Productivity Commission Draft Report: Mental Health October 2019

Submission prepared by ReachOut Australia
January 2020

Introduction

In October 2019 the Productivity Commission released its draft Mental Health report for public examination and invited further comments and submissions. ReachOut has had an opportunity to review the draft and provided below is additional information on areas of research and service expertise, with a focus on:

- young people and their helpseeking preferences, service needs, and ensuring help is available sooner rather than later in the helpseeking journey
- solutions that are evidence-based and cost-effective, delivering 'bang for buck' from taxpayer spending.

ReachOut has sought to make the recommendations in this submission specific, practical and actionable.

ReachOut would like to take this opportunity to express its appreciation to the Productivity Commission and Commissioners for their time, commitment and consultations in support of this important inquiry.

Recommendations

Recommendation 1: In creating a people orientated system, specific consideration be given to the needs of young people in the stepped model of care.

Recommendation 2: Provide young people with access to online support options that address the full range of barriers to helpseeking.

Recommendation 3: Consider the role of online peer support forums in the mental health service system, across the stepped model of care, from self-help to more intensive care.

Recommendation 4: Consider adding online peer support forums to Box 11.6, Australian examples of peer workers. Suggested wording:

> *Online peer support forums: provided by both formally trained peer moderators and informally between members with a focus on providing connection and support, for example, ReachOut, Beyond Blue and SANE.*

Recommendation 5: Accessible and flexible parenting support programs to be integrated into whole-of-school approaches to mental health and wellbeing support and promoted to parents.

Recommendation 6: ReachOut Parents be added to the dot point list of support programs for parents, partly or fully subsidised by governments, in Section 17.3.

Creating a (young) people orientated system

Draft report reference: Volume 1, Chapters 4, 5 and 6

Recommendation 1: In creating a people orientated system, specific consideration be given to the needs of young people in the stepped model of care.

Recommendation 2: Provide young people with access to online support options that address barriers to helpseeking.

Preferences for online

The Mission Australia Youth Survey reports illustrates young people's appetite for mental health support that can be provided online[12]. In their 2018 survey:

- 31 per cent of all young people, and 37 per cent of those with psychological distress, said they would use the internet to source **information about specific issues**
- 16.5 per cent of all young people, and 22.2 per cent of those with psychological distress, said they would use the internet to access **information about available services**
- 16.5 per cent of young people, and 23 per cent of young people with psychological distress, reported that they would use the internet **to chat one-on-one with someone who has had a similar experience** (notably young people valued this over online counselling with a professional)
- 19 per cent of young people, and 19.8 per cent of those with psychological distress, reported they would use the internet to access an **online quiz or assessment tool**
- 8.3 per cent of young people, and 11.8 per cent of those with psychological distress, said they would use an **online support group or forum**.

Further the Royal Commission into Victoria's Mental Health System noted that children and young people can be reluctant to seek help in person, and many prefer to access support and information online[3]. A survey conducted for the Commission found that, while older people are more likely to visit their GP about mental health concerns, young people are more likely to use the websites of specific mental health support services (see Figure 7.23 reproduced from the Interim Report).

Figure 7.23: Likely sources of information approach when facing a 'mental health challenge', by age group Victoria
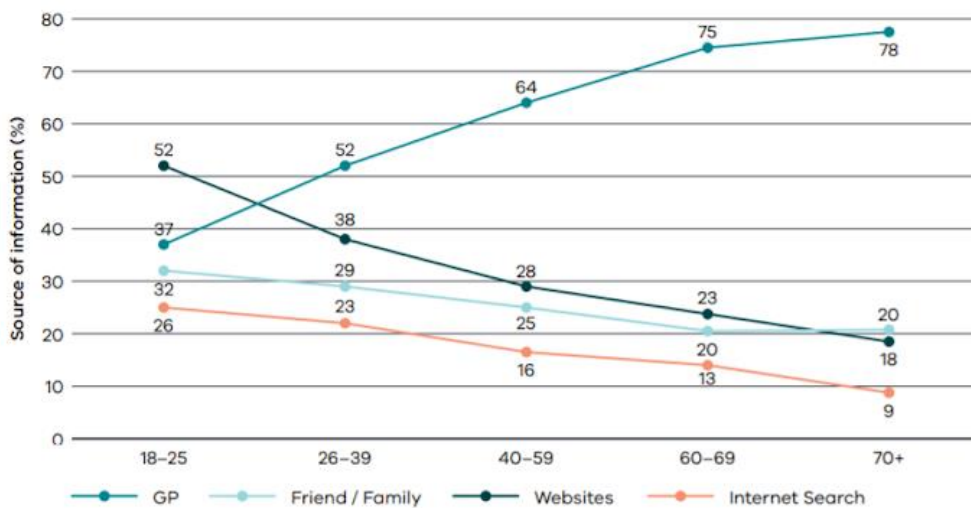
Reference: RCVMHS, *Community Sentiment Survey-Key findings*, November 2019.

