How did we score?

Engaging young people in the development of a National Report Card on Mental Health and Suicide Prevention

Sebastian Robertson
Dr Michelle Blanchard
Felicity Coughlan
Abraham Robertson

May 2013

YOUNGANDWELL
Cooperative Research Centre

batyr

An Australian Government Initiative | CRC AUSTRALIA

How did we score?

Engaging young people in the development of a National Report Card on Mental Health and Suicide Prevention

Sebastian Robertson
Chief Executive Officer
Batyr Australia Limited

Dr Michelle Blanchard
Head of Projects and Partnerships, Young and Well Cooperative Research Centre
Honorary Research Fellow, Orygen Youth Health Research Centre, Centre for Youth Mental Health University of Melbourne

Felicity Coughlan
Consultant
Batyr Australia Limited

Abraham Robertson
Consultant
Batyr Australia Limited

Acknowledgements

Young and Well Cooperative Research Centre
The Young and Well Cooperative Research Centre is an Australian-based, international research centre that unites young people with researchers, practitioners, innovators and policy-makers from over 70 partner organisations. Together, we explore the role of technology in young people's lives, and how it can be used to improve the mental health and wellbeing of young people aged 12 to 25. The Young and Well CRC is established under the Australian Government's Cooperative Research Centres Program.

youngandwellcrc.org.au

Batyr
Batyr is a youth-led not-for-profit organisation that runs programs at senior schools, universities and community events offering a unique form of education that aims to see a happier, healthier generation of young people. Batyr embraces stories that shed a positive light on young people who overcame adversity to find services and seek assistance with their mental health. Batyr seeks to engage, educate and empower young people on mental health issues and advise them on who the service providers are and how to access available services. The ultimate goal is to overcome barriers that young people confront when seeking help and support to deal with a mental health issue. Batyr gives voice to the elephant in the room.

batyr.com.au

Table of contents

Executive summary

ABOUT THIS PROJECT

Batyr Australia Limited (**Batyr**) and the Young and Well Cooperative Research Centre (the **Young and Well CRC**) were engaged by the National Mental Health Commission (the **Commission**) to involve young Australians in informing the development of A Contributing Life: the National Report Card on Mental Health and Suicide Prevention (the '**Report Card'**).

The purpose of the project was to:

- Engage young Australians from diverse backgrounds and experiences to gather their views, opinions and experiences regarding mental health, service provision and suicide prevention.
- Look beyond the health sector to understand the complex influences on a young person who is experiencing a mental health difficulty, including understanding the importance of connections with community, families, friends and carers.
- Explore how the Report Card could be relevant, meaningful and meet the needs of young people.

The Commission acknowledged the need to 'hear' the voice of young people because adolescence and young adulthood are critical periods for the onset of mental health problems, with almost 50% of syndromes emerging by the age of 14 and 75% of disorders having their onset before 24 years of age (Kessler et al., 2005). Access to early and appropriate help-seeking during adolescence and young adulthood are critical in mitigating the risks associated with poor mental health.

METHODOLOGY

The project used the Young and Well CRC's network of 75 partner organisations to engage young people in a consultation to understand their views and experiences regarding mental health and wellbeing. This included:

- An online survey supported by a social media campaign specifically targeting young Australians. Of the 931 completed surveys 71% (n = 685) of those who participated identified as young people aged between 12-25.
- The facilitation of three focus groups with young people from specific target groups including Indigenous young people, university students and young people from rural and remote areas to examine young people's experiences of mental health and wellbeing.

The recommendations in this paper reflect the voices of the 685 young people who participated in the consultation.

FOUR KEY FINDINGS

1. **The stigma attached to mental illness remains a barrier to those seeking help and those wishing to provide help or assistance to those around them.**

   Young people experience stigma and lack of knowledge about how to help their friends. The perceived stigma associated with having a mental health difficulty was identified as a barrier to help-seeking and contributes to young people with a

mental health difficulty experiencing social exclusion.

The consultation identified four key mechanisms to address the negative stigma associated with mental illness:

1. sharing of positive experiences of living with a mental illness, focused on recovery and wellbeing.
2. increased peer-to-peer mental health and wellbeing education.
3. increased mental health first aid and peer support training.
4. increase positive reporting of mental health issues in the media, including the engagement of celebrities and high profile individuals as ambassadors to promote positive messages regarding mental health and, importantly, wellbeing.

2. **Young people want greater knowledge and skills to support their peers**

Young people were most concerned about the mental health and wellbeing of their friends, compared to their own or that of their immediate family members. The survey and focus groups indicated that many young people do not feel able to help a friend who turns to them for support or advice when experiencing a mental health difficulty.

Education on what mental illness is and more importantly how to help yourself or a friend when experiencing a mental health difficulty needs to be incorporated into the school curriculum at a primary or secondary school level. Early education was considered by participants to be critical to equip young people with the skills and knowledge to assist peers experiencing mental health difficulties.

Young people also expressed a desire to be educated on this issue in informal environments and through hearing stories from people with lived experience, exploring how they maintain their mental health and wellbeing.

3. **Young people want to see real change, not rhetoric and reports**

Participants in the survey and focus groups said that they wanted to see real and tangible change, not listen to rhetoric or read reports. They wanted to see evidence of people with a mental health difficulty receiving the appropriate level of service and support, in a timely way to reduce the impact of mental illness on themselves and their peers.

4. **The Report Card on Mental Health and Suicide Prevention**

Young people were asked to provide feedback on what the Commission's Report Card might look like for young Australians. In summary, participants suggested that the Report Card should:

- be short, sharp, and concise.
- include pictures, diagrams, and graphs. There should be less words and more visual representations.
- include positive stories of young people with a lived experience of mental illness, focused on the maintenance of wellbeing.

- include stories of well-known people or celebrities who are living with mental illness.
- identify service models that are achieving success in promoting wellbeing for young people.
- feature separate sections dedicated to vulnerable populations of young people, for example those who identify as Aboriginal and Torres Strait Islander and young people form rural and remote regions.

For some, it was considered that the title "A Report Card" might be confronting for some young people who commonly associate the term with a test or examination.

RECOMMENDATIONS

In light of these findings, we recommend that:

1. the Report Card is distributed through numerous mediums including online using visual representations, in an interactive format and in hard copy that is accessible for young people.
2. promotion of the Report Card would benefit from the support and advocacy of well-known ambassadors whose stories resonate with young people.
3. any engagement process aimed at delivering information in the Report Card is conducted in coordination with schools and universities during the semester to leverage from the structured learning context and maximise participation.

Youth-led organisations and youth-serving organisations may also be useful mechanisms for delivering the Report Card to young people. Youth-serving organisations were enthusiastic about supporting young people's engagement in the project, however, these organisations require time to mobilise and coordinate the young people they work with.

To ensure the Report Card is relevant to young people we recommend that the Report Card:

1. include stories, as young people felt strongly that stories were an important way of conveying success. Stories relating to mental illness from famous people or from peers that young Australians could relate to would be especially useful.
2. seek to address stigma not as a stand-alone problem but as a systemic issue.
3. consider and report on the mental health literacy of the community and on the practical skills community members need to manage and address mental illness, in the same way first aid addresses physical illness. Young people identified that these skills are lacking and should be taught at an early age. Skills include:
   a. How to approach someone who may be experiencing a mental health difficulty;
   b. How to engage with someone that has disclosed a mental health issue; and
   c. How to escalate a situation to appropriate service providers or carers.

Introduction

THE NATIONAL MENTAL HEALTH COMMISSION AND THE NATIONAL REPORT CARD ON MENTAL HEALTH AND SUICIDE PREVENTION

In 2012, the Australian Government established a new independent body, the National Mental Health Commission (the **Commission**). The goal of the Commission is to prioritise the interests of people living with mental health difficulties by providing independent advice on where Australia is doing well and not so well in its care and support of this population. It also aims to promote the importance of mental health at a national level and provide independent advice to the Australian Government. The information collected by the Commission will help guide future policy and funding decisions and improve the delivery of services for all Australians. Each year the Commission will produce a National Report Card on Mental Health and Suicide Prevention (**Report Card**).

