15 April 2024

Ms Jacqueline McGowan-Jones
Commissioner for Children and Young People
Level 1, Albert Facey House
469 Wellington Street
Perth WA 6000

Submitted via email to: info@ccyp.wa.gov.au

Dear Commissioner McGowan-Jones

Re: 2024 discussion papers on youth justice, health and mental health, education and child protection

headspace National welcomes the opportunity to respond to your series of discussion papers to help advocate for the best outcomes for children and young people across Western Australia.

As you are aware, headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. headspace has a network of 159 services across Australia in metropolitan, regional and remote areas, and offers online and phone support services and resources through eheadspace.

Our work builds the mental health literacy of young people and reduces stigma associated with mental health problems and seeking help. headspace can help young people with mental health, physical health (including sexual health), alcohol and other drugs services, and work and study support. We also provide expert advice and guidance to schools and their communities on mental health and wellbeing, responding to loss through suicide, and supporting young people after major disaster events. At the heart of all our services are young people, their needs, and the needs of those who support them. Both the model and national network have been built in partnership with young people, their families, carers and friends, a critical factor in the model's success.

I commend you on the release of your policy statements and discussion papers relating to youth justice, health and mental health, education, and child protection. The discussions highlight many of the issues that need to be addressed to improve outcomes for children and young people across the state. Our comments on the issues and questions raised in the papers can be found in Attachment 1.

In particular, our response highlights the growing need for prevention and early intervention services for young people in WA, particularly in regional, rural and remote areas. While the headspace network provides a platform for delivering holistic, integrated services for young people, meeting demand, building a multidisciplinary workforce and accessing support for young people with more complex needs are ongoing challenges. Increasing the cultural capability across all services for young people is also critical to encourage young people to access safe and appropriate help when they need it.

headspace National would welcome the opportunity to discuss any aspects of our submission with you further.

Yours sincerely

Jason Trethowan
Chief Executive Officer

Attachment 1: headspace feedback on the Commissioner's discussion papers

1. Introduction

headspace National welcomes the opportunity to respond to the Commissioner for Children and Young People's series of position and discussion papers on health and wellbeing, education, youth justice and child protection. headspace's submission focuses on health and wellbeing, education and youth justice, providing some background information and (for relevant topics) responding to specific discussion paper questions.

More information about headspace services in Western Australia can be found in Appendix 1.

2. About youth mental health

Key takeaways

→ Young people in WA are experiencing high rates of mental ill health. Many young people are concerned about financial concerns, climate change, and the aftermath of the COVID-19 pandemic, and worried about the future.

→ Young people want mental health care that is holistic and accessible, and is available when and how they want it.

→ Meeting demand, accessing support for young people with more complex needs, and building the supply and capability of a multidisciplinary workforce are key challenges in meeting the prevention and early intervention needs of young people in WA.

Young people, more than other age groups, experience high rates of mental ill-health. The 2020-2022 National Study of Mental Health and Wellbeing showed a 50 per cent increase since 2007 in the prevalence of depression, anxiety and/or substance use conditions among 16 to 24 year olds.[1] The survey also showed almost two in five young people had experienced a mental disorder in the previous 12 months.[2]

This aligns with headspace's findings. In the 2022 National Youth Mental Health Survey, headspace found just under half of young people were experiencing high or very high psychological distress (47 per cent). The aftermath of the COVID-19 pandemic, financial concerns, climate change, the trauma of natural disasters, and worries about the future all contribute.

It is vital that young people across WA have access to high quality, timely, and youth-friendly mental health services. headspace offers prevention and early intervention services for young people aged 12 to 25 years. The model and national network has been built in partnership with young people, their families, carers and friends, a critical factor in the model's success.

Other critical elements of the headspace model include:

- **holistic, integrated care** – young people can access headspace services to meet their needs around mental health, physical health, work and study and alcohol and other drug use

- **youth friendly, accessible services** – with convenient locations, a strong brand, drop-in services, and welcoming and inclusive supports across a range of psychosocial domains

- **whole-of-person care** – young people come to headspace with multiple aspects to their identity, including gender, race, sexuality. Best practice mental health care takes a holistic, individualised approach to

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[1] Australian Institute of Health and Welfare (2024) *Mental health: Prevalence and impact of mental illness*. Accessed at: Prevalence and impact of mental illness - Mental health - AIHW.

[2] Australian Bureau of Statistics (2023) *National Study of Mental Health and Wellbeing*. Accessed at: National Study of Mental Health and Wellbeing, 2020-2022 | Australian Bureau of Statistics (abs.gov.au).

meeting the needs of young people, where service providers think beyond the discrete labels that make up someone's identity and experiences

- **culturally appropriate and inclusive services** – headspace aims to provide an accessible, welcome and non-stigmatising service for young people from diverse population groups, including First Nations young people

- **multiple modes of delivery** – young people can choose to access services in person or digitally, including via phone, web chats or video.

Key areas of reform of youth mental health services

While headspace provides in-person services to almost 10,000 young people in WA each year, there are opportunities to better support young people to access the right mental health services at the right time.[3] These include:

- **greater investment in services to meet the needs of young people with more complex needs** – headspace operates a 'no wrong door' policy for young people to simplify their help seeking. However, many headspace centres in WA find it difficult to refer young people whose needs may be better met elsewhere to more appropriate specialist or intensive services. Often referred to as the 'missing middle', these young people need more support than primary care can provide, but their symptoms are not serious enough to meet the admission criteria for hospital or child and youth mental health services.

  In reality, the missing middle is a service gap, rather than a cohort of people. While some new services have been established in recent years to mitigate this service gap in Western Australia, access and capacity continues to be very limited, and more investment is required in integrated, connected and sustainable services.

  The bilateral agreement under the National Partnership on Mental Health and Suicide Prevention includes a commitment from Federal and WA governments to "work in partnership to improve access to multidisciplinary youth mental health services in Western Australia, ensuring integration with existing services without causing increased fragmentation". However, WA is the only jurisdiction that did not explicitly identify headspace services within this commitment.

  Following the publication of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia, headspace National wrote to the Minister for Mental Health offering support in developing more connected and integrated service offerings and pathways to support young people. A copy of this letter is included at **Appendix 2**.

- **greater investment in prevention and early intervention for young people** – even with seven headspace services in metropolitan locations and a further 14 in regional and rural communities, young people in WA cannot always access the prevention and early intervention services they need. This is due to both increasing demand and limited options to refer young people needing more specialist support.

- **significant investment in a sustainable, multi-disciplinary workforce** – in common with health and social care service sectors nationally, mental health is facing acute workforce shortages and long-term under-resourcing at a time when demand and complexity are growing year-on-year. There is a particular need for a secure and ongoing supply of appropriately qualified youth mental health professionals and specialists, as well as non-clinical youth and peer workers. The current and continuing shortage directly impacts on the quality and accessibility of services for young people. Factors such as the availability of housing and child care also impact on capacity to attract and recruit staff; this is particularly an issue in regional and rural areas of WA.

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[3] headspace data. In addition, young people in WA access digital services via eheadspace.

