

# Submission to the inquiry into the accessibility and quality of mental health services in rural and remote Australia

**Senate Standing Committee on Community Affairs**

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## Introduction

A 2007 National Survey of Mental Health and Wellbeing found that one in four young Australians between the ages of 16 and 24 had experienced a mental health disorder in the previous 12 months.<sup>1</sup> While the prevalence of mental health disorders is similar for people living in and outside of a major city,<sup>2</sup> there are considerable differences in suicide rates. Overall, the risk of suicide increases as remoteness from a major city increases, with the rate of deaths by suicide almost three times higher for those living in remote and very remote areas compared to those living in major cities.<sup>34</sup> Young people living in regional and remote areas may be exposed to structural, economic and social factors that result in poorer mental health outcomes and an increased risk of suicide.<sup>56</sup>

ReachOut.com is a leading youth and parent service, built with smart digital technology that provides content, tools and personalised help that is free, accessible anytime and focused on self-help and early intervention. Optimised for mobile devices, it puts help in the pockets of young people (and their parents) everywhere.

Online services are increasingly becoming a critical first step in a young person's help-seeking journey. ReachOut is designed to overcome many of the barriers to help-seeking – stigma, cost, waiting times, transport, a fear of breach of confidentiality and a preference for self-reliance – and has been shown to increase help-seeking intentions<sup>7</sup>.

Mental health remains the most pressing health issue for young people, and yet they often delay or don't seek help. ReachOut helps young people by providing immediate help and support; in rural and regional areas, access to alternative forms of help-seeking where face-to-face services may be some distance away; and getting young people to the right service more quickly.

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<sup>1</sup> Kessler, Ronald C., Patricia Berglund, Olga Demler, Robert Jin, Kathleen R. Merikangas, and Ellen E. Walters. "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication." *Archives of general psychiatry* 62, no. 6 (2005): 593-602.

<sup>2</sup> Australian Bureau of Statistics. *National Survey of Mental Health and Wellbeing*. Cat. no. 4326.0. Canberra: ABS, 2007. [www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4326.02007?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4326.02007?OpenDocument)

<sup>3</sup> Australian Institute of Health and Welfare. *Trends in Injury Deaths, Australia 1999–00 to 2011–12*, Cat. no. INJCAT 188. Canberra: AIHW, 2017. <https://www.aihw.gov.au/reports/injury/trends-in-injury-deaths-australia-1999-00-to-2011/contents/table-of-contents>

<sup>4</sup> Australian Institute of Health and Welfare. *Young Australians: Their Health and Wellbeing*. Canberra: AIHW, 2011. <https://www.aihw.gov.au/reports/children-youth/young-australians-their-health-and-wellbeing-2011/contents/table-of-contents>

<sup>5</sup> Bartik, Warren, Myfanwy Maple, Helen Edwards, and Michael Kiernan. "Adolescent survivors after suicide: Australian young people's bereavement narratives." *Crisis: The Journal of Crisis Intervention and Suicide Prevention* 34, no. 3 (2013): 211.

<sup>6</sup> Centre for Rural and Remote Mental Health. *Suicide & Suicide Prevention in Rural Areas of Australia: Briefing Paper – Rural Suicide Prevention Forum*. University of Newcastle, Orange, NSW, 2017.

<sup>7</sup> ReachOut Annual Survey, 2013

#### **RECOMMENDATIONS:**

1. Increase support for frontline mental health and wellbeing digital services to improve service availability and accessibility.
2. Empower those who play a key role in helping and supporting young people including parents, guardians, teachers and counsellors, and peers by providing opportunities, both in the community and online, to develop their recognition of mental health difficulties, and their knowledge of appropriate mental health first aid support and available support services.

## **Inquiry Terms of Reference**

On 19 March 2018, the Senate referred the following matter to the Senate Community Affairs References Committee for inquiry and report:

The accessibility and quality of mental health services in rural and remote Australia, with specific reference to:

- (a) the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate;
- (b) the higher rate of suicide in rural and remote Australia;
- (c) the nature of the mental health workforce;
- (d) the challenges of delivering mental health services in the regions;
- (e) attitudes towards mental health services;
- (f) opportunities that technology presents for improved service delivery; and
- (g) any other related matters.

