# Beyond Access: Youth Mental Health in Rural and Regional Victoria

Royal Commission into Victoria's Mental Health System
Submission: July 2019



**YACVIC** Youth Affairs Council Victoria

**YACVIC** RURAL
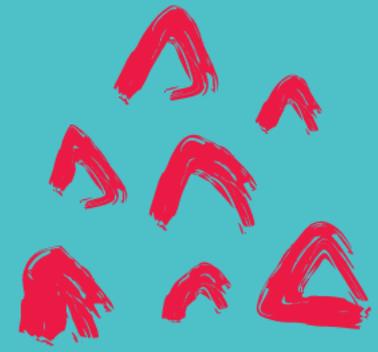
# Youth Affairs Council Victoria

Youth Affairs Council Victoria (YACVic) is the peak body and leading advocate for young people aged 12–25 and youth workers in Victoria. Our vision is that young Victorians have their rights upheld and are valued as active participants in their communities.

We lead policy responses to issues affecting young people, represent the youth sector to government, resource high quality youth work practice, research and advocate on youth issues. We value our members and prioritise their needs.

We acknowledge the support, and leadership from our core agencies and partners in making this submission possible: YACVic Rural, Youth Disability Advocacy Service (YDAS), Koorie Youth Council (KYC) and Victorian Student Representative Council (VicSRC).

YACVic Rural is our advocacy arm for young people in regional communities and the rural youth sector, our presence across the Great South Coast and Southern Mallee regions.

YDAS is a state-wide advocacy service for young people with disabilities in Victoria, and a core agency of YACVic. YDAS are the only service in Australia which exists specifically support young people with disabilities directly to achieve their human rights.

Koorie Youth Council advocates to government and community to advance the rights and representation of Aboriginal and Torres Strait Islander young people. KYC are a partner agency auspiced by YACVic. Led by an Executive of 15 Aboriginal and Torres Strait Islander young people, KYC values the diversity and strength of young people as decision makers.

VicSRC is the peak body representing school aged students in Victoria and are a partner agency auspiced by YACVic. The elected Student Executive gives direction to staff, sets policy, communicates with SRCs and strengthens and promotes aims of the VicSRC.

# Contents

# Introduction and Overview

Youth Affairs Council Victoria's submission to the Royal Commission into Victoria's Mental Health System highlights the unique voices, experiences and needs of young people in rural and regional areas. This submission identifies the issues that young people in rural and regional areas believe must be addressed to improve the mental health system and mental health outcomes for all Victorians.

The issues included in Youth Affairs Council Victoria's (YACVic) submission represent a broad view of the ideas and concerns that are important to young people and workers. Whilst not all of these ideas are necessarily considered integral to a mental health system, they are all inextricably linked to young people's mental health and must be addressed as part of a successful mental health strategy. In our consultations, young people and workers identified the issues with the mental health system that matter to them and raised:

- the prevalence of mental health issues emerging at a young age and the opportunities to better support young people in rural and regional areas;
- the strengths of rural and regional communities in supporting young people;
- their desire to be involved in creating a better mental health system;
- the importance of mental health promotion, preventative interventions and addressing factors that contribute to mental health issues in rural and regional areas;
- the opportunities to improve the capacity of communities, education services and families to better support young people in rural and regional areas;
- the extremely limited access to mental health services in rural and regional areas and their desire for higher-quality services that are better-coordinated;
- the effect of stigma associated with mental illness and the urgent need for strategies to reduce stigma associated with mental illness;
- the prevalence of suicide in rural and regional areas and the failure of the mental health system to support young people;

- the impact of homelessness on the mental health of young people and their ability to access services;
- the specific experiences of young people with disability, Aboriginal young people, culturally and linguistically diverse young people and LGBTIQ+ young people in rural and regional areas and the intersectionality between mental health, disability, culture and identity.

This submission includes 49 recommendations made by young people and the sector that will address these issues and significantly improve the mental health system and the lives of young people in rural and regional Victoria.

# Summary of Recommendations

**Young People and the Emergence of Mental Health Issues**

1.1     Ensure that the mental health system appropriately supports young people and prioritises strategies that address the prevalence of mental illness before the age of 24.

1.2     As a key aspect of the Royal Commission, facilitate a hearing and develop a discussion paper with young people — including those in rural and regional Victoria — to ensure their expertise informs the development of a successful mental health system.

1.3     Implement specific targets concerning reductions in the rate of mental illness and self-harm among young people. This should include specific targets for young people in rural and regional areas. Evaluate the success of the mental health system with reference to these targets.

### Co-Designing a Successful Mental Health System

1.4 Ensure that mental health system reform is developed through a co-design process that includes young people, workers and communities.

1.5 Ensure that the ongoing development and governance of the mental health system includes young people.

### Rural and Regional Young People

1.6 Ensure that the mental health system specifically addresses the unique needs and issues of young people in rural and regional areas and prioritises the reduction of mental illness experienced by young people in these areas.

### Prevention

2.1 Invest in mental health promotion and preventative strategies targeted toward young people. This should include investment in place-based local strategies in rural and regional areas.

2.2 Address relevant risk factors that contribute to poor mental health in rural and regional areas, including isolation, homelessness, financial insecurity, family violence and bullying on the basis of culture and identity.

2.3 Include place-based interventions in the mental health system that support young people to withstand risk factors, particularly in rural and regional areas.

## Improving Community Capacity

3.1     Invest in mental health first aid training for all community members that interact with young people, including:

    3.1.1     Community members who interact with young people;

    3.1.2     Young people, to allow them to support their peers;

    3.1.3     Teaching and administrative staff in Victorian schools (including specialist schools);

    3.1.4     People in all other education settings, including alternative schools, universities and TAFEs.

3.2     Embed mental health education in all school curricula across the state.

3.3     Urgently implement the Victorian Government's Mental Health Practitioners in Schools initiative, prioritising rural and regional areas of Victoria where students have limited access to alternative mental health services.

3.4     Extend the Victorian Government's Mental Health Practitioners in Schools initiative to all schools, including private schools and TAFE institutions.

3.5     Provide alternative transport for rural and regional students who require access to school-based mental health services, to allow these to be more appropriately delivered outside of school hours.

3.6     Provide access to general mental health education, awareness and training for families.

3.7     Provide access to specific support and training when a young family member experiences serious mental illness, at the point when the young person has chosen to notify their family of the mental health issue.

## Access to Mental Health Services

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.

4.2     Invest in significantly more, and more conveniently located, mental health services for young people in rural and regional Victoria and adopt a funding model that guarantees consistent access to services.

4.3     Urgently increase the capacity of existing services in rural and regional areas to ensure that young people are no longer turned away.

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.

4.5     Develop innovative strategies to address access issues in rural and regional Victoria in the short-term, including mobile mental health facilities that can offer services in rural and regional communities.

4.6     Reduce financial barriers that prevent access to relevant mental health and medical services in rural and regional areas.  Ensure young people do not experience out-of-pocket costs when accessing services.

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.

4.8     Ensure that mental health and medical services are private, confidential and respect the autonomy of young people, especially in rural and regional communities.

## Stigma

5.1     Invest in strategies in rural and regional areas to address prejudice and discrimination associated with mental illness.

5.2     Include strategies in the mental health system to ensure that stigma does not impact young people's likelihood to access mental health services, especially in rural and regional communities.

5.3     Invest in programs that specifically address views held by young men that contribute to mental illness and affect their likelihood to access mental health services.

## Suicide

6.1     Implement better mechanisms to support communities, including young peers, and mental health services to identify young people at risk of self-harm and suicide.

6.2     Invest in suicide prevention and specific interventions to reduce self-harm and suicide in rural and regional areas.

6.3     Ensure that the mental health system includes coordinated services that support young people after self-harm.

6.4     Provide support to families, communities and young peers when suicide or self-harm occurs.

## Homelessness

7.1    Address the high rate of homelessness among young Victorians, particularly in rural and regional areas, to reduce a major risk factor for mental illness.

7.2    Facilitate coordination between housing and mental health services as part of the mental health system.

## Young People with Disability

8.1    Invest in specific research that examines young people with disability's experience of mental illness and the mental health system.

8.2    Ensure mental health services are accessible for young people with disabilities.

8.3    Require disability services and workers to undertake training to improve their understanding of mental illness and their capacity to support people with mental illness.

8.4    Require mental health services and workers to undertake training to improve their understanding of disability and improves access to services for people with disability.

8.5    Invest in delivery of the YACVic and Youth Disability Advocacy Service (YDAS) 'Together' resource and training on disability inclusion to mental health services and workers.

## Aboriginal Young People

9.1     Address the disproportionately high incidence of mental illness and self-harm experienced by Aboriginal young people in Victoria.

9.2     Urgently address the high rate of self-harm and suicide among Aboriginal young people as a priority.

9.3     Invest in culturally competent mental health services that recognise the specific social and emotional framework that will best support Aboriginal young people.

9.4     Invest in the 'Marram Nganyin' mentoring program as an effective method of improving mental health outcomes for Aboriginal young people.