The Commission has been given the following mandate to:

- Adopt a new approach to reporting on the systems and services providing support to people experiencing mental health issues; and
- Develop a Report Card. The Report Card will look beyond the health sector to all the elements that interact with a person who is experiencing mental health issues, their families, and carers.

The Report Card will:

- Report on how systems and services are performing.
- Strengthen accountability and transparency within the sector.

PROJECT BACKGROUND

In June 2012, a youth-led organisation Batyr and the Young and Well CRC were engaged by the Commission to involve young Australians to inform the development of the Report Card. This project involved engaging with young people aged 12 to 25 and other interested participants through an online survey, as well as conducting focus groups with young people from specific target groups to examine young people's experiences in relation to their mental health and wellbeing.

The project also gathered young people's ideas and suggestions on how the Report Card being developed by the Commission can be engaging and relevant to young people.

BACKGROUND ON THE PROJECT PARTNERS

THE 'PARTNERSHIP'

The partnership between Batyr and Young and Well CRC supports the Commission's current initiative to produce the Report Card. In order to ensure that the Report Card is meaningful and relevant for young people, the Commission engaged Batyr – a youth-led organisation – to work alongside the Young and Well CRC, which is a collective of over 70 organisations from across the youth, health and community sectors, who prioritise the mental health and wellbeing of young people.

By developing this relationship Batyr has been able to leverage the partnerships of the Young and Well CRC to engage young people from diverse backgrounds and experiences across Australia. This has helped to ensure that the findings and recommendations presented can be used to inform the development of the Report Card.

The Young and Well Cooperative Research Centre (youngandwellcrc.org.au) is an Australian-based, international research centre that unites young people with researchers, practitioners, innovators and policy-makers from over 70 partner organisations. Together, we explore the role of technology in young people's lives, and how it can be used to improve the mental health and wellbeing of young people aged 12 to 25. The Young and Well CRC is established under the Australian Government's Cooperative Research Centres Program.

Batyr (batyr.com.au) is a youth-led not-for-profit organisation that runs programs at senior schools, universities and community events offering a unique form of education that aims to see a happier, healthier generation of young people. Batyr embraces stories that shed a positive light on young people who overcame adversity to find services and seek assistance with their mental health. Batyr seeks to engage, educate and empower young people on mental health and advise them on who the service providers are and how to access available services. The ultimate goal is to overcome barriers that young people confront when seeking help and support to deal with a mental health issue.

THIS REPORT

This report presents the findings and recommendations gathered from the partners' engagement with young people through an online survey and focus groups. The report provides a background to the project, outlines the methodology used to engage with young people and presents the results of the survey and focus groups. The report concludes with an analysis of the key themes emerging from both the survey and focus groups.

For the purpose of this report, we have divided the findings in relation to the report card development into two areas:

1. How can the Report Card can be engaging for young people
2. How can the Report Card can be relevant to young people

WHY FOCUS ON YOUNG PEOPLE?

Despite local and national efforts to address mental ill health of young people in Australia it remains a leading public health concern. Over a quarter of all young Australians aged 16 to 24 experience a mental disorder in any one year (Australian Bureau of Statistics, 2010b).

Adolescence and young adulthood are critical periods for the onset of mental health problems (Burns et al., 2010) as almost 50% of syndromes emerge by age 14, with 75% of disorders having their onset before 24 years of age (Kessler et al., 2005). A recent national survey of young Australians' mental health and wellbeing found that 16% experienced substance use disorders, 7% affective disorders and 11% anxiety disorders (Australian Institute of Health and Welfare, 2007). Suicide rates remain high, with suicide now the

foremost cause of death in the 15 to 24 year old age group (Australian Bureau of Statistics, 2010a).

Aside from its significant social impacts, mental ill health has enormous economic implications. Economic modelling estimates that in 2009 the direct costs of untreated mental disorders in Australian young people totalled $10.6 billion (Access Economics, 2009).

Unless addressed, the effects of mental illness can persist over an individual's lifetime (Costello et al., 2006) and lead to further occupational, economic and interpersonal difficulties.

Presently, only 29% of young Australians with a mental disorder seek help when they need it (Burns et al., 2010, Slade et al., 2009). Timely and evidence-based treatments are only encountered by a small proportion of those young people who do receive care (Libby et al., 2007, Andrews et al., 2000). This has a substantial effect on the overall wellbeing of our community.

Responding to the mental health needs of young people is critical if we are to ensure that they are able to reach their potential and participate actively in their communities (Patel et al., 2007).

Methodology

In order to engage young people aged 12 to 25 for the project, the partners adopted a mixed method approach incorporating an online survey and focus groups. Each of these methods is described below in detail.

SURVEY

DESIGN

The survey consisted of 50 questions exploring a range of issues including:

- Personal experience living with or caring for someone affected by mental illness and/or suicide.
- Stigma; mental health literacy; and awareness of sources of help and support.
- Accessibility and effectiveness of online and offline mental health services for young people.
- Wellbeing and happiness.
- Connections with family, friends and the community.
- The Commission and the Report Card.

The remaining questions collected demographic information including: age, gender, geographic dispersion using postcodes, educational status, living arrangements and employment participation.

Participants were asked whether they identified as:
- Aboriginal or Torres Strait Islander
- from a culturally or linguistically diverse background
- lesbian, gay, bisexual, transgender and/or intersex

Where possible, questions were sourced from existing national surveys including the Census, National Survey of Mental Health and Wellbeing (Slade et al., 2009), the headspace Community Awareness Survey (Hickie et al., 2009) and the Young and Well National Survey.

RECRUITMENT

Participants were recruited to complete the survey via the Young and Well CRC partner organisations, other youth-led and youth-serving organisations and via social media.

Two emails (an initial invitation and a reminder) were sent to all 75 Young and Well CRC partner organisations inviting them to participate and otherwise encourage young people aged 12 to 25 to complete the survey. A similar invitation was sent to other youth-led and youth-serving organisations and to the Youthgas email distribution list (a broad community of approximately 3400 people and organisations who care about young people).

Batyr orchestrated a social media campaign to attract young Australians to the online survey; this included utilising Facebook, Twitter, and contributing to established blogs.

In total, 931 people commenced the survey, with 516 completing the survey in full. Further information regarding the survey participants can be found at the beginning of the results section.

The engagement phase occurred over two weeks and officially concluded at midnight Friday 20th July 2012. One of the project aims was to engage with young people from diverse backgrounds and experiences across Australia on mental health and suicide prevention. As evidenced from the two tables below, we met this project aim.

The following organisations have contributed to the consultation and engagement process.

