

28 April 2005

Secretariat
Australian Senate
Select Committee on Mental Health
Parliament House
Canberra ACT 2600

Dear Sir/Madam,

RE: SENATE COMMITTEE INQUIRY ON MENTAL HEALTH

I refer to your letter of 22 March 2005 seeking submissions to the Inquiry by the Senate Select Committee on Mental Health. The attached response reflects the views of the many divisions within BoysTown that are involved in the provision of mental health services throughout Australia.

BoysTown is one of Australia's largest non-government organisations. Revenue from BoysTown Lotteries and community fund-raising activities support our Australia wide services. Government funding supports a number of specific program objectives such as the National Suicide Prevention Strategy, Supported Accommodation Assistance Program and Job Placement and Employment Training. Boystown is an incorporated company managed by a Board of Directors.

BoysTown provides a range of counselling, welfare, educational and employment services for individuals as well as family members and carers of those with mental health issues. Our primary focus is to support children and young people (aged 5 to 25 years) to develop strategies and skills to enable them to more effectively manage their own lives. BoysTown services increasingly extend to enhancing the personal development and parenting skills of parents and carers with the aim of breaking generational cycles of social disadvantage and abuse.

The BoysTown submission reflects our experiences and observations gained through service provision as well as research we undertake to evaluate the effectiveness of our services. Background details about our services are provided in this submission to help contextualise our response.



BoysTown ABN 11 102 379 386 Suite 10, Lang Business Centre, 97 Castlemaine Street, Milton, Qld 4064

PO Box 2000, Milton, Qld 4064 Telephone 07 3368 3399 Facsimile 07 3368 2371



Due to time constraints BoysTown has responded to three of the Inquiry's 16 terms of reference items. Specifically these are items (b), (f) and (p). To limit the potential for information overload we have prepared as succinct a written response as possible. BoysTown would however, be pleased to provide further details about any aspect of our submission upon request or to attend the Senate hearing.

I wish to thank the Australian Senate for providing BoysTown with this opportunity to comment on Mental Health Services in Australia.

Queries about the submission can be directed to Ms Wendy Reid, General Manager of Kids Help Line on 3369 1588.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'J. Firman', with a stylized, cursive script.

Jack Firman
Chief Executive Officer



Submission to

Senate Committee Inquiry on Mental Health

APRIL 2005

**BOYSTOWN
PO BOX 2000
MILTON Q 4064**



TABLE OF CONTENTS

1. OVERARCHING CONCLUSIONS AND RECOMMENDATIONS	1
2. BACKGROUND	3
2.1 Summary of BoysTown services that respond to mental health	3
3. RESPONSE TO SPECIFIC TERMS OF REFERENCE	4
3.1 Item (b) Adequacy of modes of care	4
3.2 Item (f) Special needs of population subgroups	7
3.3 Item (p) New modes of service delivery	14
REFERENCES	16

1 OVERARCHING CONCLUSIONS AND RECOMMENDATIONS

The following conclusions and recommendations reflect BoysTown's experiences in developing an integrated suite of services to respond to the mental health issues of our clients. They are a coalesced view from the many divisions within BoysTown involved in the provision of client services.

The focus of our recommendations is to improve access to services and service responsiveness, consistent with one of the four future direction areas identified by the Evaluation of the Second National Mental Health Plan 1998-2003 (CDHAC, 2003). Our recommendations also broadly reflect the McClure Report recommendations for greater Welfare Sector coordination (CDFACS, 2000).

The following recommendations are premised on the need for intergovernmental coordination across federal and state jurisdictions. It is essential that close working relationships be fostered between key agencies including Child and Adolescent Mental Health Services; Health, Education and Employment Departments; Child Protection Agencies and Non-Government Organisations.

