REACHOUT

NSW Legislative Council Portfolio Committee No. 2 – Health

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

Submission by ReachOut

About ReachOut

At [ReachOut](#) we are guided by a clear, simple ambition: Helping young people feel better.

Helping them to feel:

- better in the moments when they most need help
- better about who they are and their place in the world

and to be:

- better able to cope with the challenges they are facing today
- better set up and equipped to manage when life doesn't go as planned.

Anonymous and confidential, ReachOut is a safe place where young people can openly express themselves, get a deeper understanding of and better perspective on what's happening in their lives, connect with people who will provide judgement-free support, and build the resilience to manage their challenges now and in the future.

One hundred per cent online and designed specifically for – and with – young people, ReachOut lets young people connect on their terms at any time and from anywhere. From one-to-one support provided by experienced peer workers, to online communities, as well as tips, stories and resources, ReachOut offers a wide range of support options that allow young people to engage in the ways they want to, when they want to.

ReachOut Parents and ReachOut Schools provide valuable information, resources and advice to help parents, carers and educators better understand the young people in their lives and to play an active role in their wellbeing.

Introductory comments

ReachOut welcomes this inquiry. There is a significant need for more effective, efficient and accessible mental health support in our community.

In the 2022–23 financial year in New South Wales, 847,205 people accessed our youth mental health services, while 181,074 people accessed our parents and carers services.

It has been a challenging few years for young people in New South Wales, who have faced the impacts of floods, fires, lockdowns, remote learning, and the continued health, social and economic impacts of the COVID-19 pandemic.

Forty per cent of young people in Australia are experiencing mental health difficulties, and more than one million young people with a mental health difficulty are not seeking professional support. Sadly, suicide remains the leading cause of death for people between the ages of 14 and 24 years.

Fortunately, attitudes towards seeking help are changing. However, many barriers to help-seeking remain, particularly for young people. That's where accessible, co-designed digital services such as ReachOut have an important role to play.

For 25 years, ReachOut has been developing modern, innovative mental health programs that deliver the support that young people (and their parents, carers and schools) need, in ways that are readily accessible to them.

Importantly, there is so much more that can be done. We hope this inquiry will consider accessibility, users' varied help-seeking preferences, system navigability, and the unique needs of priority populations and sub-populations.

System navigation

Inquiry term of reference (b) navigation of outpatient and community mental health services from the perspectives of patients and carers

Australia's mental health system is excessively complex and fragmented. ReachOut regularly hears from young people that they find the system overwhelming, expensive, hard to access and difficult to navigate. Too often, this means that people don't receive the care they need, particularly in times of distress.

While ReachOut isn't well placed to comment on the operations and navigability of particular outpatient and community mental health services in New South Wales, our peer workers and Online Community moderators do hear from young people about their experiences with those services. Young people have reported:

- being discharged from hospital without further support being arranged
- feeling that these services aren't able to provide adequate support
- finding a lack of availability of services and support in regional areas
- being turned away without pathways to other support services
- being 'too well' for some services, but 'too unwell' for alternatives
- being distressed as a result of poor experiences
- finding a lack of cultural representation within services.

For many young people, seeking help is a significant step that takes a lot of courage. Just navigating the system itself is a significant challenge; for young people in distress, it's even more difficult. Too often, poor experiences in one setting can result in a lack of trust in all services, delaying gaining access to care.

It is important to note, though, that poor experiences don't occur only in outpatient and community mental health settings; this problem exists across the mental health system.

This is why ReachOut believes that our mental health system needs to be redesigned based on a person-centred model. Service users shouldn't be

expected to know which service is state funded or federally funded, or to coordinate care between different service models, or to navigate a fragmented system that has too many dead ends and doesn't provide enough support.

For several years, ReachOut has sought to progress greater sector integration, referral pathways and warm handovers, including with our partners Beyond Blue and Lifeline.

We recognise that this is a significant reform that is beyond the direct scope of this inquiry, and that it is a challenge the NSW Government cannot meet on its own. However, if state and federal governments were to work together and in partnership with the sector, they could develop a new, integrated system to deliver mental health care to service users that coordinates traditional in-person clinical support, non-clinical digital services, peer support and aftercare – that is, every aspect of a person's experience.

With fresh thinking, innovative and agile approaches, and a determination to put the needs and interests of service users first, we can deliver effective sector integration and significantly improve outcomes for the people we support.

Benefits of digital service delivery

Inquiry term of reference (g) benefits and risks of online and telehealth services

What do we know about the way young people seek help for their mental health?

