'SUPPORTED, EDUCATED AND UNDERSTOOD'

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Future Generation Global
INVESTMENT & SOCIAL RETURNS

REACHOUT'S IMPACT ON THE WELLBEING OF YOUNG PEOPLE LIVING IN REGIONAL, RURAL AND REMOTE AUSTRALIA

Acknowledgement of Country
We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander Cultures, and to Elders both past and present.
In particular, we want to recognise the Aboriginal and Torres Strait Islander young people who participated in this research and generously shared their stories. We recognise connection to Country as integral to health and wellbeing.

Acronyms and initialisms
ABS: Australian Bureau of Statistics
F: Female
FGG: Future Generation Global
GD: Gender diverse
M: Male
NB: Non-binary
ORRVR: Outer regional, remote and very remote

About ReachOut
ReachOut is the most accessed online mental health service for young people and their parents in Australia. Our trusted self-help information, peer-support program and referral tools save lives by helping young people be well and stay well. The information we offer parents makes it easier for them to help their teenagers, too.

We've been championing wider access to mental health support since we launched our online service more than 20 years ago. Everything we create is based on the latest evidence and is designed with experts, and young people or their parents. This is why our service is trusted, relevant and so easy to use.

Accessed by more than 2 million people in Australia each year, ReachOut is a free service that's available anytime and pretty much anywhere.

^ Title quote from participant in Diary Study (F, 16–18, Inner Regional) in response to how ReachOut makes young people feel.

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EXECUTIVE SUMMARY

This report aims to shine a light on the everyday lives of regional, rural and remote (rural) young people, their strengths and challenges, their mental health, and the impact ReachOut has in improving their mental health and wellbeing. Using evaluative research conducted between 2017 and 2021, we look at changes over time, drawing comparisons with similar research conducted in 2017 and shared in the *Lifting the Weight report* (1). This allows us to assess the effectiveness of ReachOut's new tailored and targeted approach to supporting this underserved population over the past five years, enabled by dedicated, sustained funding from Future Generation Global (FGG). We also look to the future, highlighting why we need ReachOut now more than ever to continue to support rural young people and what more we can do to help them manage and improve their mental health and break down the barriers that prevent them from seeking help.

UNPRECEDENTED CHALLENGES

AND EMERGING OPPORTUNITIES

The findings from this evaluation paint a picture of struggle, resilience and opportunity. Significant challenges over the last five years have included drought, natural disasters and a global pandemic, all of which have impacted the mental health of rural young people. Over the period, we found an increase in probable serious mental illness among rural young people (from 20.9 per cent in Year 1 to 27 per cent in Year 5, with a peak of 37 per cent of 18–19 year-olds). With these challenges, and the well-known concerns about employment prospects and educational opportunities in rural Australia, it is perhaps unsurprising that we also found a significant increase in the proportion of rural young people stressed about the future (from 15.2 per cent in Year 1 to 33.3 per cent in Year 5).

These are alarming figures that reinforce the need to focus on rural populations as a priority for mental health services. There are, however, also many positive signs that suggest rural communities are fertile grounds for investment and that increased access to properly tailored services would deliver improved mental health outcomes.

We are greatly encouraged that rural young people's mental health literacy is improving, with growing awareness of support services, such as ReachOut. Following five years of investment in tailoring and targeting services to rural young people, we're pleased to see a significant increase in ReachOut brand awareness among rural young people, (from 19.3 per cent in Year 1 to 30.1 per cent in Year 5). At a time when there are positive shifts in attitudes towards help-seeking and more young people report that they have accessed mental health support, ReachOut is well positioned to be a go-to first service for young people as their expressed service preferences have seen a significant shift towards online services (from 20.9 per cent willing to access online services in Year 1 to 53.2 per cent in Year 5 – by far the largest increase among delivery modes).

REACHOUT'S IMPACT: ACCESSIBLE, EMPOWERING SUPPORT

ReachOut's growing impact is not just driven by an alignment with young people's service preferences. ReachOut service use had disproportionately skewed towards metropolitan young people. FGG supported ReachOut to conduct research on rural young people's service preferences and how to best engage and connect with them. This research underpinned our new tailored resources and services, which are resonating with and valued by rural young people who tell us ReachOut is:

- relevant and engaging, and speaking to the contemporary challenges they face in their lives, as they experience them; 78 per cent that agreed that ReachOut helps them to understand what they are going through (Year 5 survey);

- validating their emotions and making them feel less alone; 100 per cent agreed that ReachOut helps them to feel validated and 84 per cent agreed that ReachOut shows them they're not alone (Year 5 survey); and

- as a space to connect with other young people with lived experience, and learn from and contribute to a positive community; 70 per cent agreed that ReachOut makes them feel part of a safe and supportive community (Year 5 survey).

ReachOut offers perspective and hope that there is a way through, and that things can get better. It was found to play a critical role in activating rural young people to take further actions to support their mental health. ReachOut empowers young people with practical things that they can do in the moment to relieve their distress and help them to function in their everyday lives; 81 per cent agreed that ReachOut gives them practical tips they can use to feel better. By leveraging its position as a trusted source of information and support that is available around the clock, ReachOut is also able to build young people's confidence and willingness to engage with other mental health or related services when these are needed.

With FGG's support, a rural lens has become business as usual in developing services across our audiences. This has proven to be immensely successful, with rural young people reporting a 22 per cent increase in user favourability ratings for the service (from 66 per cent in Year 1 to 81 per cent in Year 5).

AUSTRALIA'S MENTAL HEALTH REFORM JOURNEY IS JUST BEGINNING

Mental health support is critical for rural young people, now more than ever. Need is growing, as is young people's willingness to engage with support, particularly online support. We're proud of what we've achieved over the past five years, but there is so much more to do.

ReachOut is now planning to build upon this successful approach by investing in data and technology to power service personalisation. We'll take what we've learnt about tailoring services for cohorts like rural, regional and remote even further by adding a new layer to personalise the service experience for each young person that accesses our service. This means a 15-year-old female from Dubbo and a 22-year-old male from Ceduna will have a distinctly different service experience – one that's responsive to their unique needs.

We'll also deepen our service impact and accessibility by creating new services that engage young people in conversations and build community, and seamlessly connect them to adjunctive services to maximise impact by breaking down barriers to access to other services as well. Young people told us that digital is where they want to explore issues. Our new service strategy meets them where they are comfortable – online – and will enable us to forge new connections and pathways to better support help-seeking in the spaces and formats young people want support in.

With your continued support, we'll also invest in making sure more young people know we're there for them – building on the increases in awareness and service use in recent years.

With the growing understanding of mental health issues in rural, remote and regional Australia, and with mental health outcomes deteriorating in these areas after a very difficult last five years, we are at a critical moment for youth mental health. ReachOut now has an exciting opportunity to turn what we have learnt over the last five years into a lasting impact for young people.

INTRODUCTION

Back in 2016, ReachOut recognised that there was an opportunity to better support rural young people. We worked with young people to hear about their unique challenges and barriers as these relate to their experience of mental health and wellbeing, as well as their strengths that could be leveraged. Future Generation Global made a five-year commitment of sustained funding, which provided a unique opportunity to grow our reach, support and impact within rural communities in a considered and meaningful way. In this report, we share insights gathered through implementing and evaluating this program of work. We present insights into the everyday lives of rural young people, their mental health and wellbeing, and ReachOut's role in supporting their wellbeing both currently and into the future.

OVERVIEW OF METHODOLOGY

In this report, we present findings from a mixed-methods evaluation that integrated multiple quantitative and qualitative research activities. Where applicable, comparisons are made to previous data collected by ReachOut in order to examine change in attitudes and beliefs over time and the impact of using ReachOut. The following data sources informed the report. For additional information on each of these methods, see Appendix A, B and C. Any limitations regarding the sample are discussed in Appendix D.

Representative survey of young people living in rural Australia (2017 and 2021)

An independent online survey was conducted from July to September 2017 ('Year 1 survey') and repeated between December 2020 and February 2021 ('Year 5 survey'). These surveys aimed to understand the everyday lives, mental health and wellbeing status, and service needs of rural young people from across Australia. Young people aged 16 to 25 were recruited through a panel provider (Qualtrics), and quotas were set to achieve national representativeness for state/territory and remoteness level (i.e. inner regional, outer regional, remote and very remote). The final sample in 2017 (Year 1) was n=416, and in 2021 (Year 5) was n=442.

Longitudinal study of ReachOut users (2019–20)

From May 2019 to November 2020, ReachOut conducted a longitudinal study (the 'Check-In study') to investigate the mental health impact of our service for the young people who use it. We followed a cohort of over 300 ReachOut users aged 16–22 years for three months, with rolling recruitment over the period, to learn about their lived experience of mental health issues, their use of ReachOut, and how their wellbeing tracked over time. In this report, we present only the results from rural young people who participated in the baseline survey, of which there were n=104 participants. All participants were aged between 16 and 22 years.

Diary study of rural ReachOut users conducted by peer researchers (2021)

ReachOut engaged Redrollers Research to conduct an online diary study and follow-up interviews with rural ReachOut users between February and March 2021. Four moderators on ReachOut's online peer support community who came from rural areas acted as peer researchers, working with Redrollers to design and conduct this research. The study was designed to elicit deep insights and stories about ReachOut's

service offering and the impact that it has on their mental health and wellbeing. Twelve young people aged 14 to 25 years participated in the diary study, of which four participated in a follow-up interview. The peer researchers prepared case studies based on the insights from this research which are integrated throughout this report.

ReachOut web data

Web data captured by ReachOut's data warehouse, in accordance with our privacy policy, was used to identify the users' location, the pages and topics accessed by rural users, and the objective of the pages accessed in terms of ReachOut's Theory of Change (Appendix E). The ABS Remoteness Areas classification was used to specifically examine usage patterns among rural users (Appendix F) (2).

ReachOut brand studies (2017–21)

Each year, ReachOut conducts online panel surveys to gauge how many young people are aware of the service and the numbers who access it. These surveys involve approximately 1,000 young people (aged 14–25 years) from across Australia, and are broadly representative of young people living in both metropolitan and rural areas. Prompted brand awareness is captured by asking participants to indicate which mental health organisations they have ever heard of and ever used.

1
UNDERSTANDING THE LIVES OF RURAL YOUNG PEOPLE

This section of the report describes rural young people's everyday lives and how these both influence, and are influenced by, their experiences of mental health and wellbeing.

In the formative research conducted in 2017 (Year 1), we learnt that young people identified many benefits associated with living in rural areas, including appreciating the slower pace of life, opportunities to be outdoors and connect with nature, and the strength of their connection with family, friends and communities (1). We learnt that many young people described their lives as happy, with relationships being an important source of that happiness.

However, young people also identified challenges associated with living in a rural area, including loneliness, isolation, anxiety and depression, lacking a sense of purpose, and boredom due to limited social, recreational and/or employment opportunities. They were feeling stressed as they juggled work, study, family and community responsibilities, while trying to maintain their relationships. Financial, study, work, future and mental health concerns were also top of mind. In the sections that follow, we will use recent data to build upon these findings, and to explore what changes have occurred since 2017.

EDUCATION AND EMPLOYMENT

Understanding rural young people's education, employment status and income is important, as these factors impact significantly on health outcomes, including mental health and wellbeing. For example, people with higher educational attainment are more likely to engage in preventative health care and to have
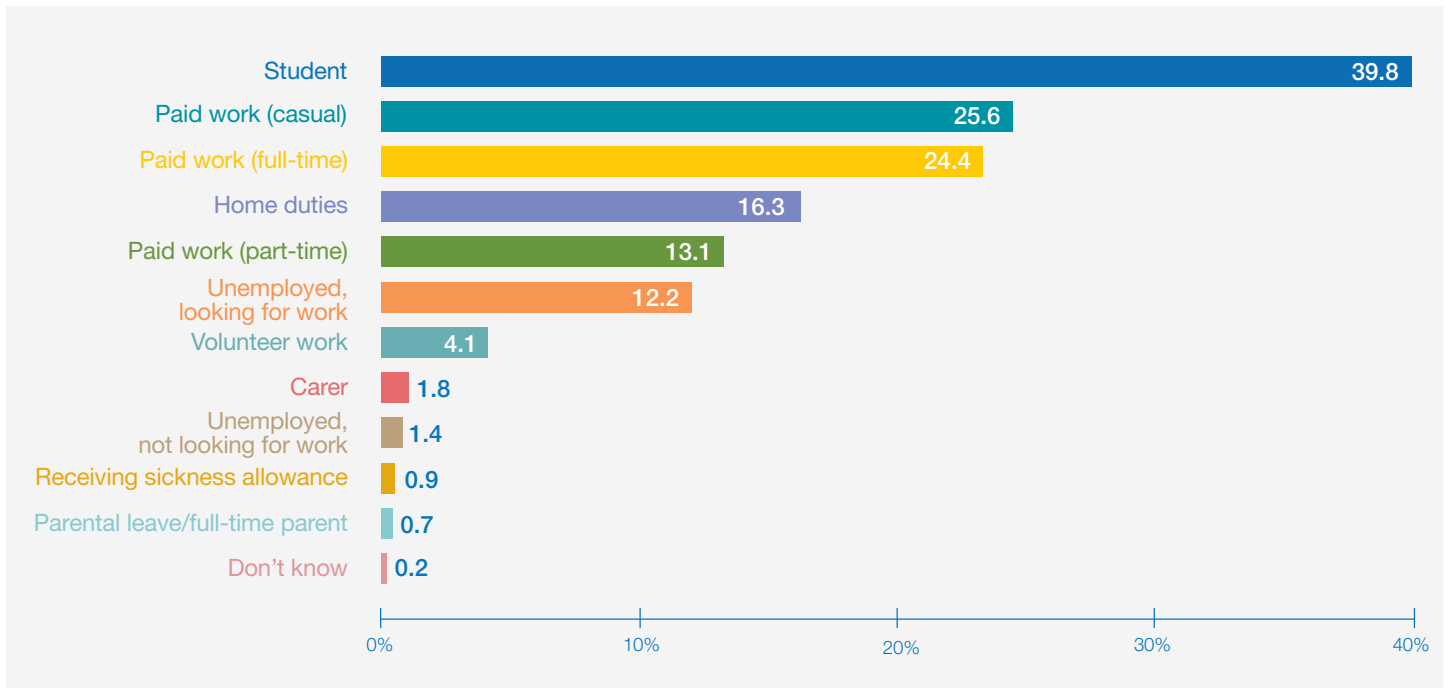
Figure 1. How rural young people spend the majority of their time (Year 5 survey)

better health outcomes, while lower socioeconomic circumstances have been found to correlate with poorer health outcomes (3).

Young people living in rural areas experience educational inequalities when compared to their metropolitan counterparts. National data highlights that lower educational attainment and enrolment correlates with increasing remoteness (4,5). In 2018, approximately half of people living in rural areas had completed Year 12, compared to almost three-quarters of those in major cities (5). Similarly, while 36 per cent of people in major cities had completed a Bachelor's degree or above, only 17 per cent of those in outer regional areas, and 16 per cent of remote Australians, had done so (5). However, educational attainment among rural young people is increasing, including among Aboriginal and Torres Strait Islander youth (6).

In both the Year 1 and Year 5 research, the majority of rural young people were engaged in study of some kind, with just under a third (31.4 per cent) of those surveyed in Year 5 reporting they were not currently engaged in education. In both the Year 1 and Year 5 surveys, most young people were either high school or university students; the remainder were in casual or full-time work (see Figure 1). There were differences in whether young people were studying, depending on their remoteness. In both Year 1 and Year 5, young

people living in inner regional areas were more likely to be studying compared to those in outer regional, remote and very remote (ORRVR) areas, who were more likely to be involved with volunteering and spending time doing home duties.

Young people in rural areas also experience employment inequalities compared to those living in major cities. Levels of unemployment are substantially higher in rural areas, and young people face more barriers to finding work and accessing transport, crucial for securing employment (5,7). Surprisingly, the cost of living in rural areas has been found to be much higher than in cities, while incomes are on average lower and government support payments remain the same (5).

Further, the impact of COVID-19 has likely exacerbated barriers to securing employment for rural young people (8). In October 2020, unemployment was three times higher in the youth population compared to other Australians; and in March 2021, the youth unemployment rate increased to 11.8 per cent (9). The effects of the pandemic on youth employment are particularly worrying, considering that young people are already grappling with an insecure, fluctuating and uncertain job market (10). It is important to note that these education and employment inequalities are felt hardest by marginalised groups, particularly Aboriginal and Torres Strait Islander young people (11).

The data from the Year 5 survey is broadly consistent with this picture, with 12 per cent of young people reporting they were unemployed and looking for work. Of these, one-third had been actively job-seeking for longer than six months, while another third had been looking for a job for only one month or less. It's important to note that this doesn't account for underemployment.

INTERNET ACCESS AND USE

National datasets have indicated that there are inequalities in digital inclusion and internet access experienced within remote Australia; 23 per cent of households in remote and very remote Australia don't have internet access, compared to only 12 per cent of households in major cities (12). Rural residents and service providers have described their internet access as 'poor, intermittent, and unreliable' (12).

However, our data from Year 1 and Year 5 indicates that

this may have improved in recent years, and that rural young people are active participants in their online worlds. In the Year 5 survey, the majority of young people reported that, on an average day, they spent between three and four hours online; less than 10 per cent spent under an hour online. Internet use was higher for participants in inner regional areas compared to those in outer regional and remote areas, reflecting access inequalities for more remote communities (Fig. 2).

Further, compared with ORRVR young people, inner regional participants rated their internet access as being of a higher quality and accessible whenever they wanted it (Fig. 3). Encouragingly, however, across the five years there appeared to be an increase in access to the internet for all young people, from 72.4 per cent to 83.5 per cent of participants.

Participants involved in the Year 1 and Year 5 surveys were also asked which device they preferred to use to access the internet. Mobile phones are increasingly the preferred device via which young people engage
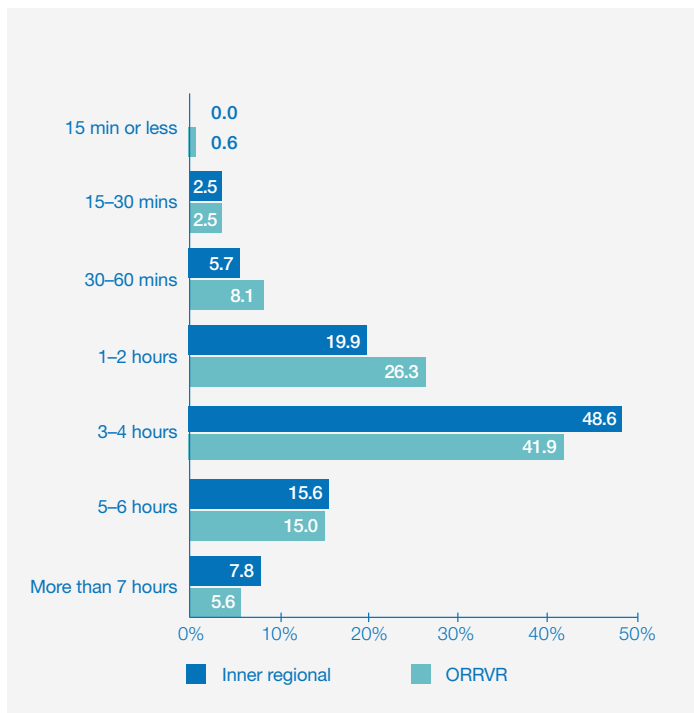
Figure 2. Differences in daily time spent online between inner regional and ORRVR young people (Year 5 survey)
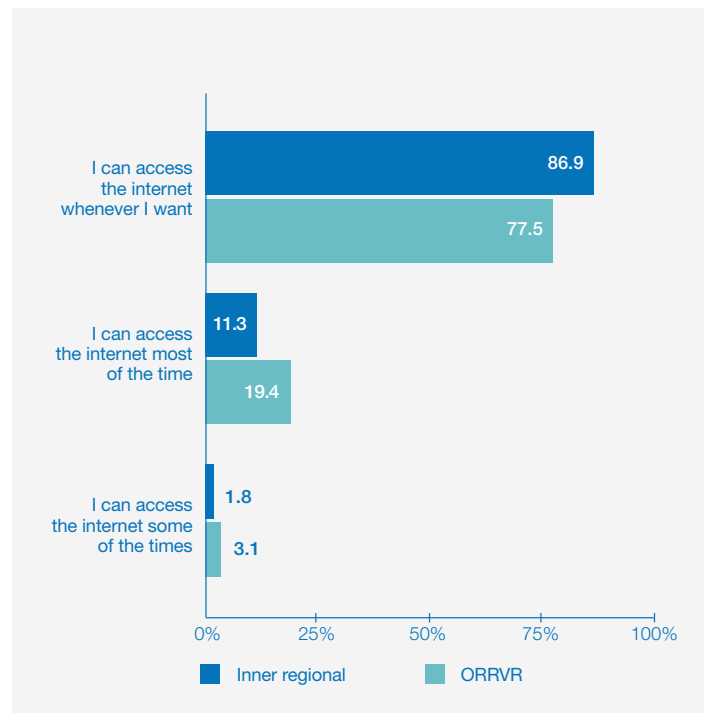
Figure 3. Accessibility of the internet among inner regional and ORRVR young people (Year 5 survey)

online, with this preference increasing from 54.3 per cent to 86.2 per cent over the last five years. Laptop use preference decreased from 26.2 per cent to 7.2 per cent.

RURAL YOUNG PEOPLE'S STRENGTHS, VALUES AND THE GOOD THINGS IN THEIR LIVES

Rural young people place a high value on resilience and have demonstrated this consistently over the past five years. They are proud of 'pushing through' difficult situations, particularly in the wake of climate change, natural disasters and a global pandemic. They value empathy and kindness and their relationships with family and friends.

Data from the Check-In study indicated that young people believe determination, resilience, kindness and empathy are important values to live by, and commonly identified these as their personal strengths. They articulated moments of pride in overcoming their challenges, no matter how big or small, and in their ability to self-manage their wellbeing and focus on hope for their future.

'I get out of bed every morning and go to work and smile at customers even when they're awful.'
Check-In, F, 21, Outer Regional

'… keep trying, even when things get tough.'
Check-In, M, 17, Inner Regional

Young people in the Diary study also spoke of their resilience in navigating bullying, coming to terms with mental health diagnoses, practising self-help strategies, and understanding and embracing their authentic selves.

'While my group was bullied on a regular basis, we agreed not to retaliate, and to keep our calm … [This] was a proud accomplishment for me because it meant that I could go into life with this ability to deflect and ignore people like them.'
Diary study, F, 16–18, Inner Regional

'I am super proud of myself by accepting who I am, and by making steps to becoming my authentic self.'
Diary study, NB/GD, 23–25, Inner Regional

Being caring, friendly and empathetic towards others was another personal quality important to young people, with many of their life values focusing on kindness. Young people indicated that understanding other people's experiences and struggles is important to them and draws on their own self-knowledge of hard times.

'I think it's really important to be kind, so I always try to not judge people too much and be friendly.'
Check-In, F, 16, Inner Regional

Overall, young people's responses indicate that they value resilience highly. By focusing on overcoming challenges and having a sense of hope, young people seem to be invested in developing their ability to learn from their experiences and manage what life throws at them, in order to build lives authentic to themselves.

RELATIONSHIPS WITH OTHERS

Echoing the formative research, the Check-In study data found that rural young people value family highly. Notably, rural participants (n=53) nominated their mums, siblings and dads among the three most important people in their lives. Parents were important to young people because they were sources of support who were 'always there'.

While family members were very important, some young people indicated that they experienced disagreements with parents, which could strain these relationships.

'[Mum] obviously loves me a lot, but recently, I have felt that she is far too pushy.'
Check-In, M, 17, Inner Regional

Friends were also very important to young people and were described as understanding, supportive, trustworthy and reassuring. However, responses indicated that some young people were experiencing decreasing closeness with their long-term friends. This may be reflective of the life stage of the study participants who were nearing the end of high school and pursuing different interests and friendships.

'Best friend – she makes me laugh and feel better when I'm sad. She helps me prioritise and organise my bad/sad thoughts and is a fantastic listener.'
Check-In, F, 20, Outer Regional

'A friend who I have known … almost 13 years. We're still good friends, but over time I feel we have grown slightly more distant, because we don't share many common interests any more.'
Check-In, M, 17, Inner Regional

Teachers were also significant to some rural young people. They mentioned teachers going out of their way to support them, both in school and in their personal lives:

'She has really helped me work through some difficult things revolving around the passing of my friend and relocating to such a remote place.'
Check-In, F, 16, Very Remote

Young people were asked to describe how they felt about their relationships with others, using up to three words or phrases given at the beginning of the Check-In study. The words used are displayed in Figure 4. Many rural young people described their relationships using words related to confusion and disconnection, including: *lonely*, *uncertain* and *distant*. However, there were also positive words relating to comfort and stability, such as *content* and *steady*. There were more words with negative sentiment than positive; however, the presence of both is suggestive of the turbulent, 'up-and-down' nature of young people's relationships, as well as of the diversity of their relationships.

In the Diary study, family, friends and partners featured prominently in young people's discussions about their

wellbeing, for both positive and negative reasons. When these relationships were functioning well, they were a great source of strength and joy for young people.

'Friends, family, my animals, school and my boyfriend are my main priorities at the moment. Being in Year 12 makes this year stressful, but [their] support and company … makes this year much easier to get thru … Support to me is knowing I have family beside me and knowing I can always freely talk to my boyfriend about any of my problems or worries.'
Diary study, F, 16–18, Outer Regional

As in the Year 1 research, participants described the social connectedness of their towns as both a negative and a positive.

'Don't say anything you don't want everyone knowing about … it's just irritating sometimes … [The] town is very connected and social through the various events that are on … [It's] lovely [and] has everything you could need and want, and will always be home.'
Diary study, F, 16–18, Outer Regional

Figure 4. Words used by young people to describe their relationships (Check-In study)

WHAT CAUSES RURAL YOUNG PEOPLE TO FEEL STRESSED?

All across Australia, many young people face challenges in their lives that can have a considerable impact on their wellbeing. Every young person's experience of managing these tough times and feeling the mental health impacts is unique. It is crucial to understand the issues that cause stress in rural young people's lives, in order to be able to design relevant and appropriate mental health supports that enable young people to build resilience in the face of these stressors.

The prominent contemporary stressors in young people's lives identified in this report are largely consistent with those from Year 1, and reflect a mix of everyday issues such as work, money, study stress, and tough times like anxiety and depression. Young people in the Year 5 survey, the Check-In study and the Diary study all reported similar stressors, which are summarised below.

Anxiety and depression

In the Year 5 survey, when asked about serious or stressful problems they had experienced recently, young people most commonly described feelings of anxiety or depression (see Figure 5).

