headspace
National Youth Mental Health Foundation

1 October 2024

Dr Mike Freelander MP
Chair
Standing Committee on Health, Aged Care and Sport
PO Box 6021
Canberra ACT 2600

Submitted via email to: Health.Reps@aph.gov.au

Dear Dr Freelander

headspace National welcomes the opportunity to provide this submission for the inquiry into the health impacts of alcohol and other drug use in Australia.

headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12 to 25 year olds. headspace has a network of 163 services across Australia and offers online and phone support services and resources through eheadspace.

Our work builds the mental health literacy of young people and reduces stigma associated with mental health problems and seeking help. Alcohol and other drugs support is one of four core streams offered by headspace, alongside mental health, physical health (including sexual health) and vocational services.

Many young people experiment with alcohol and other drugs (AOD) as teenagers or young adults, and some can experience problems relating to their use. Our submission focuses on the strategies and approaches needed to prevent harmful AOD use and to enable early intervention among young people to address AOD use. This includes:

- **the importance of integrated approaches to service delivery and providing holistic responses to young people** – this is particularly relevant for mental health and AOD service delivery, given the complex relationship between mental health and AOD use
- **the need for ongoing workforce support** – via pre-service training, peer learning, and professional development, to equip the mental health workforce to support young people using AOD
- **opportunities for innovative approaches to prevention, early intervention and service delivery** – including family based approaches, and digital delivery modes.

headspace would welcome the opportunity to discuss ways to minimise the health impacts of alcohol and other drug use among young people in Australia in more detail with the Committee.

Yours sincerely

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Attachment 1

Submission to the Standing Committee on Health, Aged Care and Sport

1. Introduction

headspace National welcomes the opportunity to provide a submission to the Committee's inquiry into the health impacts of alcohol and other drug use in Australia. Our submission focuses on AOD use among young people and the need for prevention, early intervention and harm minimisation strategies.

This submission was written on the lands of the Wurundjeri people of the Kulin Nation. headspace acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their culture, identities and continuing connection to country, waters, kin and community. We pay our response to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

Our submission incorporates views from members of the headspace Youth National Reference Group (hYNRG).

About headspace

headspace is the National Youth Mental Health Foundation, providing prevention and early intervention mental health services to 12–25-year-olds. headspace services provide multidisciplinary care for mental health, physical health (including sexual health), alcohol and other drugs, and work and study needs. headspace offers in person, online and phone services, and supports young people in school settings.

Appendix 1 provides more information about the full range of headspace programs and services.

Young people seeking help for alcohol and other drug needs at headspace

headspace services provide support for young people to address their AOD use concerns. In 2023-24, 11,197 young people received at least one service in which it was recorded than alcohol and/or other drug use was an issue or concern for the young person. This represents 13.2% of young people who accessed support through headspace, receiving 29,996 services in which AOD use was recorded as an issue or concern.[1]

[1] Limited to young people with primary/secondary issue, and/or AOD concern, data recorded.

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2. Current alcohol and other drug services

Term of reference

Assess whether current services across the alcohol and other drugs sector are delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society.

Key takeaways

- → Consistent with the best practice evidence base, headspace services provide holistic, integrated care for young people across their mental health and AOD needs.
- → Addressing persistent stigma, workforce development, and improved availability of specialist AOD services are needed to meet the need for integrated, holistic care for young people.

Separate services, despite links between mental health and AOD use

Currently across Australia, most AOD and mental health services are separate, with distinct funding mechanisms, activity targets and service delivery structures. This is despite the strong relationship between AOD use and poor mental health, and the evidence supporting integrated service delivery, particularly for young people.[2]

The relationship between AOD use and mental health can be complex, but it is clearly bi-directional: mental ill health can lead to AOD use, and AOD use can lead to or exacerbate poor mental health. As hYNRG members noted:

> *They are intertwined, they should be treated together.*
>
> *[AOD use and mental health] are very well connected. AOD use can be a secondary consequence of poor mental health and it can also exacerbate mental health conditions.*

Young people with mental health concerns may use AOD to cope with symptoms of mental ill health, and their use of AOD tends to be more risky than young people who are not experiencing mental health concerns. Conversely, AOD use (or withdrawal) can lead to mental ill health, including anxiety, depression or psychosis.

Research shows that young people who experience both poor mental health (including depression or anxiety) and AOD concerns are more likely to show higher levels of suicidality, have more

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[2] Orygen (2022) *Seamless support: Toward an integrated treatment experience for young people with co-occurring alcohol and other drug use and mental ill-health.* Melbourne.

significant AOD use, and lower social functioning and academic performance, compared to young people experiencing either poor mental health or AOD concerns.[3]

Patterns of AOD use exist on a continuum, with many people using AOD occasionally or socially, through to fewer using it intensively and dependently. Whilst not all AOD use will lead to problems or harms, there are risks involved with all AOD use. This makes prevention and early intervention important to mitigate against long term harms or more severe harms.

