



Youth Affairs
Council Victoria

Strengthening young people's mental health

A submission to the Victorian Government's 10 Year Mental Health Strategy

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About YACVic

The Youth Affairs Council of Victoria Inc. (YACVic) is the peak body and leading policy advocate on young people's issues in Victoria. Our vision is for a Victorian community that values and provides opportunity, participation, justice and equity for all young people. We are an independent, not-for-profit organisation.

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Executive summary

YACVic welcomes the Victorian Government's release of a discussion paper to inform Victoria's next 10-year mental health strategy, with a technical paper focused on young people. It is pleasing to see this recognition of the importance of supporting people during adolescence and young adulthood, when the risk of mental illness is high. This submission will focus on answering questions 3 and 4 of the technical paper:

- *'How can we improve these outcomes for young people (having regard to what we know about the barriers and harms experienced by young people)? What do we know works?'*
- *'Do the options for consideration focus effort where it is most needed and most effective? Are there other options which should also be considered?'*

The discussion paper and technical paper acknowledge that a young person's mental health is shaped by their social, educational, family and personal circumstances. As such, the papers promise a focus on prevention and early intervention, overcoming social and economic disadvantage and discrimination, and joining up the many sectors which impact upon young people's wellbeing, including schools and youth support services. YACVic would welcome such a focus.

However, we are concerned that almost all the specific reforms proposed in the youth technical paper focus on specialist clinical mental health services.

While stronger specialist youth mental services would be welcome, it is highly unlikely that such services could address the causes of poor mental health, support young people in the early stages of a mental health problem, proactively engage young people who are cut off from clinical help, or resolve the array of issues affecting young people's mental health, such as housing, family violence and education.

Debra Rickwood, Professor of Psychology at the University of Canberra and Chief Scientific Advisor at headspace, has commented:

"much more is needed to support young people's mental health than just treatment services. All young people have multiple mental health related needs ... which include support for personal growth, identity development and growing independence. Also

critical is connectedness and belonging to relevant social groups. Young people need to know how to protect their mental health and wellbeing, and need good mental health literacy to know the signs of mental ill health, the best ways to respond to them, and a positive attitude to seeking appropriate help. ... Young people with mental health problems need psychoeducation, self-help resources and strong informal support. ... All young people also require advocacy, but particularly those with a mental disorder who have heightened needs for advocacy, social inclusion and participation. Traditional mental health service delivery cannot hope to meet these myriad needs.”¹

A holistic approach must also consider the wellbeing of the whole community. The technical paper identifies several cohorts of young people at disproportionate risk of mental illness, proposing particular efforts to address their risks and concerns. YACVic supports targeting interventions towards areas of high need. However, we also need universal actions to strengthen the mental health of all young people, and to ensure that generalist mental health and community supports are accessible to every young person regardless of background, identity, income, ability, or where they live.

YACVic’s submission proposes:

- Ensuring schools are adequately supported to strengthen the mental health of their students, including through partnerships with health and community services.
- Adequately resourcing the youth support sector to work in spaces of prevention and early intervention, and to connect young people to specialist help.
- Improving young people’s mental health literacy and strengthening their support networks of community and peers.
- Coordinating mental health reform with other areas of policy development and planning, including education, family violence, and vocational education and training.
- Ensuring all young people who need mental health services can access them and receive adequate, appropriate support.
- Learning from the challenges of the Barwon NDIS pilot and the problematic recommissioning of mental health services.
- Ensuring young people can access online supports which are accurate and age appropriate, and which enhance their access to offline supports.

Which young people?

All young people must have access to factors which protect their mental health, and to mental health interventions which are inclusive and flexible enough to meet their needs.

YACVic welcomes the discussion paper's language of universal actions to support the optimal mental health of the whole community. We would point to schools and generalist youth services (e.g. in local government) as sites where large populations of young people can be reached in an environment of 'wellness' rather than 'illness'.

At the same time, the technical paper identifies 'priority groups' of young people, who face higher than average risks of poor mental health, due to disadvantage, discrimination and distress:

- Young people who are homeless
- Young people in the child protection service system
- Young people with a coexisting disability
- Young people with a coexisting alcohol or other drug problem
- Aboriginal and Torres Strait Islander young people
- Young people who are gay, lesbian, bisexual, transgender or intersex
- Young people who have experienced trauma through refugee experiences
- Young people whose parents have a mental illness

YACVic welcomes a focus on the wellbeing of these young people. Initial approaches might include strengthening the requirements for health services to work competently and respectfully with young people of all genders and sexualities; building the cultural competence of all health services; developing culturally appropriate, community-led mental health promotion initiatives in different multicultural communities; and building the capacity of Aboriginal-controlled community health services to work in the urgent area of youth mental health and suicide prevention.

However, at the same time, we would caution against any narrow, proscriptive approach. Young people's identities and needs can be complex, and while targeted

interventions can be useful, it is also important to ensure that universal interventions and generalist services are inclusive of all young people, including the above groups.

Here, it is useful to refer to the *Code of Ethical Practice* for the Victorian youth sector, which urges services working with young people to:

- Recognise the impact of oppression, racism and other social forces on young people
- Promote equality of opportunity and break down the barriers that restrict young people's opportunities
- Encourage young people to respect and celebrate their own and others' cultural backgrounds, identities and choices
- Work in a non-discriminatory way, and challenging racism, sexism, ageism, homophobia and all forms of discrimination.²

Such a framework is more useful than simply identifying 'at risk' groups, an approach which risks stigmatising some young people and overlooking others.

Interventions should also be inclusive of (and sometimes targeted towards) other groups of young people who face elevated risks of poor mental health, and who may struggle to access the service support system. They include:

- Young people aged 18 and over who are leaving out-of-home care
- Young people who have experienced family violence
- Children in the 'middle years', aged 8-12 – this cohort go through significant transitions (notably from primary to secondary school) and may present with mental health problems traditionally associated with adolescents, but they fall into the support 'gap' between early childhood and youth services
- Young people in rural and regional areas, who may struggle to access services and maintain confidentiality
- Young people with chronic illnesses
- Young people who have disengaged from education and employment
- Young people with a range of sexual and gender identities which go beyond 'GLTBI'
- Young people from a range of multicultural backgrounds (not only refugees).

Prevention and healthy communities

YACVic welcomes the technical paper's recognition of how a young person's mental health is shaped by their circumstances, and the need for mental health services to work effectively with families, schools, youth services, and employment services.

