

Submission
No 133

**INQUIRY INTO EQUITY, ACCESSIBILITY AND
APPROPRIATE DELIVERY OF OUTPATIENT AND
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH
WALES**

Organisation: Office of the Advocate for Children and Young People (ACYP)
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Advocate for Children
and Young People

Submission to the inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

The Office of the Advocate for Children and Young People (ACYP)

September 2023

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About the Advocate for Children and Young People (ACYP)

The Advocate for Children and Young People (ACYP) is an independent statutory appointment overseen by the Parliamentary Joint Committee on Children and Young People. ACYP advocates for and promotes the safety, welfare, well-being and voice of all children and young people aged 0-24 years, with a focus on the needs of those who are vulnerable or disadvantaged.

Under the *Advocate for Children and Young People Act 2014*, the functions of ACYP include:

- making recommendations to Parliament, and government and non-government agencies on legislation, policies, practices and services that affect children and young people;
- promoting children and young people's participation in activities and decision-making about issues that affect their lives;
- conducting research into children's issues and monitoring children's well-being;
- holding inquiries into important issues relating to children and young people;
- providing information to help children and young people; and
- preparing, in consultation with the Minister responsible for youth, a three-year, whole-of-government Strategic Plan for Children and Young People (the Plan).

Further information about ACYP's work can be found at: www.acyp.nsw.gov.au

Introduction

ACYP welcomes the opportunity to provide a submission to the inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

Children and young people are passionate about mental health, and ensuring that children and young people's mental, physical and emotional health is nurtured and supported to enable them to flourish - is a key focus area of the [NSW Strategic Plan for Children and Young People 2022-2024](#) (Strategic Plan)¹. Throughout ACYP's engagement and consultation activities with children and young people across NSW, mental health is consistently highlighted as a key issue of concern and in almost every conversation ACYP has with young people, there is a clear and consistent call for better, ongoing mental health support.

In Strategic Plan surveys conducted in 2021 and 2022 mental health was cited as the number one issue facing children and young people across NSW, with around one in three mentioning this unprompted.² Analysis also indicated that mental health had the single greatest impact on how children and young people felt about life overall.³ Similarly, in ACYP's most recent 2023 Youth Week Survey, mental health remained a key issue, being topped only by concerns about the rising cost of living and bullying.

Whilst children and young people's self-reported ratings for mental health improved marginally between 2021 and 2022, approximately one in five rated their mental health as poor in both years and mental health ratings continue to receive the lowest score across all the key measures of the Strategic Plan.⁴ In addition, the most recent National Study of Health and Wellbeing found that 45% of females and 31.2% of males aged 16-24 had experienced a mental health condition in the previous 12 months during 2020-2021.⁵

It is critically important to ensure early access to mental health services, as the majority of mental health conditions begin in adolescence or early adulthood, with 50% of mental health disorders emerging by 14 years of age and 75% by 24 years of age.⁶ Providing early access to mental health

¹ ACYP (2022). *NSW Strategic Plan for Children and Young People 2022-2024*.

<https://www.acyp.nsw.gov.au/strategic-plan-2022-2024>

² ACYP (2023). [The NSW Strategic Plan for Children and Young People - Tracking Report 01](#). p.14; ACYP (2022). *2022 Strategic Plan Tracking Survey*. [Unpublished data]; ACYP (2021). *2022 Strategic Plan Tracking Survey*. [Unpublished data]; ACYP (2021). *2021 Strategic Plan Baseline Survey*. [Unpublished].

³ ACYP (2021). *2021 Strategic Plan Baseline Survey*. [Unpublished].

⁴ ACYP (2023). [The NSW Strategic Plan for Children and Young People - Tracking Report 01](#). p.7.

⁵ Australian Bureau of Statistics. (2020-21). National Study of Mental Health and Wellbeing. ABS.

<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.

⁶ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. Arch Gen Psychiatry. 2005 Jun;62(6):593-602. doi: 10.1001/archpsyc.62.6.593. Erratum in: Arch Gen Psychiatry. 2005 Jul;62(7):768. Merikangas, Kathleen R [added]. PMID: 15939837.

services, and prevention initiatives can reduce the incidence of more serious conditions throughout a person's life.⁷

A number of organisations focused on children and young people's mental health, such as EveryMind and Orygen, have highlighted that a focus on prevention, and providing child and youth-friendly services for early intervention can assist in reducing the incidence of mental health conditions through the life course.⁸

A key role of ACYP is to elevate the voices and experiences of children and young people from across New South Wales on issues that matter to them. For this reason, included at the start of this submission are personal statements from five former members of the NSW Youth Advisory Council. The five young people who have bravely shared their stories and perspectives have diverse experiences, and are from a range of backgrounds, ages and geographical locations from across NSW. However, they share a collective passion to advocate to improve the mental health care for young people across this State.

We note that throughout these personal statements, a range of important issues are raised which both respond to the focus of this Inquiry and mirror what ACYP has heard about the experiences of other children and young people from across the State. The second portion of this submission is focused on responding directly to the Inquiry's Terms of Reference and highlighting existing data from ACYP's ongoing surveys⁹ and consultations with children and young people to further inform the work of the Committee.

⁷ Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). *The mental health of children and adolescents*. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra: Department of Health.

⁸ Emerging Minds, Guiding Principles. Prevention and Early Intervention. Accessed at: <https://emergingminds.com.au/resources/in-focus-prevention-and-early-intervention>.

⁹ Note: ACYP undertakes 15-minute online surveys with children and young people in NSW aged 10-24 years, approximately two times per year. The base sample size for these surveys is n=750-1,000. Quota targets are set to ensure a good cross-section of the population across demographic sub-groups. Data is weighted to ABS population data for age, gender and location. ACYP partners with SEC-Newgate Research for these surveys which is a member of the Australian Polling Council and The Research Society.

Personal Statement 1: Sereena – 24 years old, Northern NSW

(She/Her)

**Note: Sereena is employed as a Student Support Worker at two regional NSW schools and is also a member of headspace Lismore Youth Reference Group and headspace Youth National Reference Group.*

The experience of accessing and navigating the mental health system as a young person in regional NSW is complex. Firstly, courage is needed by a young person to recognise that they need support and to be able to reach out to these services. However, this sense of courage isn't easy to come by, especially when you are already putting on a brave face at school, at work or in your relationships. Family and friends can be a young person's biggest support in their mental health journey or the exact people that they want to hide it from. A fair amount of young people know very little about the mental health system and attempting to navigate all the different services can be overwhelming. Now imagine this overwhelm compounded by the reason a young person is seeking mental health support; for young people, it feels like they are drowning.

In the current generation, it is commonly perceived that young people are without stigma in regard to their mental health, as they are open about their challenges and encourage others to seek support. While a societal stigma around mental health is less pressing, those who have grown up in a regional area are at a disadvantage due to the idea that "it is weak to seek help" being ingrained in them from a young age, even if they know it isn't true. A young person struggles with their own self-stigma about reaching out for help, delaying this process of accessing mental health support, which only causes their overwhelm to grow.

