



Submission No. 4

(Youth Suicide)

RN, Date: 19/04/2010

Inspire Foundation

Youth suicide prevention: towards an E-mental Health Strategy



**A submission to the
House of Representatives Standing
Committee on Health and Ageing**

Inquiry into Youth Suicide Prevention

April 2010

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Committee Secretary
House of Representatives Standing Committee on Health and Ageing
Parliament House
Canberra ACT 2600

16 April 2010

To *The House of Representatives Standing Committee on*

RE: Submission to the Inquiry into Youth Suicide Prevention.

Thank you for your invitation to make this submission to the Standing Committee's Inquiry into Youth Suicide Prevention. Inspire Foundation recognises the Government's overarching objective of shaping a government and sector response to reduce deaths by suicide and suicidal behavior. To this end, Inspire Foundation commends the Australian Government for taking the opportunity to investigate this critical issue.

The Inspire Foundation is a national non-profit organisation established in 1996 in response to the then escalating rates of youth suicide. Inspire's vision is to have a global impact on young people's mental health and wellbeing. In 1997, the proposal for Inspire's flagship program Reach Out¹ was accepted by the Federal Government and funded under the National Youth Suicide Prevention Strategy. Reach Out was a breakthrough program and one of the world's first web-based youth mental health services. Fourteen years on, Inspire Foundation online programs received approximately 184,000 visits last month alone² and we now lead an international network which includes Inspire USA Foundation³ and Inspire Ireland.⁴

With the 2020 vision of every young Australian knowing, trusting and using Inspire's programs when they need them, Inspire serves young people aged 14-25 through three national, technology-based programs, [Reach Out.com](http://ReachOut.com)⁵, [Act Now.com.au](http://ActNow.com.au)⁶ and BetweenTheLines.net.au.⁷ Inspire takes a strength-based, population health approach to focus on mental health promotion and prevention of high risk behaviour, with a particular interest in suicide prevention. We combine technology with the direct involvement of young people to deliver innovative and practical online programs that prevent youth suicide and improve young people's mental health and wellbeing.

Young people are at the centre of all Inspire does – as partners in the development and delivery of all Inspire initiatives. We innovatively use technology to reach young people and build trusted social brands that are part of their landscape. Inspire's work is evidence-based and underpinned by research and evaluation, conducted in partnership with leading academic institutions and research centres including the Brain and Mind Research Institute (BMRI) at the University of Sydney and Orygen Youth Health Research Centre, Centre for Youth Mental Health at the University of Melbourne.

¹ [Reach Out ...](#)

² Total of Inspire Foundation (Australia) programs website visits in March 2010 including: Reach Out, Act Now, Between the Lines, Reach Out Pro and Reach Out Teachers Network (obtained via Google Analytics)

³ For more information about Inspire USA Foundation please see: <http://www.inspireusafoundation.org>

⁴ For more information about Inspire Ireland Foundation please see: <http://www.inspireireland.ie/>

⁵ Reach Out.com (www.reachout.com) provides information and support to young people going through tough times

⁶ ActNow.com (www.actnow.com.au) provides young people with opportunities and connections to find out more about their world and take action on the issues they care about.

⁷ Between the Lines (www.betweenthelines.net.au) Between the Lines is a joint initiative of the Inspire Foundation and Ted Noffs which aims to build a community where young people can discuss and debate issue relating to drugs with others, and find information and help, which ultimately informs and reduces problematic use.

The information and recommendations presented in this submission have been developed as a result of Inspire's extensive experience working with young people to develop effective technology-based programs aimed at improving young people's mental health and wellbeing. The research informing and experience of implementing Inspire's flagship program [Reach Out](#) means that the organisation has a unique contribution to make to this Inquiry in regard to youth suicide.