3. Health and wellbeing

The Commissioner's discussion paper on the health and wellbeing of children and young people raises critical issues about how children, young people and their families are supported as they grow and develop. This response addresses four of these key areas: services for eating disorders; addiction services; integrated and culturally safe health services; and empowering young people in health and wellbeing decision making.

Accessible, affordable, evidence-based services for eating disorders

Discussion paper questions

→ What is needed to increase awareness of risk factors for eating disorders and implement effective early intervention and prevention strategies?

→ What needs to happen to ensure children and young people who need intensive treatment services for eating disorders can access them in the public health system when and where they're needed?

→ How can options for vulnerable children and young people (e.g. those living in regional and remote areas) be expanded to ensure equitable access?

→ What actions can be taken now to address current and future health workforce shortages affecting the availability of eating disorder and other services across WA?

→ How can families be better resourced to support children and young people in treatment for eating disorders?

Key takeaways

→ headspace services – along with other prevention and early intervention services – are key to improving access to early intervention, community based support and care for young people with disordered eating, body image concerns or other signs of eating disorders.

→ With a state-wide footprint and online services, headspace is an effective platform to provide care and treatment for young people in rural and remote areas, as well support for families and careers.

→ headspace is building capacity to identify and respond to eating disorders through workforce training and education, resources and guidance, and opportunities for cross-sectoral collaboration.

Eating disorders are rightly identified as a significant issue for young people. The evidence shows that the prevalence of eating disorders is increasing and that early intervention is critical – but also that many young people do not seek help for symptoms of eating disorders.

headspace provides a platform for eating disorder early intervention

A recent Australian study indicated that only one in ten young people who meet the criteria for an eating disorder seek help for their symptoms.[4] Lack of awareness, stigma, and limited knowledge of treatment options can all be barriers to accessing treatment. Rather, eating disorders are often only identified when a young person seeks help for anxiety, depression or other mental health concerns.

Therefore, prevention and early intervention services – such as headspace – can play a key role in responding to eating disorders among young people. Research in one headspace centre found that one third of young people who attended the centre (for a range of concerns) reported symptoms of disordered eating.[5] Proactive

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[4] Fatt, S.J., Mond, J., Bussey, K. et al. (2020) Help-seeking for body image problems among adolescents with eating disorders: findings from the everybody study. *Eating and Weight Disorders*, 25(5): 1267-1275.

[5] Burton, A.L., Hamilton, B., Iorfino, F., et al. (2022) Examining the prevalence of disordered eating in a cohort of young Australians presenting for mental health care at a headspace centre: results from a cross-sectional clinical survey, *BMJ Open*, 12.

screening for behaviours such as overeating or purging present opportunities for early detection and specific interventions, including psychosocial education and brief interventions.[6]

Young people accessing early intervention services can also be supported with digital guided interventions. For example, the Inside Out Institute of Eating Disorders has developed the Binge Eating e-Therapy Program (BEeT), which provides ten sessions online, guided by a clinician and based on cognitive behaviour therapy.

Multidisciplinary care is also important for eating disorder early interventions. Having a general practitioner, psychologist (or other mental health clinician), dietitian, exercise physiologist and other supports in place are important to provide holistic, integrated care. This aligns with headspace's team-based approach to providing care for young people.

headspace's role is not limited to identification and early responses. The National Eating Disorders Collaboration has developed a stepped care model for eating disorders, across prevention, identification, initial response, treatment and psychosocial and recovery support.[7] The Collaboration's model includes a role for headspace across each of components.

headspace Albany's eating disorder program demonstrates this role. In recent years, headspace Albany has worked to upskill clinicians and strengthen response signs of eating disorders among young people accessing their service. The centre identified gaps in their service capacity (such as access to a dietitian and staff confidence) and used training, partnerships, and flexible funding opportunities to address these gaps. The centre adopted a holistic approach, including upskilling their vocational specialists delivering work and study supports, to ensure young people were provided with an integrated response. headspace Albany now offers a multi-disciplinary, primary eating disorder service, providing community-based prevention, assessment, treatment and psychosocial and recovery support to young people.

Improved options for stepped care – beyond early intervention – are also needed

Access to stepped care options is also important for young people who need intensive care or interventions, including inpatient services. Currently, access to these options in Western Australia is limited, particularly for young people in rural and remote areas of the state.

As highlighted by the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (ICA Taskforce), young people benefit from mental health treatment and support delivered in their local community. Improving access to secondary consultations, particularly from psychiatrists with expertise in youth service delivery, can help build capacity of community-based care, reducing demand for hospital services. As well as providing in-person services, headspace provides digital and telehealth supports to young people and also to clinicians working in isolated locations. This include the headspace telepsychiatry service provides a model for providing both primary and secondary consultations to support clinicians in regional, rural and remote areas of Western Australia.

More broadly, raising awareness among anyone who works with young people will help create an environment where eating disorders are viewed as 'everyone's business' will also help. This will facilitate earlier intervention and reduce the need for more intensive interventions.

Building workforce skills and confidence is essential

Anecdotally, many prevention and early intervention workers have told headspace they don't have the confidence to identify and respond to disordered eating or body image concerns among young people.

headspace has established a partnership with the Inside Out Institute for Eating Disorders to improve responsiveness to young people with symptoms of eating disorders. The project aims to:

- increase the confidence, capability and capacity of staff to identify and respond to eating disorders among young people presenting to headspace centres

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[6] Burton, A.L., Hamilton, B., Iorfino, F., et al. (2022) Examining the prevalence of disordered eating in a cohort of young Australians presenting for mental health care at a headspace centre: results from a cross-sectional clinical survey, *BMJ Open*, 12.

[7] National Eating Disorder Collaboration (2024) *Stepped system of care for eating disorders.* Accessed at: Stepped System of Care for Eating Disorders (nedc.com.au).

- establish a consistent approach to eating disorder care across headspace services, including effective use of referral pathways and stepped care models

- increase uptake of brief interventions and other treatment options offered by Inside Out Institute.

Under the partnership with Inside Out, headspace National is working with centres across Australia (including in Western Australia), to review their current practice; identify areas for improvement; provide staff with training, education, resources and guidance; and collaborate with other local service providers and headspace centres more broadly. The project capitalises on the expertise of Inside Out, and builds on the experience of headspace Albany.

Accessible, developmentally appropriate addictions services

Discussion paper questions

→ How can we improve a holistic approach to children and young people with substance misuse challenges including treating their mental health concurrently with the provision of support for their addictions?

Key takeaways

→ Best practice approaches to treating young people who are using alcohol or other drugs is holistic, focuses on early intervention, and responds to both AOD and mental health concerns.

→ Improving responses to young people's AOD use requires research on models of good practice, workforce development, to ensure young people receive holistic care that considers their mental health, AOD use, and physical and sexual health, is also important.

→ Raising awareness amongst young people, families and service providers about harm reduction and safe use of AOD is critical to reducing stigma and discrimination. This can be achieved by encouraging conversations about AOD use, encouraging help seeking, increasing capacity to identify when AOD use is becoming problematic and knowing how young people can be supported.