Given ReachOut's research and service remit the focus of the submission is on items (a), (d), (e), (f), and (g) of the Terms of Reference.

## **What is ReachOut?**

ReachOut.com is Australia's leading youth service providing immediate help and support for free anytime and anywhere. ReachOut is accessed by more than 1.58 million people each year - that's around 132,000 people every month and 4,330 people every day.

Since its inception in 1997, ReachOut has co-designed programs and products with young people, ensuring that the evidence-based digital tools, and information and support a young person accesses on ReachOut are relevant and delivered in a way that makes sense to them.

Our core service is ReachOut.com. In addition we have developed a range of innovative tools and programs that extend our reach and impact, including:

- **ReachOut Next Step (youth):** a tool that recommends customised support options based on a young person's symptoms and how significantly the symptoms are affecting them. Support options include articles, apps, forums, and online, face-to-face or phone counselling. Referral issues include bullying, mental health, alcohol, drugs, and much more.
- **Apps and Tools (youth):** a digital tool that recommends mental health and wellbeing apps and digital resources that have been endorsed by both professionals and young people. It includes three apps that have been developed by ReachOut: Recharge (managing sleep), WorryTime (managing worry and anxiety) and Breathe (managing stress and anxiety).
- **ReachOut Parents:** provides information, tools and resources to help parents and carers support 12 - 18 year-olds in their family environment; and includes an added option of coaching to give parents concerned about their relationship with their teenager additional one-on-one online support.
- **ReachOut Schools:** offers support to teachers and other education professionals on building young people's wellbeing and resilience.
- **ReachOut Orb (schools):** an innovative digital game designed for use in Year 9 and 10 classrooms that has been mapped to the Australian Health and Physical Education curriculum, as well as to the NSW Curriculum. ReachOut Orb aims to improve students' understanding of key factors and skills that contribute to improved mental fitness and wellbeing.

## ReachOut longitudinal cohort study

In late 2014 ReachOut initiated a longitudinal cohort study, the initial results were published in 2016<sup>8</sup>. The cohort study included approximately 2000 ReachOut users recruited through a pop-up on the ReachOut site. Participants were aged between 16 and 25. This was a rolling sample, with participants asked to fill out four surveys carried out over a three-month time period.

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

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

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

Some of the key cohort study findings were:

- Of the young people who completed the study, 33 per cent were from regional and rural areas.

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<sup>8</sup> ReachOut and EY, One Click Away? Insights into Mental Health Digital Self-help by Young Australians, 2016

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

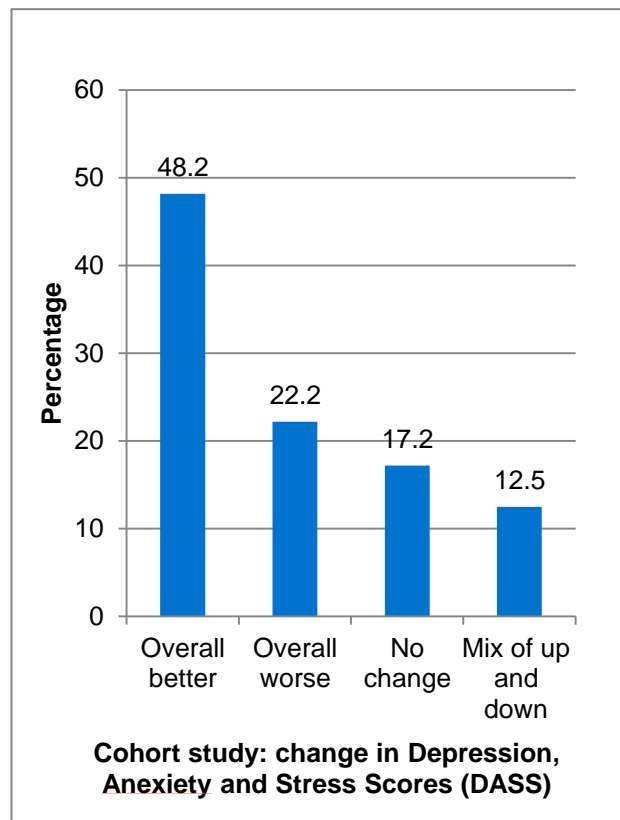
These findings show that digital services play a crucial role in making these young people feel supported.