There are also links between AOD use, mental health and engagement in work and study. Participation in education or employment is a strong protective factor for young people's mental health, while non-participation is a major risk factor for poor mental health.[4] Using AOD can also make it difficult to engage in work or study, which in turn can make it more likely a young person will experience poor mental health. The reverse can also be true.[5]

These links make holistic, integrated care essential.[6] Such care needs to be developmentally appropriate, consider young people's mental and physical health, and ideally delivered by the same provider, or otherwise under a single treatment plan (rather than parallel or sequential care).

headspace's integrated model of care

In contrast to many services, headspace was designed to provide integrated support for mental health and AOD use. At a minimum, headspace centre clinicians can provide young people with screening and assessment of AOD use; educational resources for young people, families and friends; and interventions to address AOD use including motivational interviewing, brief interventions or cognitive behaviour therapy. Young people can also access support to engage with work and study, integrated with their clinical mental health support.

While AOD use can be the initial reason a young person might access a service, more commonly young people share details about AOD use after their first session and when a trusting relationship has been established.

Sometimes young people may not be ready or willing to mention their AOD use in their first appointment, but if they have a positive experience accessing help with another problem, can be more open to raising concerns about AOD use. At the same time, within an established

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[3] Marel, C., Mills, K., Kingston, R., et al. (2016). *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings.* 3rd ed. Sydney, Australia: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales.

[4] Holloway, E., Rickwood, D., Rehm, I., et al. (2017). *Non-participation in education, employment, and training among young people accessing youth mental health services: demographic and clinical correlates*. Advances in Mental Health 16(1): 19-32.

[5] Marel, C., Mills, K., Kingston, R., et al. (2016). Op cit.

[6] Bartholomeusz, C. (2021). *Evidence to practice: Integrating treatment for young people with co-occurring substance use and mental health issues*. Melbourne: Orygen.

relationship, a clinician is better positioned to be gently curious about the young person's AOD use, and offer support if needed.

Ongoing challenges

Even with an evidence-based, integrated model of care in place, headspace services can still encounter challenges in addressing young people's mental health and AOD needs. This includes persistent, ongoing stigma around problematic AOD use, a shortage of appropriately skilled staff, and limited access to specialist AOD services for young people who require more intensive support.

There are opportunities for government to address these challenges:

- **ongoing efforts to reduce the stigma of AOD use and issues** – this has remained persistent even as the stigma around mental health has reduced, and often means addressing problematic AOD use is not a priority. As a member of hYNRG observed: "AOD use is seen as a choice, and therefore addiction is 'your fault', whereas mental health is understood as sometimes outside control".
- **workforce development** – to enable staff to provide holistic approaches to young people. Embedding AOD in training for mental health clinicians could help to increase the competency and confidence of workers in screening, assessing and addressing addiction concerns, and in providing holistic mental health and AOD responses. Peer learning, professional development and additional learning materials can help upskill the current youth mental health workforce. General practitioners can also benefit from upskilling about AOD use among young people and how to best support them.
- **additional capacity within specialist AOD services, linked to mental health services** – currently, the availability and capacity of local AOD services can be limited, demand can be high, and referral criteria can vary. Additional capacity within specialist youth AOD services and links with headspace services (or mental health services more broadly) are essential for delivering holistic care.

3. Prevention and reduction of AOD harms, including for priority populations

Term of reference

Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services.

Key takeaways

- → Prevention, demand management and early intervention among young people is important to prevent harm and reduce the immediate and long-term negative impacts of AOD use.
- → Five intersecting population groups should be prioritised in prevention and early intervention: young men; sexually and gender diverse young people; young people in rural and remote areas; young people from refugee and migrant backgrounds; and First Nations young people.

