

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



Reach Out: Online Mental Health Promotion for Young People

Jane Burns^{1,2,3} PhD, Louise A. Ellis^{1,3} PhD, Anna Mackenzie¹ MPH, and Justine Stephens-Reicher¹ BA (Hons)

1. Inspire Foundation
PO BOX 1790
Rozelle NSW 2039
Australia

2. Orygen Youth Health Research Centre
University of Melbourne
Australia

3. Brain and Mind Research Institute
Faculty of Medicine
University of Sydney
Australia

Contact:
Louise Ellis
lessis@med.usyd.edu.au

Abstract

In Australia one in five young people experience a mental health problem, however of this only 30% receive professional help, indicating a significant gap in the provision of mental health services for this group. The internet provides a relevant and engaging opportunity to overcome the barriers to help-seeking and connect with young people. This article examines an online initiative: Reach Out, a mental health service that uses the Internet to enable young people to help themselves and others, with a focus on health promotion and intervention. Reach Out utilises innovative and relevant youth technologies with a grounding youth participation model and a marketing and branding strategy which places Reach Out amidst youth culture. ReachOut.com harnesses communication technology and draws from the current evidence base and best practice models in intervention and clinical practice creating the potential to positively impact on the mental health and emotional well being of young people.

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

“It is incumbent upon mental health services to find ever more creative ways to engage young people, and in ways that reflect their own cultures and forms.”

(Coyle, Sharry, Nisbet, & Matthews, 2003, p. 27)

Concerns regarding the mental health of young people have become increasingly pressing, with recent reports identifying depression as the leading cause of nonfatal disabling conditions worldwide (Lopez, Mathers, Ezzati, Jamison, & Murray, 2006). According to the World Health Organisation, the prevalence of mental health problems is increasing, resulting in widespread economic and societal burden. Indeed, projections estimate that by 2020, depression will be the second leading cause of death and disease worldwide (Murray & Lopez, 1996). Current research from the United States has identified that half of the US population will experience a mental illness at some time. Onset usually occurs in childhood and adolescence with more than 75% of lifetime cases of mental illness commencing before the age of 25 (Kendall & Kessler, 2002; Kessler, Foster, Saunders & Stang, 1995). These figures are disturbing in view of evidence that early onset mental disorders are often more persistent and severe than later onset disorders (Kendall & Kessler, 2002).

In Australia one in five young people experience a mental health problem, of which seventy percent do not receive professional help (Kessler et al., 1995; Sawyer et al., 2000). Lack of treatment brings with it further complications, such as self medication with alcohol and drugs, as well as the inability to thrive socially, academically and vocationally (Hickie, Koschera, Davenport, Naismith, & Scott, 2001). A specific focus on prevention and early intervention is necessary in order to reduce youth and adult mental health difficulties in the long term (Burns, Andrews, & Szabo, 2002; McGorry, Hickie, Yung, Pantelis, & Jackson, 2006).

In Australia 85% of young people aged 14–24 reported using the Internet, with 40% using it regularly (Department of Communications Information Technology and the Arts, 2005). The uptake of the Internet and related technology offers unprecedented opportunities to deliver online health promotion, prevention and early intervention

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

strategies at a population level (Burns & Morey, 2008; Collin & Burns, 2008). This article provides a case study of an online initiative: Reach Out, a mental health service that uses the Internet to enable young people to help themselves and others. The broad Reach Out service comprises of the website ReachOut.com (www.au.reachout.com), an active youth participation model and innovative youth branding and marketing initiatives. Services such as ReachOut.com that harness communication technology, but which also draw from the current evidence base and best practice models in intervention and clinical practice, have the potential to make a significant positive impact on the mental health and emotional well being of young people (Burns, Morey, Lagelée, Mackenzie, & Nicholas, 2007).

