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(Youth Suicide)
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headspace submission to:

Discussion Paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide

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Introduction

headspace welcomes the opportunity to submit a response to the discussion paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide. Suicide is an important issue that affects many Australians. In 2008 at least 2,191 deaths were a result of suicide.[1] Although suicide rates have been declining over the years there is still much work to be done. Access to services is still inadequate for many groups of people including young people, Indigenous Australians, and people living in rural and remote settings. The stigma attached to suicide is highly prevalent and many people are not aware of the signs and symptoms of suicide or do not have the skills to help themselves or their families or friends.

Suicide prevention requires a multi-level approach providing a range of services, programs, and responses. **headspace** welcomes the recommendation in the discussion paper for the further expansion of **headspace**. It is estimated that the current 30 **headspace** centres together with the 10 planned centres provide coverage to 15 per cent of the 12-25 year old population of Australia. This means that 85% of the youth population currently does not have access to a **headspace** centre. This is not acceptable. We believe for full and sustainable coverage of the unmet need adequate funding is required for a total of 90 headspace centres as well as he national expansion of on line counselling via **e-headspace**.

In this submission we will comment on the key themes and proposals discussed in the document. We welcome the recommendation for additional headspace centres and will focus on the proposal to fund additional **headspace** centres.

About headspace

headspace aims *to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young Australians aged 12-25 years.*

headspace was launched in 2006 and was initially funded as part of the Federal Budget commitment to the Youth Mental Health Initiative. **headspace** is currently funded by the Australian Government under the Promoting Better Mental Health – Youth Mental Health Initiative.

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[1] ABS (2010) 'Causes of Death, Australia, 2008'
http://www.abs.gov.au/ausstats/abs@.nsf/Products/2EAAB36FD7908D13CA2576F600124CF3?opendocument#

headspace has thirty centres that provide services to young people across Australia with a further 10 to commence activity in the second half of 2011. **headspace** centres are located in each State and Territory and cover metropolitan, regional and rural locations. **headspace** Centres provide support, information and services to young people. A **headspace** centre is a youth friendly community based provider of services to young people 12 – 25. From commencement in 2007 our 30 services have provided over 300, 000 sessions of care to over 35, 000 young people. We anticipate that these numbers will grow dramatically as the centres consolidate and become better known in the communities that they serve.

Provided at a community level by a consortium of services, all **headspace** centres have at their core a primary care component with allied health, drug and alcohol workers and mental health practitioners. The array of services is diverse and multidisciplinary ensuring centres can address a wide range of concerns affecting young people. In addition, the **headspace** website provides information and support to young people, parents, carers and workers and is widely accessed. The **headspace** Centre of Excellence provides evidence and best practice information in youth mental health for workers.

The National work is driven through four core areas: community engagement and awareness raising, provision of training and education, driving service sector reform and building knowledge in evidence based treatment.

Key Activities:

- Providing young Australians with a coordinated and integrated service which addresses health and wellbeing needs
- Promoting local service reform to meet the needs of young people
- Creating awareness and educating young people about how and when to seek help
- Providing an extensive and accessible web-based resource targeting young people, but also providing resources for families, teachers and practitioners.
- Reviewing evidence and interventions to provide Australians with the most up-to-date information on youth health, reported through our website
- Giving young people a voice by providing opportunities to participate in shaping service delivery
- Training professionals in working with young people
- Ensuring that youth mental health issues are prioritised by influencing policy direction and service sector reform

The Independent Evaluation of **headspace**[2] was favourable in its view of the **headspace** model, its acceptability among young people, and the quality of care provided across the four core streams.

Preamble

Suicide is an important issue for all Australians. However, suicide rates vary across age, gender, culture, and location. For example, the Australian Bureaucratic Statistic (ABS) Death Data for 2008 found that the 20-24 age group had the highest proportion of deaths by suicide (24.6%), males accounted for over three quarters all suicide deaths, and suicide accounted for 4.2% of all Indigenous Australian deaths compared with 1.5% on non-Indigenous deaths[3]. Suicide rates also tend to be higher in regional and remote areas, for example the standardised death rate in the Northern Territory is higher than the other states and territories[4].