Early intervention is essential to help reduce rates of mental health issues and psychological distress among young people.[1] However, despite having higher prevalence rates for mental health issues than the general population, the majority of young people don't seek help.[2] Mission Australia's 2021 youth survey found that only 42 per cent of young people aged 15–19 years with mental health issues seek support from mental health professionals.[3]

Several barriers stand in the way of young people seeking and accessing mental health support. These include systemic barriers, such as cost and long wait times,[4] as well as characteristics of the help-seeker, including a preference for self-reliance, perceived stigma and embarrassment, reluctance to express emotion, and concerns about confidentiality.[5,6] The reluctance of young people to seek professional help is a significant setback in the delivery of appropriate and timely care and puts them at greater risk of developing severe mental health problems.

What type of help do young people want and need to address their mental health?

> *... digitally delivered mental health interventions fill a gap in providing much needed resources for young people living in hard-to-reach areas, young people who have never used a mental health service before, and young people requiring greater privacy, anonymity, and potential safety from trauma.*[7] (at p. 1)

Although some young people seek professional help for their mental health, studies indicate that they are more likely to turn to informal sources such as friends, family members[3,8] and digital media.[9–11]

For many young people, digital mental health services such as self-help and peer support tools are an effective entry point that helps them to overcome many barriers. Young people at the start of their help-seeking journey, or who are re-entering the system, may not be ready or willing to access clinical services, instead preferring to explore their situation and build their understanding outside of traditional service models.

Results from a 2019 narrative systematic review of online help-seeking behaviour in young people suggest that the internet serves three functions for help-seekers: (1) as a means of building knowledge and acquiring information around their symptoms and condition; (2) as a means to connect with others, professional or peer, around the topic of their mental health difficulties; and (3) as an alternative to in-person help-seeking for those who are most at risk.[11]

Anonymity and privacy, ease of access, affordability, inclusivity, reduced stigma, and the ability to connect and share experiences with others were

among the many perceived benefits of online help-seeking.[11] These benefits, which are echoed throughout the Australian and international literature,[12–18] indicate that digital interventions for mental health have the potential to overcome many of the existing barriers to traditional care and to increase access to mental health support.

Growing evidence suggests that digital mental health interventions can improve mental health conditions and may have similar efficacy to their in-person counterparts.[19,20] A 2021 systematic review by Zhou and colleagues evaluated 45 randomised controlled trials (including 13,291 participants) of online mental health interventions for young people.[21] The majority of these trials used web-based self-help platforms to deliver cognitive behavioural therapy. Overall, 64 per cent of the interventions were found to be effective in managing depression, anxiety, stress and insomnia, and in improving quality of life, when compared with control conditions.

Peer work in a digital service delivery setting

Inquiry term of reference (g) benefits and risks of online and telehealth services

What is peer work?

Peer work is a reciprocal relationship between a peer worker with lived and living experience of mental health and recovery, and the person they support. The peer worker interacts in a respectful and non-judgemental way with a person who is experiencing mental health issues and other life challenges, including by sharing their own experiences and by being an active listener. Peer work is an emerging area of workforce development and growth and is considered a vital part of providing quality, recovery-focused mental health services.[22]

What role does peer work have in supporting the mental health of young people?

Peer-support programs take a strengths-based approach, in which peer workers share the strength they have gained, and the lessons they have

learnt, from their own lived experience to inform, inspire and encourage the young person who is in a similar situation.[23] This sharing of experience alleviates the power imbalance found in the formal client–professional relationship and creates a reciprocal environment that encourages discussion and the changing of perceptions through the process of recovery from adversity.[23]

Peer work is delivered in a range of formats, including one-to-one and group settings, both face-to-face and online. It has been used to support personal recovery in the community and to complement existing clinical mental health interventions.

> *… the peer worker and peer relationship is uniquely characterised by shared experience; the value of expertise through experience rather than clinical education and training; and reciprocity/mutuality, whereby both individuals have the opportunity to intentionally learn and benefit from the relationship.*[24] (at p. 2)

What evidence is there to support the use of online peer work in youth mental health?