When a young person finally enters the mental health system, they are met with waitlists of approximately three months. A lot can change in the life of a young person and the reason they are seeking support now might shift in that time period, as they attempt to deal with their mental health alone. A young person feels guilty as surely there are people who need the support more than them, so they look into other support options before accepting that this is what it is like to be a young person in the mental health system in regional NSW.

Ten sessions with a support professional under the mental health care plan is a gross underestimate of how much support a young person needs. Constant changes in the life of a young person bring a rollercoaster of mental health and to not even receive one session per month is dehumanising. While these 10 sessions may be used over a six-month period, it is only a short-term solution to a possibly long-term problem. In an ideal world, 24 sessions under a mental health care plan would mean two sessions per month and perhaps a better outlook for the mental health of young people after receiving sustained support.

In regional NSW another challenge faced by young people as they navigate the mental health system concerns continuity of care. There is a high turnover of mental health support staff in regional NSW, robbing young people of the stability they need in their mental health journey. Mental health support staff need better support themselves and greater incentives to stay and support the young people of regional NSW.

Once a young person is no longer considered a young person in the mental health system, what support is available for them? Mental health challenges may come and go throughout a person's lifetime, so more is needed to be done to support a young person's capacity to access the mental health system once they have aged out. With a combined approach of providing mental health support for now and creating confidence for accessing future support, a young person is set up for a more successful navigation and experience of the mental health system.

Young people of regional NSW are strong, empowered and passionate about establishing a better mental health system for future generations. When they are denied the opportunity to express their feedback in a consultation with a Medicare representative through a local advisory group, young people don't feel valued in their experience. Decision-makers, I urge you to make the time to seek feedback from young people all across NSW about the mental health system. Don't seek feedback as a one-off either. I urge you to connect and build relationships with young people to create a process of ongoing consultation. Young people want to generate positive change for other young people and we want to see that our thoughts, feedback and experiences are taken seriously to inspire meaningful change.

Personal Statement 2: Leila – 20 years old, Central Coast, NSW

(She/They)

As a neurodivergent young person who found living at home, high school and the COVID crisis immensely difficult and damaging, finding a mental health professional who understood my experiences was unnecessarily challenging. The first time I saw a local psychologist was in 2020, with the financial assistance of my parents. Every condition I had was undiagnosed at the time, and finding a professional to cater to experiences that I didn't know how to articulate was disheartening, despite the privilege I have within our healthcare system as an abled-presenting, young, white person. I remember distinctly the process of 'window shopping' with my mental health – trying and waiting for 3-6 months for psychologists and psychiatrists who would suit me and the nuances of my circumstances. I walked out of multiple sessions with new therapists crying with hopelessness, because I found that verbalising my difficulties as a child or young person led professionals to talk over, belittle or deny my explanations, especially if they didn't align with typical experiences.

I was diagnosed with two neurodevelopmental disorders at 17 years old, which is 17 years late, and is considered early for people of my gender. These conditions, one being ADHD, made my experience in school (especially during the Covid19 crisis) overwhelmingly straining, to the point where my mental health was an emergency in 2021. Because my conditions had gone undiagnosed, I had neither the tools nor information to manage my disabilities, and without the language to describe myself, I had no community to rely on and relate to, which was an overall shameful and isolating period of my life. According to studies done by Australian Health Direct (last reviewed in March 2023), only 1 in 3 Australians with ADHD are diagnosed, and 75% of children and young people with ADHD continue to experience significant traits into adulthood.

The health system should be our most accessible system – instead, psychologists and therapists are not affordable for young people without the support of secure guardians, have dangerous waiting times which put patients at risk whilst they wait for services, and are rarely accurately catered towards those of diverse backgrounds and struggles. At 20 years old, I am independent and unable to afford a psychologist, yet notably, the strongest support and help I have received to date has been from immediate communities, especially from likeminded neurodivergent youth. The online access I had to these spaces is the reason I understand the most fundamental parts of my health and identity, aspects of myself that should not be a struggle for anyone to understand. Value and necessity lie in empowering these communities and the spaces they connect in, as well as improving the access NSW youth have to therapy and other services.

Personal Statement 3: Quinn – 25 years old, Sydney, NSW

(They/Them)

I think I was 13 or 14 when I first got support, it was through headspace (in Albany, WA) and it was a decade ago now, so I'm not 100% sure what the waiting time was like, but I vaguely remember it being pretty quick.

Support felt weird, awkward even. It was definitely a weird age for me, and I remember being very angsty and fully believing no one could possibly understand what I was going through. I was mostly wrong, I had a rather lovely therapist who was so empathetic and understanding, I finally felt listened to. My one and only issue with them was that they told my parents (non-urgent) things that I had mentioned in sessions - was SO not happy about that. But my Dad can be quite persuasive so I didn't blame her too much!

I remember an intake session and then fortnightly/monthly meetings with my counsellor, which I don't even think I needed a care plan for at the time (I don't know if headspace required them then), but certainly after using my sessions up at headspace, I needed one to get regular help for rather high levels of mental ill-health which isn't something headspace has the capacity for.

When I moved to NSW in 2019, I had to start over in terms of finding help, and that waiting time was MUCH longer. I was on a waitlist for 6 months or so for support with severe mental health. It was awful - but it was a free 1-year service (Youth Enhanced Support Services), and I was very grateful for it when I got it. This help was during the pandemic though, and so I think I only met my therapist in person 2-3 times total in the year I was seeing them.

As a young person (no longer under 18) I think I felt more respected and trusted the counsellor more in terms of confidentiality. They were respectful of my Indigenous culture and trans/queer identity too, which was a huge relief as I had some not-so-great experiences previously.

My mental illness came on heavily and quickly as a 13/14-year-old; I didn't have a huge choice in whether I got help. The school I was going to essentially demanded I go because I was missing sometimes 2 weeks of school at a time and only attending maybe 40% of the time total. I had periods of better mental health, but I think I constantly had professional help every few years when things flared up, or something devastating happened that set things off.

I'm glad my school referred me to headspace, the school counsellor was awful and headspace did so much for me - just by being there and having such nonjudgmental and youth-friendly staff. Honestly though, we all face challenges in life, so I think even people who are dealing with daily stressors should give therapy a shot. You get to learn so much about yourself.

One last thing I'll add is I think the "culture" - for lack of a better word - can seriously impact the kind of support you get for mental health issues, where you seek support and who you seek support from can really impact your experience so I usually tell people thinking about getting help to do some research first to find someone with a good online presence and profile that aligns with your wants/needs. This is especially true for queer people, as even I have experienced a psychologist telling me that my gender identity/sexuality was the reason I was so unwell.

Personal Statement 4: Sam – 17 years old, Sydney, NSW

(He/Him)

My experience of first seeking support for my mental health began through Kids Helpline when I was around 10-12 years old. I recall using the chat function about once a month, and reaching friendly counsellors after about a short wait. As a child, I believe I did not receive the support I needed, due to the limited resources which I thought were available for me. At this point in my life, I was unaware of support systems in place for children, like myself, who were struggling. This led to the worsening of my mental health over time. Looking back, I would recommend being proactive for children at risk of experiencing mental health issues at an early age. This may entail outreach from a school counsellor or external organisation, simply engaging children to educate them on support systems, outside of their parents, guardians or teachers, which are available for them.