9.5     Develop the mental health system with Aboriginal young people through a process of self-determination.

## Culturally and Linguistically Diverse Young People

10.1    Ensure services for young people are culturally and linguistically appropriate.

10.2    Enhance workforce diversity so that services include workers who reflect the cultural and linguistic diversity of consumers.

**LGBTIQ+ Young People**

11.1    Ensure the mental health system incudes strategies to:

11.1.1    address the unique risk factors that exist for LGBTIQ+ young people in rural and regional areas;

11.1.2    specifically support LGBTIQ+ young people to maintain positive mental health;

11.1.3    reduce the discrimination experienced by LGBTIQ+ young people in rural and regional communities and schools;

11.1.4    specifically improve the mental health outcomes experienced by transgender and gender-diverse young people.

11.2    Require and support mental health services in rural and regional Victoria to undertake the Rainbow Tick Accreditation Program and achieve Rainbow Tick status as soon as possible.

11.3     Enhance workforce diversity so that services include workers who reflect the sexual and gender diversity of consumers.

11.4    Increase investment in the Healthy Equal Youth ('HEY') program to improve access to mental health services provided by LGBTIQ+ people and improve the capacity of services and workers to support LGBTIQ+ young people.

# A Vision for the Future

**We asked young people to identify their vision for Victoria's mental health system and for the young people in rural and regional areas who will benefit from its success.**

'Our vision for the Victorian mental health system is that it best supports young people in rural and regional areas, recognises the strengths of rural and regional communities and involves young people in its development and success. We want young Victorians' lived experience to be acknowledged and recognised as expertise.

The mental health outcomes for young people in rural and regional areas should not be any worse than those in the city. We envision a future where young people are supported to maintain positive mental health and live in a society free from stigma and discrimination for being themselves. We want the whole community trained to support young people's wellbeing and recognise when young people need greater support. There needs to be a collective responsibility for the positive mental health of young people and a community that feels empowered to help.

We want better access to mental health services. We want a system that offers solutions to those who need help, rather than barriers that prevent access. We want a young person's circumstances to have no impact on whether they can access support. We want a system where there is 'no wrong door' and young people are supported regardless of who they first ask for help.

We want fewer people to experience mental illness through investment in stronger prevention programs. If they do experience mental illness, they should have access to guaranteed services that work for them. Every young person should have access to safe and stable accommodation. And we want greater coordination between different services so that we can receive support that's appropriate for our individual circumstances. We envision a future where young people can be themselves, where their ability, sexuality, culture and identity are accepted and valued, and does not dictate the level of support they receive.

We want this vision to serve as a goal for the Victorian mental health system and as an aspiration for all of those who work towards it.'

# Our Consultation Process

Youth Affairs Council Victoria's submission has been led by a working group of rural and regional young people and is informed by consultation with 236 young people and workers from the youth sector.

**Youth Participation**

YACVic's consultation process, recommendations and submission have been led by a working group of young people from rural and regional areas with lived experiences of mental health issues. The youth working group comprises 18 young people who have determined how we should consult with people in rural and regional areas and the sector that supports them. Three members of the youth working group also facilitated the consultations that informed this submission. This work is part of our commitment to meaningful youth participation.[1] YACVic acknowledges the expertise, support and commitment of the young people who formed the working group, including:
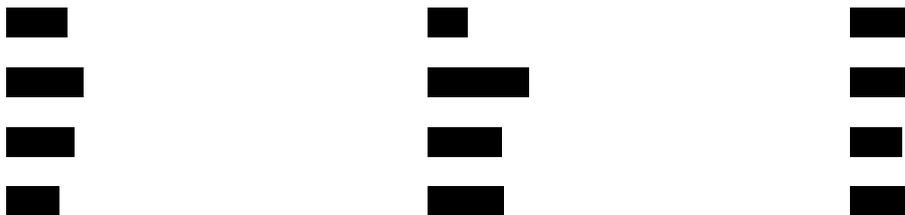
The working group have also supported the development of resources that YACVic has shared with young people and community. This includes information to support people to make independent submissions, resources to enable youth workers to facilitate additional consultations in rural and regional areas, and self-care resources to support young people and workers.[2]

## Consultation Process

YACVic's submission has been informed by in-person and online consultations with young people, workers and the sector between March and June 2019. Consultations with young people — designed and facilitated by members of the youth working group — were conducted in communities and schools in Camperdown, Hamilton, Melbourne, Portland, Robinvale, Swan Hill and Warrnambool. YACVic consulted with 142 young people with diverse experiences of mental health issues and the mental health system.

We also heard from a number of young people as part of our online engagement. In our consultations we asked young people about their own experiences; the supports and services they can and cannot access in their area; the issues and circumstances that impact their mental health; what the community can do to better support their mental health; the barriers they experience when trying to access support; and what positive mental health and an ideal system looks like in rural and regional Victoria.

YACVic consulted broadly with workers in rural and regional areas and the mental health, social services and youth sector. We connected with more than 60 workers and community members during our consultations facilitated by the working group. Participants included youth workers, allied health professionals, families, school principals and teachers, TAFEs, Local Learning and Employment Networks, councils, mental health services, local police and representatives from the Department of Education. YACVic also convened organisations that work with young people across Victoria in multiple meetings to ensure that the diverse views and experiences of young people and workers were made provided to the Royal Commission.

The consultations that have informed this submission follow other recent consultations by YACVic with young people. YACVic consulted with 198 people as part of our submission to the Terms of Reference for this Royal Commission and heard about young people's priorities and hopes for the outcomes. We also recently hosted the YACVic 'Turning Ideas into Action'[3] and 'What Matters'[4] youth forums across Victoria and engaged with 472 young people who identified mental health as a major priority. In 2018 we consulted with over 160 young people to identify projects to improve

mental health in rural and regional areas as part of the 'When Life Sucks' project.[5] The ideas and responses from these consultations have been included in this submission and support the recommendations that have been made.

# Why Young People Matter

The Victorian mental health system will only be successful if it addresses the unique needs and experiences of young people. This will require the meaningful participation of young people through co-design processes that include young people, youth workers and communities.

## The Emergence of Mental Health Issues

Mental health issues overwhelmingly emerge in the early stages of life.[6, 7] Half of all lifetime mental health disorders present by age 14 and three quarters present by age 24.[6, 7] Adolescence and young adulthood are high-risk periods for the development of mental illness.[6] 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.[6, 8] Nearly one in five young people show high levels of psychological distress and one in ten self-harm.[9, 10] The high incidence of mental health issues among young people must be addressed as a priority of the Victorian mental health system.

Young people have been clearly communicating their need for greater mental health support.[4, 5] Mental health was recently ranked by young people as the most important national issue.[11] The number of young people that identified mental health as the primary national concern almost doubled between 2016 and 2018.[11] The Mission Australia 2018 Youth Survey also confirmed that a significant number of young people are personally concerned with their mental health.[11] This is also true for young people in rural and regional areas.[11] Mental health was nominated as the primary concern of rural and regional young people in a wide ranging consultation facilitated by YACVic in 2016.[3] It is alarming that the number of young people identifying mental health as a primary concern is increasing and it is important that the mental health system address this need.

The best opportunity for preventing mental health issues and promoting positive mental health is before the age of 25.[12, 13] Mental health promotion and prevention strategies targeted towards

young people will prevent and delay the onset of mental illness.[12] Therefore a successful mental health system must specifically prioritise and address the experiences and needs of young people.

## Recommendations

1.1     Ensure that the mental health system appropriately supports young people and prioritises strategies that address the prevalence of mental illness before the age of 24.

1.2     As a key aspect of the Royal Commission, facilitate a hearing and develop a discussion paper with young people — including those in rural and regional Victoria — to ensure their expertise informs the development of a successful mental health system.

1.3     Implement specific targets concerning reductions in the rate of mental illness and self-harm among young people. This should include specific targets for young people in rural and regional areas. Evaluate the success of the mental health system with reference to these targets.

## Co-Designing a Successful Mental Health System

The development of a successful mental health system requires the genuine participation of young people. A mental health system that is developed using co-design processes that consider the diverse experiences and requirements of health consumers is more likely to be successful.[13] Co-design should involve 'people working in the mental health system, young people and families

'Young people are creative, reflective about their health and that of their peers, constructive in solution seeking and able to act as equal partners with adults'.[15]

who have lived experience of using youth mental health services'.[14] Co-design can be equally utilised in rural and regional areas and young people in these areas 'can be effectively supported to participate in service planning and delivery'.[15]

There are a number of resources regarding the co-design of mental health systems with young people that demonstrate positive collaboration and consumer benefits.[1, 16] This includes YACVic's youth participation model that emphasises empowerment, purposeful engagement and inclusiveness.[1] VicHealth have also published a co-design resource and self-assessment tool that emphasises the meaningful involvement of young people in the 'design, delivery and governance of … initiatives'.[16]

Young people want to be involved in the development of the mental health system. In a consultation with young people to inform the terms of reference for the Royal Commission, young people nominated 'giving young people a real voice in how the mental health service system works' as one of the most important priorities.[17] YACVic's 'When Life Sucks' project provides an example of how genuine youth participation can identify possible solutions to improve mental health in rural and regional communities.[5] The consultation with more than 160 young people in rural and regional areas resulted in proposals including community mental health first aid training, place-based public health campaigns and youth-specific health service directories.[5]

The community has a responsibility to ensure that young people are included in the development of the mental health system. Article 12 of the Convention on the Rights of the Child clearly states that young people have the right to participate and contribute in decision making processes that affect them.[18] The use of co-design principles to ensure that young people are involved in the development of systems is consistent with this obligation.