Peer support is internationally recognised as a valuable component of recovery for people with mental health conditions.[25,26] Traditionally, peer support has been provided in-person across a range of service settings but is increasingly being offered through digital technologies.[27]

Research has shown that counselling and clinical interventions can often feel overwhelming for young people.[28] Qualitative research with young people who have experienced a life-changing event shows that the opportunity to connect with and discuss their concerns with peers who have experienced a similar event, and who can provide genuine empathy and practical guidance, is highly valued.[29]

The positive impacts of peer support are well established in the literature. An evaluation of an Australian mental health peer-support program showed that peer support can promote early intervention, prevent decline in mental health conditions, help to avoid unnecessary hospitalisations and support early discharge.[30]

A 2020 systematic literature review of digital peer-support interventions considered 30 studies reporting on two interventions. The authors found digital peer-support interventions to be feasible and acceptable, with high potential for clinical effectiveness in enhancing participants' functioning, reducing symptoms and improving program utilisation.[27]

Several other benefits of digital peer support have emerged in the literature and include the following themes:

- **Psychological wellbeing:** Improved psychological wellbeing following peer-support interventions is well established in the literature. Benefits include improvements in feelings of depression, anxiety, social connectedness, life satisfaction, wellbeing and loneliness; decreased suicide and substance abuse; and increased knowledge of mental health issues.[24,31–34]

- **Adherence to treatment:** A 2023 study randomised 230 undergraduate students to receive peer-delivered phone coaching, text message coaching, or no support in the use of an online self-help program (Acceptance and Commitment Therapy Guide).[35] Both forms of coaching measurably increased the use of the guide, with phone coaching leading to significant improvements across a range of mental health variables.

- **Accessibility:** Peer support has also been found to have accessibility benefits, especially in promoting help-seeking for rural populations – communities that have historically been underserved by clinical services and for whom significant barriers to service access exist.[36]

- **Anonymity:** In one study of an online peer-support website, participants reported that the anonymity of the peer worker freed them to share details that they had never shared before and, in fact, had 'put a lot of effort into hiding'.[37]

- **Benefits for peer worker:** Alongside the benefits to those receiving the service, there is evidence of benefits for the peer workers themselves. Peer workers can feel more empowered in their own recovery journey, develop greater confidence and self-esteem, feel more valued and less stigmatised, have a more positive sense of identity, and build their social and occupational skills.[38]

How can the ReachOut PeerChat program help?

ReachOut PeerChat is an innovative online peer-support service for young people aged 18–25 years.

Through online text chat, young people can talk for free for up to 45 minutes with a trained peer worker who has their own experience of mental health or life challenges that helps them relate to the difficulties a young person might be facing.

Peer workers encourage young people to direct the conversation, actively listen to them and support them to feel understood. The aim of PeerChat is for young people to gain clarity around what they are dealing with and ultimately to feel better about facing it.

PeerChat sessions are currently available Monday to Thursday, 1–9 pm and Friday, 10 am – 6 pm, with plans to extend operating hours as the service develops.

PeerChat provides peer support for issues that impact young people's mental health and wellbeing, such as study stress, friendship issues, family conflict and a range of other life challenges. It is designed to help young people feel understood, reduce their feelings of isolation, provide a sense of hope, and increase their knowledge of where to get further support if required.

Benefits of the ReachOut PeerChat program include:

- **It is informed by lived experience:** PeerChat peer workers have a lived and living experience of mental health issues or challenges and are trained to safely engage and connect with peers, with a focus on the young person's individual strengths, hopes and recovery. They actively listen to young people and let them guide the conversation.
- **It is co-produced to meet the real-life needs of users:** ReachOut PeerChat has been co-produced with young people and peer workers with lived and living experience of mental health challenges to address young people's ongoing feedback about what mental health support they actually want.

- **It is research-based:** ReachOut PeerChat is underpinned by the existing evidence for online peer support alongside extensive user research which shows that young people want one-to-one support that is non-clinical and is available at short notice in an environment where they feel comfortable and safe.

- **It is safe and secure:** PeerChat is safe, as one-to-one conversations take place via a secure online chat platform, guided by a duty-of-care framework developed with ReachOut's Clinical Advisory Group. ReachOut has over ten years' experience in online peer-to-peer support via its moderated, peer community forums.

For some young people, PeerChat will be all the support they need. For others, we believe that ReachOut PeerChat can play an important role as an adjunctive support between clinical appointments, or as part of a coordinated program of care alongside outpatient and community mental health support.

Priority populations

Inquiry term of reference (h) accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

Co-design is critical

Young people's needs, service preferences, expectations, and ways of engaging with services are starkly different from those of adult populations. Young people have complex and varied barriers to accessing support and a multitude of individual service preferences. This is equally true for other priority populations, and for sub-populations such as young First Nations or young LGBTQIA+ people.

In this environment, one-size-fits-all solutions are solutions that will inevitably fail. Fortunately, technology is opening a whole host of new opportunities to tailor, enhance and personalise the care and support we can provide to young people.