This submission will focus on the impact of suicide on young people and the role that internet and associated online technologies can play across the spectrum of intervention, from prevention to early intervention, treatment and promotion of positive mental health and wellbeing. This paper will be divided into the following sections:

- 1) Overview of suicide and suicidal behaviour amongst young Australians
- 2) Mental health and wellbeing of Australian young people
- 3) The role of ICT as a tool and setting for mental health promotion and prevention
- 4) The importance of an integrated model of service delivery – Towards an National E-mental health strategy

In addition to this submission, Inspire Foundation have been heavily involved in the Senate Community Affairs Committee Inquiry into Suicide in Australia and have made a written submission, given evidence at the Inquiry hearing and we also worked in partnership with Suicide Prevention Australia, Lifeline Australia, OzHelp Foundation, The Mental Health Council of Australia and The Salvation Army to lead a sector response to the inquiry. This submission reinforces the key messages and recommendations of our previous responses.

We hope that you find the information and recommendations included in this submission of significant use to this Inquiry into this important issue. Please do not hesitate to contact me should you wish to discuss our submission further.

Kind regards,



Ms Kerry Graham
Chief Executive Officer
Inspire Foundation

Summary of Recommendations

Based on research and experience of programs to improve youth mental health and wellbeing, Inspire makes the following recommendations:

- 1) Ongoing refinement and development of national data sets regarding rates and indices of Youth suicide and suicidal behavior;
- 2) Investment in research and economic analysis to determine the quantification of the impact and cost of suicide and self-harm to the Australian community, including evidence-based research to assess the applicability of international costing models to the Australian context;
- 3) Assessment of various costing models and instruments (e.g. burden of disease) as a measure of outcomes and cost-effectiveness of specific suicide prevention strategies and interventions.
- 4) Encourage and actively support through social policies, young people's social connectedness through participation in existing networks such as service, sporting and social clubs, and online communities;
- 5) Develop a national suicide awareness campaign that reaches the *whole of the community*, focuses on preventative care and promotes messages of hope, help-seeking, resilience, social inclusiveness and wellbeing among Australian individuals and communities;
- 6) Ensure programs related to the issue of suicide connect to other relevant social agenda issues, including substance abuse (drugs and alcohol);
- 7) Investment in programs that support and raise awareness of youth suicide and groups at increased risk of suicide;
- 8) Best available practice approaches be implemented to develop programs that build resilience, encourage help-seeking and develop the capacity for self-help amongst young;
- 9) That consumer participation be considered as essential in the design, development and delivery of programs.
- 10) New and emerging technologies, including the internet and mobile phones, be seen as enablers of young people's mental health and wellbeing and an important setting in which mental health promotion can be undertaken;
- 11) This must be matched by a commitment from government to collaborate with telecommunications service providers to improve parity of access to cost competitive broadband internet networks and infrastructure across rural and remote areas of Australia.
- 12) That ICT based services be viewed as a powerful complement within a range a mental services across the spectrum of promotion, prevention and intervention;
- 13) That the national e-mental health strategy proposal be viewed as a an effective and cost-effective investment in Australia's health system

1. Overview of suicide and suicidal behavior amongst young Australians

Suicide is defined as the intentional taking of one's own life. Suicidal behavior is a broader term and includes self-inflicted and potentially injurious behaviors. Research shows that in an average year 12 classroom (thirty students), at least one young person will have attempted suicide.⁸ In 2008, 281 young people aged 15-24 took their own lives; 220 young men and 63 young women. Suicide is the leading cause of death for young people aged 15-24.

Self-harm is the leading cause of co-morbidity especially for young women. It is believed that for every suicide, there are between 10-20 attempted suicides. The Australian Institute of Health and Welfare intentional self-harm figures for young people aged 12-24 indicate there were 7,299 hospitalisations due to intentional self-harm— a rate of 197 per 100,000 young people. It is important to note however that self-harming behavior is not always indicative of suicidal ideation.

Between 1996-97 and 2005-06, the hospitalisation rate for intentional self-harm among young people increased by 43%, from 138 per 100,000 young people to 197. Rates of intentional self-harm hospitalisation were almost twice as high among Aboriginal and Torres Strait Islander young people compared with other young Australians in 2005-06 (332 hospitalisations per 100,000 young people aged 12-24 years compared with 188).