We also applaud the discussion paper's recognition of social inclusion and economic participation as fundamental to wellbeing. The discussion paper promises a focus on prevention, early intervention, and overcoming disadvantage and discrimination, and comments *'The building blocks for good mental health in Victoria include universal education and healthcare, liveable cities, a growing economy, safe communities, and healthy families.'*³

This echoes the *Victorian Public Health and Wellbeing Plan 2015-19*, which identifies the following elements as important to maintaining and improving people's mental health:

- A job with good working conditions
- Strong and supportive social networks
- Safe communities
- Financial security
- Strong levels of physical activity and participation in sports
- Interaction with the natural environment
- A community which is accepting of diversity, and which actively addresses problems of inequality and discrimination.⁴

YACVic supports such an approach. We also note that VicHealth identifies participation in the arts as important to good mental health, a point recognised in the *National Arts and Health Framework (2013)*, to which Victoria is a signatory.⁵ Furthermore, young people's confidence, resilience and self-esteem can be strengthened through active involvement in community decision-making.⁶

In light of this, YACVic is concerned that almost all the specific directions for reform suggested in the youth mental health technical paper focus on the clinical mental health system, or its links to other services. This focus alone would be inadequate.

If prevention is indeed a focus of the 10 Year Mental Health Strategy, it is important to articulate how this will work, and the coordination and resources that will be attached.

Example: Communities That Care

The Community That Care (CTC) model aims to promote the healthy development of children and young people by reducing risk factors and increasing protective factors, through evidence-based prevention and early intervention. In the majority of communities where CTC action plans were developed, risk factors were reduced, protective factors were enhanced, and health and social problems were reduced.

CTC projects bring together stakeholders from across the community, including local and state government, mental health services, not-for-profits, schools and police. They use detailed student surveys to identify risk factors for young people in their families, schools, peer groups and communities, in areas including mental health, wellbeing, and alcohol and other drugs. Importantly, the youth survey also asks young people about their protective factors, including how their schools, families and communities recognise their achievements; their closeness to family and participation in family decision-making; their engagement in school-based clubs, sports, activities and decision-making; their involvement in volunteering; their closeness to friends; their friends' aspirations; and their ability to cope with stress.

Based on this data, a small number of priority areas for action are identified and a long-range action plan is created. This includes refocusing the work of existing services and introducing new, targeted, evidence-based programs. All prevention strategies must be carefully monitored and evaluated, and interventions must be shown to reduce known risk factors, strengthen protective factors, intervene at the right point in a young person's life, reach those at greatest risk, and engage different cohorts of young people.

CTC interventions need strong commitments from key local leaders and dedicated resources, including paid coordinators, training for community board members, and expert research and technical support from bodies including Communities that Care Ltd and the Centre for Adolescent Health.

CTC projects are operating in communities including Mornington Peninsula Shire, Cardinia Shire and the City of Yarra.⁷

Strengthen the capacity of schools

Schools can be excellent universal settings for interventions which reach large populations of young people. Furthermore, many young people with concerns about mental health will seek help within their school communities. For example:

- In their 2014 Youth Survey, Mission Australia found that over a third of the 13,600 young Australians surveyed said they would ask a teacher or school counsellor for help with an important issue.⁸
- In the 2014 Australian Child and Adolescent Survey of Mental Health and Wellbeing, 19% of children and young people in the 6,300 families surveyed had received informal support from teachers or school staff for an emotional or behavioural problem. Nearly half of the young people with identified mental health problems had used a service at school (e.g. counselling), and nearly a quarter of children and young people who had been to a health service about an emotional or behavioural problem had been referred there by their school.⁹
- *Writing Themselves In 3* (2010), a study of over 3,000 LGBTIQ young Australians, found that LGBTIQ students were less likely to self-harm or attempt suicide if they attended schools which had active policies against sexuality-based discrimination, and which put these policies into practice.¹⁰

At the same time, however, schools can also be sites of stress or discrimination which contribute to poor mental health. It is vital to strengthen schools' capacity to prevent and respond to student mental illness and distress.

- Schools can be part of the problem

Young people need schools which are safe, affordable and inclusive, where their mental health literacy is strengthened and where mental health problems are identified and responded to. At present, this is not the case everywhere. For example:

- In their 2014 *Youth Mental Health Report*, Mission Australia outlined the findings of their survey of 14,461 young Australians aged 15-19, over a fifth of whom appeared to meet the criteria for a probable serious mental illness. Coping with school or study problems was one of the top three most common concerns nominated by YACVic, Submission to the Victorian Government's 10 Year Mental Health Strategy, September 2015

young people – and those with a probable mental illness were twice as likely as the general cohort to report major concerns about school or study problems.¹¹

- In *Writing Themselves In 3*, 80% of LGBTIQ young people who had been bullied said it happened at school. 37% described their schools as homophobic, and over half said homophobia had impacted negatively on their education.¹²
- VicHealth observes ‘a strong and consistent relationship between race-based discrimination and negative child health and wellbeing outcomes such as anxieties, depression and psychological distress.’ A 2010 study of 698 Australian secondary students from Aboriginal and CALD backgrounds reported that 70% had experienced racism, and the most common place this happened was at school.¹³ In their 2009 *State of Victoria’s Children* report, DET found that Aboriginal secondary students were more likely than their non-Aboriginal peers to report being bullied every day and feeling angry or upset about bullying.¹⁴
- In a 2012 study of Victorian secondary students with disabilities and their teachers and parents, the Victorian Equal Opportunity and Human Rights Commission identified a number of threats to the wellbeing of these students, including bullying, use of restraint against students, being excluded from extra-curricular activities, and poor understanding of disability by some teachers.¹⁵

The transition from primary to secondary school is a particular risk point for some students. It means moving from a single class, single teacher and relatively personalised work, to multiple teachers and classes and work which is more standardised, disciplined and competitive. It means changes in friendships and a heightened risk of bullying as social hierarchies change. For students from rural communities, it can also mean travelling to an unfamiliar regional centre. Meanwhile, young people are going through great developmental changes.¹⁶ Secondary students are more likely than primary students to be absent or excluded from school, and the proportion of Victorian students who report feeling connected to their school drops between Years 5-6 and Years 7-9, from almost 86% to only 62%.¹⁷

- **Not all schools have adequate supports in place**

Many schools, especially in rural areas, do not have adequate access to counsellors, psychologists, nurses or wellbeing coordinators with sufficient training and

supervision to deal with the complex mental health issues that arise. The Victorian Government has recently made very significant new funding commitments to assist students who are facing disadvantage or falling behind academically – we hope these improvements will also involve strengthening student wellbeing.