It is critically important to co-design services with the communities and groups they are intended for. The literature identifies a number of benefits associated with using co-design in the development of youth mental health services, including enhanced uptake of interventions (particularly technology-based interventions), and services that are more accessible and more responsive to the needs of communities and individuals.[39–41]

Co-design cannot be a one-off, tick-box exercise. It should be holistic, thoughtful and planned. Our evidence-based approach to co-design ensures that we integrate lived experience perspectives from the initial service design phase through to the evaluation phases.

We use methods that facilitate co-design through ongoing engagement and feedback processes to ensure that young people are heard, validated and respected. By enabling young people to have their say on issues that are impacting their lives, ReachOut is able to ensure that our services are representative of and responsive to their needs.

Young people

As noted above, young people face a unique combination of barriers to entry into the mental health system. These include a lack of awareness and understanding of mental health issues, financial limitations, limited service accessibility/availability (e.g. geographical remoteness and lack of services), concerns about confidentiality and stigma, and a preference for self-reliance.

Through our system of co-design, we are able to ensure that our resources meet young people where they are at. For example, in many cases ReachOut deliberately focuses on framing challenges in the terms of everyday experiences that young people have, rather than talking explicitly about mental health.

Young people have told us that they often feel the issues they are experiencing aren't worth trying to find 'help' with. They believe it's normal to live with a vast range of 'stresses'. They often downplay serious issues, and many try to 'get through' things on their own so that they don't disrupt their underlying desire for conformity. As a consequence, many young people who need support don't actively seek it.

We have also learnt that young people look to vent, to connect and to hear from others with similar experiences, and that many are motivated by hearing true stories of young people who have overcome stressors. We have translated these key research insights into effective digital mental health support for young people, delivered in the environments they are comfortable in via social media campaigns. We have found that as young people build their understanding of their mental health difficulties and increase their willingness and capability to engage in care through self-help and peer support, they become more likely to engage with other mental health services.[42]

ReachOut's experience shows that it's possible to improve mental health literacy and capacity, reduce stigma, increase understanding of mental health services, and improve engagement with those services among young people who are experiencing a mental health issue but who aren't actively seeking support.

LGBTQIA+ young people

ReachOut has a high level of engagement with the lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) community. Our research suggests that up to 35 per cent of ReachOut users may identify as LGBTQIA+, with 4.6 per cent identifying as transgender and/or gender diverse.

It is well established that young LGBTQIA+ people experience higher rates of mental ill-health resulting from the stigma, prejudice, discrimination and abuse experienced due to their sexuality or gender identity.[43] Sadly, this contributes to a higher rate of youth suicide in the LGBTQIA+ community, with same-sex attracted young people, for instance, being on average up to six times more likely to attempt suicide than their heterosexual peers.[44]

We work to create accessibility and cultural safety for young LGBTQIA+ people by ensuring representation in our youth and parents and carers content review groups. This enables general content to be kept relevant to, and accessible by, the community and allows us to work on content that is specific to LGBTQIA+ young people in partnership with the community.

We also ensure that imagery across the site is broadly representative of our user base. This means showing LGBTQIA+ relevant imagery across all topics, not just those specific to the community. When casting for photoshoots, we make certain that there is strong representation from priority populations, including the LGBTQIA+ community, and that we capture imagery that reflects their real lives.

ReachOut also shares stories and produces content that is specifically relevant to the LGBTQIA+ community, most recently around gender identities and discrimination. Importantly, we use the Trans-Affirming Language Guide produced by TransHub and ACON.

First Nations young people

The Commonwealth Department of Health recently funded ReachOut to develop innovative, strengths-based and culturally safe digital resources to promote the social and emotional wellbeing of First Nations young people. The resources were co-designed with First Nations young people across remote, regional and metropolitan communities to ensure they meet their specific needs and service preferences.

The resources have a particular focus on issues First Nations young people told us were important to them, such as family troubles, racism and connection to community.

Through our research and by listening to First Nations young people, we have learnt that accessibility and cultural safety is critical for this cohort. Throughout the project, we were guided by First Nations young people, who told us that talking about 'mental health' can be difficult and doesn't align with their conceptualisation of these issues. We responded to this important feedback by seeking to increase accessibility and cultural safety by not focusing on 'mental health' and instead using a more holistic concept of health that incorporates physical, mental and emotional wellbeing as well as connections to family, community, land and spirituality.

We also ensure strong representation of First Nations imagery on our Yarn Up space and across the site more broadly. This helps to build respect and to ensure cultural safety for First Nations young people, as it is important to the community that they see themselves reflected in the service.

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