The need to include young people in the development of the mental health system extends to all future changes as well as the systems' governance. Including young people as part of the institutional governance of the system will ensure that their diverse experiences and requirements as consumers support the ongoing success of the mental health system whilst ensuring it responds to the unique needs of young people.

A successful mental health system must be developed through a co-design process involving the genuine and ongoing participation of young people, workers and communities.

## Recommendation

1.4    Ensure that mental health system reform is developed through a co-design process that includes young people, workers and communities.

1.5    Ensure that the ongoing development and governance of the mental health system includes young people.

# Rural and Regional Young People

Young people in rural and regional areas experience worse mental health outcomes and are at greater risk of self-harm when compared to their peers in major cities.[19, 20] The risk of suicide for young people increases proportionally with the distance from a major city and the rate of death from suicide is significantly higher in rural and regional areas than in metropolitan areas.[19, 20] Young men in rural and regional areas are twice as likely to die by suicide when compared to those who live in a major city.[21] It has been suggested that young people in rural and regional areas experience 'a unique set of structural, economic and social factors that result in poorer mental health outcomes and an [increased] risk of suicide'.[11]

Young people from rural and regional areas in Victoria stated that they face a different set of circumstances when compared to their peers in major cities and these contribute to the worse mental health outcomes they experience. Young people commonly spoke about isolation, poor employment opportunities, financial insecurity and stigma related to mental health issues and identify as particular contributors to poor mental health in rural and regional Victoria.

In our consultations, young people from rural and regional areas also told us that they had poor access to mental health services. We heard stories about young people travelling hundreds of kilometres to access services and regularly heard from young people who had been turned away from primary care. These issues related to access are complicated by the fact that young people in rural and regional areas are significantly less likely to seek support following self-harm when compared to young people in major cities.[22]

We also heard about the strengths of rural and regional communities and the opportunities to better support young people and create a better mental health system. Young people and workers identified that rural and regional towns often had a strong sense of community and a desire to support young people, but felt they were being let down by deficiencies in the mental health

'Rural communities are used to pooling their resources and working together to achieve their goals. This is true with regard to supporting young people'.

system. They were confident that their communities could collaboratively work toward improving the mental health of young people when provided with the appropriate supports.

The unique circumstances that exist in rural and regional areas — including isolation and poor access to services — place young people at greater risk of developing mental illness, experiencing deterioration of their mental health and self-harm. This requires a specific response that builds on the strengths of rural and regional communities as part of a successful mental health system.

### Recommendation

1.6    Ensure that the mental health system specifically addresses the unique needs and issues of young people in rural and regional areas and prioritises the reduction of mental illness experienced by young people in these areas.

# Jordan's Story

Jordan* is ██ years old and lives in the Yarra Valley. Jordan spoke about the experience of young people and the mental health system in Victoria.

'The mental health system doesn't look into rural areas at all. It's based in the major cities and it feels like young people in rural and regional areas don't really exist. The system is setup so we can travel, but it's not that easy for someone in a rural area to travel to services.

You need that support because parents don't understand at all these days. They don't have a good understanding of what it's like to be a teenager now and they don't realise how much time has changed.'

Jordan raised the increase in young people with mental illness and the need for a better mental health system.

'These days, the amount of kids who do have mental health problems and that are really finding school tough is being recognised because it has changed dramatically over the years.

I think the system needs an update. This is such a massive thing that needs to be a focus. Mental health is becoming a major thing and every day more and more people are getting diagnosed. People are dying and it needs to be looked into.'

* Jordan's name has been changed to protect their privacy.

# Prevention

Young people and workers want greater emphasis on mental health promotion, prevention and intervention. A successful mental health system should begin before mental health issues arise and include health promotion and universal interventions.

**Preventative Mental Health Strategies for Young People**

Preventative strategies are particularly relevant for young people given the overwhelming emergence of mental health issues before the age of 25.[6] Preventative strategies targeting young people are extremely likely to reduce the incidence of mental health issues and 'have the capacity to generate greater personal, social and economic benefits than intervention at any other time in the lifespan'.[12, 23]

Preventative strategies will reduce the incidence and prevalence of mental illness and include changing exposure to risk factors and improving the ability of young people to withstand risk factors.[24] These strategies include mental health promotion, universal interventions targeted toward the general public and selective interventions that support individuals or groups at risk of developing mental illness.[25] Evidence supports that mental health promotion, universal and selective preventative interventions will promote mental health and prevent mental illness among young people.[25]

Young people and workers from rural and regional areas frequently stated during our consultations that greater investment was needed in preventative interventions. A worker summarised this sentiment by stating:

> 'More work, information, support and training around mental health and protective factors [is needed]. More recognition and acknowledgement of young people as the experts in their own mental health through providing opportunities for them to actively engage in understanding and promoting protective factors.'

## Common Risk Factors in Rural and Regional Areas

Young people in rural and regional areas identified a range of family-related and societal risk factors that impacted their mental health during our consultations. Responses regarding family-related risk factors primarily related to:

- Family violence
- Neglect

The most commonly identified societal risk factors included:

- Social isolation
- Financial insecurity
- Study-related stress
- Employment
- Stigma

- Body-image concerns
- Homelessness
- Bullying and discrimination on the basis of sexuality, culture and identity

These risk factors reflect the national findings of the ReachOut survey that found young people were primarily worried about 'financial issues', 'school' and 'the future'.[11]

The factors listed are not indicative of the entirety of risk factors that affect young people's mental health in rural and regional Victoria, however they do represent priorities that can be addressed as part of an effective strategy to reduce young people's exposure to factors that negatively affect mental health.

## Addressing Risk Factors

A successful mental health strategy must address the risk factors present in rural and regional communities and simultaneously support young people to withstand risk factors that cannot be ameliorated. This requires the family-related and societal factors that impact mental health to be

addressed and also requires interventions that improve young people's ability to withstand risk factors.

Young people indicated support for risk factors that impact their mental health to be addressed and overwhelmingly stated that self-care and resilience training were needed in communities and schools (including mental health first aid training, discussed below). Importantly, workers commonly identified that interventions were required that promoted positive mental health and supported young people to withstand factors that existed in rural and regional areas that contributed to poor mental health. This was summarised by one worker who stated:

> 'If we chose to invest more in prevention, many of the issues that exist today in the lives of young people, would be much less debilitating and less costly. For many young people, they may not exist at all.'

Rural and regional young people and workers also expressed a need for 'place-based' preventative interventions that address the unique needs of individual communities.[26] Place-based interventions recognise that different risk factors exist among different communities and prioritise those risk factors that are prevalent in target areas. Place-based interventions, developed in consultation with communities, are more likely to lead to successful outcomes, and should be included as part of a successful mental health strategy.[26]

### Recommendations

2.1    Invest in mental health promotion and preventative strategies targeted toward young people. This should include investment in place-based local strategies in rural and regional areas.

2.2    Address relevant risk factors that contribute to poor mental health in rural and regional areas, including isolation, homelessness, financial insecurity, family violence and bullying on the basis of culture and identity.

2.3     Include place-based interventions in the mental health system that support young people to withstand risk factors, particularly in rural and regional areas.

# Improving Community Capacity

**Young people recognise the support provided by the community in rural and regional areas. Community members, schools and families need greater access to training to improve their capacity to support young people with mental illness and improve mental health outcomes.**

### Opportunities to Improve Community Capacity

Young people and workers stated that rural and regional community members often have the first opportunity to recognise symptoms of mental illness and have a significant role in providing support to young people. This includes all community members that young people interact with, including families, teachers and sports coaches. In rural and regional communities where access to professional services is limited, the role of community members in the mental health system is vital.

However, workers identified that members of the community need greater training to capitalise on the opportunity to support young people. People without relevant professional qualifications are typically unable to recognise mental health problems, 'are likely to underestimate the severity of a person's mental illness' and 'believe that non-professional strategies will fix the problem'.[27] This means that community members are unlikely to be able to constructively support young people and 'know where to find help during the early phases of a mental illness'.[27]

In our consultations, young people from rural and regional areas identified that mental health first aid training can improve the capacity of community members to support young people. Cleary, Horsfall and Escott described mental health first aid training courses and the typical aims:

- increase mental health literacy and the recognition of mental illness amongst lay people;
- reduce stereotyping, stigma, and discrimination;
- develop basic skills to provide comfort to a person experiencing a mental health problem;
- promote good mental health and decrease the time taken to access professional treatment;

- raise mental health awareness and prevent illness development or exacerbation;
- preserve life in a crisis.[27]

Importantly, mental health first aid training courses have been shown to reduce stigma, improve recognition of mental illness, improve beliefs about mental illness treatment, increase confidence in providing help and improve participants ability to provide information and advice.[28]

Golden Plains Shire Council recently delivered a successful Youth Mental Health First Aid Training course for community members in November 2018. The Council promoted the course to schools, community groups and sporting clubs and were 'overwhelmed with the response' stating that:

> 'In terms of community engagement, this is unprecedented in our region. For us it really highlighted the need for this type of training.'