'General anxiety about problems I should not find so overwhelming.'
Year 5, F, 18–19, Inner Regional

'Everything is just extremely exhausting and I have no energy to do anything anymore. I feel numb [the] majority of the time.'
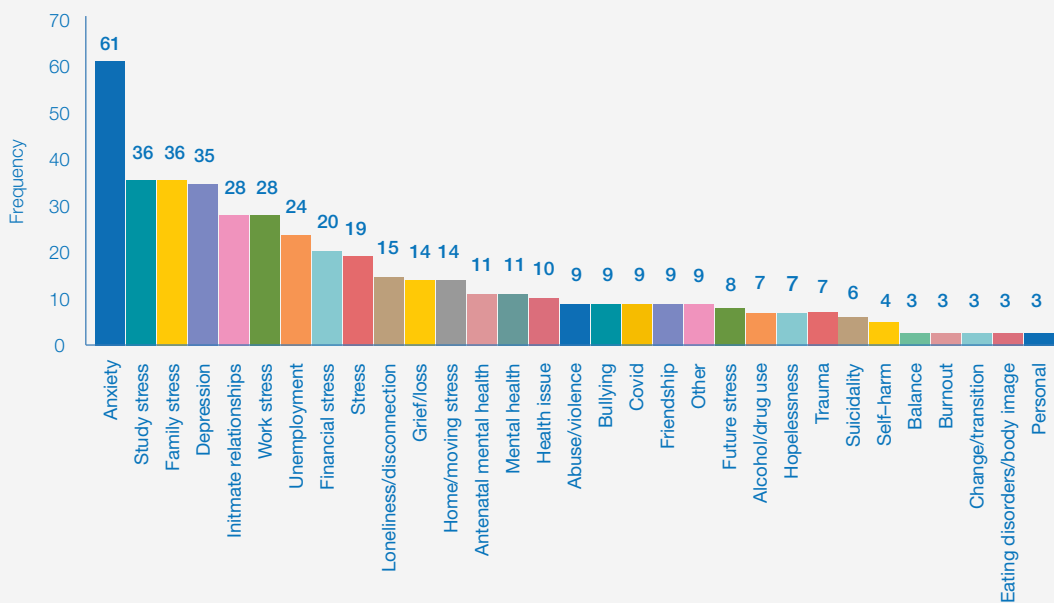Check-In, F, 16, Outer Regional

Figure 5. Serious or stressful problems experienced over the past three months (Year 5 survey, n=290)

Study stress

The centrality of school and family in the lives of young people may account for the prominence of stress related to these areas. Study stressors ranged from feeling pressure to choose subjects or to achieve a certain result, to falling behind in class, to trying to manage an overwhelming amount of school work alongside other commitments.

'Feeling the pressure from school. I felt like the expectations placed on me were unachievable which led me to work insanely hard which caused a burnout.'
Check-In, M, 17, Inner Regional

Relationship stress

Young people commonly described their relationships as a source of stress and tension, including those with family, friends and partners. Family issues that were concerning young people included parents separating, having conflict with parents and siblings, family members becoming ill or passing away, and being impacted by a parent's mental health issues.

'My boyfriend is leaving in just less than two weeks for university on the mainland and I can't bear to think how upset I might get about it.'
Check-In, F, 17, Outer Regional

'[I] desire to move out and live independently, so that I am able to be who I truly am … Mostly because I'm a closeted queer person from a conservative family/community, so I will better be able to express myself.'
Diary study, NB/GD, 16–18, Outer Regional

Work and financial stress

Rural young people also commonly reported experiencing work stress, unemployment and financial stressors. Some identified that this was caused or exacerbated by the pandemic.

'I have lost my job over the last few months.'
Year 5, F, 22–23, Outer Regional

'Stressful work environments … losing our job to COVID.'
Year 5, F, 22–23, Inner Regional

Safety, equity and discrimination

While in both the formative and evaluative research we heard that lots of young people love their home towns, some of the issues they raised in the Diary study related to perceived risks to their physical, sexual and psychological safety.

'Verbal bullying and putting down people especially with disabilities or someone different is what I see repeatedly happening everywhere I go in schools.'
Diary study, F, 16–18, Outer Regional

'I tend to avoid places [in my community] when I'm alone, that are hidden because I've had some bad experiences, and unfortunately being a female means that bad things can happen.'
Diary study, F, 21–22, Inner Regional

HOW RURAL YOUNG PEOPLE DESCRIBE THEIR LIVES

In the Year 5 survey, participants were asked to provide three words to describe their lives. A wide range of sentiments was evident in the words they provided, often in combination (see Figure 6). Rural young people most commonly described their life using positive adjectives (40.3 per cent), but there was still a high presence of negative (38.2 per cent) and neutral (21.5 per cent) words.

The words rural young people used most commonly were *happy*, *busy*, *stressed*, *bored* and *tired* (see Figure 6), reflecting marked similarities between these responses and those provided in Year 1.

A similar question was asked in the Check-In study, where again a recurring theme was young people indicating that their lives were highly stressful. This may be due in part to the focus on mental health and stress in this research. Nonetheless, these young people again displayed their resilience and hope, and their determination to maintain a positive mindset.

'There's been a lot of change and a lot going on but I think I'm dealing okay. I'm learning to lean on my friends when I need to and I'm trying to stay more focused on my study.'

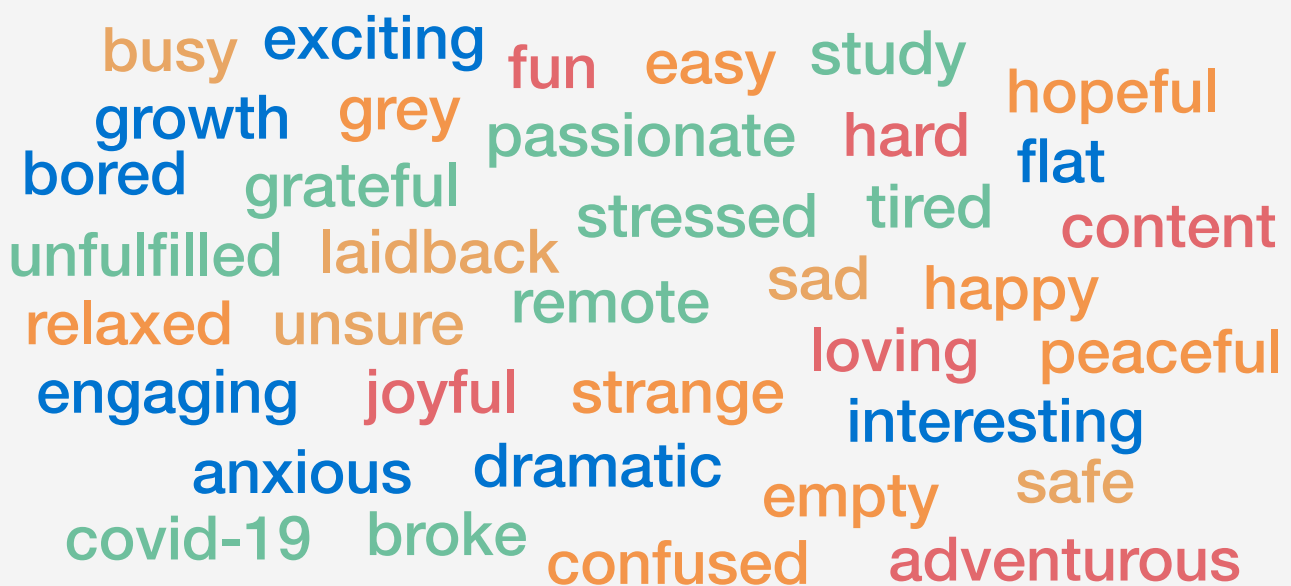Check-In study, F, 20, Inner Regional

Figure 6. Words used by young people to describe how they were feeling (Year 5 survey)

COVID'S IMPACT
ON RURAL YOUNG PEOPLE

In 2020, the COVID-19 pandemic brought about a radical change in the day-to-day lives, and future plans, of people across Australia. International and domestic border closures, social distance practices and government-enforced lockdowns have had a significant impact on the mental health and wellbeing of everyone in the country, and rural young people were no exception (13). Drawing on data from the Check-In study and Year 5 survey, we share some insights into their lived experience of the pandemic.

Year 5 survey participants were prompted to indicate to what extent they had experienced specific positive and negative impacts on their lives and wellbeing as a result of the pandemic. Figure 7 illustrates the diversity of rural young people's experiences during the pandemic. Very few experienced any physical effects of COVID-19, either personally or within their social networks; however, they commonly reported a broad range of psychosocial impacts. When compared across locations, young people in inner regional areas were more impacted by disruption to education (44 per cent, compared to 31.9 per cent) and by strained relationships (40.4 per cent, compared to 25 per cent) than were those living in ORRVR areas.
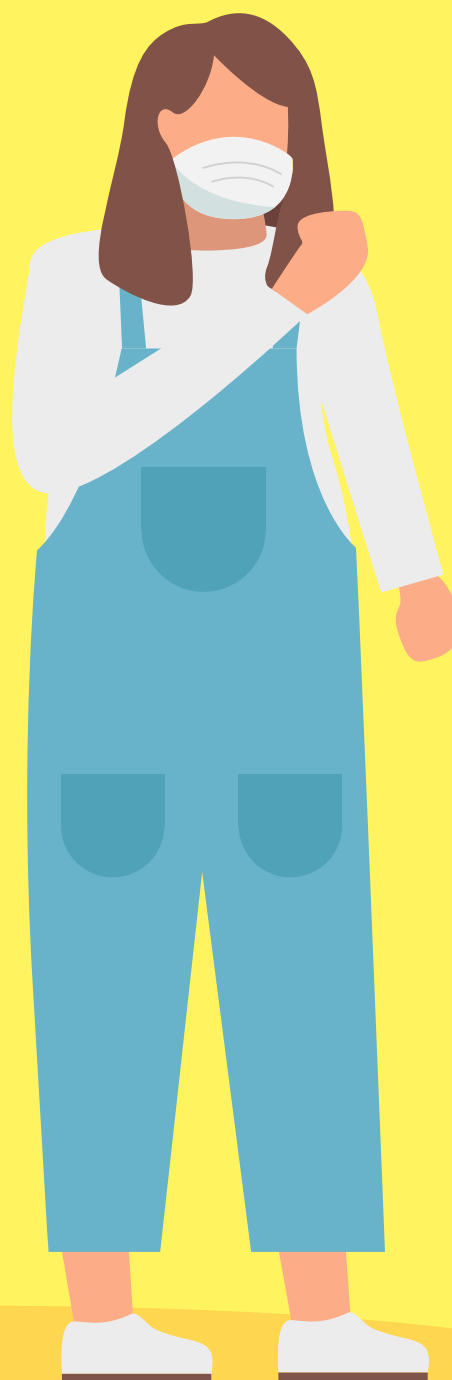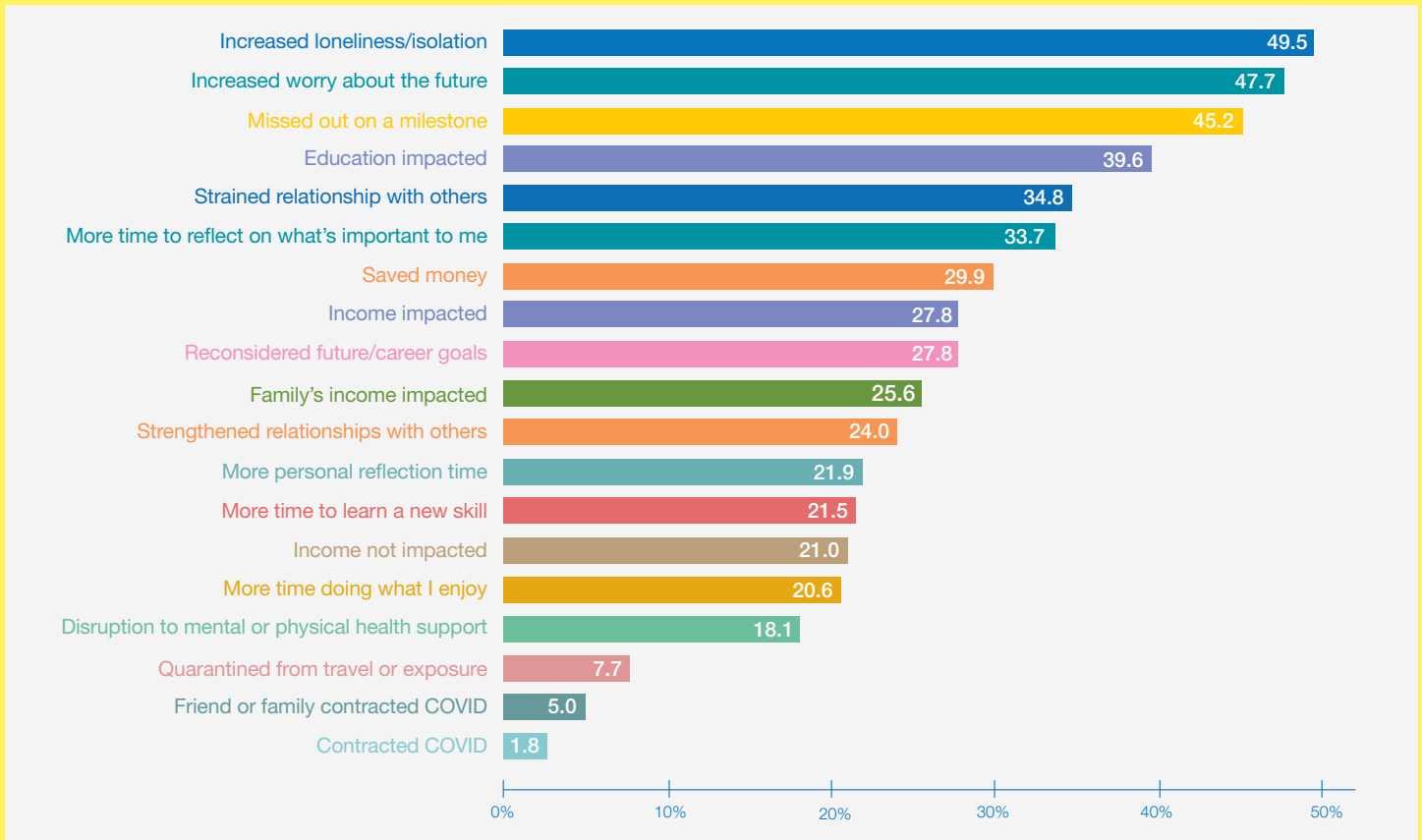
Figure 7. Young people's experiences as a result of the COVID-19 pandemic (Year 5 survey)

Impacts on daily life

Young people's experiences of COVID-19 were characterised by disruption and dismissal (14). Their regular lives were substantially altered by the pandemic, with many facing changes in how they would normally study, socialise and relax. As discussed previously in this report, rural young people's relationships with their friends and family are of great importance to them as sources of support, fun and connection; however, as seen in Figure 7, the pandemic placed strain on these relationships for many. Rural young people struggled substantially without this social and physical connection, especially with their friends. The young people we surveyed most frequently reported increased loneliness and isolation as the main impacts of COVID-19.

'COVID 19 has stopped a lot of activities which usually have a positive impact on my life such as University graduation, competing in horse events, meeting up with friends and going out.'
Year 5, F, 22–23, Outer Regional

'It has definitely added to my exam stress and has affected my friendships and relationships due to not being able to see people face to face.'
Year 5, F, 18–19, Outer Regional

Many young people, especially those who lived at home, also felt that their family relationships deteriorated during the pandemic. Being stuck at home during lockdowns, negotiating working and studying from home, and increased financial stress due to job loss likely contributed to this. Amid these changes, rural young people often felt that they were being dismissed and discounted by adults in their lives and in the media. Many told us that they felt young people had been unfairly characterised as not taking the pandemic seriously.

'[They had] us jumping through hoops to social distance, wear masks, use sanitiser, limit our leisure time out in public etc. [It was] all to help them! To keep them safe! They treat retail and hospitality workers like dirt …'
Year 5, F, 22–23, Outer Regional

It is important to rural young people that adults know and understand that they struggled as a result of the pandemic. Young people were uniquely impacted. They describe not having the skills and knowledge to navigate something so unprecedented, and how the pandemic made the emotional challenges of growing up even harder. In some cases, they felt their struggles were deemed less important by adults.

'Trying to start out and begin your life in the world is already hard enough and the pandemic makes it even more difficult. Adults should understand that young people will have different coping methods to deal with what they are going through and so adults should be more supportive and less critical.'
Year 5, F, 22–23, Outer Regional

'We are going through it, too. In some ways, it's harder … most students are expected to teach themselves between 5–6 subjects. It's very tiring to be compared to adults and disregarded all the time.'
Year 5, F, 16–17, Inner Regional

Impacts on education

The restrictions and uncertainty associated with the pandemic amplified existing school stress for rural young people. For instance, students in their final years of schooling were faced with increased study stress as they adjusted to remote learning and grappled with a lack of clarity about what their post-school life might look like in light of the changes brought about by the pandemic. Similarly, a lot of students missed out on rites of passage and milestones such as graduation.

'My schooling was stopped. I felt very down as it was my last year and COVID ruined everything we had planned to celebrate graduating school. And online school was difficult to keep up with.'
Year 5, F, 16–17, Inner Regional

Impacts on employment and finances

Young people's job security and financial wellbeing were also impacted by COVID-19, with almost a third experiencing disruption to their job, which impacted their income, and a further 21 per cent experiencing changes to their employment that didn't impact their income. In October 2020, youth unemployment for all of Australia was three times higher than for the rest of the labour market. It appeared that COVID-19's effects on the Australian economy amplified the barriers young people in rural areas face in gaining meaningful employment. As a result, almost half of the rural young people we surveyed received pandemic-specific financial support (e.g. Jobseeker). However, external analyses have identified that many young people were excluded from government Jobkeeper payments due to the high rates of young people in flexible work and the decreased likelihood that they were being employed for 12 months with one employer (10).

'Lost my job and cannot find a new one. Cannot afford rent so have to live with my parents. It's very stressful. I don't know what I will do with my life.'
Year 5, M, 22–23, Inner Regional

Some young people were also concerned about the economic impacts on their broader communities.

'It has affected the community as a lot of places had to close and … some were unable to reopen.'
Year 5, F, 20–21, Outer Regional

Impacts on mental health and wellbeing

When rural young people were asked about the pandemic's effect on their mental health, 42.7 per cent agreed that it had made it worse. However, 40.6 per cent said it didn't impact on their mental health, showing just how different rural young people's experiences of the pandemic could be. For those who were negatively impacted, many indicated they experienced a worsening of pre-existing anxiety and depression.

'My anxiety is worse, I am drinking more, I am worried about money constantly.'
Year 5, M, 24–25, Inner Regional

'Majorly after having a baby and already having postnatal depression it has impacted me severely with anxiety.'
Year 5, F, 22–23, Outer Regional

They also told us that their access to treatment was impacted by service closures. This is a significant problem for young people in rural areas, where mental health resources were often scarce and difficult to access even before the pandemic.

'I had to stop going to a psychologist where I was receiving neurofeedback treatment, due to lockdowns, and by the time it was able to reopen I had moved away where there isn't any option for neurofeedback treatment nearby. I would have to take the day off work and drive 4 hours. I feel hopeless about recovery and anxious about when life will return to even some stability.'
Year 5, F, 24–25, Inner Regional

Silver linings

The disruption that young people experienced as a result of the pandemic was highly dependent on where they lived. As seen in Figure 7, many young people were able to identify some positive impacts on their lives as a result of COVID-19, such as having time to reflect on what they want out of life, saving money, and learning a new skill or hobby. Rural young people demonstrated considerable resilience in navigating the pandemic and its flow-on effects. When asked about strategies and activities that helped them to cope during the pandemic, the majority of young people identified that social supports such as family (21.9 per cent), friends (13.3 per cent) and partners (10 per cent) were the most beneficial to them during this time. Extra time to focus on themselves (11.3 per cent), focusing on distractions such as hobbies (7.7 per cent) and viewing media (TV, music, movies and gaming) (14.9 per cent) also helped young people to cope with the pandemic.

'It's impacted my ability to socialise with friends, but it's also taught me to value that time.'
Year 5, F, 18–19, Inner Regional

Finally, some participants reported that the pandemic, along with other recent crises, had triggered a change in their local community's attitude towards mental health.

'I think of late, especially given the COVID-19 situation, people are more understanding about the fact that everyone has their own mental struggles, and it's ok to talk about. I've definitely seen a lot more community events raising money for mental health organisations, and a lot more people who are struggling reaching out for help.'
Year 5, F, 22–23, Inner Regional

RURAL YOUNG PEOPLE'S FEELINGS ABOUT THE FUTURE

As noted above, while in the long term most young people remain positive and hopeful about their futures, their short- to medium-term futures are shrouded in worry and uncertainty, which has been exacerbated by the pandemic. This is significant, as positive feelings about the future allow young people to work towards goals and feel a sense of meaning and purpose in their lives, all of which contributes to their wider sense of wellbeing.

As shown in Figure 8, in the Year 5 survey, uncertainty about the future was a major stressor for rural young people, with 33.3 per cent of participants identifying

it as an issue affecting them. This represents a significant increase from Year 1, when 15.2 per cent of participants expressed concern about the future. As well as this general concern, young people said they were concerned about specific aspects of their future, such as being able to survive financially and to afford the lifestyle they hope for. Concerns about finances paralleled similar concerns identified in the Year 1 survey.

The unknown/uncertainty — 33.3
Being able to afford the lifestyle I want — 32.8
Being able to survive financially — 29.2
The economy — 18.3
The environment/climate change — 17.4
Building a career in my chosen field — 16.7
Staying connected with my friends and family — 16.3
Coronavirus and its impact on wider society — 15.4
Social issues — 14.3
Finding a job in the short-term — 14.0
Being able to pursue my short-term goals — 11.3
Coronavirus and its impact on me, my family and friends — 10.9
I'm not feeling concerned about the future — 6.6
Equity and discrimination — 5.9
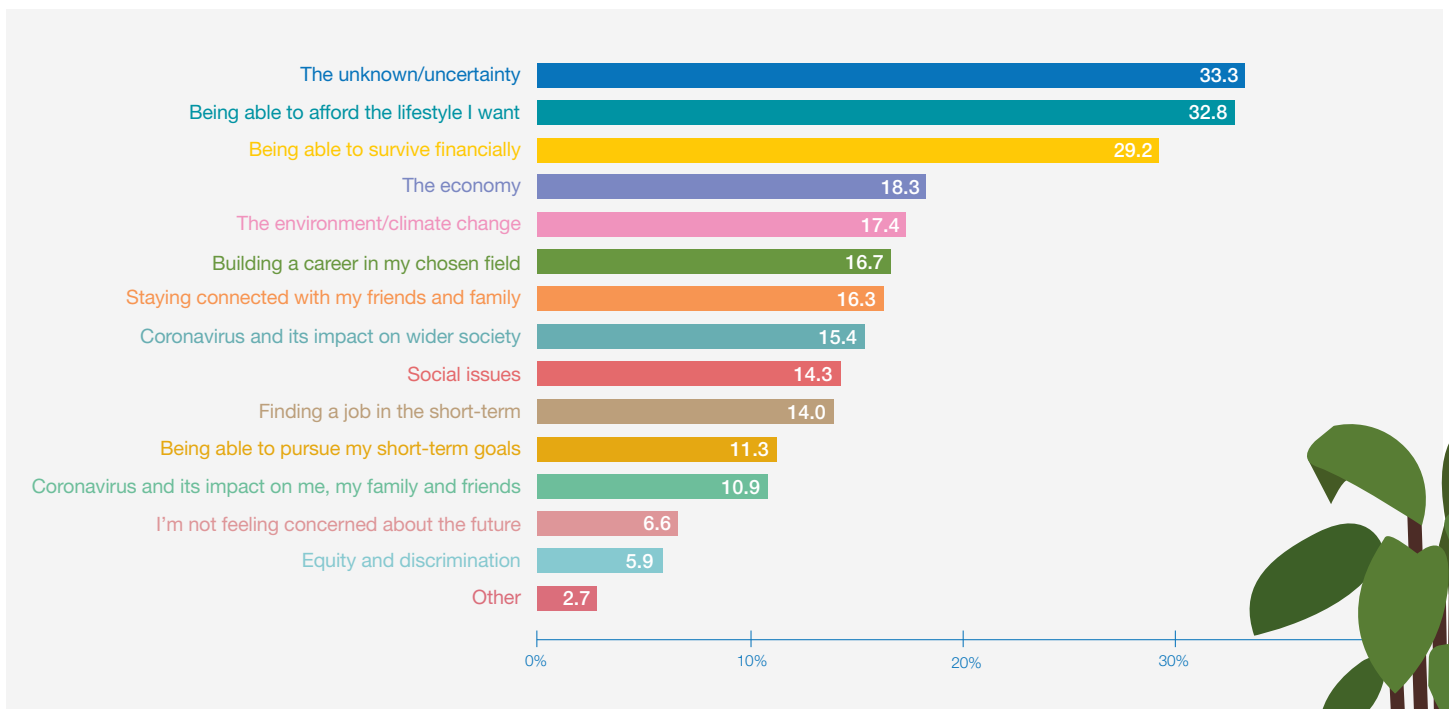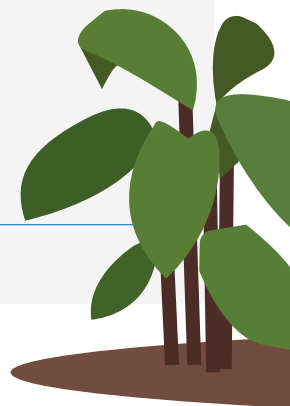Other — 2.7

Figure 8. Young people's concerns about the future (Year 5 survey)

When asked specifically how their feelings about the future had changed since the COVID-19 situation escalated in Australia (March 2020), participants indicated that they felt less optimistic. Further, positive and very positive feelings about the future decreased from 49.9 per cent before COVID-19 restrictions, to 38.2 per cent when this survey was conducted at the end of 2020.

Young people in the Diary study also expressed concerns relating to future uncertainty. This was often articulated in terms of navigating the transition out of high school, moving out of home, and the state of the world more broadly. Some of these concerns were related to the challenges of living rurally, and often intersected with financial concerns.

'I still live at home with my parents, so I'll freeload for as long as I can. But in regards to moving out … it's the pressure that I don't have any qualifications or whatnot, so I wouldn't have enough money for rent … how long would I be able to support myself before I'd have to move back?'
Diary study, NB/GD, 23–25, Inner Regional

'I think what the future holds and having the perfect future planned out is a big worry for young Australians.'
Diary study, F, 21–22, Inner Regional

Future stress sometimes manifested as a concern around getting 'stuck' or trapped in their home town, or an internal conflict as to whether to leave their home town to pursue educational or employment opportunities, or to stay and enjoy the familiarity, the access to their support networks, the quiet pace of life and the surrounding nature.

CASE STUDY 1

Ivy is 18 years old and living in rural Queensland. She has just finished Year 12. For as long as she can remember, she has wanted to be a biologist, so she was over the moon when she received an offer from her dream university. However, reality soon hit when she realised she would have to leave behind her small rural town. Her family had lived there for three generations, and while they seemed excited for her, they always spoke poorly about people who lived in the city.

When Ivy told her friends about the offer, she expected them to be happy for her. Instead, they asked if she suddenly felt 'too good' for them and whether she would think of them during her 'new life'. Ivy felt trapped. While following her dreams was exciting, this town was all she knew. She felt guilty about wanting to leave behind her friends, family and all her childhood memories.

One night, Ivy couldn't get to sleep. All night, she tossed and turned, overwhelmed by all the possibilities. Should she just stay in her home town with her friends, or leave and follow her dreams? She would miss everyone terribly; the thought of moving to a new place without any friends or family by her side was daunting. Would she even be able to make any new friends? Would she have anything in common with anyone? Everyone would know she was an outsider, and that she didn't belong. She hadn't even left yet, and she already felt very lonely.

Over the next few days, Ivy found more worries popping up. Where would she live in the city? Living on campus was an option, but eventually she would need to find part-time work to support herself. How was she going to afford to eat? Would she get lost? What about the risk of crime? Should she just stay here, where she felt safe? She found herself hovering her computer cursor over the button to decline the offer, but the excitement she felt at the chance to pursue her dreams finally won out over her fears.

Once she had committed to starting university, Ivy searched online for information about moving to a new city. One of the first links she found was to a ReachOut page. She remembered seeing a ReachOut advertisement at school and felt drawn to the website. Clicking the link, she was excited when she saw all the resources there. Curious as to whether anyone else had gone through a similar situation to her, she registered for an account and posted on the online communities, describing her struggle to make the decision to leave the life she knew. Afterwards, she felt like a weight had been lifted from her shoulders.