Suicide is especially an important issues for young people as suicide accounted for 17.8% of deaths in the 15 – 19 year age group and nearly a quarter of all deaths in the 20-24 year age group[5]. Suicide rates in Indigenous young men are nearly four times higher than non Indigenous people. These figures highlight the need to focus on young people, young men and Indigenous Australians.

Early intervention models comprises of interventions that identify and care for people who display early, or first time, signs of a mental health problem. Early intervention programs focus on identifying the early signs and symptoms and commencing treatment as early as possible. It provides a holistic care approach to young people and often involves family and carers in the treatment program. Treating mental health problems at their early stage leads to improved treatment outcomes and prevention of future mental health problems.

Mental health is the single biggest health issue facing young Australians and so it is essential that services can identify problems as early as possible to provide effective responses to young

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[2] Muir K., Powell A., Patulny R., Flaxman S., McDermott S., Oprea I., Gendera S., Vespignani J., Sitek T, Abello D. and Katz I. (2009). Independent Evaluation of **headspace**: the National Youth Mental Health Foundation. Social Policy Research Centre, University of New South Wales.

Available at: http://www.**headspace**.org.au/about/news-and-media/resources/

[3] ABS (2010) 'Causes of Death, Australia, 2008' http://www.abs.gov.au/ausstats/abs@.nsf/Products/2EAAB36FD7908D13CA2576F600124CF3?opendocument#

[4] Department of Health and Ageing (2007), 'Living is for Everyone (LIFE): Research and Evidence in Suicide Prevention', Commonwealth of Australia.

[5] Ibid 3

people at risk of mental health and related issues. The current mental health system is not well resourced to deal with young people who have mild to moderate mental health issues. This often means that young people do not obtain timely treatment or have difficulty finding a service responsive to their needs. Delays in obtaining a service are also caused because young people are unaware of how to seek assistance. Research indicates that young people are most likely to talk to friends or family members as the first step in seeking support, who in turn may be unsure of the best support options.

headspace advocates for early intervention before the 'high risk time' occurs. Early intervention models such as **headspace** provide a broad, primary care based platform to:

(a) encourage help seeking in a youth friendly, non threatening environment,
(b) provide early intervention services that would otherwise not be offered in the current service system,
(c) intervene early into the course of the problem to prevent development of more serious mental health problems, increase mental health literacy and provide support to young people, and
(d) attract and effectively treat young people with risk factors for suicide.

Comment on key themes

Data and evaluation

headspace supports the call for improved data collection. Child and youth suicide is often under-reported. One reason cited for this under-reporting is the impactthat the stigma attached to suicide and mental health has on family and friends. Accurate and reliable data is needed to plan relevant suicide prevention and intervention strategies. There is also a need to improve reporting/recording of suicides via a consistent reporting system to establish valid and comparable rates over time..

headspace believes that research and evaluation is vital to the mental health reform agenda. It is important that we ensure that the programs that we invest in do no harm and are effective. There is a need to build evidence in this new and emerging area. The Royal Australian and New Zealand College of Psychiatrists' (RANZCP) recent report recommended that all prevention and early intervention programs aimed at infants, children and young people be properly evaluated

with 15% of the program budget allocated to evaluation[6]. We need a nationally recognised system to evaluate suicide prevention program and the financial commitment to undertake rigorous evaluations. Well planned evaluations are costly and therefore will need adequate funding allocated. This could be built into funding agreements.

Collaboration

Collaboration is essential for progress in youth suicide yet funding structures often set up systems of competition for funding rather than collaboration. There are examples of fudning structures that actively encourage collaboration e.g. Co-operative Research Centres. One such example in youth mental health is the recently funded Co-operative Research Centre for Young People, Technology and Wellbeing. Led by the Inspire Foundation the CRC will unite young people with researchers, practitioners and innovators from 63 organisations across the not-for-profit, academic, government and corporate sectors to conduct research to helps better understand how technologies can be used to ensure that all young Australians are safe, happy and resilient. The Federal government's investment will be combined with close to $7m cash contributed by the 63 partners and over $80m of in-kind support. This is an exciting initiative that will benefit many young Australians and **headspace** is proud to be one of the partner organisations involved in this CRC.

Collaboration should also occur across organisations funded to provide suicide prevention and early intervention services. This may reduce the duplication in prevention efforts and provide greater cost efficiency and accountability.

headspace recommends that the Federal government seek to explore other initiatives and funding opportunities that foster collaboration amongst youth and/or mental health organisations.

