

10 February 2023

National Mental Health Commission  
PO Box R1463  
Royal Exchange  
New South Wales 1225

By email: [StigmaStrategy@mentalhealthcommission.gov.au](mailto:StigmaStrategy@mentalhealthcommission.gov.au)

### **headspace National submission: Draft National Stigma and Discrimination Reduction Strategy**

headspace National welcomes the opportunity to provide input into the Draft National Stigma and Discrimination Reduction Strategy. Thank you for approval to make a submission after the formal closing date, so that we could include reflections from the Commission's engagement with the headspace Youth National Reference Group (hyNRG) on 23 January.

#### **About headspace**

headspace is the National Youth Mental Health Foundation, providing early intervention mental health services to 12–25-year-olds across Australia. The headspace platform provides multidisciplinary care for mental health, physical health (including sexual health), alcohol and other drugs, and work and study across a range of services.

The core of the headspace service offerings is the network of headspace centres contracted through Primary Health Networks (PHNs). Comprising the largest national network of youth mental health services, headspace has more than 150 centres embedded in local communities across metropolitan, regional and remote areas (including 37 in Victoria), online and phone support services through eheadspace, and also supports young people in school settings.

While the Australian Government is the majority funder through the federal Department of Health and Aged Care, with a brand recognised and trusted by young people, headspace is also funded by a number of state governments through National Partnership agreements, and to deliver various programs supporting young people in their jurisdictions.

#### **Our response to the draft strategy**

The draft strategy covers a broad number of actions. **Attachment 1** focuses on a selection of these actions for which headspace can offer insight and experiences. In particular, our response highlights the following key themes for your consideration.

- There are a number of important stigma reduction initiatives for which it would be useful to **strengthen data collection and evaluation**. For headspace, these include community awareness and engagement activities and outreach services. Analysis of media reports, brand tracking and campaigns is also an important component of monitoring and evaluation of stigma reduction activities.
- Robust strategies and policies are needed to ensure that **support for First Nations young people and migrant and refugee young people** and their communities is prioritised across all actions of the strategy. Cultural competency and safety frameworks must be relevant and appropriate to ensure mental health practitioners are appropriately prepared and supported to provide culturally responsive care, and structural, systemic and cultural barriers to seeking help can be reduced.
- **Lived experience is a critical element of service design and delivery**. Effective and engaging programs and services requires input from young people with lived experience to inform program and service design and delivery.

Similarly, headspace would advocate for the meaningful engagement of young people from diverse backgrounds and their family and supporters in all aspects of the development and implementation of the National Strategy.

- **Mental health education programs are critical to building mental health literacy** of young people and communities, fostering healthy conversations about mental health and helping to reduce stigma and discrimination. These should be implemented in a variety of settings, including primary and secondary schools, universities and TAFEs and community settings.
- **Media is an important vehicle for strengthening mental health literacy**, reducing stigma and encouraging help seeking, including through media campaigns, representation of mental health in media, and using strengths-based narratives to recognise the many ways in which people with lived experience contribute to the community.

As part of this consultation process, the National Mental Health Commission, in conjunction with headspace National, facilitated a workshop with hyNRG to seek their views on the draft strategy.

**Attachment 2** provides a summary of key themes arising from this workshop.

**Attachment 3** provides media analysis insights, brand tracking research and evaluation to illustrate and share learnings from our national, multi-modal awareness and stigma reduction campaigns.

In addition to the specific responses attached, headspace would also advise that a sophisticated and nuanced approach is required in developing a strategic approach to stigma reduction.

The Strategy should envision and enable a very contemporary approach to stigma reduction that reflects significant but variable progress made through social discourse and targeted initiatives to date. It should be informed by established research about where gains have been made and where stigma is most disproportionate – for example, that men - and younger men in particular - remain more resistant to help-seeking, as do people from particular cultural backgrounds. Therefore, the Strategy should support targeted cohort-specific understanding and initiatives that are appropriate to particular understanding and perceptions of mental health and the factors that influence these, and guard against unsophisticated approaches that could be highly problematic.

We would welcome the opportunity to discuss or provide any further information on the content of our submission, to support development of the National Stigma and Discrimination Reduction Strategy.

Yours sincerely,

Jason Trethowan  
Chief Executive Officer

# Attachment 1: headspace National submission for the National Stigma and Discrimination Reduction Strategy

Attachment 1: headspace National submission for the National Stigma and Discrimination Reduction Strategy .....	3
Priority 1: Implement foundational actions to address stigma and discrimination.....	5
Action 1j – Monitor and evaluate the implementation of stigma reduction initiatives, through a mixed-methods approach and using an implementation science framework (e.g. RE-AIM).....	5
Priority 2: Reduce structural stigma and discrimination .....	6
Action 2.1b – Review existing cultural competence/safety frameworks relating to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds.....	6
Action 2.1d – Work with communities and sector organisations to co-design and co-produce a new national strategy for culturally and linguistically diverse community mental health and wellbeing, which includes a specific stigma-reduction focus. ....	8
Action 2.2g – Employ people with personal lived experience or support people in designated lived experience roles within government health departments, including in positions of leadership. ....	8
Action 2.2i – Review Medicare arrangements to ensure that GPs are incentivised to provide high quality healthcare to people with personal lived experience. ....	9
Action 2.3j – Increase employment opportunities available to people with personal lived experience, and support people, who can and wish to work.....	9
Action 2.7b – Conduct mental health education programs for students that embed lived experience stories to challenge stereotypes around mental health. Consider opportunities to deliver these through contact-based or peer modelling approaches.....	10
Action 2.7d – Ensure in-school mental health programs contain an explicit anti-stigma focus and include the impact of co-occurring conditions.....	12
Action 2.7e – Support all staff in education and training settings to undertake mental health literacy and stigma-reduction training, using a ‘whole learning community approach’ to build an inclusive learning environment. ....	12
Priority 3: Reduce public stigma .....	13
Action 3.1e – Ensure all future public stigma reduction initiatives:.....	16
• incorporate human rights in the frame of reference .....	16
• use a strengths-based narrative that emphasises hope and recovery, and expresses the many and varied ways that people with personal lived experience contribute to the community .....	16
• are co-designed and implemented by people with lived experience .....	16
• consider how people are affected who experience multiple forms of discrimination.....	16
Action 3.2d – Use media channels and digital platforms to prevent stigmatising attitudes from developing, by: .....	17
• introducing segments on children’s television programs that can start to appropriately introduce concepts of mental health, including rights-based concepts, and diversity of experiences from a young age	17
• forming partnerships with large commercial media platforms and outlets to develop and implement a shared vision around mental health-related stigma and discrimination.....	17
Action 3.2h – Develop and implement campaigns using mass media and digital platforms that:.....	17
• move beyond a focus on the scale of the problem and what not to do, to incorporate suggestions for engendering hope, positive language and behaviours towards people with personal lived experience, and respect for their dignity and rights .....	17

- reach rural and culturally and linguistically diverse communities (e.g., through funding CALD radio and organisations in each state to lead action connected with established lived experience perspectives)..... 17
- are co-designed and co-delivered with people with lived experience. .... 17

Attachment 2: Key themes arising from workshop with headspace Youth National Reference Group ..... 19

Attachment 3: headspace media insights (July 2020 – June 2021)..... 21

Example 1: The headspace Day campaign ..... 25

Example 2: Loneliness data, National Youth Mental Health Survey (2022)..... 25

Example 3: Take a Step Campaign ..... 26

## Priority 1: Implement foundational actions to address stigma and discrimination

### Action 1j – Monitor and evaluate the implementation of stigma reduction initiatives, through a mixed-methods approach and using an implementation science framework (e.g. RE-AIM).

headspace supports the focus on monitoring and evaluation of stigma reduction initiatives to understand population-level impacts.

Learnings from the evaluation of headspace initiatives might inform implementation of this action.

The 2022 [Evaluation of the National headspace Program](#) (the Evaluation) found that headspace is effective in reducing stigma.<sup>1</sup> Core components of the headspace model integrity framework that contribute to this include: locally based community awareness and engagement activities; education; enhanced access to services; and family and friends participation. Community-based activities delivered through local headspace services are supplemented by national campaigns, resources and online support services. However, the evaluation identified the need to strengthen data collection on the impact of stigma reduction and community engagement activities undertaken by headspace.

Stronger data collection and evaluation is desirable for effectiveness and ongoing improvement of stigma reduction initiatives, particularly in the context of securing and maintaining resources for such activities in the face of high demand for treatment and intervention services.