The program was delivered free of charge in partnership with the City of Greater Geelong and this was credited with the positive response and attendance of community members. Feedback regarding the training was incredibly positive, with a local council member stating that the 'capacity building outcomes were significant'. The experience in the Golden Plains Shire demonstrates that, with funding, mental health first aid training courses can be provided in rural and regional areas and build the capacity of all community members.

Providing mental health first aid training to community members that interact with young people in rural and regional areas will promote improved mental health, reduce stigma, improve referrals to services and support young people in crisis. Young people and workers clearly expressed support for initiatives to fund mental health first aid training courses for all community members that interact with young people in rural and regional Victoria.

### Mental Health Training for Young People

Providing access to mental health first aid training courses for young people will also provide significant benefits, including improved capacity to support peers and a decrease in stigmatising

attitudes.[29] This is particularly important given 'young people are [currently] ill-equipped to provide help to peers suffering from mental illness'.[30] The benefits of mental health first aid training are equally applicable to young people as they are to older participants.[29] Young people that participate in mental health first aid training courses will experience improved mental health literacy and personal mental health, while increasing their capacity to provide support and refer people to mental health services.[27, 29] As a result, mental health first aid training is both a valid preventative measure for those at risk of developing mental illness, as well as an appropriate tool to improve the capacity of young people to support their peers.

There was consensus that improved mental health training for young people would support them to identify when peers were experiencing mental health issues. One worker stated that 'we urgently need Youth Mental Health training for young people … getting young people trained in what to do if they or their friends are experiencing mental health issues is an absolute must. But it is not easily accessed in regional areas'.

Providing mental health first aid training to young people will directly improve their mental health and capacity to support others experiencing mental health problems. Young people and workers support initiatives that will increase access to mental health first aid training courses for young people, particularly in rural and regional areas.

## Schools

YACVic conducted target consultations in rural and regional Victorian schools. Young people, principals and teachers spoke about the opportunities to support students in schools and the need for improved access to training.

Young people spend a significant proportion of their time in schools. This presents a significant opportunity to implement mental health strategies and support services, particularly in rural and regional areas where access to mental health services is limited. However, school staff and workers in rural and regional areas stated that they needed greater training to support students

to maintain positive mental health, identify emerging mental health issues and support those with severe mental health problems. Importantly, school staff stated that this applies equally to administrative staff, who may be more readily able to identify signs of possible mental health issues, including recurring use of support services or absenteeism. Mental health first aid training courses would appropriately support teachers and administrative staff to better support the mental health of young people.

## Training Staff in All Education Settings

Young people and workers suggested that interventions that are applicable to schools should be extended to all education settings, including alternative schools (eg home-schooling), universities and TAFE institutions. This would also extend support to apprentices, who were identified in consultations as being at increased risk of exposure to factors that contribute to mental illness, including social isolation, employment-related stress and stigma.

## Recommendations

3.1     Invest in mental health first aid training for all community members that interact with young people, including:

        3.1.1     Community members who interact with young people;

        3.1.2     Young people, to allow them to support their peers;

        3.1.3     Teaching and administrative staff in Victorian schools (including specialist schools);

        3.1.4     People in all other education settings, including alternative schools, universities and TAFEs.

## Embedding Mental Health Training in the School Curriculum

Young people in rural and regional areas suggested that mental health information and training should be included in the school curriculum.

> 'One major change I would like to see is more integration of mental health support and information built within the frame of compulsory education. If mental health was taught as a main subject of the school curriculum … it may change how mental health is viewed by young people.'

The outcomes of mental health first aid training, including improvements in mental health and improved peer support, would be equally beneficial for school aged students. [27, 29] Young people and school staff expressed a desire for mental health first aid training — or an appropriate version embedded in the school curriculum — to be provided in schools. This would significantly improve mental health outcomes for Victorian students and young people in rural and regional areas.

## Recommendation

3.2 Embed mental health education in all school curricula across the state.

## Mental Health Services in Schools

Young people in rural and regional areas were supportive of mental health services provided in schools. YACVic supports the Victorian Government initiative to ensure that every government secondary school campus has a suitably qualified mental health practitioner by 2022.[31] This is an important measure that will improve young people's mental health and significantly improve access to mental health services, particularly for young people in rural and regional Victoria. However, it is important that the scheme is extended to all rural and regional schools in Victoria as soon as possible. There is an urgent need for school-based services due to the limited access to

other mental health services in these areas. Young people also expressed concern that the initiative does not include non-government schools and were hopeful that the initiative could be extended to non-government schools, particularly those in rural and regional areas.

## Recommendations

3.3     Urgently implement the Victorian Government's Mental Health Practitioners in Schools initiative, prioritising rural and regional areas of Victoria where students have limited access to alternative mental health services.

3.4     Extend the Victorian Government's Mental Health Practitioners in Schools initiative to all schools, including private schools and TAFE institutions.

## Access to School Based Out-of-Hours Services

Young people identified that it is important to provide access to mental health services for students in the time both before and after school. In particular, students stated that support provided out of regular school hours was often preferred as it reduced the possible stigma associated with seeking help for mental health issues.

However, students and workers emphasised that in rural and regional areas it is difficult for students to access services out of school hours when students rely on school provided bus services for transport. In rural and regional areas, students experience significant barriers related to travel and for some students it is unfeasible to attend school before or after hours to access mental health services.

'In this area there is very limited bus service to town and a train to Melbourne only three times a day.  Outlying towns have nothing. Young people must rely on parents to get to a service even if they do not want them to know. There needs to be greater access and

information into schools. This needs to be coordinated and inclusive services provided to young people in schools.'

Young people stated that mental health services provided after hours in schools needed greater coordination to ensure that transport, and other barriers, did not prevent students from accessing support. This requires funding for alternate transport where existing transport infrastructure (eg the regular school bus) does not allow students to access services outside of school hours.

## Recommendation

3.5     Provide alternative transport for rural and regional students who require access to school-based mental health services, to allow these to be more appropriately delivered outside of school hours.

## Families

During our consultations, young people consistently identified family as a significant source of support when dealing with mental health issues. This is consistent with national surveys of young people.[42] However, young people also stated that families often lacked the ability to provide appropriate support. In some cases, young people reported that their families had treated mental health issues as trivial and not sufficiently serious to require support.

Young people stated a desire for families to have access to resources that demonstrated the seriousness of mental health concerns and, where necessary, training to provide appropriate supports to family members experiencing mental health issues.

'No one is supporting my family. I would be better off if my family were given better support and understood what I was going through.'

Young people suggested that mental health first aid training, or general mental health education, for families of young people experiencing mental health problems would be beneficial. This was stated to be particularly important where a young person experiences serious mental illness or self-harm. Importantly, young people emphasised the importance of initiatives to support families being extended to include alternative families and care-givers of young people.

### Recommendation

3.6     Provide access to general mental health education, awareness and training for families.

3.7     Provide access to specific support and training when a young family member experiences serious mental illness, at the point when the young person has chosen to notify their family of the mental health issue.

# Hayley's Story

Hayley* is a ██ year old from Camperdown and recently finished Mental Health First Aid Training and thought it was an extremely positive and urgently needed initiative.

As someone who knew a few things about mental health already, Hayley felt that the training helped so many people in the room and improved their ability to support young people.

> 'There were so many dads that would come along and macho guys that wouldn't normally talk about mental health who put their hand up and talked about how they had seen instances of negative mental health within their own child, but didn't feel equipped with the language to talk about it with them.'

Coming from a small town, Hayley feels that there are many rural and regional areas of Victoria that don't have any kind of mental health service.

> 'I don't know of any mental health nurses that are in Camperdown. Sometimes there might be only have one person that's trained in mental health. Some hospitals don't even have a mental health nurse.'

Hayley shared that this is especially important in a place like the Great South Coast.

> 'When people go to hospital, they sometimes feel like they're being judged. Whereas if they know that there's a mental health service or even a mental health nurse at that hospital, they can just go straight there.'

* Hayley's name has been altered for their privacy.

# Access to Mental Health Services

Access to services and support in rural and regional areas is extremely limited and young people face significant barriers when accessing services. Young people urgently require better access to mental health services.

### Access to Services in Rural and Regional Areas

Young people with mental illness or mental health concerns are currently unable to consistently access mental health services in rural and regional areas. This is a result of specific barriers that are far more prevalent for young people in rural and regional Victoria when compared to major cities.[32] These include distance to services, waiting times, stigma, and 'physical and social isolation'.[42] In rural and regional areas, these barriers are complicated by low numbers of mental health services.[33] Young people in rural and regional areas are unable to consistently access mental health services as a result of these barriers and experience greater levels of 'unmet need' when compared to peers in other parts of Victoria.[42]

Rural and regional young people are less likely to seek support for mental health related concerns when compared to those in major cities.[22] This places young people at significant risk, and in combination with significant barriers and poor access to mental health services, exacerbates the significant mental health issues experienced by young people in rural and regional Victoria.