Finally, of the approximately 2000 young people who participated in the cohort study, around 50% (or 1 in 2) experienced an improvement in symptoms over the three month time period, and those who were classified as severe or extremely severe showed the most improvement (see **Chart 1**). While more evidence is required to understand more completely ReachOut’s role in this improvement, the findings are extremely positive.

## Preliminary insights from ReachOut rural and regional research

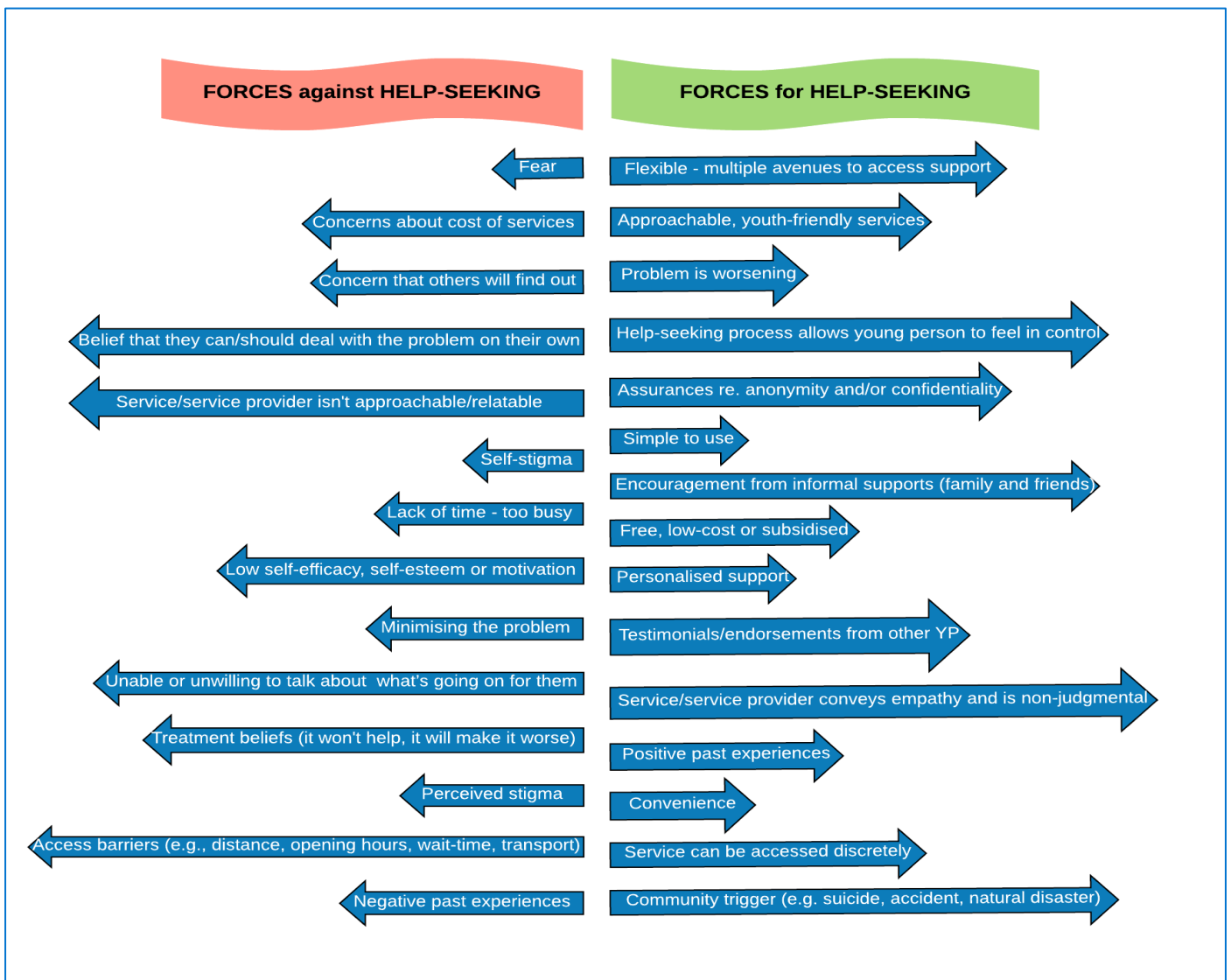
With the support of Future Generation Global