Collaboration with young people

headspace is committed to providing young people with opportunities to directly participate with **headspace**, including involvement in planning and providing feedback on service models as well as the development of youth targeted community awareness activities.

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[6] RANZCP (2010) Prevention and Early Intervention of Mental Illness in Infants, Children and Adolescents. Planning Strategies for Australia and New Zealand. Faculty of Child and Adolescent Psychiatry

Young people are often overlooked in the planning of services and to date participation has been largely limited to adult consumers of health services. Youth participation historically has often received no specific funding and as a result youth involvement has frequently occurred in an ad hoc manner with limited accountability measures and evaluation mechanisms. There is a growing recognition nationally and internationally that youth participation in planning and service delivery is both good practice and a fundamental human right. The United Nations compels its member nations to properly address children's and young people's concerns through the Convention for the Rights of the Child (CRC). Within Article 12, the convention upholds participation as the right of every child. Young people experience considerable barriers to accessing care and are often resistant to help seeking. Involving young people in service planning and delivery provides an opportunity to increase access for young people that would not otherwise utilise services.

"Taking a partnership approach to consulting with young people means working alongside young people, treating them as equal stakeholders in the process and acknowledging their expertise and knowledge"[7]

'Youth participation' means young people having a role within an organisation's structure, and includes terms such as 'youth partnership' and 'youth consultation'. Youth participation may include a variety of consultation and/or decision-making activities where the role of young people is valued.[8]

The scope for activities that young people can be involved in is enormous and we recommend thinking outside the traditional route that adult services have taken with consumer/carer roles. Examples used in **headspace** centres include:

- Making services a youth friendly environment
- Interviewing staff
- Resource development
- Media work
- Peer support
- Community awareness activities
- Speaking in schools
- Involvement in the evaluation and ongoing quality assurance of services
- Website content development
- Policy and strategy work

[7] Youth Affairs Council of South Australia (2006) Getting Through: Responding to Young People's Mental Health Issues in the Youth Sector, p.6.
[8] ibid

- Marketing and promotional projects

Youth participation benefits not only the young people involved but the organisation and the general community. What youth participation strategy is used will be dependent upon the organisation's needs, desired outcomes, the type of input required and the characteristics and preferences of the young people involved. To ensure meaningful participation the following basic principles need to be adhered to:

- Substantial agreement about the goals of youth participation and commitment to this participation for young people, the organisation and the community.
- Adequate resources, including staffing and funds to provide proper training and support to staff and young people so that these goals can be reached.
- Adequate remuneration for young people for their involvement to minimise barriers to their participation, including transportation, childcare and other practical support.
- Clear roles and responsibilities including clarity about which activities and levels of participation are appropriate for young people's involvement and the capacity of organisations to respond to this involvement.

Collaboration between governments

Suicide prevention requires a consolidated and coordinated approach. This requires the Federal government working closely with state and territory governments. Currently there is a flurry of activity in youth suicide programs and activities. Although there is some alignment with the Federal strategy it feels more like a scattergun approach to funding rather than a coherent national approach. Without coordination to pull these programs together and align the range of youth suicide strategies the impact of these programs will be lessened.

Collaboration also needs to occur within governments. The national strategy states that suicide prevention is everybody's business and does not solely fit in the remit of health. Employment, homelessness, education policies and other relevant sectors have an important role to play in suicide prevention.

The rhetoric of cross departmental working needs to be put into action. Cross government working groups need to be established with targets set for each department. DEWWR for example could have goals about how their policies can impact on youth suicide (almost like health impact assessments) It is essential that we look at the bigger picture and overarching

policies rather than focus on individual focused interventions. Policy and infrastructure has a role to play supported by each department's business plans..

Alongside this, health policies and reform developments should take into account their possible impact on youth suicide - for example, the proposed health reforms and establishment of Medicare Locals. With the responsibility for community mental health transferring to the Medicare Locals will youth issues be addressed or lost? To ensure that the momentum in youth mental health is not sidelined by the health reforms we propose that Medicare Locals should have targets about youth health and mental health in general.

Collaboration between service providers

Children and young people who are in need of care by the health, justice or community sectors often fall through the gaps in receiving continuous service provisions. The systems are currently difficult to navigate and are not accountable to a joint authority. This results in children and young people receiving care from multiple services in a discoordinated manner. Although this is well known among professionals, little has been done to resolve this issue.