Background

“I know that I really do need to see a doctor about my depression, but I am scared, and I don’t want my parents to know. I wish I could just pull myself out of this depression. But I don’t know how to. I am sick of feeling trapped and having a big black cloud flying over my head. But I don’t know what to do. I just wish there was some simple answer”
Female Reach Out User, 16, Queensland

Mental health problems in Australian youth

Almost one in five Australians are affected by mental illness each year (Andrews, Hall, Teeson, & Henderson, 1999). Young people (aged 18-24) are at highest risk for mental illness, where the prevalence rate rises to 27% (Australian Institute of Health and Welfare, 2003). This figure is similar to that from studies of young people in the United States and other Western countries (Irwin, Burg, & Cart, 2002). 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 (Rao, Daley & Hammen, 2000).

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

Suicide is one of the leading causes of death in Australia, with recent figures from 2007 attributing 1,181 deaths to suicide (Australian Bureau of Statistics, 2009). Although suicide rates have been declining since 1997, between 2004 and 2007 suicide rates remain the leading cause of death in the 15 to 24 age group after motor vehicle accidents (Australian Bureau of Statistics, 2009). Compared with other developed countries, Australia has a relatively high incidence of suicide, particularly for young males (Cantor, Neulinger, & De Leo, 1999).

The gap in mental health support for Australian youth

A major problem in addressing the mental health needs of Australian youth is their lack of access to and utilisation of mental health services. Only 29% of Australian children and adolescents with a mental health problem contact a professional service of any type (Sawyer et al., 2000). Given the poor prognosis for adolescents with untreated psychopathology these low rates of access, assessment and treatment are particularly disturbing (Gould, Munfakh, Lubell, Kleinman, & Parker, 2002).

The high levels of reported mental health difficulties among young people indicate a very large demand for mental health services in Australia. However, current face-to-face services (such as counselling services or GPs) and phone-based counselling services face challenges in meeting this demand (eg, Wilson et al., 2003; Kids Helpline, 2008). Furthermore, the cost of delivering these services is very high. In rural areas where face-to-face primary care is limited, it is likely that many people with mental health difficulties will not have their needs met through traditional forms of service delivery. As a result, there is a pressing need to develop alternative approaches to reduce the incidence of mental health problems in Australia (McGorry et al., 2006).

Use of the Internet as a tool for health service delivery

Internet usage among adolescents has grown exponentially over the past decade and in most countries young people under the age of 25 are the greatest users of the Internet (Department of Communications Information Technology and the Arts, 2005; Loyd & Bill, 2004). Thus, the Internet offers a unique opportunity to provide mental health

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

services to a large proportion of the population, including those in remote locales and during times when traditional service providers are unavailable (Gould et al., 2002).

The Internet also has particular advantages that increase its potential to deliver these services to young people; a group traditionally resistant to seeking help (Coyle, Sharry, Nisbet, & Matthews, 2003). Research indicates that reluctance to seek help is largely due to: feeling that their problem is too personal; concerns regarding confidentiality; and a belief that they can handle the problem on their own (Dubow, Lovko, & Kausch, 1990). Furthermore, those who do seek help are more likely to seek informal help, such as from friends, before they turn to formal sources (Gould et al., 2002). The Internet is uniquely able to combine the knowledge base of formal sources with the accessibility of informal forms of help. Young people can use it anonymously, in an informal and autonomous manner, mitigating concerns about confidentiality and independence (Coyle et al, 2003; Gould et al, 2002).

It is not surprising then that the Internet is increasingly becoming the support of choice, with research demonstrating that young people are actively seeking health information and referrals through online discussion groups (Aspden & Katz, 2001). A study conducted in the United States, found that almost one-fifth of American adolescents aged 13 to 19 sought help on the Internet for mental health problems during the previous year (Gould et al. 2002). Data from the Pew Internet and American Life Project indicated that one in three American adolescents aged 12 to 17 have used the Internet to access sensitive health information (Lenhart & Madden, 2005).

In Australia, a convenience survey of 45, 558 young people aged 11 to 24, found that after family and friends, young people turn to the Internet for advice and support (Mission Australia, 2008). The results of this survey demonstrated that young people are twice as likely to turn to the Internet as contact a counsellor, community agency, teacher, doctor or minister, and are 5-10 times more likely to turn to the Internet than call a telephone helpline. The Internet should be seen as a valuable tool in health promotion and as a means of delivering good quality information to young people.