A case in point for headspace is **community awareness and engagement** (CAE) activities and outreach services. Each headspace service receives funding to undertake CAE activities, which involve working with the local community to increase mental health literacy, reduce stigma, and encourage early help seeking. Whilst stakeholders consider these activities are important in reducing stigma, resourcing for such activities is often redirected to meet service delivery pressures.<sup>2</sup>

headspace endorses the need for mixed-methods evaluation approaches. It has been challenging to collect data from across the national network of headspace centres about the nature, impact or optimal approaches of CAE activities and workforce roles and functions; both the diversity of activities and the impacts that they have – which include both relationship-building and many one-off interactions – are difficult to capture and measure.

headspace is currently undertaking a review of CAE activities to better understand what steps can be taken to enhance these across the headspace network, including better data collection. This review is expected to be completed in June 2023.

headspace's [Embedding Cultural Practice and Safety Project](#) highlighted outreach services as a significant stigma reduction initiative. This involves meeting young people where they are, so that they feel comfortable and safe and is considered best practice in the context of First Nations social and emotional wellbeing. There is opportunity to strengthen data collection and evaluation of these services.

Evaluation of media-based **stigma reduction campaigns** and awareness raising is a major focus for headspace National. By tracking media coverage, headspace is able to monitor the frequency of help-seeking through headspace in media reports, and the relative reach and engagement of different media channels within and across campaigns – the internet being by far the predominant medium.

headspace brand tracking has found that the proportion of young people who believe that there is stigma around mental illness decreased from 65 percent in 2022 to 60 per cent in 2021. Despite this, mental health literacy and the perception of stigma around seeking help for a mental illness has remained stable.

Further information about headspace media analysis and brand tracking research and evaluation can be found at **Attachment 3**.

---

<sup>1</sup> Department of Health. (2022). *Evaluation of the National headspace Program – Final Report*.

<sup>2</sup> Department of Health. op. cit.

## Priority 2: Reduce structural stigma and discrimination

### Action 2.1b – Review existing cultural competence/safety frameworks relating to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds.

Aboriginal and Torres Strait Islander young people and young people from CALD backgrounds face many structural, systemic and cultural barriers to seeking help. These include a distrust of mainstream health services, experiences of historical and ongoing exclusion and racism, and care which is not culturally safe or appropriate. Stigma – of mental illness generally, and of seeking help for mental illness – is a barrier to seeking help, particularly for First Nations and CALD young people.<sup>3</sup>

There is also a lack of staff in headspace and other mainstream services that reflect the diversity of the communities being serviced<sup>4</sup> which serves as a barrier to engagement and help-seeking.

Further barriers include a lack of awareness and acknowledgement of the need for mental health care, language difficulties and confidentiality concerns, while facilitators are openness and acceptance by staff and service, culturally respectful approaches to intake and treatment, confidential services, and strong relationships with families and communities.<sup>5</sup>

It is vitally important that these, and other, barriers and enablers are considered in reviewing existing culturally responsive frameworks, to ensure the frameworks support the safety and wellbeing of Aboriginal and Torres Strait Islander people and people from CALD backgrounds.

#### First Nations young people

Mental health services are accessed at low rates by Aboriginal and Torres Strait Islander young people, relative to their level of need.<sup>6</sup> 77% of Indigenous people aged 18-24 experiencing poor mental health have not seen a health professional.<sup>7</sup>

First Nations young people are often disadvantaged because appropriate, safe and well-resourced services are not accessible to them.<sup>8</sup> These young people are more likely to access – and will experience better outcomes from – services that are respectful and culturally safe.<sup>9</sup>

headspace National commissioned an independent review of the headspace model of care and the cultural safety of services provided. Findings outlined in the [Embedding Cultural Practice and Safety Project Report](#) included the need to strengthen the headspace model of care, build the cultural capability of the non-Indigenous workforce, better reflect our headspace centres to the local First Nations communities they are a part of, connect with communities through outreach, and value and incorporate First Nations approaches to social and emotional wellbeing (SEWB) into the headspace model of care.

Another key learning has been understanding barriers to building cultural capability, such as:

- lack of acknowledgement of the time required to build trust and create sustainable partnerships
- the need to upskill non-Indigenous staff and embed the principles and value of co-design, partnerships and engagement with local First Nations youth at all stakeholder levels in the commissioning and establishment of services
- cultural awareness training that does not adequately prepare staff and organisations to meet the needs of First Nations youth; and the need for ongoing face-to-face training in a local context.

---

<sup>3</sup> headspace National. (2015). *Service Innovation Project Component 2: Social Inclusion Model Development Study*, Melbourne.

<sup>4</sup> Department of Health. (2022). op. cit.

<sup>5</sup> headspace National. (2015). op. cit.

<sup>6</sup> Cox Inall Ridgeway. (2020) *Internal Rapid Audit and Literature Review: embedding cultural safety into the headspace model integrity framework*.

<sup>7</sup> Victorian Aboriginal Community Controlled Health Organisation Inc. (2020). *Balit Durn Durn: Strong brain, mind, intellect and sense of self Report to the Royal Commission into Victoria's Mental Health System*. Melbourne.

<sup>8</sup> Westerman and Vicary. (2004). "That's just the way he is": Some implications of Aboriginal mental health beliefs. *Australian e-journal for the Advancement of Mental Health*, Vol 3, Issue 3; Hunter (1993) *Aboriginal Mental Health Awareness: An overview, Part II*. *Aboriginal and Islander Health Worker Journal* 17(1): 8-10.

<sup>9</sup> Cox Inall Ridgeway. op. cit.

Building trust with community takes time, dialogue and respect. It is important not to rush relationship building with communities, or processes for engaging young people. This is also critical for building nuanced understanding and approaches to address the specific needs of each community.

Also important is strong cultural governance embedded in the organisation so First Nations leadership is reflected at the board, executive and across other leadership roles.

Learnings from headspace could be considered in the review of existing cultural safety frameworks and identification of initiatives to strengthen existing frameworks. For example, headspace is now working towards developing a **First Nations cultural capability training program** for headspace National staff and the centre network, and a **Cultural Supervision Pilot Program** to strengthen the SEWB approach of non-Indigenous clinical workforce working with First Nations young people.

## **CALD young people**

The term 'culturally and linguistically diverse' (CALD) is used to refer to community members who were born overseas and/or speak a language other than English. headspace acknowledges that such definitions do not fully capture the diverse experiences of young people from migrant, refugee and asylum-seeking backgrounds, international students, those on temporary visas and first- and second-generation migrants. The unique needs of multicultural and multifaith communities should also be considerations for the strategy. Whilst CALD, multicultural and refugee and migrant are used interchangeably, we would suggest using 'multicultural' or 'refugee and/or migrant' instead.

Many young people from refugee backgrounds are vulnerable to mental ill-health, and yet, are underrepresented in mental health services in Australia.<sup>10</sup> Nationally, in FY20, the proportion of young people who speak a language other than English was 25.7% (ABS data), compared with only 8.5% of clients across the headspace Network.<sup>11</sup>

There is a need to deliver focused support and engagement for multicultural young people, communities and staff. At headspace, surveys reveal clinicians want support to increase their confidence and cultural competency to work effectively with culturally diverse young people and their families. The hyNRG group suggested that young people don't believe services can provide good care for certain groups. The strategy should consider what support is required more broadly for the mental health workforce in order to provide safe, effective and culturally responsive care.

The [Evaluation of the National headspace Program](#) highlighted the need to increase understanding of cultural sensitivities around mental health; and challenges for CALD communities relating to stigma, including that mental illness is often not easily accepted or understood, which prevents people from sharing their experiences or seeking help.<sup>12</sup>

headspace is working with young people and partner organisations on initiatives to improve cultural safety and experiences for CALD young people in the provision of services including:

- the **REVERB program**, which includes workshops to address discrimination and encourage help seeking (with the Centre for Multicultural Youth)
- **Cultural Conversations**, an event for young multicultural people with a lived experience of suicide or mental health issues and professionals in the mental health and/or multicultural sectors (with Neami National)<sup>13</sup>
- the **Visible** project, a community-based initiative using artwork as a form of community engagement and awareness (with the Australian Youth Advocates for Mental Health)
- **peer work training modules** which include considerations around supporting multicultural peer workers and working with multicultural communities as peer workers

---

<sup>10</sup> Orygen and the Centre for Multicultural Youth. (2020). *Responding together: Multicultural young people and their mental health*.

<sup>11</sup> headspace National (2020). *Research and evaluation report*. provided 25112020. (unpublished).

<sup>12</sup> Department of Health. (2022). op. cit.

<sup>13</sup> *Cultural Conversations: Suicide Prevention*. <https://headspace.org.au/headspace-centres/armadale/cultural-conversations-suicide-prevention/>

- youth-led **resource development** e.g. resources for international students on navigating the Australian mental health system and dealing with homesickness and culture shock.<sup>14</sup>

Further examples are included in the response to Action 3.1c.