The next morning, Ivy felt anxious about her post. Everyone on the website had their own problems, she thought. Why would they care about hers? She hurried to open the page to delete her post, but when it loaded up she saw that some people had replied. Reading through their responses, she was surprised and reassured by all the support they offered. Some people had been through similar situations and offered advice, and others provided links to external services. Although they were offering different things, everyone in the online community was welcoming. Ivy felt she wanted to give back to this new community that had accepted her, so she decided to offer encouragement to others and to share her knowledge and experiences on other people's posts. For the first time in a while, she felt hopeful: she wasn't alone. No matter what the future held, she knew she would be accepted into this community with open arms

In the Diary study of rural ReachOut users, young people were asked to briefly describe their vision for their desired future, and to include images that reflected that future (Fig. 9). Many of their descriptions focused on fulfilling their vocational and family aspirations.

'In the future (perfect life) I want to be a fully qualified veterinarian and eventually want to have a modern country style house on a 40 acre property near the coast where me [and] my husband and son and daughter live. We'd go on annual holidays and spend weekends doing fun things … I've wanted this since a very young age and I feel annoyed sometimes because I feel like it's so far away.'
Diary study, F, 16–18, Outer Regional

Some young people said their ideal future would involve living an authentic life and being true to themselves. This included acting in line with their values, being in a healthy relationship, and accessing gender-affirming health care.

'To me, the perfect future would consist of being in a relationship with someone that truly loves me for who I am. In the past I have been hurt lots so I think I value this a lot for that reason.'
Diary study, NB/GD, 16–18, Inner Regional

Finally, many young people's images and descriptions of their desired futures emphasised being close to nature.

'If I lived in an ideal world, my future would lie somewhere on the coastline of Australia that had new and interesting areas to explore and feel at peace with.'
Diary study, F, 16–18, Inner Regional

SUMMARY

This snapshot into the everyday lives of rural young people is a picture of both struggle and resilience. We know that many young people across Australia experience similar challenges in terms of employment, anxiety and depression, and stress reated to study, relationships, money and discrimination. We also know that living rurally changes how these challenges are felt, and that they are compounded by the broader inequalities rural young people face, especially in terms of access to the internet, and education and employment opportunities. These inequalities are often felt most strongly by young people in further marginalised groups.

Our recent data sheds light on rural young people's experiences of the COVID-19 pandemic. We found that the pandemic exacerbated the stressors that many young people in rural areas already experience in their lives. This stressful, uncertain and confusing time was hard on young people, but many coped by drawing on the strengths of their relationships and by making the most of the extra time they had in lockdown.

Rural young people remain resilient and hopeful. They value determination and empathy, and strive to live these values through overcoming any challenges they face by taking care of themselves and embracing who they are. They find joy and strength in their relationships with friends and family, and they hope to continue to have nourishing relationships in the future. While rural young people are hopeful for their futures, the pandemic has cast a shadow of uncertainty over that future for many, which is consistent with insights from Mission Australia's most recent youth survey (15).

Figure 9. Images depicting young people's desired futures (Year 5 survey)

2

THE MENTAL HEALTH AND WELLBEING OF RURAL YOUNG PEOPLE

In this chapter, we explore young people's mental health and wellbeing, their mental health literacy and use of support services, and the contexts in which these are shaped. We will look specifically at changes that have occurred over the past five years.

THE PREVALENCE OF MENTAL ILL-HEALTH IN RURAL YOUNG PEOPLE AND THE SERVICE LANDSCAPE

There is scant recent, robust evidence that paints a clear picture of the prevalence of mental ill-health among rural young people. However, we do know the following, based on data from across Australia:

14%

of 12–17 year-olds may experience having a mental disorder (16)

15%

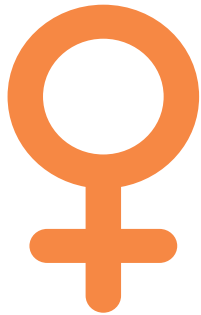of 18–24 year-olds report experiencing high psychological distress (17)
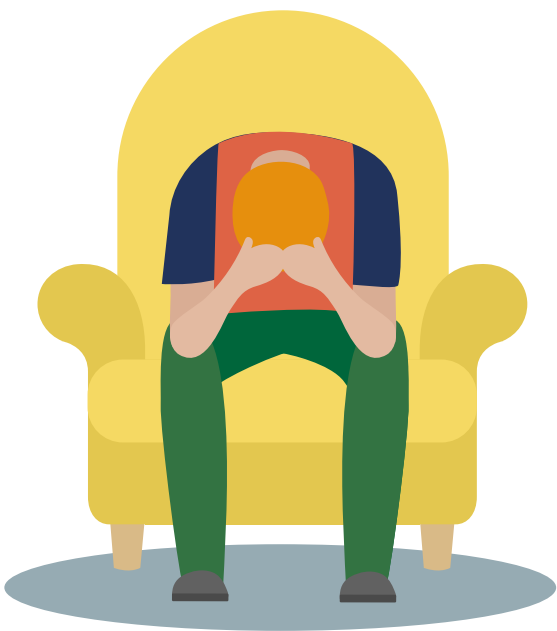
Suicide is the leading cause of death among young people (18)

Mental illness and suicide rates are higher among Aboriginal and Torres Strait Islander young people (19,20).
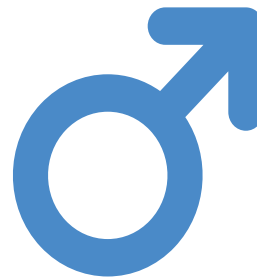
For rural young people specifically, we know:

1 IN 4

rural 15–19 year-olds has a probable serious mental illness (1)

Rural females are almost twice as likely as males to report having a probable serious mental illness (1)

Suicide rates are higher among rural and remote young people, particularly males (21).

Collectively, this data suggests that the prevalence of mental illness is similar across Australia. However, the impact of mental ill-health is greater in rural communities due to access inequalities and barriers to quality care, including:

- fewer mental health services available (22, 23)

- poorer-funded services – for every $1 spent on Medicare in metro areas, only 77 cents is spent in rural areas and 10 cents in remote areas (16)

- poorer-staffed services with fewer mental health professionals such as psychologists (19)

- lack of 24-hour services (12)

- lack of appropriately tailored services for, and practitioners with expertise in working with, adolescents, culturally diverse, LGBTQIA+, and Aboriginal and Torres Strait Islander people (12)

- distrust of transitional and seasonal professionals by communities (12)

- high-cost and limited public transport options to access services (12).

CHANGES TO RURAL YOUNG PEOPLE'S MENTAL HEALTH OVER TIME

In the past five years, there has been considerable investment in increasing young people's access to services in these regional and remote communities. In the Year 5 survey, we examined the extent to which this investment is reflected in changes in young people's knowledge of and use of mental health support, their attitudes towards help-seeking, as well as those of their wider communities, and ultimately their mental health and wellbeing outcomes.

Unfortunately, we didn't observe improvements in rural young people's mental health over the five years. In fact, levels of psychological distress, as measured using the Kessler 6 scale (24), appear to have increased (Fig. 10). Levels of psychological distress differed for rural young people of different ages and genders, with people aged 16–17 experiencing considerably lower levels of distress than those aged 18–19, as shown in Figure 11. This raises interesting questions regarding the stressors rural young people face at this age, such as starting a new stage of life after formal schooling, possibly moving away from home, starting a new job, or commencing university/TAFE. In addition, one in three women in this sample had a probable serious mental illness (33 per cent), a rate that is considerably higher than that of young men (12.2 per cent).* These trends in the data are consistent with the research reported in *Lifting the Weight* (1).

*Unfortunately, there weren't enough NB/GD participants to include them within this specific comparison. All NB and GD participants are included in all other data in this report.
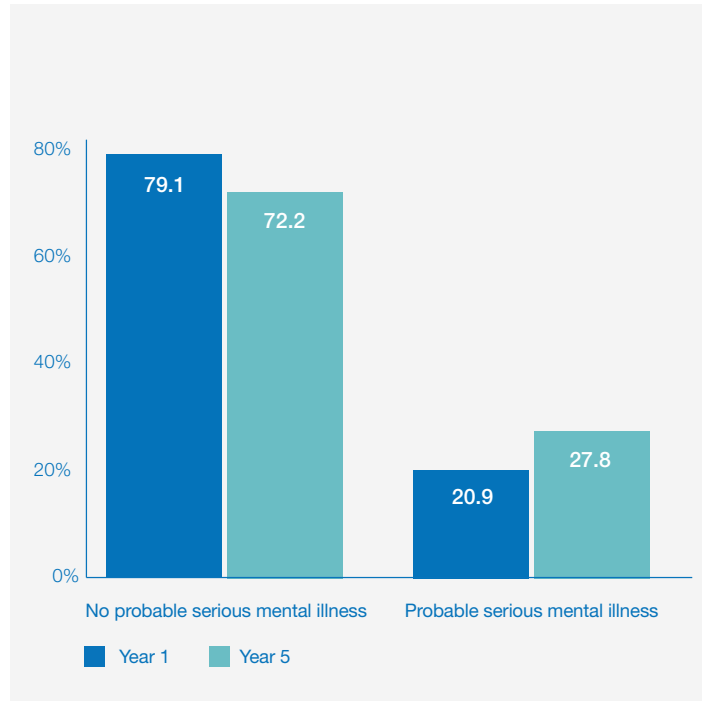

Figure 10. Changes in psychological distress of rural young people (Year 1 and Year 5 surveys)
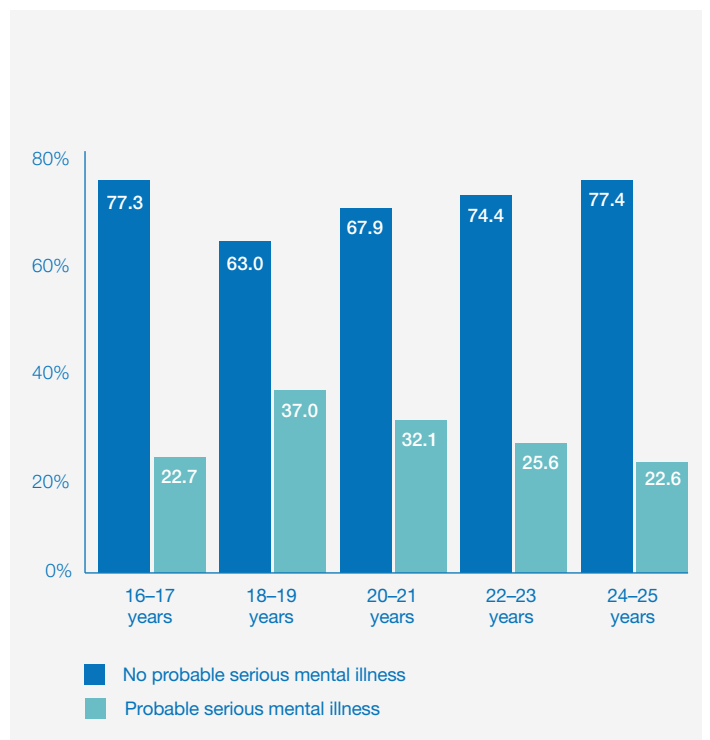

Figure 11. The distribution of psychological distress scores across ages (Year 5 survey)

Results from the Check-In study (n=96) also indicate that rural young people's mental health and wellbeing has been under strain in the last few years. Using the Patient Health Questionnaire (PHQ-9), which captures depression symptoms, we found that 38.5 per cent reported that they didn't have any thoughts of suicide or self-harm. However, concerningly, the majority of young people identified that they did think this way (combined 61.5 per cent), with 18.8 per cent thinking nearly every day of hurting themselves or that they would be better off dead (Fig. 12).

Nearly every day

18.8%

Not at all

38.5%

More than
half the days

15.6%

27.1%

Several days
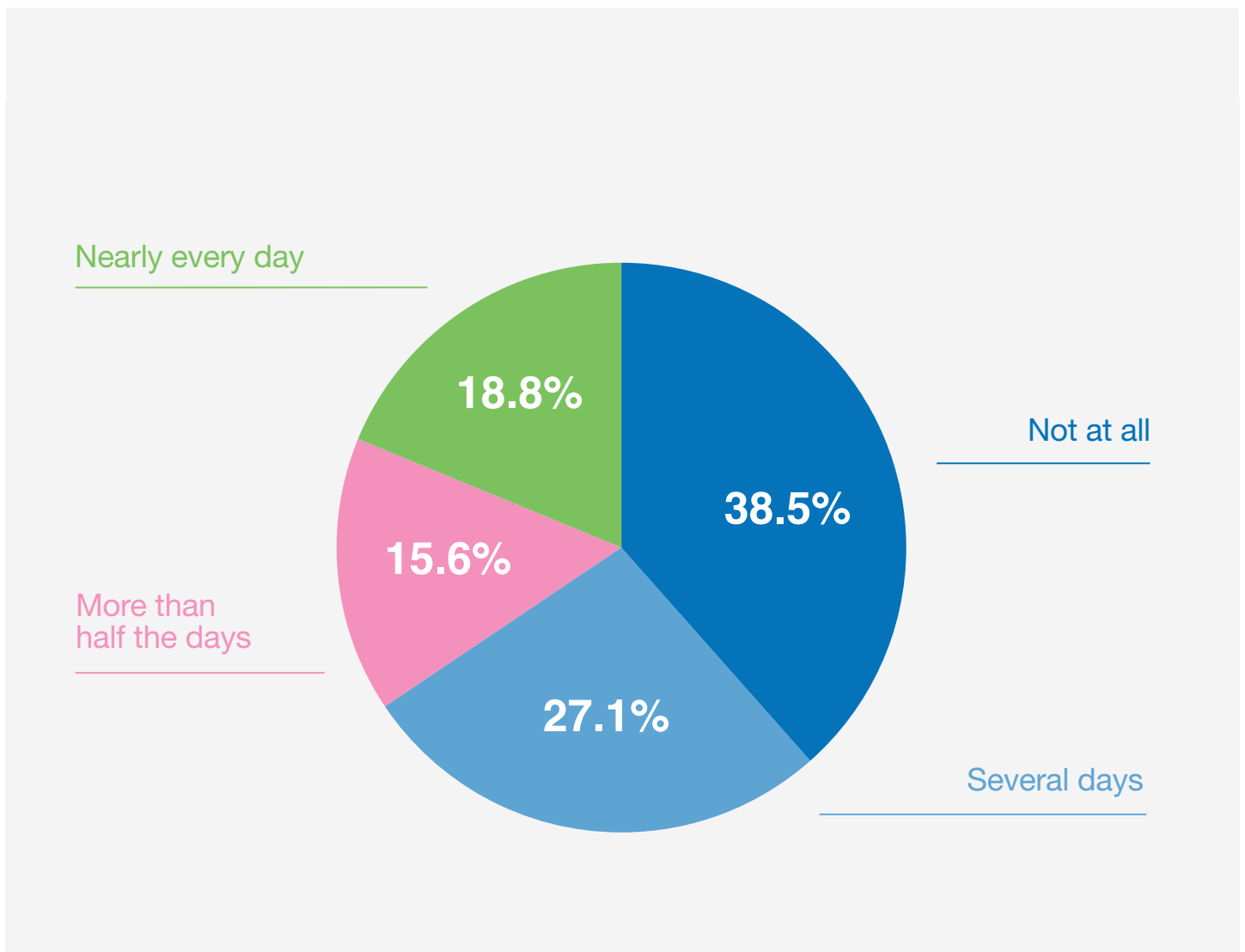
Figure 12. Participant ratings of frequency of 'Thoughts that you would be better off dead, or of hurting yourself in some way?' (Check-In study)

Further, when compared to the Year 1 survey, a higher percentage of participants in the Year 5 survey reported that they had experienced serious and stressful problems in the last three months (68.9 per cent, compared to 59.4 per cent), and fewer stated that they didn't experience any problems (31.1 per cent, compared to 40.6 per cent). In Year 5, of those young people who identified as having some problems, most didn't feel that they needed professional help (Fig. 13).

Rural young people's subjective wellbeing also appeared to have decreased slightly over the last five years, as examined in the Year 1 and Year 5 surveys. Participants were asked to rate their level of agreement with statements reflecting positive feelings, such as 'I've been feeling optimistic about the future' and 'I've been dealing with problems well'. Higher scores on this measure indicate higher levels of wellbeing. As shown in Figure 14, when means were examined per item, across the five years scores on positive symptoms had decreased, and the total wellbeing score for the scale overall also decreased from across the five years, indicating a slight decrease in wellbeing over the time period.

These trends are perhaps unsurprising when we consider that the past few years have seen significant challenges for the wellbeing of rural young people, many of whom experienced severe drought, bushfires and floods, and more recently the COVID-19 pandemic. Drought has been found to increase psychological distress among adults in rural Australia, and it is likely that this is the case for young people as well (25). Similarly, Australia's most recent extreme bushfires, the 2019–20 'Black Summer' bushfires, are still being assessed for their impact on both mental and physical health; however, short-term impacts demonstrated that they caused significant mental distress (25). Compounding these stressors was the COVID-19 pandemic and the flow-on social and economic changes within rural communities. The specific ways that these events have impacted young people is reflected in the changes they report in their individual and community wellbeing in the last five years.

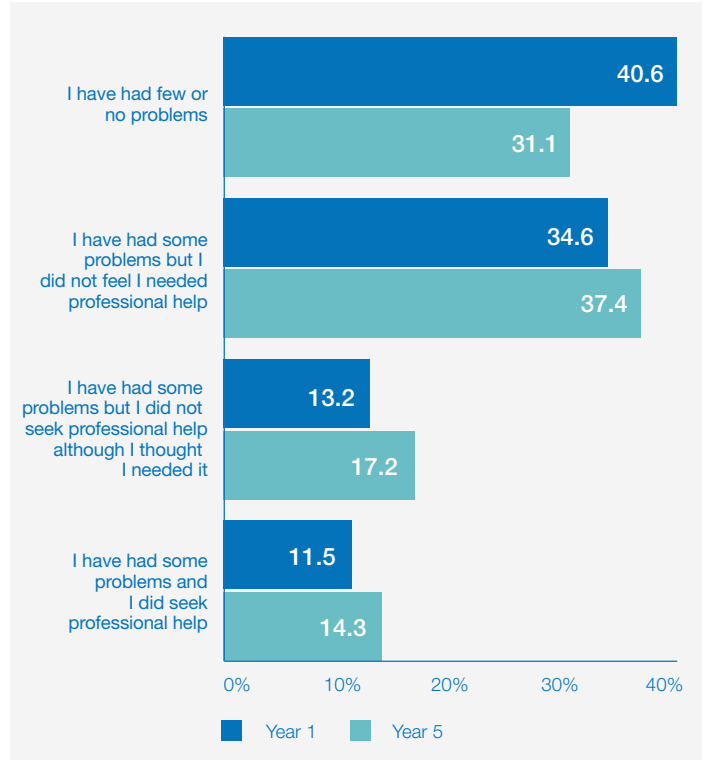**Figure 13.** Rating of experience with serious or stressful problems in the previous three months (Year 1 and Year 5 surveys)
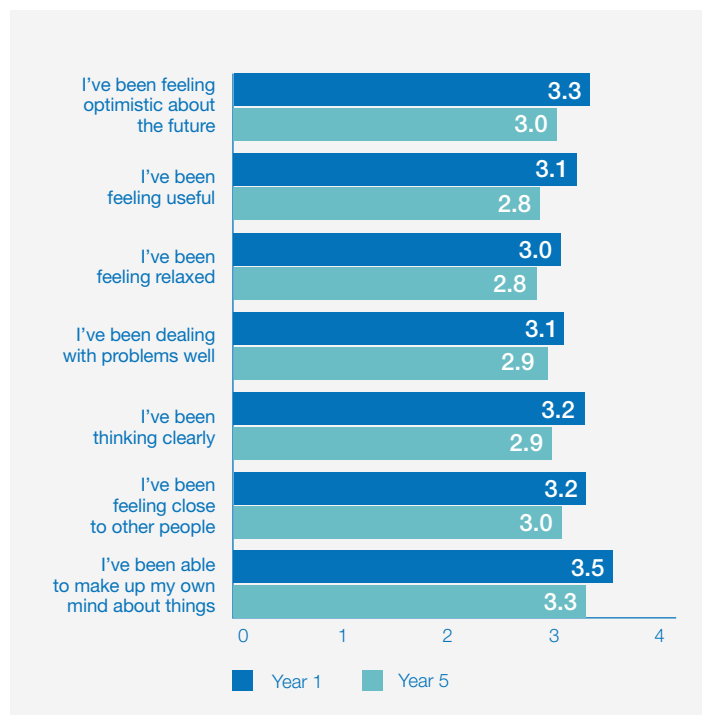

Figure 14. Short Warwick–Edinburgh Mental Well-being Scale mean scores across five years (Year 1 and Year 5 surveys)

COMMUNITY ATTITUDES AND DIALOGUES AROUND MENTAL HEALTH IN RURAL AUSTRALIA

In Mission Australia's 2020 youth survey, coping with stress and mental health were rated as the key concerns, both on a personal level and as an important social issue in Australia more broadly (15). While young people highlight mental health as a key issue, in rural areas this is often at odds with stigmatised attitudes towards mental health. Notions of self-sufficiency, 'rural stoicism' and concerns around confidentiality may prevent rural communities from engaging in honest, constructive dialogues around wellbeing, to the detriment of the mental health of their communities (1).

In the Year 5 survey, participants were asked how people in their communities were thinking and feeling about mental health and if they had observed any changes over the past five years. Just over half (57.8 per cent) of the participants identified that positive change had occurred, while the remainder identified mixed change (29.1 per cent) or no change (13.1 per cent). Inner regional people were more likely than those in ORRVR to believe that positive change had occurred in their community in the last five years (60.8 per cent, compared to 52.6 per cent), while young people in ORRVR areas were more likely to report that there had been either no change or mixed change (47.4 per cent combined), compared to inner regional young people (39.2 per cent combined). Additionally, young people aged 24–25 were more likely than other age groups to believe that change had occurred in the last five years. Many young people also made comments reflecting on an increase in the prevalence of mental health issues within their local community over the past five years. These observations may, to some extent, indicate increased mental health literacy, or increased frequency of discussions about mental health, occurring within rural areas.

POSITIVE CHANGES IN THE COMMUNITY

Young people who identified changes in their community most commonly described an increase in awareness, understanding and frequency of conversations about mental health and wellbeing. This sometimes included decreases in stigma and more community support for those experiencing mental ill-health.

'Stigma around mental health has significantly decreased and has become a more socially acceptable topic. More people … speak out about their issues rather than suffer.'
Year 5, F, 16–17, Inner Regional

'Our mayor is particularly good with supporting younger aged pupils in our community and has set up heaps of support when it's needed.'
Year 5, NB/GD, 16–17, Inner Regional

Some participants suggested that people in their community have become more comfortable with seeking help for their mental health concerns, or in encouraging others to do so where needed.

'Over the last 5 years, mental health has become an increasingly popular topic in conversation and a lot of people are talking about their own experience with mental health and are getting help or guiding others to get help.'
Year 5, F, 18–19, Remote

Significantly, a number of young people identified that loss of life by suicide in their local community was the catalyst for these positive changes.

'After two suicidal losses hit our small country town we were ALL affected more than ever. The issue is way more widespread & well known throughout our town now. Everyone is made aware & regularly checks up on people.'
Year 5, F, 16–17, Inner Regional

Natural disasters and the pandemic were also commonly identified as being triggers for change in the community's attitude towards mental health.

'… given the COVID-19 situation, people are more understanding about the fact that everyone has their own mental struggles, and it's ok to talk about. I've definitely seen a lot more community events raising money for mental health organisations, and a lot more people who are struggling reaching out for help.'
Year 5, F, 22–23, Inner Regional

CONTINUING CHALLENGES

Despite many young people identifying positive changes, a number of responses indicated there is still a fairly low level of mental health literacy in their communities. This suggested that mental health is still largely ignored or misunderstood in their towns.

'I don't think people like to talk about it. I personally feel like it's getting worse. I see a lot of people suffering from mental health issues.'
Year 5, M, 22–23, Inner Regional

Some young people reported mixed change, commenting on limited professional support available within their local community. This ranged from a lack of relevant support, to long wait times for appointments and long distances to travel to access applicable services.

'Being a regional town … the proper mental health services are hard to find and the waiting time to see someone is quite large.'
Year 5, M, 16–17, Inner Regional

Some young people also spoke about local medical services being dismissive of mental health problems.

'People in my community believe that there isn't enough local support for those suffering. Most people are told that they're overreacting if they try to speak up about any troubles and if they go to speak to a professional they just get pills thrown at them and then pushed out the door.'
Year 5, F, 24–25, Inner Regional

While many young people identified that their friends and people their age were more aware of mental health, and more comfortable discussing it, they still identified a high level of stigma and taboo in their community, particularly among older generations, which in turn can influence younger generations (as noted in the section below on barriers to help-seeking). Many young people noted they would like to see this change.

'I believe mental health is still a taboo subject with some people but I think it should be openly discussed because it is a very serious thing. Depression kills many people and it shouldn't be a hushed subject.'
Year 5, F, 20–21, Inner Regional

The participants in the Diary study described older generations as being less willing to engage with mental health-related conversations or support services. Parents and carers, older members of the community and medical professionals were sometimes seen as dismissive of young people's feelings and mental illness symptoms.

'I think younger generations are a lot better [at talking about things] than the older generations … The parents sometimes aren't as open and willing … or want to hide [it] under the rug … There's still a long way to go with reducing the stigma. I think it's definitely improved, but I think there's still ways to improve.'
Year 5, F, 21–22, Inner Regional

Other young people had not felt comfortable coming out to their parents for fear of their response. Sexuality and gender identity can be too difficult to disclose. This then causes anxiety, guilt and grief, which impacts on their mental wellbeing.

'I'm a Christian but I'm also queer … I also come from a fairly conservative family, so I intend to remain closeted to them. I find I have a lot of support online in terms of social media and live streams. However, the church I attend is fairly conservative so I haven't come out … There aren't really any other options in my community.'
Year 5, NB, 16–18, Outer Regional

RURAL YOUNG PEOPLE'S KNOWLEDGE OF MENTAL HEALTH SUPPORT SERVICES

An important aspect of mental health literacy is knowledge of appropriate support services that can be accessed in the event of a mental health problem or crisis. To explore rural young people's unprompted awareness of services, participants in the Year 5 survey were asked to list up to ten support services they were aware of. The mean number of services they listed was four. Individual organisations with high recognition included Beyond Blue, headspace, R U OK? and Lifeline. Other specific local or national services, such as community mental health services, emergency services and general helplines (e.g. Butterfly Foundation and QLife), were also mentioned.

