Inspire Foundation Submission to
Senate Select Committee on Mental Health

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Submitted by Jack Heath, Executive Director

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Summary

In the average Australian Year 12 classroom:

★ around 7 young people have experienced a recognised mental health disorder
★ of those 7 young people only 2 will have sought professional support
★ at least one young person will have attempted suicide (Sawyer et al., 2000)

At the same time, young people have widespread access to the Internet and there is a growing body of evidence that e-mental health initiatives have the potential to fulfil many functions traditionally provided by face-to-face primary health care services at a <u>fraction</u> of the cost.

Recommendations

▪ This submission urges that the Senate Select Committee on Mental Health call for significantly increased investment in e-health initiatives, including research, as part of a greater investment in health promotion, prevention and early intervention.

▪ Given that many mental health difficulties have their onset in mid-to-late adolescence this submission also recommends that young people be treated as a priority group.

These recommendations are based on the Inspire Foundation's work over the past seven years with its innovative and award-winning Reach Out! service (www.reachout.com.au) which was established in 1997 in direct response to Australia's escalating rates of youth suicide. Reach Out! is there for both the 5 out of 7 young people doing it tough who do not seek professional assistance and the 2 that do. Since 1998, Reach Out! has had over 2.6 million visitors and is now averaging 75,000+ visitors each month. Reach Out! currently receives no Federal Government funding.

Over the coming year, Reach Out! is looking to (i) teach young people proven cognitive behavioural techniques using interactive gameplay and (ii) undertake a major awareness campaign of the service designed to ensure young people in need know where to find help and increase annual visitor numbers to more than one million at a cost of only $1 per visit.

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Terms of Reference – F) the special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence;

This submission argues that young people should be considered a priority group for addressing mental health issues, and that specific youth services be prioritised for support.

Suicide is one of the leading causes of death among young people aged 15-24. Within this age group, the suicide rate of those aged 20-24 is 21% higher than the total population rate, and 65% higher than the rate for those aged 15-19. These differences are accounted for by a significantly higher male suicide rate in this age group, which is 32% higher than the total population rate, 83% higher than the rate for those aged 15-19, and over 6 times greater than for their female counterparts (Australian Bureau of Statistics, 2005).

Although the youth suicide rate in Australia has been declining since 1997, it remains at historically high levels (Buckingham, 2001; ABS, 2005). Underlying this high rate of suicide, recent population-based studies have found that the prevalence of suicide attempts among young people is much higher, at approximately one in twenty (Patton et al., 1997; Sawyer et al. 2000). Although young women report higher attempt rates, it is thought that male attempts are under-reported.

Recent studies also indicate very high levels of emotional distress among young people: among those aged 12-17, approximately 12 percent had mental health difficulties, and among those aged 18-24 the prevalence of mental health disorders rises to 26 percent (Australian Institute of Health and Welfare, 2003). Significantly, anxiety and depressive disorders are likely to have onset from mid-adolescence, and substance use and psychotic disorders frequently emerge in late adolescence and early adulthood (AIHW, 2003).

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Given these observations, we suggest that youth be considered a priority group, and specific investments be made to address their needs. Furthermore, we recommend that youth not be seen as a generic group with identical needs. The evidence indicates that mental health difficulties and resulting suicidal behaviour increase significantly in early adulthood, which suggests that more resources should be targeted at young people making the transition from adolescence into adulthood. The much higher suicide rate for young males also suggests that communication strategies and services need to take greater account of gender differences.

Young people aged 18-24, and particularly young men, are currently poorly serviced and may be hard to reach. They are likely to be making a transition away from high school into other pursuits, and therefore will have less access to support services within the educational system. They are also likely to be making a transition away from family support. At the same time, evidence from phone counselling services such as Lifeline and Kids Helpline indicate that current phone-based services are for the most part not being accessed by young people in this age group: Kids Helpline does not target young people aged over 18 (Kids Helpline, 2005), and only around 10% of current Lifeline callers are aged 18-24 (Lifeline, 2005).

By contrast, the Inspire Foundation provides a web-based mental health service called Reach Out! (www.reachout.com.au), which is designed specifically to serve young people in late adolescence and early adulthood. Internal research indicates that 35.3% of Reach Out! users are aged 18-24, with a further 36.7% aged 15-17. The service particularly targets the 18-24 year old age group because they are not well serviced through other forms of service delivery. We would argue that the specific targeting of this age group by Reach Out!, and its use of the web medium, which is comfortable and familiar to this age group, has contributed to a greater proportion of young people aged 18-24 accessing Reach Out! than other services. In the financial year ending 2005, there were 760,000 individual visits to Reach Out! and the service currently attracts 75,000+ individual visits each month.

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***Terms of reference – H) the role of primary health care in promotion,
prevention, early detection and chronic care management;***

This submission argues that the Government should explore new ways of delivering primary mental health care to the community, and that greater investment be made in developing and evaluating scaleable services which can be accessed by hard-to-reach communities, at low unit cost.

Over recent years internet access has been increasing significantly. Between 1998 and 2003 the proportion of households with internet access more than tripled from 16 percent in 1998 to 53 percent in 2003 (ABS, 2004). In 2003, 82 percent of young people aged 14-17 and 79 percent of young people aged 18-24 reported using the internet (Department of Communications, Information Technology and the Arts, 2004). As a result the internet represents a growing area for potential service delivery that can reach a large proportion of the population.