Table 1: Organisations who contributed to the consultation and engagement process

Name	Target Audience	Engagement	Location/Reach
'The Nest Project,' Australian Research Alliance for Children and Youth & Bupa Health Foundation	Young people, students	Social media, research	National
Australian Youth Affairs Coalition (AYAC)	Young people	Social media	National
Australian Youth Forum (AYF)	Young people	Promoting through networks, social media, website	National
beyondblue	Researchers	Research	National
Brain and Mind Research Institute	Researchers	Research	NSW, National
headspace	Young people	Promoting through networks, social media	National
Health WA	Focus group of the Commission	Guidance, experience, outcomes from WA forum	WA
Heywire (ABC)	Rural young people	Social media	National
Inspire Foundation & ReachOut.com	Young people	Promoting through networks, social media	National
Koori Radio	Indigenous	**MEDIA**: Interview with Sebastian 17 July 2012	National
Lifeline	All	Promoting through networks, social media*	National
Living Proof QLD	Young people	Social media	QLD
Mindplay	Young people	Social media	NSW
MX Sydney	Sydney transport commuters	**MEDIA:** Link to survey in 13th July 2012	NSW
National Association of Australian Colleges (NAAUC) Forum	Student leaders across the country at University	**FORUM:** Sebastian on panel 11/07- 12/7 2012. Survey sent to individuals & organisers to distribute to 300 delegates	National

		colleges	
Novita Children's Services	Young people	Research	SA
Our World Today	Young people	**MEDIA:** Article - 'Beating the stigma' 20th July 2012	National
Phoenix Radio	Students	**MEDIA:** Interview with Sebastian 12 July 2012	QLD
Social Startup 48 (SS48)	Social entrepreneurs	Social media	NSW, VIC
STREAT	Homeless	Restricted engagement due to nature of contact. Promoted through network.	VIC
Student Edge	Students	Facebook	WA, National
SYN radio	Students	**MEDIA:** Interview with Sebastian 19 July 2012	VIC
Think/Act/Change Forum	People in community interested in mental health	**FORUM:** Sebastian on panel. 10/07/2012 Email sent out with link to survey.	NSW
Youth *beyondblue*	Young people	Promoting through networks, social media	National
Youth Central	Young people	**MEDIA:** Online journal, article	VIC
Youth Rockin' the Black Dog (Hunter Institute of Mental Health)	Young people	Social media	National

*Social Media refers to Facebook and Twitter.

The Statistical Package for the Social Sciences (SPSS) tool was used to analyse quantitative data form the survey, with a range of descriptive analyses conducted. Qualitative data from the survey was analysed thematically.

FOCUS GROUPS

As part of the engagement strategy adopted by the partners, three focus groups with young Australians were facilitated. The focus groups aimed to provide young people with an opportunity to discuss their experiences, views, opinions and thoughts on how the Report Card could be both relevant and engaging to young people.

Three focus groups were convened, each targeting a priority population; Indigenous young people, young people from rural and remote Australia and young medical students. The convenors of these focus groups were respectively the National Centre of Indigenous Excellence, Albury City Youth Council and students from The University of Sydney. Representatives from Batyr facilitated the rural and remote and university student focus group sessions, an Indigenous leader from the National Centre of Indigenous Excellence facilitated the Indigenous focus group with a Batyr representative taking notes during the session in a non-participatory role.

The contributions and insights provided by participants in the focus groups will be beneficial for the Commission and the development of the Report Card.

FOCUS GROUP DESIGN

The goal of the focus groups was to supplement the information collected through the survey and to examine in more depth young people's views regarding the Report Card and how it can be meaningful, engaging and relevant to young people.

All participants consented to their involvement in the focus groups and to the use of information collected to be used in informing the development of the Report Card. Notes, observations and comments were recorded however to protect the privacy of individuals the focus groups were conducted in compliance with the Chatham House Rule (Chatham House 2012).

Young people affiliated with Batyr facilitated the focus groups in order to promote conversation around personal experiences and stories and to take notes on the focus group discussions. Where possible, the focus group discussion was recorded for further analysis at a later date.

The facilitators asked structured questions that focused on three key areas:

1. Background on the Commission and the Report Card: Who they are and what they intend to do.
2. How the Report Card can be relevant for young people - in particular the demographic represented by the focus group.
3. How the Report Card can be engaging for young people - in particular the demographic represented by the focus group.

FOCUS GROUP PARTICIPATION

The project team initially wrote to all 75 Young and Well CRC partner organisations inviting them to host focus groups with the young people they work with. A number of target groups were identified for the focus groups, including:

1. Young people from rural and remote Australia;
2. Aboriginal and Torres Strait Islander young people;
3. International students; and
4. Young people of diverse sexuality and gender (LGBTI).

Approaches were also made to a number of other youth-led and youth-serving organisations, numerous partners responded in the affirmative, however, due to the limited timeframes, only three organisations were able to mobilise young people within the required timeframe. This meant that it was not possible to conduct a focus group with International students.

Table 2: Focus Group Summary

Group	Convener	Location	Date	# Of participants	Age range	Facilitator
Rural & Remote	Albury City Youth Council	Albury, NSW	18/7/12	5	16-23	Andrew Brickhill (Batyr)
Indigenous	National Centre of Indigenous Excellence (NCIE)	Redfern, NSW, NSW	19/7/12	9	16-22	Carla McGrath (NCIE)
Medical students	Students from The University of Sydney	Sydney, NSW	18/7/12	6	22-25	Sebastian Robertson (Batyr)

Two Batyr staff undertook a thematic analysis of the focus group data. The two staff members went through the focus group transcripts and each identified individually what they saw as the key themes. They then met to discuss their conclusions and through consensus generated a final list of themes and recommendations.

CHALLENGES AND LIMITATIONS

There were a number of challenges experienced that can be considered limitations of this project. The table below outlines the challenges experienced, the implications of these and the steps taken to address them and reduce their impact of the validity of the data collected.

Table 3: Challenges and limitations

Challenges Experienced	Implications	Strategy for Addressing the Challenges Experienced
Time constraints.	There was a short window of time in which to design, deploy and recruit participants for the survey.	Social and traditional media channels were used to supplement communications with young people via partner organisations. Batyr partners in Melbourne deployed a social media strategy that focused on Twitter, Facebook and established blogs. A report on the deployment of this strategy is attached to this paper.
29% of survey participants identified themselves as being over the age of 25.	The data may not represent the views of young people.	Where possible, data for those aged between 12-25 has been identified. The age of participants have been provided for all qualitative data provided in this paper. The brief for this project from the Commission was to not restrict responses, but rather also capture those who care for young people.
Ensuring the sample is representative of young people in	The data may not be a fair representation of the broader population of young people in Australia.	The survey was conducted online and the engagement strategy sought to attract a broad representation of young Australians. The focus groups specifically targeted

Australia.		demographics considered to be at risk of exclusion from the online survey. Where possible survey questions were adopted from existing national data sets to ensure there was continuity in data collection and aggregation to aid in comparative analysis of data sets.
Possible bias in the data due to a small team conducting the analysis.	The analysis may not accurately represent the data collected.	Experienced researchers from the Young and Well CRC reviewed the data and the analysis independently. The authors have sought to provide true and accurate depictions/analysis of the data collected and have sought to substantiate findings and recommendations with output extracted from the data.

Results

PROFILE OF PARTICIPANTS

The survey was only provided in an online format. A total of 931 individuals across Australia commenced the survey, with 516 participants completing the survey in full.

In this section, all percentages reported represent a proportion of participants who completed that particular question.

GEOGRAPHIC DISTRIBUTION

The largest proportion of responses came from New South Wales (49%), Victoria (19%) and Queensland (13%). All states and territories were represented amongst the participants.