Participants in both the Year 1 and Year 5 surveys were also asked directly about their awareness of specific online mental health services. In the Year 5 survey, only two people didn't recognise any of the services, and there were increases in recognition of almost all of the listed services (Fig. 15).
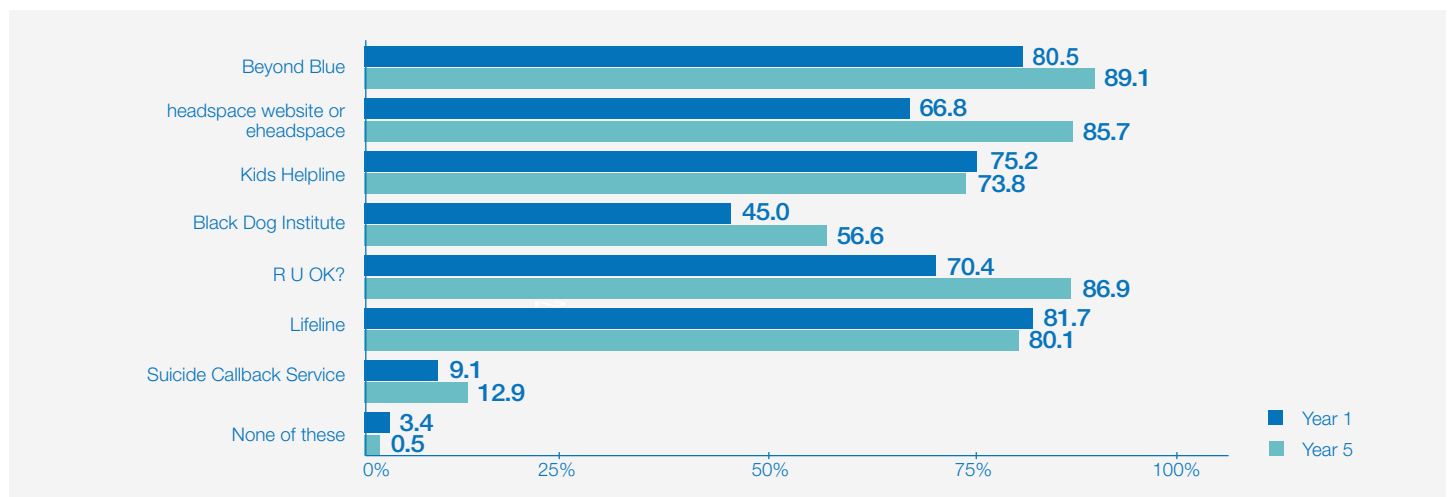

Figure 15. Participants' knowledge of different online and phone-based mental health services (Year 1 and Year 5 surveys)

EXPRESSED INTENTIONS TO SEEK HELP

To understand who rural young people would turn to for help for specific issues in their lives, respondents in the Check-In study and the Year 5 survey were asked a series of questions exploring their attitudes towards self-help (e.g. a website, online search, books and magazines), informal help (e.g. a friend or family member) and formal help (e.g. GP/doctor, mental health professional).

Check-In participants (n=100) were asked about their attitudes towards self-help strategies to improve their mental health.

- The majority (83 per cent) agreed or strongly agreed that people can use self-help strategies to help themselves feel better.

- A lot fewer young people (59 per cent) were currently aware of practical methods to help themselves.

Check-In participants involved young people who explicitly sought online self-help on ReachOut.com. The proportion of young people who are aware of self-help strategies may differ within the wider community.

In the Year 5 survey, we presented participants with a number of different help-seeking scenarios and asked where they would seek help for each issue. Formal and informal supports were almost equally preferred for difficult situations regarding alcohol and drug use; however, for the scenarios of bullying and feeling stressed, worried, anxious or down, participants expressed a preference for informal supports (Fig. 16).

When looking at the scenario of 'having thoughts of hurting yourself or suicide', formal supports were most endorsed. There were interesting changes from Year 1 to Year 5, however, including an increase in expressed intentions to access a headspace centre, online support or phone helpline, and a large decrease in expressed intentions to access a doctor or mental health professional (Fig. 17).
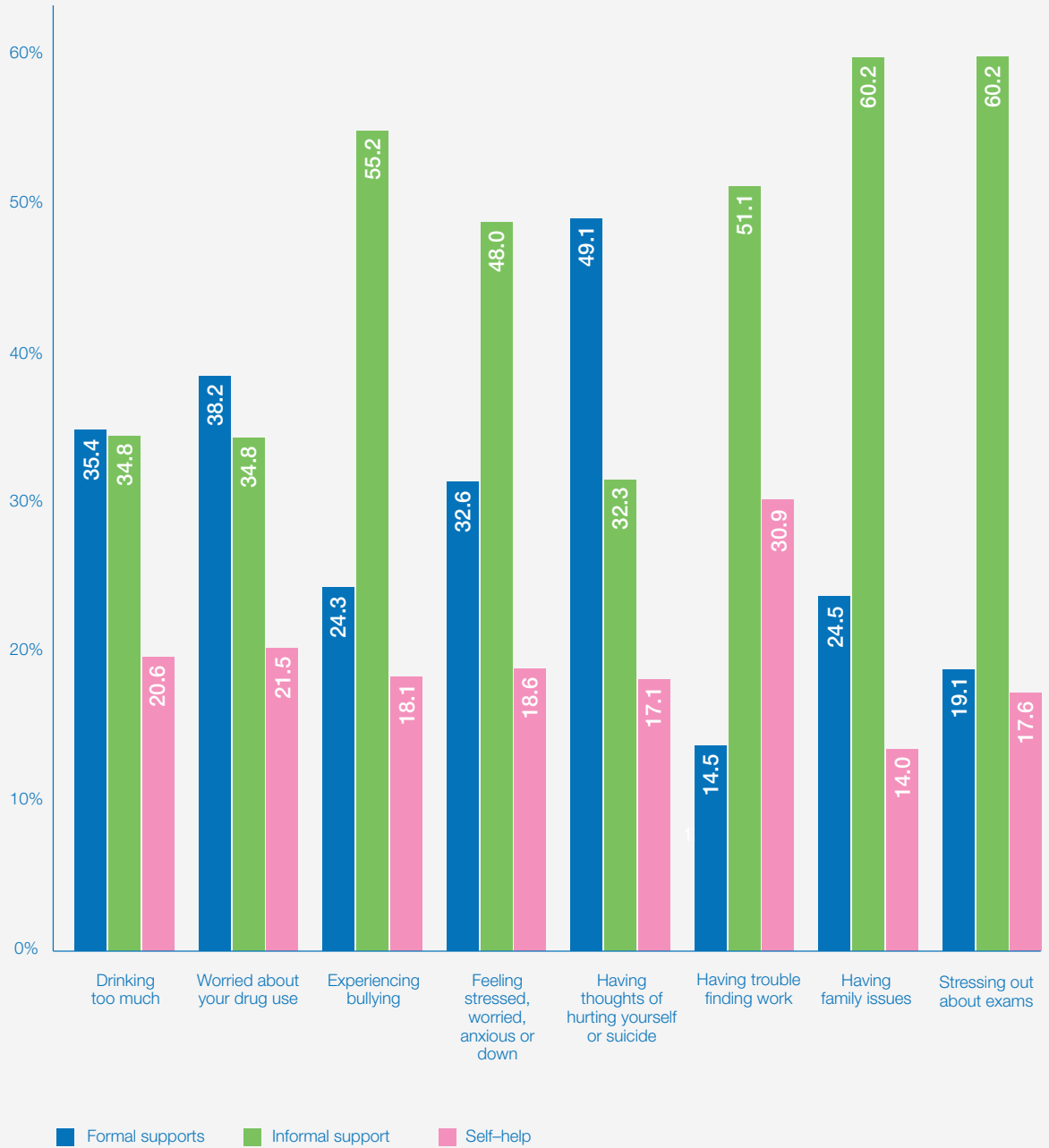
Figure 16. Participants' rating of seeking help from formal, informal and self-help supports for different scenarios (Year 5 survey)
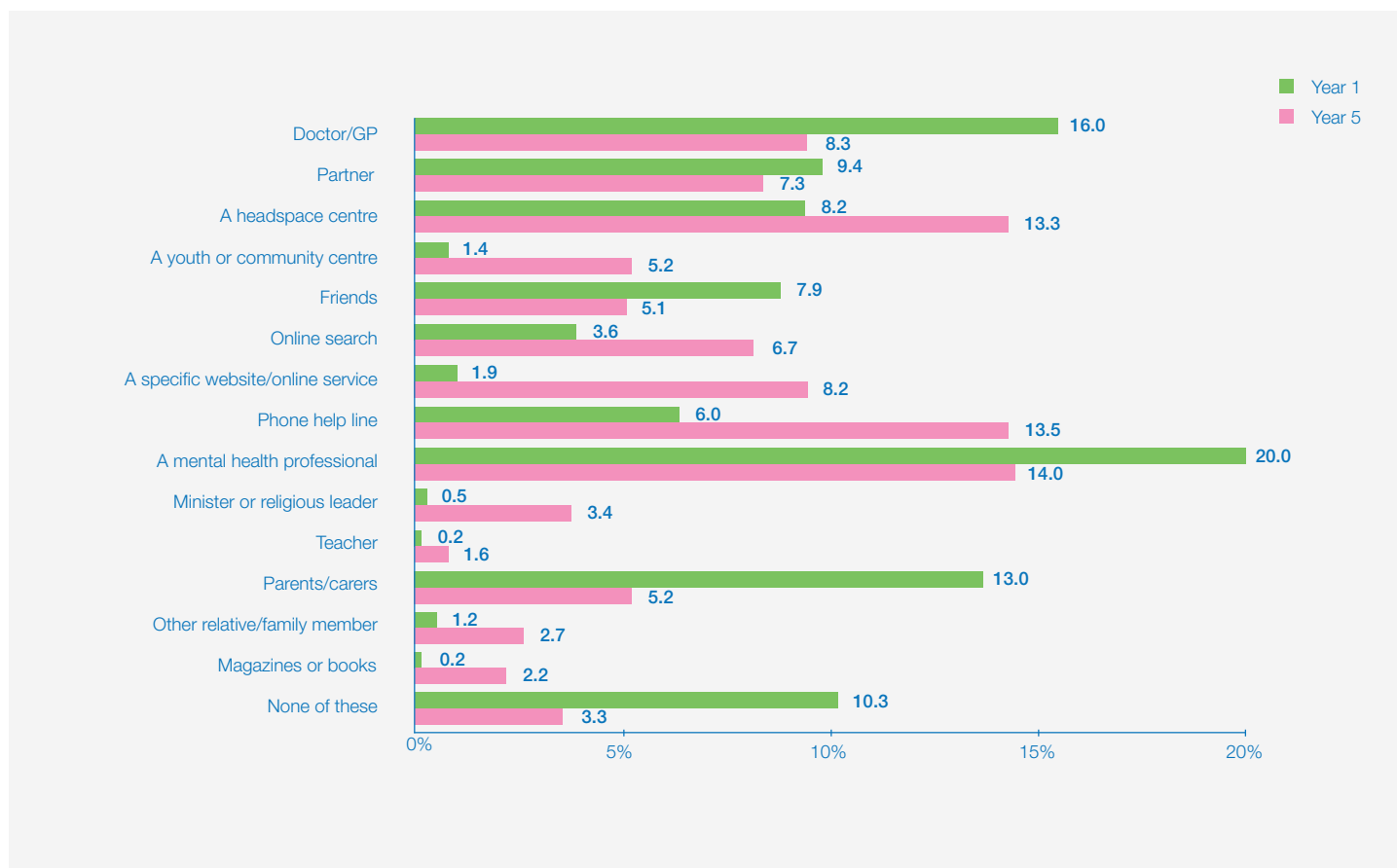
Figure 17. Participants' responses regarding where they would get help for the hypothetical situation of having thoughts of hurting themselves or of suicide (Year 1 and Year 5 surveys)

When rural young people were asked about everyday stressors such as finding work, family issues and stress from exams, they were less likely to express an intention to access formal support compared to the more serious mental health challenges or 'tough times', such as when having thoughts of self-harm or suicide. Young people were most likely to prefer self-help for the scenario involving finding work, while informal supports were preferred for issues involving their family and stressing out about exams. However, young people's readiness and motivation to access help was variable. Participants in the Check-In study (n=88) typically agreed with the statements 'I want help finding solutions for my problems' (mean rating 3.97 out of 5) and 'Getting more help sounds like a good idea' (mean rating 3.91 out of 5). However, they were less likely to endorse the idea that seeking help would make their lives better, or that they were seeking help because they wanted to.

Additionally, participants in the Check-In study (n=100) were presented with a series of statements reflecting beliefs about mental health services, against which they were asked to indicate their level of agreement. As shown in Figure 18, young people indicated that they would see a mental health professional in the future and that they believed them to be helpful during difficult times. However, they largely didn't view mental health professionals as a first port of call for support (39 per cent disagreeing, and 34 per cent feeling neutral towards it), and they felt indifferent about seeing such a professional if they were upset for a long time, and about discussing intimate concerns with them.
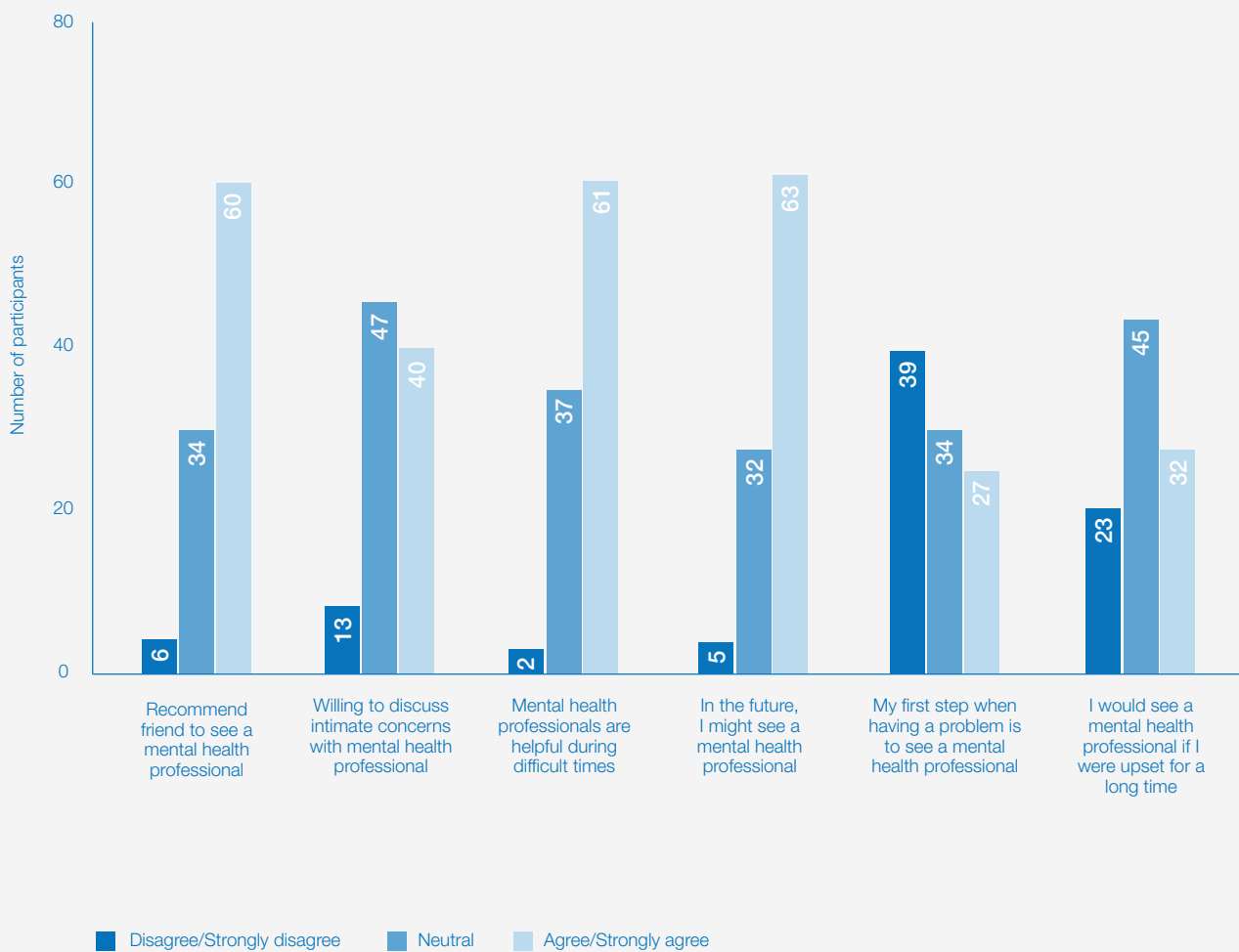
Figure 18. Participants' levels of agreement to different statements around seeking professional help (Check-In study)

REPORTED HELP-SEEKING BEHAVIOURS

Young people were asked in both the Year 1 and Year 5 studies which support services they had ever used to get information or support for a serious or stressful problem. As seen in Figure 19, in Year 5 almost half of the respondents reported going to a doctor/GP, compared to just over a third in Year 1. Additionally, there were large increases in seeking help from mental health professionals, and a large decrease in seeking help from parents/carers. Friends and partners were the most common sources of support for rural young

people in Year 5. The increase in demand for online support in 2020 is noticeable, with increases in online searches for support and specific website/online services. In both surveys, the majority of respondents indicated that they were more likely to find information or support via a general online search compared to a specific website, indicating limited loyalty to one service.

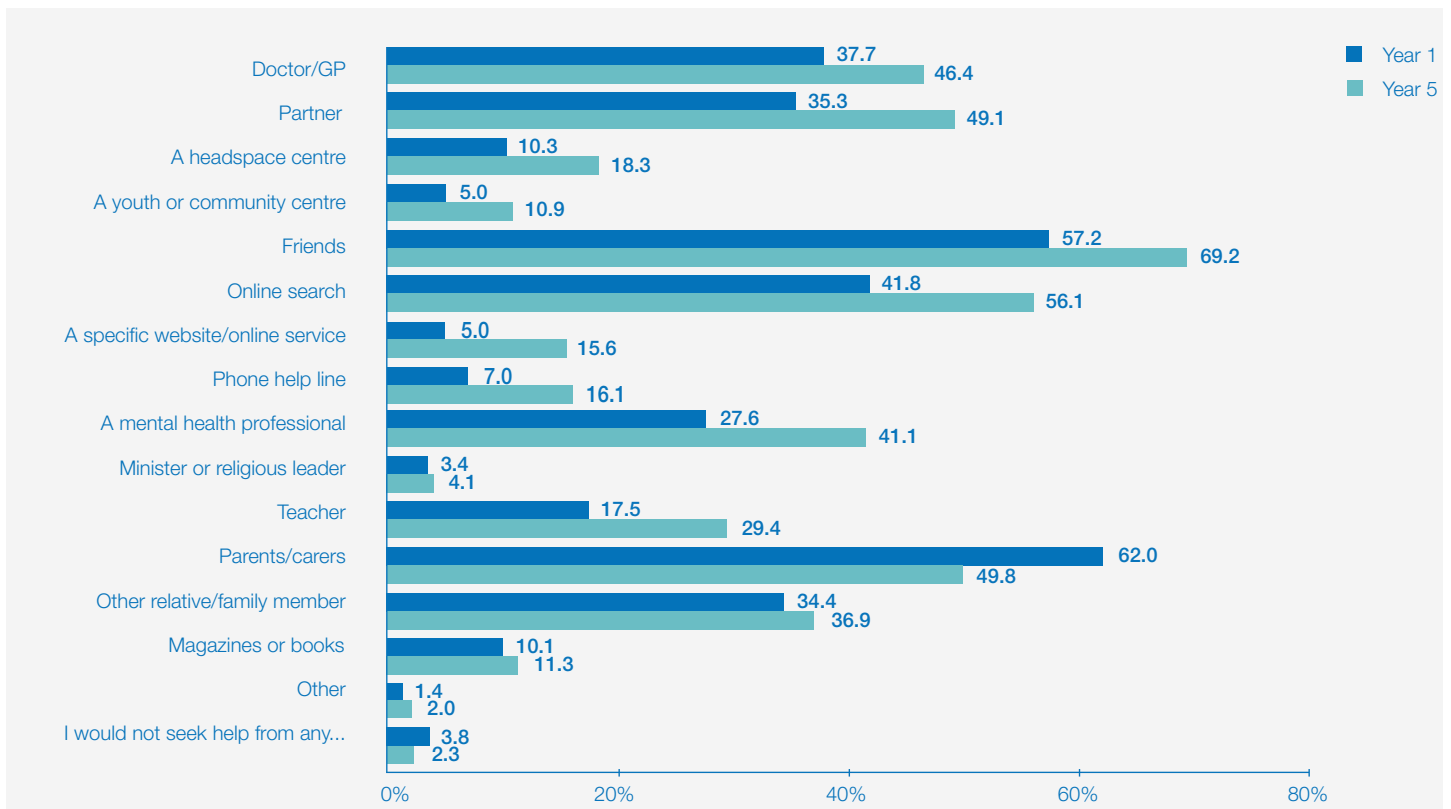| Service	Year 1	Year 5
Doctor/GP	37.7	46.4
Partner	35.3	49.1
A headspace centre	10.3	18.3
A youth or community centre	5.0	10.9
Friends	57.2	69.2
Online search	41.8	56.1
A specific website/online service	5.0	15.6
Phone help line	7.0	16.1
A mental health professional	27.6	41.1
Minister or religious leader	3.4	4.1
Teacher	17.5	29.4
Parents/carers	62.0	49.8
Other relative/family member	34.4	36.9
Magazines or books	10.1	11.3
Other	1.4	2.0
I would not seek help from any…	3.8	2.3

Figure 19. Percentage of young people that have ever used each service to get support for a serious or stressful problem (Year 1 and Year 5 studies)

When the above supports were categorised as formal, informal or self-help, there appears to have been an increase in the proportion of rural young people who have engaged with formal support (e.g. doctor/GP, mental health professional), while engagement with informal supports (e.g. parents, friends and partners) had decreased slightly. There was also a small increase in the number of young people reporting they had used self-help (e.g. online search, or magazines or books) (Fig. 20).
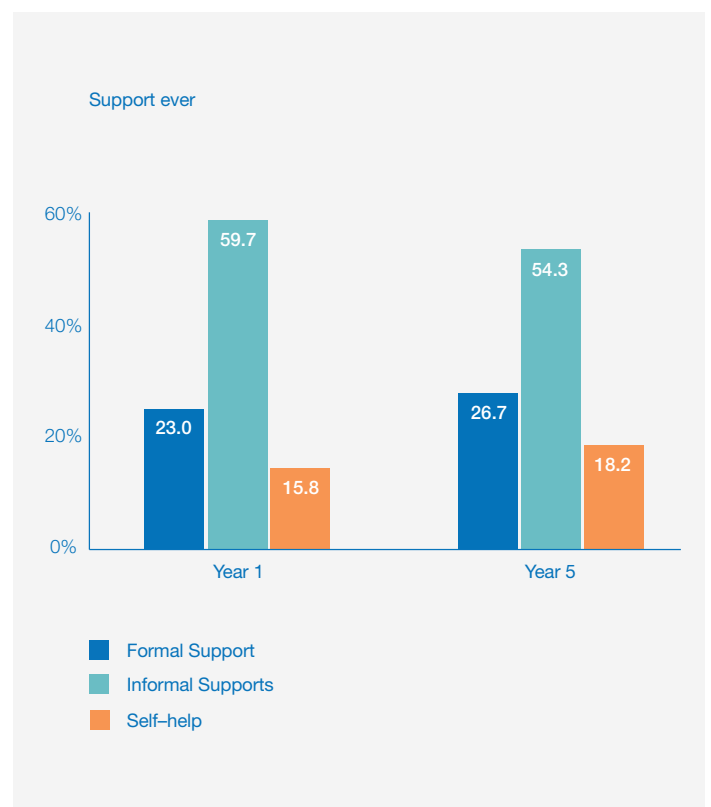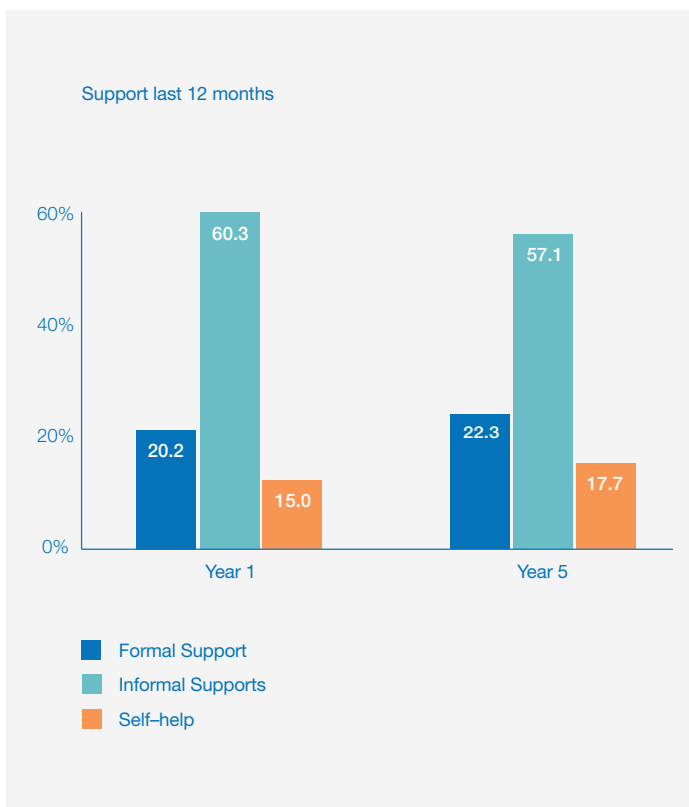
Figure 20. Different types of supports participants had ever used, and had used in the last 12 months (Year 1 and Year 5 studies)

BARRIERS TO SEEKING HELP

In the formative research a range of barriers, both practical and attitudinal, were identified that prevent rural young people from accessing support for mental health problems (1). Young people identified stigma, fear, embarrassment, and a desire for self-reliance, as well as structural barriers such as affordability and accessibility of professional services in their local community. Despite considerable investment in stigma reduction and mental health awareness campaigns in the intervening years, fear of judgement and of the unknown remain significant barriers for young people that impact on their willingness to seek help for their problems. Further, a high value placed on self-reliance and on the belief that their problem is not 'helpworthy' makes them less likely to seek help even when they would benefit from this.

ATTITUDINAL BARRIERS TO SEEKING HELP

Participants in the Year 5 survey were asked to rate their level of agreement on a number of statements about the reasons they might not seek support. They could also suggest additional reasons. As shown in Figure 21, the most highly endorsed concern about seeking help was that they didn't want to be judged or treated differently. Further, the majority of participants agreed that they wouldn't know what to say if they were to see a professional. Similar to the research reported in *Lifting the Weight* (1), there were much greater levels of endorsement of the attitudinal barriers (e.g. 'I don't think my problem is serious enough to get help') to help-seeking than structural barriers (e.g. not

having access to transport and not having services nearby). Young people in ORRVR areas evidenced more concerns than inner regional young people about knowing where to get support (27.5 per cent, compared to 24.8 per cent), having the time to access support (33.8 per cent, compared to 29.8 per cent), and saying something they might not want to if they did seek a professional (53.8 per cent, compared to 45.4 per cent). Interestingly, concerns about being judged and about cost were higher among inner regional young people (64.5 per cent and 49.6 per cent, respectively) compared to their ORRVR peers (59.4 per cent and 43.8 per cent, respectively). Rural young people discussed a number of reasons they wouldn't get professional help for a serious problem, both in the Diary study, and in response to qualitative questions in the Year 5 survey and the Check-In study. Across all three data sources, the most frequently described attitudinal barriers to help seeking were:

- embarrassment and shame, including fear of judgement and stigma
- a preference for self-reliance
- the belief that their problems are not serious enough or worthy of seeking help
- the difficulty and discomfort of talking about personal things with a stranger
- feeling unable or unwilling to articulate what their problem is.