Although self-harm is not always intended to be fatal, the almost-two-fold increase in rates of intentional self-harm, the increase of female youth suicide in 2007, and the even higher levels of male youth suicide demonstrate an immediate need to effectively deliver appropriate mental health resources and services that reduce stigma and increase help-seeking in young people.

Suicide and self-harm both bring with them massive human, social and economic costs. Estimates indicate that each suicide impacts directly on the lives of at least six other people.⁹ A completed suicide has a multiplier effect; impacting the lives of any number of individuals – from family to friends, colleagues, clinicians, first responders, coronial staff, volunteers of bereavement support services and other associates – who inevitably suffer intense and conflicted emotional distress in response to a death of this kind.¹⁰

Presently there are no reliable estimates on the cost of suicide and self-harm to the Australian community, however, the Californian Department of Mental Health (2008) estimated the combined cost of suicides and suicide attempts (a sub-set of self-harm) in that state in 2006 as \$4.2 billion per year.¹¹ Inspire estimate of the financial cost to Australia as a result of suicide and suicidal behavior has been calculated at \$17.5B (in 2007-08 dollars). This is approximately 1.3% of Gross Domestic Product (GDP), or \$795 per person, per year. Even so, it is clear that the impact of suicide is far greater than can be measured using statistical means.

Suicide touches every part of a young person's life and the associated experience of poor treatments and support leave a legacy that can impact on future help-seeking. Suicide is an event with multiple interacting, often complex, contributing factors. One of the most common and significant contributing factors is mental illness. The results of the ABS National Survey of Mental

⁸ Sawyer, M., Arney, F., Baghurst, P., Clark, J., Graetz, B., Kosky, R., Nurcombe, B., Patton, G., Prior, M., Raphael, B., Rey, J., Whaites, L., and Zubrick, S. 2000, *Mental Health of Young Australians*, Commonwealth Department of Health and Aged Care, Canberra

⁹ Corso, PS, Mercy, JA, Simon, TR, Finkelstein, EA and Miller, TR. *Medical costs and productivity losses due to interpersonal and self-directed violence in the US*. Am. J. Preventive Medicine, 32 (6): 474-482, 2007.

¹⁰ Inspire Foundation, Lifeline, Suicide Prevention Australia, OzHelp Foundation, The Salvation Army and the Brain Mind Research Institute (2009) *Suicide is Preventable – A joint submission to the Inquiry into suicide*.

¹¹ Californian Department of Mental Health (2008) *California Strategic Plan on Suicide Prevention: every Californian is part of the solution*. June 2008.

Health and Wellbeing shows that people with a mental illness are much more likely to have serious suicidal thoughts than other people (8.3% as compared to less than 1%). Other Australian research indicates that about 65% of those who die by suicide have symptoms consistent with major depression at the time of death. However it is important to understand that the relationship between mental illness and suicide is not causal. The vast majority of people who experience a mental illness do not experience or show signs of suicidal thoughts or behaviors, and a person does not have to have a mental illness to have a suicide risk. While mental health conditions are believed to be present in the majority of suicides, a significant number, estimated to be around 80%, are untreated at the time of death.

Inspire Foundation recommends:

- 1) Ongoing refinement and development of national data sets regarding rates and indices of Youth suicide and suicidal behavior;
- 2) Investment in research and economic analysis to determine the quantification of the impact and cost of suicide and self-harm to the Australian community, including evidence-based research to assess the applicability of international costing models to the Australian context;
- 3) Assessment of various costing models and instruments (e.g. burden of disease) as a measure of outcomes and cost-effectiveness of specific suicide prevention strategies and interventions.