Figure 1: Percentage of participants by state/territory (n = 681)
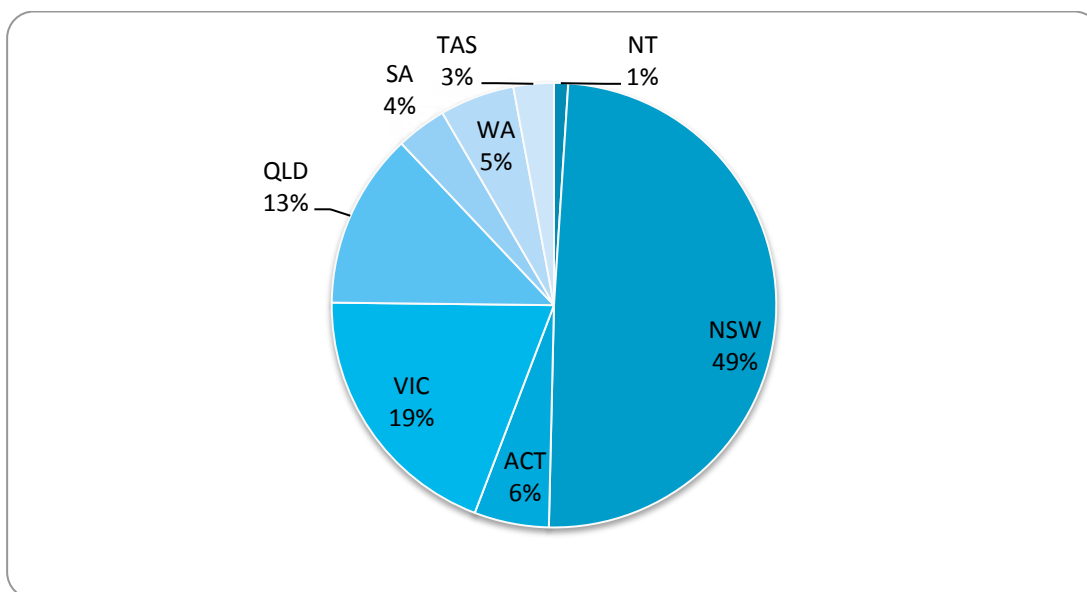
Of those who completed the survey, 71% identified themselves as young people aged 12 to 25 years. The largest proportion of participants was from the age group 18-21 years (27%) followed by 22-25 years (21%). The smallest group of participants identified as being aged between 12 to 15 years (6%).

29% of participants indicated that they were 26 and over, although these participants fall outside the target market their views on young people have not been excluded from the analysis. Many of these participants represented parents and carers.

Table 4: Age profile of participants (n = 685)

Age Range	% of Participants
12-15	6%
15-17	17%
18-21	27%
22-25	21%
26-30	14%
31 and over	15%

GENDER

In total, 72% (n = 688) of those who completed the survey identified themselves as female, 27% as male, and 1% did not identify as either female or male.

OTHER DEMOGRAPHIC INFORMATION

Of those who completed the survey, 14% (n = 696) of participants identified as lesbian, gay, bisexual, transgender or intersex (LGBTI). This is much higher than the national average, a recent study of secondary schools found that 9% of students identified some level of same sex attraction. (Smith, et al 2008).

A total of 2% of participants identified themselves as Aboriginal or Torres Strait Islander.

One in ten participants identified themselves as culturally and linguistically diverse (CALD). This is comparatively low compared to national standards, as we know at least 12% of Australia young people speak a language other than English at home (Francis and Cornfoot, 2007).

Of the participants who provided information regarding their current educational and employment status, 31% (n = 686) indicated they are currently studying at University or TAFE, while 28% were working full time (more than 30 hours per week) and 25% were attending school.

Of those who provided information regarding their current living arrangements, 45% (n = 683) were living at home with parents, 31% living away from home and financially comfortable and 18% were living away from home under financial stress.

YOUNG PEOPLE'S EXPERIENCE OF MENTAL HEALTH AND WELLBEING

DEFINING MENTAL HEALTH, WELLBEING AND HAPPINESS

In determining what the Report Card might mean for young people in regards to mental health, wellbeing and happiness, the survey sought to explopre how young people understood and interpreted these key concepts.

Survey participants interpreted the term 'mental health' in a wide range of ways. When asked what mental health means to them, the most common responses included terms such as happiness, resilience, balance, purpose, connections, the absence of perceived negative emotions or experiences (anxiety, depression, stress) and acceptance of self and their situation, including acceptance of challenges to their mental health, including mental illness.

Mental health was typically defined by those who completed the survey as a positive concept, similar to the way in which mental health is described by the World Health Organisation (Herrman et al., 2005).

When asked to report on what made them happy, participants stated that the things that made them the most happy were time with friends (83%, n = 587), time with family (62%), exercising and helping others (both 53%) and arts and cultural activities (49%).

A significant theme amongst the 'other' qualitative responses received for this question, indicated that having 'alone' time made participants happy.

Table 5: What makes you happy? (n = 587) *Note participants could choose more than one response*

Source	% of participants
Time with friends	83%
Time with family	62%
Exercising	53%
Helping others	53%
Art and cultural activities	49%
Being part of a group	46%
Working	35%
Other	16%

Figure 2. What makes you happy? (Wordle.net*)[1]

More than half (61% of n = 569) of all participants stated they consciously spend time on improving or supporting their own mental health.

---

[1] Wordle.net is a tool for generating "word clouds" from text. The clouds give greater prominence to words that appear more frequently in the source text. The source text for *Figure 2. 'What makes you happy?'* are written responses from the online survey.

The survey highlighted that participants were more concerned about the mental health and wellbeing of their family and friends than their own mental health. Table 6 below provides the results of the survey in connection with queries regarding concern for their own mental health and wellbeing and that of family friends and themselves.

Table 6: Survey participants' levels of concern regarding mental health and wellbeing (n = 669)

	Not concerned at all	Not really concerned	Neither concerned or unconcerned	Concerned	Very Concerned	
Your mental health and wellbeing	9%	15%	15%	39%	21%	n = 669
The mental health and wellbeing of your family	5%	12%	16%	42%	25%	n = 665
The mental health and wellbeing of your friends	2%	9%	16%	51%	22%	n = 663

SUPPORT: WHERE ARE YOUNG PEOPLE GETTING HELP AND SUPPORT REGARDING MENTAL HEALTH AND WELLBEING?

Survey participants described a range of ways in which they had accessed help and support regarding their mental health and wellbeing. These are described in Table 6.

Of interest is the high proportion of participants (75%) who had come in contact with a mental health professional.

Table 7: What types of service provider have you used/experienced? *Note – Participants were able to select more than one response. (n = 383)*

Support or Information Source	% of Participants
A mental health professional	75%
Online discussion/support groups	23%
Online or email counselling	10%
Other health professional (GP):	42%
Other people on the internet	15%
Someone else (specify)	18%

Participant's awareness levels regarding sources of help and support varied depending on the type of help and support available. Their responses are summarised in Table 7.

Table 8: What services can you currently access for your mental health and wellbeing? *Note – Participants were able to select more than one response. (n = 548)*

Support or Information Service	% of participants who knew they could access service
One to one support from a mental health professional	72%
One to one support from a Friend/relative	69%
Online discussion/support groups/counselling (e-health):	30%
Don't know	15%
Group support at school	10%
Group support at a community youth centre	10%
Group support away from school	7%

Participants indicated that their preference was to receive support from the same three places they are currently receiving support, from a mental health professional, from friends/family and online.

There was a notable difference in the number of participants who would like to access group support from community centres 18% (n = 548) compared to 10% (n = 548) who identified as having experience accessing group support at community centre.

Table 9: How would you like to access services? (n = 548)

Support or Information Service	% of young people who would like to access this service (n = 548)
One to one support from a mental health professional	69%
One to one support from a Friend/relative	52%
Online discussion/support groups/counselling (e-health):	35%
Group support at a community youth centre	18%
Group support away from school	16%
Don't know	13%
Group support at school	12%

When asked how comfortable participants would feel about accessing these services for themselves 78% (n = 535) reported as being somewhat or very likely to access these services for themselves and 82% for a friend.

Table 10: How comfortable would you be accessing these services for yourself or a friend? (n = 535)

I would feel comfortable seeking help for:	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely
Yourself	4%	7%	11%	37%	41%
A Friend	2%	5%	11%	34%	49%

Participants were asked to consider how the services they accessed could be more helpful for them. Participants most commonly identified flexibility, cost and more information on effectiveness and success rates as opportunities for improvement. Table 10, summarises responses to this question.

Table 11: How could these services be more helpful? (n = 548)

Ways in which a service could be more helpful	Yes
Cheaper	64%
Flexibility	64%
More information on effectiveness and success rates	47%
Quicker response times	42%
More transparent	41%
Greater feedback opportunities	31%
Other	12%

THE ROLE OF STIGMA REDUCTION IN IMPROVING MENTAL HEALTH AND WELLBEING FOR YOUNG PEOPLE

"I know lots of 'things' about mental health and wellbeing but I'd like to understand different mental illnesses in more detail (more than just symptoms). I'd like to learn more about helpful coping strategies, healthy lifestyles and helpful things to challenge and change your thinking in a positive and healthy way." (Jessica, 25, Female, Rouse Hill)

Survey participants identified stigma as a significant barrier to both help-seeking behaviour and the promotion of mental health and wellbeing.