Typically, most AOD use starts in adolescence and peaks in young adulthood between the ages of 18 and 25.[7] While there is some evidence AOD use has decreased among young people in recent years, it remains relatively common, and young people are less likely to recognise the risks of AOD use.[8]

Behaviour established during adolescence and early adulthood can impact life-long trajectories. Earlier use of AOD can also lead to increased risk of harm. Early intervention before substance use has become deeply ingrained represents a crucial strategy for reducing and preventing both immediate and long-lasting harm.[9]

Prevention of AOD harms among young people

Proactive, early intervention can prevent young people reaching the point of crisis. Prevention and early intervention approaches can take many forms including screening, brief interventions,

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[7] Monarque, M., Sabetti, J., & Manuela, F. (2023) Digital interventions for substance use disorders in young people: Rapid review. *Substance Abuse Treatment, Prevention, and Policy,* 18, Article 13; Spencer LP, Addison M, Alderson H, et al. 'The Drugs Did For Me What I Couldn't Do For Myself': A Qualitative Exploration of the Relationship Between Mental Health and Amphetamine-Type Stimulant (ATS) Use. *Substance Abuse: Research and Treatment*. 2021;15.

[8] McGorry, P., Trethowan, J., Rickwood, D. (2019). Creating headspace for integrated youth mental health care. *World Psychiatry*. 18(2):140-1.

[9] Ibid.

motivational interviewing, mentoring programs and school-based education programs.[10] Interventions can also be designed as universal (targeting the whole population), selective (targeting an at-risk group), or indicated (targeting young people already engaged in risky or harmful AOD use).[11]

Evidence for different strategies can vary, but the research highlights some key elements of prevention initiatives:[12]

- using credible, evidence-based and non-judgmental messages
- tailoring activities to be relevant and appropriate for the specific needs of young people
- addressing perceptions of peer use
- adopting interactive elements and highly memorable content.

Much of headspace's AOD work with young people is prevention and early intervention, and helps young people to:

- better understand the potential risks associated with AOD use
- critically reflect on their AOD use
- make planned and considered decisions about changing AOD use
- link with supports that will help them meet their goals for changing AOD use.

Members of hYNRG described how important it is to receive support from clinicians and peer workers that is empathetic, non-judgmental and confidential. Young people want:

> *Completely zero judgement and practical advice.*
>
> *Someone who is willing to listen and be educated, who can have a normal destigmatized chat.*
>
> *Full acceptance, subconscious and all.*

Priority populations of young people

headspace has identified five intersecting priority cohorts of young people – groups where young people are at higher risk of poor outcomes from AOD use, and who may be less likely to seek help for their AOD use. These groups include:

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[10] Snijder, M., Stockings, E., Munro, A. et al. (2018) *Alcohol and other drugs prevention and early interventions for vulnerable young people: an evidence check rapid review brokered by the Sax Institute for the NSW Ministry of Health.*

[11] Griffin, K.W., & Botwin, G.J. (2010) Evidence-based interventions for preventing substance use disorders in adolescents, *Child and Adolescent Psychiatric Clinics of North America*, 19(3): 505-526.

[12] Debenham, J., Birrell, L., Champion, K., et al. (2020) A pilot study of a neuroscience based, harm minimization programme in schools and youth centres in Australia. *British Medical Journal,* 10, (2).

- **young men** – young men are more likely to consume AOD in excess and in riskier ways (such as binge drinking), to develop a disorder that requires substance use specific treatment, and to behave in ways that have long term or high safety risk ramifications (such as driving while under the influence).[13] Young men are also typically less likely to seek treatment for either their mental health or AOD use.
- **sexually and gender diverse young people** – AOD use among sexually and gender diverse communities is approximately two to four times higher than in the general population.[14] While there is limited research in this area, marginalisation, discrimination, hostility and violence – particularly during times of identity development –may contribute.[15]
- **young people in rural and remote communities** – young people living in these areas are at increased risk of harm from AOD use, and this is particularly the case in very remote areas of Australia.[16] Community engagement and outreach can be particularly important in these areas.
- **young people from refugee and migrant backgrounds** – while there is limited research on this priority population in Australia, these young people can experience significant stress both before and after migration, including traumatic life experiences, separation from loved ones, living with uncertainty and loneliness, and the challenges of relocating to unfamiliar environments with different cultures and languages. This can lead young people from refugee or migrant backgrounds to use AOD to cope.[17] Further, this group of young people are less

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[13] Alcohol and Drug Foundation and University of NSW (2021) *Minimising the harm of illicit drug use among young adults — exploring the data and the strategies that work*. Report. Melbourne: Alcohol and Drug Foundation and University of NSW; Mitchell, P., Kutin, J., Daley, et al. (2016) Gender differences in psychosocial complexity for a cohort of adolescents attending youth-specific substance abuse service. *Children and Youth Services Review*, 68: 34-43.

