

24 March 2021

Dr Fiona Martin MP  
Member for Reid  
Chair, Select Committee on Mental Health and Suicide Prevention  
PO Box 6021, Parliament House  
CANBERRA ACT 2600

via email: [mhsp.reps@aph.gov.au](mailto:mhsp.reps@aph.gov.au)

Dear Dr Martin MP

**headspace submission to the House Select Committee on Mental Health and Suicide Prevention.**

headspace is the Australian Government's flagship national youth mental health service, providing support to young people aged 12-25, including:

- headspace's national network of centres (around 153 by the end of 2021), which are youth-friendly, integrated service hubs, where multi-disciplinary teams provide holistic support across four core streams: mental health; physical and sexual health; alcohol and other drugs; and work and study.
- support for mental health via email, webchat, phone and group and peer chats through eheadspace.
- vocational programs to ensure young people can access support for their work and study goals through a range of mediums: in-person, phone, video conferencing, online messaging or email.
- expanded access to psychiatrists for young people in rural and remote locations through telepsychiatry.
- support for young people at risk of, or experiencing, psychosis through the headspace Early Psychosis Program.

headspace also plays roles:

- In schools, as a delivery partner for Be You, an initiative led by Beyond Blue, and through the Mental Health in Education Program, which build the mental health literacy and skills of young people, parents and teachers.
- Promoting mental health literacy, reducing stigma and encouraging help seeking through our website, campaigns, traditional and social media, events and local community awareness activity.
- In advocacy, seeking to influence system change in youth mental health.
- In participation, ensuring everything we do is informed by young people and family and friends.

headspace welcomes the opportunity to submit to the House Select Committee on Mental Health and Suicide and would be pleased to build on this submission at a public hearing.

As outlined in the terms of reference of the inquiry, there are several high-profile reviews and reports that have been released over recent months. headspace has been pleased to engage with each of these reviews and has welcomed the release of the reports of the Prime Minister's Suicide Prevention Adviser, the Productivity Commission's inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System.

headspace supports the shared vision of these reports for a reformed mental health system which is community based, focused on the experience of those who need support, and is seamlessly integrated on a stepped or staged care model.

As the flagship national youth mental health service, headspace looks forward to playing our role in delivering on this vision for youth mental health.

We seek opportunities to integrate our services into a well-resourced, comprehensive system of supports for young people, to ensure every young person in Australia receives the care they need, when, where and how they need it.

## Opportunities for reform

Given the terms of reference for the Select Committee encompasses the range of recently released reports, headspace has listed below key areas from these reports that we have identified as priorities for reform and investment to best serve the mental health of young people in Australia.

### **Growing the secure youth mental health workforce of the future.**

#### *Training the necessary mix of youth mental health workforce*

- Securing the appropriate number and mix of mental health workforce is an enduring challenge in the Australian system, particularly in regional areas.<sup>1</sup>
- Boosting workforce capacity and increasing the pipeline is essential to reducing waiting lists, meeting demand and delivering the ambitious reform agenda in mental health.
- Best practice youth mental health requires a mix of workforce in multidisciplinary teams, including:
  - Clinicians, including: GPs, psychiatrists, mental health nurses.
  - Allied health professionals, including: psychologists, occupational therapists, youth workers, social workers.
  - Peer workers, including family peer workers.
  - Aboriginal and Torres Strait Islander health workers.<sup>2</sup>
- As well as being appropriately trained in their discipline, youth mental health professionals must gain skills and experience working with young people aged 12-25.
- To achieve the necessary levels and mix of workforce to meet the demand we must train more staff in the specific requirements of delivering care to this age group.
- Currently, new entrant clinical or allied health staff seeking experience in youth mental health are limited to unsupported roles in challenging tertiary mental health settings, often leading to burnout and departure from the sector.
- The Productivity Commission (PC) recommended that governments and training bodies diversify the available internships and clinical placements available in mental health to improve training and retention.<sup>3</sup>
- Offering structured and supported programs for students and new entrants in youth mental health will be critical to secure the necessary workforce through the long-term. The headspace network of centres could be utilised by the Australian Government as a platform for structured, supervised student and graduate programs – building workforce capacity and increasing access to services for young people.