The current funding model of separate, disparate programs does little to ensure continuity, engagement and good outcomes for young people. The set up of services, largely based on funding models, treats children separately from young adults. In reality, young people access services in a similar manner. The cut off for service provision at the age of 18 in many health and community services is at odds with best practice for treatment, engagement and continuous care of this group.

The implementation of the **headspace** model across Australia has begun to address many of the issues identified above. By bringing together a range of workers and providing services across sectors, young people are able to experience a 'one stop shop' of services that are youth friendly, and of a high quality. Despite this, **headspace** continues to work hard to create service reform in encouraging services to work together. Our experience has been that many young people present with social issues that would otherwise have not been addressed by existing services. By assisting young people at this stage, **headspace** has been able to work towards preventing the onset of more complex and serious mental health problems. We recommend further investment in **headspace** services to provide access to all young Australians.

headspace recommends further investment in funding models such as **headspace** that brings different organisations together under one roof to bring services to young people. **headspace** funding to centres is also used to fund joint meetings. If we are to achieve true reform in youth mental health and have an impact on youth suicide not only do we need to be innovative in the way that we deliver service but in the way that state and Federal governments fund services. A reform agenda for government funding models and policy making is required.

Mental health literacy

Studies of the health care needs and help-seeking behaviour of young people have identified several barriers to accessing health care. Barriers include; transport, cost, negative attitudes of staff towards young people, lack of knowledge about services, concerns about confidentiality and trust, a belief that family and friends could help more than the health service, inadequately trained staff, previous negative experiences of health services, anonymity, the environment of the health service, and anxiety and embarrassment about disclosing issues. [9] [10] [1112] Young people have reported that their preferred sources of help included friends and family and only a small number stated that they would seek help from a health professional.

Mental health literacy needs to be addressed to improve help-seeking behaviour. Early recognition and timely and appropriate help-seeking will only occur if young people and their family and friends know about the signs and symptoms of mental illness, what services are available and how to access these services. Building capacity in the educational sector and increasing awareness of mental health issues among secondary students was a key recommendation from the Evaluation of the National Suicide Prevention Strategy. One such program is Mind Matters and **headspace** is currently working with Principals Australia to refine and expand the program. KidsMatter is the primary school equivalent.

The stigma attached to mental illness can act as a barrier to young people accessing help. Research by SANE shows stigma is a major cause of distress to those affected, their families and friends.[13] They state that *'stigma can create as much pain and stress as the illness itself*

[9] Youth Affairs Council of South Australia (2006) Getting Through: Responding to Young People's Mental Health Issues in the Youth Sector.

[10] Lloyd, S., Dixon, M., Hodges, C.A., Sanci. L.A. and Bond, L (2004) Attitudes Towards and Pathways to and from the Young People's Health Service Mental Health Services, Beyond Blue Research Report.

[11] Deane, FP., Wilson, C.J., Ciarrochi, J., and Rickwood, D. (2002) Mental Health Seeking in Young People, Report for the National Health and Medical Council of Australia (Grant YS060).

[12] Sawyer, M.G., Arney, F.M., Baghhurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J. et al (2000) The Mental Health of Young People in Australia, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care

[13] Obtained from SANE Australia's website 18.01.2011 http://sane.org/stigmawatch

and can discourage people from seeking help because of concern over how others will react and treat them'. Unfortunately the stigma associated with mental health and illness is still highly prevalent in Australia. There are many misconceptions surrounding people with mental health problems and the media still perpetuates these myths. SANE Australia's 'Stigmawatch' is one initiative that is seeking to address the issue of stigma in the media. The program provides community feedback about representations within the media that stigmatise mental illness by explaining the harm stigma causes and encouraging media to report in a more responsible manner. Despite SANE's StigmaWatch and the government funded MIndFrame National Media Initiative there is still more work to be done.

Gatekeeper training

Alongside improving mental health literacy in children and young people is improving the knowledge and skills of frontline workers or 'gatekeepers' (ie the people who are in contact with children and young people on a daily basis). **headspace** has developed a range of training packages aimed at enhancing practitioners' skills in the use of evidence based interventions appropriate for young people with mental health and substance use issues. The training packages are aimed at a broad range of service providers who work with young people, including: GPs, psychologists, occupational therapists, mental health services, drug and alcohol services, youth workers, social workers, school counsellors, teachers, police and emergency service workers, staff in the juvenile justice sectors, and hospital emergency departments. The education and training resources produced by **headspace** have been developed in consultation with young people and relevant organisations and professional groups.