[14] Green, K. E., & Feinstein, B. A. (2012) Substance use in lesbian, gay, and bisexual populations: an update on empirical research and implications for treatment. *Psychology of addictive behaviors: journal of the Society of Psychologists in Addictive Behaviors*, *26*(2), 265–278; Roxburgh, A., Lea, T., de Wit, J., & Degenhardt, L. (2016). Sexual identity and prevalence of alcohol and other drug use among Australians in the general population. *The International journal on drug policy*, *28*, 76–82; Hill, A,. Bourne, A., McNair, R, Carman, M., Lyons, A. (2021). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia.* La Trobe University.

[15] Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., Bukstein, O. G., & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addiction (Abingdon, England)*, *103*(4), 546–556; Parent, M. C., Arriaga, A. S., Gobble, T., & Wille, L. (2018). Stress and substance use among sexual and gender minority individuals across the lifespan. *Neurobiology of stress*, *10*, 100146.

[16] Australian Institute of Health and Welfare (2024) *Use of alcohol and other drugs in major cities, regional areas, and remote areas*, accessed via: National Drug Strategy Household Survey 2022–2023: Use of alcohol and other drugs in Major cities, regional areas, and remote areas - Australian Institute of Health and Welfare (aihw.gov.au).

[17] Mwanri, L. & Mude, W. (2021) Alcohol, other drugs use and mental health among African migrant youths in South Australia, *International Journal of Environmental Research and Public Health*, 18(4): 1-13.

likely to access mental health or AOD services and can face significant barriers to getting help.[18]

- **First Nations young people** – cultural dislocation and the lasting effects of colonisation, discrimination, marginalisation and inter-generational trauma leave this group of young people at increased risk of harmful AOD use. While there is limited research specifically on First Nations young people aged 12 to 25, evidence from across all age ranges clearly highlights the need for culturally safe, social and emotional wellbeing approaches to prevention, early intervention and treatment options for First Nations young people.

4. Prevention, early intervention, recovery and harm reduction in other sectors

Term of reference

Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia.

Key takeaways

→ Families and people who work with young people are well placed to identify risky or problematic alcohol and other drug use in young people, and how to have a conversation about AOD use without stigmatising or isolating young people.

→ Strong, effective links between schools and services like headspace can help to make sure young people are linked to the right services that can help with problematic AOD use.

Addressing stigma

De-stigmatising both AOD use and mental ill health are key to ensuring young people seek help for both concerns, particularly among the priority populations identified above.

Building awareness amongst young people, parents, schools and community groups is important to address discrimination and reduce stigma. In particular, families and people who work with young people need to be aware of:

- the impact of parents' use of alcohol and other drugs on young people
- how to identify when AOD use is becoming a problem

[18] Mwanri, L. & Mude, W. (2021) op cit.; Posselt, M., McDonald, K., Procter, N, et al, (2017) Improving the provision of services to young people from refuge backgrounds with comorbid mental health and substance use problems: addressing barriers, BMC Public Health, 17:280.

- how to engage in conversations about risky or problematic AOD use, to encourage help seeking
- how to support young people who are using AOD in non-punitive ways.

Strong links between schools and services helps support young people

Strong links between schools, mental health and specialist AOD services are important to ensure young people have appropriate and integrated support to address problematic AOD use.

Educators and the broader school community are well positioned to identify risky or problematic AOD use among young people. With a good sense of a 'baseline' behaviour amongst the student cohort, educators can often observe signs of risky use among students. However, it not possible – and shouldn't be an expectation – that educators address this in isolation from the mental health and broader health system.

5. Domestic and international policy experiences and best practice

Term of reference

Draw on domestic and international policy experiences and best practice, where appropriate.

Key takeaways

→ The headspace model provides best practice, integrated care for young people with alcohol and other drug and mental health needs.

→ Other best practice approaches include safe consumption sites, drug checking and family based interventions.

The headspace model

Internationally, a **holistic approach to providing care for young people** with co-occurring AOD and mental health concerns is recognised as best practice.[19] Young people experiencing challenges from using AOD need holistic, multi-pronged approaches to treatment and care, with an emphasis on early intervention. This is particularly important when access to more specialist support in the tertiary health system is limited. As outlined above, the headspace model reflects this evidence.[20]

Other examples of best practice

Examples of best practice prevention, harm minimisation, and early intervention that could be adopted more consistently include:

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[19] Bartholomeusz, C. (2021). Op cit.

[20] McGorry, P., Trethowan, J., Rickwood, D. (2019). Op cit.

