents young people from openly discussing their mental health and accessing services.

55   We heard during our consultations that young people in rural and regional Victoria have been consistently let down by the existing mental health system, but they have clear and informed ideas on how to make it work for them and their peers. The barriers I have outlined above can be overcome by implementing the 49 recommendations we made in our YACVic submission. I have highlighted the recommendations that should be prioritised at paragraph 70 below. Recommendations 4.1-4.7 are key for young people in rural and regional Victoria.

56   We also recommend that services are expanded to provide access to young people at convenient times and that transport and outreach options are considered to ensure that physically getting to a service is not a barrier.

Ensuring young people feel safe when they engage with mental health services

57   Mental health services can ensure that young people feel safe when they engage with the service by firstly up-skilling mental health practitioners in the community in how to

work effectively with young people. Working with young people is different from working with adults and it is important that clinicians understand the unique needs and perspectives of young people. Services need to learn how to engage with young people effectively, make services youth friendly, practice youth participation and have young people co-designing services and involved in evaluating and holding the system accountable. If that is done, it means the system can actually be shaped in a way that is far more suitable for their needs. Co-design applies equally to individual mental health services and physical facilities.

58   The same principles should be applied to marginalised cohorts of young people; understanding what they need is critical to designing a system that works for them.

59   It is important to ensure that mental health services are being delivered in an impartial way, and not being influenced by conservative members of the community or local churches who do not approve of young people's identities or lifestyles. That type of discrimination is extremely damaging and increases the likelihood that the young person will never return to that or any other service.

60   Young people have suggested having a mental health bus that goes around to country towns with LGBTIQA+ or culturally and linguistically diverse psychologists or social workers, so that young people can see themselves in the people who are helping them and feel that those people understand and are sensitive to their experiences.

Digital technology

61   As mentioned above at paragraph 53, young people have told us that digital approaches to mental health have a place, but are not a *replacement* for face-to-face delivery. This is for reasons such as access to reliable internet, privacy within the family home, and being able to build trust through a face to face relationship.

62   Given young people are more likely to research their mental health needs online before engaging with services, digital approaches play an important role in how young people access information. Using social media is a key pathway for providing information to young people, however it is necessary that the information is accurate, factual and useful to young people.

63   Currently, the landscape of mental health services is confusing and it is difficult to determine online how youth-friendly, inclusive and accessible a service or individual service provider is. A youth-friendly accreditation could play a role in signalling to young people that a service is inclusive and understanding. Health directories such as the Federal Government's Healthdirect do not currently list all available services, which means that they are not useful for all young people. Digital technology could support

young people to make decisions about services, treatment and care if more comprehensive and consistent information was available.

Planning and responding to adolescents and young people

64   There are a number of key factors that will shape young people's need for and expectations about mental health services in the coming decades. The need for mental health services will be dramatically affected by the success of early intervention and prevention strategies that are implemented, and the availability of community-based support (e.g. school-based services, mental health first aid training, youth / community worker support and engagement). It will also be shaped by how the government implements policies to address the challenges I referred to earlier, namely income inequality, job losses, affordable housing shortages and climate change.

65   The expectations of mental health services will shift as young people become more informed about the services that work for them, and obtain more 'choice and control' about the services they access (similar to the NDIS). The expectations will also shift as young people openly discuss which services have worked for them, and when they feel respected, visible, listened to, and play a meaningful role in the design and delivery of services.

66   To effectively plan and respond to the ever-changing compositions, needs and experiences of adolescents and young people, the mental health system must embrace a model of meaningful youth participation. This involves skilled engagement and collaboration with young people who have lived experience of the mental health system in relation to system design, delivery, governance and ongoing evaluation. Young people should be involved in co-designing all aspects of the mental health system, and need to feel empowered and included in doing so.

67   We have heard about young people experiencing long waiting times for psychology appointments, up to eight months, while at the same time psychologists in the service have gaps in their scheduling as young people have not turned up for appointments, in which case the psychologists do not get paid and in some cases leave the service. There are many reasons a young person may miss an appointment including transport access issues, or feeling traumatised or anxious and having a bad mental health day. Involving young people in co-design may go a long way to resolving these types of issues.