It is also important to strengthen student transition planning between primary and secondary school. Currently, transition materials take very different forms, with varying degrees of detail and adequacy, and schools report struggling with insufficient guidance and resources to manage transitions.¹⁸ Such planning should be informed by quality data about the wellbeing of students aged 8-12, perhaps along the lines of the Middle Years Development Instrument.

Meanwhile, schools are not mandated to teach mental health literacy or engage parents about mental health – and with a full curriculum and limited resources, many principals may feel it is beyond their capacity. While some excellent resources have been developed, their application in schools is uneven. Without coordination, funding and champions (including in state government), resources will not be used.

Example: *Calmer Classrooms: A guide to working with traumatised children*

This guide, developed by Berry Street Victoria for the Child Safety Commissioner, supports teachers and other school staff to understand traumatised children and develop relationship-based skills to help them.

The guide explains the impact of abuse and neglect on children’s development and learning. It empowers teachers to create connections with students who have experienced trauma by setting the tone and quality of the relationship, reviewing their supervision style, setting regular routines and boundaries, using ‘time in’ rather than ‘time out’, acknowledging good choices, and imposing consequences for harmful behaviour which focus on repairing damage and rebuilding relationships. The guide also discusses how to prepare for challenging incidents, defuse conflict, respond to Indigenous students’ needs, practice self-care, and participate in wider care systems.¹⁹

Calmer Classrooms is highly regarded by many in the education and youth sectors, but there has not been universal uptake, and some school staff have not heard of it.

Example: MindMatters

MindMatters is a mental health framework for secondary schools developed by beyondblue with funding from the Australian Government Department of Health. It provides schools with structure and guidance to develop their own mental health strategies.

The MindMatters framework promotes positive mental health through the whole school, with a focus on positive relationships, inclusion, student resilience, connecting with parents and families, and supporting students with mental health difficulties.

MindMatters provides school staff with facilitator guides, events, online resources, videos, interactive tools, webinars and templates for implementation plans. The resources cover topics including:

- How to get started, including the role of school leaders and action groups
- Collecting, reviewing and utilising mental health data
- Building a shared school understanding of mental health and the role of schools
- Promoting positive relationships and a sense of inclusion and belonging
- ‘Quick wins’ for boosting student connectedness and mental health
- Common risk and protective factors
- Tips for engaging with parents
- Advice on talking to students about mental health
- Resources for students about understanding mental health, seeking help, and supporting friends and peers.²⁰

Many schools and youth services report finding MindMatters very useful. However, it is not used everywhere, and implementing the framework would take time and dedicated resources. Not all schools are in a position to commit to this.

- School-based interventions must be coordinated and supported

Even when schools are eager to forge strong relationships with external community services, they do not have capacity to do this alone. A coordinated model is needed, to resource partnerships between schools and community organisations to support

young people at risk of mental illness, as well as homelessness and school disengagement. As such, we hope to see the work of the School Focused Youth Service (SFYS) funded beyond its current term (it lapses in December 2015).

The SFYS is available to all school sectors in Victoria. It assists schools and agencies to develop partnerships to support young people aged 10-18 who may be at risk of self-harm or disengagement from school, family or community, or who are displaying behaviours which require support and intervention. The SFYS works to develop integrated service responses and collaborative projects responsive to local needs. It facilitates supportive networks, and builds the capacity of schools and services to support vulnerable young people.

- Young people need supportive educational settings outside of schools

It is crucial to address the mental health needs of young people who have disengaged, or are at risk of disengaging, from secondary schools. Some young people disengage due to a mental health problem; others find their mental health worsens as a result of losing their connection to education, school services and other students. With the loss of federal funding to the Youth Connections program, many communities report rising concerns about the wellbeing of their most vulnerable young people.

Recently the Victorian Government made a welcome commitment of \$8.6 million over two years to re-engage students who have dropped out of school and training, and \$13.2 million over four years (with \$4.8 million ongoing) to establish and operate LOOKOUT Education Support Centres for students in out-of-home care. Appropriate interventions to strengthen their mental health and wellbeing must be a key part of this.

It is also important that vocational education and training (VET) students can access supports in areas like mental health to at least an equivalent level as that available to their peers in secondary school. In recent years, with the TAFE sector under strain, many VET students have found their access to support services very limited. As such YACVic has called for partnerships between VET providers and community service organisations to be properly resourced and coordinated, to address student wellbeing issues and to ensure young VET students can access counsellors, youth workers, disability support, and assistance around housing and family breakdown.

Improve young people's mental health literacy and help-seeking

It is important to strengthen and build upon young people's existing, informal networks of support to promote better mental health literacy and help-seeking.

In their 2014 survey of 13,600 young Australians, Mission Australia found that the top three places young people said they would go to for help with important issues in their lives were friends (88%), parents (76%), and relatives or family friends (67%).²¹ Similarly, the 3,025 young people surveyed through the 2011 National Survey of Mental Health were also most likely to nominate friends as people who would help them in relation to their mental health.²² The 2014 Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, which surveyed 6,300 Australian families, also found that friends, parents and boyfriends/girlfriends were the most common sources of informal support for young people experiencing emotional / behavioural problems.²³

Unfortunately, however, many young people with mental health concerns do not get enough informal or community support, due to stigma, social isolation, poor mental health literacy, or cultural barriers. In their 2013 survey, Mission Australia found that young people with a probable mental illness were three times more likely than those without a mental illness to report feeling uncomfortable turning to their parents for information, advice and support. They were also significantly more likely to report feeling uncomfortable seeking help from relatives, family friends or teachers.²⁴

Fear, stigma and ignorance must be addressed. The young people surveyed through the 2011 National Survey of Mental Health identified their biggest barriers to help-seeking as being too embarrassed or shy.²⁵ Similarly, in the 2014 Second Australian Child and Adolescent Survey of Mental Health and Wellbeing, the most common reason that young people aged 13-17 cited for not seeking help for depression was 'worrying what other people might think or not wanting to talk to a stranger.'²⁶

It is important to strengthen young people's mental health literacy. The National Survey of Mental Health found that young people were less likely than the general population to be able to accurately identify a mental illness from a given scenario, and less likely to believe it was harmful for a person in a mental illness scenario to try to deal with their problem alone.²⁷

Example: Teen Mental Health First Aid

Mental health first aid is the help provided to a person who is developing a mental health problem, or who is in a mental health crisis, until appropriate professional treatment is received or the crisis resolves. Mental health first aid strategies are taught in evidence-based training programs authored by Mental Health First Aid (MHFA) Australia and conducted by accredited MHFA Instructors.