**Action 2.1d – Work with communities and sector organisations to co-design and co-produce a new national strategy for culturally and linguistically diverse community mental health and wellbeing, which includes a specific stigma-reduction focus.**

Robust strategies and policies are needed to ensure that support for multicultural young people and their communities is prioritised and integrated in service design, to strengthen multicultural leadership, and to work towards consistent and measured improvement. Such work is included as a core principle and recurrent theme in the current [headspace Strategy](#).

Some headspace examples of working with migrant and refugee young people include:

- appointment of young people from these backgrounds as youth advisors to the headspace Board
- plans to expand hyNRG to include more multicultural young people in 2023
- improving access, safety and quality of services of young people from refugee and migrant backgrounds within the headspace Work and Study Online service including
  - cultural capacity training, practice resources and peer reflection for front line staff
  - increasing translation and diversity of voices in existing resources, and co-designing online content highlighting the experiences of multicultural young people.

headspace notes that the term ‘co-design’ is broadly used to convey a high-order level of involvement. There is a risk that overuse of the term inhibits considered assessment about the nature and purpose of participation in specific contexts. Genuine co-design can place a significant time, emotional and financial burden on invitees. headspace suggests language in the Strategy that calls for “meaningful engagement and appropriate and supported participation” in all aspects of the Strategy and its implementation.

**Action 2.2g – Employ people with personal lived experience or support people in designated lived experience roles within government health departments, including in positions of leadership.**

Lived experience is a critical element of service design and delivery. Reform of mental health systems and services will only work if undertaken with people with lived experience at its core.

headspace supports this action, and encourages expansion of the action to include government-funded organisations and agencies. Organisations such as headspace have an important, and often leading, role to play in employing people with lived experience. For headspace, this is important at:

- the local Centre level, where services are delivered and there is a close connection to community, and therefore an opportunity to utilise the experiences of people with lived experience to drive stigma reduction initiatives
- headspace National level, where there is opportunity for our youth advisory groups to help design stigma reduction strategies and initiatives to reach the population more broadly.

headspace supports the observations of the National Mental Health Commission<sup>15</sup> that:

1. people with lived experience have significant and distinct skills, experience and expertise to bring to the design and delivery of services and the creation of policy
2. like anyone else, people with lived experience need capacity building, professional learning and organisational supports to equip them for new roles. Employing organisations may need specialist readiness training to be able to provide these effectively, including confronting prejudice and stigmatising beliefs.

The hyNRG members said that “seeing other young people in the community being leaders in the mental health sector” is an important component of encouraging healthy conversations about mental health.

<sup>14</sup> headspace. (2020). *International Students’ Information Pack*. <https://headspace.org.au/headspace-centres/bondi- Junction/international-students-information-pack/>

<sup>15</sup> National Mental Health Commission. (2019). *Sit Beside Me, Not Above Me*. p. 16.

It is important that people with lived experience who are employed in government roles are supported to build their leadership and decision-making capability so that they can lead and influence across all aspects of the mental health and wellbeing system.<sup>16</sup>

In 2022 headspace National undertook a review of youth participation in mental health services. The review made the following recommendations to improve and strengthen youth participation:

1. Ask young people what their preferences are regarding the term used to refer to young people who access a mental health service.
2. Evaluate the impact of participation initiatives on the young people who access a service.
3. Consider how young people are compensated for involvement in participation activities.
4. Initiate co-design projects.
5. Develop and support advocacy initiatives.
6. Adequately resource youth participation initiatives.<sup>17</sup>

### **Action 2.2i – Review Medicare arrangements to ensure that GPs are incentivised to provide high quality healthcare to people with personal lived experience.**

Under the *Better Access* initiative, new Medicare Benefits Schedule (MBS) items are proposed for: family and carer participation in treatment; and mental health case conference for patients being treated under *Better Access* or an eating disorder treatment and management plan.

This is a welcome proposal as headspace therapists devote a lot of time managing parent concerns and working with family members of young people receiving treatment.

However, for this initiative, and any future reviews of the MBS, it is imperative that consideration is given to providing appropriate frameworks to ensure GPs and mental health care professionals are able to bill appropriately and therefore provide high quality mental health care.

Currently, for example, GPs will often not bill for services where they perceive it would “take sessions away” from the psychologist.

### **Action 2.3j – Increase employment opportunities available to people with personal lived experience, and support people, who can and wish to work.**

headspace considers this a vital action. In particular, there should be a strong focus on supporting *young people* with lived experience to engage in employment. The action could also be expanded to include supporting young people to seek education opportunities, including education and training to prepare and position them for lived experience roles.

All young people are at a critical stage of life vocationally, as they move from late adolescence into early adulthood and navigate the challenges of completing school, making career choices, seeking employment and training and beginning employment. Many young people find this stage of life challenging, with young people aged 15 to 24 years at particular risk of disengagement from education, employment and training.

Young people who are disengaged from employment and education are at increased risk of long-lasting negative outcomes including socio-economic exclusion, long-term welfare dependency, and poor mental health.<sup>18,19</sup> Scarring from unemployment contributes to extended periods of unemployment, lower wages

---

<sup>16</sup> State of Victoria. (2021). *Royal Commission into Victoria's Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities*. Section 18.6.2.

<sup>17</sup> headspace National. (2022). *Review of youth participation in mental health services*. Dr Kerry Thomas of Proven Intelligence Pty. Ltd.

<sup>18</sup> Powell, A., Salignac, F., Meltzer, A., Muir, K., & Weier, M. (2018). *Background report on young people's economic engagement*. Sydney, Centre for Social Impact, UNSW.

<sup>19</sup> Gore, F.M., Bloem, P.J., Patton, G.C., Ferguson, J., Joseph, V., Coffey, C., Sawyer, S.M., & Mathers, C.D. (2011). “Global burden of disease in young people aged 10–24 years: a systematic analysis.” *The Lancet*. **377**(9783): 2093-2102.

on re-employment, and increasing the probability of experiencing unemployment again.<sup>20</sup> This contributes to lost lifetime earnings, productivity and associated reduction in taxation revenue.

Participation in education or employment is recognised as a strong protective factor for young people's mental health, whilst non-participation is a major risk factor.<sup>21</sup> This is important for all young people, but particularly important to ensure support for those with lived experience.

headspace acknowledges and endorses the observations of the Royal Commission into Victoria's Mental Health System<sup>22</sup> that people with lived experience are a critical part of the mental health sector workforce, and they must be supported to prepare for, and participate successfully in, professional roles in service organisations.

This includes providing access to high-quality baseline lived experience training, access to learning and development that supports specialisation (including paid study leave, payment of course fees, and approval to take time off to attend training), movement into new roles, and structural supports such as supervision, career pathways and remuneration. Employing organisations should also work to improve organisational and workforce awareness of the value of lived experience expertise and to understand, elevate, respect and empower lived experience workers.<sup>23</sup>

Interviews with headspace service providers about youth participation in mental health services identified the following key enablers of genuine youth participation: remuneration; ensuring youth advisors are supported to prepare for meetings and other activities; encouraging independent viewpoints; providing opportunities for skill development including self-reflection; slowing the pace of organisation meetings; using terminology that young people are familiar with; authentic interactions; and ensuring youth advisors have opportunities to remain engaged during quiet/slow periods.

### **Action 2.7b – Conduct mental health education programs for students that embed lived experience stories to challenge stereotypes around mental health. Consider opportunities to deliver these through contact-based or peer modelling approaches.**

The draft strategy highlights the importance of building the mental health literacy of staff in education settings including primary, secondary, universities and TAFEs. headspace considers all of these settings important. See also the responses to Actions 2.7d and 2.7e below.

The hyNRG members said that increasing education and understanding generally, and increasing education for teachers, are vital to help foster healthy conversations about mental health.

A strong theme from hyNRG was increasing visibility of people who have lived experience of mental health in order to help reduce stigma and discrimination. In particular, "lived experience talks by inspiring young people" and "having members of the community coming into schools or communities to share their lived experience of mental health".

### **Schools**

It is critical that programs delivered in schools embed lived experience stories and contain a focus on challenging stigma and the barriers that young people face in seeking help for mental health concerns.

Some examples of the types of programs include:

- headspace's **Mental Health Education Program**, which delivers free mental health education workshops to secondary school communities, aimed at increasing awareness, knowledge and skills in mental health literacy, accessing support and improving wellbeing of students and families

<sup>20</sup> Cassidy, N., Chan, I., Gao, A., & Penrose, G. (2020). *Long-term Unemployment in Australia*. Reserve Bank of Australia. Retrieved from: <https://www.rba.gov.au/>.