In the Year 5 survey, young people described, both directly and indirectly, their fear of being judged as a barrier to seeking help for a serious or stressful problem. Some articulated that they were concerned about the help provider judging them, especially
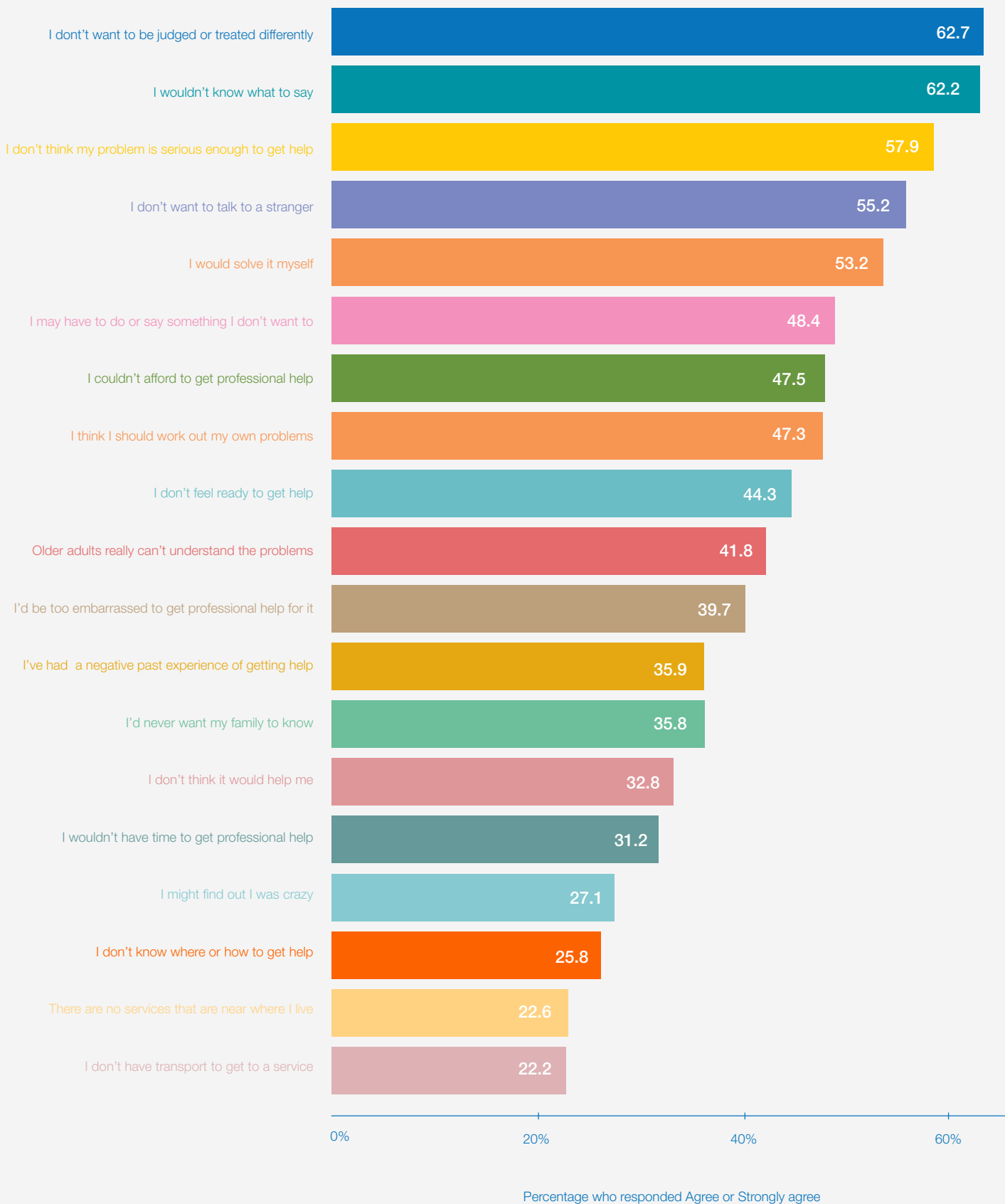
I dont't want to be judged or treated differently — 62.7
I wouldn't know what to say — 62.2
I don't think my problem is serious enough to get help — 57.9
I don't want to talk to a stranger — 55.2
I would solve it myself — 53.2
I may have to do or say something I don't want to — 48.4
I couldn't afford to get professional help — 47.5
I think I should work out my own problems — 47.3
I don't feel ready to get help — 44.3
Older adults really can't understand the problems — 41.8
I'd be too embarrassed to get professional help for it — 39.7
I've had a negative past experience of getting help — 35.9
I'd never want my family to know — 35.8
I don't think it would help me — 32.8
I wouldn't have time to get professional help — 31.2
I might find out I was crazy — 27.1
I don't know where or how to get help — 25.8
There are no services that are near where I live — 22.6
I don't have transport to get to a service — 22.2

Percentage who responded Agree or Strongly agree

Figure 21. Participants' levels of agreement with different barriers to them seeking help (Year 5 survey)

judging that their problem was either not serious enough, or so serious that they would receive an unwanted label or diagnosis.

'I would feel extremely embarrassed … I feel like I would be judged or they wouldn't think my issues are serious enough. Maybe I will make a fool of myself or I will say something very concerning and be admitted to a mental hospital where I do not want to go.'
Year 5, F, 18–19, Outer Regional

Others identified fearing the judgement of friends, family, peers, colleagues, or others in the community. Some young people expressed that they were scared of being seen as attention seekers, as broken, or as weak.

'… fear of judgement, fear of being the only one, fear of being crazy.'
Year 5, F, 16–17, Inner Regional

By contrast, when rural young people explained why they felt close to particular people, they commonly mentioned that they didn't feel judged by that person. This further highlights the role that perceived judgement can play in hindering disclosure and help-seeking.

'My Nan is important to me because she supports me and understands me more than anyone else can. She doesn't judge me even when she doesn't agree with my side of things.'
Check-In, NB/GD, 17, Outer Regional

This barrier relating to fear of judgement may be compounded by the young person's concerns

about privacy and confidentiality. Participants in the Diary study expressed concern that everyone in the town would find out about any mental health support they were seeking, which they felt would add to the discomfort and distress they were already experiencing. Similarly, in the Year 5 survey, many described the difficulties associated with getting mental health support in small rural communities where everyone knows everyone's business. Others noted that in their town, it was likely that they knew, or were even related to, people who work at services like headspace. On the flip side of this, young people also expressed discomfort at the prospect of talking about emotions and difficult things with providers they didn't know. A tension between the desire for anonymity and confidentiality, and discomfort with the idea of speaking to a stranger, was apparent in some responses.

'I wouldn't feel comfortable talking to someone about my problems when I don't know the person and don't have that connection with them where they'd understand. I'd rather push through or talk to a close friend if I needed.'
Year 5, F, 16–17, Outer Regional

While some young people expressed stigmatising views about mental illness and help-seeking, far more wrote about the stigma they were aware of in others and cited this as a reason not to seek help. Their responses indicated that their attitudes and beliefs about mental health and help-seeking are influenced by their communities – in particular, by friends and family.

'Stigma, and fear that it will get around in the community because the community is so small everyone knows everyone and everyone knows everyone's business! Which I think can be a disadvantage to young people getting access to services and less likely to talk out in tough times.'
Diary study, F, 21–22, Inner Regional

'I went to an inpatient service for 16 days in a place 1h away from where I lived and when I got out my family and loved ones suggested I keep the info to myself as people react weirdly and might think differently of me.'
Year 5, F, 22–23, Outer Regional

Young people also frequently expressed a strong desire to solve their own problems, rather than seek help from professionals. In the Diary study, it emerged that young people's response to mental health stigma is commonly to try to solve their problems themselves. Others wrote in the Year 5 survey that they felt they could, or should, handle things on their own, and that they prefer to keep certain things to themselves. Relatedly, many young people perceive that their problems aren't serious enough to require professional support, and express a sense of being unworthy of help, especially when compared to others who are worse off. Additionally, in the Diary study a number of young people expressed self-judgement around help-seeking, such as the feeling that they don't deserve help.

'Main reason is because I feel like my problems are not worth their time when other people could use that service. I feel like my problem is not as important.'
Year 5, F, 16–17, Inner Regional

'Other people deserve their time more than I do. I wouldn't be supported by my parent to go and get help; my problems, although stressful and upsetting to me, may be perceived as everyday teenage problems.'
Year 5, F, 16–17, Inner Regional

Even where young people identify that they would benefit from seeking help, it's common to express not feeling ready or equipped to engage with a professional. Some young people expressed that not knowing what they would say to a help provider would prevent them from seeking support. Further, some participants saw taking the step of being vulnerable, and exposing themselves to potentially more distress while they 'do the work', as too confronting.

'Being able to properly communicate and explain what [is going on] in your life is stressful.'
Year 5, F, 20–21, Remote

'I'm not in a position in my life where I have the mental space to break myself apart and put myself together again like I know I need to …'
Year 5, F, 24–25, Inner Regional

STRUCTURAL BARRIERS TO SEEKING HELP

The emotional and social barriers to help-seeking are amplified by the lack of welcoming, available and reassuring mental health infrastructure. In the Year 5 survey, young people's responses indicated they felt that transport and service availability weren't the most significant barriers to seeking help; however, this was rated a higher barrier among ORRVR young people compared to inner regional young people (25.6 per cent, compared to 20.9 per cent). The exception to this was the affordability of services, which was a concern for approximately 50 per cent of the sample.

Young people's qualitative responses across the Diary study, Check-In study and Year 5 survey also emphasised structural barriers, including a lack of available and appropriate services, time and money to access support. For rural young people, it's difficult to know where to start and how to navigate the mental health support system. The financial and administrative barriers, as well as long waitlists for services, make it particularly difficult to take that first step and find someone they can trust and work with. Young people in rural communities can sit with symptoms for longer and only seek support when a crisis occurs.

'I've had negative experiences with healthcare professionals in the past and I was made to feel like I was a problem or an inconvenience for them … [a] psychiatric appointment … cost me upwards of $100 for a single session. This prevented me from returning … Living in a typically low-income town I was surprised at how expensive the appointment was.'
Year 5, F, 20–21, Outer Regional

When it's hard to access services, young people might feel pressure to be perfectly ready to 'do the work' – especially if they have a limited number of government-subsidised appointments available to them. This kind of sentiment was reflected in their comments that others are more deserving of what they perceived to be scarce resources.

'The inability to afford or access services, even the ones who claim to be 24/7 accessible, have such a terrible backlog of people seeking help. I feel I'm better off leaving it accessible for people who need it more/struggling more than myself.'
Year 5, F, 22–23, Outer Regional

A common dilemma expressed by young people in the Check-In study was not wanting their parents to know, or their parents knew but were unsupportive in providing assistance with payments for, and/or transport to, support services. Others wrote about how a lack of time, money and nearby services all made it difficult to seek help.

'If I had a local therapist within 10 minutes drive I would see someone, but it's so far away … I wouldn't get all my schoolwork time plus downtime. I have to pay for fuel and in rural areas this is expensive.'
Check-In, F, 17, Inner Regional

These responses from young people suggest that the factors that make it difficult to reach out to professionals for mental health support are deeply entwined and compounding. Somewhat encouragingly, young people's ability to identify what stops them from seeking help, and sometimes even critiquing these barriers – especially in terms of stigma, may indicate their growing mental health literacy.
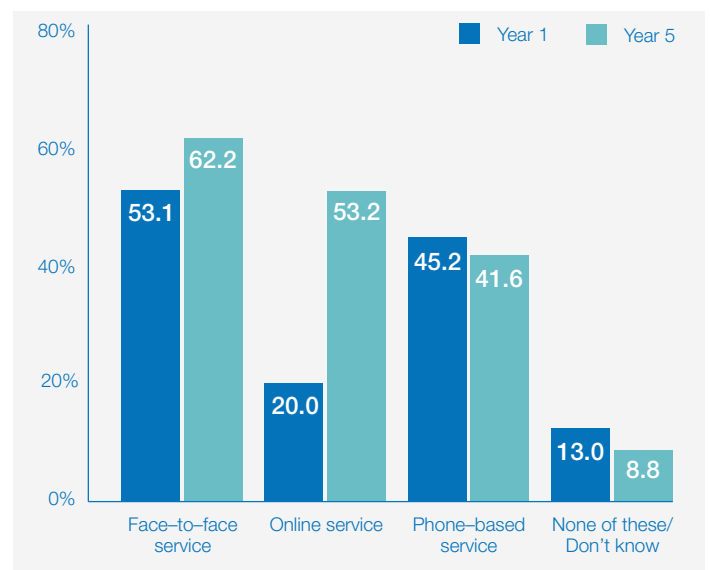
SERVICE PREFERENCES

We also examined young people's broad preferences for types of support services in the Year 1 and Year 5 surveys, and observed some notable changes over this period. Most strikingly, young people are increasingly turning online for support for mental health problems, which isn't surprising in light of some of the aforementioned attitudinal and structural barriers they can face in seeking traditional mental health support within their communities, and the increased adoption of telehealth during the pandemic.

Participants were asked to select any of the service types they would use, with the options being: face-to-face (e.g. a counsellor, a headspace centre), online (e.g. beyondblue.com), phone-based (e.g. Kids Helpline, Lifeline) or none of these. Most noticeable was the increase in expressed preference to use online services, with the proportion of young people who identified they would access these services more than doubling between Year 1 and Year 5 (Fig. 22). Further, more young people were willing to engage with face-to-face services, with young people in ORRVR areas expressing a stronger preference for face-to-face services (65 per cent) when compared to their inner regional peers (60.6 per cent). In addition, the

proportion of young people who responded that none of these options were attractive for them, or they didn't know, dropped considerably from Year 1 to Year 5, which suggests that more young people are becoming more aware of, and more comfortable in seeking, services generally.

Figure 22.

Preferred support service modalities (Year 1 and Year 5 surveys)

SUMMARY

Rural young people's experiences of mental ill-health, and their behaviours and attitudes towards accessing support, tell us that there is much to be done to address the specific wellbeing needs of youth in rural Australia. While the prevalence of mental ill-health among rural residents isn't much different from the rest of Australia, its impacts are greater. This is due to a number of factors that young people have identified, including structural barriers to accessing professional support (cost, distance, availability) and what they see as the low levels of mental health literacy and high rates of stigma in segments of their communities. We have observed an overall trend of poorer mental health outcomes among rural young people in the past five years; in the context of major stressors over the same time period (natural disasters, COVID-19), it's not surprising that young people's wellbeing has been under strain.

The help-seeking trends that we identified in our data are consistent with Mission Australia's report, in that young people value their friends and familial relationships above their health or employment (15).

For rural young people, informal sources of support such as family, partners and friends remain crucial, even as they are increasingly seeking professional help. For those yet to seek help, stigma, fear, embarrassment and a preference for self-reliance are significant attitudinal impediments. Many young people felt that their problems weren't serious enough to warrant accessing professional help, and that if they weren't ready to 'do the work' they would be taking scarce resources from others who needed them more.

Given the significant attitudinal and structural barriers that young people in rural areas face when contemplating accessing professional help, and the challenges they face in maintaining their mental health and wellbeing, it's not surprising that they are increasingly seeking support online. This is consistent with other recent research with young people that explores their attitudes towards telehealth (26, 27). This finding represents a significant opportunity for ReachOut, especially to increase rural young people's awareness of self-help strategies. In the next chapter, we detail the impact ReachOut is already having on the lives of young people in rural Australia.

3
THE ROLE
OF REACHOUT

In this chapter, we present insights around the role ReachOut plays in supporting young people's mental health and wellbeing. We examine rural young people's awareness of and engagement with ReachOut, and consider to what extent the user experience for rural ReachOut users is meeting their needs.

FIVE YEARS AGO: WHAT RURAL YOUNG PEOPLE TOLD US REACHOUT NEEDED TO BE AND DO

In the formative research conducted in 2017, we learnt that young people from rural areas made up a relatively small proportion of ReachOut's total visitors. Additionally, visitation rates from rural young people were lower than expected based on their representation in the general population. Awareness of ReachOut was also slightly lower compared with young people living in metropolitan areas. Participants in this research told us that ReachOut could play an important role in supporting young people in regional and rural communities, and that we needed to advertise the service more to grow our reach into these communities.

ReachOut user experience goals

'User experience goals' refers to what young people want to experience or achieve by using ReachOut These goals have been developed based on co-design research with young people, and they guide the design and delivery of the service. Every interaction the service has with a young person should help them to achieve one or more of these goals.

In the co-design research conducted in Year 1, we learnt that rural young people's expectations of a successful interaction with ReachOut were that it would help them to:

- feel validated and less alone

- better understand their emotions and experience

- feel better prepared or equipped to deal with the issues affecting them in their lives

- feel supported (rather than bringing about drastic improvements in their mental health)

- feel connected to other young people like them.

These principles have guided our service response over the intervening years.

FIVE YEARS ON: WHERE ARE WE NOW?

Five years on, ReachOut has made great strides in understanding and connecting with young people living in rural Australia. This is evident in the awareness of ReachOut within the community, in the increased numbers of rural young people, parents and school professionals accessing ReachOut, and in the feedback rural young people gave in this evaluation about the role ReachOut plays in their lives.

Brand awareness of ReachOut in rural young people has increased from 19.3 per cent in 2017 to 30.1 per cent in 2021 (Fig. 23). This growth is significant, and likely reflects the considerable investment in digital advertising dedicated to regional and rural young people over the past five years, supported by FGG. Advertisements, both digital and print, were often remembered by rural ReachOut users in the Diary study when they were asked how they found ReachOut.
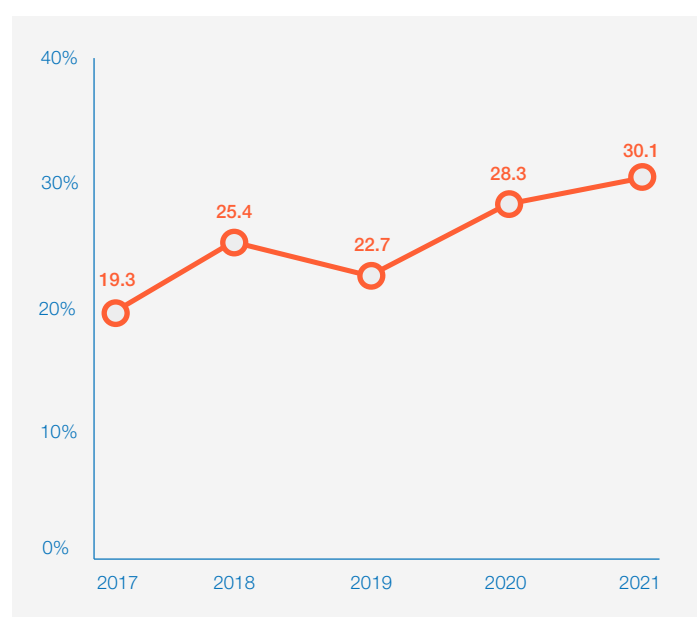
'I've seen a couple ads on Instagram, and I've read a couple of ReachOut's articles. The LGBTQ+ articles have been really helpful for me in terms of accepting my identity.'
Diary study, NB/GD, 16–18, Outer Regional

'I found out about ReachOut from both posters and I think Instagram ads.'
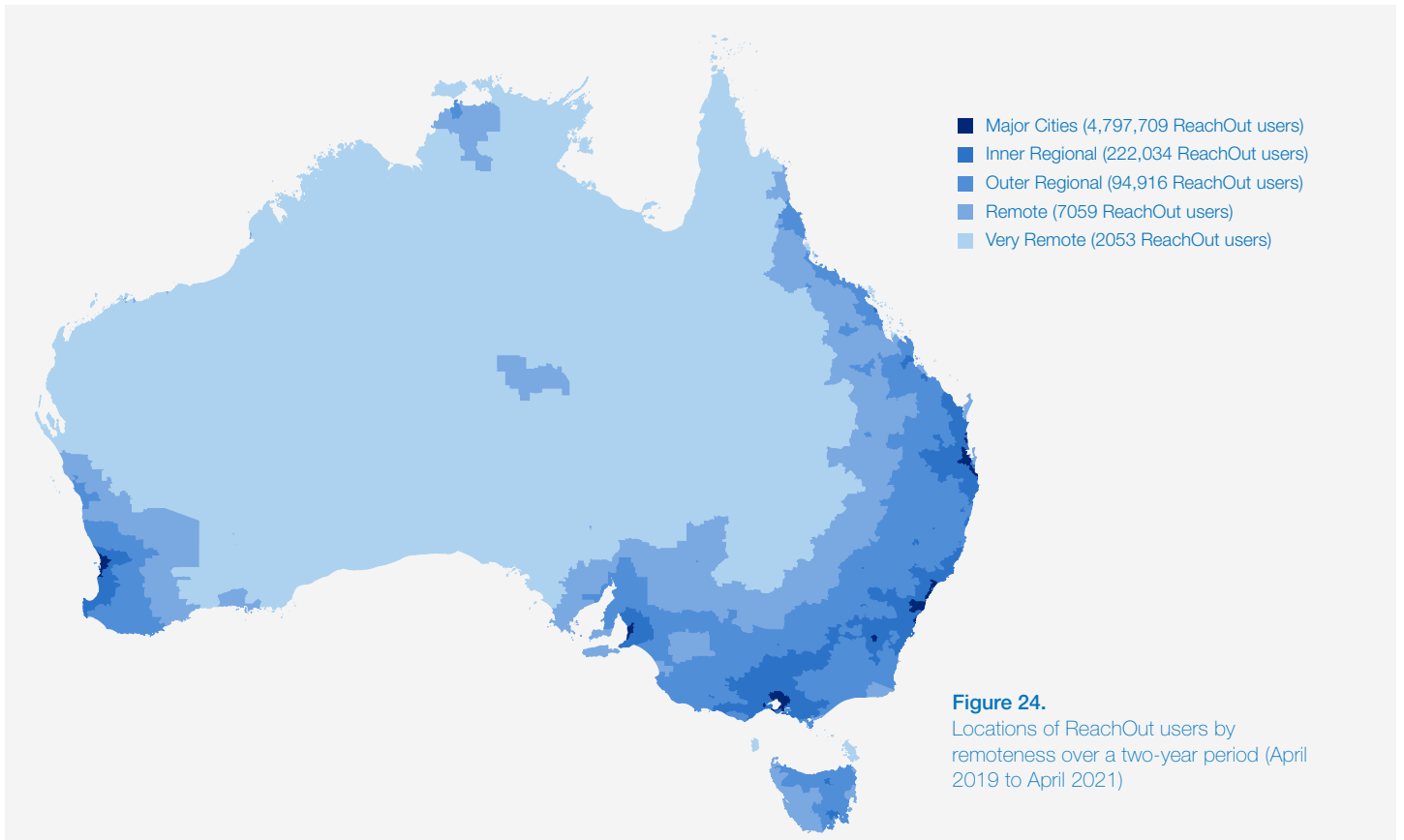Diary study, NB/GD, 16–18, Inner Regional

Sometimes, young people's journeys to ReachOut were circuitous and involved multiple touchpoints.

'I remember, in high school, I was introduced to ReachOut in an online session we had as a year group … ReachOut came up in conversations with my friends when we were talking about dealing with the HSC.'
Diary study, F, 16–18, Inner Regional

Similarly, for those in the Year 5 survey who had heard about ReachOut (n=37), 32.4 per cent identified they were directed from school, while the same percentage identified that they found ReachOut from a general online search.

Figure 23.
Changes in brand awareness of ReachOut by rural young people
(ReachOut brand study)

Figure 24.
Locations of ReachOut users by remoteness over a two-year period (April 2019 to April 2021)

Legend:
- Major Cities (4,797,709 ReachOut users)
- Inner Regional (222,034 ReachOut users)
- Outer Regional (94,916 ReachOut users)
- Remote (7059 ReachOut users)
- Very Remote (2053 ReachOut users)

'I believe that ReachOut has been designed for young people who live in small communities such as myself as it provides us with the opportunity to receive free, online counselling and help for common problems … employability, money management, and loneliness …'
Diary study, F, 16–18, Inner Regional

'I would say that ReachOut is aimed at young people, aged 12–25 … who may be shy or unsure about themselves, such as questioning their sexuality or gender … people who may suffer depression and anxiety, who just need reassurance that they're not alone in how they are feeling and that help is out there.'
Diary study, NB/GD, 23–25, Inner Regional

This increased awareness of ReachOut among rural young people is also reflected in significant growth in user numbers over the past five years from regional, rural and remote Australia. To better understand where our users are located across Australia, and what they are engaging with on ReachOut, we explored the web data. Web data gives a picture of what this cohort of users are drawn to, and is a useful proxy for understanding the key stressors in their lives. Further, by exploring the intended purpose of the content that young people are engaging with, we can make some inferences about the impacts they may have experienced as a result of this engagement, which we can then validate with the survey data (see Chapter 4 on ReachOut's unique impact).

Across a two-year period, from 15 April 2019 to 15 April 2021, we saw 5,217,829 unique users visit the ReachOut website. Despite many of our users (i.e. 4,797,709 users) being located in major cities of Australia, a substantial number are located in regional and remote areas. That is, 222,034 users were located in inner regional, 94,916 in outer regional, 7,059 in remote, and 2,053 in very remote areas, as represented visually in Figure 24. Some 94,058 participants didn't have location data. ReachOut users are also distributed across all states and territories, with the largest proportions of users residing in New South Wales, Victoria and Queensland. Table 1 shows the total number of unique users from rural areas in each state over the

two-year period. We also explored the most common content topics that users were engaging with on ReachOut. For all remoteness categories (i.e. major cities, inner regional, outer regional, remote, and very remote Australia), the most commonly accessed topics were addiction, abuse and violence, sex, and alcohol and drugs. The next top topic for users residing in major cities and inner regional areas was friendship; for users residing in outer regional areas, it was work and money; for those in remote areas, it was anxiety; and for those in very remote areas, it was confidence. Topics about work and money were more commonly accessed among rural young people compared to young people living in major cities.

The evaluation has demonstrated that rural young people visit ReachOut for varied reasons, ranging from the more everyday, through to more serious mental health concerns. Participants in the Year 5 survey who had used ReachOut previously (n=37) were asked for the reasons why they visited the service. Echoing the web data trends above, the reasons given by respondents were diverse, and included:

- seeking help around their own mental health (e.g. 'suicidal feelings', 'feeling overwhelmed and stressed')
- seeking information and guidance about a specific topic (e.g. 'money', 'problems with sexuality')
- educational purposes (e.g. 'school assignments')
- being unable to access other services
- curiosity and just exploring what ReachOut offered (e.g. 'interested in reading what they offer', 'just to see the website').

These users were asked to identify all of the topics they accessed while visiting ReachOut. Mental health content (e.g. depression or anxiety) was the most popular, with 67.8 per cent of young people accessing these resources, followed by loneliness (viewed by 32.4 per cent), school or study stress (29.7 per cent) and relationships (29.7 per cent).

Finally, the top themes of the ReachOut Theory of Change (see Appendix E) that were accessed by users were: increasing mental health literacy and recognition of problems; knowledge of self-help strategies; knowledge of professional help sources; improving attitudes to self-help; and decreasing isolation.

Table 1. The number and proportion of rural ReachOut users across Australian states and territories, 2019–21

State/Territory	Number of unique users	Proportion of users (%)
New South Wales	81,580	25.04
Queensland	80,084	24.58
Tasmania	70,032	21.49
Victoria	49,818	15.29
Western Australia	18,161	5.57
South Australia	13,950	4.28
Northern Territory	12,146	3.73
Australian Capital Territory	43	0.01

REACHOUT AND FGG: AN IMPACTFUL PARTNERSHIP

Future Generation Global (FGG) is Australia's first internationally focused listed investment company with the dual objectives of providing shareholders with diversified exposure to selected global fund managers and changing the lives of young Australians affected by mental illness. Through the support of FGG, ReachOut has been the beneficiary of five years of dedicated and sustained funding which we have leveraged to support young people living in rural areas, plus the important adults in their lives: parents, carers and educators.

Sustained FGG funding has enabled us to make significant gains in supporting this underserved population. In particular:

- ReachOut was able to take a considered approach to understanding the unique needs and challenges of young people living in rural Australia, by spending the first year undertaking formative and co-design research in six regional and rural communities across Queensland, New South Wales and Western Australia, and a comprehensive audit of the ReachOut.com service against the needs identified in this research. This enabled a deep understanding of the challenges that young people living in rural and regional Australia face, the way that they interact with mental health services in their communities, and their attitudes to help-seeking, which provided a roadmap for Years 2–5 to ensure the service better reflected the lived experience of regional, rural and remote young people, and met their unique needs.

