ONE CLICK AWAY?

Insights into mental health digital self-help by young Australians

REACH OUT.COM

EY
Building a better working world

About the authors

REACHOUT AUSTRALIA

ReachOut is Australia's leading online mental health organisation for young people, providing practical support to help them get through everything from everyday issues to tough times.

Since 1998, ReachOut has worked alongside young people to deliver online tools that address youth mental health and reduce youth suicide. An extension to ReachOut's service for young people was launched in 2016 to help parents and carers improve the mental health and wellbeing of the young people within their family environment.

Available anytime and pretty much anywhere, ReachOut.com is accessed by 110,000 Australians each month. That's more than 1.31 million people each year.

EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services they deliver help build trust and confidence in the capital markets and in economies the world over. EY develops outstanding leaders who team up to deliver on promises made to all of their stakeholders. In so doing, they play a critical role in building a better working world.

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SUGGESTED CITATION

Vogl G., Ratnaike D., Ivancic L., Rowley A. & Chandy V. (2016). *One Click Away? Insights into Mental Health Digital Self-help by Young Australians*. Sydney: EY and ReachOut Australia.

THE REACHOUT AUSTRALIA / EY RELATIONSHIP

ReachOut Australia is EY Australia's first national strategic community relationship. Launched in 2012, the relationship aims to:

- Contribute to and challenge the national dialogue around mental health through producing reports such as this and the previous *Counting the Cost, Crossroads* and *A Way Forward* reports.
- Provide information and support for EY staff to enhance their own mental health and wellbeing, and in doing so confirm EY's commitment to addressing mental health issues in the workplace.
- Support the service that ReachOut.com provides directly to hundreds of thousands of young people each year by creating greater awareness of the importance of preventing the development and progression of mental illness, especially among young people.

Read more about the three previous reports in the series on page 5.

Acknowledgements

ReachOut Australia would like to thank Macquarie Group Foundation for their generous support of the ReachOut Cohort Study.

Illustration concepts and photography by Doug Millen, with additional photography by Gunther Hang. Designed by Green Scribble. Copyedited and proofread by Robyn Flemming. Printed by Special T Print.

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Executive summary

In 2014 the National Mental Health Commission conducted a major review of Australia's mental health programs and services. The review found that the existing structure and funding of services in the mental health sector wasn't working, and that investment in a new structure was required. In 2015 the Australian Government outlined a mental health reform agenda that aims to transform service delivery in the mental health sector through:

- adoption of a stepped care approach, where service is matched with need – with less intensive initial treatments offered as an alternative to more intensive ones where appropriate – and taking into account people's changing needs and responsiveness to interventions
- increased capacity for early intervention across the lifespan
- making optimal use of Australia's digital mental health services through a gateway.

Under new arrangements, federal funding that was previously given directly to mental health services will be provided to primary health networks (PHNs) to commission services. The PHNs will allocate care packages based on services that users choose to acquire. Both consumers and the community will inform the commissioning of services.

In this report, we argue the case for the following changes:

- Digital solutions need to be an integral component of future mental health service delivery.
- More use needs to be made of technology to reach young people in a space where they feel comfortable and in a way that is acceptable to them.
- Learnings from current digital providers need to inform both future digital service delivery and the collection of new information to understand the effectiveness of these services.
- Digital services need to play an integral role in responding to the challenges facing PHNs in providing coordinated, efficient and effective services using a stepped care approach that matches service to need in mental health.

We also present findings from a longitudinal cohort study that included approximately 2000 ReachOut users. The data shows that online self-help services such as ReachOut provide young people with a user experience that is engaging, accessible and relevant. ReachOut has helped young people to:

- understand and deal with their issues
- connect with others and feel less alone
- understand their own and others' experiences, and offer help to others
- feel more positive about themselves.

More specifically, we explored the role that digital self-help plays in the lives of young people who are especially vulnerable to experiencing mental ill-health and/or who are likely to lack access to appropriate services. These groups include young men; young people who identify as lesbian, gay, bisexual, transgender, queer and/or intersex (LGBTQI); and young people living in regional and rural areas. Some key cohort study findings for these groups were as follows:

- Of the young people who completed the study, 33 per cent were from regional and rural areas.
  - 32 per cent of this group indicated that they were depressed.
  - Over half (57 per cent) of the self-described depressed young people indicated that they had not sought help, even though they knew they needed it.
  - 63 per cent of participants agreed that ReachOut made it easy for them to help themselves.
  - 68 per cent agreed that ReachOut gave them a range of practical help, actions and tools.
- Around one-third (34 per cent) of the young people who completed the cohort study identified as LGBTQI.
  - Of these, 97 per cent said that ReachOut provided them with a safe and supportive community.
- Around one-fifth (21 per cent) of the young men who completed the cohort study accessed ReachOut to address anxiety issues. Of these:
  - 53 per cent had anxiety scores which placed them in the severe, or extremely severe, range (DASS scales).
  - Just over half (52 per cent) said ReachOut made them feel less alone.
  - 85 per cent rated the content as relevant to them.

Overall, these findings showed that digital services play a crucial role in making these young people feel supported.

As part of the mental health reform agenda, we recommend the following:

1. That the government, in its stepped care approach to mental health service provision, make scalable online unstructured self-help services a fully integrated component of service delivery.
2. That PHNs ensure digital services are integral to achieving their key functions/outcomes.
3. That funders ensure the digital self-help services they fund are acceptable, engaging and effective for young people.

Introduction

Aims

In this report, we argue that:

- digital solutions need to be an integral component of future mental health service delivery
- more use needs to be made of technology to reach young people in a space where they feel comfortable and in a way that is acceptable to them
- learnings from current digital providers need to inform both future digital service delivery and the collection of new information to understand the effectiveness of these services
- digital services need to play an integral role in responding to the challenges facing primary health networks in providing coordinated, efficient and effective services using a stepped care approach that matches service to need in mental health.

In reference to the above points, in this report we aim to:

- outline the role of digital mental health services, with particular reference to self-help
- present findings from ReachOut's longitudinal study, which explored young people's experiences of engaging with an unstructured online mental health service
- outline a plan for implementing digital self-help in order to achieve the most effective and engaging experience for the user
- show the role that digital self-help plays in the lives of young people and, in particular, young men; young people who identify as lesbian, gay, bisexual, transgender, queer and/or intersex; and young people living in regional and rural areas.

Young people, mental health and technology

Despite recent developments in the delivery of services, mental health issues among young Australians remain at alarmingly high levels. Mental ill-health is the leading contributor to the burden of non-fatal disease in Australia, with as many as one in four Australians aged 16 to 24 years likely to experience a mental disorder.[1] Half of all mental disorders emerge by the mid-teens, while 75 per cent have their onset prior to age 25[2] – underscoring the need for effective prevention and early intervention programs targeting young people.

Seeking help early in symptom development is critical to reducing both the severity and duration of mental health problems.[3] However, more than 70 per cent of young people experiencing mental disorders don't access any professional support,[4] and studies estimate that the median delay between the onset of symptoms and treatment for common mental disorders may be as long as ten years.[5] Such delays can result in significant adverse effects on a person's functioning and quality of life.

There is now overwhelming evidence that young people spend a lot of time online, including seeking help via digital channels. The importance of accessing information through technology for young people is supported by Mission Australia's recent youth mental survey of 15- to 19-year-olds.[6] Young people view the internet as a very important source of information and advice, especially for those with a probable mental illness.

More than half of young people with and without a mental illness indicate that they feel comfortable with this source of support.[7] The central role that technology plays in the lives of young people provides an important way to engage them in the treatment and management of their mental health.[8] The emergence of smartphones and online information and services has also made help more accessible.

At the beginning of 2015, the Federal Government established the Digital Transformation Office to '*transform government services, making services available digitally from start to finish (so) they will be simpler, clearer and faster to use'*. Digital services provide the opportunity to engage young people when and where they feel comfortable.

The current mental health reform agenda opens a pathway for innovative services to shine

Since late 2015, the Australian Government has embarked on an ambitious agenda to reform Australia's mental health system in response to the National Mental Health Commission's *National Review of Mental Health Programmes and Services*.[9]

The review highlighted that the existing structure and funding of services in the mental health sector wasn't working, and that investment in a new structure was required. Major changes in funding of mental health services at the federal level were announced by the Prime Minister and the Minister for Health in November 2015 to create a better experience for the consumer through locally planned and commissioned services delivered by PHNs.

79% of Australians aged 18–34 check their devices **as soon as they get up**.

23% of people surveyed by EY Sweeney spend **more time on the phone** than they devote to talking with partners and friends.

53% of smartphone and tablet users report that **devices have a positive effect on their sense of control**.

Digital engagement outweighs sleep. Australians, on average, sleep for 7 hours and 20 minutes a day and spend 10 hours on devices.

Australians aged 18–34 used their mobile phone **twice as much** as those aged 35–54 and four times as much as those aged 55–69.

Figure 1. Young Australians depend on digital more than ever[10]

Previous reports in this series

Since 2012, ReachOut and EY have been exploring the social and financial costs of mental ill-health and offering cost-effective solutions for system reform through online service delivery. This has resulted in the production of three reports:

***Counting the Cost: The Impact of Young Men's Mental Health on the Australian Economy* (2012):** This report found that mental health in young men aged 12–25 costs the Australian economy $3.27 billion per annum, or $387,000 per hour across a year, in lost productivity.