Our recommendations include:

- Develop standardised assessment procedures that utilise a broad holistic framework encompassing early intervention, crisis intervention and ongoing support, and includes:
 - symptom assessment
 - functional assessment
 - social and economic support including employment and training opportunities
 - social and life skills
 - physiological and welfare support needs including accommodation, transport etc
- A core outcome of the standardised assessment process is to establish a single case plan that can accompany clients across a continuum of care.
- Develop a national client record data system that supports a single shared case plan for each mental health client.
- A national records system is expected to offer cost efficiencies through minimising data capture and maintenance costs associated with duplicated client records when kept independently by a range of service providers. A national database would also enhance performance monitoring and assessment of the effectiveness of interventions.
- It is anticipated that a holistic framework for intervention will address client groups with special needs. For example, the culturally diverse and Indigenous;

the socially and geographically isolated; children and young people, those with complex needs; those engaging in substance abuse and those with intellectual disabilities. Special attention must be given to young people in the various stages of the criminal justice system.

- The continuum of care framework needs to accommodate 24-hour support services. After hours services must respond to a range of client needs, not just crisis intervention. Access to existing services may be able to be enhanced and or extended by the innovative use of technology (e.g. telephone and online services).
- A holistic framework for intervention needs to identify potential pathways for referral and support, both formal and informal. A core outcome will be to determine procedures for releasing client information to facilitate a continuum of care across service providers while protecting their privacy.
- The support and referral system must be able to respond to the changing needs of clients during key transitional periods to ensure a continuum of care. These include transition of adolescents into the adult mental health system, clients moving into and out of acute care settings and clients moving into and out of the criminal justice system. Special attention must be given to people from rural and remote areas who need to travel out of their communities to access centralised mental health care.
- Establishment of referral pathways would necessitate the development of clear guidelines for delineating the roles and responsibilities of the range of agencies involved in providing an integrated response to clients with mental health issues. This will include government and non-government agencies, not all of these will be providers of mental health care, for example providers of employment, education and training services.
- Development of standardised referral procedures will require that client eligibility criteria be reviewed across the range of agencies involved in service provision for those with mental health issues.
- In recognition of the important role of GPs, emergency services and the public health system in early intervention, special attention should be given to training these front line workers to undertake standardised holistic assessment of clients presenting with mental health issues. Also training in child-centred practices is recommended for all front-line staff of mental health services (such as intake and reception personnel) to make these services less intimidating to the young.
- Review costs associated with the delivery of integrated mental health care. Special attention should be paid to decision making processes for listing psychotropic medications under the Public Benefits Scheme and the availability of comparable generic alternatives; access to bulk billing services; and the criteria for accessing the Disability Support Pension.
- Recognise the critical value and importance of developing integrated strategies that seek to build capacity and resilience among children and young people through families, communities, workplaces and schools.

2 BACKGROUND

BoysTown has developed a suite of services to respond to the disparate needs of our clients. Some of our mental health services target whole of population groups while others focus on special-needs subgroups. Geographically, BoysTown services range from being site-specific to having a national coverage. Our mental health programs can be accessed either as a single service or in combination with other BoysTown services.

2.1 SUMMARY OF BOYSTOWN SERVICES THAT RESPOND TO MENTAL HEALTH

In summary, services provided by BoysTown specifically designed to assist persons with mental health issues include:

- the telephone and online counselling services of *Kids Help Line* and *Parentline*
- a *Mental Health* welfare service offering semi-supported accommodation assistance and living skills training to persons aged 17 to 25 years with diagnosed mental health issues
- *Counselling* support through face-to-face services and activity-based therapies.

Additionally, BoysTown assists a large number of young people and families with mental health issues as a consequence of providing welfare services relating to:

- *Alcohol and Other Drugs*
- *Parenting Programs*
- *Youth Justice Support*
- *Alternate Education*
- *Disability Support*
- *Family and Domestic Violence*
- *Homelessness*
- *Non-Family Based Care for children and young people in the care of the State*

Furthermore, the majority of clients who access BoysTown *Employment and Training* services present with mental health issues.

A number of BoysTown services seek to support communities and the public regarding mental health. In partnership with schools, the *Peer Skills* program seeks to build skills and capacity in communities by training young people to better support themselves and their friends.