- This deep understanding has been extended through ongoing engagement with rural communities over the years, made possible through the dedicated funding. As a result, adopting a rural lens has become business as usual in developing content across our audiences (youth, parents and schools).

- The funding has enabled us to consistently grow our reach and profile within rural communities, through a sustained awareness-raising push via digital advertising and campaigns, which has seen a marked increase in visitation from these communities over the five years and a significant increase in awareness of ReachOut over that period.

- We have leveraged the funding to build new relationships and attract additional philanthropic and government support.

- We have been enabled to speak with authority to the lived experience of rural young people and to advocate for their needs in government, sector and media spaces via multiple submissions, briefings, conference presentations and media releases.

We are currently exploring how we can adopt a similar model to offer meaningful, targeted support to other vulnerable/underserved communities of young people, such as Aboriginal and Torres Strait Islander and culturally and linguistically diverse young people.

LIFTING THE WEIGHT

ReachOut leveraged insights from the formative research to transform the broader mental health landscape, partnering with Mission Australia on the report *Lifting the Weight: Understanding Young People's Mental Health and Service Needs in Regional and Remote Australia* (1). The report was launched at Parliament House. The launch was well attended by MPs, senators and advisers to a number of MPs and Ministers, and it gained extensive national and regional media coverage.

As a result, ReachOut was invited to present evidence at the Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia. This involvement was funded as part of the Australian Government's Drought Support Package, with the announcement and funding coming quickly after briefings with key Ministers, MPs and senators, and advisers regarding the report.

RURAL YOUNG PEOPLE'S USER EXPERIENCE ON REACHOUT

Overall, the evaluation indicated that rural young people's impressions of ReachOut were very favourable, and that it is seen as highly relevant to rural young people in terms of its format and content. Rural users provide largely positive feedback when describing and rating their experience of using ReachOut.

When participants in the Diary study were asked to identify the best parts of ReachOut, they most commonly spoke about the content – specifically, the information, images and online communities – as being relevant and engaging. ReachOut provides a space for young people in rural areas to understand their feelings, read about other young people's experiences, and develop a broader perspective. It can be daunting for young people in rural areas to leave their local community and explore other places and ways of thinking. ReachOut provides access to a secure and encouraging community of young people in other places who make it easy for a young person to step outside their local area and meet others.

'… I thought that was really engaging … something that would actually appeal to younger people because that's what they want. They don't want big chunks of essays and long, long, you know, websites to read and stuff … [It's] short, sharp … it's got personal perspective, it's got videos, it's got signs and symptoms.'
Diary study, F, 21–22, Inner Regional

'Not only is [ReachOut] a great stepping stone for LGBTQIA+ resources, but it's also relevant to current world events, with a lot of people stressing and feeling isolated because of COVID-19 restrictions. To lose that would be devastating to a lot of people.'
Diary study, NB/GD, 23–25, Inner Regional

As mentioned above, one of the aspects of the ReachOut service offering that young people most appreciate is that it is engaging and embraces a variety of formats, such as videos, memes, stories and quizzes, to convey information and support. Some young people gave other suggestions for multimedia content formats that they felt were relevant and helpful for rural young people.

'What's unique is that it has a wide range of resources and various medias, which allows for all individuals to engage … Having [a] podcast may be a way to help step up … because they can be too busy to sit down and read and read but if they have a podcast they can listen and do other jobs.'
Diary study, F, 21–22, Inner Regional

'… more well known people being interviewed? For example, mental health bloggers, tv personalities who can talk about mental health struggles and overcoming it.'
Diary study, F, 16–18, Inner Regional

Young people in the Diary study also appreciated that ReachOut provides practical, actionable self-help strategies that they can try immediately to make themselves feel better. This caters to rural young people's strong desire to solve problems themselves and the value they place on resilience.

'… There's sub-categories under each page … [like] "It's okay to not be okay" … where you can share your own experiences and … "what skills they have and what things they can do" and stuff like that. And so it's just like the directive way to remind you about how you can get help. You help yourself, so to speak …'
Diary study, F, 21–22, Inner Regional

Some young people also spoke about the ease of navigation onsite, which facilitates them getting to the most relevant information for their circumstances.

'The fact that you can narrow down your enquiry into a few sections is really helpful as it provides users with a quick and easy way to navigate the website and find the answers that they need without any hassle.'
Diary study, F, 16–18, Inner Regional

However, the sheer volume of information available on ReachOut can at times overwhelm young people, especially when they may already be feeling confused or are having difficulty articulating what is going on for them. Finding ways to support young people to quickly navigate to the right content for them – without overwhelming them with suggestions – is an important focus moving forward.

'Young people in my area really like ReachOut, especially when they are seeking advice for job employability and money management, an issue in small towns … The website is very easy to navigate, although at some points it does overwhelm the user with a lot of articles and resources.'
Diary study, F, 16–18, Inner Regional

Young people participating in the Diary study were asked to take some screenshots of what they felt were the best parts of ReachOut. Figure 25 provides a selection of these.

Figure 25. A selection of screenshots taken by rural young people illustrating the 'best bits' of ReachOut.com

RAPID RESPONDER: REACHOUT ON THE FRONTLINE

2018:

Supporting young people and their families affected by drought

As Australia's most accessed online youth mental health service, ReachOut is well positioned to respond quickly to the mental health needs of young people, and those they turn to for help – friends, parents and carers, and educators – in the event of a crisis. As a digital service, ReachOut has developed a capability to ensure we can be a frontline responder when significant events or disasters occur, offering information and resources, peer support, and pathways to other support services. In each of the following examples, the response focused on building resilience and coping, and encouraging young people and their support networks to access additional relevant support, as part of the initial emergency and recovery phases of the event.

In 2018 and 2019, drought impacted large areas of NSW, VIC, NT and SA, with limited rain experienced in other states and record-low rain in many areas. Rural and farming communities were the hardest hit.

ReachOut was funded by the Federal Government to develop digital drought care packages for young people and parents. More than 55,000 people accessed ReachOut's drought support from October 2018 to May 2019, with many more being engaged at in-person events. For example, ReachOut attended the Bands Together Farmers event in Parkes, which attracted over 5,000 people, to promote drought mental health and wellbeing support and resources, and to interact with people in regional NSW. ReachOut also developed a partnership with Australia Post, which distributed postcards promoting ReachOut's digital drought care package to 290,000 households across NSW and QLD.

2019–20:

Supporting young people in communities affected by bushfires

Off the back of the drought season came an 'unprecedented' 2019–20 bushfire season, with catastrophic losses taking a serious toll on the mental health and wellbeing of people in rural communities. In September 2019, in anticipation of more severe weather and bushfires, ReachOut created a number of support resources related to the stress of natural disasters, bushfires, floods, earthquakes and cyclones for young people, parents and schools.

ReachOut's response to these disasters was to focus on building resilience, coping, dealing with bad news, climate anxiety and accessing professional help, as part of the initial emergency and recovery phases of the bushfires. Support was delivered to rural young people and parents through geo-location targeting. From November 2019 to May 2020, the youth and parent resources were accessed 11,829 times, while the schools resources were assessed by 3,390 teachers and educators.

In addition, ReachOut's peer support community was deployed to support young people impacted by the bushfires. The online community, which provides a safe online space for young people, attracted 978 visitors from November 2019 to May 2020. The team facilitated discussions about how to cope with bushfires, and young people talked about their experiences, including having to evacuate, and their feelings of anger and hopelessness. Due to high levels of distress in the affected communities, the approach focused on promoting resilience and wellbeing through sharing stories of hope and of communities supporting each other.

ReachOut also partnered with the Naked Farmer. The 24-year-old, who was raised on a farm and has first-hand experience of drought, works to raise awareness of mental health and to encourage people to start conversations. The Naked Farmer was involved in producing resources, promoted ReachOut's digital drought care package to his 81,000+ Instagram followers, and hosted a live Facebook chat for young people in drought-affected communities.

2020:

Supporting young people, parents and school communities to navigate COVID-19

The outbreak of COVID-19 in Australia brought with it rapid change and economic and social disruption. The lives of young people and their parents across Australia have been profoundly impacted by factors such as lockdowns, high unemployment levels, constant change and uncertainty about the future. In response, ReachOut mobilised a project team to rapidly develop, implement and evaluate targeted mental health support, helping young people and parents to manage their wellbeing during a time when other supports were less available.

ReachOut's service response was informed by desktop and user research with regional young people, data analytics, and sentiment analysis of our peer support community. In this way, our response was tailored to the rapidly changing needs of young people over this time. ReachOut developed:

- dedicated COVID-19 content across ReachOut's youth, parents and schools sites
- a COVID-19 study support hub for young people
- information for parents on how to support their teens
- dedicated resources for teachers via ReachOut Schools, including online learning activities, teacher self-care, and advice for connecting with students in the remote classroom
- dedicated peer support via ReachOut's youth and parents online communities
- additional content on emerging topics for young people, including work and money, and future stress.

Some 202,783 users accessed COVID-19 content across ReachOut's youth, parents and schools services between 16 March and 30 September 2020. Our approach was recognised in the 2020 NSW Youth Work Awards for the Outstanding Use of Data and Evaluation award.

HOW YOUNG PEOPLE CONCEPTUALISE THE PLACE OF REACHOUT

The Diary study of ReachOut users provided depth of insight into how young people conceptualise the role of ReachOut, its unique benefits for rural young people, and its position within the broader service landscape.

ReachOut is seen as a safe, dependable and accessible first foray into the help-seeking journey, particularly for marginalised groups. When asked about their experiences on ReachOut, young people commonly referred to the service as 'trusted' and 'dependable'. Available 24/7, ReachOut helped these young people to understand what they are experiencing, to feel less isolated, and to take practical steps to feel better and/or support a friend going through a tough time.

'I think it's providing the first initial stage of when a young person is starting to feel different emotions or a crisis point is hit … [Y]ou want to know what's going on and how to deal with it … So people jump straight on to Google … and I think ReachOut comes up pretty high … Like it's getting that research and understanding what's going on.'
Diary study, F, 21–22, Inner Regional

In highlighting other young people's stories and experiences, ReachOut helps young people to feel validated and less alone. Most importantly, it offers hope, providing them with options for actions they can take to feel better.

'ReachOut was useful in providing me with the stories of young queer people, so that I knew that I wasn't the only person who was/will go through this. Before I used ReachOut, I felt incredibly alone and broken, but now I know that I'm not, and because of that, I am now planning to attend an LGBTQ+ support group next week.'
Diary study, NB/GD, 16–18, Outer Regional

'[ReachOut makes young people feel] supported, educated and understood. Which is very important in recovery. It also helps them identify their feelings and plan actions.'
Diary study, F, 16–18, Inner Regional

Further, young people in the Diary study identified that ReachOut can play an important role in circumventing the entrenched barriers to seeking help, and helping to fill the gaps in service provision that can exist in rural communities.

'In comparison to the [local service], ReachOut is a great stepping stone to being able to understand and learn about yourself and just [to get] reassurance. Help is available at a moment's notice at your fingertips, rather than a wait list to get in at the [local service].'
Diary study, NB/GD, 23–25, Inner Regional

In facilitating access to peer support, ReachOut can provide rural young people with connection, community and a safe space to share.

'I think people having a bad day need somewhere safe … and someone to listen to them. Not everyone has access to support from their family or friends, and … having someone there to listen to you vent is always helpful.'

Diary study, NB/GD, 23–25, Inner Regional

Finally, ReachOut can play a role in building young people's confidence and motivation to connect with other resources and resources that might assist them. The more ReachOut can normalise help-seeking behaviours and provide a mental health vocabulary that young people can use to get started, the more chance they have of seeking support earlier. Communicating the benefits of seeking help via relatable stories that acknowledge these real barriers, while conveying the benefits, can help build young people's motivation to engage with other supports.

'They would likely find resources to help them further, whether that is to do with further counselling (in-person, online, or via phone call), infographics, etc. This would lead them, as it did me, to find further help, feel validated, accepted and with access to help.'

Diary study, NB/GD, 16–18, Outer Regional

Young people in regional, remote and rural Australia often feel isolated, alone and surrounded by people who don't understand how they feel or what they are going through. Attitudes (and behaviours) within some regional communities can be toxic, homophobic and extremely conservative. When a young person doesn't feel like they fit in or is unable to express themselves, their mental health is impacted. ReachOut helps young people to extend their social circle and connect in order to learn, explore and understand issues that may not be discussed in their own homes or local communities. ReachOut provides a positive and nurturing learning community for young people to explore and contribute to.

'[ReachOut is] … something strong to almost lean against … I feel like it's the reassurance of knowing that … "Oh, I'm not broken … I can finally start to put some names to some things." And it's … empowering to know that … I'm not going to be a freak or shunned … a lot of people suffer from and have issues with and are just trying to cope with.'

Diary study, NB/GD, 23–25, Inner Regional

CASE STUDY 2

Rina is 24 and lives at home in a rural town in North-East Victoria. She moved away to study literature and hopes to become a professor one day. When she returned to the town after graduation, her parents were disappointed. They thought that she would join the family construction business, which Rina always hated. She felt increasingly isolated, as she felt unable to come out to her parents about her gender and transitioning. She knew they wouldn't accept her, and she didn't want to make the relationship with them worse by disappointing them again.

During her time at university, Rina had thought about coming out as trans to her aunt but was scared that she wouldn't accept her. One night, when her aunt came over for dinner, Rina tried to open up to her. But her aunt was more concerned with trying to convince Rina to work in the family business. Rina didn't get the chance to talk to her in the way she had hoped and, not wanting to disappoint another family member, she agreed to work for the family.

A month into her construction job, Rina began to feel detached and irritable. She constantly felt like she had a heavy weight on her shoulders that was preventing her from getting up and from eating. Her parents noticed that something was wrong, and that she was becoming more distressed, and took her to see a GP at the local clinic. At the end of the appointment, Rina burst into tears and then couldn't stop crying. Finally, she unburdened herself and talked about everything that was wrong in her life. The doctor listened patiently, then offered Rina a referral for a mental health plan. He explained, though, that there was a wait list, and that it would be at least six months before she could access treatment. When Rina left the clinic, she didn't feel much better, as there didn't seem to be immediate help available.

Rina didn't talk to her parents about what had happened at the clinic because she didn't want them to judge her and think she was mentally ill. She went straight to her room and shut herself in for the whole night. She scrolled through Facebook as a distraction until she stumbled upon an ad for ReachOut. It looked familiar and she realised it was the same website she had used as a teenager to learn more about gender identity. She clicked on the link and, sure enough, it had the same familiar, comforting layout. Excited, she used her old account to try to log into the online communities and found that it still worked. It took a few seconds for her to navigate through the various threads and she decided to make a post under 'Something's not right'. She wrote about her struggles with her family, and of her fear that they wouldn't accept her if she came out as transgender. After posting, she felt a little relieved, but she was also nervous about what types of responses she would get.

The next day, she checked to see if anyone had replied to her post. She was relieved to find that someone had shared their own fears and experiences of coming out to their family. They also linked Rina to an anonymous helpline dedicated to supporting people going through transition. She hadn't known this helpline existed and was eager to give them a ring later. Rina was glad to have found a safe space online, especially since she felt she couldn't open up to anyone at home.

SUMMARY

The evaluation has demonstrated that ReachOut has made considerable progress over the five years in connecting with young people living in rural areas, which is evident in the increased brand awareness and corresponding growth in visitation from users living in rural Australia. Young people visit ReachOut for a wide range of reasons, seeking information on issues as varied as addiction, alcohol and drugs, abuse and violence, sex, friendship, work and money, anxiety, and confidence.

The feedback that participants in the evaluation gave on the role of ReachOut indicates that, for the most part, ReachOut is delivering on the service experience rural young people told us they wanted in the co-design research. Rural young people appreciate that the information, images and online communities on ReachOut are relevant to their lives and are presented in engaging formats. ReachOut is seen as an inclusive and safe first step in the help-seeking journey, where young people can learn, connect and feel empowered to take the next step, whatever that might be for them. In the following chapter, we explore what impact ReachOut has had on rural young people's wellbeing over time.

4
REACHOUT'S UNIQUE IMPACT

As seen in the preceding chapters of this report, rural young people are in significant need of mental health support, but there is a lack of relevant and timely services that address the barriers to accessing that support. In this evaluation, rural young people told us that ReachOut plays a critical role in addressing this unmet need. In this chapter, we examine what impact this has on their mental health and wellbeing.

OFFERING RURAL YOUNG PEOPLE IMMEDIATE RELIEF FROM DISTRESSING FEELINGS

Across all of the datasets this evaluation draws on, ReachOut has been demonstrated to have an immediate and positive impact on rural young people's wellbeing, by helping them to feel less alone, by validating their emotions and experiences, and by offering them perspective and hope.

Participants in the Check-In study were asked how they felt before and after accessing ReachOut, using a number of bespoke methods. One of these methods involved participants selecting up to three emojis they most related to before using ReachOut, and for how they felt after using ReachOut. The emojis used identified a range of emotions, from very sad to very happy, but also included others that conveyed feeling confused, confident, calm, etc. There were 21 rural young people who could be included in this analysis. As seen in Figure 26, when comparing these participants' ratings before and after using ReachOut, there was a clear decrease in use of emojis representing negative emotions. Before using ReachOut, roughly two-thirds of the participants were worried; however, this reduced to less than a third after using ReachOut. Reductions were also seen in the selection of the very sad emoji, while a greater percentage of people rated that they felt more 'neutral' and 'calm' following use of ReachOut.
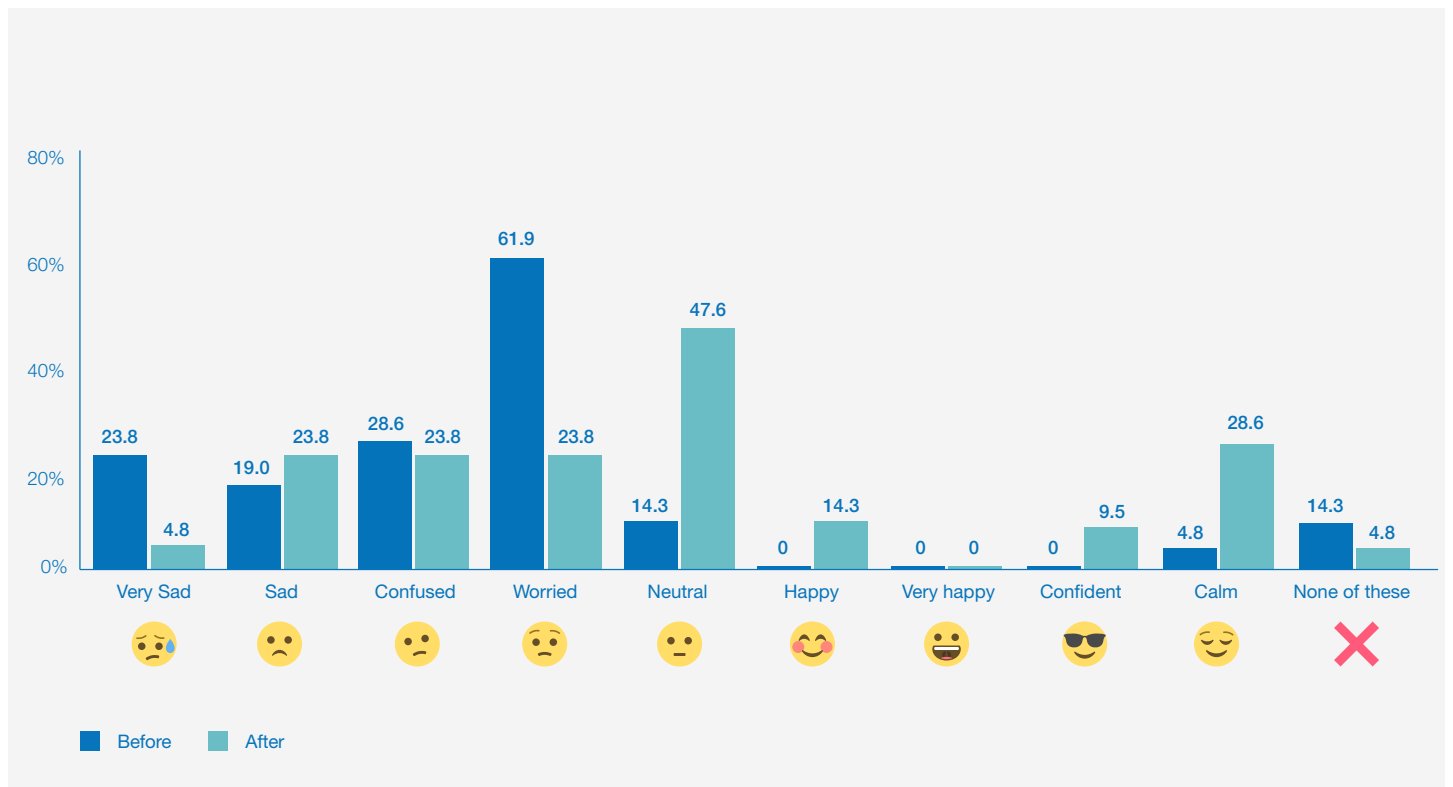

Figure 26. Selected emojis for how participants felt before and after using ReachOut
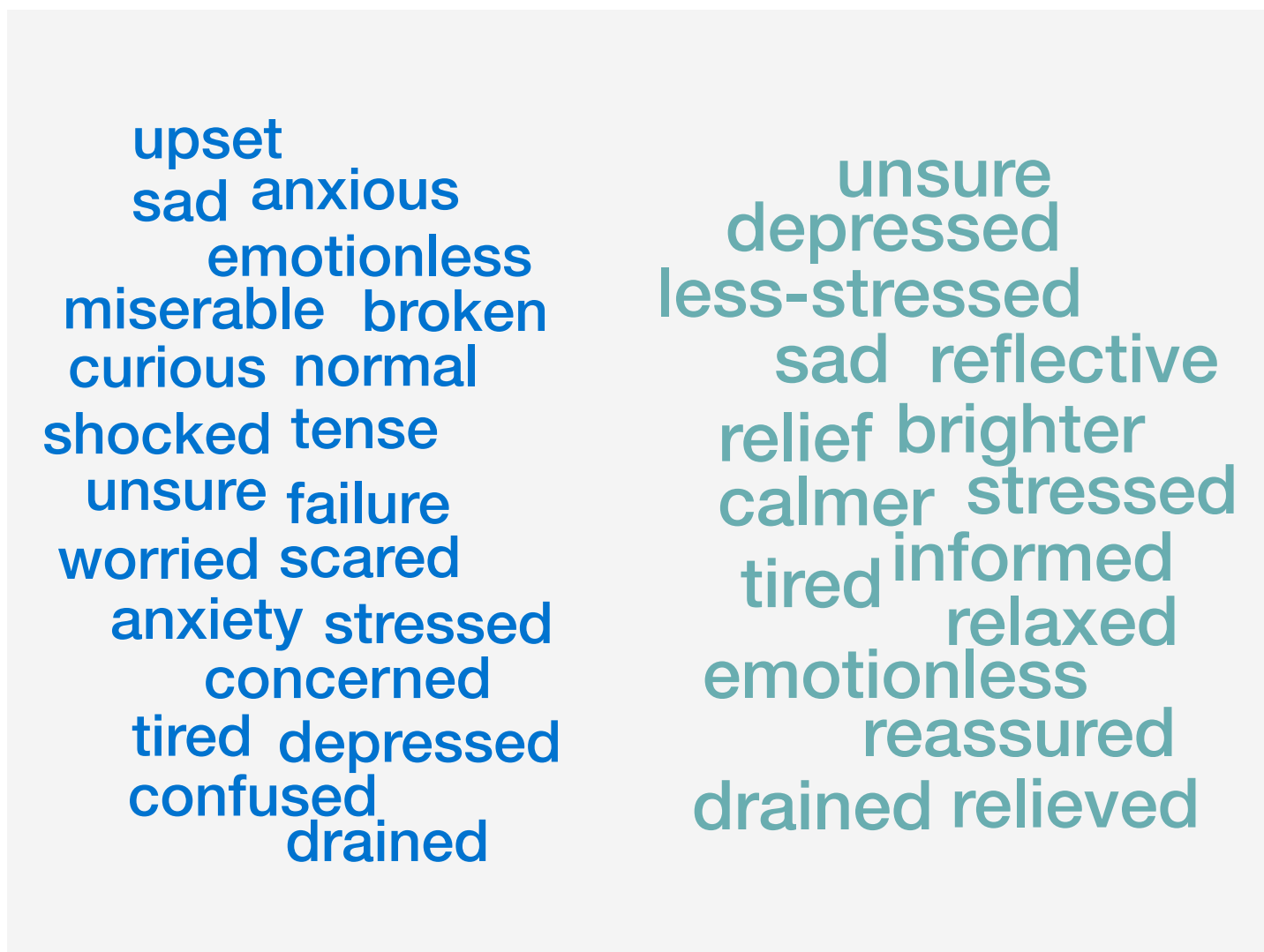
Figure 27. Words young people used to describe how they felt before (left) visiting ReachOut and how they felt after (right) using ReachOut (Check-In study)

Further insight into the nature of the relief young people experience from their emotions as a result of accessing ReachOut can be gained by looking at the adjectives young people use to describe how they felt before and after using ReachOut (see Figure 27). There were 19 rural Check-In study participants whose responses were available to be analysed. The majority (78.9 per cent) reported they felt better after visiting ReachOut, four felt the same (21 per cent) and none felt worse. This was reflected in their use of more positive words, such as 'calmer' and 'reassured', after they used ReachOut.