**Chart 1: Cohort study change in DASS scores**



Investment Company<sup>9</sup>, ReachOut has recently conducted qualitative and quantitative research into the mental health and wellbeing of young people living in regional and remote Australia, which is the subject of a future joint report with Mission Australia. Included in this section is a summary of preliminary insights.

**Table 1** summarises the forces for and against help-seeking and described by young people in rural and regional Australia. This information was obtained through co-design workshops, a national survey of 400 rural and regional young people, and a diary study. Service providers and young people alike saw that digital self-help services are critical to support young people’s mental health and wellbeing, and respond to the ‘tug of war’ of forces for and against help-seeking.



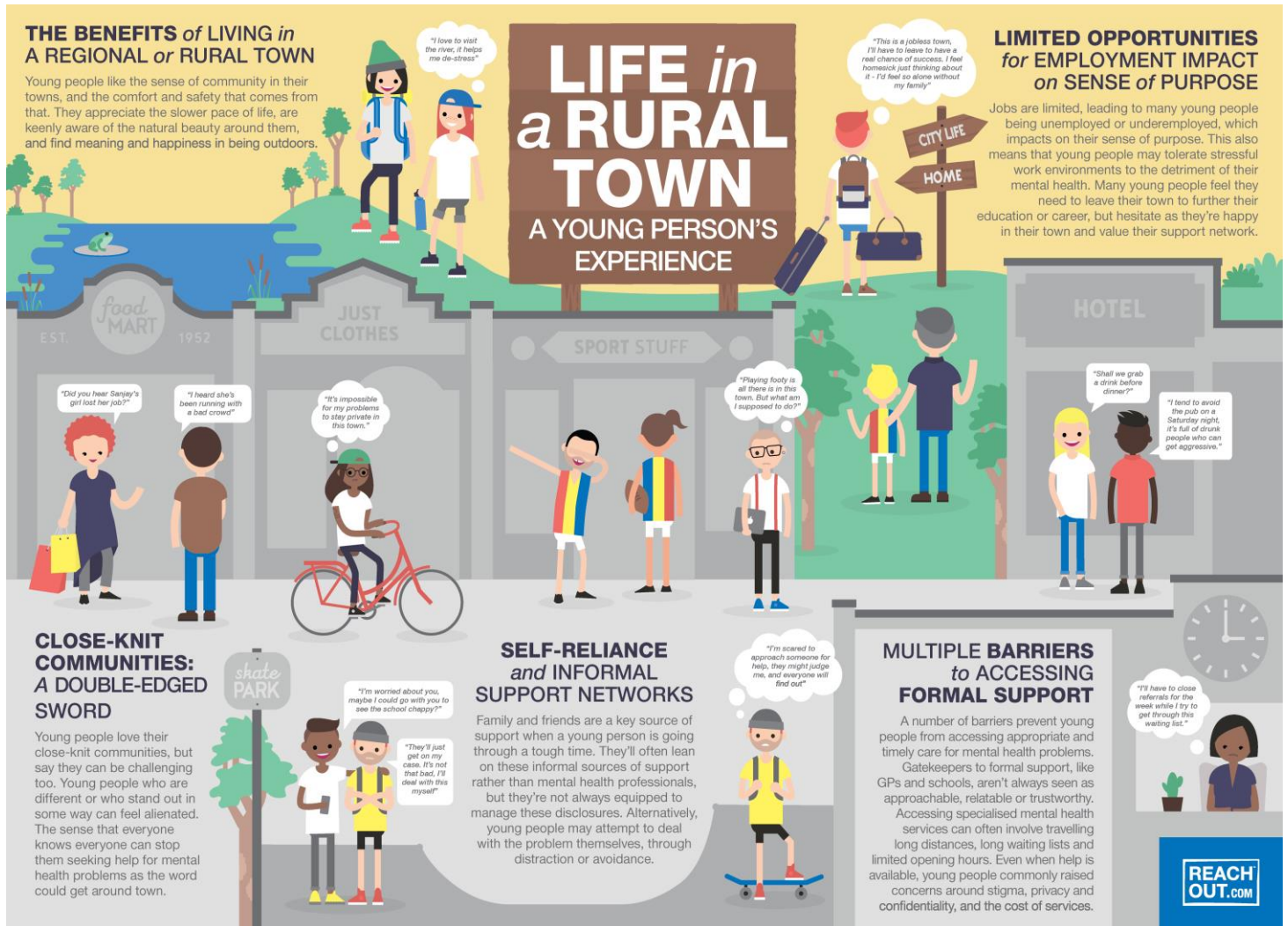
**Table 1: Forces for and against help-seeking**