2. Mental health and wellbeing of Australian young people

The Australian Institute of Health and Welfare reports that adolescent depression is one of the most frequently reported mental health problems; with an estimated 481,600 Australians aged 18-24 currently living with an affective anxiety or substance abuse disorder. This represents approximately 26.5%; one in four young people in this age group.¹² Experiences of mental health problems such as depression can lead to other serious problems including substance abuse, social withdrawal, a breakdown in family and personal relationships and poor academic and work performance. Depression is also linked to substance abuse, eating disorders and implicated in many cases of youth suicide.¹³

Mental health problems, including depression, often have their onset in mid to late adolescence and early adulthood. More than 75% of lifetime cases of mental illness commence before the age of 25,¹⁴ yet a large proportion of young people do not seek help from a professional.¹⁵ Left untreated, mental health problems worsen, impacting significantly on the quality of a young person's life, including their relationships with family and friends and educational and vocational pursuits. Often young people self medicate with alcohol or drugs, finding themselves in a vicious cycle of depression, anxiety and substance use.¹⁶

Mental health is more than the absence of illness – it also encompasses wellbeing, and is influenced by a complex mix of determinants, risk and protective factors. In order to achieve the overall goal of improving mental health and wellbeing, and reducing suicide, Inspire focuses on influencing three of these: self-efficacy, help-seeking and social connectedness. A specific focus on prevention and early intervention is necessary in order to reduce youth and adult mental health difficulties in the long term¹⁷

The evidence is clear that with early treatment, most people recover from a mental illness and are able to fully participate in the social and economic life of the community. Internationally, epidemiological studies suggest that while one in five young people experience mental health problems between 60 and 80% do not seek professional help.¹⁸ When young people do seek help, it is most typically from informal, non-professional sources such as friends and family rather than

¹² Australian Institute of Health and Welfare (AIHW) 2007, Young Australians: Their health and wellbeing, Australian Institute of Health and Welfare (AIHW), Canberra, Cat. no. PHE 87

¹³ Rao, U., Daley, S.E., & Hammen, C. (2000). Relationship between depression and substance use disorders in adolescent women during the transition to adulthood. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39,215–222.

¹⁴ Kendall, P.C., & Kessler, R.C. (2002). The Impact of Childhood Psychopathology Interventions on Subsequent Substance Abuse: Policy Implications, Comments and Recommendations. *Journal of Consulting and Clinical Psychology*, 70, 1303-1306.

¹⁵ Australian data indicates that only 29% of these young people contact a professional service of any type, results from the National Mental Health and Well Being survey (2007) indicating that only 13% of young men aged 16 to 24 seek help when experiencing a mental health difficulty during the formative adolescent and young adult years.

¹⁶ Burns, J., Ellis, L., Mackenzie, A., & Stephens-Reicher, J. (2009). Reach Out Online Mental Health Promotion for Young People. *Counseling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-186.

¹⁷ Burns, J.M., Andrews, G., & Szabo, M. (2002). Depression in young people: What causes it and can we prevent it? *Medical Journal of Australia*, 177(7), S93-S96; McGorry P., Hickie, I.B., Yung, A.R., Pantelis, C., Jackson, H.J. (2006). Clinical staging of psychiatric disorders: a heuristic framework for choosing earlier safer and more effective interventions. *Australian and New Zealand Journal of Psychiatry*, 40, 616-622.

¹⁸ Burns BJ, Costello EJ, et al. Children's mental health service use across service sectors. *Health Affairs* 1995;14:147-59; Leaf PJ, Cohen P, et al. Mental health service use in the community and schools: results from the four-community MECA Study. *Methods for the epidemiology of child and adolescent mental disorders study*. *J Am Acad Child Adolesc Psychiatry* 1996;35:889-97; Offer D, Howard KI, Schonert KA, Ostrov E. To whom do adolescents turn for help? Differences between disturbed and nondisturbed adolescents. *J Am Acad Child Adolesc Psychiatry* 1991;30:623-30; Rickwood DJ, Braithwaite VA. Social-psychological factors affecting help-seeking for emotional problems. *Soc Sci Med* 1994;39:563-72; Saunders SM, Resnick MD, Hoberman HM, Blum RW. Formal helpseeking behavior of adolescents identifying themselves as having mental health problems. *J Am Acad Child Adolesc Psychiatry* 1994;33:718-28; and Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, et al. The mental health of young people in Australia: Key findings from the Child and Adolescent Component of the National Survey of Mental Health and Wellbeing. *Aust N Z J Psychiatry* 2001;35:806-14.