Young people frequently stated in consultations that they do not have access to mental health services in rural and regional areas. This was repeated by workers, who emphasised the lack of mental health services in rural and regional Victoria.

> 'As a school counsellor I commonly make referrals to workers that occasionally service our area. I still have students waiting to be seen since last year.'

> 'My experiences with assisting young people to access mental health services in the area have not always been positive. Often there is an extremely long waiting time for clients to access vital specialist supports. Often these young people are presenting in crisis and as a

generalist youth worker I am expected to "hold" and work with them until they can access specialist supports. Some of the wait times have been up to four months, despite having a relatively new headspace facility open in Bairnsdale.'

'Our main issue is that our generalist youth support resources in this region are so low that we simply find it hard to provide any form of long-term support to young people presenting with mental health issues. This really affects the way that we can support them.'

Distance to services was commonly raised as a significant barrier by young people. It was not uncommon for young people to describe travelling hundreds of kilometres to access services or choosing to not access services due to distance. In Swan Hill, young people spoke about being required to travel to Mildura when they experienced severe or urgent mental health issues. This often resulted in them delaying care, or otherwise being separated from their family. This was also true for workers seeking to provide services to young people, with one worker stating: 'it can take us a whole day to drive out and see one client in the more remote parts of our region'.

In our consultations with young people, we asked young people if they used online mental health services. Young people stated that online mental health services were often impractical in rural and regional areas. We regularly heard that young people in rural and regional areas had limited access to reliable internet or otherwise were not comfortable using online mental health services that may be monitored by parents or carers. Importantly, young people stated that online services were not a suitable substitute for in-person mental health services.

Workers and young people considered solutions to address barriers and limited access and spoke emphatically about the need to remove and mitigate the specific barriers that exist in rural and regional Victoria and the urgent need to increase the number of mental health services.

## 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.

4.2     Invest in significantly more, and more conveniently located, mental health services for young people in rural and regional Victoria and adopt a funding model that guarantees consistent access to services.

# Examining Disadvantage and Distance to Services

YACVic examined the 10% of Victorian communities that have the highest proportion of people living with disadvantage.[34] We calculated geographical distance between these locations and the nearest mental health professionals, using the public databases provided by the Royal Australian & New Zealand College of Psychiatrists,[35] the Australian Psychological Society[36] and headspace.[37]

The findings from this analysis demonstrated that rural towns with high levels of disadvantage tend to have very poor access to mental health services.

- None of Victoria's most disadvantaged rural suburbs have a psychiatrist within 10 km.
- Only 5% of Victoria's most disadvantaged rural suburbs have a headspace centre within 10 km.
- 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.
- 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.
- In 70% of Victoria's most disadvantaged rural postcodes, young people would have to travel more than 50 km to see the nearest psychologist.

Alarmingly, some rural communities with very high levels of disadvantage are also:

- at least 100 km from the nearest psychiatrist and headspace centre; and
- at least 50 km from the nearest psychologist.

These communities are found in the local government areas of East Gippsland, Gannawarra, Northern Grampians, and West Wimmera.

Victoria's regional centres and interface council areas generally have better access to mental health services than smaller rural towns. But their access is worse than in the inner and middle suburbs of Melbourne. Eighty six per cent of the most disadvantaged postcodes in interface areas have a psychologist within 10 km. Almost two-thirds of the most disadvantaged interface suburbs (63%) have a psychiatrist within 10 km, and 54% of highly disadvantaged interface suburbs are 10 km or less from a headspace centre.

**Young People's Experience of Existing Services**

In our consultations, young people regularly discussed their experiences with existing mental health services in rural and regional areas. This included the limited capacity of local services, the financial burden of local medical services, the experience of those in the 'missing middle' in rural and regional areas and the limited privacy afforded by some services.

## Limited Capacity

Young people in rural and regional areas reported not being able to access headspace services due to the limited capacity of their local centre. A number of young people spoke about being turned away or referred to other inaccessible services when seeking support at headspace centres. This was confirmed by one worker who stated 'when the local headspace reaches their limit, young people are required to travel a huge distance to access alternatives'. This was not confined to headspace services. We heard about a number of experiences where young people were turned away from mental health services due to the capacity of the service provider. Young people considered this problem and stated that the mental health system needed to offer a 'no-wrong door' approach, where people could access services or suitable alternatives regardless of system capacity.

## 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.

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.

4.5 Develop innovative strategies to address access issues in rural and regional Victoria in the short-term, including mobile mental health facilities that can offer services in rural and regional communities.

## Financial Barriers

Young people also reported being unable to access some services in their area due to their financial situation. It was common to hear in our consultations that general practitioners in rural and regional areas did not offer bulk-billing services. Alarmingly, some young people reported that the only general practitioner in their area did not offer a bulk-billing service and that they were out-of-pocket for each visit. This presented a barrier to access for these young people and they reported that this resulted in them avoiding or delaying visits to the GP related to their mental health. This had the capacity to delay access to other services, including allied health services. Young people strongly supported less costly access to GPs in all areas and believed this would improve their likelihood to access support in a timely manner.

## Recommendation

4.6 Reduce financial barriers that prevent access to relevant mental health and medical services in rural and regional areas. Ensure young people do not experience out-of-pocket costs when accessing services.

## The Missing Middle

Young people also described their experience of being in the 'missing middle'. The 'missing middle' describes those with moderate to severe mental illness that do not meet the threshold for complex care and only have access to insufficient primary care services, rather than the intensive

services that are needed.[38] In Victoria, funding increases have been directed toward acute and hospital care, leaving a 'considerable gap in specialist, community-based youth mental health services for these young people'.[38]

Young people in rural and regional Victoria confirmed this experience and often recounted having nowhere to go beside primary care services. Young people strongly indicated a need for greater specialist support that they were often unable to access. Workers stated that funding was needed for accessible specialist services to support these young people in rural and regional areas.

### 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.

### Privacy in Small Communities

Young people reported that in rural and regional areas it can be difficult to access private and confidential services. It was consistently reported that in some communities there was only one mental health worker or medical professional and these people were well known in the community. This often presented a barrier for young people accessing services and some young people stated that they felt uncomfortable seeking support for mental health related concerns in small communities.

> 'The part time wellbeing worker (one lunchtime a week) at school knows my mum and knew me at primary school. Really awkward.'

'In our local community, there is only one GP who makes young people attend appointments with their parents. This has stopped young people from seeking help with their mental health.'

Young people expressed a desire for private and confidential mental health services and noted that this would improve young people's likelihood of seeking help and accessing mental health services.

## Recommendation

4.8     Ensure that mental health and medical services are private, confidential and respect the autonomy of young people, especially in rural and regional communities.

# Eddie's Story

Eddie* is a ▮▮ year old from ▮▮▮▮▮▮▮ who was going through a tough period of suicidal thoughts and self-harm. However, they experienced significant difficulty when trying to access mental health services.

They went to access the supports at the local ▮▮▮▮▮▮▮ hospital because they felt they were at a really critical point and required care that was not available in the community.

After contacting the ▮▮▮▮ team, they spoke to a number of the people on the phone and then directly went to the hospital. Eddie repeatedly begged the ▮▮▮▮ team to provide an alternative to remaining at home, because they needed to get out. Eddie emphasised that if they stayed one more night in their bedroom, that it would have been catastrophic.

The ▮▮▮▮ team responded saying there was no space to accommodate Eddie. Eddie felt considerably worse when they heard someone jokingly say, 'Come back when you've chopped your arm off'.

Eddie felt that the ▮▮▮▮ team's response encouraged them to escalate to the point where they would physically hurt themselves.

This experience made Eddie concerned that there was nowhere to go for support in a moment where they were suicidal. The existing services were inaccessible and didn't provide any support to Eddie at an incredibly difficult time.

* Eddie's name has been altered for their privacy.

# Stigma

Young people in rural and regional communities report that they still experience significant stigma and discrimination associated with mental illness. This is affecting the ability of young people to access services and seek support in rural and regional Victoria.

Stigma occurs where a young person and their character is perceived in a negative manner as a result of their mental illness.[13] This includes social stigma, where people are negatively perceived by the community as a result of their mental illness; as well as self-stigma, where an individual develops negative attitudes toward themselves, resulting in changes to personal attitudes and behaviours.[39] Stigma results in prejudice and discrimination directed toward those with mental illness.[13]

Discrimination as a result of stigma associated with mental illness is extremely common, including in rural and regional areas.[40, 41] There is significant evidence that people in rural and regional areas regularly experience stigma associated with mental illness and that this affects young people's capacity to seek help.[40]

During consultations, young people overwhelmingly reported experiences of social stigma and discrimination associated with mental illness in rural and regional areas. Young people spoke about ingrained social attitudes about mental illness that made it difficult for them to openly discuss their own concerns. This included perceptions of family members and the broader community. Young people commonly reported being told to 'get over it' when speaking about mental health concerns. The effect of family-related stigma experienced by young people was summarised by one participant:

> 'Stigma is not just an issue for young people but also for families who may not want to talk about it. Shame prevents us from discussing openly.'