<sup>9</sup> Future Generation Global is a listed investment company with the dual purpose of providing an attractive investment for shareholders and an ongoing source of funding to Australian charities with a focus on children at risk and youth mental health

**Table 2** categorises issues affecting the mental health and wellbeing of young people in regional and remote Australia, noting that issues of concern to many young people are study stress, employment concerns and financial stress.

Issues that affect many young people	Issues that affect some young people	Issues that affect less young people (but are personally significant)
<p><b>Study stress:</b> Study stress is a prominent issue for young people who are academically driven and who set high standards and expectations for themselves. These young people can feel extremely pressured, anxious and overwhelmed. They may also worry about when to leave school, or what to do after graduation.</p>	<p><b>Family issues:</b> Family is the most important source of support for rural young people. As such, when something is not right at home, young people can feel the effects of this acutely. Family issues that can impact on young people include family conflict, breakdown or divorce, being physically separated from family members, and family illness.</p>	<p><b>Suicide and self-harm:</b> Although suicide and self-harm are not as prevalent as some of these other issues, they remain highly significant in terms of the associated distress experienced by the young person, and the ripple effect and contagion risk they may give rise to in small, close-knit rural communities.</p>
<p><b>Employment concerns:</b> Unemployment is a key issue of concern for many young people. Those who are struggling to find secure employment are left feeling hopeless, worthless, stressed and depressed. Others may stay in stressful work environments for fear of not being able to secure employment elsewhere.</p>	<p><b>Depression and anxiety:</b> Depression, anxiety and stress are commonly experienced by young people living in regional and remote areas. Some young people may use clinical language to explain how they are feeling (depressed, anxious) whereas many others will speak about their symptoms or changes they've noticed in themselves (feeling down, low or out of control).</p>	<p><b>Alcohol and drug use:</b> Although issues related to drug and alcohol use (misuse, abuse or addiction) directly affect some young people, many who we spoke to saw this as more of a community safety issue, rather than a 'youth' issue. Some young people feel unsafe in certain areas within their town that are associated with drug or alcohol use.</p>
<p><b>Financial stress:</b> Worrying about money is a highly prevalent and significant issue for many young people. Those living out of home are struggling to pay bills and rent, particularly if they do not have a steady income. This can cause considerable stress and feelings of sadness, anger and desperation.</p>	<p><b>Bullying:</b> Bullying is a common issue experienced by regional and remote young people, and can be physical, verbal or emotional in nature. Cyberbullying is an issue that is becoming increasingly relevant, with social media a prominent forum for bullying.</p>	<p><b>Isolation and disconnection:</b> For remote young people, physical isolation and being disconnected from their support network is common, and can cause feelings of loneliness and depression. It may be difficult for these young people to visit friends and to maintain relationships.</p>

**Graphic 1** summarises a young person’s experience of life in a rural town and based on ReachOut’s research, this includes the benefits, negatives, preferences for support and barriers to accessing formal support.