***Crossroads: Rethinking the Australian Mental Health System* (2014):** This report highlighted that to meet the National Mental Health Commission's goal of doubling the rate of help-seeking, the current mental health system will require at least 8800 additional mental health professionals, at a cumulative cost of $9 billion to Australia (in today's dollars) over the next 15 years. It called for a need to prioritise and fund mental health promotion and prevention to keep people mentally healthy in the first place.

***A Way Forward: Equipping Australia's Mental Health System for the Next Generation* (2015):** This report responded to the *Crossroads* report by demonstrating the economic value of investing in early intervention and scalable online e-mental health services as a complement to face-to-face services within a stepped care approach.

The report expands on these recommendations through using ReachOut's activity data as a case study for illustrating the benefits of scalable online interventions, and highlights the importance of digital self-help as an integral component of the mental health service system.

Under new arrangements, Commonwealth funding that was previously provided to directly support the delivery of community-based mental health and suicide prevention will be provided to PHNs to commission services. The PHNs will allocate care packages based on services that users choose to acquire. Both consumers and the community will inform the commissioning of services.

These reforms will give consumers a greater role in outlining priorities and desired outcomes, designing solutions and guiding evaluation. The government's response to the review outlined a vision for a system that works towards a flexible, person-centred approach.

A major change in youth mental health will include a greater emphasis on services working together to provide a more integrated and equitable approach to mental health.[11]

The reforms will mean a new and innovative way of meeting the demands of mental health issues in the community and creating more opportunities to reach people who may be at risk of developing such problems.

There are three important components of this reform:

- a stepped care approach, where service is matched with need – with less intensive initial treatments being offered before more intensive ones – and taking into account people's changing needs and responsiveness to interventions
- increased capacity for early intervention across the lifespan
- optimal use of Australia's digital mental health services through a gateway.

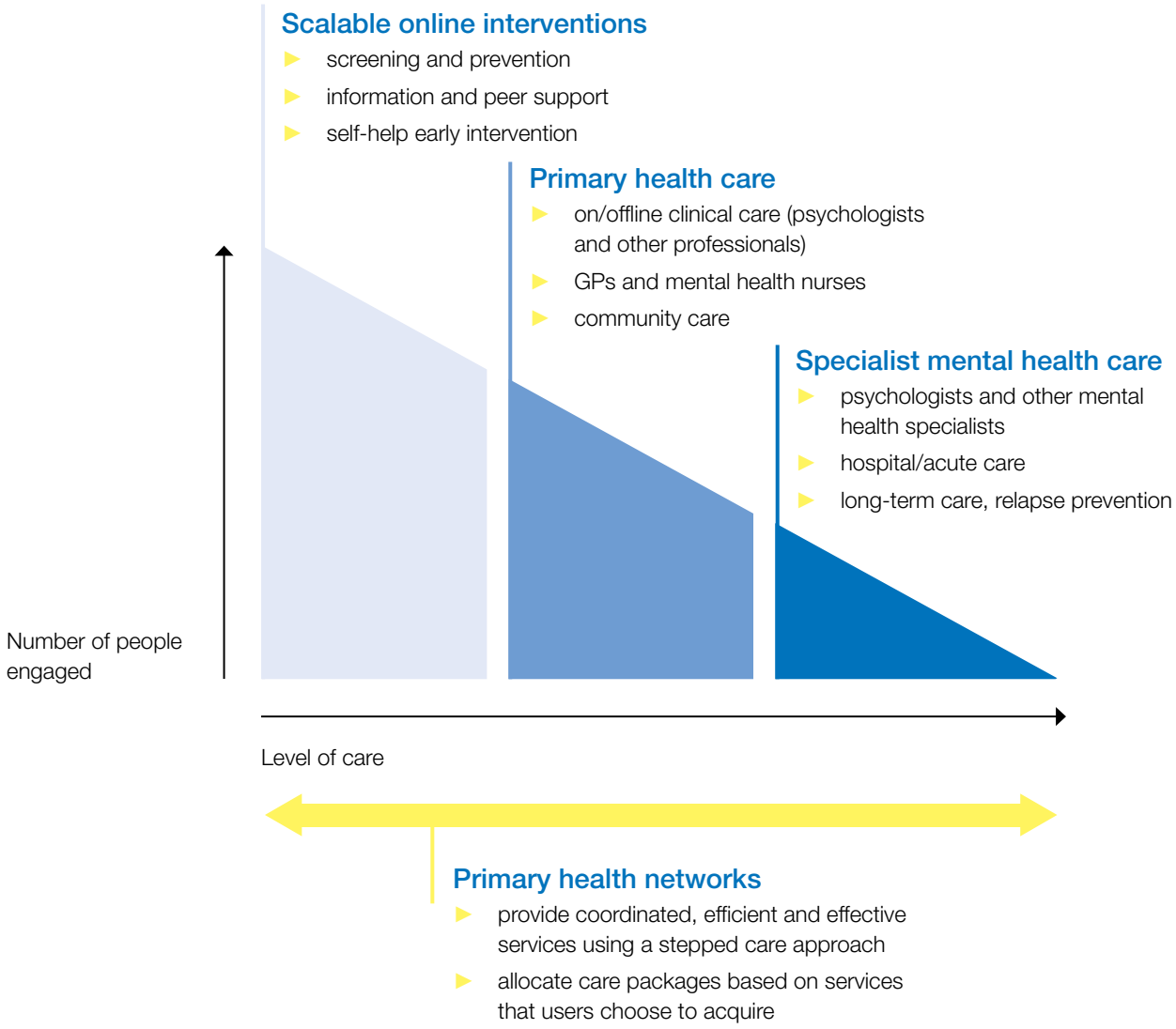

Figure 2. Stepped care approach highlighting the coordinating role of primary health networks

What can digital offer current mental health-care reforms?

Online technologies offer a variety of evidence-based, scalable, cost-effective programs and can be provided as an alternative in areas where there is little access to traditional services.[12] Technology offers service providers an opportunity to reach young people with mental health issues in their natural digital environment.

Digital self-help needs to be integral to the services made available to consumers. The government's reform approach focuses on the provision of a new digital gateway to optimise the use of digital mental health services. Digital mental health services are playing a progressively larger role in the delivery of these services and in supporting young people. This role includes information, prevention, assessment, diagnosis, counselling and treatment programs focused on a range of conditions and severity levels.[13]

Self-help provides a very viable mental health support option, and online self-help provides the opportunity to support large numbers of people effectively at an early stage, or as a cost-effective adjunct to formal care options.

In the past, the self-help descriptor has generally referred to bibliotherapy (using printed materials to become aware of and solve personal issues) and self-administered programs. However, in recent years, more digital self-help options have become available. Examples include a number of online self-help programs for anxiety and depression, such as *Compass* (building resilience and wellbeing), *Brave* (coping with anxiety and depression), *This Way Up* (coping with social anxiety) and *Mood Gym* (preventing and coping with depression).[14] Importantly, a survey conducted by researchers from the University of New South Wales and the Black Dog Institute found that 76 per cent of Australians would be interested in using their smartphones for mental health self-management.[15]

Mental health mobile apps can be used on their own or as an adjunct to face-to-face treatment for mild to moderate mental health disorders. While more research is needed, a systematic review of mobile apps for mental health shows that apps have the potential to be effective in reducing depression, anxiety and stress.[16] Given the wide use of smartphones and apps, online self-help may significantly increase access to treatment.[17]

Young people face a number of actual and perceived barriers to accessing traditional mental health-care services. Some of the common barriers identified include negative attitudes towards help-seeking, cost, waiting times, transport, a fear of breaches of confidentiality and a preference for self-reliance.[18]

Online self-help provides an important way to potentially overcome the barriers faced by young people.[19] For example, self-directed digital services respond to young people's desire for self-reliance and can encourage help-seeking and improve the mental health of young people. Evidence-based self-help[20] options are a very important part of the mental health system.

Ensuring effectiveness of digital programs is an important first step, but to encourage extensive uptake of self-help interventions young people need to find these programs engaging. It is crucial to involve service users in design and development of digital services so that they are both effective and appealing. For example, ReachOut has consistently involved service users in the design and evaluation of service offerings to ensure they are relevant and engaging.