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[1] S. Hall, J. Fildes, B. Perrens, J. Plummer, E. Carlisle, N. Cockayne and A. Werner-Seidler, 'Can we Talk? Seven Year Youth Mental Health Report - 2012-2018'. Sydney, NSW, Mission Australia, 2019.

[2] E. Carlisle, J. Fildes., S. Hall, B. Perrens, A. Perdriau and J. Plummer, 'Youth Survey Report 2019', Sydney, NSW, Mission Australia, 2019.

[3] State of Victoria, Royal Commission into Victoria's Mental Health System, Interim Report, Parl Paper No. 87 (2018–19)

Help to understand and seek help

The current stepped model of care presumes a level of self-awareness and acceptance of a mental health problem, which is something many young people do not possess and may prevent them from getting appropriate help. A question in ReachOut's routine monitoring and evaluation, for both ReachOut users and non-ReachOut users, asks 'What's the one thing that stresses you out, but you don't think is important or serious enough to tell anyone?". While many young people report issues like study stress and worrying about the future, others report issues that signal fairly serious mental health symptoms which they are not conceptualising in this way, or seeing as helpworthy (see Table 1).

Table 1: "What's the one thing that stresses you out, but you don't think is important or serious enough to tell anyone?"

Responses that may signal mental health symptoms
- Anxiety   - A feeling of hopelessness   - Being worthless   - Eating disorders   - I am worried too much about everything   - I feel extremely sad deep inside   - Just general negative feelings about myself and my life   - My social anxiety I feel like it's silly and other people don't get it like it's just something I need to get over on my own

Young people need help to understand what they are going through and to get them ready to seek further support. Services like ReachOut provide this opportunity by:
- increasing awareness of symptoms and services
- providing a safe space to explore and discuss their situation
- clarifying expectations about what seeking help would look like, what would be required of them and how much it would cost
- building positive attitudes about the benefits of seeking help and decreasing stigma
- sharing other young people's experiences of seeking help
- increasing a young person's sense of agency and motivation in their own helpseeking journey.

ReachOut NextStep, launched in 2016, is an evidence-based automated triaging tool designed to build service readiness and link young people to the services that are most appropriate for their level of need. NextStep is available on ReachOut.com and has been developed as a 'widget' that can be syndicated and incorporated into other online settings, such as The University of Melbourne website.

The NextStep development drew on the expertise of 10 leading mental health service providers and was co-designed with more than 600 young people. A randomised control trial found it to be effective in reducing negative affect and improving satisfaction with the helpseeking process up to three months after using the tool, when compared with usual helpseeking strategies[4]. The economic analysis also demonstrated that the tool is cost effective, better matching health interventions with the needs and preferences of consumers[5]. Expansion of a tool like NextStep could play an important role in facilitating the principles of stepped care in an efficient and cost-effective way for young people, and reducing costs in the broader health system.

Online platforms like ReachOut can support young people to become more self-aware in relation to their own mental health, and empower them to access the form of support that is right for them.

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[4] L.K. Le, L. Sanci, M.L. Chatterton, S. Kauer, K. Buhagiar and C. Mihalopouls, 'The Cost-Effectiveness of an Internet Intervention to Facilitate Mental Health Help-Seeking by Young Adults: Randomized Controlled Trial', *Journal of medical internet research*, vol. 21, no. 7,2019, pp. 1-12, doi: 10.2196/13065.
[5] Ibid.

The reluctant helpseeker

ReachOut's research and work with young people has shown that a large proportion are unwilling to access face-to-face services, even if they know that they would benefit from doing so. A Mission Australia report showed that 36.5 per cent of the young people surveyed who were experiencing psychological distress agreed with the statement "I have had some problems but I did not get help even though I thought I needed it"[6]. ReachOut's recent impact study, showed that 26.6 per cent of respondents (comprising young people with fairly significant mental health needs) agreed with the same statement.

> *"I don't think it is necessary [sic] to tell anyone because i know how to solve my problems and i dont need to bother anyone else about them" [ReachOut study participant]*

It is well established that young people are often reluctant to seek help for mental health problems[7], with the main barriers to helpseeking being stigma, embarrassment and preference for self-reliance[8]. A 2014 review identified that although young people's experiences of online mental health services are typically very positive, to date there has been little evidence to suggest they facilitate helpseeking[9]. It is therefore encouraging that ReachOut's recent impact study showed it contributed to an increase in helpseeking intentions and behaviours (for more information see section below, *Self-help has a measurable impact*). This highlights the considerable potential of services like ReachOut to mitigate common barriers to helpseeking.