#### *Supporting the retention of GPs at headspace*

- GPs are a crucial element in mental health workforce, provide critical primary care and mental health services for young people in private practice across the country and at headspace centres.
- Securing the necessary levels of GP services at headspace centres is a key challenge facing centres and leading to longer wait times.<sup>4</sup>
- Given cost is a barrier to accessing primary medical care, headspace consultations with young people are bulk billed. However, the ongoing reliance on bulk billed MBS rebates is no longer a structure for optimal service delivery and has presented as a barrier to attracting and retaining GPs working in headspace centres. This is due to:
  - the increasing need for longer consults to manage young people with mental health and other complex presentations.

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<sup>1</sup> Carbone, S., Rickwood, D., & Tanti, C. (2011). Workforce shortages and their impact on Australian youth mental health reform; State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities, Parl Paper No. 202, Session 2018–21. p. 477; Parliament of Australia, Senate Community Affairs References Committee, Accessibility and quality of mental health services in rural and remote Australia Report, 2018.

<sup>2</sup> Orygen, The National Centre of Excellence in Youth Mental Health (2016). The National Youth Mental Health Workforce Strategy. Melbourne.

<sup>3</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, Action 16.7.

<sup>4</sup> Hilferty, F., Cassells, R., Muir, K., Duncan, A., Christensen, D., Mitrou, F., Gao, G., Mavisakalyan, A., Hafekost, K., Tarverdi, Y., Nguyen, H., Wingrove, C. and Katz, I. (2015). Is headspace making a difference to young people's lives? Final Report of the independent evaluation of the headspace program. (SPRC Report 08/2015). Sydney: Social Policy Research Centre, UNSW Australia.

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- the requirement for headspace GPs to engage in non-billable activity to support best-practice care including case-coordination, multidisciplinary team integration including attending team meetings, accessing (or providing) peer supervision, and completion of required headspace data input.
- Building solutions to attract and retain more GPs, including reconsideration of the headspace funding structure to ensure ongoing low or no cost care for young people, should be a priority for the government and this committee.

*Building the peer workforce*

- Expanding and supporting the development of peer workers in youth mental health is also essential, including family peer workers.
- As the PC identified, peer workers can offer four key contributions to aid recovery:
  - the ability to instil hope through self-disclosure, demonstrating that recovery is possible
  - teaching self-care
  - forming a relationship of trust
  - shared experience as a consumer, as well as a worker in the mental health system.<sup>5</sup>
- Family peer workers are also key in youth mental health workforce and can help to equip families and friends to manage and respond to a young person's need.
- Action 16.5 of the Productivity Commission report, to fund the establishment of a peak body for peer workers, and develop an education program for health professionals on the value and role of peer workers to reduce stigma and lack of acceptance in team-based care, should be prioritised.
- Once established, the peak body should prioritise clarification of qualifications and supervision requirements, with stakeholders.

**Structural and evidence-based action to prevent suicide.**

- Suicide is the leading cause of death for 12-24-year olds.<sup>6</sup> In 2018 it accounted for 40% of deaths in this age group.
- headspace provides a broad range of suicide prevention supports including in schools, affected communities and raising awareness through localised and national campaigns.
- Recommendation 9 of the PC report, as well as the Advice of the PM's Adviser on Suicide Prevention, highlight the importance of a structural reforms to place suicide prevention at the heart of government decision making.<sup>7</sup> headspace supports this approach and advocates that the voice of young people and that of their families and friends, should be championed in the delivery of solutions targeted at youth suicide.
- As identified by the PC, a national roll-out of assertive aftercare is an immediate priority, ensuring that those who attempt to take their own life can be assured of follow up care and support.<sup>8</sup> In the case of young people, this should be targeted and age-appropriate.
- We should also look to expand this support for those in suicidal crisis or distress; before they seek to take their life.