professional sources such as a physician or mental health professional.¹⁹ Many young people believe that they can handle emotional problems on their own and state concerns relating to confidentiality, a fear that no person or service could help, and the feeling that the problem was too personal to tell anyone, as reasons for not seeking help.²⁰

Factors influencing help-seeking include the severity of the injury, the availability, accessibility and quality of health care services and the fear of possible negative consequences. Other barriers that were identified include fear of being stigmatised, fear of hospitalisation, issues of trust and confidentiality, stigma, perceived loss of esteem, lack of social connectedness, lack of knowledge of how and where to seek help as well as low mental health literacy.²¹

The causes of suicide are complex and vary among individuals and across age, cultural, racial and ethnic groups. Suicide risk is influenced by an array of factors – sociological, psychological, environmental, cultural and biological. Nonetheless, this complexity masks the reality that almost all people who attempt or complete suicide had one or more warnings signs before their death.

Inspire Foundation recommends:

Inspire Foundation acknowledges that an integral part of suicide prevention is mental health promotion, prevention and early intervention. An extension of this leads us recommend strategies and initiatives that address the social determinants of young people's mental health and wellbeing, in particular those which enhance protective factors.

- 4) Encourage and actively support through social policies, young people's social connectedness through participation in existing networks such as service, sporting and social clubs, and online communities;
- 5) Develop a national suicide awareness campaign that reaches the *whole of the community*, focuses on preventative care and promotes messages of hope, help-seeking, resilience, social inclusiveness and wellbeing among Australian individuals and communities;
- 6) Ensure programs related to the issue of suicide connect to other relevant social agenda issues, including substance abuse (drugs and alcohol);
- 7) Investment in programs that support and raise awareness of youth suicide and groups at increased risk of suicide;
- 8) Best available practice approaches be implemented to develop programs that build resilience, encourage help-seeking and develop the capacity for self-help amongst young;
- 9) That consumer participation be considered as essential in the design, development and delivery of programs.

¹⁹ Boldero J, Fallon B. Adolescent help-seeking: What do they get help for and from whom? *J Adolescence* 1995;18:193-209; Gould MS, Munfakh JL, Lubell K, Kleinman M, Parker S. Seeking help from the internet during adolescence. *J Am Acad Child Adolesc Psychiatry* 2002;41:1182-9; and 16. Jorm AF, Wright A. Beliefs of young people and their parents about the effectiveness of interventions for mental disorders. *Aust NZ J Psychiatry* 2007;41: 656-66.

²⁰ Dubow EF, Lovko KRJr, Kausch DF. Demographic differences in adolescents' health concerns and perceptions of helping agents. *J Clin Child Psychol* 1990;19:44-54; and Gould MS, Munfakh JL, Lubell K, Kleinman M, Parker S. Seeking help from the internet during adolescence. *J Am Acad Child Adolesc Psychiatry* 2002;41:1182-9; and 16.

²¹ Campbell, A.T. (2006). Consent, competence, and confidentiality related to psychiatric conditions in adolescent medicine practice. *Adolescent Medicine Clinics*, 17, 25-47; Kapphahn, C., Morreale, M., Rickert, V. I., & Walker, L. (2006). Financing mental health services for adolescents: a background paper. *Journal of Adolescent Health*, 39, 318-327; Leaf, P.J., Cohen P. & et al. (1996). Mental health service use in the community and schools: results from the four community MECA Study. *Methods for the Epidemiology of Child and Adolescent*

3. The role of ICT as a tool and setting for mental health promotion and prevention

The internet and its associated technologies are a way of life for young people. In 2008, national surveys of internet use showed that 95% of 18 to 25 year olds are online, and after family and friends, it's where young people turn to for advice and support in difficult times.²² With its unique ability to connect people to information and each other, the Internet offers opportunities to engage the 71% of young people experiencing mental health problems who are not currently seeking professional help.²³ Importantly, the Internet, mobile phone applications and social marketing enable health promotion and early intervention programs to be delivered at scale.