Participants were asked to consider who was responsible for removing stigma.

Interestingly, 86% (n = 562) of participants reported that they believed that it is everyone's responsibility to contribute to a reduction in stigma, yet only 57% believes they themselves are responsible for removing the stigma. Individuals within the community, community groups and celebrities were also seen as responsible for removing stigma. Table 11 provides some insight into where participants felt responsibility for reducing stigma should lie.

Table 12: Who do you think should be responsible for removing the stigma attached to mental health and mental illness and suicide? (n = 562)

People / groups who could be responsible for removing stigma	% of participants who believe that this person / people are responsible
Everyone	86%
Individuals within the community	67%
Community groups	63%
Celebrities	63%
Parents	62%
The National Mental Health Commission	60%
The media	58%
Yourself	57%
Government	52%
Schools	51%
Other	94%

In considering the other responses, key additional themes included employers and providers of first aid (police and ambulance officers).

CONNECTIONS: WHO DO YOUNG PEOPLE TURN TO FOR ADVICE AND SUPPORT?

> *"Throughout school there was always a strong focus on mental health, but despite being educated about it, it is still hard to admit to yourself when you think things aren't quite right."* (Abigail, 18, Female, North Sydney, NSW)

Young people were asked to consider the role a range of individuals played in impacting their mental health and wellbeing. Of the participants who answered the question 'What impact do the following people have on your mental health and wellbeing?' (n = 571), the most positive impact ('very positive impact') on a person's mental health and wellbeing came from friends (56%) and immediate family (46%). A total of 26% of participants said mental health professionals had a very positive impact on their mental health and wellbeing. Conversely, the most negative impact was from immediate family (6%) followed by employers and relatives (both 4%). One in five participants said that employers have a negative or very negative impact on their mental health and wellbeing.

Table 13: What impact do the following people have on your mental health and wellbeing? (n = 571)

People who may impact on the mental health of participants	Very negative impact	Negative impact	Neutral	Slightly positive impact	Very positive impact
Immediate family	6.3%	15%	11%	22%	46%
Friends	1%	3%	10%	30%	57%
Relatives	4%	12%	39%	30%	16%
Teachers	2%	8%	59%	27%	7%
Community Groups	1%	3%	57%	28%	12%
Neighbors	2%	6%	75%	14%	3%
Employers	4%	16%	45%	26%	9%
Mental Health Professionals	1%	3%	39%	31%	26%

Survey participants noted that they are most comfortable talking to a mental health professional, friends and young person with lived experience (91%), (88%), and (82%) respectively about their mental health and wellbeing. They are not as comfortable talking to their parents on their mental health and wellbeing (42%).

> *"I wouldn't know where to go to get information about mental health issues"* (Isabella, 18, Female, Rouse Hill)

Of the participants who answered the question 'who do you feel comfortable talking about your mental health and wellbeing', most participants said a mental health professional (91%). This was followed by 'a friend' (88%), 'young person with lived experience' (82%) and 'an older person with lived experience' (78%). Almost half of all participants said they would feel comfortable talking to their parents about their mental health and wellbeing. Only 14% of participants felt comfortable having the same conversation with their employers.

Table 14: Who do you feel comfortable talking to about your mental health and wellbeing?

People who young people may turn to	Yes	No	Number of participants (n)
Mental health professionals	91%	9%	542
Friend	88%	12%	539
Young person with lived	82%	18%	521

experience			
Older person with lived experience	78%	22%	519
Parents	47%	52%	521
Teachers	32%	68%	504
Relatives	26%	74%	512
Employer	14%	86%	495

The survey asked participants how important face-to-face and online connections with people are for their mental health and wellbeing. While 73% of participants (n = 570) said face to face connections with people for their mental health was 'very important,' only 14% of participants said online connections with people for their mental health were 'very important'.

Of the participants who answered the question 'Please rate the level of impact the following had during your mental health difficulty' 41% of participants (n = 370) said friends/family/personal supporter had a very positive impact on their mental health and wellbeing. With 77% saying this group had a slightly positive or very positive impact on their mental health, 66% of participants (n = 371) said a mental health professional had a slightly positive or very positive impact on their mental health and wellbeing. A trusted adult had a very positive impact on the mental health and wellbeing of 31% (n = 372) of respondents, with 58% saying a trusted adult had a slightly positive or very positive impact on their mental health and wellbeing.

Of the participants who answered the question 'How has your mental health difficulty affected relationships/connections with family/friends' (n = 376), 43% said it had a 'very negative impact' and only 6% said it had a very positive impact. A total of 37% of participants (n = 377) said their mental health difficulty had a very negative impact on their ability to participate in community and social activities.

Table 15: Impact of mental health difficulty on the following areas

	Very negative impact	Slightly negative impact	Slightly positive impact	Very positive impact	No Impact	n =
Work/School/Study	36%	5%	4%	5%	50%	377
Relationships/connections with family/friends	43%	6%	7%	6%	38%	376
Ability to participate in community and social activities	37%	12%	6%	6%	39%	377
Ability to exercise	36%	22%	8%	8%	28%	375
Availability of alternative housing	9%	76%	5%	5%	5%	372
An understanding school environment	14%	44%	21%	10%	11%	366
A trusted adult	9%	30%	27%	31%	4%	372
Flexible employer	7%	51%	20%	16%	7%	369
Family/friend/personal supporter	7%	14%	35%	41%	3%	370
Financial independence	10%	44%	19%	17%	11%	370
Financial security	11%	40%	17%	20%	12%	364
Mental health professional care (GP, psychologist, psychiatrist):	5%	25%	33%	33%	4%	371
Medication	5%	55%	18%	18%	4%	369
Physical exercise	4%	30%	39%	25%	3%	371
Yoga and meditation	3%	55%	25%	16%	3%	367

EDUCATION AND AWARENESS: WHERE ARE YOUNG PEOPLE EDUCATED ON MENTAL HEALTH AND SUICIDE PREVENTION?

"More cultural role models of people who live a successful life and have a mental illness. People who have overcome suicide attempts, psychotic episodes, depression and anxiety and lead NORMAL lives." (Josh, 25, Male, Chippendale, NSW)

Young people do not feel they have received enough information on mental health and wellbeing. They are receiving information from a mental health professional, online or from close friends. They would like to receive information from people with lived experiences or a mental health professional and they would like it to be through informal peer education.

Over half (57%) of participants (n = 609) feel they have not received enough education about mental health and wellbeing. Of the participants who answered the question 'how do you currently receive information about mental health and wellbeing' (n = 621), 39% said mental health professionals, followed by online-Google (38%), close friends (32%) and family (23%). Almost one in five (17%) receive information through online services and 11% of participants stated they don't currently receive information about their mental health and wellbeing.

Table 16: How do you currently receive information about mental health and wellbeing? *Note – participants could chose more than response (n = 621)*

Sources of information	Percentage
Mental Health Professional	39%
Online – Google	38%
Close Friends	32%
Family	23%
Online Support Services	17%
University/TAFE	15%
School	13%
I don't	11%
Other Health Professional	8%
Discussion/Support Groups	7%
School psychologist/counsellor	7%
Online or email counselling	4%
Other	12%

Of the participants who answered the question 'who would you like to provide information about mental health and wellbeing' (n = 621), majority of participants said people with lived experiences (74%). This was followed by 'mental health professionals' (61%), 'informal peer education' (57%), 'teachers' (52%) and 'social media' (50%). Only 30% of participants would like to receive information on mental health and wellbeing from their family.