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

Reach Out – Addressing the gap in mental health services for young people using the Internet'

“When people meet me now, they see a confident 21 year old who loves life. But things haven't always been that way. There are always reminders of the way that I used to be; the antidepressants, the scars on my body, and the friends I no longer see. But even in the darkest moment, there was always some light”

Female Reach Out User, 21, NSW

ReachOut.com (www.au.reachout.com) is a web-based service for young people aged 14 to 25 that aims to bridge the gap between available formal support services and young people who need them. It is the flagship initiative of the Inspire foundation, a not-for-profit organisation, established in 1996 in response to Australia's unacceptably high rate of youth suicide and attempted suicide. ReachOut.com is designed to connect young people to information, referrals to appropriate sources of help and stories about how others manage mental health problems. The website provides an entry point for all young people, enhancing their mental health literacy and facilitating help seeking, particularly for those who are geographically isolated, are not comfortable seeking professional help or are unsure about where to find professional help. It is also being used by schools, General Practitioners and counsellors as a tool to better support young people.

Since the site was launched in 1998, ReachOut.com has focused on building a reputation with young people for being a credible and reliable resource for mental health advice and support. In 2008 Reach Out received 1,429,540 unique visits, averaging to 119,128 unique visits each month and is thus now recognised as a popular online mental health service for young Australians.¹

Core components of Reach Out

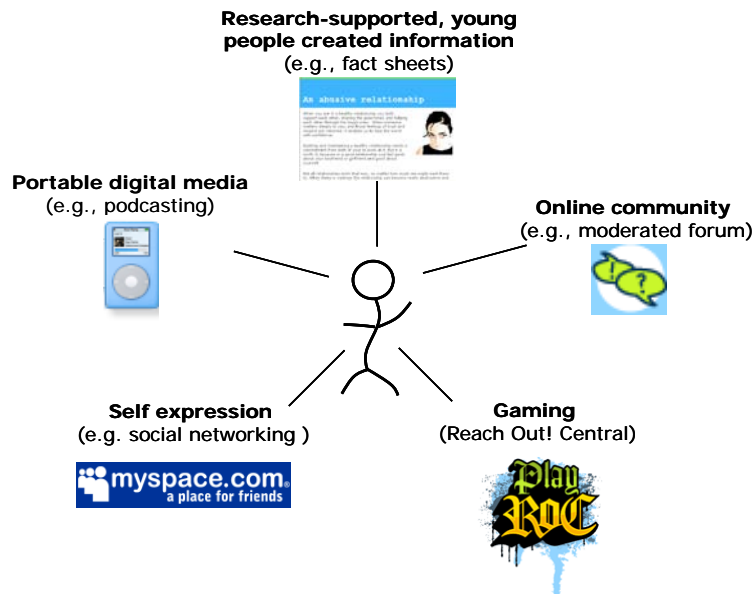
Recognising the need for mental health services to foster creative and enjoyable learning environments for young people (Coyle et al., 2003), ReachOut.com is much more than just an information site and is designed to engage young people in a way that appeals to

¹ Google Analytics

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

them, thus increasing their likelihood of turning to ReachOut.com when they need help. ReachOut.com provides both evidence and experience based information and has been redeveloped with new functionality which in the future will engage with both purposeful users who know what they are looking for and confused users who feel that something is 'not quite right' within themselves, but are unsure where to look on the site. For purposeful users clear content headings are available whereas confused users will be able to work through the site using emotion-based navigation, a tool made possible by previous users who will have 'tagged' each page they visit with how they feel and thus created a virtual emotion-based map of the Reach Out website. The redeveloped website will also enable an increased sense of community with commenting functionality on fact sheets and a blog where conversations about mental health and well-being will take place. ReachOut.com currently consists of six key components (Burns et al. 2008; Burns & Morey, 2008). Each of these components is outlined below.

Figure 1: Core components of the ReachOut.com platform



1/ Research-supported information that is appealing and meaningful to young people. ReachOut.com has a database of over 250 fact sheets that provide a range of information on mental health issues and guidance on where to find help in the community. These fact sheets have been developed by mental health professionals and other youth experts, and are vetted by young people to ensure that the content and the ‘voice’ resonate with young people. The information young people most commonly seek on the site relates to depression and mental health, as well as friends and relationships (Durkin, Burns & Stephens-Reicher, in press).