Young people often present with interlinked issues. Alongside mental, physical and sexual health and vocational services, alcohol and other drugs (AOD) support is one of four core streams that comprise the holistic, individualised and integrated response that is particularly important for meeting the needs of young people.

Young people are more likely to seek support for mental health than issues related to AOD use. Problematic AOD use can often go untreated.[8] Therefore youth mental health services play a crucial role in early identification and intervention for AOD use.

Young people experiencing challenges from using alcohol and other drugs need holistic, multi-pronged approaches to treatment and care, with an emphasis on early intervention. This is particularly important when access to more specialist support in the tertiary health system is limited.

There is a strong relationship between AOD use and mental health

A strong and complex bidirectional relationship exists between mental health and AOD use– mental ill health can lead to AOD use, and AOD use can lead to or exacerbate mental ill health.

Young people with mental health concerns may use AOD to cope with symptoms of mental ill health and tend to use AOD in a higher risk manner than those who are not experiencing mental health concerns. Conversely, AOD use (or withdrawal) can induce mental health disorders such as depression, anxiety and psychosis. AOD use may also cause difficulties in engaging with work and study, which in turn may increase the likelihood of

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[8] Bartholomeusz, C. (2021). *Evidence to practice: Integrating treatment for young people with co-occurring substance use and mental health issues*. Melbourne: Orygen.

developing mental ill health, or vice versa.[9] Participation in education or employment is recognised as a strong protective factor for young people's mental health, whilst non-participation is a major risk factor.[10]

Research has found that young people who experience concurrent AOD issues and depression or anxiety disorders tend to exhibit higher levels of suicidality, more pronounced AOD usage, and poorer social functioning and academic performance compared to young people experiencing only one of these disorders.[11]

Holistic care and early intervention are critical

A **holistic approach to providing care for young people** with co-occurring AOD and mental health concerns is recognised as best practice.[12] Supports for young people should be developmentally informed, and consider their mental and physical wellbeing holistically. This means considering the challenges that young people face through the teenage and young adult years and transitions through different life stages. Rather than parallel and sequential care, young people should ideally experience cohesive and coordinated care for both AOD and mental ill health delivered by the same provider (or team) under a single treatment plan.

Whilst integrated and holistic care have demonstrated benefits for young people, there is a lack of evidence of the optimal integrated models of care for young people with co-occurring alcohol and other drug use and mental ill-health.[13] More **research on good practice holistic models of care** is needed to fill this gap.

Strong relationships between service providers are vital to enable stepped care so that young people with more severe AOD concerns and/or co-morbidity can receive treatment and care appropriate to their needs.

Proactive, **early intervention** approaches are also important to prevent young people reaching the point of crisis. Behaviours established during adolescence and early adulthood can impact life-long trajectories. Early intervention before substance use has become deeply ingrained represents a crucial strategy for reducing and preventing both immediate and long-lasting harm.[14]

Achieving holistic care requires workforce development and community awareness

Workforce development is critical to enable workers to provide holistic approaches to young people. Embedding AOD in training for mental health clinicians can help to increase the competency and confidence of workers in screening, assessing and addressing addiction concerns, and in providing holistic mental health and AOD responses. General practitioners also need upskilling about AOD use among young people and how to best support them.

Finally, communication with young people, parents and schools more broadly is needed to **raise awareness** about AOD use and reduce stigma and discrimination for young people. Families and people who work with young people need to be aware of: how parents' use of AOD impacts on young people's use; identifying when AOD use is becoming problematic; how to support young people who are using AOD at school in non-punitive ways; and importantly, how to engage in conversations about disordered AOD use to encourage help seeking.

headspace would encourage use of the term "substance use" and "substance use disorder" rather than "substance misuse". Language is an important consideration in addressing stigma. Language used to describe

[9] Marel, C., Mills, K., Kingston, R., Gournay, K., Deady, M., Baker, A., Kay-Lambkin, F., Teesson, M., Baillie, A. & Mills, K.L. (2016). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*. 3rd ed. Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

[10] Holloway, E., Rickwood, D., Rehm, I., Meyer, D., Griffiths, S., & Telford, N. (2017). *Non-participation in education, employment, and training among young people accessing youth mental health services: demographic and clinical correlates*. Advances in Mental Health 16(1): 19-32.

[11] Marel, C., Mills, K., Kingston, R., Gournay, K., Deady, M., Baker, A., Kay-Lambkin, F., Teesson, M., Baillie, A. & Mills, K.L. (2016). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*. 3rd ed. Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

[12] Bartholomeusz, C. (2021). *Evidence to practice: Integrating treatment for young people with co-occurring substance use and mental health issues*. Melbourne: Orygen.

[13] Baker, D., Bedi, G., Arunogiri, S. & Lubman, D.I. (2022). *Seamless support: Toward an integrated treatment experience for young people with co-occurring alcohol and other drug use and mental ill-health*. Melbourne: Orygen.

[14] McGorry, P., Trethowan, J., Rickwood, D. (2019). Creating headspace for integrated youth mental health care. *World Psychiatry*. 18(2):140-1.

AOD use and people who use AOD often reinforces stereotypes and encourages blame, judgement, and shame.[15] The term "misuse" refers to the use of medication outside of prescribed parameters, and therefore it implies that all illicit drug use is problematic.[16]

Including involving young people in research relating to AOD can help address issues around language and stigma. headspace's approach to incorporating youth voice decision making at multiple levels of the organisation is outlined in the section 'Empowering children and young people to make decisions about their health and wellbeing'.

Child and family focused, integrated and culturally safe health services

Discussion paper questions

→ How can the voices of children and young people inform initiatives that meet their needs?

→ What can be done to ensure that the service workforce and services environments are culturally appropriate and safe for children and young people who use them?

Key takeaways

→ First Nations and multicultural young people face structural, systemic and cultural barriers to seeking mental health support and as a result, often do not seek help.

→ Delivering culturally safe services for young people requires: adopting and embedding cultural competency and safety frameworks; valuing and incorporating youth voice into service design and delivery; building the cultural competence of the non-Indigenous workforce; and using outreach to grow community awareness and capacity (meeting young people where they are).

→ headspace National has developed a range of mechanisms to incorporate the voice of First Nations young people into service design and delivery, including via the First Nations Youth Advisory Council.

First Nations young people and young people from multicultural backgrounds face structural, systemic and cultural barriers to seeking help. These include a distrust of mainstream health services, experiences of historical and ongoing exclusion and racism, and care which is not culturally safe or appropriate. Stigma – of mental illness generally, and of seeking help for mental illness – is also a barrier to seeking help.[17]

As a result, mental health services are accessed at low rates by First Nations young people, relative to their level of need.[18] Almost eight in ten First Nations people aged 18-24 experiencing poor mental health have not seen a health professional.[19]

Similarly, many young people from refugee backgrounds are vulnerable to mental ill-health and are underrepresented in mental health services in Australia.[20] Young people from culturally and linguistically diverse backgrounds represent 25 per cent of all Australian 12 to 24 year olds.[21] However, in 2022-23, only 12 per cent of young people supported by headspace centres identified as being from other cultural backgrounds. These

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[15] Seear, K. (2020). Addressing alcohol and other drug stigma: Where to next? *Drug Alcohol Review*. Feb 39(2):109-113.