A range of information and educational materials are available from the Kids Help Line and Parentline websites. *Who Else Can Help* is a national database of over 6,000 service providers that clients, counsellors and the public can freely search to identify relevant support services in their local area. *Information sheets* relating to a number of mental health issues are also available for free from the Kids Help Line website.

3 RESPONSE TO SPECIFIC TERMS OF REFERENCE ITEMS

Our experiences in developing an integrated suite of services and to case manage clients with complex mental health issues and or multiple support needs, underpins the BoysTown response to the Senate Committee Inquiry on Mental Health.

3.1 ITEM (B) ADEQUACY OF MODES OF CARE

The modes of care used through our BoysTown services include Prevention and Early Intervention, Crisis Response, After Hours Services and Ongoing Support.

BACKGROUND

Kids Help Line is Australia's only 24-hour telephone and online counselling service for children and young people aged 5 to 18 years. The service employs 100 professionally trained, paid counsellors.

Since the service was launched in 1991 considerable expansion has occurred and a suite of services has been developed based on client needs supported by research and evaluation (including Parentline and Peer Skills programs).

In 2004, counsellors responded to 5,176 telephone, email and real-time web contacts regarding mental health. Of these, 41% were clinically diagnosed with a mental health disorder. Furthermore, mental health issues are subsumed under other identified need areas about which young people use our phone and online service to seek help, such as eating behaviours (1,236 contacts), substance use (2,132), emotional and behavioural management (5,083), homelessness (2,487), sexual assault (1,050), domestic violence (311), child abuse (3,560) and suicide (2,117). During these counselling contacts, 8,338 young people disclosed they had deliberately engaged in self-injury and 4,000 had suicidal thoughts.

Kids Help Line service delivery is orientated to a child-centred early intervention approach towards the mental health issues of young people. The aim is to prevent and reduce the long-term distress and disability of mental health problems and to reduce the impact of mental health issues on children, adolescents and their families. Kids Help Line also provides crisis response, after-hours services and ongoing support. Overall, the services Kids Help Line provide include:

- actively intervening with young people with early signs of mental ill health through raising the awareness of young people, appropriate referrals, assisting and advocating for young people to have access to mental health services
- providing and maintaining ongoing support and 24-hour access for young people experiencing mental ill health
- consistent staff providing counselling to young people with mental ill health counselling

- outreach advocacy to mental health services for young people at immediate risk and ongoing wrap around care which involves conjoint case work and partnerships with other mental health services
- providing support to young people already accessing other mental health services by maintaining contact with the mental health service; exploring difficult issues with the client when they are ready to do so; providing feedback to the other service about how the client is going; and developing a safety plan with the other service if the client is ever in crisis.

Many young people contact Kid Help Line with complex, multi-problem presentations that require careful assessment and ongoing support by counsellors. Most have experienced adverse life events and/or display early warning signs of mental health problems. Kids Help Line demonstrates a strong commitment to provide services that focus on prevention and early intervention in the mental health of young people.

Kids Help Line provides comprehensive training to counsellors and supervisors in the aetiology, nature, and management of mental health problems as well as problem specific skills to be able to deal with a variety of mental health issues. Topics include introduction to early intervention in mental health, trajectory path of mental health problems in young people, youth suicide prevention and management, depression, anxiety, early psychosis, eating disorders, attention deficit disorder and Asperger's Syndrome. Counsellors are also trained in identifying young people who are at risk of developing mental health issues, or are in the early stages of mental ill health so that referrals can be made and/or information/concerns shared with the young person.

Kids Help Line is proactive in community care by developing strong links with other agencies throughout Australia including Child and Adolescent Mental Health Services and Child Protection Agencies. This collaboration of services provides a conduit for information, ideas and strategies and is essential when conducting conjoint assessments and cooperative case planning with young people who have significant mental health problems including suicidal tendencies, depression, post-traumatic stress disorder, anorexia and bulimia and self-harming behaviours. A number of young people who contact Kids Help Line with mental health concerns do so as part of an agreement or safety plan they have with an existing mental health service. Kids Help Line plays a key role in providing comprehensive, 24-hour support and care for young people with mental health problems. Many mental health services have the Kids Help Line number on their after hours message.

