



Policy Platform: Mental Health

Youth Coalition of the ACT

For more information on mental health, refer also to the Youth Coalition Comorbidity Policy Platform.

The World Health Organization defines mental health as:

Not just the absence of a mental disorder. It is... a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.¹

Youth workers and services in the ACT consistently report that mental health is one of the top three issues for young people in the ACT, alongside housing and homelessness, and alcohol and other drugs. In the 2012 *Rate Canberra* survey conducted by the Youth Coalition,² "Mental health and wellbeing" was found to be one of the top five issues most selected as important to respondents. "Stress", "body image" and "feeling sad or anxious" also rated in the top 5 current issues and concerns for young people aged 12-25 in the ACT.

Mental health issues are likely to be significant in many young people's lives with 25% experiencing a mental health issue in any given year.³ With the population of young people aged 12-25 being more than 77,000 persons,⁴ around 19,000 young people in the ACT would benefit from mental health care and support each year. The median age of onset is under the age of 24.⁵ Anxiety and depression are the leading causes of the burden of disease and injury in young people.⁶ While rates of suicide for young people have declined in the past decade, the Youth Coalition notes that they are still high, with suicide accounting for 20% of all deaths in young people.⁷

Research indicates that young people most frequently access the family doctor or school-based counsellor for mental health support.⁸ Only 31% of young women and 13% of young men experiencing mental health issues access support services. Possible reasons for this are transport, cost, negative attitudes of staff towards young people, fears regarding confidentiality or a previous negative experience with a service.⁹ Young people prefer to talk to family or friends in the first instance. Young people in a 2011 survey reported their friends as the number one source for almost all issues.¹⁰ Other sources of advice and support mentioned in the survey for young people in Canberra were parents, relatives, teachers and the internet.¹¹

Mental health issues can also affect young people disproportionately. Youth services report that young people experiencing homelessness, alcohol and other drug issues, young carers, multicultural young people, Aboriginal and Torres Strait Islander young people and young people who identify as gay, lesbian, bisexual, transgender or intersex are often affected in higher proportion. It is important to note the cyclic impact these co-occurring issues can have upon young people.

The symptoms, effects and types of mental health issues can also vary between young males and females. For example, young males are nearly 3 times more likely to complete suicide.¹² The effectiveness of promotion, prevention and early intervention has been highlighted through research and evaluation. The Youth Coalition highlights the importance of implementing more of these programs to address things like suicide within schools. Schools need support to address stigma associated with mental illness amongst children and young people, as well as critical incidents such as the suicide of a student. There have been some resources allocated in this area, with the recent launch of headspace's suicide postvention service for schools.

Mental Health and Education

Schools are recognised as a first to know agency regarding many aspects of young people's lives. The co-location of services such as health professionals, youth workers, social workers and psychologists within schools has the potential for more effective and efficient service delivery. Further, provision of these services within schools makes them more accessible for young people and their families.

The Youth Coalition supports the work of Mental Illness Education ACT's schools education program. This program educates young people about mental illness through a presentation from a person with lived experience of mental illness and helps participants develop strategies to deal with stigma and their own mental health. In addition to programs such as MIEACT's, training could be provided to all students and leaders in the student population about Mental Health First Aid.

In order to be supportive of the mental health needs of young people, teaching staff require ongoing professional development to identify, understand and refer issues that may arise. This includes provision of information about local services that are available for referrals. Teachers need to be trained with the appropriate knowledge and skills to understand bullying and mental health issues. Teachers require extra support to deal with crisis situations in the classroom and in the playground. Additional supporting staff and resources need to be provided through the *Better Schools* agenda. This should include additional non teaching staff such as youth workers, social workers and counsellors. These resources are needed in order to provide more access to one on one therapy and support for students. The Youth Coalition believes that these additional support programs will help to better meet the mental health and wider needs of young people in education.

It is important for schools to be given the capacity to work with their communities to address mental health concerns. In particular, parents must have access to resources that help to facilitate discussions with their children.

Mental Health and Education is discussed further in the Youth Coalition's Education Policy Platform.

Early Intervention Services

The Youth Coalition strongly supports headspace ACT, an early intervention service for young people experiencing mild to moderate mental health issues, and/or alcohol and other drug issues. headspace ACT is a key agency in the ACT youth mental health service system, and currently receives no funding from the ACT Government, despite experiencing overwhelming demand. The Youth Coalition urgently advocates for the ACT Government to contribute funding to this vital service in order to decrease the waiting time that its clients currently experience. The bottlenecks in the current mental health system mean that waiting times for young people in this service and others can be up to 3 months or more for an appointment with a psychologist.