[16] Alcohol and Drug Foundation (2021). *The power of words: Having conversations about Alcohol and other drugs: A practical guide (background document)*.

[17] headspace National (2015). *Service Innovation Project Component 2: Social Inclusion Model Development Study*. Melbourne.

[18] Cox Inall Ridgeway (2020). *Internal Rapid Audit and Literature Review: embedding cultural safety into the headspace model integrity framework*.

[19] Victorian Aboriginal Community Controlled Health Organisation (2020). *Balit Durn Durn: Strong brain, mind, intellect and sense of self Report to the Royal Commission into Victoria's Mental Health System*. Melbourne.

[20] Orygen and the Centre for Multicultural Youth (2020). *Responding together: Multicultural young people and their mental health*.

[21] Wyn, J. (2024) *Defining the status of culturally and linguistically diverse young people*. Accessed at: Defining the Status of Culturally and Linguistically Diverse Young People (unimelb.edu.au).

young people are more likely to access services that are respectful and culturally safe.[22] Many services struggle to build relationships with multicultural communities; targeted efforts to engage with communities and build trust are required. Upskilling and supporting health practitioners is also needed to deliver culturally responsive care and reduce the structural, systemic and cultural barriers to seeking help.

The headspace experience demonstrates how services (and networks more broadly) can learn to better meet the needs of young people. headspace commissioned a review of the model of care and cultural safety of services provided to First Nations young people. This highlighted the need to strengthen the headspace model of care, build the cultural capability of the non-Indigenous workforce, help headspace centres to better reflect the local First Nations communities they are a part of, connect with communities through outreach, and value and incorporate First Nations approaches to social and emotional wellbeing.

In response to the review, headspace National has established cultural governance structures at different levels of the organisation, including establishing a First Nations Wellbeing and Engagement division and developing a First Nations Strategy to formally recognise, provide oversight of and set the expectation that culturally safe practice is everyone's responsibility. Other frameworks have been developed including a Social and Emotional Wellbeing Framework and a Cultural Safety and Cultural Governance framework, to enhance culturally safe practices with a particular emphasis on enhancing clinical practice to better meet the needs of First Nations young people. Two key activities being undertaken are defining "outreach" and reviewing the headspace Model Integrity Framework to identify more effective ways to engage First Nations young people.

headspace National has delivered the following initiatives to upskill the workforce:

- a whole of headspace National cultural capability training program

- a Cultural Supervision Pilot Program to strengthen the social and emotional wellbeing approach of non-Indigenous clinical workforce working with First Nations young people

- peer work training modules which include considerations around supporting multicultural peer workers and working with multicultural communities as peer workers.

headspace National is also providing supports at the local level, to help headspace centres to formalise and embed codesign and collaboration with key local Aboriginal and Torres Strait Islander community members, organisations and/or people. Examples include:

- the First Nations Community Connections project which is designed to support centre connection with local First Nations communities, enhance community engagement, outreach and collaborative activities and increase access by First Nations young people

- working to increasing the number of ACCOs as lead agencies, and, where headspace centres do not have ACCOs as lead agencies, supporting their integration with key ACCOs in their area

- Healing Wellbeing Grants to support headspace centres to connect and build relationships with their local First Nations communities.

Other key activities to date have included:

- the REVERB program, which includes workshops to address discrimination and encourage help seeking (developed in partnership with the Centre for Multicultural Youth)

- Cultural Conversations, an event for young multicultural people with a lived experience of suicide or mental health issues and professionals in the mental health and/or multicultural sectors (convened with Neami National)

- the Visible project, a community-based initiative using artwork as a form of community engagement and awareness (in collaboration with the Australian Youth Advocates for Mental Health).

Youth participation has been a key element of headspace's approach to building cultural competency. Examples of youth participation at headspace include:

- **First Nations Youth Advisory Council**, a newly created group of up to 10 diverse First Nations young people from across the country. The Council will directly inform the First Nations Wellbeing and

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[22] Cox Inall Ridgeway (2020).

Engagement division at headspace National on the experiences of First Nations young people across the country ensuring their lived experience and voices inform the design and delivery of programs and projects.

- **Youth Advisors to the First Nations Cultural Governance Committee**, who ensure the lived experience and self-determination of young First Nations people are heard and supported in the Cultural Governance of the organisation.

- youth-led resource development e.g. resources for international students on navigating the Australian mental health system and dealing with homesickness and culture shock.[23]

Frameworks that warrant consideration in working to ensure culturally safe and appropriate care include:

- **Social and emotional wellbeing (SEWB)** – a holistic framework of wellbeing that is used by First Nations people. SEWB is much broader than an individual having a healthy mind and body. It provides a way of understanding the interconnectedness of community, spirit and ancestors, and culture and Country, in the delivery of culturally safe care.

- **National Youth Settlement Framework** – provides tools and resources to equip policymakers and service providers with knowledge and skills to support young people from refugee and migrant backgrounds.[24]

- **Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery** – allows mental health organisations and individual practitioners to evaluate and enhance their cultural responsiveness. It is mapped against national standards to help organisations meet their existing requirements, and provides free access to a wide range of support and resources.[25]

- **Guide to good practice strategies for engaging young people from migrant and refugee backgrounds in services and programs** – outlines an Inclusive Organisations Good Practice Framework which contains eight good practice principles and provides practical strategies and guidance on how to achieve each one.[26]

- **Cultural Safety Framework for LGBTQIA+ Communities** – outlines key components of cultural safety for people identifying as part of the LGBTIQA+ community.[27]

- **Wayipunga Resource** – an Aboriginal and Torres Strait Islander youth participation framework developed by the Koorie Youth Council to provide workers, organisations and government with strategies to support the participation of Aboriginal and Torres Strait Islander young people in decision-making processes.[28]

It is critical to understand that one person or community is not representative of all culturally diverse communities. Different terms and definitions are often used interchangeably (e.g. refugee and migrant, culturally and linguistically diverse, multicultural), however, none of these fully capture the diverse experiences of young people from migrant, refugee and asylum-seeking backgrounds, international students, those on temporary visas and first- and second-generation migrants. There are underlying themes that can be explored as a collective, but these should not form the basis on which assumptions about effective cultural responsiveness are made.

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[23] headspace National (2020). *International Students' Information Pack*. Accessed at: https://headspace.org.au/headspace-centres/bondi-junction/international-students-information-pack/.

[24] Multicultural Youth Advocacy Network Australia (2020). *National Youth Settlement Framework*. Accessed at: https://myan.org.au/resources/national-youth-settlement-framework/.

[25] Embrace Multicultural Mental Health (2024). *The Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery*. Accessed at: https://embracementalhealth.org.au/service-providers/framework-landing.