Table 17: Who would you like to provide information about mental health and wellbeing? *Note – participants could select more than one response (n = 621)*

Sources of information	Percentage
People with lived experiences	74%
A mental health professional	61%
Informal peer education	57%
Teachers	52%
Social media	50%
Young people	47%

Online	47%
Formal Classes	40%
Mentoring	40%
Parents	30%
Someone else	10%
Other	6%

ISSUES OF PERSONAL CONCERN

> *"I feel I don't know how to handle mentally unwell people, or what makes them unwell." (Lauren, 18, Female, Albany, WA)*

Young people were asked to indicate what the biggest mental health concern for young people was out of a list of 10 items (n = 676). The top three mental health concerns were depression (36%), stress or pressure (20%) and anxiety (15%).

Table 18: What do you think is the biggest mental health concern for young people? (n = 676)

Type of mental health concern	Percentage
Depression	36%
Stress/pressure	20%
Anxiety	15%
Alcohol or other substance misuse	13%
Suicide	6%
Eating disorders	3%
Don't know	3%
Self harm	2%
Other	2%
Schizophrenia/psychosis	0%[2]

Interestingly, 75% of participants (n = 509) indicated that they had experienced a mental health difficulty. This is much higher than population statistics would suggest, but not unsurprising given that those with lived experience are much more likely to desire to complete a survey to inform a National Report Card on Mental Health and Suicide Prevention. Of those that indicated that they had experienced a mental health difficulty (n = 383) the most common difficulties were depression (78%), anxiety (67%) and stress or pressure (63%). This is in line with the findings reported above which highlight the biggest mental health concern areas. It also aligns with the Mission Australia 2011 survey results where 'coping with stresses' emerged as a priority issue for young people (Mission Australia 2011). Alarmingly, suicidal ideation was very high at 44%.

---

[2] Statistically, with consistent rounding, Schizophrenia/psychosis was 0% however the actual percent was 0.3%.

Table 19: Mental health difficulties experienced by survey participants *Note participants could answer yes to more than one of the following. (n = 383)*

Type of mental health difficulty	% of participants with experience
Depression	78%
Anxiety	67%
Stress/pressure	63%
Suicide ideation	44%
Eating Disorder	20%
Other	19%
Alcohol or other substance misuse	16%
Schizophrenia/Psychosis	4%

THE WORK OF THE NATIONAL MENTAL HEALTH COMMISSION

"Just talk about it. Don't make it a scary topic anymore." (Adeline, 19, Female, Hobart, Tas)

"Because information is often contradictory between different websites or services so adds to confusion." (Alyssa, 22, Female, Lilydale, Vic)

Overall, participants responded positively to the concept of a National Report Card on Mental Health and Suicide Prevention. In total, 84% (n = 445) of participants said they would read a Report Card that addressed their issues and concerns on mental health and suicide prevention. Just over half of all participants (52%) stated they would like the Report Card to be made available online via a website, with 19% saying that a video presentation via YouTube would be desirable, and 18% preferring hard copy. A large proportion (79%) of participants want the Report Card to be distributed via social media whilst 54% prefer a Government website. Only 9% of participants stated 'other', which included traditional media outlets, the General Practitioners or at hospitals, public places such as bus stops, youth service centres and 'everywhere'.

Table 20: Where would you like to see the report card distributed? (n = 445)

Distribution channels	Yes
Social media	79%
Online	75%
In schools and other educational institutions	75%
Government website	54%
The workplace	53%
Other	9%

Figure 3. How should the Commission engage with young people?[3]

Focus Groups – Key Results

INDIGENOUS FOCUS GROUP

STIGMA

The National Centre of Indigenous Excellence convened and facilitated a focus group with young people identifying as Aboriginal or Torres Strait Islander. The age range of participants was 16-22.

The participants discussed the 'shame' that surrounds experiences of mental ill health within their culture.

> *"At my school if you went there (to seek help for a mental health problem) you got bullied afterwards – or called an alcoholic or drug addict." (Focus group participant, Jack, Redfern, NSW).*

The participants shared stories illustrating how they, or their peers, had experienced this shame. For example:

> *"In Year 11 I was put into a mental health unit and watched for four weeks, then I wasn't allowed back into the classroom but rather was watched over by the teachers. Shamed out by the school. Foot down on awareness for everyone." (Focus group participant, Ruby, Redfern, NSW).*

CONNECTIONS, SERVICES AND EDUCATION

Indigenous young people participating in the focus group revealed that friends are the first people they go to for support. With this in mind they also stated more needed to be done to educate, and enhance support skills for young people at school and young adults at university, on how to help someone experiencing a mental health problem and where to access further help.

> *"My friends noticed before anyone else. I pushed away the family but the friends and teachers were awesome. Didn't get judged. They were really cool." (Focus group participant, William, Redfern, NSW).*

> *"The best resources are those that you know. First port of call is friends. Once you start sharing stories it starts spreading." (Focus group participant, Chloe, Redfern, NSW).*

A collaborative approach to improving wellbeing was considered to be of most help. For example:

> *"Went to uni, was collaborative between counsellor and services and having a place to check in, sharing the experience with a close friend about using the services, having somewhere to turn made the other friend feel comfortable and no sense of shame." (Focus group participant, Ethan, Redfern, NSW).*

Similarly to their non-indigenous peers, the discussions with indigenous young people reported that positive success stories were helpful.

EDUCATION

Focus group participants reported that both formal and informal educational settings were important in promoting mental health and wellbeing, although some current educational initiatives miss the mark. For example:

> *"PDHPE teaches certain aspects about what they are. It's about the illness not about how you can help, or the next step." (Focus group participant, Mia, Redfern, NSW).*

Participants spoke highly of initiatives such as Mental Health First Aid. It was suggested that 'mental health' related content should be provided in the context of broader health and wellbeing issues, rather than as an isolated subject.

THE COMMISSION AND THE REPORT CARD

It was suggested that for the Report Card to effectively engage Indigenous young people the inclusion of a separate section on information pertinent to their experience would be necessary. Indigenous young people commented that they were often consulted on content and information to be contained in reports like the Report Card; they felt it was important that the information/results/findings of the Report Card not just go to Canberra but be fed back into the community.

> *"If it's going to be of national benefit then it needs to have a particular section specifically looking at indigenous youth mental health." (Focus group participant, Oliver, Redfern, NSW).*

> *"Serve as a best practice model of consultation. Not just restricted to mental health but in general, current consultations are not done that well. Set a precedent on how to engage with consultation." (Focus group participant, Olivia, Redfern, NSW).*

> *"Feeding back to the community. Show that the community has been listened to and is a part of the process. Don't just consult, feed back to the community." (Focus group participant, Lucas), Redfern, NSW.*

The report needs to be a snapshot highlighting case studies, where to go to get help and how successful those places or services have been in providing the necessary support to Indigenous young people.

> *"Section of what actually works. Case studies of programs that have actual results so there's a reference." (Focus group participant, Isabella, Redfern, NSW).*

> *"Real life affects people so much more than statistics what it was like for them in the system, whether that be negative or positive." (Focus group participant, Noah, Redfern, NSW).*

> *"Helping people to understand and help each other: how do you approach the tough topics?" (Focus group participant, Charlotte, Redfern, NSW).*

MEDICAL STUDENTS

STIGMA

Stigma was the most important issue for this group of medical students from The University of Sydney. The students ranged in age between 22-25 and mentioned that even people studying medicine feel uncomfortable seeking help for themselves or supporting someone else to seek help.

> *"It's taboo… people don't know enough about it [mental ill health]." (Focus group participant, Lachlan, Sydney, NSW).*

The students discussed that they felt uncomfortable engaging with someone that was experiencing a mental health difficulty other than to suggest a friend or peer seek out the support of a physician,

however they acknowledged that this was not a desirable response and in their experience this response caused the person to shy away.