Further, at the age of 13, I had an appointment with my GP to create a mental health plan. This process was seamless. A few questions were asked, and I was given a referral to a psychologist. I recognise that this psychologist had treated members of my family previously, so I experienced no barriers in accessing this support. Similarly, after another consultation with my GP, I was given a referral to a specialist child psychiatrist, I was diagnosed quickly and prescribed medications for major depression. Since the age of 13, I have regularly attended sessions with the psychologist and continue to do so now. I feel grateful for the support I have received as a result of recurrent positive experiences in accessibility. My personal experience with treatment has similarly benefited my mental health to a great extent.

The Avalon Youth Hub (AYH) is a vital mental health collaboration for young people (12-25) on the Northern Beaches. Along with providing individual case management and counselling for children and young people, with a similar structure to a psychologist firm, AYH provides community outreach programs, focusing on connecting and relating to children and young people on the Northern Beaches, and in doing so, engaging young people who are struggling, and in need of support. For example, targeted and engaging events, like learning to surf or skate, can be attended by any young person, regardless of their mental health. Events and workshops such as these encourage young people to engage further in their community. This both fights the stigma for accessing mental health services, as well as creating a platform for young people to recognise the support which is available to them. AYH provides an effective mental health support system for children and young people on the Northern Beaches and should be modelled for other organisations in NSW.

Finally, an emphasis on Men's mental health should be vital for children and young people accessing mental health treatment. Personally, I recognise the stigma of accessing mental health services with males aged 12-25 through my own experiences. The program "*Tomorrow Man*" is successful in providing holistic support for young men, providing tools for individuals to break down the stigma of seeking professional help for their own mental health. By providing workshops, the organisation educates young men to know how, and when to seek mental health for themselves, or someone they may know. I believe there is also a serious imbalance in the support networks targeted for young men. An example of this is the funding allocated by the NSW Department of Education for a girl's advisor at each public school, meaning most public schools may need to fund a boy's advisor for their students.

Personal Statement 5: Jayden – 18 years old, Central Coast, NSW

(He/Him)

I am an 18-year-old mental health advocate and early intervention and mental health accessibility for young people are some of my top concerns. When I was eight, I tragically lost my father to suicide. Since I was 14, my life's purpose has been to help cultivate an environment where young people feel safe and supported to raise mental health concerns.

Young people in my community find the current mental health system inaccessible, stigmatising and daunting to enter. It is important for mental health services to be welcoming and easy to access for young people. Because of this, I believe that the accessibility for mental health services for young people needs to begin in the education system. Currently, there are many instances where school-based mental health services are overstretched and understaffed. The implementation of School Support Officers (SSOs) has been a welcome addition to ensuring adequate wellbeing services at schools. To have adequate early intervention, I believe it is critical to expand this process and adequately staff schools in NSW. Alongside this work, however, destigmatisation campaigns need to be implemented and school environments where mental health services are provided need to be comfortable and safe for young people.

As a regional person, I believe that access to mental health services needs to be improved. One example of this is the accessing of bulk-billing GP services. Recently, the Federal Government announced that the Central Coast has been made a Distribution Priority Area, allowing for more GPs on the Central Coast. However, the importance of these facilities cannot be understated. Having inadequate GP facilities lacks accessibility for young people, making it significantly harder to gain a mental health care plan which is necessary in so many circumstances.

Another point I would like to note is the use of telehealth services. There is some merit in having telehealth services for young people in regional and rural areas, however these services prove to be not as effective as face-to-face conversations. Whilst telehealth is an important interim measure in ensuring accessibility for all regions, it also can be quite uncomfortable, as individuals may not be able to properly answer questions due to fear of someone within their surroundings overhearing. Therefore, I believe that mental health services for regional and rural individuals should be expanded to ensure accessibility. Whilst this should include telehealth, it should also include face-to-face sessions, through the allocation of resources to rural and regional areas.

It is important to ensure young people are safe and supported with their mental health and have access to high quality and accessible services. I thank the committee for their work in this space and ensuring that the mental health system in New South Wales matches this vision.

Summary of Recommendations

1. All levels of government should ensure that any reform to the mental health system is informed by the perspectives and feedback of young people, including by supporting youth advisory groups to ensure that young people are providing advice on and reviewing key policy, program and service design decisions.
2. Increase mental health literacy for adults who serve children and young people in various capacities, such as parents, school counsellors and GPs, so they understand how to provide youth-friendly advice and how to refer to appropriate services. This could include promotion of the Youth Mental Health First Aid course and other resources.
3. Invest in initiatives aimed at increasing the capacity for young people to provide peer mental health support, and the promotion of existing initiatives, including Teen Mental Health First Aid training, online forums, youth centres initiatives, and other peer programs.
4. Address rising costs and availability of bulk-billing clinics to access basic medical care. ACYP notes the Federal Government's recent tripling of bulk billing incentive payments for GPs to increase bulk billing rates for children aged under 16, pensioners and other concession card holders. The NSW Government should work in partnership with the Federal Government to improve access to bulk-billed GP services for young people across NSW.
5. Expand fee-help programs to improve equity of access to mental health services, including:
 - i. Extending the limit of 10 sessions under Mental Health Treatment Plans for children and young people.
 - ii. Providing financial assistance to support young people to travel to a mental health specialist when they live in a regional or remote area.
6. Increase the availability of different kinds of mental health services for young people, including outreach services, crisis supports, early prevention and mixed peer and clinical services such as Safe Havens, with a focus on regional and rural areas across NSW.
7. Decrease waiting times for children and young people to access professional mental health support, including for those in rural and regional areas.
8. Invest in addressing mental health workforce shortages and challenges around service system integration, particularly in regional and rural areas.
9. Further invest in early intervention programs to prevent young people reaching crisis point. This includes both mental health and wellbeing supports, such as school SSOs, as well as specialist services, such as programs focused on supporting young people to address around alcohol and other drug misuse, and sports or youth programs for young males, which can reduce the stigma in accessing such a program.

10. Ensure that any expansion of the provision of mental health services to young people has a focus on delivering a hybrid model of care that provides young people with choice and flexibility, including in regional and rural areas. Whilst online and telehealth services can play an important role, they should not become a default or substitute for face-to-face mental health support and care.
11. Increase investment in mental health programs that ensure children and young people are provided with access to safe, inclusive and culturally safe mental health care and support. This should include investment in Aboriginal-led and co-designed programs, culturally specific mental health services and supports (including translation services), and LGBTQIA+ and gender-specific services.
12. Provide frontline health workers and other adults who serve children and young people with training focused on cultural awareness and cultural safety; disability inclusion; and LGTQIA+ inclusion.
13. Provide adults who serve children and young people, such as school counsellors, GPs and school staff, with training focused on reducing stigma and increasing knowledge about different types of mental health conditions and different options for support. This should include a focus on the importance of early intervention, how to support young people to connect with services at an early point, and information about existing supports including cohort-specific services.
14. Increase funding for NSW Health to provide care and de-escalation focused responses to mental health callouts, that are led by health professionals rather than police.
15. Expand the Safe Havens and Safe Spaces program to provide safe spaces for young people to access support after hours.
16. Ensure that all services targeting children and young people review their accessibility, with a view to ensuring that offices are appropriately located, open at times when young people are able to attend, and that young people are supported to travel to and from appointments.