[26] Centre for Multicultural Youth (2016). *Inclusive Organisations: A guide to good practice strategies for engaging young people from migrant and refugee backgrounds in services and programs*. Accessed at: https://www.cmy.net.au/resource/inclusive-organisations-good-practice-guide/.

[27] Mukerjee, R., Wesp, L. & Singer, R. (2021). Cultural Safety Framework for LGBTQIA+ Communities. In: *Clinician's Guide to LGBTQIA+ Care*: *Cultural Safety and Social Justice in Primary, Sexual, and Reproductive Healthcare*. Springer Publishing.

[28] Koori Youth Council (2020). *Wayipunga resource*. Accessed at: https://wayipungaresource.org/.

Empowering children and young people to make decisions about their health and wellbeing

Discussion paper questions

→ How can we make sure children and young people are involved in making decisions in their communities that will impact their health and wellbeing?

→ How can children and young people have more influence in decision-making about what health services they want, and how services meet their needs?

Key takeaways

→ The headspace approach to youth and family engagement provides a model for involving children and young people in decisions that impact their health and wellbeing.

→ Within this, different types of engagement can be useful, from using consultation to obtain input and feedback, through to empowering young people to lead policy and project development and implementation.

headspace actively seeks to provide young people – particularly those whose voices have historically been overlooked – with opportunities to guide headspace's direction and service delivery.

As a national organisation, headspace National employs a range of mechanisms to engage young people in decision making at all levels. This includes:

- **headspace Youth National Reference Group (hY NRG)** – this group includes a diverse group of young people, with representation across different age groups, genders, cultural backgrounds and geographic areas. These young people work with headspace to ensure young people's experiences, preferences and opinions remain central in headspace strategy, policy, governance, services, campaigns, peer support and program design.

- **Youth Advisors to the headspace National board and executive** – these sit on the headspace National board and advise the executive team, bringing the voice of lived experience to decisions

- **First Nations Youth Advisory Council –** this brings together ten First Nations young people from across the country to support the work of the First Nations Wellbeing and Engagement division.

- **Youth Advisers to the First Nations Cultural Governance Committee** – these advisers ensure the lived experience and self-determination of young First Nations people are heard and supported in the cultural governance of headspace National.

headspace considers families to be an integral part of a young person's circle of care and recognises that family and other caregivers – whether by birth, choice or circumstance – hold a significant role in supporting a young person. The **headspace National Family Reference Group** includes people with lived experience of supporting a young person with mental health challenges, and provides lived experience input into headspace National strategy, policy and programs.

At a local level, each headspace service incorporates the voice of youth and families through three key elements of the headspace model:

- **Youth participation** – young people are central and continuously involved in the governance, design, development, delivery, evaluation, and continuous improvement of headspace services

- **Family participation** – families are also involved in the governance, design, development, delivery, evaluation, and continuous improvement of headspace services

- **Community awareness and engagement** – headspace services work with the local community to increase mental health literacy, reduce stigma, encourage early help-seeking and promote access to headspace services, while building strong relationships with young people, their families and friends, other local services, and the broader community.

Across these mechanisms, young people are invited to provide input via a range of methods, such as participating in focus groups, providing verbal or written feedback, and lived experience story telling.

4. Education

Discussion paper questions

→ How can we better include children and young people in decision making in their school communities?

→ How might schools be better supported to deliver evidence-based programs that help to develop students' social and emotional wellbeing?

→ How can schools develop or improve integrated pathways into allied health services to better support students?

→ How might children and young people be consulted early and often as to what might best support their social and emotional wellbeing?

→ What can be done to support student's mental health, wellbeing and safety at school?

Key takeaways

→ School connectedness is a protective factor for student mental health and wellbeing.

→ Trauma informed teaching practices and wellbeing initiatives within schools are critical to increasing mental health literacy, and to reducing stigma and discrimination that young people experience in relation to mental ill-health and early help-seeking.

→ Bringing clinicians and professionals from mental health and community services into schools can increase awareness among staff, students and parents/carers of available supports outside of the school and how to access them, and could encourage early help-seeking.

Providing educators and families with consistent, evidence-based information about mental health and wellbeing prevention and early intervention, as well as ways to communicate with children and young people about mental health, can help facilitate young people's decision-making.

headspace National consults with young people to ensure their voices are captured in the Mental Health Education Program (detailed below). Another nationwide initiative, Be You (detailed below), encourages educators to consult with students in their schools to empower students to have a voice. Further examples of how headspace incorporates youth voice more broadly and involves young people in decision making at multiple levels of the organisation are explored in the section on 'Empowering children and young people to make decisions about their health and wellbeing'.

The Child Participation Framework, developed by 54 Reasons, is a useful resource for guiding engagement with children and young people and seeking their views on how best to support their mental health and wellbeing. The Framework recognises the expertise children and young people have in their own lives. It outlines five child participation practice standards which centre around the idea that young people are more likely to feel safe talking about their mental health and wellbeing if they feel their voice is being heard and if they are more connected to their families and communities.[29]

School communities play an important role in supporting young people's mental health

As a key environment beyond the home, school communities play an important role in supporting young people's mental health and wellbeing. Having trusted relationships with supportive adults is a protective factor for a young person's mental health, and many educators fulfil this role for young people.[30] Educators have a significant role in fostering a sense of belonging that students feel towards school, and this too is a protective factor for young people's mental health and wellbeing.[31]

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[29] 54 Reasons (2024). *Child Participation Framework.* Accessed at: https://uploads-ssl.webflow.com/63bc94aea859d812b4df39b4/6417d8e8e2165d55f4548c32_STC01839_54-Child-Participation-Framework-2023_SC.pdf.

[30] State of Victoria (2021). *Royal Commission into Victoria's Mental Health System, Final Report, Volume 2: Collaboration to support good mental health and wellbeing*, Parliamentary Paper No. 202, Session 2018–21 (document 3 of 6).

[31] Centre for Education Statistics and Evaluation (2015). *Student Wellbeing*. NSW Department of Education and Communities.

Schools can help build mental health literacy among young people and their families, schools and communities. Providing tools and strategies throughout early childhood and the primary and secondary school years can increase the capacity of young people to draw upon these tools to support them as they experience challenging life events and transitions.

Fostering school connectedness is a key component of an educator's role. They can achieve this by knowing individual students and how they learn, establishing and maintaining positive relationships with students, and providing safe and supportive learning environments.[32] Educators also become familiar with: friendship groups; how students interact, play and build relationships with others; how children and young people manage stress; and any particular stressors that may be impacting on their wellbeing.