<sup>21</sup> Holloway, E., Rickwood, D., Rehm, I., Meyer, D., Griffiths, S., & Telford, N. (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.

<sup>22</sup> headspace National. (2022). *Review of youth Participation in mental health services*. (currently unpublished).

<sup>23</sup> State of Victoria. (2021). *Royal Commission into Victoria's Mental Health System, Final Report, Volume 4: The fundamentals for enduring reform*. Section 33.10.4.

- the **Be You initiative**, the national mental health in education initiative delivered by Beyond Blue in collaboration with Early Childhood Australia and headspace. Be You supports educators from early learning services and schools to develop a positive, inclusive and resilient learning community where every child, young person, educator and family can achieve their best possible mental health
- **storytelling in schools**, facilitated by organisations including Batyr. Safe storytelling for both the teller and audience is particularly critical and the conversations that accompany storytelling allow young people to unpack what they have heard and develop a common language.

### Tertiary settings

Over 1.4 million students study in Australia's universities each year. Between 2008-2018, universities saw huge growth in students from marginalised communities, including Indigenous students (over 100%), students from low socio-economic backgrounds (+66%), students with disability (+139%); and students from regional and remote areas (+48%). These groups are more likely to experience poor mental health and may require different approaches and supports.

The Productivity Commission found that tertiary students experience poorer mental health than the general population. Being a student is associated with stressors that can affect mental health, including academic demands, living away from home and support networks, and financial stresses. International students may also face language and cultural challenges.

Orygen<sup>24</sup> found that over half of tertiary students aged 16–25 years reported high or very high psychological distress while 35.4% had thoughts of self-harm or suicide - levels supported by other Australian studies<sup>25 26 27</sup>. headspace Schools and Communities has received Commonwealth funding to deliver training for staff in all Australian universities to recognise and respond to student mental ill health. The headspace Refugee and Migrant Practice team are currently developing capacity building for the sector on working with international students. This will include a guide on understanding Overseas Student Health Cover for practitioners and staff.

### Community settings

While educational settings must be a focus for mental health and wellbeing education, headspace also advocates for engagement and awareness in broader community settings in order to reach those who may not be engaged in formal education settings.

The Royal Commission into Victoria's Mental Health System identified community gatekeeper training as an approach that could be utilised within such settings. This involves community members such as sports coaches, youth workers and retail workers being provided with training to equip them with skills to discuss suicidal behaviour and encourage young people to seek help.<sup>28</sup> These community members often come into contact with young people; therefore, opportunities to train and upskill these members should be considered as a key component in supporting young at-risk people and also breaking down stigma around mental health and encouraging help seeking.

headspace has worked with the AFL to develop [Safe Storytelling: a guide for the AFL industry to communicate sensitively about mental health](#). Safe storytelling, also referenced above in relation to schools programs, prioritises the safety of those sharing their story, the safety of those hearing their story and reducing stigma about mental health.

### Peer moderated online communities

Peer approaches are utilised by headspace through online communities – forums and webchats for young people and families to connect with and hear from others who may have shared experiences. A range of theme-based live [group chats and spaces are moderated by trained Peer Support Moderators](#) and some by credentialed mental health clinicians.

<sup>24</sup> Orygen. (2017). *Under the radar. The mental health of Australian university students*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.

<sup>25</sup> National Union of Students. (2016).

<sup>26</sup> Renner, P., O'Dea, B., Sheehan, J. & Tebbutt, J. (2015). *Days out of role in university students: The association of demographics, binge drinking, and psychological risk factors*. Australian Journal of Psychology, 67, 157-165.

<sup>27</sup> Stallman, H. M. (2008). *Prevalence of psychological distress in university students—implications for service delivery*. Aust Fam Physician, 37, 673-7.

<sup>28</sup> State of Victoria. (2021). *Royal Commission into Victoria's Mental Health System, Final Report, Volume 2: Collaboration to support good mental health and wellbeing*. Section 17.6.1.

**Action 2.7d – Ensure in-school mental health programs contain an explicit anti-stigma focus and include the impact of co-occurring conditions.**

Schools are a key platform for the provision of stigma reduction strategies and mental health support that engage children, young people, and families along the continuum of intervention for health and wellbeing. Schools are well-accustomed to supporting students' learning and developmental needs and they also help students to develop resilience, social and emotional health, and confidence in seeking services and treatment.

Nationally, headspace Schools and Communities partners with education and health sectors across Australia to build the mental health literacy and capacity of education workforces, and aims to improve the mental health and wellbeing of young people, families and school communities. Addressing stigma about mental health and help seeking is a key focus of programs when working with schools. Examples of these programs are outlined above in the response to Action 2.7b.

**Action 2.7e – Support all staff in education and training settings to undertake mental health literacy and stigma-reduction training, using a 'whole learning community approach' to build an inclusive learning environment.**

The **Be You initiative**, referenced above in Action 2.7b, is an example of how staff in schools are supported to develop positive, inclusive and resilient learning communities by promoting positive mental health in young people.

The focus of Be You is on developing whole learning community approaches to wellbeing through supporting educators to build their mental health literacy and skills in supporting, and responding to the needs of children and young people.

One way that Be You achieves this is by providing mental health literacy content, such as the [Mental Health Continuum](#) which describes individuals' behaviours, learning and social relationships across the continuum, and provides guidance for educators on when to be concerned about a young person, and what types of things they can do to support all young people. This tool tackles stigmatising notions of mental wellbeing by illustrating that everyone has mental health, and where we are positioned on the continuum can and does change.

## Priority 3: Reduce public stigma

### Action 3.1c – Design and prototype/pilot appropriately tailored and culturally-safe contact-based initiatives (with a rights-based framing) in collaboration with key communities: Aboriginal and Torres Strait communities; CALD communities; LGBTIQ+ people; family, friends and support people; and specific gender and age groups (e.g. young men)

headspace supports the target groups identified in this action and suggests that young people be considered as an additional group for the development of initiatives, in addition to those living in remote and rural areas. The intersectionality of these groups should also be considered, as well as taking a nuanced approach that reflects different drivers, features and progress in stigma reduction for cohorts within these groups.

The evaluation of the national headspace program identified CALD, First Nations young people, young people in remote and rural areas, and LGBTIQ+ young people as groups in which stigma, among other barriers, is a challenge which results in young people being less likely to seek help.<sup>29</sup>

headspace is, however, achieving high engagement amongst priority groups relative to the general Australian population, many of whom are over-represented in mental health statistics and less likely to seek help.

Targeted initiatives are required for each of the groups outlined in this action.

#### First Nations

Investment is needed in cross-sectoral service models and partnerships to ensure the diverse needs of Aboriginal and Torres Strait Islander young people are met in culturally safe ways.

The headspace review of cultural safety and awareness (referenced in the response to Action 2.1b) found that stigma is a barrier to accessing mental health services, and that building community awareness and capacity to deal with mental health issues is key to reducing the stigma around mental health.<sup>30</sup>

For headspace, as an example of a mainstream health service, sustainable and genuine partnerships between local headspace centres and Aboriginal community-controlled health organisations would work toward ensuring First Nations young people are supported in the communities within which they belong. Investment in genuine partnerships would also support and strengthen, rather than compete with or duplicate, existing local services and programs.<sup>31</sup> The Central Australian Aboriginal Congress advised headspace that:

*“strengthening community-led initiatives...includes supporting community control of Aboriginal services and programs, connection to family, community, country, language and culture and...culturally secure [social and emotional wellbeing programs]”.*

This recommendation is supported by research which demonstrates that improvements in mainstream service delivery for First Nations young people and communities occurs through ongoing community partnerships, including those with Aboriginal community-controlled organisations and Elders.<sup>32</sup>

For example, the **Our Way Our Say** program is a pilot social and emotional well-being and suicide prevention program for middle and senior students, co-designed with First Nations Peoples in the Darwin region and led by headspace in partnership with an expert local First Nations Cultural Advisory Council. The program promotes the building of the social and emotional competencies which lead to help seeking from First Nations perspectives of mental health and holistic social and emotional wellbeing and celebrates the strengths of First Nations cultures.

---

<sup>29</sup> Department of Health. (2022). op. cit.

<sup>30</sup> headspace National. (2021). *Embedding cultural practice and safety project report*.

<sup>31</sup> Department of Health. (2015). *Implementation plan for the National Aboriginal and Torres Strait Islander health plan 2013–2023*. Commonwealth of Australia.

<sup>32</sup> Wright, M., Getta, A. D., Green, A. O., Kickett, U. C., Kickett, A. H., McNamara, A. I., & O’Connell, M. (2021). Co-designing health service evaluation tools that foreground first nation worldviews for better mental health and wellbeing outcomes. *International journal of environmental research and public health*, 18(16), 8555.