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Of the seven packages, two are for a more generalist audience: 'SEE (Screening & Engaging Early) Young People Training', and 'Working With Families & Significant Others.' Four packages provide specialist training: 'Motivational Interviewing & Behaviour Change Techniques', 'Problem Solving Skills Training', 'Early Identification Of Psychosis In Young People,' and 'Managing Challenging Behaviours In Young People: Aggression, Self-Harm & Suicidality'. One package is a school based program: 'Promoting Access & Support Seeking In Young People: PASS!'

Comment on proposals

More frontline services including psychological and psychiatric services

Mental health care and youth mental health care is a niche area of practice. Many GPs and mental health professionals lack confidence in providing such services, or dislike doing so. This 'market failure' has been to the detriment of the youth demographic. Incentives are required to encourage more health professionals to take up the responsibility of providing mental health care to young people.

Although **headspace** welcomes the recent announcement by Minister Butler that children with mental health issues will receive additional services through a $21.6 million boost to funding for the Access to Allied Psychological Services initiative we stress that this money needs to be targeted properly as these services are under-utilised by this age group. The age group 15-24 represented just 12.7 percent of people (11.5 per 1,000) utilising services provided by Medicare funded specialist mental health providers working in private practice (i.e. psychiatrists, psychologists, social workers and occupational therapists). By contrast, 35-44 year olds and 45-54 year olds represented 21.8 percent and 21.9 percent respectively of the total number of people accessing Medicare specialist mental health care services (19.2 per 1,000 and 20.2 per 1,000 respectively).

Also, in 2008–09, 11.7 percent of all GP encounters reported through BEACH were mental health related encounters. Of these, young people aged 15-24 accounted for only 8 percent of the total number of GP mental health encounters in that period. Taking into account population size, there were 339 encounters per 1,000 young people aged 15-24. This was the second lowest per population encounter rate for mental health problems (young people aged less than 15 had a rate of 85 per 1,000). Furthermore, of the total number of encounters in which a GP billed a mental health specific item number (e.g. preparation of mental health treatment plan), only 15.6 percent related to young people 15-24 (47.5 per 1,000). By contrast 22.6 percent of

people aged 35-44 years had been billed a mental health specific item number (66.5 per 1,000). Again, this is despite the lower prevalence of disorders in the older age group.

headspace believes that further incentives are needed to encourage frontline workers such as GPs, psychologists etc to work with young people. One approach could be setting Medicare items for young people at a higher level.

Improvements in the care to young people cannot be made without an adequate investment in the workforce. Underfunded and overstretched services result in a lack of quality of care and lack of responsiveness to young people. Recruitment and retention, are a common lament for health services across Australia. From GPs to nurses and psychiatrists to other allied health professionals, we are seeing a shortage of health professionals to service the Australian population. Rural and remote locations suffer more than urban areas. Peak bodies in the health industry (eg AGPN, APS and AMA) have been commenting on this issue for a number of years and have been lobbying government for solutions.

headspace would like to highlight the issue of workforce shortages as this continues to be a concern in mental health as well as the rest of the health workforce. Youth mental health is an emerging area and the pool of suitably qualified staff is limited. For youth mental health initiatives and services to be successful they need to attract appropriate applicants. The government and peak organisation need to think how they can support growth in the workforce. Further investment in child and youth mental health workforce is required to reduce the rates of youth suicide.

Support for communities affected by suicide

People who have been exposed to suicide are known to have a greater risk of suicide themselves. Providing support and services to communities affected by suicided is an essential component of suicide prevention. The Federal government has committed $18.7 million to address this issue by providing support in schools through outreach teams. This measure will fund a nationwide network of mental health promotion officers, to provide outreach services from local headspace centres or local psychology services, to work with government and non-government school-based mental health workers and provide counselling and other support to school communities.