Young people and workers also spoke about self-stigma and how it affected people's ability to seek help:

> 'My first issue was understanding and admitting that I had a problem. I felt that if I admitted I had a mental health issue that I was weird or something was wrong with me.'

> 'People will find out I'm different [and] I don't want them to know that I have problems.'

> 'Young people have a fear of people finding and speaking up about their own mental health issues.'

This attitude was commonly expressed in consultations with young people from rural and regional areas and had clearly contributed to changes in a significant number of participants behaviour, including their likelihood to seek help when experiencing mental illness.

Young people and workers suggested that specific interventions were required in rural and regional areas to address the stigma associated with mental health and to change community attitudes regarding mental illness. This requires a mental health promotion approach and universal interventions that address both prejudice and discrimination associated with mental illness.

### Recommendation

5.1     Invest in strategies in rural and regional areas to address prejudice and discrimination associated with mental illness.

5.2     Include strategies in the mental health system to ensure that stigma does not impact young people's likelihood to access mental health services, especially in rural and regional communities.

## Stigma and Masculinity

Young people in rural and regional areas spoke extensively about the impact of masculinity stereotypes on their mental health in rural and regional areas. When asked about what they would expect to hear from a peer if they expressed concerns about mental health, common responses were: 'harden up', 'drink a cup of concrete' and 'deal with it'. This is consistent with findings that stigma associated with mental health 'can be particularly pronounced for young men'.[42]

During a consultation with a group of young men in a rural area it was identified that social stigma concerning mental health had led to these common negative attitudes toward mental illness. In particular, the group of young men displayed perceived stigma — concerning a person's beliefs about the negative views of others. This is important as research indicates that concern about other people's reactions when seeking help (ie perceived stigma about seeking help) decreases the likelihood of accessing mental health services.[43]

Young people and workers expressed the need for strategies to address the common attitudes related to masculinity and mental health. Workers indicated that programs that seek to address masculinity stereotypes and improve attitudes regarding masculinity and mental illness — such as the Tomorrow Man program — were likely to improve mental health.[44]

## Recommendation

5.3     Invest in programs that specifically address views held by young men that contribute to mental illness and affect their likelihood to access mental health services.

# Suicide

Young people in rural and regional areas are at greater risk of suicide than their peers in major cities. Improved responses are urgently needed to support young people and address the extremely high incidence of self-harm and suicide in rural and regional areas.

Young people in remote, rural and regional areas are at a greater risk of suicide when compared to those in major cities.[19, 20] The risk of suicide for young people rises as distance from a major city increases.[19, 20] The rate of deaths caused by self-harm and suicide among young people increased in rural and regional areas from over 11 per 100,000 in 2012 to 13 per 100,000 people in 2016.[45]

Suicide was a recurring theme during our consultations with both young people and workers. Young people repeatedly spoke about personal experiences of self-harm and peers that had suicided. Workers and young people also frequently spoke about the high rate of suicide in rural and regional areas.

'There is a very high rate of suicide in our region which is due to the lack of help available to young people suffering from mental health issues.'

'There have been several suicides in the football clubs in our area. The main problem there is nothing for the teens to do if they don't play sport. In our area, it takes too long to get support.'

Workers expressed frustration with the lack of services to support young people at risk of suicide in rural and regional areas and noted the lack of support provided to young people that had experienced self-harm and families.

'There is confusion surrounding agency supports to families in the event of a suicide and the family is often left with no support.'

'I worked with a young person who was at risk of self-harm and sent to hospital. They came out more traumatised from their experience as an inpatient. Very little support in person was offered to him and his family post release and his parents did not know what to do.

> The young person refuses to have anything to do with the mental health system now. No one is able to connect or support him. We have to do better.'

Young people also provided an insight into mental health services following self-harm and suicide. Young people were unhappy with emergency service responses in rural and regional areas. In one consultation, a young person stated that 'in my area if you call 000 it is common to get a police officer and not an ambulance'. Other young people in the consultation quickly agreed with this statement and agreed that it was common to receive a police response when experiencing self-harm. Young people repeatedly described a 'drop-off' in services after being discharged from hospital after self-harm.

> 'I got lots of support and drugs and then no support all of a sudden.'

> 'I was hospitalised away from home, was given drugs, and then dropped back into community with no care.'

Young people and workers confirmed that self-harm and suicide are a major concern in rural and regional areas. They also identified a lack of services and issues with continuity of care in the mental health system. Young people and workers were unanimous that better suicide prevention strategies are needed in rural and regional Victoria and that greater coordination of services is required to ensure that young people are better supported following self-harm.

## Recommendations

6.1    Implement better mechanisms to support communities, including young peers, and mental health services to identify young people at risk of self-harm and suicide.

6.2    Invest in suicide prevention and specific interventions to reduce self-harm and suicide in rural and regional areas.

6.3    Ensure that the mental health system includes coordinated services that support young people after self-harm.

6.4    Provide support to families, communities and young peers when suicide or self-harm occurs.

# Adam's Story

Content warning: This case study discusses suicide and includes references to an Aboriginal person who is deceased.

Adam* spent seven years of his life in ████████ before moving to Portland, four and a half hours away from Melbourne. He was █ years old when he took his life. He suffered from severe depression and anxiety for two years. His mother spoke to us about how he had to fight through a system that was not set up for young adolescent males from a rural area, particularly those who are Aboriginal.

> 'Adam spent his whole life living in rural and remote communities. Our whole family are country people and connected to country. Adam was placed on various medications over the course of 2 years with changes being almost impossible to seek as psychiatrists were unavailable. He attempted to take his life five times, with the fifth time proving fatal and final. Each time he was admitted to hospital, neither his voice nor ours was heard.'

Adam was linked with the ██████████████████████████████████ The first three times he attempted suicide he was admitted to hospital having overdosed. On his third admission to hospital it was decided by ███████ to place him on a treatment order and send him to the ███████ unit in ████████. His family were not able to travel with him and spent hours in the hospital awaiting his transport.

Adam arrived in the ███████████ with strangers around 3AM in the morning, where he was locked in their high-risk room. His family arrived the next day and were unable to access suitable accommodation. He was heavily sedated and consequently expressed his inability to converse with the psychiatrists, psychologists and case workers. Adam was allowed to have day access outside of the hospital with his family and spent one night with them in the motel room in ███████ before returning home.  No changes to his medication occurred.

Adam was admitted a second time to the ███████ unit after attempting to hang himself over a weekend. The after-hours emergency number would take a few hours to respond, so his family decided it would be better to keep him safe until Monday and arrange a meeting with ███████ They were forced to meet at the emergency room and went through the whole booking process in

front of others waiting, ▮▮▮▮▮ had decided prior to Adam arriving that they would be placing him on another treatment order in Melbourne.

'This upset him greatly and he left the emergency room and went out to the car. ▮▮▮▮▮ stated that if he did not come back they would call the police. He eventually came back, although there was security sitting outside the door. After arriving in ▮▮▮▮▮▮▮▮ ▮▮▮▮▮▮ at 10AM that morning, he did not get picked up to be transported to ▮▮▮▮▮▮ until midnight. Again, we were not able to travel with Adam.'

During this stay, the ▮▮▮▮▮ team notified Adam without any support from family that he would be staying a lot longer that time as they needed to observe him. This made Adam panic and as part of his stay safe plan tried to remove himself from the room. It was locked, and he 'punched out' the small glass window in the door. His family were not allowed in to calm him down. It was decided Adam could stay with family but had to check in a 9AM every morning and 6PM every night. However, the cost of staying in ▮▮▮▮▮▮ was expensive and made it difficult for his family to support him.

'There needs to be facilities closer to home. We cannot expect to lock up young Aboriginal rural adolescents in ▮▮▮▮▮▮ and expect that this will not increase their anxieties and that of their families.'

Adam was booked in to see his case worker at ▮▮▮▮▮ the day after he took his own life. His family expressed concerns earlier that week regarding his medication. He had been on it for eight weeks and felt there was no change. It was possibly making him feel worse.

Adam's heartbreaking story reflects the need to have more services in rural and regional areas, to ensure young people are not separated from their families and support networks when they go for treatment, and that the cost for families and carers is reduced.

'It is crucial that services have culturally appropriate responses to ensure Aboriginal young people receive the best support possible.'

* Adam's name has been altered for their families privacy.

# Homelessness

**Homelessness among young people is increasing in Victoria and young people that experience homelessness are at greater risk of developing mental illness. The number of young people experiencing homelessness must be addressed to improve mental health outcomes.**

Thirty nine percent of Victorians experiencing homelessness on any given night are aged under 24 and this has increased by 9.9% in the five years up to the 2016 census. [46] Homelessness among young people in rural and regional Victoria typically involves secondary or tertiary homelessness. [47] Secondary homelessness occurs where a young person moves between different forms of shelter, including friends and relatives' houses, shelters hostels and other emergency accommodation. Tertiary homelessness denotes where a person is living in boarding houses without a secure lease and access to their own bathroom and kitchen. Young people in rural and regional areas typically experience difficulty finding employment and struggle with inaccessible housing and poor-quality accommodation that discriminates against young people. [47]

Mental illness is more prevalent among young people experiencing homelessness than those with secure housing and the longer that young people experience homelessness the more likely they will develop serious mental illness. [48] The strong correlation between homelessness and mental illness for young people highlights the need for greater housing support to improve young people's mental health and prevent mental illness.