## CALD communities

headspace has several [professionally moderated group chats](#) focused on supporting the needs of CALD young people. These include the following.

- When mental health is understood differently in your community & culture
- Support for international students
- Racism...how to respond
- Navigating Life with Migrant Parents
- Exploring your cultural identity
- Too foreign for my parents & too foreign for my peers

There is also value in exploring movement, music, art and storytelling as a means for multicultural communities to express their lived mental health experiences and to empower, educate and inspire other young people in their community. **Visible** is a program that celebrates the many ways of story sharing and aims to connect young people with local artists to create artwork that makes a difference while having a meaningful experience throughout the process. Visible is already having an impact on the lives of young people creating a positive social ripple effect that starts at a grassroots level.

The Visible program has involved:

- consultation and co-design with young people from CALD backgrounds
- headspace Bankstown advising on the specific support needed by local young people from cultural/geographic perspective
- educating stakeholders about the discrimination and mistreatment participants may have experienced; and an intersectional understanding of the social, health and wellbeing of individuals from diverse backgrounds
- tailoring workshops and resources to suit needs of participants from different backgrounds
- tailoring of workshop sessions to suits the needs of participants.

See Section 2.1b for other examples.

## LGBTIQA+ people

Leveraging public and high-profile cultural events are important in celebrating and embracing the LGBTIQA+ community and reducing both public and self-stigma. Young people identifying as LGBTIQA+ are a priority group for headspace, and make up 29.8 per cent of clients in headspace centres.<sup>33</sup> headspace maintains high visibility at events such as the Sydney Mardi Gras, Midsumma Carnival in Melbourne, queer film festivals and other Pride events.

Each year, headspace National runs a LGBTQIA+ digital campaign with young people in hyNRG. Our young people have highlighted the importance of services, support, resources and events being fully representative of the young people who identify differently within the LGBTQIA+ rainbow, and which consider their needs and concerns with appropriate nuance.

## Family and supporters

In relation to stigma reduction, headspace's experience is that young people often face challenges relating to generational stigma; they often have higher levels of mental health literacy and openness about mental health and wellbeing than their parents and families. Stigma reduction must include family-based approaches that reflect and address these differences, and aim to build understanding and strengthen inter-generational relationships and support.

Specific contact-based initiatives aimed at family are vital in raising awareness about mental health, supporting stigma reduction and helping to reduce mental ill-health in young people.

---

<sup>33</sup> headspace National. (2022). *Helping young people get through challenging times: headspace Year in Review 2021-2022*. Melbourne.

Continued strong family support is pivotal to a young person's health and wellbeing<sup>34</sup> and young people are most likely to talk to family as the first step in help-seeking.<sup>35</sup> More than 40% of young people who engage with headspace services access them via a referral or recommendation from family.<sup>36</sup>

Parents have an important influence on young people's risk for internalising problems.<sup>37</sup> They benefit from receiving support and resourcing for their caring roles.<sup>38</sup>

There is growing evidence, for example, that depression and anxiety disorders in young people can be prevented.<sup>39</sup> Research has also identified risk and protective factors for adolescent depression and anxiety problems<sup>40</sup>, including some that are potentially modifiable by parents.<sup>41</sup> Importantly, preventative parenting interventions have demonstrated benefits that last up to 20 years after the intervention.<sup>42</sup>

Most existing interventions designed for parents of adolescents target behavioural problems such as substance use and risky behaviours.<sup>43</sup>

headspace has a range of freely accessible [support and resources](#) for parents and supporters of young people experiencing mental illness. headspace has offered **parent and carer events** aimed at supporting young people by building:

- understanding of mental health and the factors that can influence mental health
- understanding and skills in how to cope and where to find help
- awareness of local, state and national support services available
- relationships between local area mental health services, local schools, headspace centres and other community organisations.

headspace is also working with Monash University to design and deliver eheadspace versions of the **Partners in Parenting (PiP)** and **Therapist-Assisted Online Parenting Strategies (TOPS)** programs, developed as a stepped-care approach to prevention and early intervention of high prevalence mental health problems (particularly depression and anxiety) in children and adolescents.

The PiP program aims to prevent the initial onset of depression and anxiety and comprises up to nine interactive online learning modules which are recommended to parents based on their initial response to a questionnaire. The modules are designed to be self-guided.

The TOPS program builds on PiP and targets parents with teenagers who have been identified as meeting criteria for a depressive or anxiety disorder. The TOPS program is embedded in a coaching approach and covers four key areas: psychoeducation regarding anxiety and depression; relationships; time online; and sleep.

---

<sup>34</sup> Radovic A, Reynolds K, McCauley H L, Sucato GS, Stein BD, Miller E. (2015). Parents' Role in Adolescent Depression Care: Primary Care Provider Perspectives. *Journal of Paediatrics*. 167 (4). 911-8

<sup>35</sup> Gray, S. & Daraganova, G. (2018). *The Longitudinal Study of Australian Children. Growing up in Australia*. Retrieved from: <https://growingupinaustralia.gov.au/research-findings/annual-statistical-report-2017/adolescent-help-seeking>

<sup>36</sup> headspace centre client data 2013-2020.

<sup>37</sup> Yap MB et al. (2019). Medium-Term Effects of a Tailored Web-Based Parenting Intervention to Reduce Adolescent Risk of Depression and Anxiety: 12-Month Findings From a Randomized Controlled Trial. *J Med Internet Res*. 2019 Aug; 21(8): e13628.

<sup>38</sup> Baker D, Burgat L, Stavely H. (2019). *We're in this together. Family inclusive Practice in mental health services*, Orygen.

<sup>39</sup> Fisak BJ, Richard D, Mann A. (2011). The prevention of child and adolescent anxiety: a meta-analytic review. *Prevention Science*. Sep;12(3):255-68; Merry SN, Hetrick SE, Cox GR, Brudevold-Iversen T, Bir JJ, McDowell H. (2011). Psychological and educational interventions for preventing depression in children and adolescents. *Cochrane Database Syst Rev*. Dec 07;(12):CD003380.; Yap MB, Morgan AJ, Cairns K, Jorm AF, Hetrick SE, Merry S. (2016). Parents in prevention: a meta-analysis of randomized controlled trials of parenting interventions to prevent internalizing problems in children from birth to age 18. *Clin Psychol Rev*. Oct 21;50:138-158.

<sup>40</sup> Cairns KE, Yap MB, Pilkington PD, Jorm AF. (2014). Risk and protective factors for depression that adolescents can modify: a systematic review and meta-analysis of longitudinal studies. *J Affect Disord*. Dec;169:61-75.

Beesdo K, Knappe S, Pine DS. (2009). Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. *Psychiatr Clin North Am*. Sep;32(3):483-524

<sup>41</sup> Yap MB, Pilkington PD, Ryan SM, Jorm AF. (2014). Parental factors associated with depression and anxiety in young people: a systematic review and meta-analysis. *J Affect Disord*. Mar;156:8-23

Pinquart M. (2026). Associations of parenting dimensions and styles with internalizing symptoms in children and adolescents: a meta-analysis. *Marriage Fam Rev*. Oct 14;53(7):613-640.

Schleider JL, Weisz JR. (2017) Family process and youth internalizing problems: a triadic model of etiology and intervention. *Dev Psychopathol*. Feb;29(1):273-301

<sup>42</sup> Yap MB et al. (2016). Parents in prevention: A meta-analysis of randomized controlled trials of parenting interventions to prevent internalizing problems in children from birth to age 18. *Clin Psychol Rev*. Dec;50:138-158.

<sup>43</sup> Sandler IN, Schoenfelder EN, Wolchik SA, MacKinnon DP. (2011). Long-term impact of prevention programs to promote effective parenting: lasting effects but uncertain processes. *Annu Rev Psychol*. 62:299-329

## Specific gender/age groups

Three-quarters of all mental health issues emerge before the age of 25.<sup>44</sup> Suicide is the leading cause of death among young people – responsible for more than 40% of deaths among 15–24-year-olds.<sup>45</sup>

In terms of gender, recent data indicates that around three-quarters of young people accessing online supports for mental health concerns during 2021/22 were female, however, headspace would advocate that prioritisation based on age is as important, if not more so, than gender.

There is a need for stigma reduction strategies and initiatives specifically targeted to young people. Mental illnesses often emerge at times of social and emotional development and the transition from adolescence through to the mid-20s is a time of significant change and brain development for young people. Stigma reduction strategies are important for this younger cohort to build awareness and strategies early on that encourage discussion about mental illness and start to break down barriers to talking about mental health and seeking help.