Given the rapid evolution of the internet, much of the 'knowledge' about its impact focuses on dangers to the individual epitomised by concerns that it acts as a catalyst for negative interactions such as bullying, suicide, sexual predation and anti-social behaviours such as internet addiction.²⁴ However, young people also report feeling empowered online, able to access immediate feedback and more confident in accessing and talking about sensitive topics²⁵ such as depression;²⁶ sexuality or sexually transmitted diseases²⁷ and physical activity and nutrition.²⁸ However, the tendency of such research is to focus on outcomes, in isolation from young people's everyday lives.

Increasing knowledge and understanding about health issues is important but perhaps the greatest contribution the internet can make to wellbeing will be to reduce the stigma associated with mental health difficulties, promote help-seeking in the offline world and build community and promote meaningful participation.²⁹ For example, research on the role of online support groups finds they can 'clearly provide essential social support for otherwise isolated adolescents',³⁰ offer the 'same assistance strategies as face-to-face' groups³¹ and provide 'a supportive conversation or a referral to appropriate help resources'.³² A study of an online self-harm discussion group reported it as 'having positive effects, with many respondents reducing the frequency and severity of their self-harming behaviour as a consequence of group membership'.³³

²² Wyn, J., Cuervo, H., Woodman, D., and Stokes, H. 2005, Young people, wellbeing and communication technologies, VicHealth, Melbourne

²³ Sawyer, M.G., Sarris, A., Baghurst, P.A., et al. The prevalence of emotional and behavioural disorders and patterns of service utilisation in children and adolescents. *Australian and New Zealand Journal of Psychiatry* 2002;24(3):323-330.

²⁴ Mitchell, K. J., Ybarra, M. and Finkelhor, D. (2007) 'The relative importance of online victimization in understanding depression, delinquency, and substance use', *Child Maltreatment*, 12: 314-324; Tam, J, Tang, W. S. and Fernando, D.J., (2007) 'The internet and suicide: A double-edged tool', *European Journal of International Medicine*, 18: 453-455; and Ha, J. H., Kim, S. Y. Bae S. C. et al., (2007) 'Depression and Internet addiction in adolescents', *Psychopathology*, 40: 424-430.

²⁵ Gould, M. S., Munfakh, J. L. Lubell K. et al., (2002) 'Seeking help from the internet during adolescence', *Journal of American Academy of Child Adolescent Psychiatry*, 41: 1182-1189; and Nicholas, J., Oliver, K. and Lee, K. et al., (2004) 'Help-seeking behaviour on the Internet: An investigation among Australian adolescents', *Australian e-Journal for the Advancement of Mental Health*, 3: 1-8.

²⁶ Burns, J., Morey, C., Lagelée A., Mackenzie, A. and Nicholas, J. (2007) 'Reach Out Innovation in service delivery', *Medical Journal of Australia*, S31 – S34: 187; and Leach, L. S., Christensen, H., Griffiths K.M. et al., (2007) 'Websites as a mode of delivering mental health information: perceptions from the Australian public', *Social Psychiatry and Psychiatric Epidemiology*, 42: 167-172

²⁷ Suzuki, L. K. and Calzo, J.P. (2004) 'The search for peer advice in cyberspace: An examination of online teen bulletin boards about health and sexuality', *Applied Developmental Psychology*, 25: 685-698

²⁸ Spittaels, H and De Bourdeaudhuij, I (2006) 'Implementation of an online tailored physical activity intervention for adults in Belgium', *Health Promotion International*, 21: 311-318.

²⁹ Sources: Berger, M., Wagner, T.H. and Baker, L.C. (2005) 'Internet use and stigmatized illness', *Social Science and Medicine*, 61: 1821-1827; Leach, L. S., Christensen, H., Griffiths K.M. et al., (2007) 'Websites as a mode of delivering mental health information: perceptions from the Australian public', *Social Psychiatry and Psychiatric Epidemiology*, 42: 167-172; and Santor, D. A., Poulin, C. LeBlanc, J. C. et al., (2007) 'Online health promotion, early identification of difficulties, and help-seeking in young people', *Journal of American Academy of Child Adolescent Psychiatry*, 46: 50-59.