**Graphic 1: Life in a Rural Town**

## A case study from rural Australia: Kiara’s story

My name’s Kiara, I grew up with my parents and older sister about 300kms west of Sydney in a country town called Parkes. If you haven’t heard of it I’m not surprised. It was really great to grow up in the country, the nature is gorgeous, and my family is incredible, but unfortunately that small town lifestyle didn’t do that much for my mental health.

I’ve struggled my whole life with anxiety, but it wasn’t really until my senior years of high school that I developed a severe depression. For so long I refused to seek help, or even open up to anyone about how I was feeling, because I genuinely thought “this is how everyone feels.” , because I refused to think there “was something wrong with me”.

I also knew that if I were to actually admit to myself that I needed help, that it would be insanely hard.



Getting help in regional Australia is so much more difficult than it should be. I love my family to bits, but I knew we were poor, and just didn't have the money to see anyone that wasn't bulk billed.

There wasn't a single clinical psychologist in Parkes at this point, let alone one that offered bulk billing. The closest psychologist was 100km away, and neither of my parents could take me because my Dad needed to work, and my Mum didn't drive due to her own mental health issues.

My school tried their best to have support for mental health, but just didn't have the resources to do it. I know my teachers wanted to help too, but they had no idea what was going on. There was so much pressure on me.

I felt so alone and hopeless. It was like even if I chose to seek help- I couldn't afford it and I just couldn't get there.

After over a year being of being severely depressed, I made plans to end my life.

I made one last Google search of desperation. That's when I found ReachOut.

ReachOut was there for me when literally no one else was. It saved my life. I put my feelings into NextStep and it was the first time I was told that what I was feeling is okay. I went to a forum where suddenly I was surrounded by support when I wasn't ready to open up to people I knew, and convinced me to go to the Emergency Department.

To get treated by a professional, I still had to miss important days of school during the HSC, and drive 200km to see my psychologist with long waitlists, but I knew ReachOut was always there the second I needed it in places and ways that physical services just weren't. It gave me the control I'd never had over my own mental health, and the tools and information to get the treatment I so desperately needed.

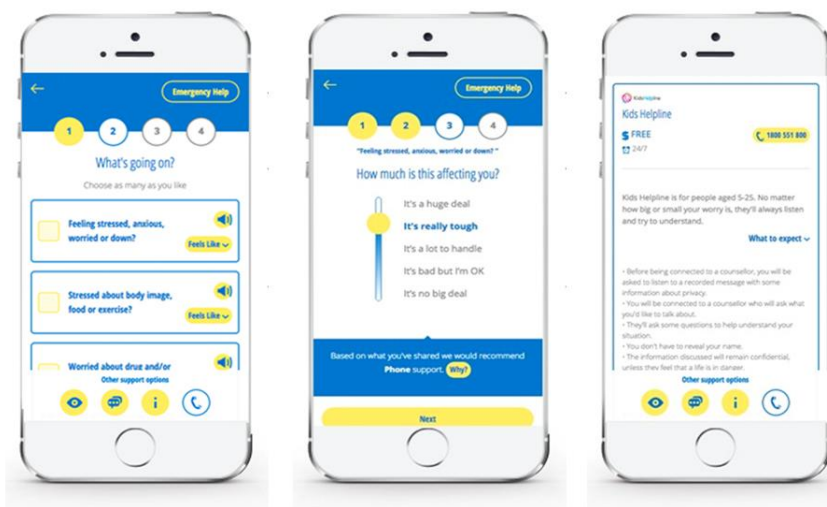
Seeking help was so confusing – I was put through under private and public health, and to this day I'm still not one hundred per-cent sure of the process I went through.