### Action 3.1e – Ensure all future public stigma reduction initiatives:

- **incorporate human rights in the frame of reference**
- **use a strengths-based narrative that emphasises hope and recovery, and expresses the many and varied ways that people with personal lived experience contribute to the community**
- **are co-designed and implemented by people with lived experience**
- **consider how people are affected who experience multiple forms of discrimination**

headspace National supports the notion of co-designing stigma reduction initiatives and focusing on human rights and strengths-based narratives to highlight the ways that people with lived experience contribute to the community.

In relation to headspace's target audience, it is our strong view that youth mental health services should be youth-focused – designed with young people, for young people. Similarly, the voice of youth should be included in stigma reduction strategies, in addition to the various other target groups that initiatives are aiming to reach.

Through participation, headspace recognises that young people, their family and friends are the experts about their own lives and have the right to be actively engaged in issues that affect them. headspace advocates for the prioritisation of active and continuous engagement of young people in service governance, design, development, delivery and evaluation, and in strategies and initiatives aimed at reducing stigma.

As mentioned in relation to Action 2.3j, interviews with headspace service providers about youth participation in mental health services identified the following key enablers of genuine youth participation: remuneration; ensuring youth advisors are supported to prepare for meetings and other activities; encouraging independent viewpoints; providing opportunities for skill development including self-reflection; slowing the pace of organisation meetings; using terminology that young people are familiar with; authentic interactions; and ensuring youth advisors have opportunities to remain engaged during quiet/slow periods.<sup>46</sup>

A key activity driven by headspace National is the development and dissemination of national campaigns which are aimed at reducing stigma through raising awareness about mental health and celebrating the achievement of those with lived experience of mental health. These are explored in the response to Action 3.2h below.

---

<sup>44</sup> Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 62(6), 593-602. <https://doi.org/0.1001/archpsyc.62.6.593>

<sup>45</sup> Department of Health. (2020). A report detailing key themes and early findings to support initial advice of the National Suicide Prevention Adviser.

<sup>46</sup> headspace National. (2022). *Review of youth Participation in mental health services*. (currently unpublished).

### Action 3.2d – Use media channels and digital platforms to prevent stigmatising attitudes from developing, by:

- **introducing segments on children’s television programs that can start to appropriately introduce concepts of mental health, including rights-based concepts, and diversity of experiences from a young age**
- **forming partnerships with large commercial media platforms and outlets to develop and implement a shared vision around mental health-related stigma and discrimination**

hYNRG was consulted by the National Mental Health Commission to explore their views on stigma. Media representation was raised as a significant area in which stigma about mental health is apparent, and an area in which young people want to see stigma reduced.

headspace would also refer the Commission to the commentary on addressing mental health stigma in and through the media<sup>47</sup>, including the observation that sometimes stigma is viewed as acceptable in a way that discrimination is not.

As a cultural phenomenon, our society almost accepts stigma as being acceptable, but considers that discrimination is problematic and illegal. Society does not seem to consider that a consequence of stigmatising a cross-section of our community can lead to unlawful discrimination. A language change by governments and the media is necessary to change this stigma, as is calling out this negative behaviour as discrimination.

The Commission profiles two exemplary initiatives:

- **Mindframe**, a national media initiative that provides training programs and guidelines for responsible reporting about suicide.
- **The Like Minds, Like Mine programme** established in 1997 by the New Zealand Ministry of Health, one of the first comprehensive national campaigns in the world to counter stigma and discrimination associated with mental illness. The programme has combined national television and other media and communication activities with community action to bring about social change.

### Action 3.2h – Develop and implement campaigns using mass media and digital platforms that:

- **move beyond a focus on the scale of the problem and what not to do, to incorporate suggestions for engendering hope, positive language and behaviours towards people with personal lived experience, and respect for their dignity and rights**
- **reach rural and culturally and linguistically diverse communities (e.g., through funding CALD radio and organisations in each state to lead action connected with established lived experience perspectives)**
- **are co-designed and co-delivered with people with lived experience.**

Technology is increasingly being used by young people to access mental health services and there is an opportunity to use technology to reach young people with a focus on awareness building and stigma reduction. Some studies have shown effects on a range of outcome measures including an increase in help-seeking attitudes and intentions, and a decrease in suicidal ideation and stigma.<sup>48 49</sup>

As referenced in the response to Action 3.1e, headspace welcomes campaigns that focus on positive experiences and are co-designed with the people the campaigns are aiming to target.

---

<sup>47</sup> State of Victoria. (2021). *Royal Commission into Victoria’s Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities*. Section 25.2.2

<sup>48</sup> King CA, Eisenberg D, Zheng K, Czyz E, Kramer A, Horwitz A, et al. (2015). Online suicide risk screening and intervention with college students: A pilot randomized controlled trial. *Journal of Consulting and Clinical Psychology*. 83(3):630-6.

<sup>49</sup> Robinson J, Hetrick S, Cox G, Bendall S, Yuen HP, Yung A, et al. (2014). Can an internet-based intervention reduce suicidal ideation, depression and hopelessness among secondary school students: Results from a pilot study. *Early Intervention in Psychiatry*: No Pagination Specified.

headspace has delivered numerous campaigns and publications that aim to build mental health literacy for young people, their friends and families, reduce stigma and encourage young people to seek help for mental health issues. In addition to those mentioned in other sections above, examples include:

- **Strength in My Roots** – showcases multicultural young people about their experience and provides resources about ways to access mental health support
- **Proud to Be** – supporting LGBTIQ+ young people
- **By their side** – information and resources for family members supporting the mental health of young people
- **Take a Step** - supporting help seeking and raising awareness of mental health, along with reducing stigma and shame related to mental health, culturally appropriate support tools that can be used by centres and key stakeholders. The campaign design was developed with best practice principles of co-design and being led by Aboriginal and Torres Strait Islander young people.<sup>50 51</sup>

See Attachment 3 for further information.

---

<sup>50</sup> headspace National. *Take a Step*. <https://headspace.org.au/explore-topics/aboriginal-torres-strait-islander-peoples/>

<sup>51</sup> headspace National. (2021). op. cit.

## Attachment 2: Key themes arising from workshop with headspace Youth National Reference Group

The National Mental Health Commission met with the headspace Youth National Reference Group (hyNRG) on 23 January 2023 as part of the consultation on the draft National Stigma and Discrimination Reduction Strategy. The discussion focused on:

- what stigma means to young people.
- how young people experience mental health stigma, including the areas in their lives they are affected by stigma.
- factors that have helped in fostering healthy conversations about mental health, what is most and least effective in reducing stigma.

Key themes arising from this discussion are summarised below.

### Negative attitudes and not talking about mental illness

Stigma about mental health is a very isolating experience, with young people feeling they are not able to discuss their mental health with friends and family, and feeling the need to conceal both their mental illness and the fact they were seeking help.

There is negativity around the use of medication (e.g. anti-depressants will make you lose your personality and sense of humour, they will make you gain weight, etc).

There was also acknowledgement that young people can experience stigma very differently depending on diagnoses, such as different attitudes for psychosis, eating disorders etc.

### Service provision

Young people feel that sometimes services do not provide appropriate care or culturally appropriate care for certain groups, including First Nations young people, refugees, migrants and LGBTQIA+ young people.

Services are not always accessible.

- The location of services sometimes create a barrier to accessing services (e.g. being next to a police station makes access difficult for minority groups such as First Nations young people).
- Young people are sometimes told their mental health conditions are 'too severe' or 'not severe enough'.

Services are not being co-designed with young people. Often there are one-off meetings with young people but advice from young people is not followed, and there is little ongoing engagement.

### Awareness, education and understanding

General lack of understanding was a very strong theme. Young people felt strongly that due to a lack of understanding about mental health, family members make assumptions, make judgements and see issues in "black and white", thinking the issue will just go away when in fact, many mental health condition are lifelong.

There is also uncertainty from others about how to support the young person, and not consulting the young people about how they want to be treated.

As a result, many young people feel misunderstood, unsupported and as though they are unable to talk about their mental health with those close to them.

## Impacts on other aspects of young people's lives

Young people feel that there are fewer work and study opportunities as a result of their mental illness. This can manifest in being denied opportunities such as leadership roles because it's "not good for your anxiety", and being seen as less academically capable due to needing adjustments.

Young people commented on feeling excluded from social situations including not being invited to places by friends.

School, university, workplaces and relationships with friends, family, sports groups, teachers and employers were all identified as situations in which young people are affected by stigma about their mental health.

Over-representation of young people experiencing mental ill health in the youth justice system and higher rates of school exclusion were also highlighted.