In 1997, in response to demand by parents and carers for help on issues around parenting and families, Kids Help Line developed Parentline. Issues raised by parents and carers range from behavioural management, child abuse, parenting skills and interpersonal relationships. The Parentline telephone and email counselling services provide counsellors with the opportunity to educate parents about early intervention and mental health issues. This service is funded by the Queensland and Northern Territory governments and in 2004, responded to 12,544 calls from parents and carers living in these states.

During 2004, in collaboration with the Queensland Department of Child Safety, Kids Help Line developed an innovative strategy for early intervention and acute care for children at risk of developing mental health problems. The initiative is a face-to-face counselling service for young people and their carers. The number of children referred

to the service who have been maltreated and have significant mental health problems (including antisocial behaviours, trauma and self-harming behaviours), exceed service capacity.

Details about other BoysTown services, including modes of care, are presented in Section 3.2.

SERVICE GAPS AND BARRIERS

- Significant barriers to mental health services include lack of resources, waiting lists and lack of follow-up care especially for after-hours crisis services. For example, 7% of young people who contact Kids Help Line regarding mental health concerns are unable to be referred to other services due to there being no appropriate service in their area (especially for those in rural and remote areas)
- Lack of crisis services and facilities operating 24 hours a day
- Limited services for young people with mental health concerns that are readily accessible through appropriate delivery settings, such as an easily accessible after-hours support service for rural and urban settings
- Lack of communication with Mental Health Services regarding sharing of information about discharge or treatment plans for young people with mental health issues who access Kids Help Line services
- Lack of integration between specialist support services (for example, behaviour health services) and mental health services
- Lack of coordination among government departments such as Child and Adolescent Mental Health and the Department of Ageing
- Lack of prevention and early intervention family support strategies targeting whole of population
- Lack of resources to identified high needs populations and referral systems that ensure continuum of care that meet changing client needs. In particular, insufficient resources to respond to children and young people who report abuse.

RECOMMENDATIONS

These service gaps highlight the following generalised recommendations

- Need to improve access to mental health services especially 24-hour access and for those particularly disadvantaged by the current access arrangements
- Need to improve the assessment and referral arrangements between services to enhance continuum of care that meet changing client needs.

3.2 ITEM (F) THE SPECIAL NEEDS OF POPULATION SUBGROUPS

BoysTown services specifically target the mental health issues of a number of population subgroups with special needs.

BACKGROUND

YOUNG PEOPLE

A range of integrated services is provided through BoysTown's Family and Youth Services Division. These services offer practical and creative supports for young people (aged 14 years and 9 months to 25 years) and young families (birth to 25 years) aimed at prevention and early intervention. Our services include activity-based therapies, accommodation support, emergency relief, face-to-face counselling, drug and alcohol management, parenting skills, literacy, numeracy and life skills training. Our mental health services can be accessed either as a single service or in combination with other BoysTown services.

Semi-supported accommodation assistance and living skills training is available to young people aged 17 to 25 years with diagnosed mental health issues. All mental health clients are referred from other service providers or professionals (e.g. community health workers or social workers). Many of these clients need accommodation following release from hospital and many are diagnosed with schizophrenia. BoysTown actively refers any individuals with self-assessed mental health concerns elsewhere for professional assessment.

Using case management principles, individual clients are assessed and provided with training and assistance to develop independent living skills. The basic living skills encompass cooking, cleaning, shopping and budgeting skills. Mental health clients may also be provided with employment or vocational training opportunities offered by BoysTown. The aim, where possible, is to skill each client to become independent of BoysTown accommodation services within a twelve-month period.