> *"Connection during a time of hardship or uncertainty is one of our most ancient human desires, yet this year it feels as if face to face connection is under threat. From a student perspective, the relationships they have with staff, friends and family help to shape who they are and how they view the world. In recognising the uncertainty of life, we can help young people to understand the necessity of keeping connected to nature, passions, the present and people around us."*

School Educator who attended SAFEMinds "Nip it in the Bud" training (see below)

With a good sense of a student's 'baseline', educators are well positioned to observe signs of poor mental health and wellbeing, including students acting out of character, unexpected outbursts of emotion, increased reference to or discussion of difficulties, withdrawing from their usual activities, and/or avoiding friends.[33]

Evidence indicates that adopting a **trauma-informed approach** to support student wellbeing is effective. Trauma informed practices recognise that many young people experience negative life events and that these negative experiences can impact on their behaviour, distress, communication and emotional regulation, and consequently their ability to learn. Educators who are trauma aware can proactively implement strategies and plan teaching and learning activities to support students' growth and learning.[34] The Australian National University's BRACE Framework is one example of a whole school approach to trauma sensitive practice.[35]

Promoting **mental health literacy and implementing wellbeing initiatives within schools** and in collaboration with families can assist with increasing understanding, reducing stigma and discrimination in relation to mental ill-health and help-seeking, and building the capacity of friends to support each other. Initiatives can be focused on the following.

- Building educator awareness, knowledge and skills in mental health literacy and supports – for example, headspace's **Mental Health Education Program** delivers mental health education workshops in secondary school across Australia, including WA, for students and families.

- Promoting and encouraging early help-seeking – for example, **NIP it in the Bud** provides educators with tools to start the conversation about mental health. Resources include factsheets for families and educators on identity, relationships, social media, and the future.

- Upskilling educators and staff in early intervention – for example, the **SAFEMinds program**, which operates in other jurisdictions, aims to enhance mental health early intervention for children and young people in schools, with a focus on mild mood disorders and self harm.

- Developing positive, inclusive and resilient learning communities – for example, **Be You**, a national mental health in education initiative delivered by Beyond Blue in collaboration with headspace and Early Childhood Australia, aims to create communities where every child, young person, educator and family can achieve their best possible mental health.

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[32] Australian Institute for Teaching and School Leadership (2011). *Australian Professional Standards for Teachers*, AITSL, Melbourne.

[33] Reach Out Australia (2024). *Mental health support tips for teachers*.

[34] Stoke, H. & Brunzell, T. (2020). Leading Trauma-Informed Practice in Schools. *Leading & Managing*, 26:1, pp. 70-77.

[35] Harris, A. (2024). *Supporting Trust in Schools*.

Integrated pathways with allied health are important

While educators and the broader school community are well positioned to support students' mental health and wellbeing, it is not a role they can – or should – undertake in isolation from mental health services and broader health systems.

Part of the role of mental health practitioners is to work with other services and coordinate supports for students with more complex needs. This needs to be fully supported by schools and education departments. Students are best supported when there are strong links between schools and local health and mental health services, who can provide access to multidisciplinary, holistic mental health care.

Without these links, there is a risk that schools are expected to provide holistic mental health support for young people that is not connected into and guided by mental health services. This creates the possibility of inadequate support for young people, sub-optimal and inefficient care, and increased fragmentation across the health system.

The alternative – where the school community is expected to provide holistic mental health support for young people that is not connected into and guided by mental health services – risks inadequate support for young people, sub-optimal and inefficient care, and increased fragmentation across the health system. It also puts an additional, potentially unreasonable, burden on educators and other school staff.

Linking young people to mental health services ensures access to multidisciplinary teams, with appropriate clinical supervision and other quality and safety mechanisms. It also avoids blurring lines of accountability between the education and health sectors. Where workforce challenges make it difficult to recruit to mental health practitioner roles, such as in regional, rural and remote locations, innovative approaches to supporting access to care, such as the headspace Regional Telephone Counselling Service, can promote equity in access to specialised services.

headspace and other health and mental health services can offer:

- **programs delivered in schools**, such as Be You and Nip it in the Bud

- **services delivered in schools,** such as the headspace Regional Telephone Counselling Service operated by headspace

- **strong links with mental health practitioners in schools** to facilitate smooth referrals and ongoing care coordination

- **events and information sessions for students, families and educators**, such as mental health and wellbeing expo days, coordinated by headspace's community awareness and engagement officers.

Bringing clinicians and other mental health professionals into schools can increase awareness of available services outside school and build the confidence of staff, families and young people in addressing poor mental health. This in turn can reduce barriers to seeking help and encourage early help-seeking.

As well as providing information and support, these services help build links between schools and local services. Strong relationships between educators, other school staff, GPs, and mental health clinicians can help bridge the gap between school communities and the mental health system. It can also help school wellbeing staff to feel more supported in their roles, and provide young people with access to multidisciplinary teams (including GPs), a critical element of good mental health care for young people.

5. Youth justice

Key takeaways

→ Raising the minimum age of criminal responsibility to 14 years is consistent with contemporary understanding of childhood development and human rights standards.

→ Alongside this, government must address the root causes of offending, by preventing and intervening early when children and young people experience abuse, violence and neglect, to reduce the number of young people who encounter the youth justice system.

→ Government must also invest in appropriate alternatives to detention, providing therapeutic interventions for young people. This must include appropriate and adequate mental health services, from primary (prevention and early intervention) through to tertiary services, with capacity to provide care to young people with complex needs.

→ The high rates of detention of First Nations young people highlight the need for dedicated responses to address this. Raising the minimum age of criminal responsibility is an essential first step. Addressing structural and systemic racism, and investing in programs delivered via community controlled organisations are also critical.

Greater investment in prevention and early intervention is required

headspace recommends all Australian governments raise the minimum age of criminality to 14 years, consistent with current understanding of childhood development and contemporary human rights standards. This will provide consistency with the changes being enacted in Victoria and the Australian Capital Territory and help progress towards a national minimum age of criminal responsibility.

While raising the minimum age of criminal responsibility is a critical step, this needs to be supported by greater investment in prevention and early intervention programs to address the needs of children and young people before they come in contact with police, and therapeutic models that meet the needs of young people who do come into contact with the justice system. This needs to include high quality mental health care for young people in contact with the justice system, with care tailored to the social, cognitive and communication needs and preferences of each young person.

Family-centric models are also important, given this cohort of young people often come from homes experiencing dysfunction. Working with the young person without a wrap around model of care means they are likely to return to environments that are not able to support the work they are doing.

Offering holistic care at the right time is crucial to supporting young people not only to refrain from engaging in the criminal justice system but also to lead happy, healthy lives. headspace currently offers a range of services to meet the inter-related needs of young people in a variety of modes such as in person, online and via telephone. headspace also provides work and study support which young people can also access to further support their wellness.

The over-representation of First Nations young people must be addressed

National data indicates that Indigenous children aged 10 to 17 years are over 20 times more likely to be in youth detention compared to non-Indigenous young people.[36] More than half of young people in detention in June 2022 identified as Aboriginal or Torres Strait Islander, despite only 6 per cent young people aged 10 to 17 in Australia identifying as Aboriginal or Torres Strait Islander.[37] This statistic is alarming and calls for urgent culturally safe remedial responses for First Nations children and young people.

Most of these children and young people have experienced abuse, trauma, neglect, and family violence. That they have come into contact with the criminal justice system often represents a failure to support their needs and recognise the link between their experiences of trauma and their behaviours.[38] It is also a reflection of the

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[36] Australian Institute of Health and Welfare, (2023). *Youth detention population in Australia 2022*.