Teen MHFA teaches students in Years 10-12 how to provide MHFA to their friends. It was developed in response to research showing that young people tend to go to their peers for help. Teen MHFA is not a therapy group, nor does it encourage students to counsel each other. Rather, it uses evidence-based, age-appropriate materials to teach students to recognise the signs of a developing mental health problem or a mental health crisis, and get a responsible adult to take over as soon as possible. The teen MHFA Action Plan teaches young people: ‘**Look** for warning signs, **Ask** how they are, **Listen** up, **Help** them connect with an adult, **Your friendship** is important.’

Participating schools must also host the complementary Youth Mental Health First Aid course for teachers and parents. This course teaches adults how to assist adolescents who are developing a mental health problem or in a mental health crisis.

The program was evaluated in 2014 through the Centre for Mental Health at the University of Melbourne. Evaluators examined the initial delivery of the course to almost 1,000 students across four Victorian schools. (About half the students took part in the evaluation). They found that the training increased students’ confidence in helping a peer with a mental illness; increased their willingness to tell someone about a mental health problem; decreased stigma towards people with mental illness; improved recognition of anxiety; and decreased psychological distress amongst the young participants. No adverse events were associated with the training or evaluation, and training appeared to be well received by parents and school staff.²⁸

A version for younger secondary students (Years 7-9) is currently being developed.

Schools can request training, but ongoing action is needed to improve access. At present there are only 25 Teen MHFA accredited trainers listed for Victoria, and some schools may need help to meet the costs of taking part.

Strengthen young people's protective factors

- Secure, affordable, appropriate housing

We welcome the technical paper's acknowledgement of the importance of adequate housing to young people's mental health. This must be a priority. In a 2013 survey of 213 youth service providers from all around Victoria, YACVic and the Victorian Council of Social Service found that by far the most common areas of unmet need identified by these providers were crisis accommodation, transitional housing, and mental health.²⁹

Much more must be done to address Victoria's critical shortage of adequate, affordable housing. In the last quarter of 2014, for example, the median weekly rent for a one-bedroom apartment in Melbourne was \$345. This is more than the maximum Youth Allowance payment of \$213.40 for a single young person who is required to live away from home. Even in regional Victoria, the median weekly rental of \$160 would consume three quarters of someone's Youth Allowance.³⁰ Meanwhile, as of March 2015, there were 33,933 people on the waiting list for public housing in Victoria.³¹

Especially vulnerable are young people aged 18 leaving out-of-home care. This cohort are already at risk of poor mental health due to trauma, family breakdown and high rates of school disengagement. YACVic welcomed the Victorian Government's commitment of \$21.3 million over four years to extend funding for Springboard, a program that supports young people who are disengaged from education and employment to move from residential or lead tenant out-of-home care into independent living. However, this program does not support all young care leavers; wider systemic change is needed to guarantee housing access to all young care leavers and support them to remain housed.

- Mentoring

Mentoring programs bring young people together with caring individuals in a structured, safe relationship, to access guidance and positive role modelling to help them reach their potential. Mentoring is not a mental health service, but it can help to boost a young person's protective factors.

However, mentoring programs are often small, short-term, and run by one coordinator. 20-30% of them close each year due to lack of resources. Since removal of funding to the Victorian Youth Mentoring Alliance, there has been a gap in support for the sector. Mentoring programs need expert assistance with planning, evaluation, governance, quality assurance and capacity building, to deliver the best results for young people.³²

- **Safety and respect**

Strengthening the mental health of young people must also involve addressing their vulnerability to abuse. In their 2014 *Youth Mental Health Report*, Mission Australia found that over a third of the young people they surveyed who had a probable serious mental illness reported that they had major concerns about bullying and / or emotional abuse. And young people with a probable mental illness were almost *three times* more likely than their peers to report having concerns about family conflict.³³

While ‘family conflict’ is a broad term, it reminds us of young people’s vulnerability to violence in the home. Living with violence has been linked to behavioural and emotional problems, ranging from depression and anxiety to aggressive or anti-social behaviours. Trauma sustained at a young age can make it hard for a young person to deal with stressors later in life, and children exposed to violence may exhibit symptoms associated with post-traumatic stress disorder.³⁴

Meanwhile, VicHealth has calculated that partner violence contributes to 8% of the total disease burden among Victorian women aged 15-44. 62% of this burden is related to mental health, notably depression and anxiety.³⁵

Young women are especially vulnerable. In their 2012 Personal Safety Survey, the Australian Bureau of Statistics found that 12% of young Victorian women aged 18-24 had experienced some form of violence in the past year, compared to 5% of women in general, and victims usually knew the perpetrators.³⁶ Meanwhile, the Fifth National Survey of Secondary Students and Sexual Health (2013), a survey of over 2,000 Australian secondary students, found that of the students who reported being sexually active, 28% of young women and 20% of young men reported having experienced unwanted sex. Common reasons selected were ‘My partner thought I should’ (53%) and

'I was frightened' (28%). Fear and pressure from a partner were much more commonly cited by girls than by boys.³⁷

Young people's mental health can also be damaged by other forms of abuse and violence related to race, sexuality, gender identity, culture or disability. For example, *Writing Themselves In 3* found strong links between homophobic abuse and self-harm, excessive drug use, and suicide attempts amongst young LGBTIQ people.³⁸

Coordinate mental health planning with other reforms

To support young people to enjoy their highest possible standard of mental health, stakeholders across the Victorian Government must arrive at strong, shared priorities to strengthen young people's engagement, wellbeing and opportunities.

Victoria's Mental Health Plan should be coordinated with other relevant areas of reform: notably building Victoria as the 'Education State', responding to the Royal Commission into Family Violence, and revitalising Victoria's vocational education and training (VET) sector. The Victorian Government is also developing a new youth policy framework to improve support and services for young Victorians, with a focus on connecting with disadvantaged young people.

YACVic's recommendations to these reform processes encompassed:

- Upholding the right of all young people to access a high quality of education which leads to meaningful employment. Education reform must focus on alleviating disadvantage and strengthening engagement amongst Victoria's most vulnerable young people. Young people need schools which are safe and welcoming, with an inclusive curriculum, a wide range of subject choices, explicit education on respectful relationships, and adequate access to wellbeing services and Indigenous and disability support staff. School attendance must be affordable for all, and schools should be funded on a needs basis, in line with the recommendations of the Gonski Review of Funding for Schooling. Young people's school transitions must be properly supported.