Navigation of mental health service systems and supports

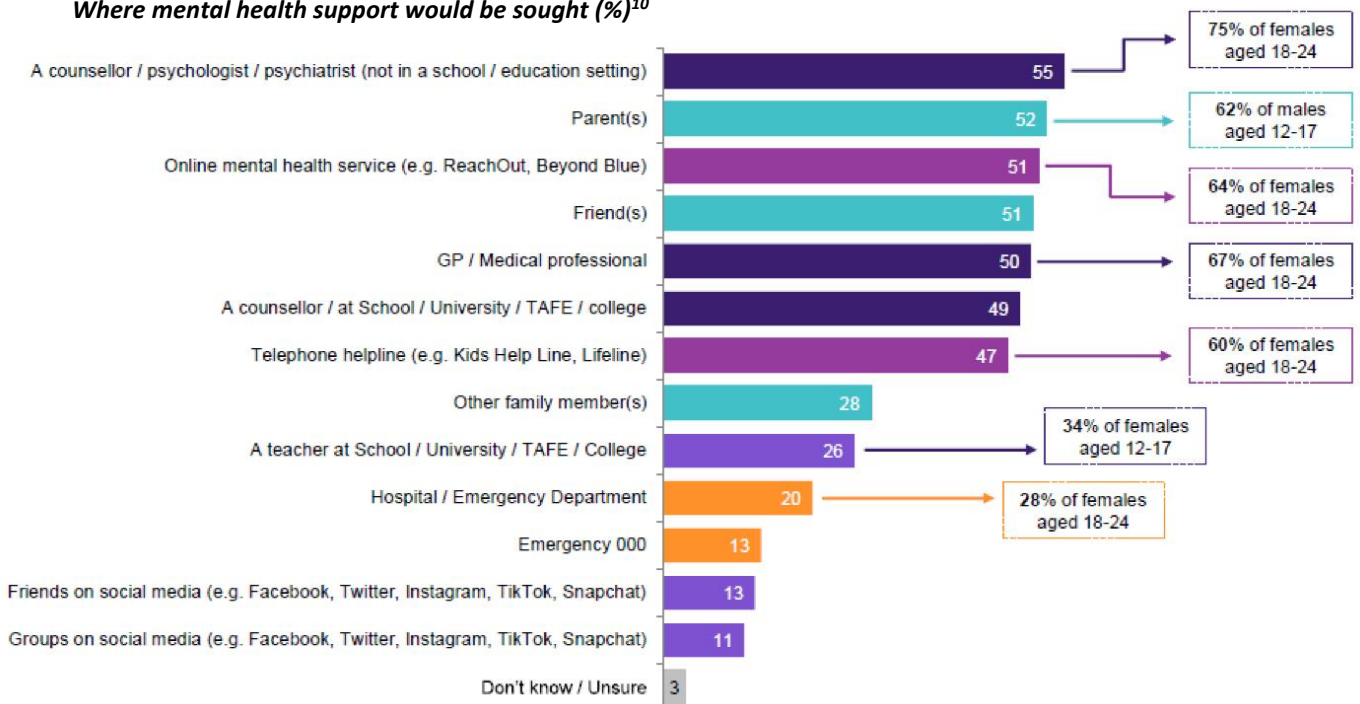
The mental health system is complex and can be both difficult and confusing to navigate. It is important that young people are empowered and supported to access care – both in terms of accessing help for the first time and in transitioning between different levels of support and mental health care.

In ACYP’s 2021 Youth Week Survey we asked children and young people a series of questions in relation to where they seek information on issues important to them, as well as their awareness of mental health supports and the key attributes that they seek in a mental health service.

Young people were provided with a list of key issues impacting children and young people across NSW and asked which of these issues they would like more information on. Mental health support was the issue with the strongest demand for information, with 42% saying they wanted more information on this issue. This demand was especially prominent amongst females aged 18-24 years (55%) and young people with disability (55%). When asked where they would most likely go for information on this issue, young people said they would speak to friends or seek information from a professional, such as a counsellor/therapist, GP/medical professional.

Young people were also asked where they would seek help or support if a friend, or someone they knew, was experiencing mental ill-health. Young people reported recognising a broad range of possible mental health support providers, with family and friends, helplines (e.g., Kids Helpline and Lifeline) and trained healthcare professionals the most prominent. Older females were most likely to consider professional help including attending a hospital emergency department if there appears to be a risk of harm.

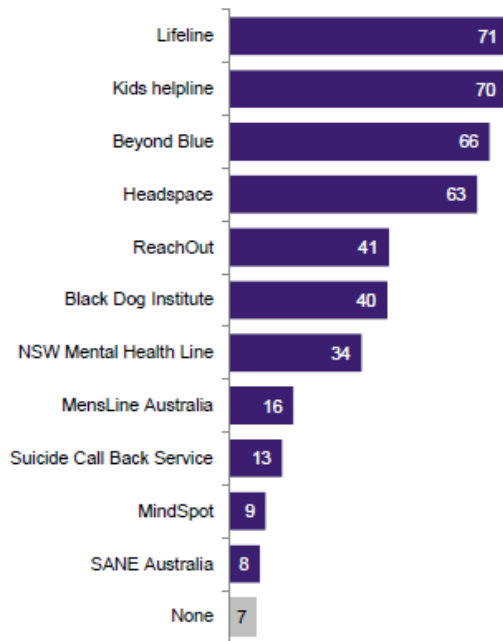
Where mental health support would be sought (%)¹⁰



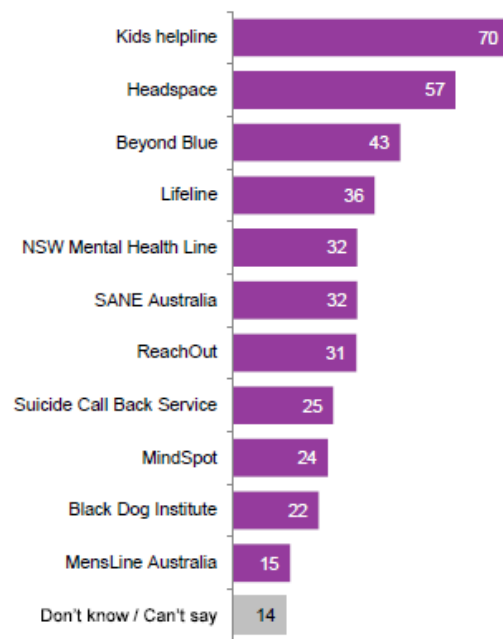
¹⁰ ACYP (2021). ACYP Youth Week Survey 2021. [Q23. If a friend or someone you know was experiencing mental health conditions, where would you suggest they seek help/support // Base: all participants (n=972)].

When asked to indicate which mental health support services they had heard of before, there was a high level of awareness, with almost all children and young people reporting knowing of at least one support service on the provided list. Whilst several mental health support services were widely known, Kids Helpline and headspace were identified as the services they thought were best for young people.