**Filling service gaps through the National Mental Health and Suicide Prevention Agreement.**

- Both the PC and the Victorian Royal Commission highlight the service gaps in the Australian mental health system, including for young people.
- Orygen and headspace estimate around 12% of young people each year experience a moderate to severe and/or complex mental health issue<sup>9</sup>, with many missing out when services appropriate to their level of need are unavailable. These young people therefore do not receive the care they need and have a poor and potentially damaging experience of help seeking.
- Responsibility for providing mental health services lies with both Commonwealth and State and Territory governments.

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<sup>5</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, p.724.

<sup>6</sup> AIHW, Deaths in Australia, web report, Aug 2020. <https://www.aihw.gov.au/reports/life-expectancy-death/deaths-in-australia/contents/leading-causes-of-death>

<sup>7</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, p.68; PM Adviser on Suicide Prevention, Summary of Interim Advice, Aug 2020.

<sup>8</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, p.408.

<sup>9</sup> Orygen, The National Centre of Excellence in Youth Mental Health and headspace, National Youth Mental Health Foundation, Submission to the Productivity Commission's Inquiry into Mental Health. 2019. p 27.

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- The National Mental Health and Suicide Prevention Agreement, scheduled to be finalised in November 2021, provides the opportunity to clarify Commonwealth and State/Territory accountabilities, deliver a more integrated system, increase investment, and ensure service gaps are filled.

### **Embedding vocational supports to assist young people reach their goals.**

#### *Widening young people's access to the Individual Placement and Support (IPS) program.*

- Assisting young people to find and retain meaningful work can support wellbeing and can be effective in recovering from mental ill-health.<sup>10</sup>
- The PC found that IPS programs are effective in assisting people with mental health issues find and retain appropriate employment and avoid lengthy disengagement from work and study.<sup>11</sup>
- A recent systematic review and meta-analysis found that IPS was more than twice as likely to lead to competitive employment compared with traditional vocational rehabilitation.<sup>12</sup> The PC noted the effects are often large — sometimes with employment rates of the order of 40 percentage points greater than conventional programs. Mental health outcomes are also better and health care costs are reduced, mostly because fewer hospitalisations are required.<sup>13</sup>
- KPMG evaluations of IPS run in headspace centres found:
  - Young people who access IPS are more likely to gain employment than young people who utilise its comparator programs - Disability Employment Services (DES) and jobactive.
  - 80 per cent of vocational clients at IPS headspace centres achieved a significant decrease in psychological distress and/or a significant increase in social and occupational functioning and/or quality of life (K10, SOFAS or MLT).<sup>14</sup>
- We support implementation of PC Recommendation 19 for a staged roll out of the Individual Placement and Support (IPS) program in community mental health services across the Australia, including in headspace centres.
- In the October 2020 budget, the Government announced that the current headspace IPS trial will be expanded to 50 headspace sites. In order to meet demand across the country, the IPS program should be scaled up across the headspace centre network over time.

#### *Extending digital support, including the successful headspace Work and Study program.*

- Government should also ensure such support is also available via phone, video conferencing, online messaging and email, which will increase reach by providing support in ways preferred each young person or for people in locations that can't access support in-person. headspace Work and Study program provides support through these mediums and could be extended.
- The program has seen strong results, with 72 per cent of those who had significant engagement with the service (i.e. received at least 10 work/study support sessions) achieved positive work/study outcomes during their time with hWS.<sup>15</sup>

### **Integrated AOD and mental health services.**

- The PC and the Victorian Royal Commission highlighted the significant comorbidity of mental health and substance use, particularly for young people.<sup>16</sup>
  - The Victorian Royal Commission found that 61 per cent of those young people who used an alcohol and other drug service indicated that they had received a mental health diagnosis from a mental health practitioner.<sup>17</sup>

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<sup>10</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, p. 925.

<sup>11</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, p. 948.

<sup>12</sup> Brinchmann, B., Widding-Havneraas, T., Modini, M., Rinaldi, M., Moe, C. F., McDaid, D., Park, A.-L., Killackey, E., Harvey, S. B., & Mykletun, A. (2020). A meta-regression of the impact of policy on the efficacy of individual placement and support. *Acta Psychiatrica Scandinavica*, 141(3), 206–220. <https://doi.org/10.1111/acps.13129>

<sup>13</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, p.947-948.