- **drug checking (pill testing)** – this enables young people to make more informed decisions about their AOD use and reduce the risk of accidental overdose. It also aligns with the national harm minimisation approach under the National Drug Strategy.
- **safe consumption sites** – this can include safe injecting sites, but also facilities where people can consume methamphetamine via smoking. These facilities can increase the accessibility of naloxone, making sure young people are aware of what it is, why it can be needed and how it can be administered. They also provide psychoeducation and information about reducing AOD use.
- **family inclusive practice** – family based prevention and early intervention strategies can increase parent skills and knowledge and improve family problem solving and conflict resolution.[21]
- **digital interventions** –these are effective and can provide accessible, engaging, and less stigmatising interventions that meet the needs of young people and can facilitate AOD prevention, early intervention and treatment.[22]
- **codesign of AOD interventions via community engagement and consultation** – partnering with community members in exploring how to prevent and reduce AOD use can increase awareness of the supports available, and ensure these are well matched with the needs and strengths of the community. This would also help to reduce stigma and shame which act as barriers to seeking help.

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[21] Snijder, M., Stockings, E., Munro, A. et al (2018) *Op cit.*

[22] Monarque, M., Sabetti, J., & Manuela, F. (2023) Digital interventions for substance use disorders in young people: Rapid review. *Substance Abuse Treatment, Prevention, and Policy,* 18, Article 13.

Attachment 1: headspace programs and services

headspace provides early intervention mental health services to 12 to 25 year olds. headspace offers young people support across mental health, physical and sexual health, alcohol and other drugs, and work and study – providing an integrated service horizontally across these domains of care.

headspace was established in 2006 to address challenges faced by young people aged 12-25, including:

- a lack of age appropriate and developmentally appropriate services for young people
- a lack of early intervention services
- young people's need for holistic care rather than a medical model of care
- barriers that young people in particular experience in accessing support, including stigma, cost, a lack of services in regional areas, and limited availability of online supports.

headspace now has more than 163 services embedded in local communities across metropolitan, regional and remote areas. Each centre is run by a local agency, and a consortium of local service providers, influencers and community members come together to guide the centre in responding to the particular needs within their locality. These responses often include alcohol and other drug treatment services and ensures the headspace service is deeply embedded within the local system and community.

headspace also works with schools and communities across Australia, to build the mental health literacy and capacity of young people, their families, the school community and education workforce. headspace delivers a range of school programs that aim to encourage help-seeking, address stigma about mental ill health, and increase awareness and access to mental health support services.

Our integrated services provide the holistic, multi-faceted support that is a necessary component of a responsive service system model. This includes:

- **headspace centres:** the headspace network of services are youth-friendly, integrated service hubs, where multidisciplinary teams provide holistic support across the four core streams.
- **community awareness:** guided by local youth reference groups and centre staff, Community Awareness Officers at each headspace centre work locally to build mental health literacy, reduce stigma, encourage help-seeking, identify local needs and ensure young people know they can access help at headspace.
- **digital mental health programs and resources:** headspace uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.
- **eheadspace:** our virtual service provides safe, secure support to young people and their family and friends from experienced youth mental health professionals via email, webchat or phone. There are also online group sessions led by clinicians or peers, focused on the big issues facing young people and their family and friends.

- **headspace regional telephone counselling service:** headspace offers integrated holistic teleweb support for students in eligible schools in regional Victoria (locations more than 50km from a headspace centre).
- **headspace campaigns:** campaigns focus on stigma reduction, building mental health literacy and encouraging help seeking, while ensuring young people know headspace is a safe and trusted place they can turn to in order to support their mental health.
- **headspace in schools and universities:** Through evidence-based mental health promotion, prevention, early intervention and postvention services, headspace delivers key initiatives designed to support the mental health and wellbeing of school communities. This includes:
  - **Be You** – a mental health and wellbeing initiative for learning communities. In particular, headspace can support secondary schools to prepare for, respond to and recover together where there has been a death by suicide.
  - **Mental Health Education Program** – this program provides free mental health education workshops for schools
  - **University support program** – this provides training and education opportunities to Australian universities to build their capacity and confidence to engage in conversations about mental health and wellbeing
- **programs and resources to support hard-to-reach cohorts of young people**: these include
  - **Visible project –** a community based initiative using artwork as a form of community engagement and awareness.
  - **Yarn Safe –** mental health and wellbeing resources and support for First Nations young people.
- **vocational supports:** headspace centres provide integrated mental health and vocational support to young people to help them remain engaged in work and study, including implementing Individual Placement and Support (IPS) in headspace centres. In addition, headspace provides vocational support via:
  - **headspace Work and Study Online** (hWS) is a national digital program that provides integrated mental health and vocational support via the phone, video conferencing, online messaging and email. hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months.
  - **headspace Career Mentoring** connects young people aged 18 to 25 years living with mental health challenges with industry professionals to meet fortnightly over a period of six months via video conferencing and/or the phone to enhance a young person’s employment and career opportunities.