Aware of services (%)¹¹



Best services for young people (%)¹²

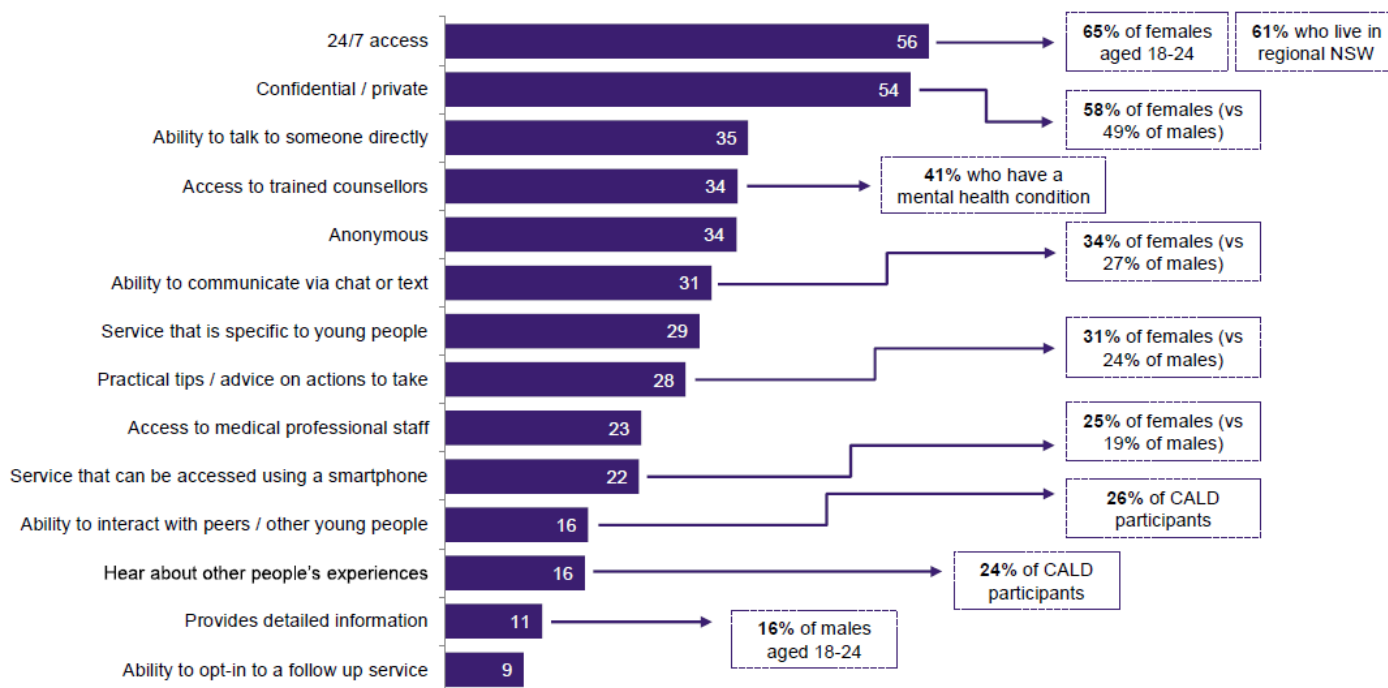


Key attributes sought from a mental health service included those that provided 24-hour support and access, as well as confidential services. Females value the latter more than males, along with practical tips and the ability to communicate digitally; whereas young males value detailed information more highly.

¹¹ ACYP (2021). ACYP Youth Week Survey 2021. [Q27. Which, if any, of these mental health services have you heard of before // Base: all participants (n=972)].

¹² ACYP (2021). ACYP Youth Week Survey 2021. [Q28. And which of these mental health support services do you think are the best for young people (aged 12 to 24 years)// Base: all participants (n=972)].

Most important aspects for mental health service to provide (%)¹³



Given the important role that friends and family play in both providing young people with mental health information and supporting them to navigate and access mental health care, it is unsurprisingly that the need to increase mental health literacy among both adults and their peers is a passion for many children and young people.

In previous consultations, young people have said they thought it was helpful to be provided with more information about where they can access support and how to navigate referral pathways to mental health services as these were sometimes complicated and confusing, especially the first time someone seeks help.¹⁴ Young people said they would like to hear more about experiences of those living with mental health conditions.

“Need to hear others personal experiences with mental health so that we can feel more comfortable with our own experiences.”¹⁵

“Teenagers who have recovered from mental health to tell us how to handle it and their stories.”¹⁶

Young people have told us that it is important to learn that everyone’s mental health experiences are unique, and to hear from young people that have gained support for their mental health and have experience navigating the service system.

¹³ ACYP (2021). *ACYP Youth Week Survey 2021. [Q29 Which aspects of mental health services would you consider to be most important to a young person // Base: all participants (n=972)].*

¹⁴ ACYP (2019). [Mental health and wellbeing needs of children and young people.](#)

¹⁵ *Ibid.* p.18.

¹⁶ *Ibid.* p. 18.

Stigma around seeking mental health support is an issue frequently mentioned by children and young people as a barrier to seeking support. For those in regional areas, young people have reported that this can be compounded by fewer available services and gossip in small communities. Young people with a culturally and linguistically diverse background have also often raised concerns that discussions of mental health are not common and not encouraged in their families and communities. As a result, children and young people have spoken about the importance of everyone in the community having a greater understanding of mental health, which they felt would work in part to diminish the stigma that children and young people often feel is associated with seeking help.

A focus on empowering young people and their networks with the information and confidence to seek mental health care is critical in supporting them to navigate the mental health system both now and into the future. The ACT's Mindmap Youth Portal website provides a good example of an information hub, as it lists not only mental health support organisations but also wait times, and whether a referral is required.¹⁷ However, ACYP notes that any tools and resources to support young people in NSW to navigate the service system should be tested and developed in partnership with them.

Recommendations:

- *All levels of government should ensure that any reform to the mental health system is informed by the perspectives and feedback of young people, including by supporting youth advisory groups to ensure that young people are providing advice on and reviewing key policy, program and service design decisions.*
- *Increase mental health literacy for adults who serve children and young people in various capacities, such as parents, school counsellors and GPs, so they understand how to provide youth-friendly advice and how to refer to appropriate services. This could include promotion of the Youth Mental Health First Aid course and other resources.*
- *Invest in initiatives aimed at increasing the capacity for young people to provide peer mental health support, and the promotion of existing initiatives including Teen Mental Health First Aid training, online forums, youth centre initiatives, and other peer programs.*

¹⁷ ACT Health. Mindmap – ACT Youth Portal. <https://www.mindmap.act.gov.au/s/>.

Equity of access to mental health services

Equity of access to mental health services is a key area of concern for children and young people across NSW – including issues related to cost, geography, transport and other barriers.

Across both metropolitan and regional areas, many young people have spoken about the costs associated with accessing mental health support and that this can be a barrier to seeking help across the continuum of care. For those that need access to specialised mental health support, young people often highlight the high costs related to seeing a private psychologist and recommend that children and young people should be able to access free services without a limit on the number of sessions.