The impact study of approximately 2000 ReachOut users, also showed the service attracted young people with fairly significant mental health needs, and that many had previously sought help from a mental health professional. Of concern is that many did not rate this experience as helpful. It was encouraging that this cohort of young people with unmet needs had experienced improvements in their mental health symptoms after engaging with ReachOut, and rated the support they received positively. While ReachOut is primarily intended as a prevention/early intervention service, it is supporting young people across the spectrum of intervention and all the way through their mental health journey.

Finally, ReachOut's impact study demonstrated that although many young people intended to seek help from a mental health professional, they more frequently relied on friends, parents and online resources. Mission Australia reports similar findings, with friends, parents/caregivers and the internet being the most commonly cited sources of support[10]. This highlights the reliance on online resources, but speaks to the importance of services like ReachOut and ReachOut Parents (for more information about this service, see section below *ReachOut Parents*) which offer resources and support to people, such as friends or parents, who may find themselves providing informal support to a young person.

Self-help has a measurable impact

Analysis of the largest ever impact study ReachOut has ever conducted has provided a clear indication of the significant impact ReachOut has on young people in distress. From 2014–16, ReachOut conducted a longitudinal study of approximately 2000 users, to understand how young people use ReachOut, as well as its impact on their mental health and helpseeking behaviour.

The results, which have been independently peer-reviewed, show that over a three-month period ReachOut contributed to a statistically significant decline in symptoms of depression, anxiety and stress. The biggest changes were seen in young people who had severe or extremely severe symptoms.

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[6] S. Hall, J. Fildes, B. Perrens, J. Plummer, E. Carlisle, N. Cockayne and A. Werner-Seidler, 'Can we Talk? Seven Year Youth Mental Health Report - 2012-2018'. Sydney, NSW, Mission Australia, 2019.

[7] Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia, 187*(S7), S35–S39. https://doi.org/10.5694/j.1326-5377.2007.tb01334.x

[8] Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. BMC Psychiatry, 10(1), 113. https://doi.org/10.1186/1471-244X-10-113

[9] Kauer, S. D., Mangan, C., & Sanci, L. (2014). Do online mental health services improve help-seeking for young people? A systematic review. *Journal of Medical Internet Research, 16*(3), e66. https://doi.org/10.2196/jmir.3103

[10] S. Hall, J. Fildes, B. Perrens, J. Plummer, E. Carlisle, N. Cockayne and A. Werner-Seidler, 'Can we Talk? Seven Year Youth Mental Health Report - 2012-2018'. Sydney, NSW, Mission Australia, 2019.

Users who took part in the study completed multiple surveys over three months. Surveys were conducted at: Baseline, Week 5 (5 weeks post baseline), Follow-up (3 months post baseline). While at the beginning of the study, the majority of users rated their mental health as either 'fair' or 'poor', a large proportion of users (68 per cent) scored in the 'severe' or 'extremely severe' range on symptoms of depression, anxiety and/or stress. Analysis of the data from this study found that ReachOut users experienced:

1. *Improvements in mental health*: overall ReachOut users participating in this study experienced a significant reduction in their symptoms of depression, anxiety, and stress over the three-month study period, with the largest reduction in symptoms of depression. There was also a reduction in the proportion of participants experiencing severe or extremely severe symptoms of depression, anxiety, and stress.
2. *Reduction in suicide risk*: there was a significant reduction in suicide risk; at baseline 12.3 per cent of users were at high-risk of suicide, but this had significantly reduced to 8.6 per cent of users by the three-month follow-up.
3. *Increased helpseeking*: of those participants who were experiencing symptoms of depression, anxiety, and/or stress, but had not sought help within the three months prior to the study 11.6 per cent went on to seek help from a mental health professional and a further 5.7 per cent went on to seek help from a doctor or GP by the three month follow-up.

Social Ventures Australia has valued the social benefit of improved mental health for individual young people accessing self-help on ReachOut.com at $3 million per year; and the social benefit to society for young people on ReachOut.com who need urgent help, receiving urgent help at $21 million.

Factual error: Volume 1, Chapter 6, Supported online treatment

Text: In 2012, the Australian Government released the E-Mental Health Strategy for Australia highlighting the need for further expansion of e-mental health services, including expanded youth-focused telephone and online counselling service (via headspace), an online e-mental health portal to provide pathways to services (Head to Health), and the establishment of a virtual clinic providing supported online treatment (MindSpot) (Australian Government 2012). Pages 267-268

The online e-mental health portal that was developed as part of the 2012 *E-Mental Health Strategy for Australia* was mindhealthconnect.org.au. Mindhealthconnect has since been decommissioned and replaced by Head to Health.