2/ Online community forum. Recognising that young people need a space where they can interact and share their experiences with others, ReachOut.com runs a peer-moderated online forum so that young people from around Australia can safely and anonymously discuss their experiences relating to mental health issues, share their strategies for getting through tough times and leading a happier life and increase social connectedness. The forum is supervised by Reach Out staff to ensure that young people focus on supporting each other and promote positive and constructive discussions (Webb, Burns & Collin, 2008).

3/ Online gaming. Reach Out Central (ROC) is an interactive game designed to engage young people in mental health issues and enable them to develop resilience and positive coping skills. Based on the principles of Cognitive Behavioural Therapy, ROC is designed to appeal to young people through interactivity, colourful aesthetic, use of popular music and ease of use.

4. Self-expression. Young people are using the Internet to express themselves creatively and to share their personal experiences (e.g., MySpace, YouTube, and other social networking sites). ReachOut.com builds on this movement by enabling young people to share their stories of how they have made it through tough times on the website. The website also features interviews with celebrities and high profile community members about how they have got through their tough times and achieved their goals.

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

5. Portable digital media. Young people are increasingly looking for ways to access and transport digital media. Podcasting is currently available from ReachOut.com and allows users to download 15-minute audio clips about a range of issues including help seeking, relationships and drugs and alcohol. In 2005 Reach Out trialled an short message service (SMS) campaign for young people during exam times. Young people were sent tips to their mobile phone on managing stress, keeping active, eating well and so on. Results from the campaign were encouraging and Reach Out is currently looking to incorporate this feature into the website permanently.

6. Reach Out Professional. To support professionals to use technology when working with young people sister website Reach Out Pro (<http://www.reachoutpro.com>) was developed in collaboration with the sector. Aimed at a range of professionals including General Practitioners, psychologists, psychiatrists and allied health workers the Reach Out Pro website provides professionals with informative and interactive features, enabling them to learn more about engaging and supporting young people through ICT and in particular, ReachOut.com.

Research findings on ReachOut.com

Approximately 30% of young people aged 16 to 25 are currently aware of Reach Out (Burns et al, 2008). Data was collected from 904 non-professionals (yrs <14 - 25> yrs) hereby referred to as young people and 102 professionals over a two month period in 2008 for the purposes of user profiling. The study revealed that 80% of young people² said that they would recommend the service to a friend. Most young people who knew of Reach Out (n=904) identified that they had heard about the service through educational institutions (28%), major youth retailer Jay Jays (25%) or through an online environment, e.g. links, search engines, social networking sites (22-27%) (Durkin et al., in press). Although young people's awareness of Reach Out still needs to be improved, market research indicates that awareness appears to be steadily increasing with comparisons of

² Excluding respondents who answered 'Don't know' to this question.

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

the 2006 data to previous results indicating that awareness has increased by 43% since the first online survey was conducted by The Leading Edge in 2003.³

Further, the 2008 user profiling study showed that one in four young people who use the Reach Out website visit it at least once a week (24%), and one in four stay on the website for more than 20 minutes (27%). The vast majority of young people said that they would return to the Reach Out website if going through 'tough times' (81%) and would refer the website to a friend (81%). Moreover, over half (59%) of all repeat users going through a tough time (n=266) reported that they went on to contact professional services after visiting the website. A further 19% noted that they had 'not yet' spoken with a professional, indicating an intention to do so. Consistent with previous research, most respondents reported that they had sought help from a friend after visiting the website (75%). Overall, 80% of non-professional users rated the website as 'very good' or 'excellent' and 72% said that the site 'made me feel like I was not alone.'

This user profiling study (Durkin et al., in press) also showed that professionals are utilising Reach Out to complement their professional practice. Of the 102 professionals who completed the online survey, around half visit the Reach Out website at least once a month (51%) and use the website to find resources to help the young people they work with (47%). Overall, 92% of professionals rated the site as being 'very good' or 'excellent'. The majority of professionals also said that they were likely to recommend ReachOut.com to young people and their colleagues.