“Make mental health institutes such as psychologists and/or therapists free. If the government cares so much they would show it more by not restricting people to go get help. Another way would be to allow free services online to see a psychologist or therapist.”¹⁸

At present, young people can attend a general practitioner’s surgery to be assessed and issued a mental health plan which provides them access to 10 subsidised sessions to engage with a counsellor and or psychologist. As highlighted earlier, general practitioners are a key source of information and support for young people in regard to mental health. However, in recent consultations focused on the rising cost of living, many young people have spoken about finding it increasingly difficult to locate and access bulk-billing general practitioners - further compounding issues around cost and equity.

Other barriers and gaps often raised in consultations include the cost of travel to mental health services, availability of transport and the lack of mental health services available outside of business hours. This is especially the case for children and young people living in regional and remote areas.

Children and young people living in regional and remote areas also often raise issues about the lack of local mental health services and supports. Children and young people are passionate about this issue and do not feel that they should be required to travel long distances in order to access the supports that they need.

In addition, young people have also highlighted a concern around the lack of crisis mental health support – particularly for young people living in regional areas. In ACYP’s LGBTQIA+ consultations, young people often reported that there were no services in regional areas to access during crisis, and as a result, when young people were experiencing a mental health crisis their only option was to visit the hospital’s emergency room. They reported that hospital emergency rooms were often not trained or equipped to help and support in these situations.

“I was admitted to hospital upon the advice of two psychologists and my GP. I stayed in the ER for six hours and then I was told that I wasn’t physically sick enough to be given a bed for something that was an eating disorder, which is a mental illness, and I was still very

¹⁸ ACYP (2022). [NSW Strategic Plan for Children and Young People 2022-2024](#), p.52

*physically ill, but I still wasn't being seen, because I wasn't physically ill enough. So, it just makes me so angry.*¹⁹

*"If someone goes to the emergency room, you know it takes hours."*²⁰

NSW Health and key peak body organisations, including Roses in the Ocean and Suicide Prevention Australia, all recognise that Emergency Departments are not suitable for young people experiencing a mental health crisis and this recognition underpins NSW Health's commitment to funding the Safe Havens initiative.²¹ Roses in the Ocean have called for an expansion of both Safe Havens and Safe Spaces, whilst Suicide Prevention Australia's recent "Youth Report: In Your Words" calls for youth-specific Safe Havens.²²

We note that many young people report facing additional barriers to accessing mental health services due to their cultural background, gender, sexuality and other elements of their individual and intersecting identities. These issues are explored further in the section focused on accessibility and cultural safety of services.

Recommendations:

- *Address rising costs and availability of bulk-billing clinics to access basic medical care. ACYP notes the Federal Government's recent tripling of bulk billing incentive payments for GPs to increase bulk billing rates for children aged under 16, pensioners and other concession card holders. The NSW Government should work in partnership with the Federal Government to improve access to bulk-billed GP services for young people across NSW.*
- *Expand fee-help programs to improve equity of access to mental health services, including:*
 - *Extending the limit of 10 sessions under Mental Health Treatment Plans for children and young people.*
 - *Providing financial assistance to support young people to travel to a mental health specialist when they live in a regional or remote area.*
- *Increase the availability of different kinds of mental health services for young people, including outreach services, crisis supports, early prevention and mixed peer and clinical services such as Safe Havens, with a focus on regional and rural areas across NSW.*

¹⁹ ACYP (2022). [The Voices of LGBTQIA+ Young People in NSW](#). p. 113.

²⁰ *Ibid.* p.113.

²¹ NSW Health. (August 2020). Towards Zero Suicide: Alternatives to Emergency Department Presentations. Accessed at: <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/alternatives-ed-presentations.pdf>; Roses in the Ocean. (2022). *Safe Spaces Narrative Report*. Accessed at: <https://rosesintheocean.com.au/wp-content/uploads/2022/03/Report-A-Safe-Spaces-Narrative.pdf>

²² Suicide Prevention Australia. (August 2022). *Youth Report: in Your Words*. Accessed at: https://www.suicidepreventionaust.org/wp-content/uploads/2022/08/SPA_Youth-Report_In-your-words_12-August-2022.pdf

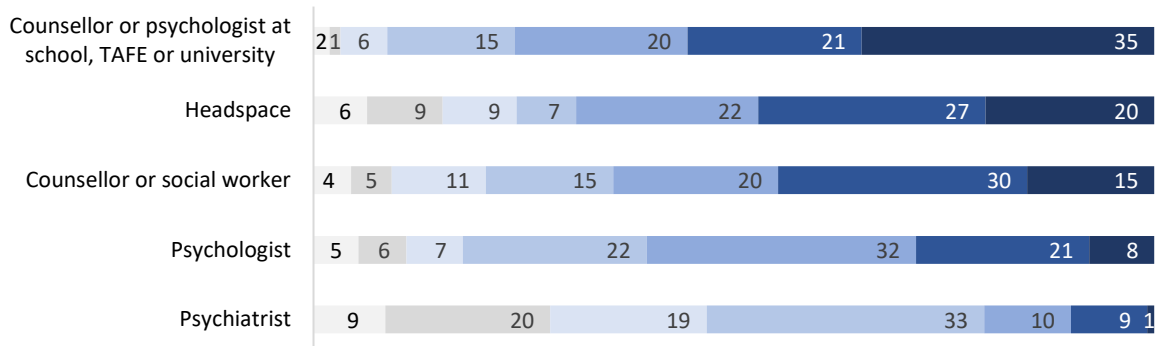
Capacity of services

The capacity of services to meet demand is another key issue, with young people consistently raising concerns about the ability to access professional support for their mental health. This includes frustration with the wait times associated with seeing private psychologists, as well as wait times to access other mental health support services, such as headspace.

In ACYP’s 2022 Strategic Plan Tracking Survey²³, we asked children and young people a series of survey questions to explore what it looks like to wait for an appointment with a mental health professional. More than two-thirds (61%) of children and young people surveyed had sought support for their mental health in one form or another in the past 12 months. Those most likely to have sought support included: females (45%), those living with a partner or spouse (46%), those who identify at LGBTQIA+ (56%), or young people who have a chronic/ongoing illness (65%), mental illness (70%), autism (54%) or ADHD (49%). Those less likely to have sought support included: males (71%), those from a culturally and linguistically diverse background (75%), or young people who had arrived in Australia in the last 5 years as a refugee or migrant (83%).

Many young people reported seeking informal support from parents or carers (46%) and friends (42%), though many also sought support from professional mental health supports.²⁴ Seeking support from a general practitioner was the most common (44%), followed by psychologists who were not located within a school or headspace facility (40%).²⁵

Waiting times to access mental health services (%)²⁶



Legend: I don't remember (lightest blue), 4 months or more (grey), 3 months (light blue), 1-2 months (medium blue), 3-4 weeks (darker blue), 1-2 weeks (darkest blue), Less than a week (black).

²³ ACYP (2023). [The NSW Strategic Plan for Children and Young People - Tracking Report 01](#). p.29; ACYP (2022). 2022 Strategic Plan Tracking Survey. [Unpublished data].

²⁴ ACYP (2023). [The NSW Strategic Plan for Children and Young People - Tracking Report 01](#). p.29; ACYP (2022). 2022 Strategic Plan Tracking Survey. [Q: Which of the following sources have you used for support in relation to your mental health, in the past 12 months? Base: those who have sought mental health support in the last 12 months - (n=342)].