Head to Health was developed as a result of a commitment in the Australian Government's 2015 response to the National Mental Health Commission's report *Contributing Lives, Thriving Communities: Review of Mental Health Programmes and Services*, which committed to a new easy to access digital mental health gateway, offering phone line and online access to navigate mental health services as a first line of support. Details accessible at: https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-review-response

The potential of online peer support communities

Draft report reference: Volume 1, Chapters 5 and 11

Recommendation 3: Consider the role of online peer support forums in the mental health service system, across the stepped model of care, from self-help to more intensive care.

Recommendation 4: Consider adding online peer support forums to Box 11.6, Australian examples of peer workers. Suggested wording:
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Online peer support

Peer support is increasingly recognised as an important component of the mental health service system, due to increasing demand for this type of support and demonstration of its unique impact and effectiveness. Online peer support communities (or forums) are embedded within a number of services in Australia, for example, ReachOut, Beyond Blue and SANE. Each forum has a similar model, but caters to different consumers.

Peer support is often conceptualised as providing social and emotional support throughout recovery. ReachOut's research and evaluation of its peer support forums shows that it plays an important role throughout the stepped model of care, and even before a young person interacts with the formal mental health system. ReachOut has found that young people use peer support to contextualise what is going on for them, explore what their options are, help manage stress and distress, build their readiness to reach out for more formal support where needed, and as an adjunct to treatment. Further, a substantial number of young people do not post, but are reassured and feel less alone as a result of reading the posts made by other young people and the responses from peer and (less frequently) staff moderators.

The majority of young people accessing ReachOut's forums are affected by poor mental health, and are commonly experiencing feelings of low self-esteem, loneliness and isolation. Some struggle to navigate and maintain close relationships. There is also a reluctance to seek help from a mental health professional within this community. In 2018-19, 570 young people using ReachOut's peer support forums required a duty of care intervention, the majority related to suicide ideation or attempt. ReachOut's research with forum users has demonstrated the benefits of online peer support in terms of providing social connection, validating concerns, generating a sense of hope and increasing uptake of self-help strategies.

The current Productivity Commission draft report mentions online peer support forums in the context of self-management, with no reference to peer support in Figure 3, the stepped model of care. ReachOut's view is that the scalability, accessibility and anonymity of online peer support forums address many barriers to helpseeking, add capacity to the mental health system, and have significant potential to improve mental health outcomes across the stepped model of care, including providing safe spaces for those in distress or at risk of suicide.

Supporting young people during the school years

Draft report reference: Volume 2, Chapter 17

Recommendation 5: Accessible and flexible parenting support programs to be integrated into whole-of-school approaches to mental health and wellbeing support and promoted to parents.

Recommendation 6: ReachOut Parents be added to the dot point list of support programs for parents, partly or fully subsidised by governments, in Section 17.3.

ReachOut Parents

In its April 2019 submission to the Productivity Commission, ReachOut made a brief reference to its parenting service, ReachOut Parents. To support the Productivity Commission's discussion on support programs for parents and caregivers, additional information about ReachOut Parents is provided below.

ReachOut Parents, launched in 2016 and accessed by more than 300,000 parents in 2018-19, provides evidence-based information, resources, peer support and one-on-one telephone support for parents and young people aged 12-18 years. It is:
- Free and accessible. Available 24/7, ReachOut's mobile-first design and AA accessibility rating mean time-poor parents can access information where and when they need it.
- Co-designed with parents and young people. More than 1100 parents from across Australia helped ReachOut design and build the service, and young people were also consulted to ensure the service met their needs.
- Offers one-on-one support. Free and confidential support over the phone and online. A professional who is experienced in supporting families assists parents to create an action plan that works for them.

ReachOut Parents one-on-one support has received a 100 per cent positive satisfaction rating from parents [see quotes below]. While the majority of parents who have used the service are mothers, there have been equal proportions of males and females as the focus child, showing that this is an effective way of reaching young men that tend to be challenging to reach through traditional models. Integration of this model into the health system (for example via Primary Health Networks) and the education system (via schools) will likely fill a gap in the service system for parents and support improved outcomes for adolescent mental health.

> *It's been a user friendly program to engage with... It was good being able to choose an appropriate time online and then have a reminder call. The email reminders to log on and have everything ready were also good.*

> *This is actually helpful, not overwhelming, I am liking the positive spin and concrete strategies. It's great it's written down so we can see it.*

> *This session was great. One of the biggest things that I have taken away is the benefit of having a curious mindset. I have a better outcome by asking questions instead of taking on the responsibility to fix everything in my teen's life.*

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