BoysTown works collaboratively with a range of government, community and mental health services to facilitate access to services by individual clients. However, BoysTown staff note that many of our clients do not meet the requirements for receiving mental health services from community mental health agencies, neither are they eligible for admission into hospital. This can be exacerbated by risk-taking behaviours that some young people with mental health issues frequently engage in, which can lead to further deterioration of their mental and overall health.

The vast majority of young people seeking accommodation support from BoysTown present with a combination of problems including mental health issues, substance abuse and intellectual disability. Some clients present with serious mental health conditions such as schizophrenia, bipolar disorder and major depression. Other young people present with less serious mental health problems that range in severity from minimal symptomatology to early prodromal symptoms, acute/chronic psychosis, anxiety, depression and post-traumatic responses. Attention deficit/hyperactivity disorder is another common mental health issue observed in BoysTown clients, especially those involved in the Get Set for Work program.

In 1999, BoysTown was awarded the Australian and New Zealand Mental Health Achievement Award (Silver Category) in recognition of BoysTown's innovative supported accommodation mental health model. The model was developed in response to the high proportion of young people with mental health issues who struggle with accommodation problems including homelessness (50%).

In recent years, BoysTown has observed a disturbing growth in the number of very young people that are seeking our services due to mental health issues and homelessness. Increasingly, young people in their early to middle teenage years are approaching BoysTown either on their own or as young single parents looking for assistance for their family.

During 2004, BoysTown introduced a number of changes to promote improved service delivery relating to Mental Health. These include:

- Structural changes to facilitate prevention and early intervention among clients accessing all BoysTown services across all divisions
- Adoption of case management practices for all BoysTown clients involved in family, youth, employment and training services
- Closer working relations within BoysTown and with other service providers and government agencies
- Enhanced information management systems and the development of key performance indicators for service evaluation
- Gained federal government funding for the "Communities for Children" program (2004-2008) to assist young children and their families in the Deception Bay community. This provides \$2 million over four years to create safer and brighter futures for young children
- Gained funding for mental health and drug usage issues (dual diagnosis) for young people through Community Renewal in Logan, and for an education and awareness program for parents, friends and carers of young people experiencing mental health issues.

For details about BoysTown's telephone and online counselling services that focus on children and young people, refer Section 3.1.

YOUTH IN THE CRIMINAL JUSTICE SYSTEM

Visits and support to young people in prison is an ongoing area of work undertaken by BoysTown. This service commenced in 1991. Our outreach work aims to assist young people aged 14 years and 9 months to 25 years through:

- Workshops for young people that focus on legal rights and responsibilities, with a strong emphasis on crime prevention and reduction of recidivism
- Court support

- Visitation service, providing pre-release support to several custodial centres; including weekly service to Brisbane Women's Correctional Centre and Arthur Gorrie Correctional Centre
- Visitation service is provided to other custodial centres upon request i.e. Brisbane Youth Detention Centre, Borallon, Woodford, Wolston and Sir David Longland
- Participation in the Queensland Department of Community Services initiated 'Transitions' program at Woodford and Numinbah correctional centres. BoysTown will also be participating in the Transitions program at Sir David Longland Correctional Centre in the next few months. The Transitions program covers topics such as parenting and child development, basic budgeting and coping with stress
- Post release accommodation support whereby young people are provided with pre-release support and if suitable, placed in post-release accommodation upon release. The aim is to provide accommodation for a period of 12 weeks, with a focus on assisting the young person to adjust and find alternative accommodation. Two houses have been allocated for this service
- BoysTown is currently investigating the possibility of developing a post-release employment service.

Up to 70% of BoysTown clients supported in the criminal justice system are estimated to have mental health issues. The problems range from psychoses (often drug induced) to depression or anxiety. A Prison Release Survey undertaken by BoysTown in 2004 found 24% of respondents received medical treatment for mental illness (most commonly depression) while incarcerated (Boystown, 2004).