68   It is also important to note that while a lot of discussion about mental health is focussed on case work and individual counselling, an enormous amount of valuable work happens through community programs run by generalist youth workers and community workers. The reduction over the years in funding for generalist youth workers and

community workers has removed an important component in the fight against youth mental ill-health. Investing in more generalist youth workers and community workers will help vulnerable and at risk young people be engaged with skilled workers who are able to identify issues early and provide appropriate support and referrals. In many cases the young person may not ever need clinical care if they are sufficiently supported early on.

69   The need for greater investment in generalist youth workers is even greater in the context of increasing income inequality, unemployment and underemployment. Services will need to be proactive and available at no cost in order to support young people when it is needed, rather than relying on young people to seek help.

Recommended changes to Victoria's mental health system to support adolescents and young people now and into the future

70   We urge the Royal Commission to adopt the 49 recommendations made in our YACVic submission, prioritising the following recommendations:

(a)   **recommendation 1.5:** ensure that the ongoing development and governance of the mental health system includes young people;

(b)   **recommendation 2.1:** invest in mental health promotion and preventative strategies targeted toward young people;

(c)   **recommendation 3.1:** invest in mental health first aid training for all community members that interact with young people;

(d)   **recommendation 4.1:** as far as possible, eliminate barriers to access for mental health services in rural and regional Victoria, such as distance to services, waiting times and stigma;

(e)   **recommendation 4.2:** invest in significantly more, and more conveniently located, mental health services for young people;

(f)   **recommendation 4.3:** urgently increase the capacity of existing services in rural and regional areas to ensure that young people are no longer turned away;

(g)   **recommendation 4.4:** implement a 'no-wrong door' approach, where young people are able to access the most appropriate service regardless of where they first seek support.

(h)   **recommendation 4.6:** reduce financial barriers that prevent access to relevant mental health and medical services in rural and regional areas and ensure young people do not experience out-of-pocket costs when accessing services;

(i)   **recommendation 4.7:** increase and improve specialist mental health services for young people in rural and regional communities to better support the 'missing middle' and ensure access to appropriate services for all young people;

(j)   **recommendation 4.8:** ensure that mental health services are private, confidential and respect the autonomy of young people; and

(k)   **recommendation 5.1:** invest in strategies to address prejudice and discrimination associated with mental illness.

Recommended changes to other service systems that support or engage with vulnerable children and adolescents

71   Schools, sporting and recreation organisations and community programs need to be seeing themselves as a first line of defence against youth mental ill-health. They need to be equipped to identify issues, understand how to sensitively engage with young people and when and how to refer them on to appropriate services.

72   We also need to improve the whole community's capacity to support young people with mental ill-health through awareness programs. VicHealth is doing a lot of work in this space, as are schools. The 'Live 4 Life' program is a powerful example of building community capacity. It is a collective action model where schools, local footy clubs, sports clubs, community members and young people all have a role in building the capacity of the community as a whole to understand mental ill-health and know how to help people who are struggling.

Families and carers

Role of families and carers in the delivery of effective care to adolescents and young people

73   Family and carers are incredibly important in the delivery of effective care. The broader community also plays a role in working together to support any young person who is struggling. Community members are at the frontline of recognising symptoms in young people, and so their role as first responders is vital. This is why we recommend that more community members receive mental health first aid training. This training gives people the skills to recognise mental illness, reduce stereotyping, stigma and discrimination, provide a person experiencing a mental health problem with comfort and preserve their life in a crisis.

74   It is highly important that services respect young people's privacy. As young people move into their teenage years and when they are in the emerging adult group (aged 18 to 25), they have a right to privacy and services need to respect that. If services are going to involve a person's family and carers without their consent, or if they believe a young person is at risk of harming themselves or someone else, they need to make it clear to the young person before that engagement happens. The reasons for this are multi-faceted. Partly it is to ensure the young person feels respected and that they can

build trust in the system. It is also because sometimes young people's mental ill-health relates to traumatic experiences they are having at home, and engaging the family may exacerbate the issue rather than create support for the young person.

75   At the other end of the spectrum, family and carer support is a really important feature of making sure that young people have wraparound supports for their mental health.

Barriers to successful family/carer engagement

76   Research by Walter, Yuan and Thekkedath (2018)[39] shows that one of the barriers to family engagement is stigma. For example, if families don't approve of their children's lifestyles or identities and refuse to accept them, it can make it difficult for the family to be effectively engaged.