Participants in the Year 5 survey who had visited ReachOut (n=37) were asked to rate their experience on the service by agreeing or disagreeing with a series of statements that reflect the user experience goals identified in the Year 1 research. As seen in Figure 28, overall respondents indicated high satisfaction with their user experience on ReachOut, with levels of agreement of over 60 per cent for each statement. It's encouraging to note that rural young people's satisfaction with the user experience has increased over time. In Year 1, the proportion of respondents who gave an overall favourable subjective evaluation of ReachOut.com – that is, a score of 4 or more on five or more statements – was 66.2 per cent, while in Year 5 this had increased to 81 per cent.
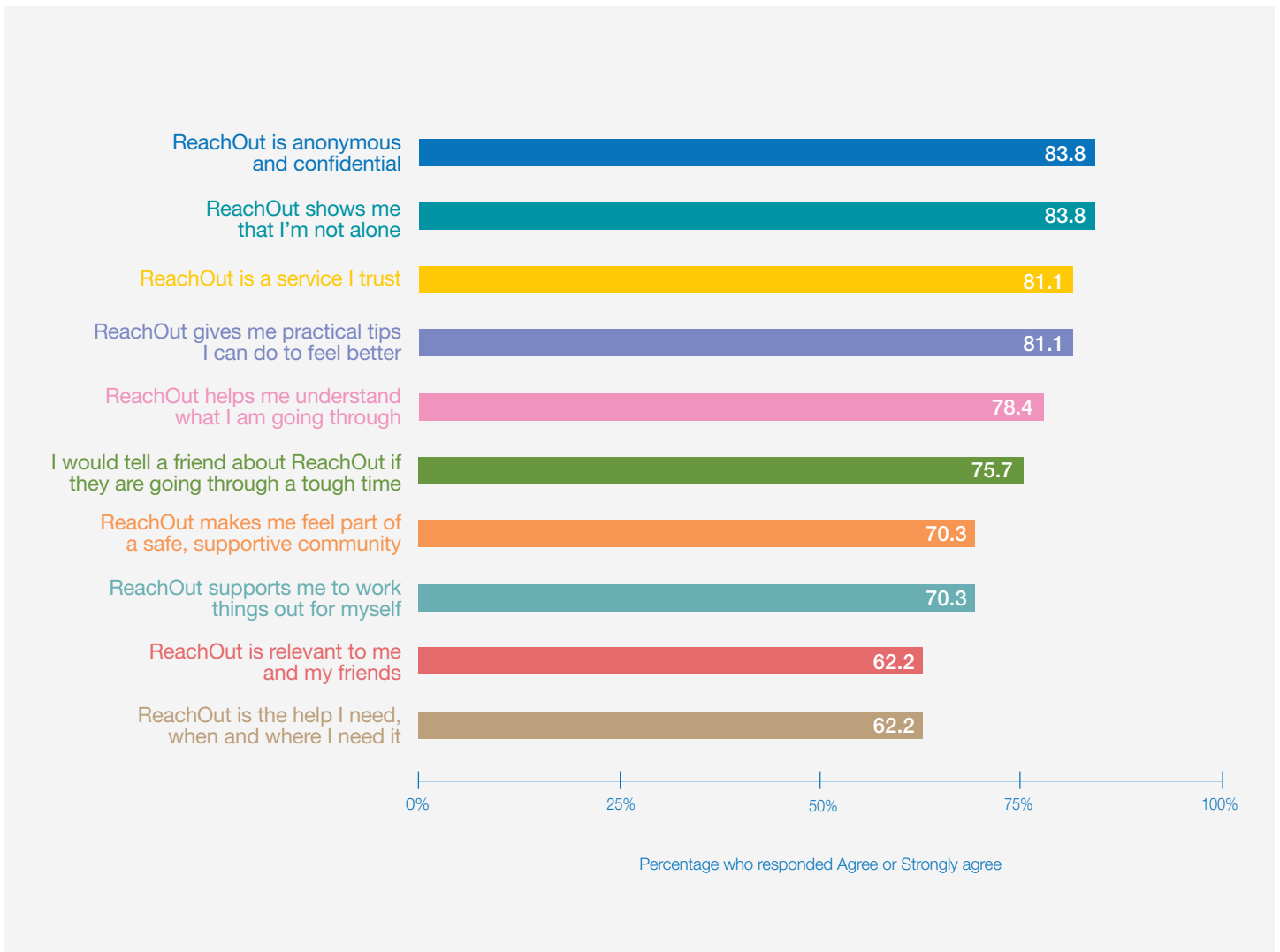
Figure 28. Ratings of young people's agreement with ReachOut's impact (Check-In study)

There were high levels of endorsement for most of these statements, but notable among them is the sentiment that young people feel less alone, are provided with ideas for practical things they can do to try and feel better, and are better able to understand what they are going through. This is consistent with data from Week 1 of the Check-In study, where all rural participants who had used ReachOut in the past week (n=15) identified that ReachOut helped them to feel validated, and where all but one participant agreed that it helped them to feel less alone and to understand that other people were going through similar things.

HELPING RURAL YOUNG PEOPLE TO FUNCTION IN THEIR DAILY LIVES

Another unique impact of the service identified through the evaluation is expanding young people's self-help 'tool-kits', appealing to their resilience values, and giving them practical things they can do in the moment to relieve their distress and help them function in their everyday lives.

Over the course of the Check-In study, and by using ReachOut, rural young people were able to describe an increasing number and variety of self-help strategies that they were aware of and planned to use. In addition, as shown in Figure 28, 81 per cent of respondents in the Year 5 survey who had used ReachOut agreed that ReachOut provided them with practical tips they could do to feel better, and fourteen participants reported that they had implemented at least one self-help strategy recommended on the site.

Across data sources (the Check-In study, the Year 1 and Year 5 surveys, and the Diary study), the most common strategies that young people reported being aware of and/or actioning were:

- practising meditation/mindfulness
- talking to someone (either an informal support such as a friend, or a health professional)
- adopting a positive mindset
- adopting adaptive self-management strategies such as journaling or using ReachOut or another app.
- ceasing maladaptive strategies such as alcohol use
- exercise
- scheduling pleasant activities
- listening to music or watching TV or movies
- using organisational or time management tools.

Figure 29. A collection of images shared by young people in Week 9 of the study illustrating self-help strategies they had employed over the preceding fortnight (Check-In study)

'One [tip] from ReachOut and my therapist … was taking a look back and analysing the situation and asking myself what it was exactly I was stressing about, if it is in my control or not, and therefore what can I do about it or if it's not in my control … For example, I used to stress about what people thought about me and thought that everyone judged me … I got so caught up with what everyone thought about me but their thoughts aren't under my control … So I learnt to be me and less worried about every little thing in the world.'

Check-In, F, 18, Inner Regional
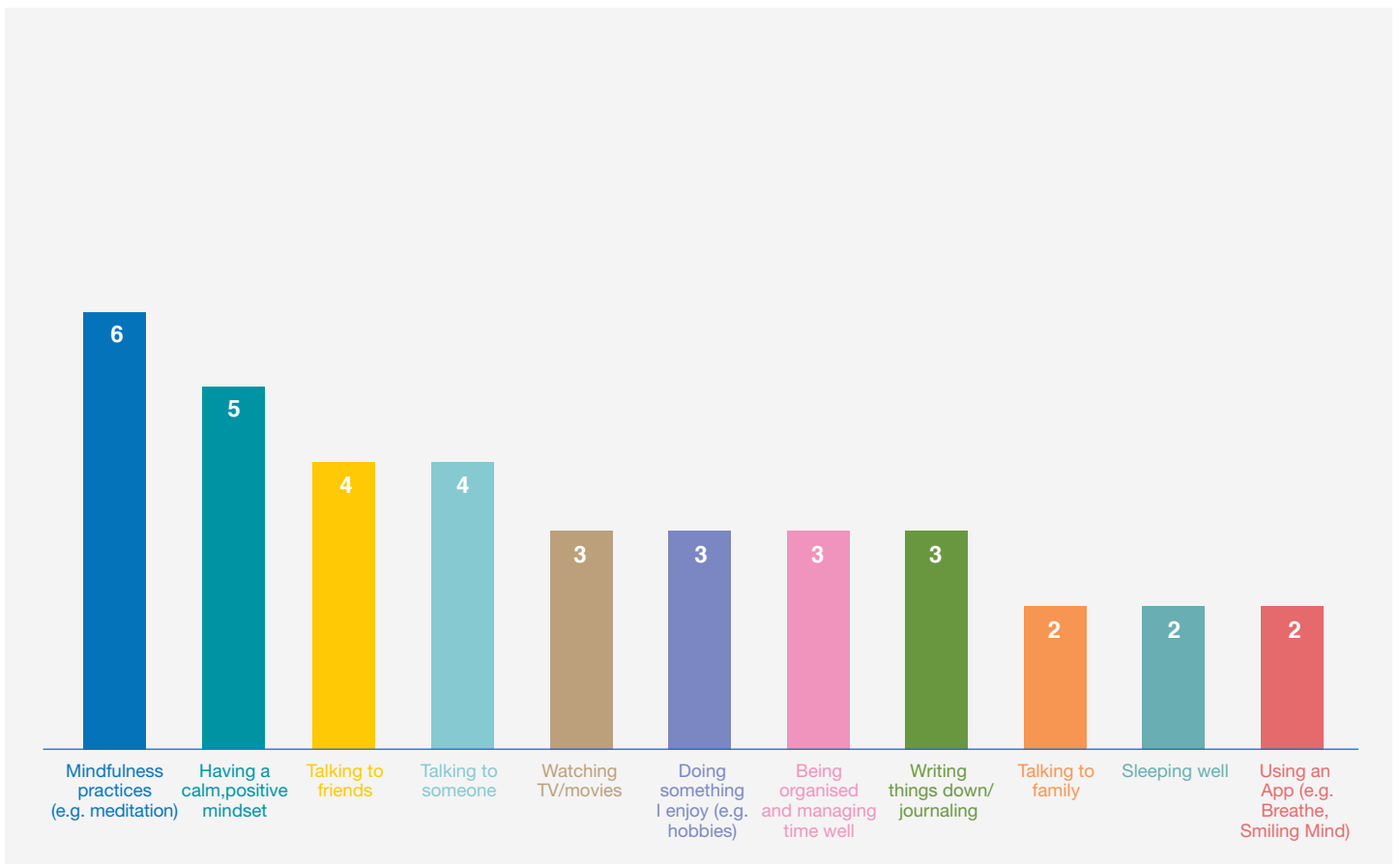
Figure 30. Self-help strategies young people learnt about on ReachOut to help them feel better (Check-In study)

'My most recent use of ReachOut was to understand some suicidal thoughts. From this, a strategy suggested was to 1. Write how I was feeling in any way (poem, song, writing). I did this, making some song lyrics. 2. Make a list of the things you would miss. I did this too.'
Check-In, F, 17, Inner Regional

Across the Check-In study, participants were asked to reflect on all the things they had done over the three months to improve their stress or low mood, and what they thought had made the biggest difference to their mental health. The results are shown in Figure 30. Almost all the young people (30 out of 31) were able to identify at least one self-help strategy they learnt on ReachOut. The most common strategies that participants named included mindfulness practices, having a positive mindset and talking to friends. The activities they identified as improving their mood and stress levels fell into three categories; wellbeing, social connection and distraction. Wellbeing-focused strategies included exercising, taking time for themselves, journaling, meditating, as well as improving

eating and sleeping habits. Activities related to social connection included spending time with friends and family, talking to friends, family or a partner about their stress or low mood, and spending time with animal companions. Distractions could also include things like exercising and spending time with friends, as well as listening to music or playing video games.

These strategies provided young people a sense of immediate relief and made it easier for them to manage their daily tasks. While some young people noted that things like exercise and distracting themselves by watching TV were only short-term solutions, or didn't address the causes of stress, many also noted that they felt calmer and more able to get through the day after these kinds of activities. Additionally, social connection, through either spending time with friends and family or talking to someone about their stress, had the effect of lifting their mood.

HELPING YOUNG PEOPLE TO FEEL MORE POSITIVE IN THE LONGER TERM

In addition to decreasing young people's negative feelings in the immediate term and making them feel more calm and confident, the evaluation has shown that this translates into an increase in these young people's positive emotions over the longer term.

Participants in the Check-In study completed the PANAS scale at the start (n=97) and end of the study (n=34). This involved participants rating the extent to which they experienced a list of 20 emotions (10 positive and 10 negative) over the past month. Negative emotions included feeling distressed, upset, nervous, ashamed, and more. Positive emotions included feeling interested, determined, enthusiastic and inspired. Figure 31 shows that there was a modest but statistically significant increase in positive affect from baseline to week 12 after engaging with ReachOut.
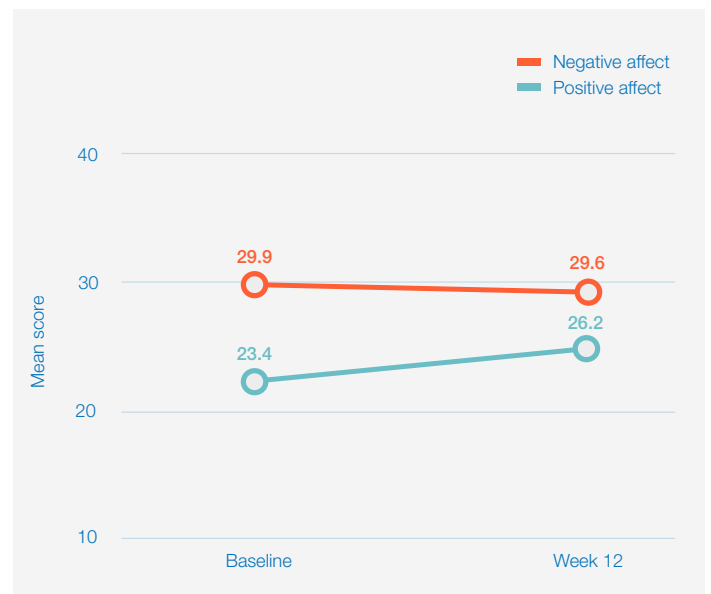
Figure 31. Change in mean scores for positive and negative affect from baseline to week 12 (Check-In study, n=34)
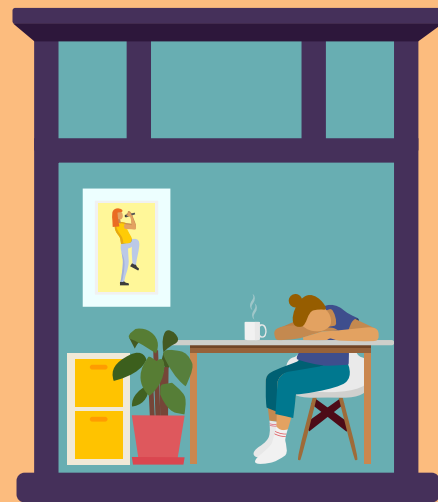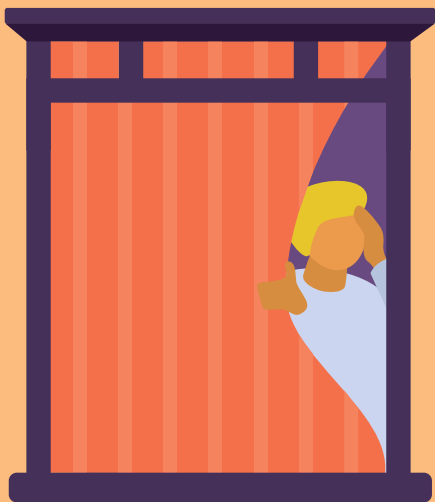
This change in emotional state can also be seen when looking at data from the Check-In study, where young people were asked to select a colour to represent the last two weeks of their lives. In the beginning of the study, rural young people (n=47) chose colours and provided explanations that indicated life had been sad, overwhelming and stressful, as seen in Figure 32. Overall, the colours used were mostly quite dark, with commonly recurring colours being blues, black, purples, browns and greys. Most participants reported that life had been feeling 'blue'. This represented calmness, sadness and depression to different young people. It also represented feeling a mixture of being stressed and down, but also experiencing moments of calmness and hope.

'Blue represents sadness and for the last few weeks I have experienced a lot of emotions, mainly negative such as sad, angry and frustrated. I have cried like a million times because it just got all too much and it's just a lot.'

Check-In, F, 17, Inner Regional

The second most-used colour was black, which represented experiencing dark thoughts, numbness, misery, future uncertainty and feeling lost.

'Miserable. Misunderstood. Gloomy.'

Check-In, F, 17, Outer Regional

Beige/light brown represented life feeling uneventful, or neutral, and a sense that they felt unimportant.

Figure 32. Colours young people used to represent their feelings across the last two weeks (Check-In study: Week 1)

Encouragingly, later in the study, the colours young people (n=32) chose were brighter and included oranges, yellows and greens (Fig. 33). There were fewer 'black' and 'blue' responses (which often represented sadness and misery), and more 'grey' and 'light blue' ones (representing dullness and calmness).

'[Orange] It's bright and happy (good moments), but also intense (uni has been difficult).'

Check-In, F, 19, Inner Regional

'[Grey] Everything just seems dreary and mopey.'

Check-In, F, 16, Inner Regional

'[Light blue] Life hasn't been super exciting, but it has been peaceful and only sad sometimes.'

Check-In, F, 16, Inner Regional

Legend:
- Grey
- Light blue
- Orange
- Yellow
- Green
- Purple
- Blue
- Black
- Crimson
- Dark green
- Mauve
- Rainbow
- Tie dye
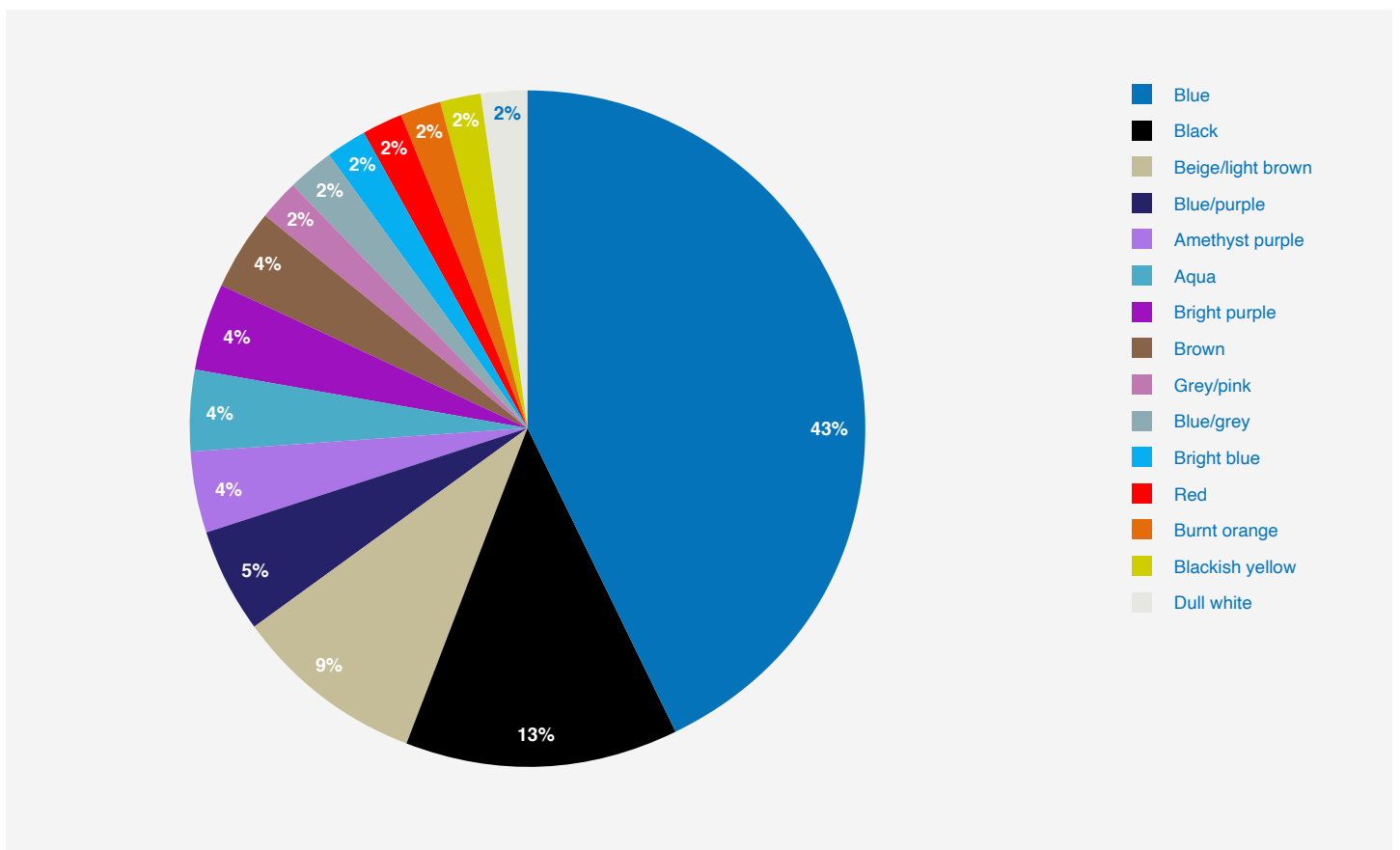
Pie chart values: 25%, 13%, 13%, 10%, 9%, 6%, 6%, 3%, 3%, 3%, 3%, 3%, 3%
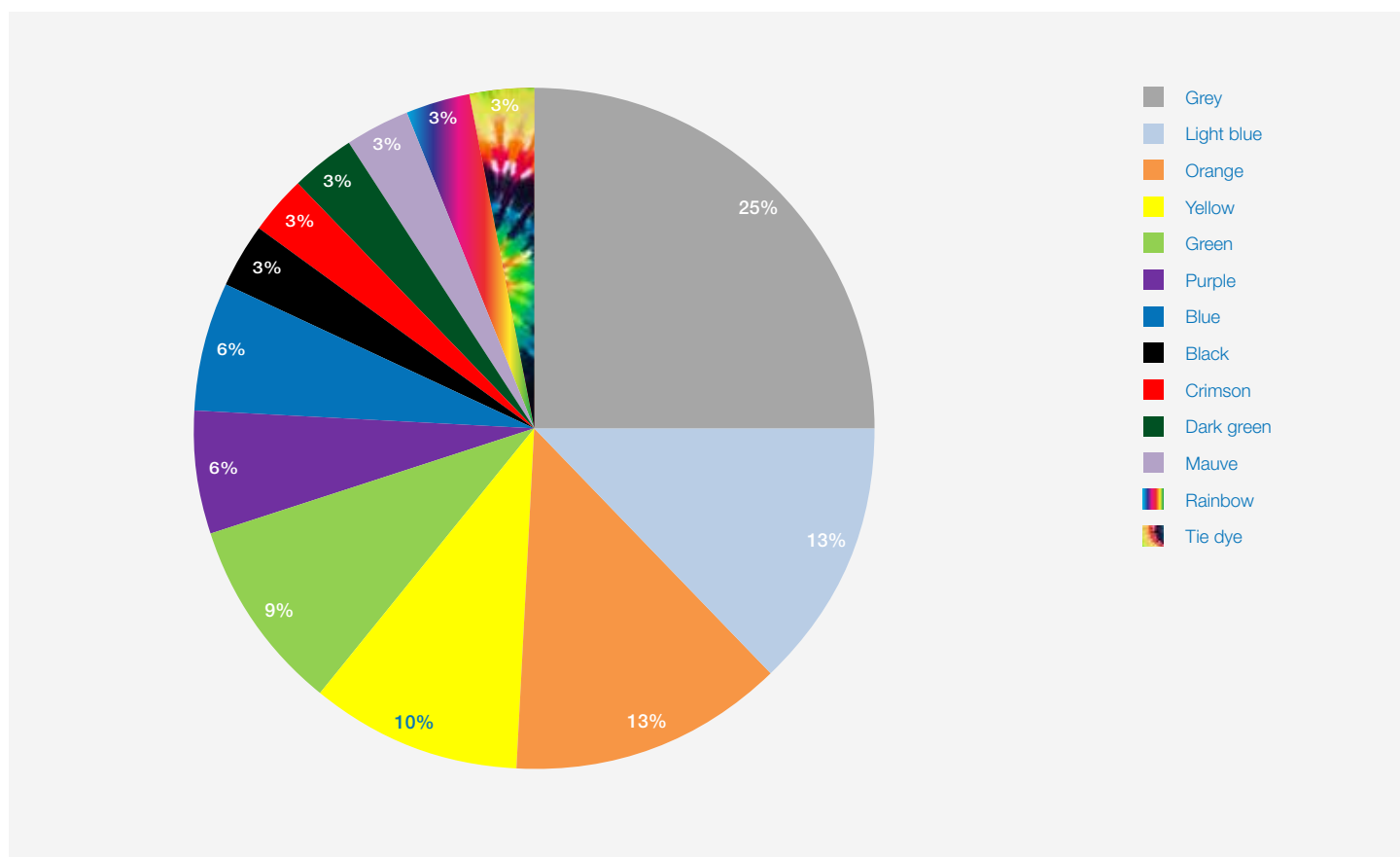
Figure 33. Colours young people used to represent their feelings across the last two weeks (Check-In Study: Week 11)

IF REACHOUT DIDN'T EXIST

Participants in the Diary study were asked to reflect on how they would feel and what they would miss the most if ReachOut were no longer available. The majority of responses reiterated the idea that ReachOut is a trusted, dependable source of information and connection with other young people to help them navigate everyday issues and tough times.

'I would be disappointed because it is something that is very helpful. I would miss being able to visit one website knowing you would find what you need rather than having to visit heaps and likely not finding what you need.'
Diary study, F, 14, Inner Regional

'I would miss the quick and easily accessible articles which helped me with my many different enquiries.'
Diary study, F, 16–18, Inner Regional

'I would miss the info articles and people's stories. When people share what they've gone through and how they've come out the other side has been immensely helpful.'
Diary study, NB/GD, 16–18, Outer Regional

SUMMARY

ReachOut is a place that young people can turn to for information, support, hope and validation when feeling confused, anxious, isolated and uncertain. And it fulfils an important role as a stepping stone for young people to access other forms of help when they need it. Collectively, the evaluation demonstrates this is having a significant positive impact on rural young people's wellbeing. The intended impacts of the most popular content on ReachOut among rural users – increasing young people's understanding of problems, their knowledge of self-help strategies and professional help sources, improving attitudes to self-help and decreasing isolation – align with the impacts young people report after engaging with ReachOut. By helping young people to feel less alone and to explore what is going on for them, and what might help, ReachOut offers young people immediate relief from their negative emotions. By offering young people strategies they can use to help them survive and thrive in their everyday lives, and building their confidence to engage with other supports where needed, ReachOut enables young people to build their positive emotions and resilience over the longer term.
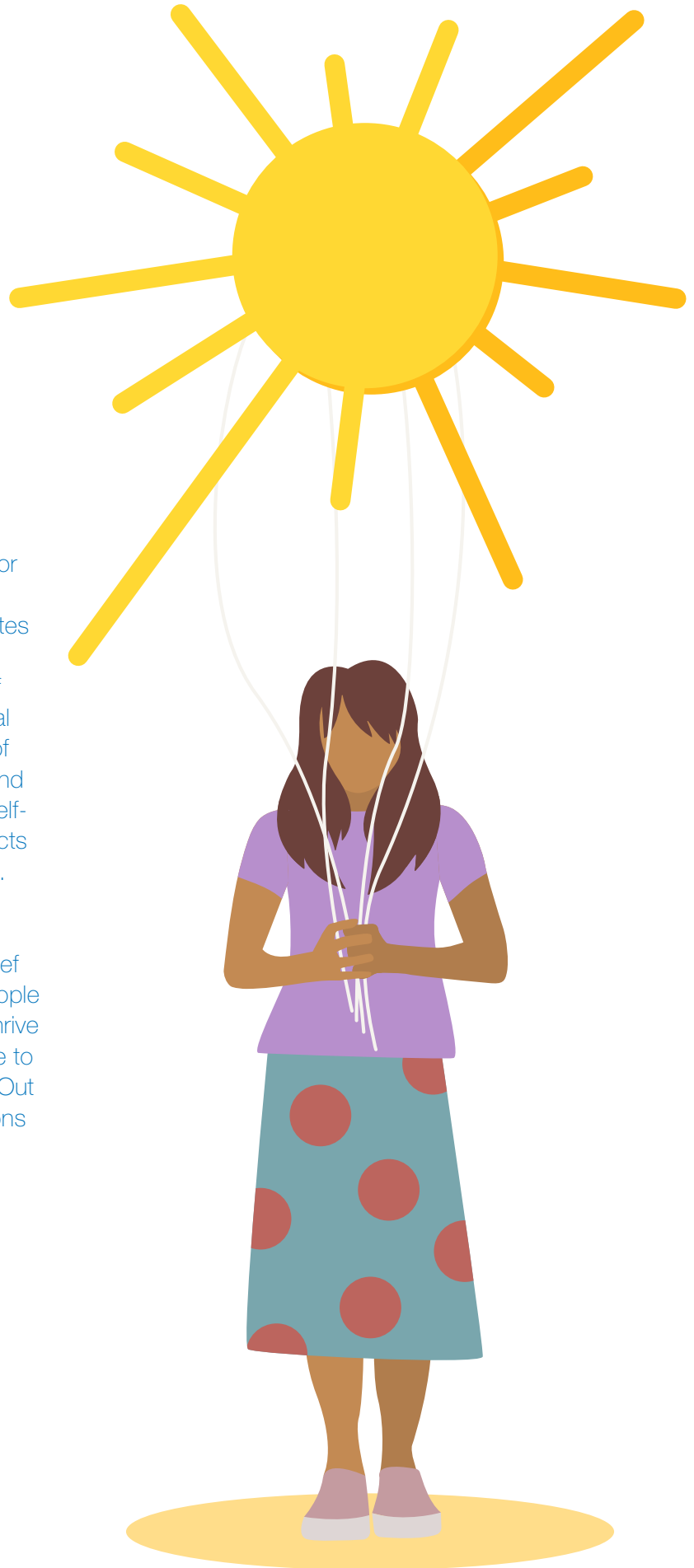
5

THE FUTURE OF REACHOUT

MAXIMISING OUR IMPACT AND ROLE IN RURAL YOUNG PEOPLE'S LIVES

This evaluation has confirmed that many of the insights from the formative research in 2017 remain relevant in terms of young people's everyday lives and experiences of mental health and wellbeing, and what they need ReachOut to be (1).