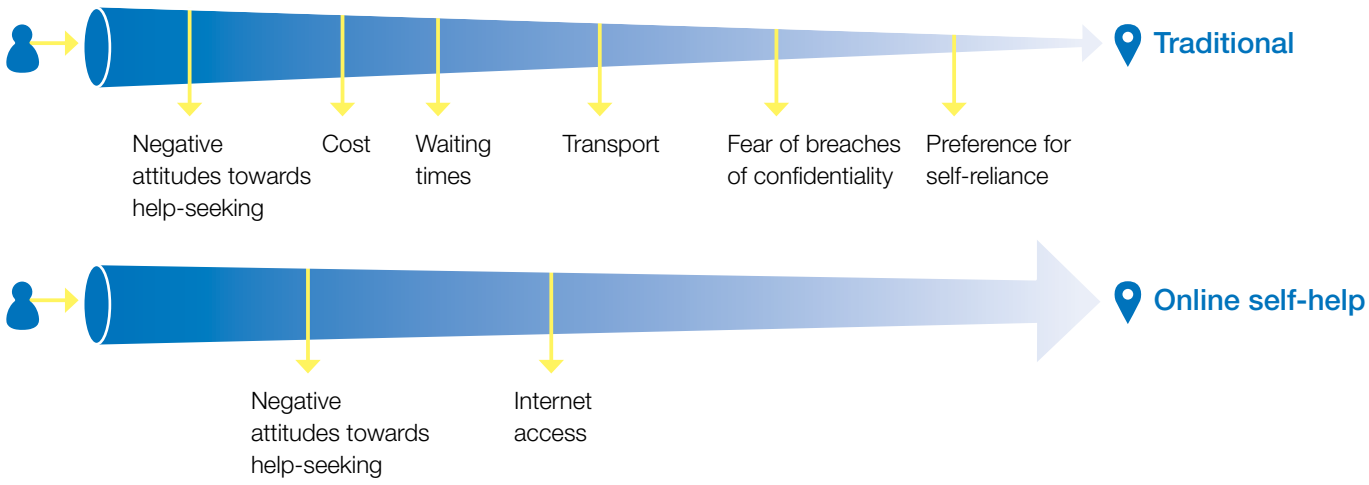

Figure 3. Comparison of barriers to seeking help from different kinds of mental health services

What do young people want from a digital self-help service?

Case study: ReachOut Australia

ReachOut was established in 1996 in response to Australia's growing youth suicide rates and has become the country's leading online mental health organisation, providing practical self-help to young people aged 14–25 years. ReachOut's services are a relevant and important entry point for young people seeking to engage with mental health information, with around 110,000 Australian users every month.

Through qualitative research involving 500 young people in the past five years, ReachOut has developed a number of user goals that guide the development and design of its services and products. Meeting these goals ensures that ReachOut provides relevant and engaging services.

ReachOut user goals

- Helping young people to understand and deal with their issues.
- Helping young people to connect with others and feel less alone.
- Helping young people to understand their own and others' experiences, and to offer help to others.
- Helping young people to feel more positive about themselves.
- Ensuring that ReachOut is an easy and accessible service for young people.

Figure 4. Key components of the ReachOut service model

A longitudinal cohort study of ReachOut users

In late 2014, ReachOut initiated a longitudinal cohort study, which informs the findings in this report. One of the purposes of the study was to explore the extent to which ReachOut was meeting its user goals.

METHODOLOGY AND SAMPLE

The cohort study included approximately 2000 ReachOut users recruited through a pop-up on the ReachOut site. Participants were aged between 16 and 25. This was a rolling sample, with participants being asked to fill out four surveys carried out over a three-month time period.

Surveys were conducted at:

- Baseline (early during visit to ReachOut.com)
- T2 at 1 week post first visit
- T3 at 5 weeks post first visit
- T4 at 3 months post first visit.

Follow-up semi-structured interviews were carried out with a small number of this sample following their completion of T4. Tag-based tracking technology was also used to collect ReachOut.com usage data.

The following general findings, and the vignettes focused on ReachOut's target audiences that are presented in this report, are informed by the results of participants' reported experiences of using ReachOut. The data presented in this section is based on participant responses to the T2 survey. Questions related to three main topics:

- Helpfulness of ReachOut during a tough time (4 questions)
- Participant ratings of whether ReachOut achieves its aims (13 questions)
- Participant ratings of ReachOut website (8 questions).

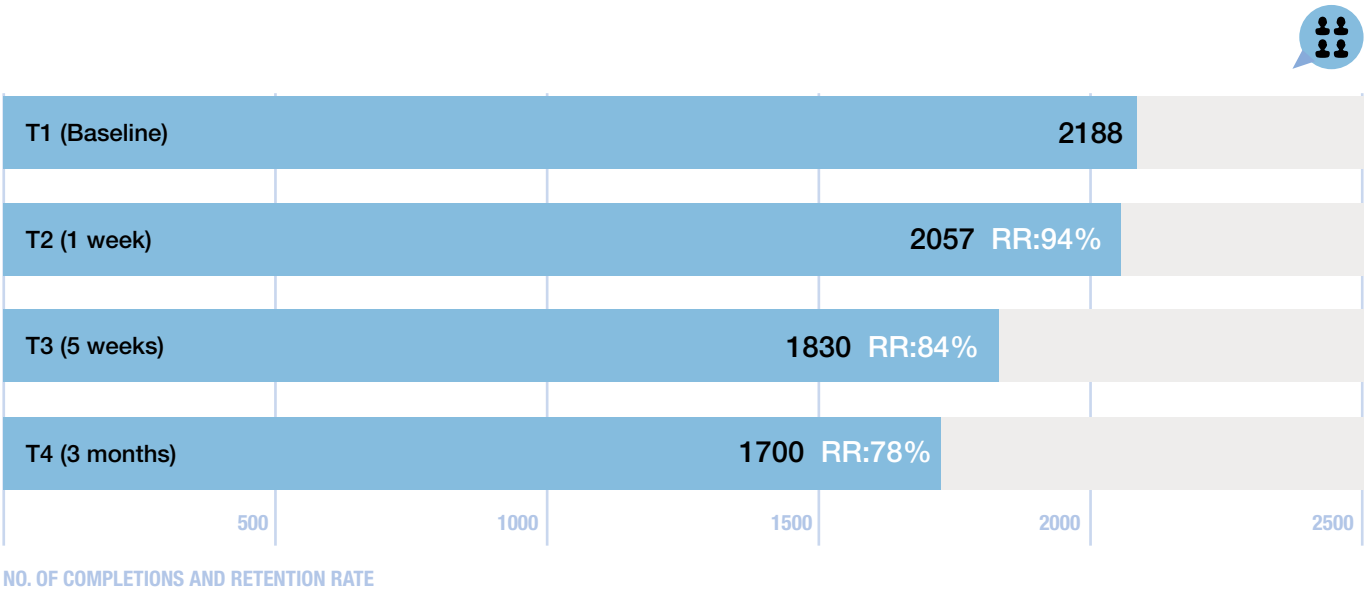

Figure 5. Retention at follow-up surveys (T2–T4)

FINDINGS

The findings from the cohort study indicate that ReachOut is meeting its user goals and that the young people who participated in the survey overwhelmingly had a positive experience of using ReachOut.

The data showed that there was a mix of one-off and repeated visitation among the participants. Young people most commonly found ReachOut through organic online search and through school, although some were referred by health providers and others. The most common time of visitation was after hours, when primary care services are not available and ReachOut is able to offer support.

Although ReachOut content and delivery aims to assist young people with mild to moderate problems, its service data shows that a range of young people access the service at different points in the help-seeking journey and with different levels of distress. Many of these young people had sought both formal and informal help previously, but nearly 50 per cent had not found the help they needed.

While young people accessed a broad range of content, the majority of them came to ReachOut for support with anxiety (30.4 per cent) or depression (34.5 per cent).

ReachOut helped them work out what they needed (68 per cent), with 69 per cent saying that ReachOut.com made it easy for them to help themselves. Around two-thirds said that ReachOut gave them practical suggestions and tools, and helped them understand their experience (63.9 per cent). ReachOut also helped them feel connected to others (48 per cent) and made it easier for them to help others (77 per cent).

Ninety-five per cent of participants said that ReachOut provided them with a safe and supportive community, with 67.2 per cent saying ReachOut made them feel less alone. Sixty-nine per cent of young people said that ReachOut had helped them deal with their issue when they were going through a tough time.

The findings from the cohort study show that ReachOut is providing young people with a user experience that is engaging, accessible and relevant.

Participants perceived ReachOut as having an attractive design (93 per cent) and being easy to navigate (96 per cent), with language that was easy to understand (99 per cent). Ninety-seven per cent found the content on ReachOut useful and credible, and 95 per cent thought a good range of topics was provided. Seventy-nine per cent said that ReachOut helped them to understand other people's experiences.