The high levels of reported mental health difficulties among young people indicate a potentially very large demand for mental health services in Australia. At the same time, it is clear that current face-to-face services (such as counselling services or GPs) and phone-based counselling services while enormously valuable are unable to meet this demand (eg, Wilson et al., 2003; Kids Helpline, 2004). Furthermore, the cost of delivering these services is very high. In rural areas where face-to-face primary care is even more limited, it is likely that many people with mental health difficulties will not have their needs met through traditional forms of service delivery.

Since 1997, Australia has been leading the world in the delivery of e-mental health services; however, no consistent investment has been made by Government in these emerging technologies, and little research has been done into the comparative benefits of web-based service delivery over phone-based and face-to-face service delivery. The research that has been undertaken indicates that web-based services that provide mental health information and support can significantly improve mental health outcomes (Christensen & Griffiths, 2000; Thomas, 2005). New developments in technology mean that cognitive behavioural therapies can be adapted into an online environment and be

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delivered without a counsellor, while still providing the same mental health outcomes at a fraction of the cost.

Websites such as Reach Out!, MoodGym (http://moodgym.anu.edu.au), Bluepages (http://bluepages.anu.edu.au) can be utilised to reduce mental health difficulties in target populations, and furthermore can equitably service sub-populations who are difficult and expensive to reach through other forms of primary care (eg, rural and remote communities). In late 2005, subject to funding, the Inspire Foundation will launch a new section of the Reach Out! site called Reach Out! Central. This subsection will teach young people cognitive behavioural techniques using interactive gameplay. It is anticipated that this additional section will provide even greater benefits to users of Reach Out! who have mental health difficulties, as research on a comparable service for adults has demonstrated improvements in depressive symptoms among users which are not significantly different from improvement achieved through face-to-face therapy (Christensen & Griffiths, 2000).

Although effectiveness is comparable, the cost differential of providing online services is significant. Face-to-face counselling sessions may cost upwards of $150 per hour. Even services which are free to users have significantly higher costs: A recent review of tele-counselling found that the average cost of delivering counselling to one person via a phone service ranged from $19.87 to $58.89 (Urbis Keys Young, 2002). By contrast, during the 12 months to the end of June 2005, the cost of one person accessing the Reach Out! website, which provides mental health information and may provide comparable benefits, was $1.12.

This low unit cost is the result of an extremely scaleable service delivery model: The number of people accessing Reach Out! has increased on average by 34% per year since 1999 to 760,000 for the current year. At the same time, the cost of delivering the service has increased at only around 12% per year over the same period. As a consequence, the cost per user has more than halved from $2.34 in the 2003 financial year to the current $1.12 and we are looking to reduce that to $1.00 in the coming year.

In view of this evidence, and the growing need in the community for mental health services, it is recommended that the Senate Committee call for greater investment in e-

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mental health services such as Reach Out!, accompanied by investment in research into their effectiveness compared with other forms of primary health care delivery.

Terms of Reference - point l) - the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers;

This submission argues that more resources need to be invested into educating the community about mental health difficulties, and about where to access support. It argues moreover that alongside general community education, resources need to be provided to promote the services which provide that support.

Our experience is that service promotion is an area to which private philanthropy is often reluctant to contribute, and for which it is therefore difficult to fundraise. However, promotion plays a crucial role in raising awareness and therefore the young people's ability to acces the service when they are in need. From July 2003 til July 2005, the Inspire Foundation invested an average of $284,800 per year in promoting the Reach Out! service, increasing awareness of the service from 22% at the end of 2003 to 31% by the end of 2004, to the current level at around 35%. In part as a result of this promotion, the number of users accessing Reach Out! increased by 52% per year over the same period (132% absolute growth).   Additional funding would enable Reach Out! to benefit the 2 in 3 young people who do not yet know about it.

If the aim of community awareness and de-stigmatisation campaigns is in part to improve help-seeking, it is important that the community is aware of the services already available to them. We recommend that the Government, as part of any awareness or education campaign, provides a proportion of the resources to the community sector, to promote services which meet the support needs of the community.

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Concluding Comments

The Inspire Foundation welcomes the opportunity to make a submission to this very important Senate Select Committee on Mental Health. This Committee can help redress the disproportionate expenditures and government focus on physical over mental health matters.

Unless we now make a massively increased investment in mental health initiatives generally, and e-health initiatives in particular, our nation will bear great personal, economic and social costs for generations to come.

Accordingly, we recommend that the Committee:

(1)   call for significantly increased investment in e-health initiatives, including research, as part of a greater investment in health promotion, prevention and early intervention.

(2)   ensure that young people are treated as a priority group due to the many mental health difficulties which have their onset in mid-to-late adolescence.

Should the Committee wish, we would be very happy to address the Committee in person drawing on our seven years' experience and expertise in developing e-health initiatives for young people. Our team comprises: Dr Helen Lawson-Williams, PhD (Psychology) – Director of Research & Evaluation; Mr Jonathan Nicholas, BA Hons (Psychology) & Masters in Public Health (current) – Director of Programs; Ms Carolyn Sullivan, BSc, Masters in Public Health – Reach Out! Program Manager.

We would, of course, be only too happy to provide further information or answer any questions that the Committee might have.

Thank you.

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