- Young people must have access to high quality VET which is affordable, offers a range of options (including for early school leavers and students needing foundation-level support), and leads to meaningful employment. VET students must be able to access expert support in areas such as mental health, housing, disability support, and family breakdown. As such, the community service component of VET provision must be recognised, coordinated and resourced.
- Young people need age-appropriate interventions to address their vulnerability to family violence and relationship violence. Interventions should include best-practice respectful relationships education in all secondary schools; ensuring young people in out-of-home care can access therapeutic models of care to promote healing and recovery from trauma; stronger training for teachers and the youth sector in identifying and responding to disclosures of violence; and investing in pathways to support families experiencing adolescent violence in the home, which could include engaging young people in behavioural and attitudinal change programs and connecting them to services to address mental illness and trauma, alcohol and other drugs.

Work with generalist youth services

A mental health strategy should recognise and strengthen the role played by generalist youth services in prevention, education, early intervention and referral. This role involves:

- Generalist youth services provide a point of entry to the service system which is 'youth friendly' and non-stigmatising for young people and their families, including those who are not in mainstream schools. Many young people feel too uncomfortable to approach a doctor or specialist service, and others are unaware of the services available. At a generalist youth service, a young person can raise concerns about their wellbeing in a relaxed, non-clinical setting.
 - Youth services connect young people and their families to a range of specialist supports, helping them to navigate the complex mental health system. Youth services may also offer information about mental health via a general online youth portal or youth services directory. Such directories promote opportunities for recreation, education and life skills as well as health, and do not present as
- YACVic, Submission to the Victorian Government's 10 Year Mental Health Strategy, September 2015

‘mental health websites’ (which an anxious young person might find too intimidating at first). Examples include the youth services directories produced by Hobsons Bay City Council and Wyndham City Council.

- Local government youth services, in particular, play a vital role in brokerage and partnership-building. They support other services to work together, including on mental health projects, and advocate for the delivery of targeted services such as headspace in their community.

Furthermore, generalist youth services engage young people in areas such as arts, recreation, homework clubs and life skills, to build social connections, confidence, self-esteem, skills, school engagement, and contributions to community. These are all important protective factors for mental health. Examples include:

- The Victorian Government’s Engage and FReeZA grants. Engage grants support young people to volunteer and contribute to their communities, get involved in local decision-making, and build networks, skills and community connections. FReeZA grants bring together committees of young people to organise drug- and alcohol-free music gigs, dance parties and cultural events, with a focus on young artists. These activities reach large numbers of young people – e.g. around 130,000 young people attend FReeZA gigs each year. They are commonly hosted by local government youth services, some of which (especially in rural areas) depend heavily on these grants.
- The HEY Project (recently allocated \$5.9 million over 4 years by the Victorian Government) funds programs to support the mental health of same-sex attracted and sex/gender diverse young people. Recipients of HEY grants include headspaces, local governments, schools, community radio stations, multicultural community bodies, small rural hospitals, and not-for-profits. Many of these recipients, notably in rural areas, operate on very limited core funding.
- Programs which engage vulnerable young people in the arts. One example is the Artful Dodgers Studios at Jesuit Community College (Jesuit Social Services), recently refunded by the Victorian Government. Artful Dodgers Studios enable young people who may be experiencing poor mental health, AOD misuse or homelessness, to work in fully equipped art and music studios with experienced

artists and musicians. They develop creative skills and take part in projects, exhibitions and events, while building social connectedness and self-esteem.

- Initiatives to build young people’s social connectedness via participation in sport. Examples include the ‘Sport for Social Cohesion’ projects and resources produced by the Centre for Multicultural Youth, a not-for-profit organisation supporting young people from migrant and refugee backgrounds.
- Initiatives which engage young people in natural settings. One example was the Y Discover Parks Youth Grants Program (2012), delivered by YACVic and Parks Victoria. Y Discover Parks funded innovative programs to get diverse groups of young people active and engaged in parks, while building social connections and creativity. These projects were delivered by not-for-profits, local governments, youth arts organisations, education providers, and community health providers.

Thus, any planning for preventative mental health must fully involve the youth sector. However, many youth services (notably rural ones) rely on limited or short-term funding. A 10 Year Mental Health Strategy provides an opportunity to review the benefits of these interventions, identify the gaps, and direct resources where they are needed.

Example: Local government youth services and mental health promotion

Live4Life is an evidence-based mental health promotion initiative targeting young people in the Macedon Ranges. It takes a whole of community approach to increase young people’s knowledge of mental health, reduce stigma and improve access to and delivery of mental health service pathways for young people.

The initiative was developed in 2009 as a community-wide response to a reported local increase in youth depression, anxiety, self-harm and suicide. The Youth Development Unit at Macedon Ranges Shire Council, along with schools and community leaders, identified a need for a coordinated response, focused on prevention and education.

Live4Life involves all Year 8 students across five local secondary schools (including a specialist school) in a series of mental health education sessions, an annual competition and a celebration event. Students learn about mental health and how to

access services, while also taking part in fun group activities such as dance, boxing, meditation and art, and entering an art, multimedia and photography competition with a mental health theme. Staff work with a youth crew of Year 9 and 10 students who have completed Live4Life previously, who help direct the aims, events and messages for their younger peers. Live4Life also offers free youth mental health first aid training to parents and carers at participating schools. Live4Life is designed to complement any current school programs around wellbeing and mental health.

The local government youth development unit is central to this initiative. Macedon Ranges Shire Council is the lead agent in Live4Life, and funds it on an ongoing basis. Also crucial are strong partnerships with Cobaw Community Health, Victoria Police, and local secondary schools, and support from local businesses and Rotary club.

Comments from young people who took part in Live4Life in 2014 included:

'I learnt that you shouldn't be embarrassed or ashamed if something's like wrong with you mentally because there's like sooo many other people in the world just like you in that aspect so you shouldn't be embarrassed or ashamed and Live4Life taught me that. You can always get help with it, they won't judge you. That's really cool.'

'I learned there's heaps and heaps of options, not just talking to a friend - there's way more.'

'I found that even if you're underage you can still go to the doctor by yourself or like talk to a Counsellor and get help that way.'

'...it was really, really good [learning] about the websites ... because you might not feel confident talking or asking family...'

'It's important to have a good diet, get exercise, and stop working for a bit just to help your mental health.'

'...one of the main things I learned is like how to identify someone who like may be suffering and on the verge of depression or anxiety and stuff. I kind of learnt how you should talk to them as a friend.'

*'I think that it's [Live4Life's] really influencing changing people's minds about the way they should treat other people... a lot of people have changed their mind and got their act together.'*³⁹

Improve young people's access to mental health services

While it is important to build young people's mental health literacy, protective factors, and willingness to seek help, we must also address the fact that many communities simply do not have adequate access to youth mental health services.