UNDER EMPLOYED AND UNEMPLOYED YOUTH

BoysTown has been providing training and employment opportunities to young people since 1995. BoysTown Employment and Training (BET) is a youth welfare and advocacy service that assists young people between 14 years and 9 months and 25 years old. A range of programs has been specifically designed to assist disadvantaged young people to enter the workforce. The programs are premised upon a belief in the benefits of work based therapy as a successful intervention strategy in breaking cycles of poverty, substance abuse and offending behaviour and its ability to enhance an individual's self worth and independence.

The service offers young people the opportunity to gain long-term sustainable change through an employment and training model. Using employment and training as a vehicle to engage young people, we assist clients over an extended period with issues around life skills, communication, goal setting, work ethics and a variety of other team and work approach learnings.

Clients are provided with a safe and therapeutic work based learning environment that facilitates a transition to independence. Young people are able to access these programs through self referral, Job Networks, Government and community agency referrals.

BET conduct numerous contracted activities including:

- a federally funded youth specialist Job Network operation
- other federally funded projects including Work for the Dole, Indigenous employment programs and Regional Partnerships
- state funded programs such as Community Jobs Plan, Community Responsiveness Training Program and Get Set for Work
- a number of business enterprise ventures including furniture removals, car washing, fencing, house renovations and landscaping contracts.

BET programs currently operate in the socio-economically disadvantaged areas of Logan, Redlands, Deception Bay, Gold Coast and Ipswich in South East Queensland and Port Pirie in South Australia.

Of the 800 clients in BET programs in 2004, 30% were estimated to have a formal mental health diagnosis while another 50% have social, behavioural and mental health issues that impede their ability to complete work and training programs. Attention deficit /hyperactivity disorders and conduct disorders are commonplace.

The high rate of mental health problems found in BET clients is consistent with the finding that socio-economic and socio-cultural conditions are the most common risk factors for mental health problems (CDHAC, 2000, 17).

The BET programs are highly successful for clients able to fully engage in them (approx 20%), with most gaining independent employment ahead of the program plan. However, of the 80% of BET clients who find it difficult to fully engage in the programs due to social, behavioural and mental health issues, about half will disengage before completion. Some of these will seek support to work through their issues with other BoysTown services before re-engaging with the BET programs.

GEOGRAPHICALLY DISADVANTAGED

Kid Help Line prioritises calls from regional Australia over urban calls. This policy recognises that Kids Help Line may be the only counselling service available to children and young people in rural and remote Australia, especially after hours. Our policy is a response to the finding that individuals in rural and remote communities are at greater risk of mental health issues than those living in cities (CDHAC, 2000, 91).

For this same consideration, most of the 15,000 young people trained in the Peers Skills program to date have been from Australia's rural and remote regions (75%).

The Peer Skills training program was developed in response to calls from young people wanting to know how to help their friends and in recognition that young people talk to each other about their concerns and issues before talking to family, other adults or services. In 2004, 2,500 young people around Australia were trained to better support themselves and their friends.

Further details about enhancements to Kids Help Line services to increase demand for services by children and young people living in rural and remote areas of Australia are provided in Section 3.3.

INDIGENOUS

BoysTown has relatively high rates of Indigenous clients. Presently 16% of clients involved in family, youth, employment and training programs identify as Aboriginal or Torres Strait Islander. In 2004, 5% of all calls to Kids Help Line were from children and young people of Aboriginal or Torres Strait Islander descent. These rates exceed the proportion of Indigenous in the Australian population, estimated at 2% in 2001 (ABS, 2003). BoysTown's high proportion of Indigenous clients reflects our deliberate policy of focusing on providing support to the most marginalized.

Initiatives to enhance demand for Kids Help Line services from children and young people in regional Australia have helped increase the proportion of Indigenous calls over the past five years (refer Section 3.3). Additionally, Kids Help line has used the Peer Skills program to help build respect and relationships with adults and elders across Aboriginal nations to raise awareness and trust in the counselling service.

BoysTown has specifically recruited a number of Indigenous staff to develop and deliver family, youth, education and training programs that are culturally appropriate. Kids Help Line counsellors receive specific training from an Indigenous psychologist.