77   A second barrier is a lack of integrated health care services which means that families may want to help but don't know how to navigate the system themselves.

78   A third barrier is workers who do not understand how to work effectively with young people.

79   Youth workers and other service providers who understand how to work with young people and facilitate parental engagement can enable successful family engagement, complemented by community support, education and awareness programs (e.g. mental health first aid training).

80   This is further supported by integrated healthcare systems made of joined-up services which deliver holistic support and can assist a young person to identify and access the right service for them, i.e. the 'no wrong door' approach.

Lived experience

Contribution of young people with lived experience to the development of policy, practice and research

81   Young people who have lived experience of the mental health system have a unique knowledge base for making recommendations on solutions and improvements for design, delivery, governance and evaluation. They are the only ones who understand what it is like to attempt to navigate the system while having a mental illness. A point that is often lost is the fact that even if services exist, sometimes young people who are suffering from mental ill-health do not have the ability to access them – that needs to be understood and accommodated as part of the design.

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[39]   Angela Walter et al, 'Facilitators and Barriers to Family Engagement and Retention of Young Children in Mental Health Care: A Qualitative Study of Caregivers' Perspectives' (2019) 17(2) *Social Work in Mental Health* 173.

82   There is also a legal basis for having young people with lived experience involved in designing policy, research and practice. Article 12 of the United Nations Convention on the Rights of the Child states that young people have the right to participate and contribute in decision-making processes that affect them. Australia is a party to that Treaty.

Mechanisms and structures to ensure that young people with lived experience have a meaningful and enduring voice in decision-making at all levels of system design, policy planning and setting and service delivery
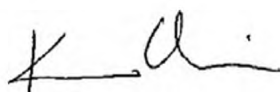
83   It is vital that mental health system reform is developed through a genuine co-design process that includes young people, families, workers and communities. Genuine co-design means taking people seriously, sharing power, making decisions together, respecting the knowledge and experience of everyone involved and learning from everyone.

84   The voice of young people must be extended to governance and accountability roles. This may be done through multiple mechanisms such as youth advisory groups, youth consultations, youth working groups, young people in service delivery providing peer expertise and support and young people on governance bodies and evaluation teams. Good practice involves securing the perspective of multiple and diverse young people, not being tokenistic and ensuring that young people are paid for their time and expertise.

85   To ensure strong collaboration between older people and young people, the young people may need to be supported and upskilled to engage confidently and effectively. However, the older people are likely also to need upskilling to give them the ability to work effectively with young people. This is an area where YACVic does a lot of training and work. It is really powerful when adults realise what young people can bring to the table if effectively included. We would like to see a lot more of this in the mental health system because at the moment young people's experiences are not necessarily being considered, and their ideas on how things could be improved do not have a pathway to the decision makers.

86   A great example of co-design is the new Orygen facility in Parkville. So many facets of that building were suggestions from young people. For example, not having a clinical reception check-in desk but a concierge service instead, and having seating around trees so young people can sit in nature between appointments.

87   At the other end of the scale, sometimes seeking young people's input can be very simple yet the impact underestimated. In one consultation a young woman gave an example, noting that she wished that mental health wards would just give their patients

"textas that actually work". Although simple, it is a request that is easily resolved and can make a big difference in a young person's experience – both in the process of being listened to, and the result.

Workforce capabilities

88   The mental health workforce will be better able to understand, care for and support young people with mental illness if mental health services are youth-friendly and engaging. Part of that involves considering how the service environment looks and feels, how young people are greeted and treated when they come in, and how long they have to wait in person or on the phone. All staff in a service who come in contact with young people must understand how to be respectful and engaging – these are basic youth work skills and peer expertise can be very useful in that context.

89   Another important aspect is promoting, facilitating and funding coordination and collective action between workers to deliver a whole of community mental health response, as I explained at 71-72.

90   One final key point is that anyone who works with young people or in the youth mental health space should be following the Code of Ethical Practice for the Victorian Youth Sector. It was developed 10 years ago by the youth sector, led by YACVic in partnership with several universities and large youth organisations, and it outlines the principles and practice responsibilities for anyone who works with young people.

sign here ▶

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