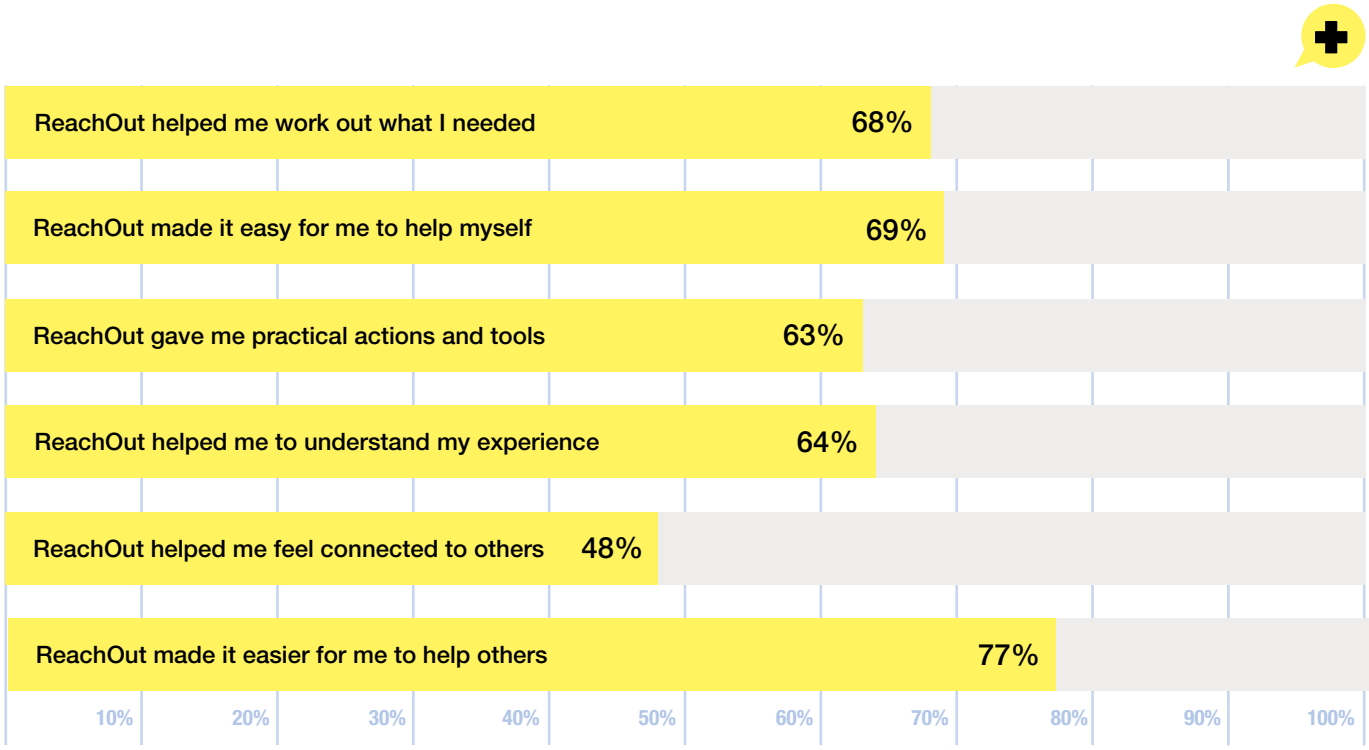

Figure 6. Help-seeking

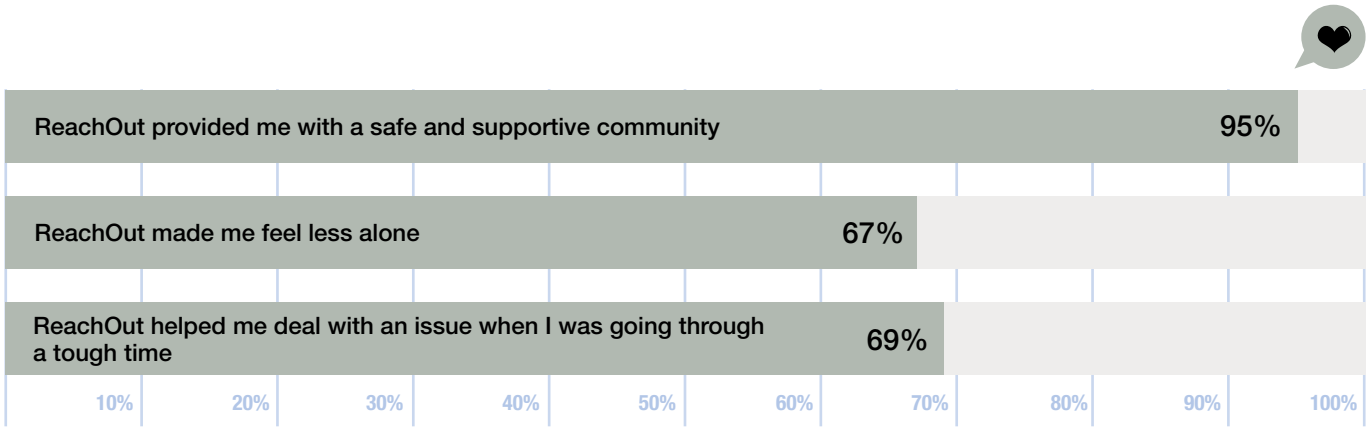

Figure 7. Isolation and sense of belonging

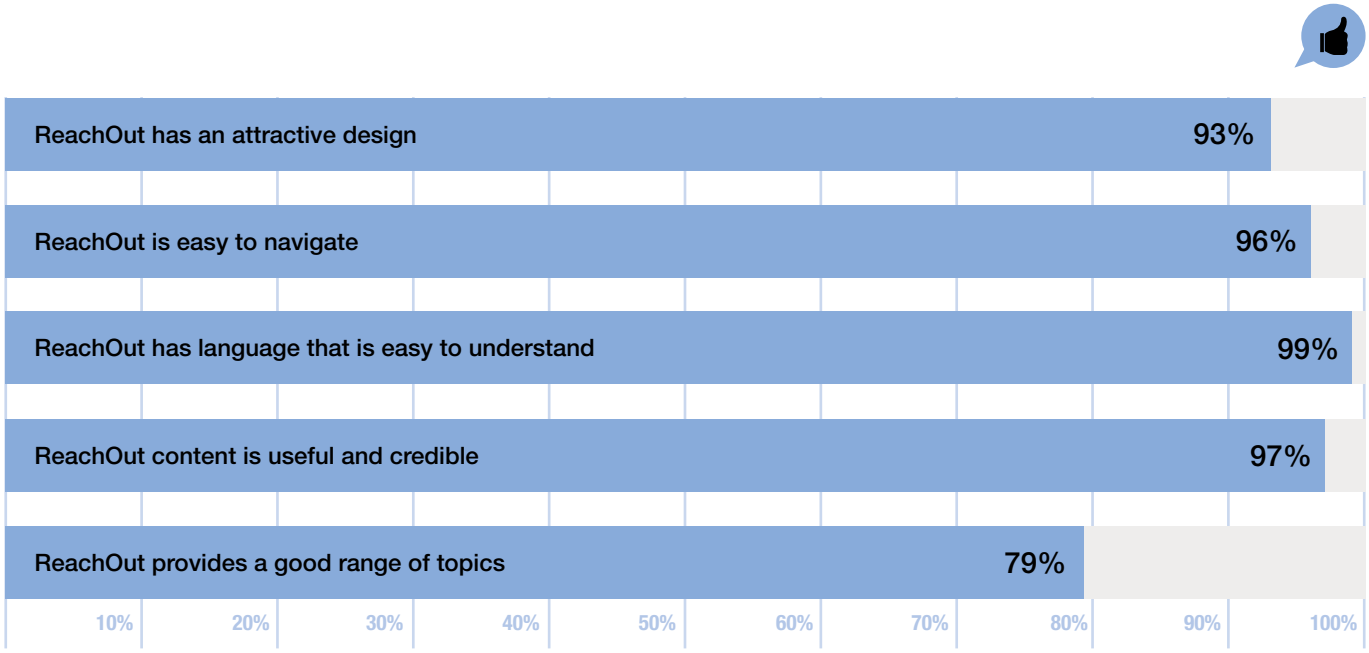

Figure 8. Acceptability and appeal

The online digital self-help experience of ReachOut target groups

The next section focuses more specifically on ReachOut target audiences and uses cohort study findings to illustrate the extent to which ReachOut is meeting their needs.

While ReachOut aims to help all young people to be happy and well, it targets particular groups who are especially vulnerable to experiencing a mental health disorder and/or who are likely to lack access to appropriate services. These groups include young men; young people who identify as lesbian, gay, bisexual, transgender, queer and/or intersex; and young people living in regional and remote areas. For example, when people who identify as LGBTQI do access mainstream services, the quality of care they receive isn't always satisfactory or relevant and in some cases service staff behave inappropriately, justifying the fear of discrimination experienced by people who identify as LGBTQI.[21]

In comparison to women, men are more likely to think that mental illness should be dealt with alone and to perceive and report stigma.[22] Online delivery of mental health services may be a more effective method of delivery for young people who identify with any of these groups as it minimises many of the barriers to traditional treatment.

In this section, we include vignettes based on ReachOut longitudinal study data and provide examples of how each of these high-risk groups uses ReachOut to enable them to find appropriate care. The vignettes also highlight how young people use unstructured digital services differently, depending on need.

CASE STUDY:
YOUNG MEN

Meet Tyler

Tyler's journey

- *Exam stress*
- *Difficulty sleeping*
- *Wants to get into uni*
- *Signs of anxiety*
- *Teacher recommends counsellor*
- *Counsellor recommends online self-help*
- *ReachOut WorryTime app helps to reduce anxiety*

The 2007 National Survey of Mental Health and Wellbeing found that 26 per cent of young people aged 16–24 had a mental disorder. There were 2864 deaths from suicide in Australia in 2014, making it the 13th-leading cause of all deaths. About 75.4 per cent of people who died by suicide were male, making suicide the tenth-leading cause of death for males. The report *Counting the Cost* found that mental illness in young men aged 12–25 costs the Australian economy $3.27 billion per annum.[23]

Suicide accounts for a much greater proportion of deaths for particular age groups. In 2014, suicide accounted for 35.9 per cent of deaths for males aged 15–19, and for 34.9 per cent of deaths for 20- to 24-year-old males.[24] Depression and anxiety disorders represent a significant mental health problem for young people, with only a small percentage of individuals seeking help. Of those Australians with mental health disorders, adolescent males are the least likely to seek treatment, with only 13.2 per cent of 16- to 24-year-old males seeking help compared to 31.2 per cent of females of the same age.[25]

With young men, anxiety is the number two mental health issue after substance abuse. Young men are also less likely to seek help for anxiety than young women (11 per cent compared with 18 per cent).[26]

Tyler's story

Tyler is worried about his exams and is finding it difficult to sleep. He keeps imagining that his results won't give him the marks he needs to get into university to study Engineering.