> *"Telling someone to see a GP is quite confronting… telling someone to see a GP is terrible." (Focus group participant, Sophie, Sydney, NSW).*

The students felt that knowing how to provide support to others experiencing a mental health difficulty was an important skill that young people needed to develop, in the same way first aid and the concept of 'DR ABC' was ingrained in secondary school students.

> *"Just like knowing how to deal with someone having a heart attack people should know where and how to deal with the basics of mental health." (Focus group participant, Cooper, Sydney, NSW).*

CONNECTIONS, SERVICES AND EDUCATION

The students indicated that they derived the greatest insights from listening to people who had either shared their experience or were similar to them. In the case of the students participating in the focus group they suggested the experience of friends and medical professionals were credible and useful sources of information.

> *"The best learning experience was a doctor coming back and telling his story of going through a mental health issue and saying don't get into that situation put your hand up early." (Focus group participant, Sienna, Sydney, NSW).*

> *"A friend might be more inclined to respond to a friend raising an issue." (Focus group participant, Ella, Sydney, NSW).*

The students proposed that more could be done at schools to educate young people and raise their awareness of the services that are available.

> *"I never knew about any places (to go for help and support) when I was at school." (Focus group participant, Thomas, Sydney, NSW).*

> *"I had no knowledge at school of the services that are available." (Focus group participant, Emily, Sydney.*

The students indicated from experience that universities did not have the administrative capacity to handle student's mental health difficulties as they arise. They found there is no follow up provided to those students who may be at risk.

> *"No one is actively looking out for the students. There's no pastoral care at all, talk a lot of talk but not much searching out students with problems." (Focus group participant, James, Sydney, NSW).*

> *"I wish there was follow through with the [mental health advisory] lectures… if you need [support] they aren't there… there is no protocol or support to assist students through the admin." (Focus group participant, Ava, Sydney, NSW).*

The students also stated that more covert ways of bringing awareness, through art and music, is essential for young people.

THE COMMISSION AND THE REPORT CARD

Interestingly, the focus group participants made an assumption that the Report Card would primarily address the stigma experienced by those that suffer from mental illness. The participants questioned

whether young people would read the report at all, and assumed that young people were not the target audience of the Commission.

> *"As a general rule, young people will not read it [the National Report Card]." (Focus group participant, Ava, Sydney, NSW).*

> *"Youth aren't going to read a report card, but their parents might be interested." (Focus group participant, Amelia, Sydney, NSW).*

Despite their reservations, the students discussed an ideal Report Card for consumption by young people. They agreed it should be short and not read like a report card filled with statistics and scores. The Report Card should include positive stories of young people who have experienced a mental health difficulty. The use of visual mediums such as posters, photos, interactive online content and films to convey the key content was suggested.

RURAL AND REMOTE

Albury Youth Council convened a group of young people aged between 16 and 23 years old.

STIGMA

Participants, who attended the rural and remote focus group hosted by the Albury Youth Council, indicated that they did not feel that young people are well supported in regional and remote areas, including Albury, with regard to maintaining their mental health and wellbeing.

The main barriers to young people seeking help in rural and remote areas were identified as the prevailing stigma towards those suffering from mental ill health and, "small town gossip" and the repercussions from that.

> *"Small towns talk; [Our town] is not as small as other towns but within the youth society everyone will know your business." (Focus group participant, Grace, Albury, NSW).*

> *"There is a lot of negative talk, blame, bullying, ignorance and gossip around mental health." (Focus group participant, Samuel, Albury, NSW).*

Focus group participants had firsthand experience of the negative impact of stigma. One young woman reported that her mother's employment was terminated due to her diagnosis of anxiety.

CONNECTIONS, SERVICES AND EDUCATION

Participants reported they had received little education regarding mental health and wellbeing through formal channels such as school or university.

Participants said they wanted schools to be more open in their communications when school communities were affected by a suicide. Young people felt that presenting factual information was more helpful than limited information that contributed to gossip and speculation. For instance an example was given of a situation when poor communication had a negative impact that soured community sentiment.

> *"At one school a young boy died from suicide and the school would not inform that he died from suicide just that he passed away, therefore the year found out by gossip." (Focus group participant, Benjamin, Albury, NSW).*

The participants stated that a school counsellor was the only service they knew was available if they were experiencing a mental health difficulty as a young person. No participant in the focus group had used the school counselling service. Participants stated that there is no specialist mental health service available within their rural and remote region, except for clinical services in Albury Wodonga.

> *"I only know about going to see your school counsellor for support. But if you go to the school counsellor you are fearful of gossip." (Focus group participant, Riley, Albury, NSW).*

> *"There are other services that are available for youth, which are good due to bulk billing and free social workers, psychs, sexual health nurse but they are not prominently promoted within schools leading to a lack of knowing about them." (Focus group participant, Matilda, Albury, NSW).*

THE COMMISSION AND THE REPORT CARD

Participants said they would read the Report Card if it was:

- short and to the point;
- in plain and simple language;
- include diagrams, graphs, colours and was broken into sections so that people could choose which sections to read; and
- made available online.

Participants also suggested attaching a survey to the report card to assess its effectiveness in reaching its aims.

Participants indicated that the Report Card should address the following topics: eating disorders, bullying, depression, anxiety, school and study-related stress, stress in general, lack of knowledge and lack of resources.

They felt it was important that there was specific information regarding issues affecting young people in rural and regional areas.

SUMMARY

1. Stigma is the number one issue

- People with mental health difficulties experience significant levels of stigma and discrimination. This has a negative impact on their quality of life, their carers, and access to treatment, employment, and housing insurance and personal relationships.
- Young people are ready to dispel the myth/stigma that mental ill health is a barrier to an individual participating in society. In short, young people are happy to move forward in a new direction towards treating and accepting mental illness and difficulties rather than hiding from it.

2. Young people want to help other young people but do not know how

- It seems young people are turning to their friends for support and guidance regarding any difficulties they may be experiencing.
- Young people turn to young people. The current school and university curriculums do not equip young people with necessary life skills to cope with their own, or friends' mental health difficulties.
- Young people need guidance in understanding how they can help themselves and help others. They do not know how to have the conversation with their friends if they feel their friends are experiencing a mental health difficulty.

"A lot of kids want to help but don't know how to…we don't know what approaches work." (Focus group participant, Alexander, 16-22, Redfern, NSW).

3. Real life stories from people they can relate to are essential and better than statistics at educating, raising awareness and empowering young people

- Indigenous people want to hear stories from, and listen, to other indigenous people.
- Medical students want to hear stories from, and listen to, other medical professionals.

Conclusions and Recommendations

CONCLUSIONS

Our engagement with young people has provided a unique insight into the views and experiences of young people. The information provided in this paper may assist the development of a Report Card that is relevant and engaging for young people.

The picture that emerges from the data collected is that the stigma shadowing mental health difficulties remains a barrier to help-seeking behaviour and the promotion of mental health care. Young people believe everyone is responsible for reducing this stigma, with particular attention being placed on the media and schools.

Young people voiced their opinion that the school curriculum does not adequately address mental health and wellbeing related issues, with education needing to start at a younger age. It was a consistent theme that young people wanted to enhance mental health literacy, develop skills to respond to mental health issues and build confidence to act, rather than simply obtain knowledge of the statistics of mental health issues.

This desire seems to correlate with young people being more concerned about their friends' and families' mental health than their own.

Across all aspects - including: treatment, services, and social support - young people favour face-to-face connections with people to help them manage their mental health difficulties. Young people also noted that online communications were important in addressing stigma and providing mental health services.

Young people want to hear stories of mental health experiences from people they can relate to directly and from celebrities.

In connection with the Commission and the design of the Report Card, young people want to be engaged rather than have to seek out the information. There is a preference for information to be disseminated in a variety of mediums including interactive formats (e.g. videos on YouTube and the use of dynamic websites) to short executive summaries and from various sources (e.g. school, universities, and community centres). It is expected that the Commission leverage the opportunities provided by social media.