We consulted with young people who told us about their experience of homelessness and mental illness.

> 'There is a housing crisis in Warrnambool at the moment, there are no private rentals or social housing. My options were to move back in with parents or be homeless. Things keep compounding. Every day I think about living on the beach in a box. I have been asked "Have you thought about moving outside Warrnambool?" But all my supports are here and if I went somewhere new and didn't have supports things would get worse.'

'There are no affordable private rentals [where I live].'

'There is a housing crisis everywhere. There used to be a safety net, but not anymore.'

Young people and workers spoke about the need for greater support for young people experiencing, or at risk of, homelessness in rural and regional Victoria. Young people identified a need for improved housing services and workers identified that greater coordination between housing and mental health services is essential. In consideration of the correlation between homelessness and mental illness, young people identified that homelessness must be addressed in order to improve the mental health of young people in rural and regional Victoria.

### Recommendations

7.1     Address the high rate of homelessness among young Victorians, particularly in rural and regional areas, to reduce a major risk factor for mental illness.

7.2     Facilitate coordination between housing and mental health services as part of the mental health system.

# Cassie's Story

Cassie* is ███ years old and previously lived in ████████. Cassie experienced homelessness and found it difficult to access regular mental health services.

> 'The first time I suffered poor mental health was really hard because I couldn't go to regular appointments, I couldn't take medication regularly and I couldn't go to GPs because I didn't have that one person I saw, I didn't have the one GP who knew my story.'

Mental health services weren't able to identify that Cassie was experiencing homelessness. Cassie believes health services need to be trained in identifying other issues such as homelessness, family violence, and be able to refer people to other services where appropriate, especially when it comes to children and young people.

Cassie didn't identify as being homeless at the time because she didn't know about the different types of homelessness. Cassie believes that if the professional help she was seeking at the time knew she was homeless, she would have been given the proper support that she needed.

> 'I had to explain my story to a number of different psychologists and each time, a different professional would focus on trying to fix a different part of my story. I ended up with numerous diagnoses and different medications that ended up worsening my condition.'

> 'What I really needed was access to services which would lead me to a safe and secure home.'

* Cassie's name has been changed to protect their privacy.

# Young People with Disability

Young people with disability are at greater risk of mental illness and young people report significant issues accessing services in rural and regional Victoria that are accessible for young people with all types of disability.

A significant number of young people with disability experience mental health problems.[49, 50] There is a greater level of research regarding this correlation for those with autism spectrum disorder.[51, 52, 53] The factors that contribute to mental health problems for young people with disability are magnified in rural and regional areas.[54] There is insufficient research regarding the intersectionality between mental illness and disability. There is an urgent need for research that examines young people with disability's experience of mental illness and the mental health system.

YACVic consulted with young people with disability and sought to understand their experience of mental health. Young people stated that there was a strong interaction between their disability and their mental health. In particular, young people with disability identified increased exposure to risk factors and greater isolation in rural and regional areas as contributing factors to poor mental health.

Young people also identified limited access to mental health services in rural and regional Victoria:

> 'When I talk about disability with my mental health worker, they tell me it is "not my area". When I talk about mental health with my disability worker, they tell me they have "no ideas".'

> 'I worked [at a disability service] and raised concerns about clients that may be experiencing mental illness. Staff had no idea about how to address clients' mental health concerns. Similarly, staff in mental health services often had no understanding of disability.  Staff in the mental health system and disability sector urgently need training.'

It is expected that improving mental health and disability training for workers that engage with young people with disability will improve outcomes, increase services accessibility and decrease total expenditure on health and disability services.[55] This includes training that improves mental health workers understanding of disability and training that improves disability workers understanding of mental illness.

YACVic and the Youth Disability Advocacy Service's new 'Together' resource has been successful in improving the Victorian youth sector to be more accessible and inclusive of young people with disability.[56] This resource and training provide a viable model for improving mental health workers understanding of disability and inclusive practices.

### Recommendations

8.1     Invest in specific research that examines young people with disability's experience of mental illness and the mental health system.

8.2     Ensure mental health services are accessible for young people with disabilities.

8.3     Require disability services and workers to undertake training to improve their understanding of mental illness and their capacity to support people with mental illness.

8.4     Require mental health services and workers to undertake training to improve their understanding of disability and improves access to services for people with disability.

8.5     Invest in delivery of the YACVic and Youth Disability Advocacy Service (YDAS) 'Together' resource and training on disability inclusion to mental health services and workers.

# Aboriginal Young People

**Young Aboriginal people are at increased risk of experiencing mental illness and are significantly more likely to experience self-harm. The mental health system must be improved with critical elements led by Aboriginal people in accordance with self-determination.**

The mental health system is failing young Aboriginal people in Victoria. 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.[57] In Victoria, a higher proportion of Aboriginal young people experience personal stressors that contribute to poor mental health when compared to Australia.[58] Alarmingly, the rate of self-harm among young Aboriginal people is more than five times the rate of non-Aboriginal young people and the rate of hospitalisation for young Aboriginal people is almost five times that of non-Aboriginal young people.[57]

Suicide among young Aboriginal people has been described as being at a 'crisis-point'.[59] In 2017, suicide accounted for 40% of all deaths among Aboriginal and Torres Strait Islander children and young people.[45] Suicide among young Aboriginal people is primarily centred around a narrow age bracket —94.4% of all suicide deaths in young Aboriginal people occurred among those between the ages of 15–17.[45]

Aboriginal young people have clearly identified improving mental health and the mental health system as a priority. In a survey conducted by the Koorie Youth Council mental health was raised as an important concern by a substantial number of respondents.[60] In consultation with young people, Koorie Youth Council discussed Aboriginal young people's troubles with mental health and heard that:

> 'Young people [are concerned] about troubles with their own individual mental health due to isolation.'

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

'Young people [and] their own experiences with having family members with mental health issues, naming specifically issues with depression and bipolar disorder.'

It is clear that the mental health system is failing Aboriginal young people and that a successful system must prioritise the mental health of Aboriginal young people.

## Recommendations

9.1     Address the disproportionately high incidence of mental illness and self-harm experienced by Aboriginal young people in Victoria.

9.2     Urgently address the high rate of self-harm and suicide among Aboriginal young people as a priority.

## Culturally Appropriate Services

Aboriginal young people have identified that they must have access to culturally safe and youth specific mental health services. Consultations conducted by Koorie Youth Council have consistently included requests for the mental health system to include culturally appropriate services. A recent respondent to a survey stated:

'Increased accessibility to services is positive but engaging with a service that is culturally specific — for example for Indigenous communities dealing with colonization and intergenerational issues — is extremely limited. Expanding the scope of services could encourage education of historical factors that add to personal circumstances which lead to mental illness – taking a holistic approach is most beneficial.'

There are several strategies that can be adopted to ensure that the mental health system includes culturally appropriate services for Aboriginal young people. This includes adopting relevant wellbeing models, mentoring programs and ensuring self-determination.

## Wellbeing Models and Mentoring

The Ngaga-dji report — an important report on Aboriginal young people and youth justice developed by the Koorie Youth Council — states that 'Aboriginal children are best supported by Aboriginal definitions of identity and wellbeing'.[61] This includes cultural frameworks of emotional wellbeing that include 'the centre [and] self, as inseparable from culture, family and community.[61] This specific model of social and emotional wellbeing must be part of the mental health system in order to provide appropriate and culturally relevant services for young Aboriginal people.

Mentoring programs for Aboriginal young people can support this model of culturally appropriate mental health services and work as an effective preventative intervention. A recent Koorie Youth Summit report identified the importance of mentoring as a preventative mental health intervention:

> 'In many instances delegates discussed cultural safety, opportunities for cultural healing and connection to important people and role models in a young person's life as proposed ways to combat this fear and shame and vulnerability to mental health issues.'[62]

The Marram Nganyin program — delivered by Aboriginal communities across Victoria with the support of YACVic and the Koorie Youth Council and in partnership with the Victorian Government Office for Youth — supports the development of Aboriginal youth mentoring across Victoria.[63] Marram Nganyin combines traditional mentoring processes and formal structures to improve outcomes for young participants.

A recent evaluation of Marram Nganyin program found that it 'provides a combination of prevention, early intervention and wrap-around holistic support for young people and can help young people connect to other local services.'[64]

> 'The program has built the confidence and self-esteem of mentees and reportedly enhanced their spiritual and emotional wellbeing'

The evaluation praised the prevention and early intervention benefits of the program and stated that they were 'valued by participants as critical'.

'With a lot of our other programs, [for example] drug and alcohol, justice, health and family services, you normally have to be in trouble or in a crisis to be involved. … Whereas with this program it's helping to prevent that from occurring.'

In particular, the program improved outcomes for young people and directly supported them to 'access mental health services' and improve 'their confidence and self-esteem'. The program is a vital model that can appropriately support Aboriginal young people and should be extended as an important initiative to improve the mental health outcomes of participants.