Rural young people experience a wide range of issues that ReachOut can support them to navigate, from study stress and family tensions, through to serious mental health issues such as anxiety, depression and suicidality. The issues young people use ReachOut for have remained fairly constant since 2017; however, the pandemic has exacerbated a number of these, particularly stress related to work, money and the future. Nevertheless, this evaluation highlighted rural young people's resilience in the face of considerable change and stress – and this is something that many young people believe makes them a good person, alongside caring for others. These values align very closely with ReachOut's emphasis on self-help and peer support.

The picture of rural young people's mental health, and that of their communities, has changed in some notable ways over the past five years. There has been an increase in local services and telehealth services available to young people to support their mental health, and their awareness of services has improved.

Rural young people report increasing awareness and conversations surrounding mental health in their communities and decreased personal stigma. However, perceived stigma, particularly among older generations, persists and represents a significant barrier to help-seeking. Embarrassment, a fear of judgement and of the unknown, and a belief that their problems don't warrant help or that they should manage them on their own, can all prevent young people from receiving timely help. Nevertheless, there has been some increase in reported help-seeking from formal sources such as a GP or a mental health professional, and in self-help, particularly online self-help. Rural young people also highly value informal supports. Despite this, there hasn't been a demonstrable improvement in rural young people's mental health over this time; in fact, there has been an increase in psychological distress and a slight decrease in wellbeing over the past five years.

The evaluation has confirmed that ReachOut is valued by rural young people, and has a unique impact on their wellbeing by providing immediate relief from their negative emotions, helping them to feel less alone, validating their experiences and emotions, and offering perspective and hope. By educating and activating young people towards self-help, ReachOut gives them strategies to relieve their distress and to help them function in their everyday lives.

The evaluation points to four key focus areas that will enable ReachOut to better serve young people in rural Australia:

- letting rural young people know we're there
- personalising their journeys on ReachOut
- connecting them to conversations and community.
- ensuring they get the support they need via integrated pathways that break down the barriers to access.

LETTING RURAL YOUNG PEOPLE KNOW WE'RE THERE

One of the key ways we'll support young people into the future is to sustain our focus on raising awareness of ReachOut in rural communities. We saw substantial growth in both awareness of ReachOut and visitation over the past five years through a sustained digital advertising campaign, by developing relationships with local communities and, more recently, by promoting our services for parents and schools. Ongoing investment in our presence in schools can help to sustain growth in awareness and engagement in rural communities.

Young people identified schools and other community services as critical touchpoints and awareness channels for them. They felt that integrating into the school curriculum, and having marketing assets in health and community settings, could help build awareness and reinforce that ReachOut understands young people in rural communities. Given the success of our digital campaigns over the five years, a continued focus on online advertising via social media such as Instagram and YouTube was also recommended.

We'll also leverage the lessons we've learnt from responding to bushfires, floods and COVID to be there for young people with tailored support whenever they need it, should future disasters/events strike.

'I think ReachOut needs to be more visible in my community … [P]osters and brochures should be widespread in places such as doctor's rooms, and schools. I am not sure if they are in schools, but they should be.'

Diary study, NB/GD, 23–25, Inner Regional

PERSONALISING RURAL YOUNG PEOPLE'S JOURNEYS ON REACHOUT

Another key direction for our future support of rural young people is using data to deliver a more personalised and impactful service experience. The inclusiveness of ReachOut in terms of audience and presenting issues means that the website houses a vast array of information, not all of which is relevant to young people at any given time. By personalising the information young people receive, we can ensure they get the right information at the right time. Young people in the Diary study explicitly expressed a desire for personalisation features that result in a more meaningful, relevant and easeful service experience for them. This was also expressed as a key need in the formative research in 2017.

While progress has been made – for example, through directing rural traffic from digital advertising campaigns through to rural-specific content and imagery – there is considerable potential to further personalise the service based on young people's location and factors such as their age and gender, so that the images, articles and stories they are served, and the suggestions for action they are given, better reflect their lived experience.

'It could have an option … [for] location … It would come up with articles that would be more useful for regional people rather than city people.'
Diary study, F, 14, Inner Regional

'I think there needs to be more emphasis on regional/remote people in images … if there were topics or features dedicated to something like "being LGBTQIA+ in regional/rural Australia" … how different people have come out … and what support networks are available.'
Diary study, NB/GD, 23–25, Inner Regional

CONNECTING RURAL YOUNG PEOPLE TO CONVERSATIONS AND COMMUNITY

A theme that emerged throughout the formative research and this evaluation was the importance of connection and relationships for rural young people. The voice of young people throughout our service is one of the things rural young people value most. ReachOut can help connect rural young people, who may feel isolated, alone and surrounded by people who don't understand how they feel, to positive, productive and supportive content and conversations.

In the future, ReachOut will amplify this connection through peer support, story-telling and user-generated content that exposes young people to conversations that build mentally healthy individuals and communities. Some young people in the Diary study identified that they would appreciate an option for individualised, one-to-one support, in addition to the peer support community that is currently offered. Offering direct support via Instant Messaging, either from a professional or a peer, but in an anonymous context, would take the pressure off having to embark on an initial face-to-face interaction with a 'stranger', making those challenging first steps easier. An additional benefit would be the capacity to sustain this connection and support over time.

'Kids Helpline, I found really good, as it provides users with the opportunity to email, call, zoom chat etc professional counsellors for free at any given time. I think if ReachOut could provide a feature like this, it would make the website that much better.'
Diary study, F, 16–18, Inner Regional

'It might be helpful to have a way to connect with the same people on forums or to have a way to retain connections with the support you've got.'
Diary study, NB/GD, 16–18, Outer Regional

CONNECTING RURAL YOUNG PEOPLE TO SUPPORT VIA INTEGRATED PATHWAYS THAT BREAK DOWN BARRIERS TO ACCESS

the critical role that ReachOut can play in supporting young people to connect to other supports for their mental health. By leveraging our position as a trusted first port of call in the help-seeking journey, and by making it easy for young people to take the next step through designing integrated pathways, we can increase the likelihood that rural young people receive the right level of support for them at the right time. In the following example, a young person who engaged with the service reached out of their own accord to a complementary service the following day; however, in the future we could make it easier for young people by making that service accessible to them with the click of a button.

'In the ReachOut NextStep part my description said to contact another organisation … I contacted Kids Helpline the next day on their web chat feature.'

Check-In, F, 18, Inner Regional

Finally, ReachOut can support rural young people who would benefit from accessing additional, adjunctive support to that which ReachOut offers, by offering seamless referral pathways through to other mental health resources and supports. One of the most commonly adopted self-help strategies that rural young people report actioning following use of ReachOut is seeking help from an informal source of support, such as a friend or family member, or from a health professional, such as a GP or counsellor. ReachOut was also commonly noted to be useful as a facilitator to help young people connect with other resources and organisations that might be relevant to their circumstances.

Young people across the data sources we draw on in this report acknowledged just how hard opening up can be. Participants in the Diary study emphasised

SUMMARY

Mental health support is critical for rural young people, now more than ever. The need is growing, as is young people's willingness to engage with support, particularly online support. We're proud of what we've achieved over the past five years, thanks to the sustained, dedicated investment from FGG – but there is so much more to do. At a time when the focus on reforming the mental health system has never been greater, we have a clear vision and plan for transforming rural young people's help-seeking experiences.

CASE STUDY 3

Jake is 15 years old and in Year 10 in a regional school in Victoria. For three months, he has been experiencing bullying from school peers. He feels trapped in a cycle of pain and survival. He feels worn out after school, so he retreats to his room at home and keeps to himself. While his family want to be involved and to show that they care about Jake's wellbeing, he's afraid to talk with them about his problems, thinking they will see him as weak.

At school, he's always on the alert, fearful that someone is going to attack him out of nowhere. He has resorted to isolating himself in the library during lunch breaks.

Although Jake has a few close friends in school, he has been withdrawing from them and doesn't want to share his troubles. His anxieties make him think his friends will turn on him. He also fears being labelled an 'attention-seeker' if he were to seek help from others.

Jake wants to access mental health resources that could give him the support he needs for his wellbeing. However, the only community services that are available have long waiting lists and don't really meet his needs.

Jake reached out to a school counsellor whom he knows well. The counsellor understood his position and recommended that he schedule a consultation with a GP. Jake saw the GP, who wasn't sure about what treatment Jake was looking for. When Jake left the session, he felt even more stressed about his problems and wondered whether anyone would be able to understand him.

A week after the appointment, Jake was searching online for content relating to his anxiety and depression. While scrolling through Snapchat, he found a ReachOut post. Looking at some of the content and stories about school, bullying and anxiety made him feel less alone. What's more, some of the activities he found on the website were engaging and easy to navigate. He particularly liked the fun activities he could get involved with in the online community, such as sharing random facts he came across during the day. For example, he shared some new information about anime shows that he thought was cool, and could share about some of his personal successes and accomplishments during the week. ReachOut felt like an approachable and safe environment for him to express who he was and not be ridiculed.

On ReachOut, Jake saw that other young people who had been through similar issues to him were posting and commenting on other users' posts. He felt unsure about posting himself, but with encouragement from other users, he started using memes and emojis to express his feelings. Soon he felt better able to search and post what he wanted to share about. The forum channels he engaged with provided him with more options and resources to connect with other online mental health services that provide counselling.

While Jake still feels scared, he is hopeful that he will keep learning more about what he can do to care for himself. He is also starting to accept that not everyone is out to do him harm, which is increasing his confidence and helping him learn how to handle his stress.

APPENDIX A.
ADDITIONAL DETAIL ON THE YEAR 1 AND YEAR 5 SURVEYS

We compare Year 5 data to Year 1 data frequently throughout this report. The 2017 data is only used as a comparison, and more in-depth data can be examined in the Lifting the Weight report (1). Any questions in which direct comparisons were made from Year 1 to Year 5 were the same question unless otherwise specified. In both surveys, soft targets were set to increase the likelihood that the sample was nationally representative. The sample 'target' versus the sample 'achieved' sample specifications are presented in the tables below where applicable.

STANDARDISED MEASURES USED

- The Kessler Psychological Distress Scale (K6) (24)

- Short Warwick-Edinburgh Mental Well-being Scale (28, 29)

- Perceived Stigma and Barriers to Care for Psychological Problems (subscale Perceived Stigma) [amended] (30)

For the question on page 37–40, responses to this question could be written, or video recordings made of verbal responses. When analysing this question, the content of all responses (written and verbal) were taken into account.

DEMOGRAPHICS

Table A1. Distributon of participant age: Sample target compared to the sample achieved for Year 1 and Year 5

	Year 1: Target (%)	Year 1: Achieved (%)	Year 5: Target (%)	Year 5: Achieved (%)
16–17 years	N/A	20.7	22	24.9
18–19 years	N/A	18.8	22	20.8
20–21 years	N/A	17.5	18	17.6
22–23 years	N/A	22.6	18	17.6
24–25 years	N/A	20.4	18	19

Table A2. Gender identity of participants: Sample target compared to the sample achieved for Year 1 and Year 5

	Year 1: Target (%)	Year 1: Achieved (%)	Year 5: Target (%)	Year 5: Achieved (%)
Male	50	36.5	50	26
Female	50	63	50	72.6
Non-binary or gender fluid	Best efforts	0.5	Best efforts	1.4

Table A3. Classification of remoteness of participants: Sample target compared to the sample achieved for Year 1 and Year 5

	Year 1: Target (%)	Year 1: Achieved (%)	Year 5: Target (%)	Year 5: Achieved (%)
Inner Regional	62	68.3	62	63.8
Outer Regional	30	29.3	30	31
Remote	5	1.7	5	3.8
Very Remote	3	1	3	1.4

Table A4. State distribution of participants: Sample target compared to the sample achieved for Year 1 and Year 5

	Year 1: Target (%)	Year 1: Achieved (%)	Year 5: Target (%)	Year 5: Achieved (%)
NSW	28	28.8	28	28.7
VIC	20	18.5	20	17.9
QLD	26	24.5	26	24.8
SA	7	8.4	7	7.5
WA	8	7.9	8	8.4
TAS	8	10.8	8	8.9
ACT	0	0	0	0.0
NT	3	1	3	3.4

Table A5. Sexual identities of participants (Year 5)

	Frequency	%
Heterosexuality	364	80.9
Gay	3	0.7
Lesbian	4	0.9
Bisexual	41	9.1
Asexual	6	1.3
Queer	2	4
Unsure or questioning	12	2.7
Different identity (please state)	5	1.1
I would rather not say	13	2.9

Table A6. Aboriginal or Torres Strait Islander identity of participants (Year 5)

	Frequency	%
Not Aboriginal or Torres Strait Islander	397	89.8
Yes, Aboriginal	29	6.6
Yes, Torres Strait Islander	3	0.7
Yes, both Aboriginal and Torres Strait Islander	3	0.7
Don't know	6	1.4
I would rather not say	4	0.9

APPENDIX B.
ADDITIONAL DETAIL ON THE CHECK-IN STUDY

The Check-In study was a longitudinal study. It involved following a cohort of about 400 ReachOut users, roughly 100 of them from rural areas, for a period of three months to learn about their lived experience of mental health issues, their use of ReachOut, and how their wellbeing tracked over time. Numbers decreased throughout the course of the study. Participants were recruited during a visit to ReachOut through a pop up or through social media. Participants were collected as a rolling sample from 2019 to 2020. The selection criteria for participants were that they were aged between 16 and 21, lived in Australia, and had visited ReachOut. Surveys were conducted weekly, and sometimes biweekly, across a three-month period. There were 17 surveys in total, consisting of standardised scales including mental health, health-seeking measures, and qualitative and quantitative (open and closed) bespoke measures.

Ethical approval to conduct this study was granted by a Bellberry Human Research Ethics Committee (2018-08-698).

CHECK-IN DEMOGRAPHICS

The tables in this appendix present the demographics characteristics of the rural participants from the sample (n=104).

Table A7. Distribution of participant age

Age	Frequency	%
16	33	31.7
17	34	32.7
18	8	7.7
19	12	11.5
20	8	7.7
21	9	8.7

Table A8. Gender identity of participants

	Frequency	%
Female	85	81.7
Male	15	14.4
Non-binary or gender fluid	4	3.8

Table A9. Classification of remoteness of participants

	Frequency	%
Inner regional	74	71.2
Outer regional	28	26.9
Very remote	2	1.9

Table A10. State distribution of participants

	Frequency	%
NSW	30	28.8
NT	1	1
QLD	16	15.4
SA	10	9.6
VIC	26	25
WA	6	5.8

Table A11. Sexual identities of participants

	Frequency	%
Heterosexual	37	57.8
Lesbian or gay	2	3.1
Bisexual	7	10.9
Queer	2	3.1
Unsure or questioning	10	15.6
Different identity	4	6.3
Prefer not to say	2	3.1

Table A12. Aboriginal or Torres Strait Islander identity of participants

	Frequency	%
No	60	92.3
Yes, Aboriginal	2	3.1
Dont know	2	3.1
Prefer not to say	1	1.5

STANDARDISED MEASURES USED

The standardised measures used in this study, and which are presented in this report, are:

- Patient Health Questionnaire – 9 (PHQ-9) (31)

- Positive and Negative Affect Schedule (PANAS) (32)

- Motivational Youth Treatment Scale (modified) (33)

- High School Student Barriers to Seeking Professional Psychological Help (BASH-B) (34)

APPENDIX C.
ADDITIONAL DETAIL ON THE DIARY STUDY

DIARY STUDY DEMOGRAPHICS

Table A13. Distribution of participant age

	Frequency	%
Under 16	2	12.5
16-18 years	9	56.3
19-20 years	2	12.5
21-22 years	1	6.3
23-25 years	2	12.5

Table A14. Gender identity of participants

	Frequency	%
Female	8	66.7
Male	1	8.3
Non-binary or gender fluid	3	25

Table A15. Classification of remoteness of participants

	Frequency	%
Inner regional	7	58.3
Outer regional	5	41.7

Table A16. State distribution of participants

	Frequency	%
NSW	3	25
VIC	3	25
QLD	5	41.7
SA	1	8.3

Table A17. Aboriginal or Torres Strait Islander identity of participants

	Frequency	%
Aboriginal and/or Torres Strait Islander	1	8.3
Non- Aboriginal and/or Torres Strait Islander	11	91.7

CASE STUDIES

There are three case studies included in this report. They are research-based vignettes designed to highlight key themes around rural young people's lived experience. They were developed by the peer researchers based on details provided by young people in the Diary study and the follow-up interviews.

APPENDIX D.
LIMITATIONS
OF THIS STUDY

SAMPLE BIASES AND DEMOGRAPHIC REPRESENTATION

The findings included from the various research projects may be limited by the samples. That is, all samples used in the studies were self-selecting, meaning participants signed up for this study because they were interested in the study and/or the rewards from the study. Additionally, the sample from the Year 5 study was selected by a panel provider, meaning that the representativeness of the study is limited by the representativeness of the panel. Furthermore, despite best efforts to ensure that this evaluation included a representative sample of rural young people, there are particular subgroups of young people whose experience is likely not reflected.

- There is not a representative sample of people who identify as male.

- We did not specifically ask people whether they were transgender.

- Most of the surveys included a nationally representative sample of Aboriginal and Torres Strait Islander young people; however, there were no specific questions or considerations of any additional stressors on their wellbeing.

- We did not explicitly ask about the cultural and/ or linguistic background of participants in the Diary study or the Year 1 and Year 5 studies.

DATA COMPARISONS

The Year 1 and Year 5 surveys did not capture data from the same cohort of participants. The comparisons from Year 1 to Year 5 assume that the data represents an average of the cohort (rural young people) at both time points. We cannot draw causal comparisons from this data.

The Check-in study included a self-selecting sample of ReachOut users engaging in unstructured visitation to the service. There was no control group, limiting our ability to make causal inferences regarding the impact of using ReachOut.

APPENDIX E.
THEORY
OF CHANGE

A theory of change explains how an intervention's activities are understood to produce a series of results that contribute to achieving the final desired impacts for the intervention's beneficiaries. ReachOut's Theory of Change is represented in the form of two outcomes hierarchies, which have been developed with reference to relevant theory, literature, and our own program of user research and evaluation.
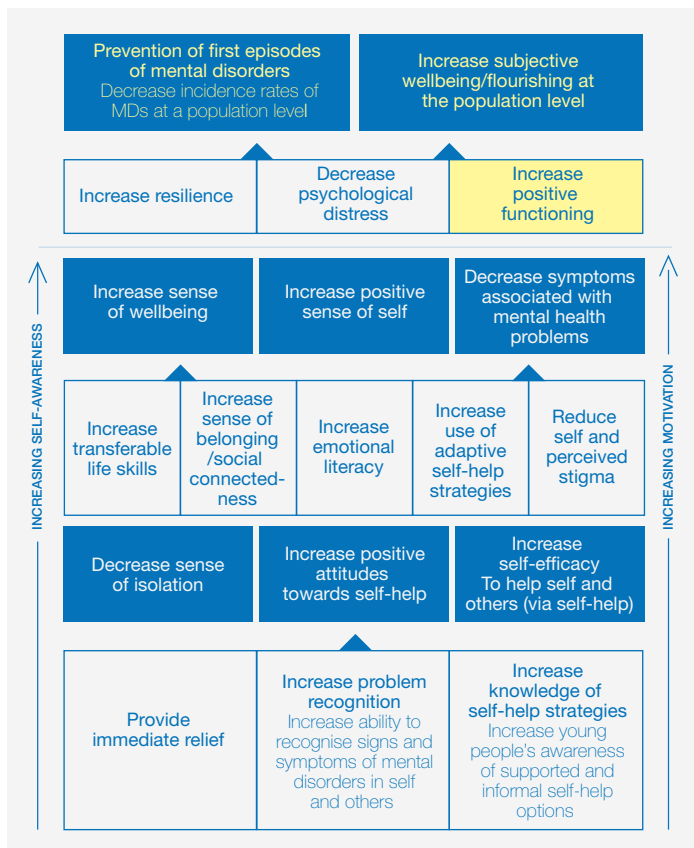

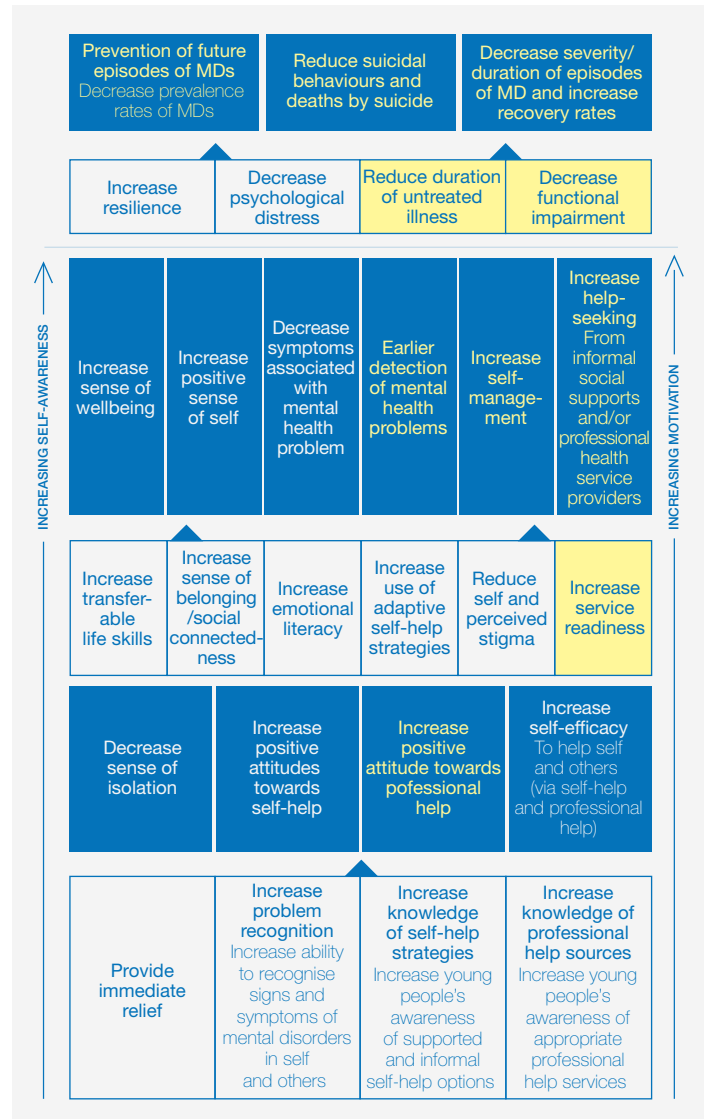**Figure A1.** Outcomes hierarchy for prevention users

Figure A2. Outcomes hierarchy for early intervention users

These models guide the development and evaluation of ReachOut's suite of programs and resources. One model focuses on the intended outcomes for 'prevention' users, or those who are not currently showing signs and symptoms of a mental health problem, while the other focuses on the intended outcomes for 'early intervention' users, or those who are displaying early signs and symptoms of a mental health problem. These two models are presented in Figures A1 and A2.

APPENDIX F.
CLASSIFICATION OF REMOTENESS

Across the datasets referenced in this report, the classification of remoteness of research participants' locations and the location of visitors to the ReachOut website was determined using the Australian Bureau of Statistics correspondence tables for 2011. The tables map individual postcodes to the following categories: Outer Regional, Inner Regional, Remote and Very Remote. The distribution of remoteness areas across Australia can be seen in Figure A3. While many postcodes sit entirely within one designated remoteness area, some span more than one area. The correspondence tables provide a percentage breakdown of how much of a postcode is classified as each category. Where a respondent's postcode mapped to more than one remoteness classification, the respondent was allocated to the remoteness classification with the highest percentage allocation for that postcode.
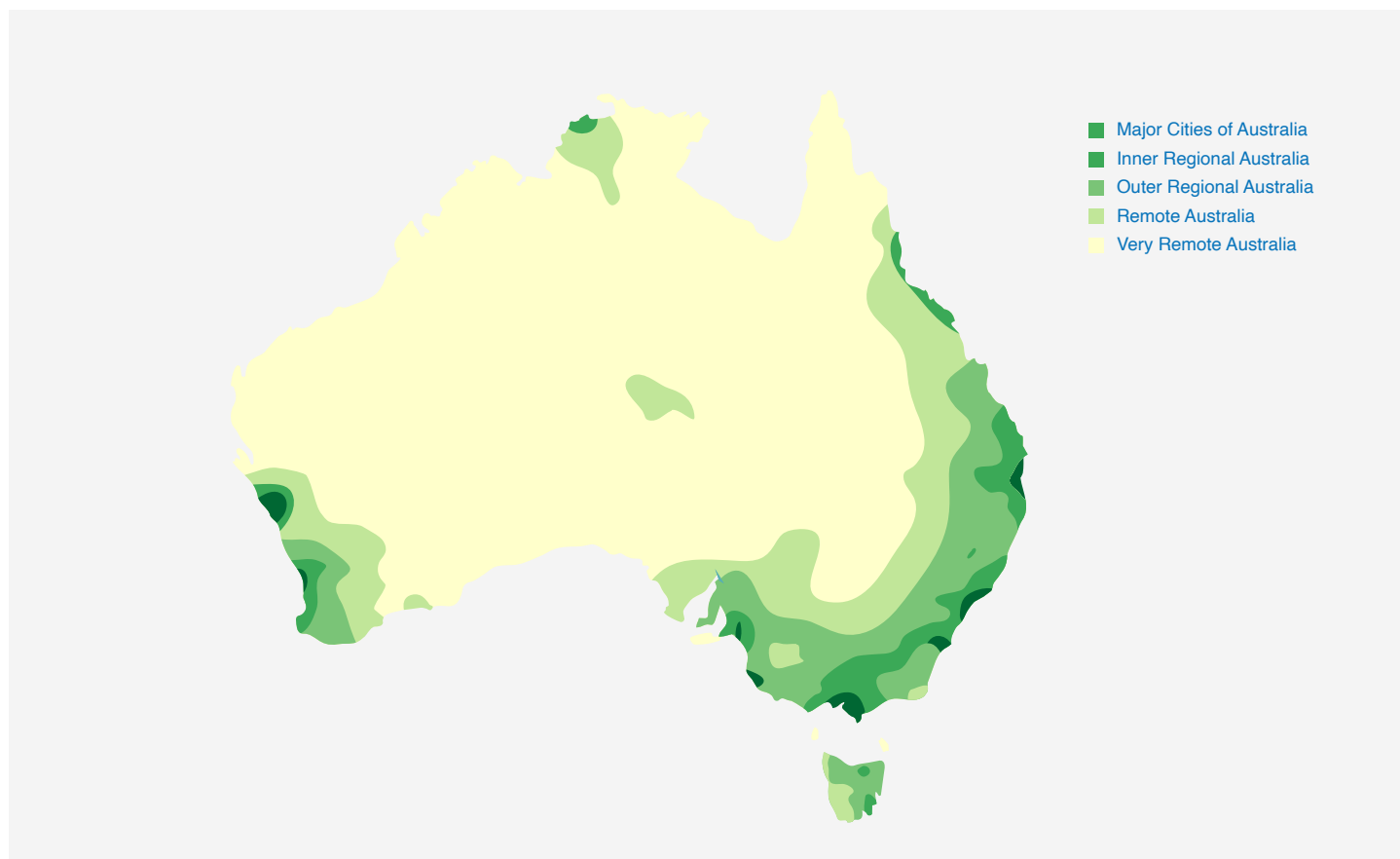

Legend:
- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia

Figure A3. Australia's remoteness structure

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