Young people want the content to relate to their experiences as many groups requested that sections be provided which addressed their specific situation, scenario or demographic. It may also be useful to provide various executive summaries for different groups within the Australian community.

ENSURING THE RELEVANCE OF THE REPORT CARD

Young people who participated in the focus groups and responded to the survey were mixed in their assessment of whether or not young people would read or engage with the Commission or the Report Card. They did, however, agree that the best ways to ensure the relevance of the Report Card would be to:

- Ensure the content reflected young people's concerns, and where possible addressed particular demographics such as rural and remote, and Indigenous young people.
- Deliver the report in an interactive format.
- Conduct a program of engagement with young people to accompany the Report Card's release. The Commission needs to engage with young people rather than young people engaging with the Commission - it is a reach-in, rather than reach-out requirement when engaging with young people.

CONTENT

A key element to engaging young people through the Report Card was to ensure that its content was relevant to the needs of young people. The following key themes were highlighted as core concerns or areas of focus:

1. **Reducing stigma:** Through real life stories, education and the media: Stigma remains a significant barrier to seeking the help required for mental health difficulties. Mental health stigma is prevalent among young people. It is a significant issue identified in both the survey and focus groups. Young people felt that by increasing awareness and education, and directly attacking stigma through open communication, more young people would seek support.

2. **Education:** Young people identified the lack of education they had received regarding mental health issues as cause for concern. They also suggested that education was a key tactic in reducing the stigma associated with mental health issues.

3. **Creating Connections:** Survey and focus group participants valued the opportunity to create face-to-face connections with others who can assist them in improving their mental health, including family, friends and mental health professionals. In particular young people wanted to be able to connect with others with lived experiences. While preferring face-to-face solutions for treatment, young people identified 'online' as their preferred source of pure information. An opportunity exists to investigate how online support can add value to face-to-face engagement.

4. **Services:** Young people have indicated they currently access most support for their mental health issues from family, friends and one-to-one support from health care professionals. They also indicated they would like to have more access to health care professionals, especially if it was at low or no cost. Focus group and survey participants identified numerous ways current support services could improve. These included:

   - Accessibility - especially for those in remote and rural areas.
   - Having a greater number of young people employed in the services.
   - Better understanding of the specialisation of each service so young people know where they will get the best experience.
   - Greater advertising and promotion at places where young people frequently visit, for example: fast food outlets, music festivals.

Young people highlighted that they are not just concerned about accessibility, but rather the 'acceptability' of services.

The Report Card could ensure its relevance for young people by measuring progress against these key opportunities for improvement.

ENGAGING YOUNG PEOPLE

Participants highlighted the need for the release of the Report Card to be accompanied by a program of engagement in order for the Report Card to be seen as relevant for young people. Young people suggested that this program of engagement might include:

- regular opportunities for young people to participate in the Commission's activities.
- roundtable conversations with the Commissioners at regular intervals to create a feedback loop.
- utilisation of social media (specifically Facebook, Twitter and YouTube) to disseminate information and create a conversation around mental health and wellbeing. This might include blogs and videos featuring interviews and profiles of people with lived experience.

- appointing Ambassadors - a mix of celebrities (such as musicians, artists and actors) and people with experiences dealing with mental illness who can share positive but realistic stories of living with a mental health difficulty in the media, in schools and community settings.

REPORT CARD FORMAT

It was clear from both the survey and the focus group results that the design, format and presentation of the Report Card will be a key factor in determining its relevance to young people.

Young people provided a number of practical suggestions as to how the Report Card could be presented in order to maximise the likelihood that young people will engage with it, these included:

- presenting the key elements of the report card in a mixture of formats to meet the diverse needs of the audience. For example, delivering the Report Card online, with links to images, video and audio to illustrate the Report Card's key findings.
- presenting real-life case studies (written, video or audio) featuring celebrities or individuals with lived experience that document their experiences of a mental health difficulty.

Proposed actions currently presented that could be taken to promote the engagement with young people:

- focus on the strengths of individuals and the system, alongside opportunities for improvement. Share with communities what works, as well as what does not.
- highlight the Commission's independence from Government and from the service system. Young people were wary of information that was produced by Government agencies.

Young people also suggested that renaming the Report Card might be advantageous. For many, the term 'report card' had negative connotations, associated with poor performance at school; they wanted the Commission's Report Card to be a positive exercise, with the potential to drive reform and change ultimately improving their lives and that of their peers.

References

ACCESS ECONOMICS 2009. The economic impact of youth mental illness and the cost effectiveness of early intervention. Melbourne: Produced with the support of the headspace Centre of Excellence, Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne.

ANDREWS, G., SANDERSON, K., CORRY, J. & LAPSELY, H. 2000. Using epidemiological data to model efficiency in reducing the burden of depression. *Journal of Mental Health Policy and Economics,* 3**,** 175-186.

AUSTRALIAN BUREAU OF STATISTICS 2010a. Causes of Death [Cat No. 3303.0]. Canberra: Australian Bureau of Statistics.

AUSTRALIAN BUREAU OF STATISTICS 2010b. Mental health of young people [Cat No. 4840.0.55.001] Canberra: Australian Bureau of Statistics.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2007. Young Australians: their health and wellbeing. Canberra: Australian Institute of Health and Welfare.

BURNS, J., DAVENPORT, T., DURKIN, L., LUSCOMBE, G. & HICKIE, I. 2010. The Internet as a Setting for Mental Health Service Utilisation by Young People. *Medical Journal of Australia,* 192**,** 22-26.

CHATHAM HOUSE 2012, The Chatham House Rule, accesed August 2012, http://www.chathamhouse.org/about-us/chathamhouserule.

COSTELLO, E., FOLEY, D. & ANGOLD, A. 2006. A 10 year research update review: the epidemiology of child and adolescent psychiatric disorders: Developmental epidemiology. *Journal of the American Academy of Child & Adolescent Psychiatry,* 45**,** 8-25.

FRANCIS, S. & CORNFOOT, S. 2007. Multicultural youth in Australia: Settlement and transition. Canberra: Australian Research Alliance for Children and Youth.

HERRMAN, H., SAXENA, S. & MOODIE, R. (eds.) 2005. *Promoting Mental Health: Concepts, Emerging Evidence, Practice,* Geneva: World Health Organization.

HICKIE, I., DAVENPORT, T., LUSCOMBE, G. & FOGARTY, A. 2009. Findings from the headspace National Youth and Parent Community Survey. Melbourne, Victoria.

KESSLER, R., BERGLUND, P., DEMLER, O., JIN, R., MERIKANGAS, K. & WALTERS, E. 2005. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication. *Archives of General Psychiatry,* 62**,** 593-602.

LIBBY, A. M., BRENT, D. A., MORRATO, E. H., ORTON, H. D., ALLEN, R. & VALUCK, R. J. 2007. Decline in Treatment of Pediatric Depression After FDA Advisory on Risk of Suicidality With SSRIs. *American Journal of Human Genetics,* 164**,** 884-891.

MISSION AUSTRALIA 2012, 'National Survey of Young Australians 2011', accessed August 2012, http://www.missionaustralia.com.au/document-downloads/category/29-2011

PATEL, V., FLISHER, A. J., HETRICK, S. & MCGORRY, P. 2007. Mental health of young people: a global public-health challenge. *Lancet,* 369**,** 1302-1313.

SLADE, T., JOHNSTON, A., TEESSON, M., WHITEFORD, H., BURGESS, P., PIRKIS, J. & SAW, S. 2009. The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health & Wellbeing. *In:* AGING, D. O. H. (ed.). Canberra.

SMITH 2008, 'Secondary Students and Sexual Health 2008', Results of the 4th National Survey of Australian Secondary Schools, HIV/AIDS and Sexual Health', Australian Research Centre in Sex, Health & Society, La Trobe University.