In the 2013 survey by YACVic and VCOSS of 213 Victorian youth services, we identified that mental health support was the third greatest area of unmet need, cited by 52% of respondents. A further 27% of respondents nominated counselling services as an area of unmet need for young people. Comments from respondents included:

- *'Mental health crisis services are not offered for anyone under 18 in my region. It creates logistical nightmares for kids and teens in need.'*
- *'Young people are eligible to attend headspace, but often unable to get there independently on public transport.'*
- *'We have one counsellor to 14,000 young people.'*⁴⁰

Similarly, the 2014 Mental Health Survey of Children and Adolescents surveyed 6,300 Australian families and found that the most common barriers to seeking or receiving help nominated by the parents of a young person with a mental health disorder included 'Couldn't afford it' (33%), 'Couldn't get an appointment' (29%) and 'Problem getting to a service that could help' (25%).⁴¹

We note that the Victorian Government has made some key commitments to increasing young people's access to specialist mental health supports, including \$60 million to rebuild Orygen Youth Health's Parkville facility (so far \$1.1m has been delivered to progress planning and development of capital works) and \$4.4 million for intensive treatment and support for 60 high risk young people experiencing eating disorders. These steps are very welcome. However, further action is needed to address young people's access around the state, notably in rural areas and interface suburbs.

- **Rural access is especially poor**

The delivery of headspace centres in regional centres (while welcome) does not address concerns for young people in outlying rural towns. Public transport tends to be poor, and outreach is insufficient. Headspace teams may not be adequately resourced,

structured or required to work in surrounding rural areas, and the high levels of need in regional centres are enough to keep them completely occupied there.

- **GPs' competence must be strengthened**

GPs are a common 'first point of contact' for a young person experiencing mental health concerns, especially in rural areas where other services are scarce. However, not all GPs are confident and competent to help young people navigate the mental health service system and related services. More effort is needed to link GPs better to the wider service sector, including generalist youth services. Work currently being done between the Western Victoria Primary Health Network and the Barwon Adolescent Taskforce provides one example of this.

- **Prevention and Recovery Centres for young people**

Managing and recovering from mental illness can be much easier when young people have access to youth Prevention and Recovery Centres (Y-PARCs). These are residential services that provide recovery care and intensive support, usually for short stays, to help people recover and avoid the need for more costly acute care. However, the Y-PARC system is small and only a small number of young people can access it.⁴²

Victorian Labor made an election commitment to promote the extension of PARC services within the community, and we hope this will include strengthening Y-PARC options.⁴³

- **Embed youth participation in mental health supports**

Embedding youth participation within mental health services helps to empower young people and ensure that services are relevant, effective and widely known. Ultimately, consumer participation should also affect broader social change. Targeted efforts are needed to engage young people actively in the mental health sector, as they tend to engage in different ways to older adults and can face marginalisation due to their relatively low levels of income, education, independence and life experience.

Examples of active youth participation include headspace's local youth reference groups and Youth National Reference Group; the Youth Brains Trust at the Young and Well Cooperative Research Centre; the research undertaken by Orygen into youth participation and peer support in youth early psychosis services; and ReachOut.com's development of a Youth Ambassadors program, Peer Moderators, and the ROMP (Reaching Out to an MP) Project which trains young people in political advocacy.

Addressing structural barriers

The youth technical paper proposes several approaches for restructuring the delivery of youth mental health support, to improve collaboration and access. These must be addressed in the context of wider changes and challenges in the mental health sector.

- A single 'youth triage' intake and assessment point?

The Mental Health Plan's youth technical paper suggests the development of a single 'youth triage' intake and assessment point for mental health and, where feasible, youth alcohol and other drug responses. YACVic would caution against such an approach.

The recommissioning of adult mental health services has led to single access points for each region. This has had the effect of *reducing* access for many of the most vulnerable consumers, notably Aboriginal and Torres Strait Islander people and people experiencing homelessness. Vulnerable people are more likely to work well with services they know and trust, and which provide 'soft entry' or 'drop in' options and holistic support – but these options have become scarce.⁴⁴ Single entry points for housing and AOD support have also proven problematic.

Young people must be able to access support via whichever point in the service system they choose to engage. Their needs are diverse; they depend a great deal on trusting relationships and networks of support; and they are notoriously wary of specialist services and formal triage models. Forcing young people into new and unfamiliar services, making them navigate extra layers of 'gate keeping' and assessment, or denying them support unless they can meet one specific list of criteria, would result in many young people not accessing help at all.

- **Holistic points of information and support**

Rather than a single intake and referral point, youth services have reflected to YACVic that it can be useful to have a holistic point of information and guidance for young people, to help them understand and navigate the service system. This is where generalist youth workers or case managers in the style of Youth Connections can be vital. Shared data sets and shared referral platforms can also be useful, when services are resourced to develop them and have ownership of the process.

- **'No Wrong Door'**

Rather than forcing young people through a single point of entry into the mental health system, it is better to ensure that they can get to the support they need regardless of where they first ask for help.

The premise of 'No Wrong Door' is that wherever a young person presents within the service or school system, regardless of their identified need, they will be supported to find the help they need, without having to re-tell their story or navigate the system alone. Under 'No Wrong Door', once a young person has made initial contact they are deemed to have entered the service system, and that service is obligated to help them.

'No Wrong Door' organisations are not expected to provide all services to all young people. But they will offer a supported referral to any young person who needs it. (Shared referral tools and request for service tools have been developed to support this.) Rather than simply telling a young person where to go for help, the professional, in consultation with the young person, will navigate the system to access appropriate services, initiate contact and transfer information. If a supported referral is deemed inappropriate or the young person wants to manage their referral themselves, the professional will assist the young person to identify the right school or service to approach and complete a referral tool for the young person to pass on to the service or school, to save them re-telling their story.

The professional must ensure that referrals are received by the intended recipient, who must then update them as to whether the referral was accepted or denied. If denied, a combined effort should be made to find a suitable alternative.

A range of services can become signatories to a 'No Wrong Door' charter or memorandum of understanding, with different levels of obligation according to the skill set of their workers and volunteers, the core role of the organisation, and the service's capacity. Schools can engage at different levels according to the size of their wellbeing unit and their capacity to assist individual students.