He's afraid that he'll look like the loser in the family compared to his older sister, Sam – in her third year of studying Law – and his brother, who is in his first year of Commerce.

Tyler's irritability means that he has snapped at his mother a lot lately, especially when she has asked him about his studies and whether something is wrong. He doesn't want to admit that he has been stressing so much about his exams. He has also been really short-tempered with his girlfriend.

When he did a small test last week, he started sweating and felt like he could hardly breathe. Despite passing the test easily, he's still stressed about failing.

On Monday, one of his teachers asked him to see the school counsellor. Tyler told the counsellor about his stress and sleep problems.

The counsellor pointed Tyler to the ReachOut site after suggesting that he might be experiencing anxiety. While still in the counsellor's office, Tyler clicked through to the ReachOut Toolbox, which recommends apps for mental health and wellbeing. He took the quiz on the spot, hoping to find help with managing his stress.

Tyler downloaded the ReachOut Worrytime app and agreed with the counsellor that he would try the app and make an appointment to see the counsellor again if needed. He started to use the app the same day, and has mentioned to his mum and his girlfriend that he was finding it helpful in reducing his anxiety.

The hard facts

- Anxiety disorders during adolescence are strong predictors of the subsequent onset and persistence of other mental and substance use disorders. They are associated with a considerable burden of disease.[27]
- 15.8 per cent of people who suffer from anxiety only are not having their needs fully met.[28]
- Overall, about half the people with anxiety disorders experience their first symptoms by the age of 11 years, which is significantly younger than for most other mental health problems.[29]

The ReachOut difference

- 21 per cent of the young men who completed the cohort study accessed ReachOut to address an anxiety issue.
- Of these young men, 53 per cent had anxiety scores that placed them in the severe, or extremely severe, range (DASS scales).
- 94 per cent of the young men who had issues with anxiety rated ReachOut's content as 'good' or 'excellent'.
- 85 per cent said it was relevant to them.
- 64 per cent agreed that ReachOut gave them a range of practical help, actions and tools.
- 52 per cent of young men who had accessed ReachOut during a tough time said that ReachOut made them feel less alone.

CASE STUDY:
YOUNG PEOPLE
IN RURAL AND
REGIONAL AREAS

Meet Kyle

Kyle's journey

- *Small rural town*
- *Left school during year 12*
- *Signs of depression*
- *Drinks alcohol to calm his nerves*
- *GP refers him to nearest youth mental health service, but Kyle doesn't go due to distance*
- *Cousin mentions ReachOut*
- *Kyle reads ReachOut content and realises he might be depressed*
- *ReachOut connects Kyle with online counselling*
- *After several sessions, Kyle begins to feel better*

Rural and regional young people experience multiple barriers to seeking help. These include long waiting lists, limited service options and longer distances to travel to health-care services. This means many people with mental health problems or illness don't access services until their condition has severely deteriorated.[30]

Furthermore, males living in rural areas are less likely than young men living in metropolitan areas to seek help. Research with rural and regional young people indicates that a culture of self-reliance, a lack of anonymity and perceived stigma are barriers to their seeking help.[31] Young people living in rural and regional areas face isolation, a lack of employment opportunities, poor future prospects, limited leisure activities, boredom and inadequate transport.[32] Same-sex attracted young people face extra challenges as a result of a lack of acceptance and support. Online services have the potential to overcome many of these barriers.

Living in rural or remote Australia doesn't automatically suggest a higher risk of poor mental health or predict the type of mental health difficulties that might develop. Nor are all rural and regional communities the same. However, when mental health issues do occur, there are factors specific to living in rural or remote areas that potentially influence mental health outcomes.[33]

Kyle's story

Kyle lives in a small rural town in north-west NSW. He left school part-way through year 12 to work in his dad's butcher shop. Over time, he became increasingly worried about his future and started doubting whether he wanted to follow in his father's footsteps.

There were limited employment opportunities in the town, but Kyle knew that moving away and supporting himself would be difficult, as he hadn't finished school. He started feeling more and more depressed and had trouble getting to sleep. The problem was made worse by his drinking, which started as a way to calm his nerves.

He saw a counsellor but didn't feel the counsellor understood how he felt. A GP referred him to a youth mental health service in a larger regional town four hours away by road. Kyle felt that this was too far to travel for help, as he would need to get public transport and the bus only went once a week. He started to feel hopeless again, and more alone than ever.

A few weeks later, his cousin told Kyle about a youth service called ReachOut after he had opened up and talked about how he was feeling. Kyle realised he might be depressed after checking out the ReachOut site and reading the fact sheet on depression. When he read the text messages on the site where young people posted how they felt, he realised he wasn't alone and that help was available.

Kyle visited the 'I am worried about my future' page, which provided links to chat with an online counsellor. Kyle preferred this to the face-to-face alternative, because he could talk about his issues and not have to worry that his dad or mates would find out. After several sessions of talking with someone whom he felt understood him, Kyle felt more confident and comfortable about his future.

The hard facts

- In any year, 10,000 young Australians are living with depression.[34]
- In 2007, 59 per cent of those with an affective disorder (largely depression) received no treatment.[35]
- Depression is currently the leading cause of non-fatal disability in Australia, with less than 50 per cent of people affected receiving medical care.[36]
- In an Australian study (2011), of those people who had any need for care for depression, only 30.8 per cent had all their needs fully met, while the great majority had unmet or partially met care needs.[37]
- The number of psychiatrists, mental health nurses and psychologists in rural and regional areas is, respectively, 33 per cent, 82 per cent and 54 per cent of what it is in major cities, with even greater disparity in remote areas.[38]
- Medicare data collected between 2007 and 2011 shows that people living in rural and remote locations have three times less access to psychological services than their metropolitan counterparts.
- Given that one in four young people experience a mental illness before the age of 25, a lack of access to services places this group at an increased risk.[39]

The ReachOut difference

- One-third (673) of the participants in our sample lived in a regional or rural area.
- Of these, 32.8 per cent indicated that depression was one of the main reasons they had come to ReachOut.
- 95 per cent of participants living in a rural or regional area who had come to the site looking for information on depression said they had experienced a stressful or serious problem in the past three months, and 57.1 per cent indicated they hadn't sought professional help even though they thought they needed it.
- 63.7 per cent of participants agreed, or strongly agreed, with the statement that ReachOut makes it easy for them to help themselves.
- 87 per cent agreed, or strongly agreed, that ReachOut is available and accessible in ways that are convenient for them.
- 68.5 per cent agreed, or strongly agreed, with the statement that ReachOut helps them work out what they need.
- 67.8 per cent agreed, or strongly agreed, that ReachOut gives them a range of practical help, actions and tools.

CASE STUDY:
LGBTQI YOUNG PEOPLE

Meet Mei

Mei's journey

- *Mei comes out to a close friend*
- *Friendship degrades*
- *Mei feels lonely and isolated*
- *Attempts suicide, shocks family*
- *Coming out leads to difficulty in family relationship*
- *Two years pass*
- *Romantic relationship breaks down*
- *Mei experiences suicidal thoughts*
- *ReachOut intercepts Mei's web search for 'I want to kill myself'*
- *ReachOut connects Mei with online crisis chat*
- *Crisis counsellor recommends LGBTQI-friendly GP*
- *GP recommends appointment with psychologist*
- *Mei sends parents links to fact sheets on ReachOut Parents*
- *Mei feels better about the future*

Why are LGBTQI young people at greater risk of mental ill-health? Over 18 per cent of LGBTQI Australians have high to very high levels of psychological distress, compared with 9.2 per cent of heterosexual Australians. This difference is more pronounced for young people who identify as LGBTQI, with 55 per cent of LGBTQI young women and 40 per cent of LGBTQI young men aged between 16 and 24 experiencing very high levels of psychological distress, compared to 18 per cent of heterosexual young women and 7 per cent of heterosexual young men.[40] One-third (31 per cent) of Australians who identify as homosexual or bisexual have experienced an anxiety disorder, in comparison to 14 per cent of people who identify as heterosexual.[41]

The increased risk of mental health issues and suicidality isn't a direct result of sexuality, sex or gender identity per se; rather, it results from being discriminated against and excluded.[42] A fear of being stigmatised or discriminated against can result in young people not seeking help or delaying seeking help for mental health issues, thus worsening the issue.[43] This problem is even more pronounced for LGBTQI young people living in rural areas. Online programs potentially offer young people who identify as LGBTQI access to anonymous support and can be particularly helpful in rural areas where access to relevant information, resources and services can be poor.

In 2014, the overall Australian suicide rate rose to 12 per 100,000 (2864 deaths) – the highest suicide rate since 2001.[44] Among those aged 15 to 44, the leading cause of death in 2014 was suicide. LGBTQI people have the highest rates of suicidality of any population in Australia.[45] For LGBTQI young people, the average age of a first suicide attempt is 16 years, frequently before coming out.[46]

Mei's story

Mei had just turned 17 when, walking home from school one day with Amy, her oldest and most trusted friend, she confided that she was attracted to girls. Amy commented that perhaps it was just a phase she was going through, but Mei thought differently. She was definitely attracted to girls, she said.