Targeting those who are at greatest risk of suicide

Suicide is an important issue for all Australians. However, suicide rates vary across age, gender, culture, and location. For example, the Australian Bureaucratic Statistic (ABS) Death Data for 2008 found that the 20-24 age group had the highest proportion of deaths by suicide

(24.6%), males accounted for over three quarters all suicide deaths, and suicide accounted for 4.2% of all Indigenous Australian deaths compared with 1.5% on non-Indigenous deaths.[14] Suicide rates also tend to be higher in regional and remote areas, for example the standardised death rate in the Northern Territory is higher than the other states and territories.[15] Suicide is especially an important issues for young people as suicide accounted for 17.8% of deaths in the 15 – 19 year age group and nearly a quarter of all deaths in the 20-24 year age group.[16] Suicide rates in Indigenous young men are nearly four times higher than non Indigenous people. These figures highlight the need to focus on young people, young men and Indigenous Australians.

headspace has been successful in engaging young people, and in particular the aforementioned subgroups. We believe that accessing at risk groups involve a change to the way services are delivered that make help seeking an easy option for all groups. **headspace** services wrap around the young person so that help seeking and receiving treatment is easy and efficient. We believe that this is in part due to a broad based primary care platform used at the headspace centres which provides youth friendly services that are coordinated and integrated.

There is strong evidence that people who die by suicide have a much higher prevalence of mental illness than the general population.[17] Depression, substance abuse, anxiety disorders, borderline personality disorders, behavioural disorders, and schizophrenia are strongly associated with increased risk of suicide.[18] [19]

However, it is important to note that not all people with a mental illness attempt suicide and also that not all people who suicide have had a mental illness. There is a growing body of evidence that links negative life events and suicide attempts. [20] This can be particularly true with young people. Life events such relationship breakdown, family conflict, job loss etc can lead to suicidal behaviours in this subgroup. **headspace** centres have found that young people are presenting to their services with the need to discuss negative life events and our recent

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[14] ABS (2010) 'Causes of Death, Australia, 2008' http://www.abs.gov.au/ausstats/abs@.nsf/Products/2EAAB36FD7908D13CA2576F600124CF3?opendocument#

[15] Department of Health and Ageing (2007), 'Living is for Everyone (LIFE): Research and Evidence in Suicide Prevention', Commonwealth of Australia.

[16] Ibid 14

[17] The Royal Australian and New Zealand College of Psychiatrists RANZCP (2010), 'Inquiry into Youth Suicide Prevention: Submission to the House of Representatives Standing Committee on Health and Ageing'. Melbourne.

[18] Ibid 17

[19] Department of Health and Ageing (2007), 'Living is for Everyone (LIFE): Research and Evidence in Suicide Prevention', Commonwealth of Australia.

[20] Ibid 19

evaluation found that while 47% of **headspace** clients reported high levels of psychological distress, the remainder had no, low or medium levels.[21] Adolescence can be a turbulent time, young people are navigating many competing demands and pathways in a highly competitive world. Whilst many will successfully navigate these challenges there are some that will struggle to cope. Linking a young person to services during this time can divert potential suicidal behaviour. Early help-seeking and early intervention is key.

Promoting mental health and well being among young people

Promoting the mental health and wellbeing of young people is an important component of preventing youth suicide. As stated previously combating youth suicide is a complex task that requires multi-level interventions targeting different populations in different settings. To compliment and build on the service component of **headspace** the organisation is also is involved in promoting mental health and wellbeing in schools through the MindMatters program.

MindMatters is the national mental health promotion, prevention and early intervention initiative for Australian secondary schools. MindMatters has been delivered by Principals Australia (PA) since 2000. The initiative provides evidence based resources for classroom use, professional development for teachers and other key school personnel, support for school leadership and a website to support a whole school approach.

headspace is working with Principals Australia on the mental health content of MindMatters resources and providing a new early intervention arm to MindMatters. The next phase of MindMatters will include:

- Revised and updated mental health content reflected in professional development and associated resources;
- Materials that are targeted and relevant to young Australians in secondary school;
- Facilitation of linkages between schools and health services; and
- Timely and useful advice to secondary schools in time of greatest need, delivered through **headspace** with support from MindMatters and coordinated with other arrangements in place for schools through their respective systems

Additional Early Psychosis Prevention and Intervention Centres

[21] Muir, K., Powell, A., Patulny, R., Flaxman, S., McDermott, S., Oprea, I., Gendera, S., Vespignani, J., Sitek, T., Abello, D., Katz, I. (2009) 'Independent Evaluation of **headspace**: the National Youth Mental Health Foundation'. Available from: Social Policy Research Centre, University of New South Wales

headspace supports the proposal for additional Early Psychosis Prevention and Intervention Centres. Consideration should be given to adequate funding to sustain the new and existing services.