Such models can be very useful, and have been developed in several communities. However, they need resourcing and depend upon strong partnerships between local stakeholders, notably local government youth services. For example, the 'No Wrong Door' model which works with young people aged 10-25 in Knox, Maroondah and Yarra Ranges arose out of a 2009 Better Youth Services Pilot funded by the Department of Planning and Community Development, and was later extended through funding from Youth Partnerships (DEECD).⁴⁵

- **Recommissioning of services was very problematic**

The radical recommissioning of adult AOD and mental health services under the previous Victorian government proved disruptive and sometimes damaging for many people with mental illness, including young adults. The reforms led to a drastic reduction of community based mental health providers, from around 160 to fewer than 20. In many rural areas there is now only one provider, and most smaller and specialist providers have vanished. Timelines for recommissioning were inappropriate; the government's communication with the sector was often tokenistic; and transition planning was poor. Services struggled to support vulnerable clients, many of whom did not wish to deal with new, unfamiliar services and workers, and during the transition period many vulnerable people fell through the gaps. Competitive tendering processes undermined partnerships between mental health providers and imposed new costs on services, and staff morale was low. It is imperative that any future reforms to the mental health service system learn from the mistakes of this period.⁴⁶

- **NDIS rollout poses challenges**

The NDIS trial in Barwon has raised a number of concerns. Mental health consumers have experienced significant changes to eligibility criteria, access, assessment

procedures and models of support, and processes for entering the NDIS system have been highly complex. For people with mental illness, especially, this proved a confusing, anxious time, and their existing services and GPs were not always well prepared to assist them. Those mental health consumers who reported a positive transition tended to be those who had received strong support and advocacy from their existing services – a process which is time- and resource-intensive.

Not all people with mental illness will successfully navigate the NDIS. The nature of the model presumes a high level of competence on the part of consumers to choose their own care and supports, which can place unreasonable demands upon a person experiencing severe mental illness. Meanwhile, to qualify for the NDIS a person must be classified as having a permanent impairment. This does not sit well with the episodic nature of many mental illnesses, and for younger people especially it is stigmatising and distressing, at odds with a recovery model of mental health.

Furthermore, not all people with mental illness will be eligible for the NDIS. In Barwon, younger people were over-represented in the cohort who were deemed ineligible or who disengaged from the application process. After the state-wide rollout, it is estimated that approximately 10,000 Victorians with mental illness may find themselves ineligible for NDIS support.⁴⁷

- **Co-location of services**

The youth technical paper suggests ‘co-locating specialist clinical services in selected youth welfare services’ and providing ‘active in-reach to youth homelessness, out-of-home care and youth justice services’. Such approach might well prove welcome, if it were tailored to local needs and capacity.

Many services regularly work in partnership, but need support to formalise these arrangements and build initiatives which meet local needs, rather than shaping their work to fit generic funding models.

Co-location might also mean supporting specialist staff from regional services to work part-time in rural service settings; if so, there should be an emphasis on sharing expertise and upskilling local workers.

- **Specialist mental health support for other services**

The youth technical paper suggests strengthening the capacity of the mental health service system to provide consultation support to primary healthcare, student wellbeing, and youth welfare services to identify and appropriately support young people with mental health issues. This might prove beneficial. In particular, some school wellbeing teams would benefit from secondary consultation and external clinical supervision, where their local resources are scarce. We await further details about how such a model might look.

Online interventions

The Mental Health Plan discussion paper and youth technical paper do not mention online interventions, but these are important to mental health service delivery and support.

Mission Australia's 2014 *Youth Mental Health Report* found that, along with friends, the internet was one of the most popular sources of information, advice and support for young people, both with and without a probable serious mental illness.⁴⁸ The 2014 Report of the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing found that 52% of young people with a major depressive disorder had used a website in the past year to find information about emotional and behavioural issues.⁴⁹ Popular sites include ReachOut.com, Youth Beyond Blue, Kids Helpline, and Lifeline Australia, and evidence-based online interventions, such as MoodGYM.

Through the use of technology, young people can avoid some of the barriers to accessing face-to-face services, such as stigma, cost, limited opening hours, and geographical distance. Furthermore, a well-designed online intervention can increase a young person's likelihood of engaging with face-to-face services. For example, a 2013 survey of 2,600 young people visiting ReachOut.com found that half the first time visitors who were experiencing high or very high psychological distress had not accessed any other form of professional help before – and around half the visitors who reported psychological distress said they would be more likely to seek professional help after visiting ReachOut.⁵⁰

However, online supports must be appropriate. While young people are often comfortable seeking information online, their uptake of online counselling and other forms of direct, 'real time' communication is lower. The Mission Australia 2014 report found that 62% of young people with a probable mental illness said they would be uncomfortable using online counselling, and the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing found that online counselling and mental health chat rooms had relatively low uptake by young people.⁵¹ It is important to learn from models of e-counselling which have generated high demand, such as e-headspace. We would suggest that one important component is active in-person engagement with youth workers and school staff, who can introduce young people to such online services and 'walk them through' using them at first.

A number of barriers exist to a truly effective system of online mental health interventions. Problems include piecemeal and competitive funding; investment in start-ups at the expense of ongoing implementation; lack of an overarching strategy; and insufficient integration of online tools and supports with face-to-face services. The result has been uncoordinated development, with duplication in some areas and insufficient progress in others, as well as a proliferation of websites which are not moderated and may not have any reliable evidence base.⁵²

It is important to work with research bodies such as the Young and Well Cooperative Research Centre, as well as the federal government and stakeholders in the e-mental health sector to promote coordinated planning and leadership, the development of common standards and innovative funding models, greater impact assessment and evaluation, and greater coordination between online and face-to-face services.

YACVic would welcome the opportunity to discuss these issues further with you. Please contact Dr Jessie Mitchell, Manager of Policy & Projects, on policy@yacvic.org.au or 9267 3722.

Recommendations

Structuring and focusing the 10-year strategy

1. Ensure that the 10-year strategy maintains a strong focus on prevention, and specify the coordination and resources which will be allocated to support this.
2. Recognise schools and generalist youth services as key stakeholders in mental health reform, and articulate how the Victorian Government will engage with them to reach large populations of young people in universal settings.
3. Bring together stakeholders working on key areas of reform across government – notably building Victoria as the ‘Education State’, responding to the Royal Commission into Family Violence, and revitalising Victoria’s VET sector – to arrive at strong, shared priorities and actions to strengthen young people’s wellbeing, engagement and opportunities.
4. Commit to ensuring that services which support young people’s mental health should be inclusive and accessible to all young people, including the priority groups identified in the youth technical paper and the additional cohorts identified by YACVic (p.7). As part of this process, refer to the Victoria’s youth sector’s *Code of Ethical Practice* for a framework of equal opportunities, non-discrimination and respect for young people’s backgrounds, identities and choices. Targeted interventions to address inequality could include:
 - Strengthening requirements for health services to work competently and respectfully with young people of all sexualities and genders.
 - Strengthening the capacity of Aboriginal Controlled Community Health organisations to work in the areas of youth mental health and youth suicide prevention.
 - Developing culturally appropriate, community-led mental health promotion initiatives targeted at young people and their families in different multicultural communities.