After their chat, Amy spent less time with Mei, who also noticed one day that a few of the girls in class were looking at her and whispering. She went home feeling devastated. How could Amy do this to her? Didn't she understand?

Mei started to feel increasingly alone and didn't know where to turn. She felt like the whole world had turned on her because she wasn't 'normal' or like the other girls.

Two weeks later, she attempted suicide and was admitted to hospital. Her parents were in shock, having no idea that she had been so unhappy. Mei came out to her parents after she was discharged from hospital. Her mum cried. Her dad said nothing, but Mei knew that he didn't approve. This upset her, as he had always been proud of her for her great results at school.

Mei's relationship with her father didn't improve. She struggled for a year and then met Janice on a dating site just after her 18th birthday. At the end of her HSC, Mei started studying part-time, got a job in a bookshop and moved out of home into a share house. Things were going well.

Then, just before her 19th birthday, Janice broke up with her – leaving Mei feeling devastated once again and prompting suicidal thoughts. Feeling desperate, she googled 'I want to kill myself' and a link to ReachOut came up. Mei clicked on the 'Emergency Help' button, which took her to a page with a range of services. Mei wasn't sure about talking to someone over the phone, so she decided to do a web chat with someone from Lifeline.

After chatting with Mei for a while, the counsellor from Lifeline recommended an LGBTQI-friendly GP whom Mei visited the next day and who helped her to make an appointment to see a psychologist. She also sent her parents some links to helpful factsheets from the ReachOut Parents website about having a child who is same-sex attracted. Mei feels better about the future knowing that help is available.

The hard facts

- In 2005, at least 24.4 per cent of people who identify as gay, lesbian or bisexual and 36.2 per cent of people who identify as trans met the criteria for experiencing a major depressive episode. This was in comparison to 6.8 per cent of the general population.[47]
- 18.2 per cent of LGBTQI Australians have high to very high levels of psychological distress, in comparison to 9.2 per cent of heterosexual Australians, making them especially vulnerable to mental health problems.[48]
- Young people are even more vulnerable, with 55 per cent of LGBTQI young women and 40 per cent of LGBTQI young men aged 16–24 reporting distress, compared to 18 per cent of heterosexual young women and 7 per cent of heterosexual young men.[49]
- For LGBTQI young people, the average age of a first suicide attempt is 16 years, before coming out.[50]
- Each suicide costs the government more than $7691.[51]

The ReachOut difference

Of the 2057 people who completed the cohort study, 34 per cent identified as LGBTQI. Of these participants:

- 97 per cent said that ReachOut provided them with a safe and supportive community
- 73 per cent said that Reachout helped them understand their experience
- 61 per cent said that ReachOut helped them work out what they needed
- 54 per cent were found to be currently suicidal (SIQ measure) and 26.4 per cent required immediate intervention
- 7 per cent had accessed the emergency help page on ReachOut, and 3 per cent had accessed the LGBTQI support services page.

Conclusions

Digital solutions need to be an integral component of future mental health service delivery.

Providing mental health support services online is cost-effective and can potentially minimise delays in seeking help, overcoming many of the barriers faced by young people with mental health challenges.

Digital self-help services such as ReachOut can offer a range of benefits, including helping young people to:

- understand and deal with their issues
- connect with others and feel less alone
- understand their own and others' experiences, and offer help to others
- feel more positive about themselves.

Although ReachOut content and delivery aims to assist young people with mild to moderate problems, its service data shows that a range of young people access ReachOut at different points in the help-seeking journey and with different levels of distress. Online programs such as Next Step help young people to access the right level of support when they need it.

Technology provides the opportunity to reach young people in a space where they feel comfortable and in a way that is acceptable to them.

Online delivery of mental health services may be a more effective method of delivery for particular groups of young people because it minimises many of the barriers to accessing traditional treatment.

The ReachOut experience shows that digital self-help is an extremely popular and acceptable means of offering mental health support to young people.

Online self-help services such as ReachOut respond to a strong desire by young people for self-reliance. They are a crucial part of the overall mental health service system, and the government has emphasised the importance of making optimal use of Australia's digital mental health service offerings. They also provide opportunities for people to share and offer support and information to one another in a safe, moderated and confidential space, creating a 'digital community' where people can feel less alone.

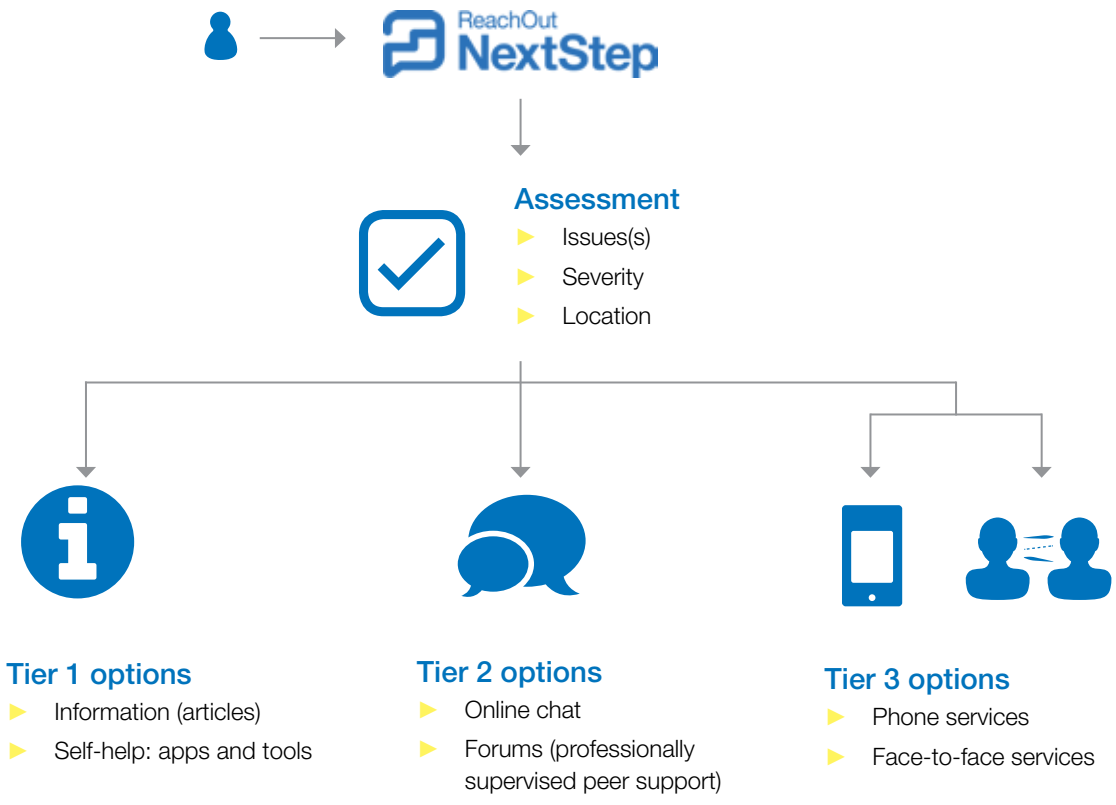

Figure 9. The ReachOut NextStep self-assessment tool provides a range of support options, helping young people to access the level of support they need

Learnings from current digital providers need to inform both future digital service delivery and the collection of new information to understand the effectiveness of these services.

Ensuring the effectiveness of digital programs is an important first step, but to encourage extensive uptake of self-help interventions young people need to find these programs engaging. It is crucial to involve service users in the design and development of digital services.

The challenge now for the sector is to explore how digital self-help services can be effectively integrated into the broader mental health system to strengthen current services.

Critical features of digital service delivery include:

- user-led development process
- evidence-based program model
- ease of navigation
- key quality elements such as duty-of-care procedures and warm transfers
- accommodation of multiple journeys
- options for one-off as well as deeper engagement
- scalability
- facilitation of help-seeking and support at different stages of mental health concern
- functional independently or in conjunction with face-to-face care.

Digital services should play an integral role in responding to the challenges facing primary health networks in providing coordinated, efficient and effective services using a stepped care approach where service is matched to need.

Well-developed digital self-help options can potentially provide an important mechanism in the stepped care approach to ensure that young people with emerging mental health issues have quicker access to less-intensive interventions. They also provide an alternative means of information and support for young people who face barriers in accessing more traditional mental health services.

The scalability of digital self-help offers an opportunity to help high numbers of young people. Successful services such as ReachOut also have the advantage of having established networks with on-the-ground service providers that enable the young person to be supported and directed towards the most effective service option.

Digital self-help should be integral to the care packages offered by PHNs to consumers. It can provide help quickly and more efficiently across a high number of young people with relatively little investment. The service is provided in an agile, flexible and tailored way, adapting to the circumstances of the consumer.

Digital services may potentially reduce blockages and take the pressure off the service system. The commissioning of mental health services is a new area for many newly formed PHNs, and digital service providers need to work collaboratively with PHNs and other mental health services to fully realise the potential of digital mental health offerings. Such collaboration should lead to a stronger stepped care approach where young people are getting faster access to the level of service they need.

Recommendations

RECOMMENDATION 1

As one of the first and fundamental contact points in a stepped care approach to mental health service provision, it is essential that the government makes scalable online unstructured self-help services a fully integrated component of service delivery.