As a result of these delays, services that target mild to moderate client groups are increasingly being forced to address the needs of more urgent clients in the moderate to severe category. This places a strain on staff and further increases waiting times for less urgent referrals.

Youth Friendly Practitioners and Services

Young people have also expressed that they have trouble accessing psychiatrists and other health services that are youth friendly and understanding of their unique needs. Youth friendly services means that the provider genuinely listens to the young person and empowers the young person to make their own decisions in a non judgemental fashion.

One way to alleviate the problem of access to youth friendly services is to increase the capacity of, and number of online e-health services that provide Cognitive Behaviour Therapy to young people. Schools could assist in this area by incorporating these programs into their curriculum. Demand for online and web-based counselling is increasing. Young people are favouring online or social media-based means of accessing help such as headspace, Lifeline Crisis Support Chat and ReachOut.com, rather than making telephone calls to Lifeline or Kids Help Line. Lifeline's internet-based Crisis Support Chat, launched in 2011, reported almost three quarters of its users being under the age of 25.¹³ Other web chat counselling services report only being able to action a fraction of their requests for counselling.

Suicide

To properly address the issue of youth suicide the government, youth sector and wider community need to work together to more comprehensively deal with prevention and postvention of suicide. Wesley Mission ACT has recently supported the creation of a youth suicide prevention network, made up of young people interested in raising awareness of the issue. A national headspace program has also been launched which provides support to schools on how to deal with suicide and create a plan for support should a student complete suicide.

Commitments

1. Advocating for the increased capacity of schools, youth services, and other health services, to be able to:
 - a. Identify mental health issues,
 - b. Respond in an effective and efficient manner,
 - c. Make appropriate referrals to specialist services where needed, and
 - d. Provide mental health promotion and prevention activities.
2. Supporting community-based youth mental health programs and services in the ACT.
3. Advocating for increased funding for online counselling and web-based initiatives to address youth mental health issues.
4. Advocating for the development of an ACT wide evidence based training package for school staff to identify potential mental health issues in young people and be able to refer to appropriate support and services.
5. Advocating for increased provision of support workers within schools such as counsellors and youth workers to assist teachers in dealing with students experiencing mental health issues.

6. Advocating for greater incentives for frontline workers such as general practitioners, psychiatrists and psychologists to provide services to young people and to encourage more youth-friendly practice within these services.
7. Advocating for the ACT Government to contribute funding to early intervention youth mental health services, such as headspace ACT.
8. Advocating for the development and implementation of mechanisms that support young people with mental health issues to meaningfully engage in education, employment and the community.
9. Advocating for increased support for programs that prevent and address suicide amongst young people.
10. Advocating for the active involvement of young people in designing, planning and evaluating youth policy and service delivery frameworks for mental health.
11. Advocating for the active and supported participation of young people in their individual care planning and case management for their mental health care.

¹ World Health Organisation (Accessed 2010) What is Mental Health? Switzerland

² Youth Coalition of the ACT (2012) Rate Canberra 2012: Findings from the Survey of Young People aged 12-25 in the ACT, Canberra.

³ Australian Bureau of Statistics (March 2009) Australian Social Trends: Mental Health, Australian Government, Canberra

⁴ Australian Bureau of Statistics (2012) *Population by Age and Sex, Australian States and Territories*, Australian Government, Canberra.

⁵ Kessler, R.C. et al, (2007) Age of onset mental disorders: A review of recent literature. *Current Opinion in psychiatry*, 20(4) p. 359-364

⁶ Australian Institute of Health and Welfare (2011) *Young Australians: Their Health and Wellbeing 2012*, Australian Government, Canberra

⁷ Australian Institute of Health and Welfare (May 2008) *Injury among Young Australians*, Bulletin 60, Australian Government, Canberra.

⁸ Australian Bureau of Statistics (2008) *National Survey of Mental Health and Wellbeing: Summary of Results*. Canberra, Australia.

⁹ Rickwood, D.J., Deane, F.P., & Wilson, C., (2007) When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, 187(7): p. S35–39.

¹⁰ Mission Australia (2011) *National Survey of Young Australians 2011 – Key and Emerging Issues*.

¹¹ Mission Australia (2011) *National Survey of Young Australians 2011 – Key and Emerging Issues*.

¹² Australian Bureau of Statistics (2009) *Causes of Death, Australia, 2007*. ABS Catalogue Number 3303.0.

¹³ Stark, P (2012) *Australian Teens Won't Call for Help*. Downloaded from www.heraldsun.com.au on 28/11/2012; <https://www.lifeline.org.au/Get-Help/Online-Services/crisis-chat> Accessed 12 April 2013.