²⁵ We note the prevalence of GPs may be due to the requirement to seek a referral for other specialist healthcare such as psychologists and psychiatrists.

²⁶ ACYP (2023). [The NSW Strategic Plan for Children and Young People - Tracking Report 01](#). p.29; ACYP (2022). 2022 Strategic Plan Tracking Survey. [Q: How long did you have to wait until you had your first appointment with a [mental health professional shown as relevant from previous answers], from when you or your parent

While around half of children and young people reported their access to a mental health professional within a school, TAFE or university took two weeks or less, those seeking support for a psychologist or psychiatrist would be more likely to look at a much longer waiting time. One in five children and young people reported waiting four months or more to see a psychiatrist.

At the same time, throughout face-to-face consultations, children and young people have told us that they are concerned that those seeking help for more moderate mental health issues are sometimes unable to access professional support as those who are facing more acute challenges are prioritised. Young people have told us that it is often while waiting for support that those moderate concerns become more serious and young people are left feeling they are unsupported during a period of crisis. Many young people have expressed frustration with this cycle and voiced concerns that they should not have to wait “until breaking point” to access the help they need.

“[Government should] recognise the need for far more mental health services. I haven’t been able to find a clinical psychologist because they are far too booked up.”²⁷

In discussing various mental health services, headspace was one service that was mentioned frequently and was viewed positively by many young people. headspace was often described as the “go-to” service both for those who had a history of mental health concerns and those who did not. However, some who had experience accessing headspace reported feeling “caught in the middle” in that, by the time they were able to access support, their mental illness or concern had progressed beyond the level of support headspace provides.

Recommendations:

- *Decrease waiting times for children and young people to access professional mental health support, including for those in rural and regional areas.*

Integration between services and the appropriate allocation of mental health care workers

As noted above, across the board, children and young people report wait times for mental health services and supports being too long. This includes issues related to workforce challenges, particularly in regional and rural areas, as well as the need for improved integration and transition between services.

The education system is one area where young people often report that mental health services are

first contacted them? Base: Participants indicating they had sought support from each category of professional n=42-117]

²⁷ ACYP (2022). [NSW Strategic Plan for Children and Young People 2022-2024](#), p.81.

over-stretched. While young people in ACYP's various consultations have reported mixed views about the impact of counsellors in schools (such as frustration with confidentiality or experiencing social barriers to accessing help), many still felt this was an important initiative and would like to see more mental health support provided in schools.

*"Improve mental health facilities for the young particularly in high school and make them more accessible and affordable i.e. build them into schools."*²⁸

Some felt the role of the school counsellor should be to both provide support but also to address the stigma associated with seeking professional help. For instance, young people regularly recommend in ACYP's consultations that all Year 7 students should be encouraged to see the school counsellor at the beginning of their high school years, to provide an initial introduction and overcome the early barriers associated with seeking help.

*"Get rid of stigma by having a whole year talk with the counsellor to normalise the conversation."*²⁹

Some young people have also spoken positively about recent steps taken to support wellbeing in schools through the implementation of School Support Officers (SSOs) and similar roles across NSW schools, and the importance of early intervention to address mental health concerns.

As discussed earlier, many young people have spoken about the stigma and shame that can be associated with seeking help. As a result, young people have told us about the importance of mental health concerns being taken seriously by services, so that young people are supported to seek care. Whilst some young people have had positive experiences connecting with a range of services at an early point – including school supports and general practitioners – others have had more negative experiences.

"Making sure that doctors have some sort of professionalism in regard to when talking about mental health. I went to a [local] Dr and when talking about my anxiety he told me to 'calm down' and that it's 'just life.'"

*"Schools have a responsibility to check on students' mental health as some people may not want to talk about issues until asked and they feel like they are taken seriously."*³⁰

Young people often talk about the important role that broader community services, such as mainstream youth services, play in engaging young people through activities and providing a soft entry point for young people to connect to support services for mental health, as well as other related services such as supports around drug and alcohol misuse. In addition, outreach services can also play an important role in connecting young people experiencing an acute episode or those suffering with a long-term illness to services and supports.

²⁸ ACYP (2022). [NSW Strategic Plan for Children and Young People 2022-2024](#). p.53.

²⁹ ACYP (2022). [NSW Strategic Plan for Children and Young People 2022-2024](#). p.54.

³⁰ ACYP (2019). [Mental health and wellbeing needs of children and young people](#). p.19.

Recommendations:

- *Invest in addressing mental health workforce shortages and challenges around service system integration, particularly in regional and rural areas.*
- *Further invest in early intervention programs to prevent young people reaching crisis point. This includes both mental health and wellbeing supports, such as school SSOs, as well as specialist services, such as programs focused on supporting young people to address around alcohol and other drug misuse, and sports or youth programs for young males, which can reduce the stigma in accessing such a program.*

Benefits and risks of online and telehealth services

In ACYP's consultations, young people often raise suggestions about changes to the types of supports they feel are currently available to them. Views about the mode of service delivery are mixed and, unsurprisingly, depend on the circumstances and preferences of the individual young person.

Some young people have told us that they hope to engage virtually, and that there are benefits to being able to access mental health support through online and telehealth services. For instance, in consultations young people have told us that virtual services can be helpful for some, as they allow: flexibility in fitting around other schedule commitments; and that online service delivery can provide for a more cost effective, anonymous and accessible service. In ACYP's 2021 Youth Week Survey, young people said that the main benefits of online mental health services centred around being able to get referrals to other support services, receiving professional advice and being able to have anonymous and confidential conversations.³¹

However, despite these positives, young people have also noted concerns about online and telehealth services. For instance, in ACYP's conversations with young people experiencing COVID-19 lockdowns, some young people said that they would like to be able to seek support face-to-face and that telehealth was not their preferred delivery mode.³² Most students across all schools agreed that telephone support would be unpopular with young people as generally they do not speak to people on the phone. Others raise concerns about privacy and confidentiality of telehealth services. For example, as noted earlier in Jayden's earlier statement:

"Whilst telehealth is an important interim measure in ensuring accessibility for all regions, it also can be quite uncomfortable, as individuals may not be able to properly answer questions due to fear of someone within their surroundings over hearing."

³¹ ACYP (2021). *2021 Strategic Plan Baseline Survey*. [Unpublished].

³² ACYP (2022). [NSW Strategic Plan for Children and Young People 2022-2024](#). p.53.

In addition, young people have also noted that it can sometimes be difficult to build a trusting relationship with a practitioner in a virtual setting and have expressed concern that a shift to online and telehealth services may further erode the provision of face-to-face mental health services, particularly in regional and remote areas.

It is important that young people are provided with a range of different service delivery options to support their mental health and wellbeing.

Recommendations:

- *Ensure that any expansion of the provision of mental health services to young people has a focus on delivering a hybrid model of care that provides young people with choice and flexibility, including in regional and rural areas. Whilst online and telehealth services can play an important role, they should not become a default or substitute for face-to-face mental health support and care.*

Accessibility and cultural safety of services

In addition to stigma around seeking mental health support, young people report facing additional barriers to accessing mental health care services due to their cultural background, gender, sexuality and other elements of their individual and intersecting identities.