Additional youth headspace centres

headspace is making a difference to youth mental health and youth suicide rates

The integrated nature of the **headspace** model has been successful in removing and/or minimising a number of barriers to young people accessing clinically and culturally appropriate healthcare, which is both timely and affordable. Strategies employed by **headspace** to address access, appropriateness, and cost have included:

- Co-location of services so that health professionals and the young person has access to a range of referral services in one location. At a minimum, young people can access holistic primary care, mental health, D&A and social/vocation and training services to support health, wellbeing and economic participation.
- Developing a youth friendly environment. This includes the physical space, the clinically appropriateness and quality of services offered and practices of the staff at the centres. (ie. bringing health professionals to the young person's space rather than asking the young person to attend the health professionals' domain).
- Training all staff in culturally appropriate, youth friendly practice.
- Providing transport to the centre when this has been a barrier.
- Providing drop-in sessions (non-appointment based).
- Providing incentives to professionals to work at **headspace** centres (e.g low fees, access to free training, access to multi-disciplinary teams).
- Providing outreach and community awareness activities in the community where young people live and learn.
- Youth participation and advisory mechanisms underpinning strategic planning and quality improvement activities.
- Young people who do not attend appointments or face waiting periods for specialist services are followed-up by case workers to ensure they remain engaged in their treatment.
- Supporting young people in having a voice, planning and participating in the community through events such as youth week to support the social as well as physical determinants of health.

headspace has been successful in engaging young people. We believe that accessing at risk groups involve a change to the way services are delivered that make help seeking an easy option for all groups. **headspace** services wrap around the young person so that help seeking and receiving treatment is easy and efficient. We believe that this is in part due to a broad based primary care platform used at the **headspace** centres which provides youth friendly services that are coordinated and integrated.

One of the main achievements of **headspace** to date is that it is treating the high prevalence disorders. Depression and anxiety are the most common mental health disorders amongst young people and it is estimated that one in every five adolescents are likely to experience a diagnosable depressive episode by the age of 18 [22] and anxiety disorders are estimated to affect about one in every 10 young people aged 18-24 years. [23] The young people accessing **headspace** centres are presenting with these high prevalence disorders with depression and/or anxiety accounting for over a quarter of presentations to **headspace** centres. Yet there is more to be done.

There is growing recognition that the **headspace** model works and in the recent Federal election **headspace** received support from all parties. There has been a call from the Senate and also the House of Representatives to increase the number of **headspace** centres to at least 90. To make a difference to youth suicide we need to address the inequality of access to **headspace** centres and address the disparity in funding available to **headspace** centres compared to public mental health services.

Inequality of access - The majority of young Australians do not have access to a headspace centre

Since its commencement in 2007 the **headspace** network has provided care to over 35,000 young people.. While impressive, this represents a minority of the population of young people who may benefit from assistance. Based on the 2006 Australian census data there are 3.7 million young people in Australia representing 18 per cent of the total population. It is estimated that one in four young people will experience a mental health or substance use disorder in any given 12 month period. Taking this figure as the upper estimate of demand, it is predicted that up to 925,000 young Australians may require assistance from a mental health services each year. It is estimated that the current 30 **headspace** centres together with the 10 planned centres provide coverage to 15 per cent of the 12-25 year old population of Australia. This

[22] Lewinsohn, P.M. (1993) Prevalence and Incidence of Depression and other DSM-III-R Disorders in High School Students: (Diagnostic and Statistical Manual of Mental Disorders), Journal of Abnormal Psychology Vol. 102, No.1.
[23] Australian Institute of Health and Wellbeing (2007) Young Australians: Their Health and Wellbeing. AIHW.

means that 85% of the youth population currently does not have access to a **headspace** centre. This is not acceptable.