- Online technologies have the potential to perform a number of functions in a stepped care approach to mental health service provision, including the provision of mental health services and the capacity/ability to refer people to the most appropriate service provider/s based on their needs.
- Online services can provide immediate support to young people with mental health issues in their natural digital environment. Online services are relatively low-cost and scalable, which means they have the ability to provide large numbers of young people with access to the services they need at a relatively low cost. This is particularly important in areas where there are strong barriers to accessing care – for example, where there is a shortage of mental health services or long waiting lists.
- Online services respect young people's desire for autonomy and anonymity.
- Online technologies also have the potential to assess a young person and provide recommendations based on individual needs for appropriate service/care options. These types of technologies can also inform young people of what to expect when accessing these services, and provide options to ask questions about recommended services in order to minimise any concerns a young person may have.

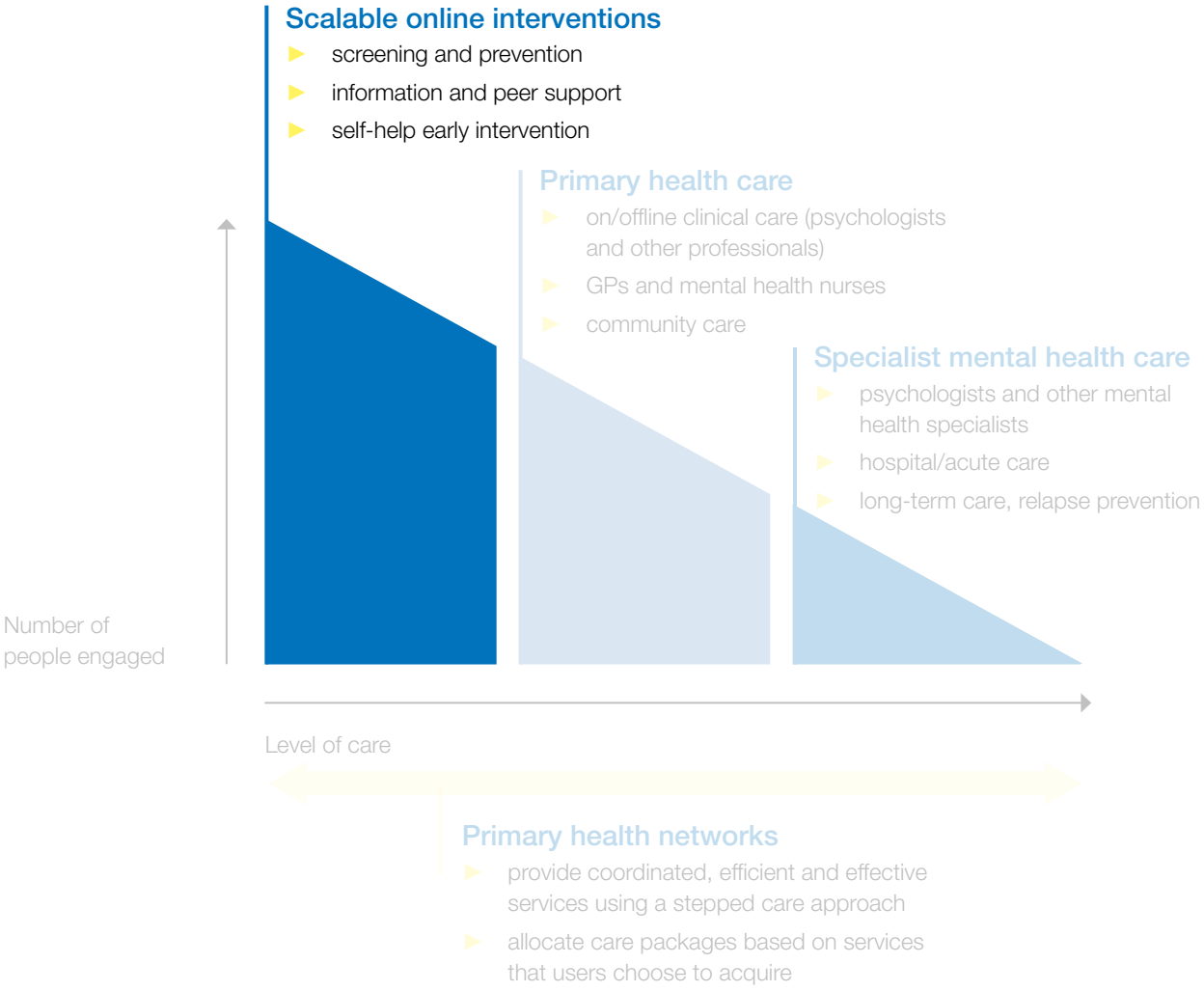

Figure 10. Scalable online unstructured self-help services should be made a fully integrated component of service delivery

RECOMMENDATION 2

PHNs to ensure that digital services are integral to achieving their key functions/outcomes.

- Online digital care service providers should work closely with PHNs to show how digital self-help can be best implemented into a stepped care system that provides:
  - access to evidence-based information that is relevant and user-friendly
  - scalable, cost-effective mental health care in the prevention and early intervention space
  - interim/alternative services for young people where there are long waiting times for local face-to-face services
  - interventions for young people with mild mental health issues or who are at risk of developing mental illness
  - service readiness among young people through the development of problem recognition and the ability to determine which services are most appropriate
  - more positive attitudes towards seeking help.

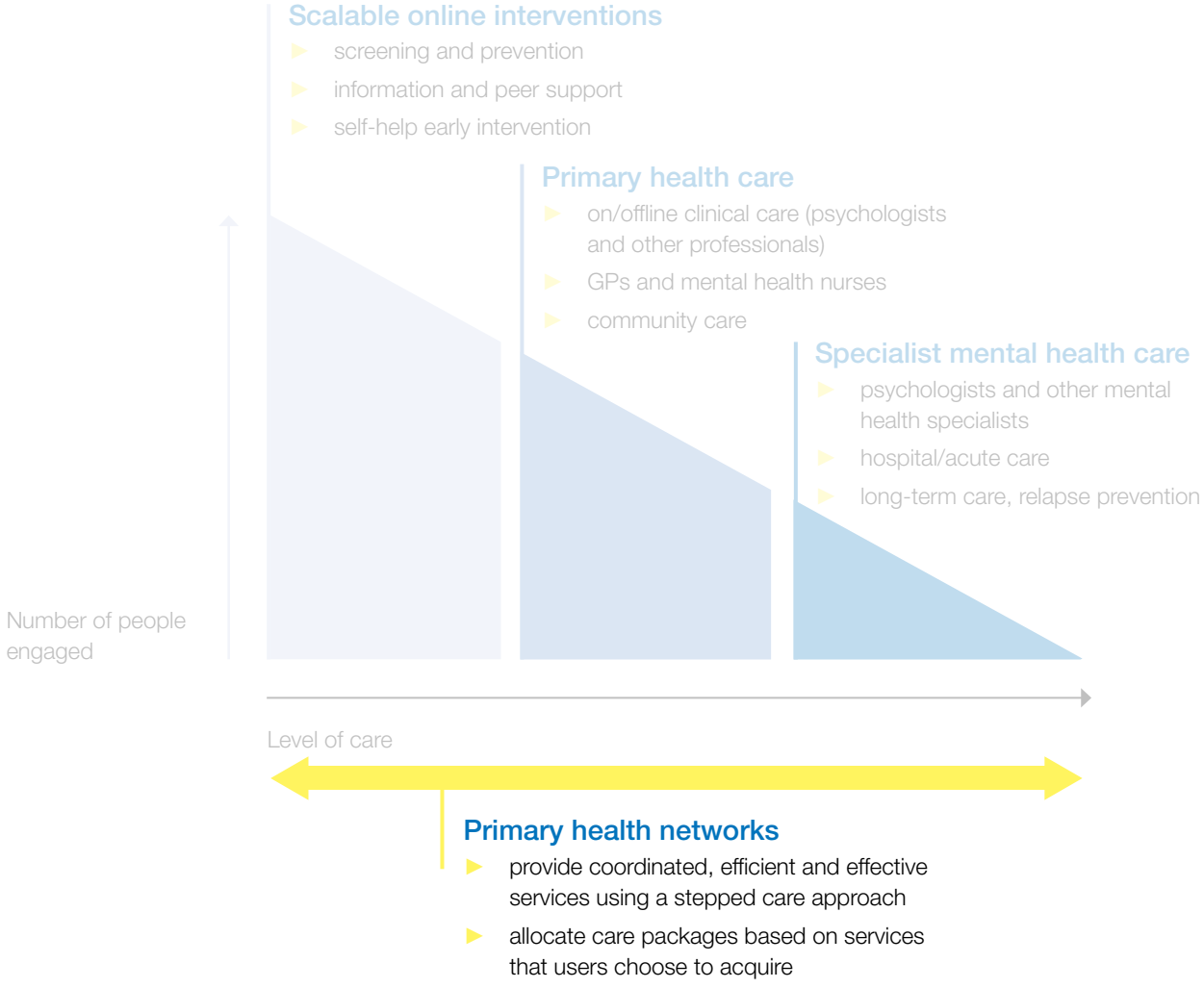

Figure 11. Primary health networks play an essential coordinating role in the stepped care approach

RECOMMENDATION 3

Funders to ensure that the digital self-help services they fund are acceptable, engaging and effective for young people.