What is unique about Reach Out?

The Internet offers unique opportunities for flexible and accessible services for young people. Reach Out is designed to harness the power of computer technology by using it in a creative and appealing way, but also by ensuring that it is bound to the current evidence base and best practice models in intervention and clinical practice. As an anonymous, web-based service, Reach Out also provides the opportunity to engage young males, who have traditionally been a hard to reach group.

³ Based on Reach Out awareness survey results of 876 participants collected between October-December 2006 conducted by Leading Edge

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

Reach Out can be accessed by young people who are geographically isolated, and at low cost. Face-to-face counselling sessions can cost more than \$150 per hour, and tele-counselling more than \$20 per hour (Urbis, Keys & Young, 2002). The low unit cost of ReachOut.com makes it an attractive viable alternative for those going through difficulties which don't require clinical support.

Young people are uniquely involved in Reach Out to ensure that the service is closely aligned with the needs, interests and language of today's youth. Participation is a central tenet of the Inspire Foundation and more than 500 young people from a variety of backgrounds aged 16 to 25 have been directly involved in the development and delivery of the Reach Out service since 1999. 'Inclusiveness' is an organisational value and Inspire is formally committed to involving young people in meaningful ways through collaboration. Reach Out has also uniquely partnered with the popular youth brands, Jay Jays and Habbo to increase the likelihood that young people will turn to the service when they need help. The following sections further explain the importance of both the youth participation model and youth branding to Reach Out.

Youth Participation Model. The Reach Out Youth Participation model was established to ensure that young people can influence both the development and delivery of Reach Out. Young people's involvement ensures Reach Out and the Inspire Foundation are credible and relevant to young people. The model is founded on the underlying principles of youth participation, but has shifted from an emphasis on consultation to partnership with young people. An action based research methodology has informed the development of the model which incorporates current best practice and ensures that young people have significant influence over the process and content of decision making at all levels of program or project development.

Whilst previously Reach Out focused on the rights of young people to be involved in the making of decisions that affect them and on developing youth capacity and building skills, Reach Out has adopted a youth involvement model which stresses young people as crucial to the development of innovative and appropriate services for the Inspire Foundation. Nevertheless it is recognised that through partnering with Inspire, young

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

people may develop and build skills and through the promotion of self worth, responsibility, autonomy, accountability, self awareness, emotional competencies, membership, belonging and civic and social competence, strengthen their positive mental health and wellbeing (Oliver, Collin, Burns & Nicholas, 2006).

Recently, the Inspire Youth Participation Model moved from formal program-based opportunities for engagement (see Swanton, Collin, Burns & Sorensen, 2007) to youth-led activities across all areas of the Foundation's work. This reflects a shift in young people's preferred forms of participation to more informal and project-oriented participation (Collin, 2008). There are two tiers in the new Reach Out model:

1. meaningful online and offline opportunities such as: project based work, internships and participation in online community feedback which includes offering opinions on new features, discussions on programmatic issues and online polling; and,
2. opportunities for paid employment through a model of youth consultation. Young people with valuable expertise can significantly contribute to the Inspire Foundation and as such will be employed as consultants, providing both work experience and monetary incentive to the young people involved.

These initiatives are expected to increase overall levels of youth participation and 'everyday' participation opportunities, broadening the type, level and duration of involvement. This model allows young people to service both program delivery and organisation-wide teams, for example, Marketing and IT.

Youth brand and media partners Reach Out embraces youth culture, having a presence in environments that young people associate with fun and aspirations. Reach Out has developed capabilities in cultivating and growing partnerships with the following sectors:

- National youth brands - including Jay Jays and Habbo.
- Google Adwords – free sponsored links on google.com.au which have driven 49,000 users to the Reach Out! website within the first three months of operation

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

- Local youth-serving organisations and schools
- Popular culture linkages through sports and music celebrities and events
- Innovative marketing campaigns using online and outdoor media to reach young people in the communities where they live and spend their free time.