In 2004, BoysTown in partnership with the Cooee Aboriginal Elders and the Rock Christian Church established a case management program to support young Indigenous people in Redlands. The results to date have been exciting. BoysTown and other agencies in Redlands have noted that through this support, young people have reduced their self-harming behaviours and drug use, are offending less and in many cases have stopped their involvement in crime altogether.

HOMELESS, VICTIMS OF DOMESTIC VIOLENCE AND THOSE IN NON-FAMILY BASED CARE

BoysTown's San Miguel Family Centre, located west of Sydney, offers families with children a safe place to live during a time of crisis. It is one of the few services in Australia that provide accommodation to fathers, either as single parents or with their partners. These families have found themselves homeless due to a wide variety of circumstances. The accommodation is provided in self-contained units on a single rural property.

BoysTown also offers emergency accommodation for women and their children who have experienced domestic violence. Our refuge at Beaudesert consists of self-contained units where women and families are supported by BoysTown staff, including a team of family support professionals. It is more than just a safe place to stay – it provides positive support to help women escape the cycle of violence in which they have become trapped.

Additionally, BoysTown provides emergency and short-term accommodation in a variety of different settings for children who are in Government care. In partnership with the Department of Child Safety and Disability Services Queensland, BoysTown

carers and professional staff work with the government agencies to support children physically, emotionally and socially in their transition to more permanent placements.

Of the 400 adults and children in 2004 accommodated by BoysTown due to domestic violence, homelessness or in non-family based care, most were found to be suffering from attention deficit /hyperactivity disorders, depression and or unresolved issues relating to grief and loss. In many adults there was also evidence of drug induced psychosis and personality disorders.

SERVICE GAPS AND BARRIERS

- Inequality of access to mental health services for particular groups of young people especially those living in rural and remote areas, the homeless, Indigenous youth and those in the criminal justice system
- Young people often view mental health services as unfriendly and unapproachable
- Lack of education in schools for young people about early intervention and mental health issues
- Informal assessments by untrained personnel (such as police officers and others in the criminal justice system) can be ineffective in identifying mental health problems. Specialist psychological skills are required to assess and support clients who present with mental health problems
- Standardised assessments are needed to ensure offenders on remand and prisoners being released have access to any necessary medications
- Poor interagency working arrangements without clear lines of responsibility or formal opportunities for service providers to advocate to mental health agencies on behalf of clients. In particular, the risks associated with accommodating clients with mental health problems require an agreed joint case plan to be developed between the service provider and Community
- Lack of appropriate funding to support service delivery
- Lack of access to mental health services and infrastructure (hospital beds, supported accommodation etc) to support clients with mental health issues
- Inequitable eligibility criteria for access to mental health services
- Existing financial support and health benefits arrangements create barriers to persons with disabilities (including mental disorders) from participating in employment and or training activities
- Lack of collaboration with employer groups to create permanent, part-time and transitional employment opportunities that are suitable and offer support and understanding to persons with mental health issues.

- A range of barriers prevents offenders from gaining and maintaining stable employment after release from prison.

RECOMMENDATIONS

These service gaps highlight the following generalised recommendations (additional to those specified in Section 3.1, page 6)

- Need to improve working arrangements between providers of services to those with mental health issues, especially those services not providing mental health care (such as employment, education, training and prison and post-release support services)
- Develop standardised assessment and referral procedures to promote continuum of care
- Establish a single shared case plan for each mental health client that can accompany clients across a continuum of care
- Develop a national client record data system that supports a single shared case plan
- In recognition of the important role of GPs, emergency services and the public health system in early intervention, special attention should be given to training these front-line workers to undertake standardised assessment of clients presenting with mental health issues
- Enhance the approachability of mental health services for young people by training all front-line staff (such as intake and reception personnel) in child-centred practices
- Review costs associated with the delivery of integrated mental health care. Special attention should be paid to decision making processes for listing psychotropic medications under the Public Benefits Scheme and the availability of comparable generic alternatives; access to bulk billing services; and the criteria for accessing the Disability Support Pension.