Inequality of funding – state and territory CAMHS provides care to 4 times more young people than headspace yet receives 17 times more funding

headspace compares very well against clinical service use by 15-24 year olds in public mental health services particularly given the relative resource difference. In 2007-2008 the public mental health sector saw 60,538 young people in total compared to an annual estimated rate of 15,000 for **headspace** yet the total expenditure for child and adolescent community mental health services (CAMHS) in 2007-2008 was $227M across all States and Territories combined[24] 17 times more funding than **headspace**. The total **headspace** centre investment is $13.5M per annum and this approximately equates to 6% of funding available to CAMHS. This funding difference is not acceptable given the acceptability of **headspace** services amongst young people. If we want to make a difference to youth suicide this funding disparity needs to be addressed.

Addressing the problem - expansion of headspace

New Centres

We have calculated that approximately 90 **headspace** centres are required to provide coverage to all of Australia with the actual number of new centres dependent on a reasonable catchment size in each capital city and a reasonable minimum town size that can support a **headspace** centre. Adequate funding of these centres is required to ensure sustainability and the ability to meet demand.

National On-Line Counselling

To compliment the service provided at **headspace** centres another strategy is the expansion of **e-headspace** the on-line counselling service currently a pilot program in WA. Further investment in this program will increase the reach of **headspace** services.

The significant advantage of **eheadspace** is that it provides young people, particularly those located in remote and isolated communities, and who may face crisis, emotional distress and mental health difficulties, flexible access and support options. While directly supporting young

[24] AIHW (2010) Mental Health Services in Australia 2007-2008. Mental health Series No.12. Cat.No. HSE 88. Canberra. P.180.

people, the service also facilitates links and pathways to care and support at **headspace** centres and other local health and community services.

Through **eheadspace,** we engage young people and or their parents or carers in dialogue about their mental health and wellbeing, assess levels of risk, and provide appropriate web based interventions. The clinicians refer young people who might benefit from face-to-face support, to a local **headspace** centre, general practitioner, mental health service or other appropriate community organisation.

eheadspace is underpinned by strong evidence about the best delivery of early intervention services to young people. Our model of service delivery is about getting in early to address the primary health, mental health, alcohol and other substance use and vocational needs of young people.

eheadspace targets young people who are least likely to access mainstream services; young people from culturally and linguistically diverse backgrounds, young people who are gay, lesbian, bisexual or gender questioning, young people who are form indigenous backgrounds, young men, young people with other disabilities.

Special note: impact of health reforms on the youth mental health

headspace has voiced its concerns to the Federal government about the possible impact that the proposed health reforms will have on the mental health reform agenda and the continued success of **headspace.**

The relationship between mental health and Medicare Locals is unclear. Although mental health is on the COAG agenda in 2011 it is important that some of the issues are addressed now in the discussions on the roles and responsibilities of Medicare Locals. Funding for mental health across Australia remains heavily skewed towards acute and hospital-based clinical care and there is a danger that Medicare Locals will continue this focus on acute care and a bio-medical model. It is very unclear how Medicare Locals will drive growth in the reform of youth mental health at a time when mental health reform is at a critical juncture and a momentum has been growing for change.

The relationship between Medicare Locals and **headspace** National Youth Mental Health Foundation also remains unclear as the Federal government has not provided information in

relation to this issue. There is a clear danger that **headspace** will be in a dependent relationship to Medicare Locals, rather than in an equal relationship. The health reforms and especially the formation will have an impact on **headspace** centres.

We recommend that the Federal government ensures that changes in governance structures resulting from transitions from DGPs to Medicare Locals does not impact on the success and momentum of **headspace**. This includes ensuring that **headspace** retains its identity and brand.

Conclusion

Youth suicide requires a multi-level approach. The Federal government needs to continue to drive reform in youth mental health by rethinking the way that suicide programs are funded and coordinated. Federal and state and territory governments need to coordinate action and promote joint working through new funding mechanisms that promote joint working and joint accountability. Governments need to model this behaviour through cross departmental committees and strategies. Collaboration is required at all levels of government and service provision.

headspace welcomes the discussion paper, its recommendations and key themes. **headspace** advocates for a multi-level approach to tackle youth suicide and emulates this in its practice. Through service provision, improving mental health literacy, training and health promotion **headspace** is committed to making a difference in youth suicide.

However, there is more that needs to be done - areas for further work include the provision of 90 **headspace** centres and the expansion **e-headspace** to provide adequate coverage to all young Australians. **headspace** would welcome the opportunity to discuss these proposals in further detail with the Committee.