Reach Out also recognises that the explosive growth of social networking websites, such as MySpace and Facebook, represent a tremendous opportunity to connect with young people using viral marketing techniques. Currently, the myspace Reach Out page has 4740 friends and the facebook group has 330 members. The Inspire Foundation has also embraced the fast growing and popular micro-blogging tool, Twitter, to connect with the existing and expanding community who care deeply about young people; supporters, parents, young people, social technology experts and community partners. As both a marketing and social connectedness tool, Twitter extends our reach and builds community beyond Inspire's programs.

Conclusion

“Throughout my high school years I suffered from what I now know was depression and at times I seriously considered taking my life...I turned to the Internet for help hoping that I could find some information to tell me what I should do. Soon I came across the Reach Out web site and I could not believe what I found. This was exactly what I was after, easy to navigate, a range of fact sheets on issues and information on where to find help. Finding this web site has changed my life and may have even saved my life.”

Male Reach Out User, 22, South Australia

ReachOut.com is a highly unique service that provides mental health information in a non-threatening and easy to understand manner that has overcome the stigma attached to seeking help and thus, facilitating a change in young people's help seeking behaviour. It offers an opportunity for young people to take their first steps towards accessing professional mental health support and for community based services such as GPs, health centres and clinicians to more effectively engage with young people.

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

ReachOut.com is closely aligned with the needs, interests and language of today's young people. Young people are constantly involved in the development and delivery of the service, thus increasing its credibility with young people. Its marketing campaigns and youth brand partners also increase the likelihood that young people will feel comfortable turning to the service when they need help, resulting in better services accessed by more young people who need them.

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

References

Australian Bureau of Statistics. *Causes of Death, Australia, 2007*. Canberra: ABS, 2009. (ABS Catalogue No. 3303.0.) Available at: <http://www.abs.gov.au> (accessed May 2009).

Australian Bureau of Statistics. *Australian Social Trends, 2008*. Canberra: ABS, 2008. (ABS Catalogue No. 4102.0.) Available at: <http://www.abs.gov.au> (accessed May 2009).

Andrews, G., Hall, W., Teeson, M., & Henderson, S. (1999). *The mental health of Australians*. Canberra: Mental Health Branch, Australian Commonwealth Department of Health and Aged Care.

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.

Burns, J., Durkin, L. A., & Nicholas, J. (2008). Reach Out! The Internet as a setting for mental health promotion and prevention. *Eistech: Journal of the Irish Association of Counselling & Psychotherapy*, 8, 13-19.

Burns, J., & Morey, C. (2008). Technology & Young People's Mental Health & Well-Being. In D. L. Bennet, Towns, S.J., Elliot, E.J. & Merrick, J. (Ed.), *Challenges in Adolescent Health: An Australian Perspective*. Melbourne: International Academic Press.

Burns, J., Morey, C., Lagelée, Mackenzie, A., & Nicholas, J. (2007). Reach Out! Innovation in service delivery. *Medical Journal of Australia*, 187(7), S31-S34.

Burns, J.R., & Rapee, R.M. (2006). Adolescent mental health literacy: Young people's knowledge of depression and help seeking. *Journal of Adolescence*, 29, 225-239.

Cantor, C.H, Neulinger, K., & De Leo, D. (1999). Australian suicide trends 1964-1997: youth and beyond? *Medical Journal of Australia*, 171, 137-141.

Collin, P. (2008). The Internet, Youth Participation Policies and the Development of Young People's Political Identities in Australia. *Journal of Youth Studies*, 11(5), 527-542.

Collin, P., & Burns, J. (2008). The Experience of Youth in the Digital Age. In A. Furlong (Ed.), *Handbook of Youth & Young Adulthood: New Perspectives*. Oxford: Routledge.

Coyle, D., Sharry, J., Nisbet, A. and Matthews, M. (2003). Virtual Perspectives: Developing a Therapeutic 3D Virtual Environment for Adolescents. *Quarterly Journal of Counseling and Psychotherapy*, 2(25), 27-31.