In consultations with refugees and asylum seekers, young people have spoken about a reluctance to access mental health services due to feeling that they were only for people with serious conditions.

³³Young people spoke about their experiences of racism and the negative effects this had on their mental health and wellbeing, causing them to feel alienated when they first arrived and like they didn't belong. Some had done an online search for mental health services and thought that the services appeared too formal and closed off to them. Young people said that they would be more likely to seek help in a casual, informal environment, and highlighted the importance of access to interpreters when accessing health services.

In consultations with Aboriginal children and young people, many have reported that connection to culture is crucial to their wellbeing and sense of identity.

"[I like the Aboriginal Medical Service] cos like I know the workers very well like they're my Aunties and all that. I can understand them more than I can understand the other people. I can open up to them and like if I go to that other doctor, I won't open up to him, I won't tell him what's wrong with me or nothing."³⁴

Research shows that programs which are co-designed with Aboriginal communities - including strategies which are Aboriginal-led, family-focused, culturally responsive, context specific and utilise a social and emotional wellbeing framework based on First Nations concepts of wellbeing - have demonstrated strong results in improving the mental health of Aboriginal children and young

³³ ACYP (2019). [Consultations with refugee and asylum seeker children and young people](#). p.14-16.

³⁴ ACYP (2019). [What Aboriginal children and young people have to say](#). p.13.

people.³⁵ In addition, research has highlighted that programs that are short-term, and designed and delivered without consultation with the community do not work, and that First Nations mental health programs and services are under-funded.

Young people highlight the importance of culturally safe services and workers in creating welcoming environment, including that services aimed at Aboriginal children and young people should be designed, managed and delivered by Aboriginal people and organisations.

Similarly, LGBTQIA+ young people also highlight the importance of mental health services that provide safe, welcoming and inclusive care.³⁶ In ACYP's consultations, young people spoke positively about LGBTQIA+ specific services, such as support obtained through Twenty10, ACON and The Gender Centre. Young people said it was important to have more health professionals that identify as LGBTQIA+ and that staff who do not identify should receive training in LGBTQIA+ concepts and issues. Trans and gender diverse young people also highlighted the need for more gender specific support services.

"I think it's the perception of safety that comes with a young person and then how we're socialised and how we are brought up, like we get it, you know mental health is stigmatised but in practice it's actually quite hard to have that conversation and then especially if the person that's across [from] you is either one that looks like you but doesn't relate or doesn't understand or has the cultural assumptions that is quite daunting, so it's difficult."

A lack of accessible LGBTQIA+ appropriate services, particularly in regional areas, was noted as a key area of concern for young people and a barrier to accessing mental health support.

In ACYP's consultations with children and young people with disability, they told us that efforts to address mental health concerns are increasing but that more needs to be done.³⁷ Children and young people that participated in these consultations said further awareness raising was needed to ensure that teachers and mental health professionals better understood the potential interaction between mental health concerns and disabilities and ensure services were equipped to assist them.

All children and young people have the right to receive safe, accessible, inclusive and culturally safe mental health care and support.

³⁵ Australian Institute of Health and Welfare (2014). *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people*. Accessed via: <https://www.aihw.gov.au/reports/indigenous-australians/strategies-to-strengthen-mental-health-wellbeing/summary>.

³⁶ ACYP's LGBTQIA+ Report includes a summary guide on how to support LGBTQIA+ young people in health services, based on the feedback and recommendations from LGBTQIA+ young people. See: ACYP (2022). [Voices of LGBTQIA+ Young People in NSW](#). p. 122

³⁷ ACYP (2020). [The Voices of Children and Young People with Disability](#).

Recommendations:

- *Increase investment in mental health programs that ensure children and young people are provided with access to safe, inclusive and culturally safe mental health care and support. This should include investment in Aboriginal-led and co-designed programs, culturally specific mental health services and supports (including translation services), and LGBTQIA+ and gender-specific services.*
- *Provide frontline health workers and other adults who serve children and young people with training focused on cultural awareness and cultural safety; disability inclusion; and LGTQIA+ inclusion.*
- *Provide adults who serve children and young people, such as school counsellors, GPs and school staff, with training focus on reducing stigma and increasing knowledge about different types of mental health conditions and different options for support. This should include a focus on the importance of early intervention, how to support young people to connect with services at an early point, and information about existing supports including cohort-specific services.*

Alternatives to police for emergency response

As noted earlier, young people regularly highlight concerns with the lack of available crisis supports and the lack of available options beyond calling triple zero or attending an emergency department when experiencing a mental health crisis. In addition, we know that young people experiencing disadvantage and other vulnerabilities, including young people who have experienced homelessness youth people in contact with the criminal justice system and those living in out of home care, have a heightened likelihood of experiencing mental ill-health. And for these young people, the involvement of police during periods of mental health-crisis can be triggering and re-traumatising.

ACYP is supportive of efforts to provide alternatives to police for emergency responses, with an emphasis on de-escalation approaches which divert young people away from involvement with the criminal justice system and place a focus on providing a specialist mental health response. In recent years it has been positive to see initiatives undertaken in NSW that place a stronger focus on person-centred trauma informed care, including the PACER (Police, Ambulance, Clinical, Early, Response) program and the co-location of mental health nurses at some Sydney-based police stations to act as co-responders for mental health emergencies.

Across consultations with young people, particularly socially excluded young people and those experiencing vulnerabilities, young people regularly highlight the need to be able to access a safe space after hours – for instance, young people have recommended a 24-hour drop-in centre with crisis beds, social workers, food, counsellors and internet facilities. We regularly recommend that existing service hours are adjusted to ensure that children and young people can access assistance outside of business hours; that services are provided in high needs areas and accessible locations; and that transport support is provided so that young people have a safe means of travelling to and from services.

As a result, ACYP welcomed the establishment of 20 Safe Havens across NSW for crisis mental health support and we recommend that these services or a similar model be further funded and expanded to support young people in distress. Safe Havens provide drop-in services for anyone who is experiencing suicidal thoughts or mental distress, offering a non-clinical setting and an alternative to emergency departments for people to receive peer-based mental health. At present, it appears not all of these services operate during evenings or on all days throughout the week. ACYP has previously recommended that further funding could be used to both expand opening hours and provide access to an after-hours on-call support, so that if a young person needed access to a safe space after 10pm, a safe space could be opened temporarily to meet that need on an ad-hoc basis.

Recommendations:

- *Increase funding for NSW Health to provide care and de-escalation focused responses to mental health callouts, that are led by health professionals rather than police.*
- *Expand the Safe Havens and Safe Spaces program to provide safe spaces for young people to access support after hours.*
- *Ensure that all services targeting children and young people review their accessibility, with a view to ensuring that offices are appropriately located, open at times when young people are able to attend, and that young people are supported to travel to and from appointments.*

Conclusion

ACYP thanks the Committee for considering these important issues and welcomes any follow-up questions from its members. If any further information is required, please contact ACYP on 9248-0970 or at acyp@acyp.nsw.gov.au.