[37] Ibid.

[38] Yoorrook Justice Commission (2023). *Yoorrook for justice: Report into Victoria's child protection and criminal justice system*.

ongoing impact of colonisation and the related intergenerational and personal trauma suffered by Australia's First Nations people.

This overrepresentation demands specific responses targeting First Nations children and young people. To effectively address this, service delivery needs to inherently recognise and actively work to dismantle the structural, systemic, systematic and sociopolitical racism that exists, while supporting individual agency.

The following elements are key for prevention and early intervention efforts targeting First Nations children and young people:

- **self-determination** – programs and interventions must be owned and controlled by First Nations communities, with a genuine commitment from government to self-determination.[39]

- **underlying risk and causal factors** – interventions must account for trauma exposure of children and young people, including the impact of maltreatment, grief, loss, parental incarceration and other events common in the histories of young people in contact with the justice system.[40]

- **positive relationships and connections to culture, family and kinship** – First Nations children and young people have said that relationships were key to keeping them out of the justice system.[41] Developing positive relationships, particularly with family, can be more important than a narrower focus on crime prevention. Having a trusted, reliable adult relationship is also important for First Nations young people in the justice system.[42]

- **social and emotional wellbeing focus** – interventions must be based on the social and emotional wellbeing of First Nations young people, recognising the impact of cultural, social, historical and political factors on First Nations peoples.[43]

There are opportunities for greater collaboration between Western Australia's youth justice system and headspace centres across the state, to support First Nations young people in detention or at risk of incarceration. This cohort will benefit from short, targeted interventions that focus on wellbeing, mindfulness and other strategies young people find relevant and can implement in their daily lives.

Supporting services to better meet the mental health and wellbeing needs of at risk young people

To better support the needs of young people at risk of contact with the justice system, community-based mental health services need the capacity and capability to respond to their needs.

The complexity of the system and cultural barriers can make it difficult for young people to access the support they need. And given the high prevalence of neurodiversity and challenges such as speech and language delays, it can be difficult for mainstream services to respond effectively. Young people in contact with the youth justice system need services that:

- provide multidisciplinary, holistic care across their mental health, physical health, alcohol and other drugs and work and study needs

- are tailored to their cognitive, social, language and sensory needs and preferences

- are culturally safe, particularly for First Nations young people

- have the flexibility to respond appropriately to the complexity and breadth of their needs, including addressing trauma, neurodevelopment challenges and mental health concerns.

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[39] Stringfellow, R., Tauri, J. & Richards, K. (2022). *Prevention and early intervention programs for Indigenous young people in Australia and Aotearoa New Zealand*, Research brief 32.

[40] Milroy, H., Watson, M., Kashyap, S., & Dudgeon, P. (2021). First Nations peoples and the law. *Australian Bar Review*, 510.

[41] Queensland Family and Children Commission (2022). *Yarning for change*; Stringfellow, R., Tauri, J. & Richards, K. (2022). *Prevention and early intervention programs for Indigenous young people in Australia and Aotearoa New Zealand*, Research brief 32.

[42] Commission for Children and Young People (2021). *Our youth, our way: inquiry into the over-representation of Aboriginal children and young people in the Victorian youth justice system, Summary and recommendations*. Melbourne.

[43] Milroy, H., Watson, M., Kashyap, S., & Dudgeon, P. (2021). First Nations peoples and the law. Australian Bar Review, 510.

Appendix 1: About headspace programs and services

headspace is the National Youth Mental Health Foundation, providing prevention and early intervention mental health services to 12–25-year-olds across the country. The headspace platform provides multidisciplinary care for mental health, physical health (including sexual health), alcohol and other drugs, and work and study across a range of services. headspace offers in person, online and phone services, and supports young people in school settings.

headspace was established in 2006 to address challenges faced by young people aged 12-25, including:

- a lack of age appropriate and developmentally appropriate services for young people

- a lack of early intervention services

- the need for holistic care rather than a medical model of care

- barriers, which young people in particular experience, to accessing support, including stigma, cost, a lack of services in regional areas, and limited availability of online supports.

headspace now has 159 services embedded in local communities across metropolitan, regional and remote areas. Each centre is run by a local agency, and a consortium of local service providers, influencers and community members come together to guide and nurture their local headspace centres. This ensure the headspace service is deeply embedded within the local system and community.

headspace also works with schools and communities across Australia, to build the mental health literacy and capacity of young people, their families, the school community and education workforce. headspace delivers a range of school programs that aim to encourage help-seeking, address stigma about mental ill health, and increase awareness and access to mental health support services.

headspace has 20 centres across Western Australia, and in 2022-23 provided 43,278 occasions of service to 9,549 young people attending these centres.

headspace programs and services

Our integrated services provide the holistic, multi-faceted support that is a necessary component of a responsive service system model. This includes:

- **headspace centres:** the headspace network of services are youth-friendly, integrated service hubs, where multidisciplinary teams provide holistic support across the four core streams.

- **community awareness:** guided by local youth reference groups and centre staff, Community Awareness Officers at each headspace centre work locally to build mental health literacy, reduce stigma, encourage help-seeking, identify local needs and ensure young people know they can access help at headspace.

- **digital mental health programs and resources:** headspace uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.

- **eheadspace:** our virtual service provides safe, secure support to young people and their family and friends from experienced youth mental health professionals via email, webchat or phone. There are also online group sessions led by clinicians or peers, focused on the big issues facing young people and their family and friends.

- **regional telephone counselling service:** headspace offers integrated holistic teleweb support for students in eligible schools in regional Victoria (locations more than 50km from a headspace centre).

- **headspace campaigns:** campaigns focus on stigma reduction, building mental health literacy and encouraging help seeking, while ensuring young people know headspace is a safe and trusted place they can turn to in order to support their mental health.

- **headspace in schools and universities:** Through evidence-based mental health promotion, prevention, early intervention and postvention services, headspace delivers key initiatives designed to support the mental health and wellbeing of school communities. This includes:

  o **Be You** – a mental health and wellbeing initiative for learning communities. In particular, headspace can support secondary schools to prepare for, respond to and recover together where there has been a death by suicide.

- o **Mental Health Education Program** – this program provides free mental health education workshops for schools

- o **University support program** – this provides training and education opportunities to Australian universities to build their capacity and confidence to engage in conversations about mental health and wellbeing

- **programs and resources to support hard-to-reach cohorts of young people**: these include

  - o **Visible project –** a community based initiative using artwork as a form of community engagement and awareness.

  - o **Yarn Safe –** mental health and wellbeing resources and support for First Nations young people.

- **vocational supports:** headspace centres provide integrated mental health and vocational support to young people to help them remain engaged in work and study, including implementing Individual Placement and Support (IPS) in headspace centres. In addition, headspace provides vocational support via:

  - o **headspace Work and Study Online** (hWS) is a national digital program that provides integrated mental health and vocational support via the phone, video conferencing, online messaging and email. hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months.