This is why ReachOut is so important, particularly to people who don't have the same access to treatment than you would in the City. It made all the difference to me. I honestly can't express this enough.

## Smart tools: ReachOut Next Step

ReachOut Next Step was developed as part of a project led by ReachOut in partnership with the University of Melbourne and the Young and Well Cooperative Research Centre. The aim of the Next Step project was to develop and evaluate a service model to facilitate help-seeking by providing a gateway to relevant and personalised mental health information, resources and services.

Next Step tool appearance



ReachOut Next Step, designed for and with young people, is now an important feature of the ReachOut service (ReachOut.com) and in providing a referral pathway when additional support is required, beyond self help.

The Next Step tool is the outcome of a co-design and development process with the aim of:

- relieving distress / increasing positive affect
- simplifying the help-seeking process
- decreasing barriers to access
- increasing journey satisfaction and service awareness
- increasing intentions to seek help (and service use).

Next Step is accessible anytime and from any device and for young people:

- provides them with a place to start and show them what's next
- walks them through the process
- validates their feelings and shows them they are not alone
- provides them with a sense of hope
- tunes into their changing needs
- makes it easy to act and connect to support.

As part of developing Next Step ReachOut drew on the expertise of 10 leading mental health service providers. More than 600 young Australians participated in the project through help-seeking workshops; concept testing; prototype and user experience testing; the randomised control trial; functionality workshops; content and multimedia workshops; and ongoing through a youth advisory group.

The Next Step randomised control trial (RCT) demonstrated it was a more satisfactory approach to help-seeking (compared to usual help-seeking strategies), reduced negative affect and improved quality of life up to three months after using the tool (as measured by the AQoL).

Next Step today references 90 symptoms, 12 issues, five severity levels for each issue, 25 apps and tools, 5 online forums, 14 chat services, 41 phone services, 28 face-to-face services, 29 practical tips, 250+ articles and stories, 12 videos, 60 pathways and thousands of possible combinations.

Next Step has been developed as a 'widget' and can be made available on sites external to ReachOut, for example, service providers, universities and schools.

## **NSW Mental Health Commission Western NSW Next Step Pilot**

In 2015, ReachOut conducted an eight week small-scale pilot project in the Western NSW Local Health District (LHD), to integrate an online self help and early intervention mental health service (a customised version of ReachOut Next Step) within a stepped-care approach. At that time, it was the first project in Australia to integrate established online and offline mental health services within such an approach.

Overall, the pilot project found that digital tools have the potential to reach a large number of young people, offer self-directed support to young people at any time of the day or night, recommend services based on a young persons' level of need, and provide a range of personalised support. It also demonstrates how a digital tool could provide a useful addition to the service system to facilitate help-seeking and to potentially increase service access to online and offline support.

Summarised below are the key findings and recommendations for future work from the pilot project.

### *Key findings*

Services providers were open to the concept of an online prevention and early intervention tool, and that Next Step met the identified need and recommended the appropriate level of support for the level of need.

Young people in the Western NSW LHD were open to the concept of an online tool to facilitate help-seeking. The tool developed for this project was evaluated very positively by young people. Characteristics such as ease of use, ease of language, usefulness and credibility of information, range of information, design attractiveness and quality of the tool were rated good or excellent by young people who participated in tool evaluation surveys.

### *Recommendations for future work*

The pilot identified a number of key recommendations for future work. Young people have a strong preference for the language used in self-directed help-seeking facilitation tools to focus on the issue(s) the young person is experiencing and how the young person is feeling (eg. symptoms) rather than on diagnostic criteria for mental health disorders or the use of clinical terminology.

The barriers to help-seeking may vary from region –to-region and may differ between young people and adults. Identifying local barriers relevant to the targeted population is essential in developing a tool which could potentially incorporate features or functions that may overcome, or mitigate the impact of these barriers.