## Self-Determination

It is important that the mental health system be developed through a process led by Aboriginal young people. The Koorie Youth Council have defined self-determination as enabling 'Aboriginal people to freely determine their lives. Self-determined solutions bring deep knowledge and community ownership to supports for our children and future generations.'[61] The mental health system will benefit from the expertise and leadership of Aboriginal young people. Initiatives, interventions and the mental health system must be developed through self-determination with Aboriginal young people to be successful.

## Recommendations

9.3     Invest in culturally competent mental health services that recognise the specific social and emotional framework that will best support Aboriginal young people.

9.4     Invest in the 'Marram Nganyin' mentoring program as an effective method of improving mental health outcomes for Aboriginal young people.

9.5     Develop the mental health system with Aboriginal young people through a process of self-determination.

# Culturally and Linguistically Diverse Young People

**Young people from culturally and linguistically diverse backgrounds require access to services that are appropriate and reflect their own cultural and linguistic diversity.**

Victoria is incredibly diverse and there are a significant number of people from culturally and linguistically diverse backgrounds in rural and regional areas of the state.[65] Young people from culturally and linguistically diverse backgrounds may experience additional barriers when seeking access to services.[66, 67] They may also experience and respond to stigma or risk factors differently to their peers.[66, 67]

Young people identified that in rural and regional communities it was often hard to access culturally appropriate services. This presented a barrier for young people from culturally and linguistically diverse backgrounds to access services. Young people stated that it was necessary to be able to access services that were sensitive to their cultural beliefs, including their cultural, religious and spiritual beliefs that impacted their mental health and wellbeing.

> 'We want to see people like us in the services we're accessing'.

Workers similarly reported that there were too few services in rural and regional areas that were accessible for young people from culturally and linguistically diverse backgrounds.

## Recommendations

10.1    Ensure services for young people are culturally and linguistically appropriate.

10.2    Enhance workforce diversity so that services include workers who reflect the cultural and linguistic diversity of consumers.

# LGBTIQ+ Young People

**LGBTIQ+ young people in rural and regional Victoria experience isolation and discrimination that lead to high rates of mental illness and self-harm. The mental health system must ensure better access to services for LGBTIQ+ young people.**

LGBTIQ+ young people experience higher rates of mental illness and self-harm when compared to their peers.[68] LGBTIQ+ people aged between 16 and 27 are five times more likely to attempt suicide when compared to their peers.[69] Lesbian, Gay and Bisexual people are twice as likely to have probable mental illness.[69] Poor mental health among LGBTIQ+ people often occurs as a result of bullying, stigma and discrimination.[70]

Transgender young people were recently reported to experience the highest rates of mental illness when compared to other individuals.[70] Transgender people generally experience significantly high rates of depression, anxiety and self-harm when compared to the general population.[71] This is consistent with findings that 87% of gender diverse people have experienced transphobia in Australia.

LGBTIQ+ young people in rural and regional areas are more likely to experience 'feelings of isolation, discrimination, and lack of accessibility to services'.[72] In rural and regional areas, LGBTIQ+ people experience greater risk of self-harm, suicidal ideation and suicide attempts when compared to their peers.[73]

YACVic consulted directly with LGBTIQ+ young people in rural and regional areas. Young people reported that whilst 'things are getting better, they still aren't good enough'. Students identified that homophobia was still common in rural and regional communities and that this was even true in the school environment. Some young people stated that 'their parents and the older generation in general discredited them for being gay and didn't believe in [their sexual identity].'

A number of workers expressed the need for greater preventative interventions to support LGBTIQ+ young people in rural and regional areas:

'This group of LGBTIQ+ young people aren't represented or very well supported in our area, it's a major mental health concern.'

'If we don't adequately address homophobia, transphobia and bullying as well as increasing awareness of and actively celebrating LGBTIQ+ youth, we will lose them. Even if they do survive the isolation and stigma that may be felt in the country — in addition to general negative health and wellbeing outcomes as a consequence of discrimination — they're likely to move to the cities to live a more authentic life and never return. Either way, it's a huge loss to our communities and we can do better.'

Young people and workers reiterated that LGBTIQ+ young people experience disproportionate rates of mental illness and are at greater risk in rural and regional areas. In consultations there was support for better preventative services that address the risk factors that exist for LGBTIQ+ young people in rural and regional areas, including isolation and discrimination. The mental health system must better support LGBTIQ+ young people, especially in rural and regional areas.

## Recommendations

11.1     Ensure the mental health system incudes strategies to:

11.1.1     address the unique risk factors that exist for LGBTIQ+ young people in rural and regional areas;

11.1.2     specifically support LGBTIQ+ young people to maintain positive mental health;

11.1.3     reduce the discrimination experienced by LGBTIQ+ young people in rural and regional communities and schools;

11.1.4     specifically improve the mental health outcomes experienced by transgender and gender-diverse young people.

## Access to Appropriate Services

LGBTIQ+ young people are less likely to be able to access mental health services and experience specific barriers when accessing services.[72] This is particularly true in rural and regional areas, where LGBTIQ+ young people commonly experience a lack of accessibility to services.[72] We heard about LGBTIQ+ young people being denied access to services on the basis of their identity and experiencing discrimination when accessing mental health services in rural and regional areas.

Young people in rural and regional areas expressed a desire to access LGBTIQ+ friendly services that better support them. A number of young people stated that they would feel better supported if services specifically identified that they were accessible and welcoming for LGBTIQ+ young people.

> 'Even simple act of seeing a rainbow flag in the office makes the service more accessible and allows people to feel safer.'

In particular, young people called for access to community and mental health services provided by LGBTIQ+ people. Young people identified that being able to 'see themselves in those services' would greatly improve their likelihood to access services and would significantly improve their mental health. Young people and workers in our consultations supported the development of mental health services that are LGBTIQ+ friendly and staffed by LGBTIQ+ workers to improve appropriate access for LGBTIQ+ young people in rural and regional areas.

## Healthy Equal Youth Project

The Healthy Equal Youth (HEY) Project supports partner organisations (both LGBTIQ+ and mainstream youth organisations) to undertake mental health promotion and community engagement activities that focus on LGBTIQ+ young people. This includes capacity development initiatives for services and general youth workers. Half of the 16 partner organisations are based in rural and regional areas and provide peer support, referral services, community visibility,

celebration and education with the overall aim to improve the mental health and well-being of local LGBTIQ+ young people.

The HEY Project includes HEY Grants that are administered and coordinated by Youth Affairs Council Victoria with funding from the Victorian Government and the support of 16 partner organisations. The annual grants program supports local communities to develop work to support LGBTIQ+ young people. In the past 8 years more than 75 organisations have participated and implemented projects to enhance the lives of LGBTIQ+ young people in Victoria.

The HEY Project and Grants are an important resource that can support communities and organisations to develop peer-led support programs and improve the mental health of LGBTIQ+ young people.

## Recommendations

11.2 Require and support mental health services in rural and regional Victoria to undertake the Rainbow Tick Accreditation Program and achieve Rainbow Tick status as soon as possible.

11.3 Enhance workforce diversity so that services include workers who reflect the sexual and gender diversity of consumers.

11.4 Increase investment in the Healthy Equal Youth ('HEY') program to improve access to mental health services provided by LGBTIQ+ people and improve the capacity of services and workers to support LGBTIQ+ young people.

# Taylor's Story

Taylor* is a queer and trans ▮ year old from ▮▮▮▮▮▮▮ whose mental health issues often relate back to gender dysphoria and the discrimination they experience.

Often when going into mental health services, Taylor has to first explain their pronouns before they can begin any conversation about what the problem is. This usually then requires an explanation of pronouns, gender and gender dysphoria.

Taylor feels this is necessary because they feel unsafe talking to mental health professionals about their mental health issues if the professional might mis-gender them. Taylor recalls regularly spending as much as 20 minutes in an hour time slot explaining who they are, before they can even explain what was wrong to a counsellor they may never see again.

If there was better training about gender and diversity in rural and regional areas, young people like Taylor would have felt comfortable and included when accessing services.

Now living in a metro area, Taylor has been able to easily access LGBTIQ+ friendly services. They recall accessing support with housing services to find a new place and being instantly referred to the queer person in the organisation that Taylor felt comfortable with rather than another professional that did not understand. This made a huge difference for Taylor.

* Taylor's name has been changed to protect their privacy.

# Appendix

Youth Affairs Council Victoria consulted with the mental health, social services and government to ensure that the diverse views and needs of young people are presented to the Royal Commission into Victoria's Mental Health System. Youth Affairs Council Victoria convened sector meetings with the following organisations as part of our role to advocate for young people and represent the youth sector.

Bayside Glen Eira Council

Brotherhood of St Laurence

Carers Victoria

Centre for Excellence in Child and Family Welfare

Centre for Multicultural Youth

City of Whittlesea

Foundation for Young Australians

headspace

Jesuit Social Services

Kingston Local Learning and Employment Network

Live4Life

Macedon Ranges Shire Council

Melbourne City Mission

Orygen

Rainbow Health Victoria

VicHealth

Victorian Aboriginal and Young People's Alliance

Victorian Council of Social Service

Youthlaw

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