  - o **headspace Career Mentoring** connects young people aged 18 to 25 years living with mental health challenges with industry professionals to meet fortnightly over a period of six months via video conferencing and/or the phone to enhance a young person's employment and career opportunities.

Some headspace services provide two additional in-person programs:

- **Early Psychosis Program** – this program is delivered via three centres in Western Australia, and in 2022-23 provided 61,313 occasions of service (including direct and indirect) to 614 young people.

- **Work and Study (Individual Placement and Support)** – this is delivered in 7 centres and provided 4,191 occasions of service to 351 young people in 2022-23.

Young people in Western Australia also receive care via headspace's digital service delivery. In 2022-23, 1,182 service users accessed **eheadspace**, receiving 3,000 occasions of service. In addition, 176 young people experiencing mental health challenges accessed **headspace Work and Study Online** receiving 1,109 sessions.

Online Communities provide safe, supportive and meaningful ways for young people and their families to connect with their peers, in real-time and on topics that are important to them. Peer support chats run Monday to Thursday and are led by our Online Peer Support Workforce who create a welcoming and inclusive space for connection through the sharing of lived experience. In 2022-23, Online Peer Group Chats run by peer support moderators were attended 4,662 times nationally.

Appendix 2: Correspondence with the Minister for Mental Health on the need for more integrated services

24 March 2022

Hon. Amber-Jade Sanderson
Minister for Mental Health
5th Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

By email: Minister.Sanderson@dpc.wa.gov.au

Dear Minister

Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia

headspace, the National Youth Mental Health Foundation, welcomes the commitment of the McGowan Government to implement the recommendations of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia in full, to ensure children and young people will be able to access the mental health treatment and care they need, when they need it.

As recognised by the Taskforce, an integrated approach is necessary to improve the efficiency and effectiveness of services that can be hard for young people to access and navigate. Through the 18 headspace centres in WA and our suite of online supports, headspace offers a unique platform that can be leveraged to achieve integrated, holistic and responsive supports for young people experiencing mental illness.

How headspace meets the needs of young people

headspace was established and is funded to have a priority focus on supporting young people aged 12 to 25 with mild to moderate mental illness. As part of this headspace operates as a non-stigmatising 'front door' providing young people with access to a range of holistic support needs (mental health, alcohol and other drug, physical and sexual health and vocational support).

headspace has been specifically designed by young people, for young people. It is intended to overcome the known barriers to access that young people face. Young people report that the following things are important to them in relation to their experience engaging with headspace: knowing they won't be turned away (92%); welcoming and safe space (91%); free or low cost (90%); knowing service was youth friendly (87%); easy to get to (84%); and being able to be connected to other services if needed (84%).

Challenges in providing the right care, at the right time, in the right place

While headspace is committed to connecting young people who need additional support beyond our primary care offering to the right services for their needs, as the Taskforce noted the broader mental health sector is facing overwhelming levels of demand.

Often there is insufficient capacity across the mental health system, and nowhere for headspace centres to refer young people. As a result, headspace resources are increasingly being reallocated to support young people with more complex mental health and psychosocial presentations that are beyond mild to moderate needs. Our multidisciplinary teams strive to care for the young people who need more support than primary care can provide, but whose conditions are not serious enough to access state-funded health services, including the Child and Adolescent Health Service and statewide specialist services.

Taskforce recommendations for an integrated mental health sector

headspace shares the view expressed by the Taskforce that the challenge of supporting young people with more complex and/or severe needs requires improved integration, alignment, coordination and greater investment.

Greater coordination across primary, secondary and tertiary systems is required to provide young people and their families with access to the care and support that they need regardless of which level of government funds it. At the same time, horizontal integration is necessary to ensure that the service system can respond to the unique, holistic needs of every individual, so that they experience continuity of care through an efficient and connected support platform.

In considering the implementation of the Taskforce's recommendations as they relate to headspace, care will be required to ensure the maintenance of longitudinal pathways that provide support for young people aged 12 to 25.

headspace is currently implementing a project with funding from the Victorian Government and the Australian Government to place 'surge teams' of Child and Youth Mental Health Services (CYMHS) clinicians at headspace centres to drive system integration and establish more seamless pathways. The CYMHS clinicians will be embedded in headspace services for six months to support the intake and assessment of young people, provide primary and secondary consultations, facilitate warm referrals to and from CYMHS and provide care coordination and case conferencing. This project could provide valuable insights on improving collaborative working arrangements between primary and tertiary systems that could support the development of the hub-and-spoke model and service colocation proposed by the Ministerial Taskforce.

The Taskforce has appropriately emphasised the need for collaboration to underpin effective reform implementation and provision of shared, holistic care for young people. Place-based collaboration is central to the headspace centre model. The lead agency for each headspace centre engages with local service providers, influencers and community members that guide and nurture their local headspace centre, ensuring that the service is deeply embedded within the local system and community.

Not only is the headspace platform an integral part of the mental health system, headspace is also an example of mental health reform in action. Having established a national service sector within a decade, headspace is uniquely placed to provide insights and learnings to inform future reform in mental health.

What young people and their families say about headspace

Our data shows that seven out of every ten young people attending headspace for their mental health achieved significantly reduced psychological distress, improved quality of life, or better social and occupational functioning during their episode of care. This proportion increases with greater engagement to 77% for those who attended 5-6 sessions.

headspace clients have indicated high satisfaction rates with our centre services and eheadspace. Young people say our centres helped them to better understand their mental health problems (86%), develop skills to deal with them (80%), and feel supported in managing them (85%). Support from headspace has reduced the impact of young peoples' mental health issues on their life (78%) and improved their general wellbeing (82%).

headspace recognises that for young people to experience the full range of benefits of having their family engaged throughout their experience at the service, it is critical that family members value and trust headspace and have a generally positive experience.

headspace undertakes an annual satisfaction survey with families and close friends of young people attending headspace centres to understand what works and identify areas for service improvement. In 2021, there were very high levels of overall satisfaction, with the vast majority of carers agreeing that: headspace plays an important role for young people in their communities (96%); it is a service

that they trust (88%); and they would recommend headspace to other families (87%). Parents of young people in WA reported positive experiences:

> *It's a friendly place to go and talk. They support all of the family not just the person with the issue.*
>
> *The staff genuinely care for the young people and are willing to help no matter what their situation is.*
>
> *The holistic support and professional help provided to us, I would be a mess and I would feel completely helpless otherwise.*
>
> *The counsellor has changed my family member's mind set so much. I'm so happy to see them smiling again.*

The success of headspace's establishment as a national primary care platform for young people 12-25 years of age can be attributed to some important principles, the most important of which is partnership with young people, their families, carers and friends in design, planning, delivery and governance of headspace centres and services.

I would welcome the opportunity to meet with you to discuss the challenges and opportunities we see for headspace in meeting the needs of young people in Western Australia, and how we can support the important system reforms recommended by the Taskforce.

Please do not hesitate to contact my office through Kerry Costanzo at email kcostanzo@headspace.org.au should you have any questions or wish to discuss.

Yours sincerely

Jason Trethowan
Chief Executive Officer