<sup>14</sup> KPMG (2020). Report on the value for money of the IPS Trial for the Department of Social services. Perth.

<sup>15</sup> headspace (2018). The headspace Digital Work and Study Service: Final Evaluation Report. Retrieved from: [www.headspace.org.au](http://www.headspace.org.au).

<sup>16</sup> State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018–21 (document 1 of 6). p.11; Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, p. 643.

<sup>17</sup> Royal Commission into Victoria's Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities, Parl Paper No. 202, Session 2018–21. p. 300.

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- Around 25 per cent of people with depression and around 42 per cent of people with schizophrenia experience a co-occurring alcohol or substance use disorder.<sup>18</sup>
- Around 42 per cent of people with a bipolar disorder also have an alcohol use disorder, 20 per cent have a cannabis use disorder and 17 per cent have some other drug use disorder.<sup>19</sup>
- Despite the significant co-morbidity, services are not currently integrated, with many young people being forced to navigate two separate, overstretched systems, and have their interlinked issues treated in siloes – often hampering positive results.<sup>20</sup>
- headspace supports the recommendations of both the PC and the Victorian Royal Commission to establish more integrated treatment services for mental health and substance use issues to ensure young people can access holistic services. headspace was designed to provide integrated care across four streams, including alcohol and other drug services, due to the evidence demonstrating this is the most successful approach. Additional resources are required in order to achieve this goal.
- Action to reduce the entrenched stigma surrounding substance use issues is also essential to ensure better integration of mental health and AOD services.
- A meaningful commitment to harm reduction and a public health approach to AOD is also essential, as major health gains are achievable but will involve significant cultural change and reform to training approaches and the service system.

**Ensuring access and providing choice through permanent telehealth MBS items.**

- COVID-19 saw the rapid expansion of the use of telehealth in youth mental health.
- In May 2020, headspace surveyed young people using telehealth through headspace, as well as headspace centre staff. It was found that both young people and clinical staff appreciated the choice, availability and outcomes of telehealth services:
  - 94% of young people who received services via telehealth agreed or strongly agreed that they had a positive experience with headspace;
  - 89% agreed or strongly agreed they felt able to build a connection with the headspace staff member who supported them;
  - 76% agreed or strongly agreed that they felt comfortable talking about their personal issues;
  - 54% indicated their experience was better or much better than expected.<sup>21</sup>
  - 89% of staff agreed that telehealth can be an effective way to provide clinical services to young people, and only 3% disagreed;
  - 88% agreed that most of their clients had been receptive to telehealth services;
  - 72% said they could make therapeutic progress at the same rate as, or more quickly than, in-person services.<sup>22</sup>
- headspace supports the PC recommendation that the COVID-19 telehealth MBS items should be extended permanently.<sup>23</sup> The items are currently due to expire on 30 June 2021, and we note the Government's intention is to retain the items on an ongoing basis.<sup>24</sup>

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<sup>18</sup> Hunt, G. E., Large, M. M., Cleary, M., Lai, H. M. X., & Saunders, J. B. (2018). Prevalence of comorbid substance use in schizophrenia spectrum disorders in community and clinical settings, 1990-2017: Systematic review and meta-analysis. *DRUG AND ALCOHOL DEPENDENCE*, 191, 234–258. <https://doi.org/10.1016/j.drugalcdep.2018.07.011>

<sup>19</sup> Hunt, G. E., Malhi, G. S., Lai, H. M. X., & Cleary, M. (2020). Prevalence of comorbid substance use in major depressive disorder in community and clinical settings, 1990–2019: Systematic review and meta-analysis. *Journal of Affective Disorders*. <https://doi.org/10.1016/j.jad.2020.01.141>

<sup>20</sup> Royal Commission into Victoria's Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities, Parl Paper No. 202, Session 2018–21. p. 301.