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

Department of Communications Information Technology and the Arts (2005). *The Current State of Play Canberra*. Canberra, ACT: Department of Communications Information Technology and the Arts. Available at: http://www.dcita.gov.au/_data/assets/pdf_file/33120/Current_State_of_Play_-_November_2005.pdf (accessed March 2006)

Durkin, L., Burns, J. & Stephens-Reicher, J. (in press). 2008 Reach Out User Profiling. Sydney: Inspire Foundation.

Gould, M.S., Munfakh, J.L., H., Lubell, K., Kleinman, M., & Parker, S. (2002). Seeking help from the Internet during adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(10), 1182-1189.

Hickie, I.B., Koschera, A., Davenport, T.A., Naismith, S.L., & Scott EM. (2001). 'SPHERE: A National Depression Project'. Comorbidity of common mental disorders and alcohol or other substance misuse in Australian general practice. *Medical Journal of Australia*, 175 (2, Suppl.) S31-S36.

Irwin, C. E., Burg, S. J., & Cart, C. U. (2002). America's adolescents: Where have we been, where are we going? *Journal of Adolescent Health*, 31, 91–121.

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.

Kessler, R. C., Foster, C. L., Saunders, W. B., & Stang, P. E. (1995). Social consequences of psychiatric disorders, I: Educational Attainment. *American Journal of Psychiatry*, 152(7), 1026-1032.

Kids Helpline 2007 Overview – Issues Concerning Children and Young People (2008). Available at: <http://www.kidshelp.com.au/upload/22157.pdf> (accessed May, 2009).

Lenhart, A., & Madden, M. (2005). Pew Internet and American Life Project. Teen Content Creators and Consumers. November 2, 2005. Available at: http://www.pewInternet.org/pdfs/PIP_Teens_Content_Creation.pdf (accessed Dec, 2006)

Lopez, A. D., C. D. Mathers, M. Ezzati, D. T. Jamison, and C. J. L. Murray, eds. 2006. *Global Burden of Disease and Risk Factors*, New York: Oxford University Press.

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.

Mission Australia (2008). National Survey of Young Australians: key and emerging issues. Dandenong, Victoria: Mission Australia. Available at:

Burns, J., Ellis, L., Mackenzie, A., & Nicholas, J. (2009). Reach Out! Innovation in Mental Health Service Delivery for Young People. *Counselling, Psychotherapy, and Health*, 5(1), The Use of Technology in Mental Health Special Issue, 171-190.

http://www.missionaustralia.com.au/document-downloads/doc_view/82-national-survey-of-young-australians-2008-?tmpl=component&format=raw (accessed May, 2009)

Murray, C.J.L, & Lopez, A.D. (1996). *The Global Burden of Disease*. Geneva, World Health Organization, Harvard School of Public Health, World Bank.

National Health and Medical Research Council (1997). Depression in young people: clinical practice guidelines. Canberra: Australian Government Publishing Service.

Oliver, K.G., Collin, P., Burns, J. & Nicholas, J. (2006). Building resilience in young people through meaningful participation. *Australian e-journal for the Advancement of Mental Health*, 5(1). Available at:

<http://www.auseinet.com/journal/vol5iss1/oliver.pdf> (accessed May 2009)

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.

Sawyer, M.G., Arney, F.M, Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B., Patton, G.C., Prior, MR., Raphael, B., Rey, J., Whaites, L.C., & Zubrick, S.R. (2000). *The mental health of young people in Australia*. Canberra: Publications Production Unit, Commonwealth Department of Health and Aged Care.

Swanton, R., Collin, P., Burns, J., & Sorensen, I. (2007). Engaging, understanding and including young people in the provision of mental health services. *International Journal of Adolescent Medicine & Health*, 19(3), 325-332.

Webb, M., Burns, J. & Collin, P. (2008). Providing Online Support for Young People with Mental Health Difficulties: Challenges & Opportunities Explored. *Early Intervention in Psychiatry*, 2, 108-113.

Wilson, C .J., Deane, F.P., Biro, V., Ciarrochi, J. (2003). Youth barriers to help-seeking and referral from General Practitioners. (A report of research supported by the National Health and Medical Research Council of Australia, Grant YS060). Wollongong NSW: Illawarra Division of General Practice & University of Wollongong, Illawarra Institute for Mental Health.