- Involvement of young people in the design, development and continued evaluation of digital self-help services is crucial to ensure that these services are relevant and acceptable to young people, and meet their needs.
- Future research efforts should focus on building a strong evidence base testifying to the effectiveness of digital services to ensure that both young people and service providers are able to make informed choices about the use of digital self-help options for the treatment of mental health issues.

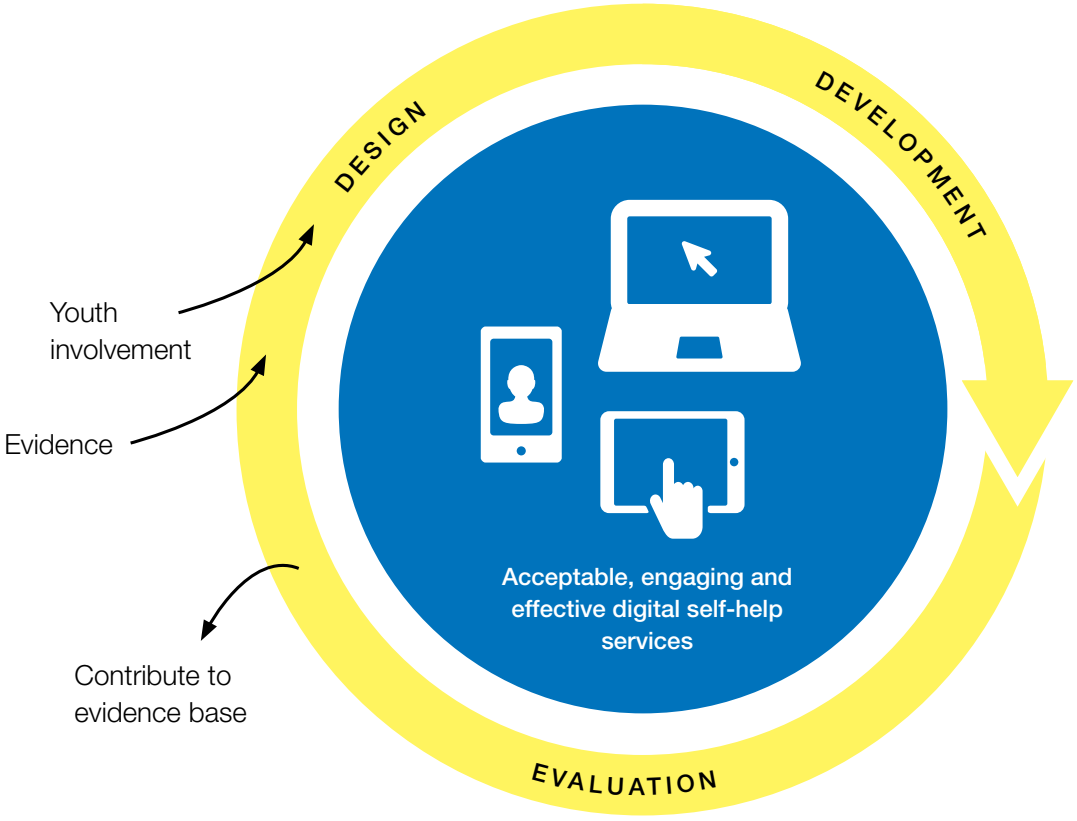

Figure 12. Digital self-help services design and development cycle

Appendix A: Cohort study

Cohort study methodology

The primary aims of the cohort study were to better understand the following:

- who uses the ReachOut.com website
- the main reasons why young people use the website
- how young people use the website
- what happens to young people after they access the website.

In particular, we were interested in understanding the impact of using ReachOut.com on young people's mental health and wellbeing, mental health literacy and help-seeking behaviours. Data collection for Phase 1 of the study began in November 2014 and was completed in December 2015. Phase 2 of the study began in February 2016 and is ongoing. The data contained in this report is based on data from Phase 1 of the cohort study.

Data for the cohort study was collected in three ways:

1. Four surveys were completed by cohort study participants over a three-month period. The surveys were completed at:
    a. baseline – at the point when the participant agreed to participate in the study
    b. time point 2 at 1 week post baseline survey completion
    c. time point 3 at 5 weeks post baseline survey completion
    d. time point 4 at 3 months post baseline survey completion.
2. Semi-structured online interviews were conducted with a small sub-sample of participants following completion of the study.
3. Tag-based tracking technology was used to collect data on participants' usage of ReachOut.com, including the frequency, time and date of website visits, and the number and content of website features accessed for the three-month period while the participant was part of the cohort study.

The study included participants who were living in Australia and were aged between 16 and 25 years. Cohort study participant numbers were as follows:

- 2188 participants completed the baseline survey
- 2057 participants completed the survey at time point 2
- 1830 participants completed the survey at time point 3
- 1700 participants completed the survey at time point 4.

Overall, the study retention rate was 77.7 per cent.

Demographic characteristics of the cohort study sample

Participant demographic information was primarily collected at time point 2. Therefore, sample demographic characteristics presented in this section are based on study participants who completed the time period 2 survey. Prior to entry into the study, potential study participants were required to indicate what age group they belonged to. Those who were not between 16 and 25 years were screened out of the study. In time period 2, study participants were asked their age in years. In this stage, 75 participants indicated that their age fell outside the 16–25 years range required for this study. Therefore, the sample descriptives outlined here are based on an overall sample size of 1982 study participants.

Cohort study sample characteristics are as follows:

- 47 per cent of participants were aged 16–18 years, 26.9 per cent were aged 19–21, and 26.1 per cent were aged 22–25.[a]
- 83.6 per cent of participants identified as female, 11.8 per cent as male and 4.6 per cent identified as 'other'.[b]
- 65 per cent of participants identified as heterosexual and 35 per cent as LGBTQI.[c]
- 2.3 per cent of participants identified as Aboriginal and/or Torres Strait Islander.[d]
- 75.3 per cent of participants were living in a major city in Australia, 23.5 per cent were residing in an area classified as regional, and 1.3 per cent were residing in areas classified as remote or very remote.[e, f]
- 88.8 per cent of participants were born in Australia and 11.2 per cent were born overseas.[g]
- For 60.7 per cent of participants, both parents were born in Australia, while for 39.3 per cent at least one parent was born overseas.[h]

Notes

Not all participants answered all survey questions.

a 35 missing observations

b 1 missing observation

c 32 missing observations

d 32 missing observations

e 74 missing observations

f Remoteness classification is based on the Australian Bureau of Statistics geographic classification.

g 29 missing observations

h 60 missing observations

Appendix B: Release Notice

Ernst & Young Australia ("Consultant") was engaged on the instructions of ReachOut ("Client") to co-author a report on insights into mental health and digital self-care by young Australians ("Project"), in accordance with the engagement agreement dated 28 October 2015 including the General Terms and Conditions ("the Engagement Agreement").

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Helping you help your teenager

'At times my daughter felt like I was smothering her but I was worried about her wellbeing and trying to find that tricky balance. There are so many great suggestions at ReachOut Parents. It has truly helped.' Kym, mum of 15 year old, Victoria.

Pretty much every teenager in Australia will face some sort of issue as they grow up: whether it's bullying, study stress, relationships or something else. Without support, teenagers can find these issues are tough to handle.

More often than not, a young person will turn to their parents before anyone else. This is why thousands of parents across Australia are looking for ways to help their kids through tough times.

Whatever the issue, ReachOut Parents has made it easy to find practical advice that works. Because there are heaps of simple tips to try, you can more easily spot what's going on and support your teenager's wellbeing.

- **Available 24/7 where and when you need it**
  Go online and find topic pages packed full of info and videos with practical tips, tools and strategies.
- **Talk to other parents**
  Chat with other parents on forums and find personal stories about what's worked for them.
- **Free one-on-one support**
  Choose to talk confidentially to a qualified coach online about what could work for you.

ReachOut.com/Parents

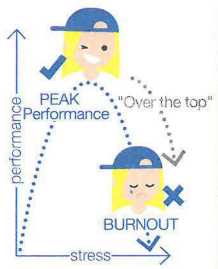
REACH OUT.COM

5 STEPS TO STUDY SUCCESS

We've done the homework on studying so you don't have to.
These are your scientifically proven steps to study success.

1 NOT ALL STRESS IS BAD

While it's often given a bad rap, the right amount of stress can actually motivate you to get stuff done. The key thing is to recognise when stress has tipped over from being a motivating force to an overwhelming emotion.



2 20-MINUTE STUDY RULE

No one can study for six hours straight and be effective. Break up your time into twenty-minute chunks for the most effective use of your brain.

3 SAY IT OUT LOUD

The best way to really remember and learn is to talk about what you're learning out loud, without using any notes.

4 BREAKS = GOOD, CONSTANT DISTRACTION = BAD

Taking planned and timed breaks will help you remain on task, but checking your social every 5 minutes is a sure-fire study fail. Research shows that it can take up to twenty minutes to refocus on your task once you've been distracted.

REACH OUT.COM /EXAMS

5 SLEEP IS YOUR FRIEND

If you get a good night's sleep before your exam, you are scientifically proven to retain more of what you studied the day before than if you stay up crazy late.