<sup>21</sup> headspace (June 2020). Young people's experience of Telehealth during COVID-19.

<sup>22</sup> headspace (June 2020), headspace staff experience of Telehealth during COVID-19.

<sup>23</sup> Productivity Commission (2020), Mental health inquiry report, no.95, 30 June 2020, Action 12.2, p.555.

<sup>24</sup> Minister for Health, the Hon Greg Hunt, 'Doorstop interview on 27 November 2020' <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/doorstop-interview-on-27-november-2020>.

### **Supporting and empowering the engagement of family and friends in our mental health and wellbeing services.**

- Evidence shows families have a powerful positive impact in early identification, treatment and recovery of young people<sup>25</sup>, yet funding structures do not incentivise this.
- Young people often draw on family and friends for initial mental health support. Over 90 per cent of young people report their parents had at least some influence on their decision to seek professional help.<sup>26</sup>
- Yet family and friends are often excluded when their young person accesses professional help, so the insights they have that could support better care are missed in the process. There is also limited support for them to deal with their own needs.
- The PC and the Victorian Royal Commission both identified a gap in appropriate and supported engagement of family and friends in the mental health system.
- headspace supports recommendation 18 of the PC report, which states that all services should be required to consider the role of family and friends in supporting recovery and also that MBS rebates for family consultations should be established.<sup>27</sup>
- Investment is also required in:
  - Developing the family peer support workforce.
  - Training the workforce and students in family inclusive practice.
  - Appropriate psycho-education programs like Tuning into Teens.
  - Boosting support for the mental health of families and friends who care for young people with mental health difficulties.

### **Meaningful and targeted anti-stigma strategies to drive help-seeking and improve young people's experience of the mental health system.**

- Stigma in the community prevents many young people from seeking help, leading to exacerbation of mental health issues and associated impacts on a young person's life and goal attainment.
- As identified by the reviews, stigma also exists within the mental health system, leading to poor or potentially damaging experiences of care for some young people.
- The PC recommends that the National Mental Health Commission develop a new National Stigma Reduction Strategy.<sup>28</sup> This strategy should be a priority, including targeted responses for young people.
- The strategy should be designed for the community as well as for health professionals and those working within the system.

### **A genuine focus on prevention.**

- It is essential that we focus on preventing mental ill-health in young people, as well as improving our system of supports.
- As identified by the PC and the Victorian Royal Commission, this includes investment and support for a range of evidence-based strategies to improve wellbeing and support mental health, including support for new parents, support for schools to promote wellbeing and social connectedness, support at work and a range of other critical and effective policies.
- headspace is a cosignatory of *Primed for prevention: a consensus statement on the prevention of mental disorders* which has been submitted to the inquiry, including a suite of targeted measures which should be prioritised.

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<sup>25</sup> Pitschel-Walz G., Leucht S., Bauml J., Kissling W., Engel R.R. (2001). The effect of family interventions on relapse and rehospitalisation in schizophrenia – a meta-analysis. *Schizophrenia Bulletin*, 27(1), 73-92.

<sup>26</sup> Wahlin. T. & Deane, F.P. (2012). Discrepancies between parent- and adolescent-perceived problem severity and influences on help seeking from mental health services' *Australian and New Zealand Journal of Psychiatry* 46, 553-557.

<sup>27</sup> Productivity Commission (2020), *Mental health inquiry report*, no.95, 30 June 2020, p.868.

<sup>28</sup> Productivity Commission (2020), *Mental health inquiry report*, no.95, 30 June 2020, p.354.

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**Amplifying the voice of young people in system design.**

- All reports highlighted a need for greater engagement and involvement of those with lived experience in system and service design.
- headspace has a deep commitment to participation of young people, family and friends in the delivery, design and evaluation of our services. This should be replicated for all services for young people.

I would welcome the opportunity to expand on this submission at a public hearing. Please contact Sophie Nicolle, Head of Policy Advocacy on 0418 878 413 or via email on [snicolle@headspace.org.au](mailto:snicolle@headspace.org.au) to arrange.

Yours sincerely



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