³⁰ Whitlock, J. L, Powers, J.L. and Eckenrode, J. (2006) 'The Virtual Cutting Edge: The Internet and Adolescent Self-Injury', *Developmental Psychology*, 42:1-11.

³¹ Winzelberg, A., (1997) 'The analysis of an electronic support group for individuals with eating disorders', *Computers in Human Behavior*, 13: 393-407.

³² Barak, A., (2007) 'Emotional support and suicide prevention through the Internet: A field project report', *Computers in Human Behaviour*, 23:971-984.

³³ Leung, L., (2007) 'Stressful life events, motives for Internet use, and social support among digital kids' *Cyberpsychology and Behaviour*, 10: 204-214.

Such innovative web-based initiatives demonstrate that ICT - rethought of as a setting in which 'devices, activities and social arrangements' are activated - can have a powerful impact on the wellbeing of young people. Reach Out (www.reachout.com.au) is an Australian initiative that utilises a website, podcasting, digital storytelling, community forums, an online gaming platform, SMS and social networking site campaigns to deliver information, reduce mental health stigma and promote help-seeking³⁴. Online profiling, conducted in 2006, of 1432 Reach Out visitors (aged 16 – 25) shows that 75% said they would return to the site if going through “tough times” and 80% would refer it to a friend. When repeat visitors were asked if they had sought help after visiting Reach Out, 38% said they had spoken to a mental health professional.³⁵ Research that accounts for the complex interplay between individual behaviour, interpersonal relationships and the settings in which young people spend their time (school, streets, church groups) – including the internet – will provide a richer understanding of the impact of ICT on young people’s wellbeing.

The Internet is accessible, anonymous, engaging and informative, providing a space where young people can feel empowered and confident to talk about sensitive issues. Our experience through both Reach Out and ActNow has reinforced that the online environment is an important setting in which to engage young people. The email below demonstrates just how valuable these services can be.

Email from young person to www.ReachOut.com – 3:43am

*hey guys,
look just wanted to say thank-you so much that you gave up your time
to make this site.
I want you to know for what its worth you saved my life tonight i was
very close to killing myself until i read your site and it is safe to say that
it is the only thing that stopped me tonight. So i just want to thank
everyone that has put there time and hard work into this site cause im
sure that there has been many others like myself and i hope that u
coninute with this site and hope that it keeps helping others. Thank-
you for another chance at life. All the best wishes for the furture for
you guys and once again thanks.*

Female – age unknown

³⁴ Burns, J., Morey, C., Lagelée A., Mackenzie, A. and Nicholas, J. (2007) 'Reach Out Innovation in service delivery', *Medical Journal of Australia*, S31 – S34: 187

³⁵ Burns, J., Morey, C., Lagelée A., Mackenzie, A. and Nicholas, J. (2007) 'Reach Out Innovation in service delivery', *Medical Journal of*

Inspire Foundation recommends:

- 10) New and emerging technologies, including the internet and mobile phones, be seen as enablers of young people's mental health and wellbeing and an important setting in which mental health promotion can be undertaken;
- 11) This must be matched by a commitment from government to collaborate with telecommunications service providers to improve parity of access to cost competitive broadband internet networks and infrastructure across rural and remote areas of Australia.

4. The importance of integrated model of service delivery - Towards a National E-mental Health Strategy

Internet-based resources are acknowledged for their ability to engage and empower marginalised and traditionally 'hard to reach' groups via the transgression of geographical, logistical and even psychosocial barriers that may otherwise inhibit such groups from accessing offline health promotion programs or health care providers.³⁶ ICT therefore offers significant potential as a tool and setting for mental health promotion and suicide prevention for all young people, but particularly, young men, social and geographically isolated individuals. When combined with face-to-face interventions, ICT based services can be a powerful compliment to an individual's health care plan.