## Media

Representation of mental illness in the media was highlighted as a key driver of stigma, such as Government figures, celebrities and influencers talking negatively about particular minority communities and being given a platform rather than being shut down.

## Self-Stigma

Young people felt that self-stigma can result in doubt about individual's own capabilities – *"not believing that you are deserving of treatment or even of getting better. The stigma can often push you to a position where seeking support seems incredibly unrealistic."*

## Effective programs and levers of change

Participants identified the following examples of effective programs and levers of change.

- Specialised support received at university (access, disability, inclusion). *"They treated me as an expert in my own life, respecting my opinions and that I knew what I needed"*.
- Flexible working conditions, including working from home and employers asking about accessibility conditions.
- CALD representation at forums and conferences.
- Well-resourced mental health professionals in schools.
- Specific training for certain workforces e.g. the headspace Early Career Program provides specialised youth mental health training that is not included in university curriculum.
- More training for mental health professionals, teachers and GPs, in particular in relation to supporting CALD young people and young people with disabilities.

It was noted that, whilst the draft Strategy could completely change young people's experiences, adequate resources are required to implement the Strategy.

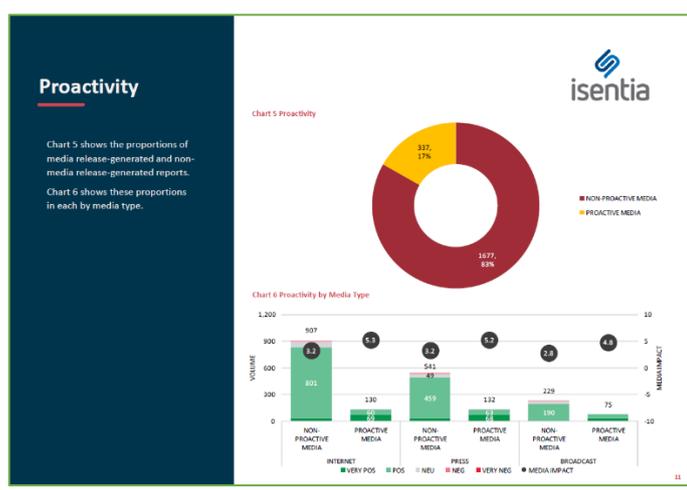
## Attachment 3: headspace media insights (July 2020 – June 2021)



Suicide and anxiety continued to be frequently discussed in relation to youth mental health issues, with most of the coverage focused on what headspace was doing to improve these areas... This coverage was positive, with the organisation promoted as doing everything it can to support young people experiencing mental health issues.

This year saw increased discussion recommending that people seek help through headspace, showing an increase in media interest in providing support details. headspace's engagement and support for communities was promoted strongly this year. This coverage focused on many of the sponsorships and fundraisers, including the Push-Up Challenge, how to survive lockdown as a young person, the Take a Step campaign and National Headspace Day.

- 17% of headspace media coverage was from media-release generated reports, and 83% from other sources.
- Proactive media had greater impact than non-proactive media across internet, press and broadcast media.
- Internet and press media had very similar impact, whilst broadcast media impact was slightly lower.
- Press media had most impact in Tas, NSW, SA and Vic, and broadcast media in NSW, QLD and SA
- “[Impact] increases with prominence, which is a by-product of proactive coverage comprising prominence, spokesperson input and images”.
- “These results demonstrate opportunities to further promote headspace campaigns and services in stances where media coverage was more neutral in tone”.
- “Government spokespersons, academics and health professionals were also prominent in promoting messaging for headspace... Having third parties promote your messaging as well as organisational spokespersons allows for more spread of messaging and shows support between the organisation and other entities”.
- “A clear focus on regional press and broadcast outlets points to the interest in regional media outlets”.

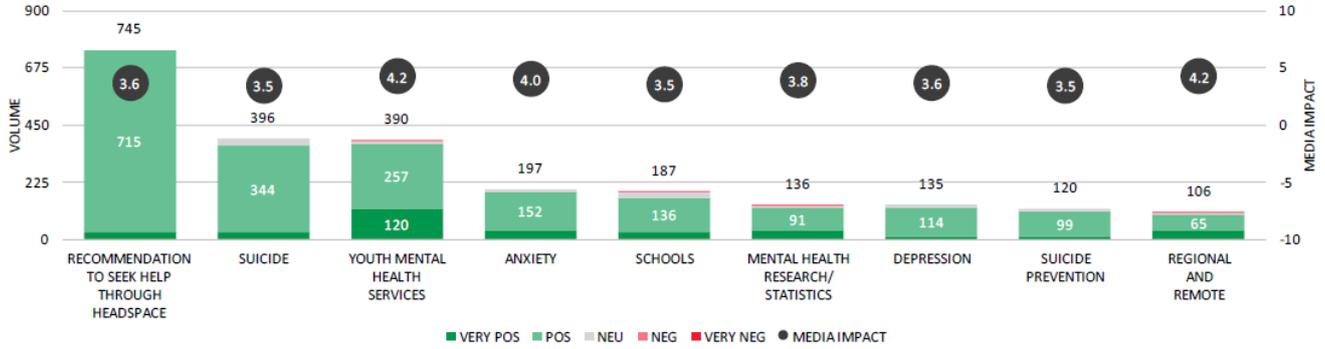


# Leading Topics

These charts show the most frequently mentioned topics in the analysed coverage, broken down by story focus. Unlike story focus, each report can mention a number of topics.



Chart 12 Mental Health & Wellbeing



## Leading Media

These charts show the press, broadcast and internet outlets that most frequently produced coverage over the period, whether this coverage was positive, negative or neutral, and the average MIS.

A clear focus on regional press and broadcast outlets points to the interest in regional media outlets in headspace's activities.

Chart 18 Press

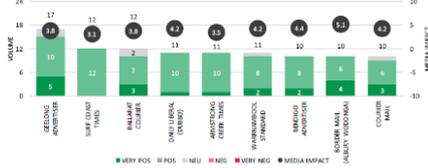
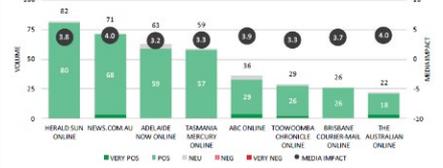


Chart 19 Broadcast



## Leading Media

Chart 20 Internet



## Regional Breakdown

This chart shows the volume and proportion of media coverage in each region, while the table also shows the audience or circulation of this coverage.

Chart 29

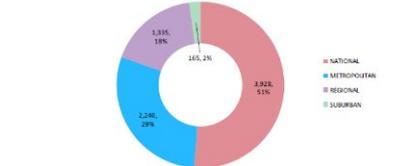


Table 4

MEDIA TYPE	VOLUME	AUDIENCE/CIRCULATION
NATIONAL	5,928	37,203,933
METROPOLITAN	2,240	96,176,842
REGIONAL	1,335	7,599,319
SUBURBAN	165	2,262,078
TOTAL	7,668	148,560,167

## Coverage by Media Type

This chart shows the volume and proportion of 2020-2021 coverage in each media type, while the tables show the audience or circulation of this coverage for previous years.

Chart 27

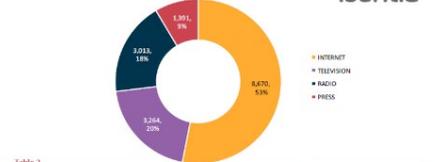


Table 2

MEDIA TYPE	VOLUME	AUDIENCE/CIRCULATION
INTERNET	8,670	27,645,139
TELEVISION	3,284	25,550,157
RADIO	3,013	23,225,900
PRESS	1,391	90,784,110
TOTAL	16,338	171,209,306

Table 3

HEADSPACE ANNUAL COMPARISON	TOTAL VOLUME	AUDIENCE/CIRCULATION
2021-22	16,338	171,209,306
2020-21	14,365	145,457,724
2019-20	17,064	212,021,943
2018-19	24,428	190,275,680
2017-18	9,225	80,593,788
2016-17	6,204	180,171,882

## Coverage by State

Charts 30, 31 and 32 show the volume and proportion of coverage in each state, while the tables also show the audience or circulation of this coverage.