3.3 ITEM (P) NEW MODES OF SERVICE DELIVERY

BACKGROUND

Between 1997 and 2004, Kids Help Line introduced a number of technological innovations, together with staffing and training improvements, to extend the use of our services especially in regional Australia.

Federal government funding from the *National Youth Suicide Prevention Strategy 1997–1999* and the *National Suicide Prevention Strategy 1999-2002* enabled Kids Help Line to expand our telephone service and develop the email and real-time web counselling service.

The initiatives have resulted in:

- Improving the reach of the service, particularly to callers in rural and remote locations. In 2004, the proportion of calls responded to from young people living in regional Australia has increased to 53% of all calls
- This outcome compares very favourably with the population estimate of 31% of 5 to 18 year olds living in regional Australia (ABS, 2003) and illustrates how successful KHL strategies have been at encouraging children and young people from these areas to use our telephone counselling service
- In 2004, Kids Help Line telephone and online counselling services responded to 16,000 children and young people seeking help in the area of mental health, suicide, self harm or those with suicidal thoughts¹
- Online counselling is an increasingly popular service modality for young people with mental health concerns. In 2004, the proportion of online contacts about mental health was three times higher the rate of contacts to Kids Help Line via telephone counselling, while suicide contacts were double the rate
- Online services are attracting a subpopulation of young people who would not otherwise seek help for their mental health concerns
- Kid Help Line has developed a significant body of knowledge surrounding the transfer of counsellor skills from telephone to online services. This knowledge has been shared with the sector through workshops and published in journals, books and on the Kids Help Line website
- The access and availability of online counselling services was increased by extending the times available and the number of counselling hours provided. An automated email handling system was developed which increased efficiency of response times to emails. The development of both self-directed and interactive

¹ Estimate excludes mental health and suicide callers who also disclosed self-harming and/or suicidal thoughts and practices.

visual tools as an enhancement to web counselling was completed and is currently being independently evaluated

- The co-ordination of referral networks was improved by developing referral protocols with relevant agencies allowing for more effective direct and indirect referrals, particularly in the areas of suicide, child protection and community health. Funding resulted in an increased number of agencies listed on the referral database as being able to respond to suicidal young people (from 81 to 343)
- The referral database has been listed on the Kids Help Line website. Containing over 6,000 service providers across Australia, the public can freely search for a relevant service in their local area. Hits to this part of the website currently average 1,000 per month.

SERVICE GAPS AND BARRIERS

- Inequality of access to mental health services for particular groups of young people especially those living in rural and remote areas
- Lack of information and support services for families and friends of those with a mental health issues, especially in rural and remote areas.

RECOMMENDATIONS

These service gaps highlight the following generalised recommendations (additional to those specified in Section 3.1 and Section 3.2, pages 6 and 13 respectively)

- Use technology to enhance and extend access to support services to identified high needs populations
- Seek to provide a range of options including telephone and online services as well as 24-hour services
- Develop integrated strategies to build capacity in communities through employment, education and family systems that promote and enhance positive mental health in Australia's children and young people.

REFERENCES

- Australian Bureau of Statistics (ABS) 2003, *2001 Census of Population and Housing*, AGPS, Canberra
- BoysTown 2004, Submission to QUT Law School, Prison Release Policy and Practice Project, unpublished report, Family and Youth Services Division, Brisbane
- Commonwealth Department of Family and Community Services (CDFACS) 2000, *Participation Support for an Equitable Society*, Final Report (also known as the McClure Report), Commonwealth Department of Family and Community Services, Canberra
- Commonwealth Department of Health and Aged Care (CDHAC) 2000, *Promotion, Prevention and early Intervention for Mental Health* – A Monograph, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.
- Commonwealth Department of Health and Aged Care (CDHAC) 2003, *Evaluation of the Second National Mental Health Plan*, Mental Health and Suicide Prevention Branch, Commonwealth Department of Health and Aged Care, Canberra.