In geographical regions where on-the-ground services are limited or dispersed, recommending face-to-face services for individuals experiencing significant mental health concerns may be inappropriate due to accessibility issues. A more appropriate alternative, implemented in this project, may be to direct young people to a 24-hour telephone service operating in the local region (for example, the Mental Health Line) in order to assess needs, triage the young person and assist with logistics if required.

Online tools, such as the one developed for this project, have the potential to be readily scalable. As such, online tools, once developed have the potential to reach large numbers of young people at no (or low) additional cost per person. The scalability of the online tool developed for this project lends itself to a further rollout of the tool in a number of ways, for example to other geographical areas, through educational settings and through a range of services that have contact with young people.

## **Mental health system design and service provision in rural and regional Australia**

In November 2014 the National Mental Health Commission released a *Review of mental health services and programmes*.<sup>10</sup> The review argued there was a need for a change in mental health service provision in Australia to shift groups of people towards upstream services (such as population health, prevention, early intervention, recovery and participation) to reduce pressure on downstream and more costly services (such as ED presentations, acute admissions, avoidable readmissions and income support payments).

This shift included access to innovative service delivery models such as digital mental health to provide the opportunity to integrate self help and informing people about where to go to access the specific information and support they needed.

This change in approach was to empower people, their families and other support people to support themselves where appropriate and enable a more cost effective use of the time and skills of clinical and other professionals.

A prominent theme in submissions to the Review from those with lived experience was of a mental health system where meaningful help is often not available until a person has deteriorated to crisis point. The reasons for this were varied, including no mental health supports were

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<sup>10</sup> National Mental Health Commission, *Contributing lives, thriving communities: Review of mental health services and programmes*, November 2014 accessed at <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>

accessible to them, did not exist in their area, or were inappropriate to their needs. These issues were compounded for those living in regional, rural and remote areas of Australia.

From an efficiency perspective it was identified that services and programmes were not well linked or integrated, administered by separate Australian Government departments and delivered through short term funding arrangements, which limited operated certainty, workforce stability and continuity of service delivery, among other issues.

The Australian Government responded to the Mental Health Commission Review in November 2015 and a number of significant reforms have been progressed, including regional planning and purchasing through Primary Health Networks and a focus on suicide prevention. However, encouraging a shift from treatment to early intervention and prevention has been slower, including the use of innovative technologies to achieve this. ReachOut strongly supports additional work in this area, given its research and service remit.

In regional and remote Australia, it remains the case that many people do not seek appropriate support. For ReachOut, baseline support from government has been bolstered by the corporate sector and importantly with investment from Future Generation Global Investment Company. This has contributed to research to better understand the needs of young people in rural and regional Australia; and a service response to better reflect these needs.

## **Conclusions**

ReachOut aims to assist young people with mild to moderate problems, however service data shows that a range of young people access ReachOut at different points in the help-seeking journey and with different levels of distress.

Tools like ReachOut Next Step provide a range of personalised support options, helping young people to access the level of support they need. As demonstrated by the ReachOut pilot project conducted in Western NSW, there is a real opportunity to integrate digital solutions into the broader mental health system. Well-developed digital self-help options can ensure young people with emerging mental health issues have quicker access to less-intensive interventions. They also provide an alternative means of information and support for young people in rural and remote Australia who face barriers to accessing more traditional mental health services, and respond to young people's desire for autonomy and anonymity.

Our research with young people in regional and remote Australia showed that family and friends are a key source of support when a young person is experiencing a tough time, drawing on this informal support rather than seeking help from a mental health professional. It is important that family, friends, and community supports are equipped to play a role and to have these important conversations.

Finally, it is important to involve users in any service design. Involving young people in the co-design of services will help to address the barriers to help-seeking identified in this submission and design youth friendly services. This is important to increase uptake of interventions (including technology based interventions) and ensure services are more accessible and responsive to young people's needs.