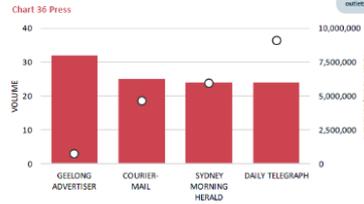
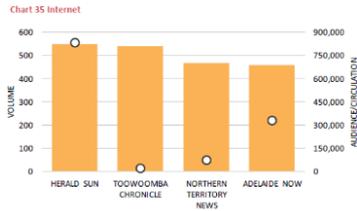
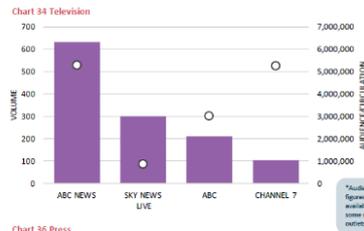
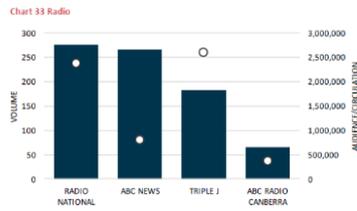
\*Audience figures are not available for some media outlets.



## Leading Media

### Leading Media

These charts show the volume and audience or circulation of the leading outlets in each media type.





headspace.

Brand tracking research & campaign evaluation.

**Youth (15-25 years) rate headspace highly across almost all brand associations.** Compared to sector partners, headspace dominates across almost all the brand associations. For example, headspace is the organisation most likely to be viewed by **young people** as *helping to improve the mental health and wellbeing of individuals, being inclusive and providing a safe place to discuss mental health concerns.*

**Parents** are more likely to associate Lifeline and Beyond Blue with *raising awareness of mental wellbeing and reducing stigma around mental illness,* than headspace.

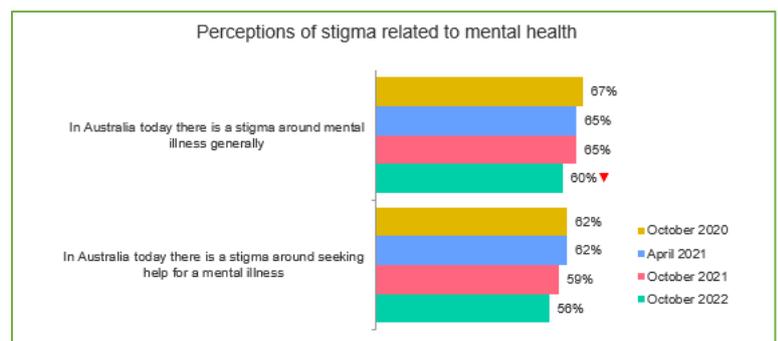
### Mental health literacy

In October 2022, significantly more young people (15-25 years) were able to identify at least one action a person can take to maintain positive mental health and wellbeing (93% vs. 86% in October 2021). The proportions of young people who feel they have a good understanding of their mental health and wellbeing, and who feel confident in managing their mental health and wellbeing, have remained stable in October 2022. **There has also been a decrease in the proportion who believe that in Australia today there is a stigma around mental illness generally (60% vs. 65% in October 2021).**

Over seven in ten young people recalled doing at least one thing in the past week to protect their own mental health and wellbeing (72%) in October 2022. The most common actions taken included eating well (84%), spending time with friends and family (79%), getting enough sleep (77%), and exercising or playing sport (71%).

**Significantly fewer young people (15-25 years) believe that there is a stigma around mental illness generally, in October 2022 (60% vs 65% in October 2021).**

Despite this, the perception of stigma around seeking help for a mental illness in Australia has remained stable. Mental health literacy has also remained stable, compared to October 2021.



headspace is the organisation most likely to be viewed by young people as helping to improve the mental health and wellbeing of individuals, being inclusive and providing a safe place to discuss mental health concerns. Seeing our campaigns raises awareness and consideration for the headspace brand. Therefore, headspace campaigns contribute both directly and indirectly to improving help seeking and stigma reduction

### Example 1: The headspace Day campaign

Young people who had seen the campaign were significantly more likely to recall headspace spontaneously as a general mental health organisation (49% vs. 35% of those who had not seen campaign). Levels of prompted brand awareness of headspace as a mental health organisation targeting youth are significantly higher among young people (15-25 years) who had seen the headspace Day campaign (58% vs. 47% of those not seen campaign).

Three in five young people (15-25 years) who had seen the campaign believed that the campaign was effective at making people aware of headspace (58%), and half felt it made them aware of the tips people can do to maintain mental health and wellbeing (49%).

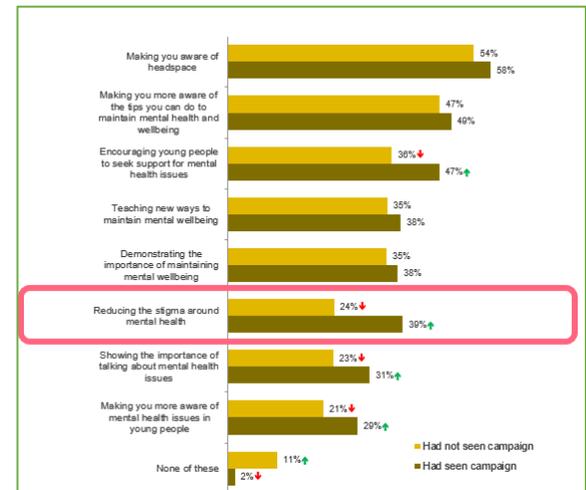
Those who had previously seen the campaign were significantly more likely to agree that the campaign was effective at encouraging young people to seek support for mental health issues (47% vs 36%), **reducing the stigma around mental health (39% vs 24%)**, making you more aware of mental health issues in young people (29% vs 21%) and showing the importance of talking about mental health issues (31% vs 23%).

**Two in three young people (15-25 years), and three in five Australian parents, took some form of action or tried any simple tip as a result of seeing the campaign**

Likelihood to take action was similar across youth and parents, with two in three young people (65%) and three in five parents (59%) reporting having taken some form of action after seeing the campaign. The most common actions were speaking to someone on headspace or thinking about speaking to a friend or family member about mental health, or for parents, visiting a headspace social media page.

One in two young people (49%) and two in five parents (42%) tried a simple tip after seeing the campaign, with engaging in physical activity, as well as activities that are personally important, being the most common.

**- I would argue that the campaign has contributed to de-stigmatisation in order for that many people feel comfortable to take action**



### Example 2: Loneliness data, National Youth Mental Health Survey (2022)

headspace National undertook a proactive media campaign to promote findings and data about loneliness amongst young people from the National Youth Mental Health Survey (2022).

The campaign linked reporting the findings with sources of guidance and support, promoting what is available to young people and encouraging self-care and help-seeking.

The campaign, which was accompanied by a media release, performed well in national outlets, as well as securing coverage in several metropolitan and regional publications:

- **Media release** - [Two thirds of young people feel lonely \(headspace.org.au\)](https://www.headspace.org.au)
- **Television** - ABC News breakfast, Sky News Australia and WIN News
- **Radio** - Audio new release was broadcast **213 times Nationally**
- **Print/online** - An **AAP Newswire** story syndicated to **110 different publications**

### Example 3: Take a Step Campaign

The Take a Step campaign, launched in August 2021, is aimed at reducing stigma and shame associated with help-seeking and encourages Aboriginal and Torres Strait Islander young people to explore practical things they can do to feel better.

Diverse media channels used for the campaign:

- National and catch-up television
- Online video (YouTube, Twitch)
- Digital audio (Spotify)
- Social (Facebook, Instagram, Tik Tok (selected jurisdictions))
- Outdoor billboards
- Cinema (regional areas only)
- LED screens at AFL and NRL games
- Radio

An evaluation of the campaign found that attitudes towards the campaign were positive, with participants and respondents feeling more confident in discussing issues of social and emotional wellbeing and mental health with family and friends.

A significant number of participants said that prior to the campaign they had not seen the importance of reaching out, which in some cases was due to the stigma associated with seeking help.

**77% agreed that the campaign made them feel more at ease and knowledgeable** about discussing social and emotional wellbeing and mental health issues with their friends and families.

The largest group of respondents said **the campaign had made them more aware** that seeking support for their social and emotional wellbeing and mental health was not a sign of weakness.

Many focus group participants also thought the campaign was culturally safe and relatable, with several participants mentioning that they liked the inclusion of different types of Indigenous people and that the messaging reinforces the fact that support is sometimes needed and that there should be no stigma attached to help-seeking.

The campaign also raised awareness of headspace as a service that has positively reached out to First Nations young people, with some participants stating that they are now more likely to visit a headspace centre after seeing the campaign. Others have stated that it has made them more aware of headspace's text and online support services.

In addition, the majority of survey respondents and focus group participants agreed that they would share the campaign, especially if they knew someone in need.

*"Breaks fear and shame, which can feel very overwhelming/daunting when booking doctor's appointments".*

*"I used to feel like my problems were too small to seek help, but then it grows bigger, so this help me see it's important to talk about these things".*

*"I think about headspace differently now, I always thought that if you reach out to headspace you'll be seen as a wuss and can't handle your own issues. Now I see it differently and see the importance of reaching out".*