There are many things wrong with mental health care delivery currently - Inspire remain concerned that while one in four young people aged 16 to 24 experiences a mental disorder, between 60 to 70% are not receiving care at present, and that specialist services to young men, rural and remote regions represents a particular challenge. Existing approaches to delivery of psychological intervention could not satisfactorily address these issues without imposing a very substantial cost burden on the community. We propose that a new model of service delivery is required, which supplements standard face-to-face services with ones that offer high fidelity at a low cost per person, and can cope with both high volumes and geographical dispersion. We propose that online interventions offer these features, and could form a first-line treatment or services for many Australians who currently miss out on effective care.

Existing approaches to delivery of psychological intervention services could not satisfactorily address the barriers to help-seeking without imposing a very substantial cost burden on the community. A new model of service delivery which supplements face-to-face services with ones that offer high fidelity at a low cost per person, flexibility and anonymous access, and can cope with both high volumes and geographical dispersion. We firmly believe that online interventions could form a first-line treatment or services for many young Australians who currently miss out on effective care. The attached E-mental Health Strategy clearly articulates a strategy for a joined-up, multi-level service model that benefits the consumer, the health system and Australia as a whole.

Australia is an international leader in developing and testing these interventions. However, it is currently difficult for consumers to know which programs to trust, or to know which are appropriate for their needs. Online interventions are not well integrated into other services, and there is no strategy to market these Australian advances in mental health treatment and services to the community as a whole. The enclosed E-mental Health Strategy³⁷ clearly articulates a strategy for a joined up, multi-level service model that benefits the consumer, the health system and Australia as a whole:

- **Consumers benefit** from confidential, non-stigmatising, flexible, low-cost treatment and services provided either directly or as an adjunct to care. The National Broadband Network will extend these benefits to people and communities who are currently chronically underserved.
- **The Health System benefits** through better access, integration and coordination, including facilitated pathways, continuity of care and follow-up, and practitioner training and support. The

³⁶ Alexander, J. (2002). Queer Webs: Representations of LGBT People and Communities on the World Wide Web. *International Journal of Sexuality and Gender Studies*, 7(2-3), 77-84; Burns, J., Morey, C., Lagelee, A., Mackenzie, A., & Nicholas, J. (2007). Reach Out Innovation in service delivery. *Medical Journal of Australia*, 187(7), S31-S34; Cline, R. J. W., & Haynes, K. M. (2001). Consumer health information seeking on the Internet: the state of the art. *Health Education Research*, 16(6), 671-692; Drabble, L., Keatley, J., & Marcelle, G. (2003). Progress and opportunities in Lesbian, Gay, Bisexual and Transgender Health Communications. *Clinical Research and Regulatory Affairs*, 20(2), 205-227.

³⁷ See Appendix I – National E-mental Health Strategy

cost of e-mental health delivery is up to 50 times more cost effective for Governments than traditional mental health services^{38, 39, 40, 41}

- **Australia as a whole benefits** as E-mental health has a significant contribution to make in reducing the far-reaching financial, productivity, and social costs of the growing mental health burden in Australia.

Inspire Foundation recommends:

There is substantial potential for an e-health system to assist in ensuring people get the right health care when they need it. The attached E-mental Health Vision and Strategy proposal has potential to reduce burden on the health care system by better coordinating the various online services as well as connecting them to appropriate offline services

- 12) That ICT based services be viewed as a powerful complement within a range a mental services across the spectrum of promotion, prevention and intervention;
- 13) That the national e-mental health strategy proposal be viewed as a an effective and cost-effective investment in Australia's health system.

³⁸ McCrone, P., M. Knapp, et al. (2004). "Cost-effectiveness of computerised cognitive-behavioural therapy for anxiety and depression in primary care: results from a randomised controlled trial." Br J Psychiatry **185**: 55-62.

³⁹ Mihalopoulos, C., L. Kiropoulos, et al. (2005). "Exploratory economic analyses of two primary care mental health projects: implications for sustainability." Med J Aust **183**(10): s73-6

⁴⁰ Shandley, K., Austin, D., Klein, B., & Kyrios, M. (under review). An evaluation of 'Reach Out Central': an online therapeutic gaming program for supporting the mental health of young people. Health Education Research.

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