Schools and other education settings

5. Work with Mental Health First Aid Australia, the School Focused Youth Service and principals towards an eventual goal of making Teen Mental Health First Aid training available to all Victorian secondary students, and making Youth Mental Health First Aid training available to staff and parents at all Victorian secondary schools.
6. Extend the Secondary School Nursing Program, which supports health promotion and primary prevention and counsels students on healthy life choices, and which is currently operating in two thirds of government secondary schools. Ensure that nurses can be more fully involved in community mental health planning, and that all secondary students at government schools have access to the program.
7. Secure funding for the School Focused Youth Service beyond their current term, to support partnerships between schools and community / health services and build their capacity to support young people who are at risk of self harm, school disengagement and behaviours requiring intervention.
8. Ensure all secondary students have adequate access to wellbeing services, counsellors, and Indigenous and disability support staff, and improve the ratio of Student Support Services to students in areas of high need, such as growth corridors. This should align with recent commitments by the Victorian Government of significant new funds to assist students who are struggling academically and school communities with higher levels of socio-economic disadvantage.
9. Invest in intensive, case-managed support for students who have disengaged, or are at risk of disengaging, from school, to address the gap left by the removal of federal funding to Youth Connections. Recently the Victorian Government made a welcome commitment of \$8.6 million over two years to re-engage students who have dropped out of school and training, and \$13.2 million over four years (with \$4.8 million ongoing) to establish and operate LOOKOUT Education Support

Centres for students in out-of-home care. Adequate connections to interventions to strengthen their mental health and wellbeing must be a key part of this.

10. Put adequate funding in place to ensure that young people attending TAFEs and not-for-profit VET providers can access supports in areas such as mental health, AOD and housing, to at least an equivalent level to their peers in mainstream schools.
11. Develop and adequately resource a mandatory, consistent model of transition planning for children moving from primary to secondary schools. As part of this, schools must be adequately supported to understand their obligations, including around appropriate disclosures of information.
12. Develop measurement tools to monitor the health, wellbeing and development of children aged 8-12, learning from the successes of the Middle Years Development Instrument (South Australia, Frankston and Whittlesea). The findings should be used to inform school transition planning, and the funding of community-based programs to support the mental health children in this age group.
13. Work with Safe Schools Coalition Victoria to extend their teacher training and resources into more independent and Catholic secondary schools.
14. Extend access for school wellbeing teams (especially in underserviced areas) to secondary consultation and external clinical supervision.
15. Trial a 'youth workers in schools' model where youth workers from local services are funded to participate in multi-disciplinary student wellbeing teams.
16. Put into place adequate coordination, training, resources and dedicated staff time to ensure that Victorian secondary schools implement existing reputable, evidence-based models of mental health planning, mental health literacy, parental engagement around mental health, and trauma-informed teaching practice. (Many strong models exist, such as ReachOut Professionals, Calmer Classrooms, SAFEMinds and MindMatters, but their uptake by schools is uneven.)

17. Ensure that all Victorian schools implement respectful relationships education which is evidence-based, supported by an expert coordination body, and implemented as a whole of school approach. The respectful relationships content which is due to be introduced into the primary and secondary curriculum in 2016 should be informed by the DET module 'Building Respectful Relationships – Stepping Out Against Gender-Based Violence' and the findings of the Respectful Relationships in Schools (RREiS) project.

Housing

18. Extend support to young people leaving out-of-home care until at least the age of 21, and provide a housing guarantee to young care leavers, as recommended by VCOSS, the Council to Homeless Persons, the Centre for Excellence in Child and Family Welfare, Victorian Aboriginal Child Care Agency, Anglicare Victoria, and Berry Street. This guarantee could be used for a range of supports, including rental guarantees and supplements, to encourage landlords to rent to young people and to assist young person if they are studying and/or unable to work.
19. In keeping with recommendations made by the Council to Homeless Persons and the Victorian Council of Social Service (VCOSS):
- Develop a long-term affordable housing strategy to address the soaring public housing waiting list and the unaffordability of private rental for low-income Victorians. A new affordable housing growth fund of \$200 million per year could build a minimum of 800 homes.
 - Establish a rapid rehousing program to assist women and children escaping family violence to be quickly rehoused with appropriate supports in place. \$10 million per year could assist over 1000 women and their children.⁵³

Generalist youth services

20. In partnership with local government, invest resources to create more generalist youth support to provide age-appropriate early intervention for young people at risk of poor mental health.

21. Increase the resources available to local government youth services (notably through the Engage grant round) to enable young people to contribute to their communities, strengthen their connections to family and friends, and develop supportive networks, self-esteem and work-ready skills.
22. Resource youth mentoring programs which show success in strengthening young people's community engagement, self-esteem, and supportive relationships and networks. Here, funding should be directed towards long-term programs with three-year funding cycles and potential for recurrent funding, guided by evaluation and quality improvement measures. (All of this would be strengthened by restoring funding to the Victorian Youth Mentoring Alliance, to provide accessible, comprehensive support to the mentoring sector, notably through the Quality Assurance Project.)

Mental health services

23. Rather than implementing a single 'youth triage' intake and assessment point (which YACVic does not support):
 - Resource local networks of services and schools to develop and implement 'No Wrong Door' models of referral and service delivery, to ensure young people can access mental health support no matter where they ask for help, without having to retell their story or navigate the system alone.
 - Support youth workers and case managers in the style of Youth Connections to provide young people with holistic information about wellbeing and mental health supports and assist them to navigate the service system.
24. Strengthen community-based mental health services for young people in underserved areas.
25. Create more mental health Prevention and Recovery Centres for young people, to provide specialist residential support.
26. Ensure that people with mental illness who are not eligible for the NDIS will retain access to community mental health services. (This would deliver on

Victorian Labor’s 2014 election commitment to ‘provide maintenance of care for those Victorians currently receiving services’ and ‘protect their level of care while the NDIS grows.’)⁵⁴

27. Link GPs better with the wider community services sector, including generalist youth services.
28. Support specialist mental health staff from regional or metropolitan services to work part-time in rural service settings, with an emphasis on sharing expertise and upskilling local workers.
29. Ensure any new mental health interventions for young people developed through the 10-year strategy engage young people as active consumers and build their capacity as mental health spokespeople, peer leaders and advocates.
30. Ensure reforms are guided by the lessons of the recent mental health and AOD recommissioning process, which proved highly problematic. VCOS, the Victorian Alcohol and Drug Association, VICSERV and Council to Homeless Persons have observed that any future process would need:
 - A greater focus on partnership and co-design of the system
 - Specialist skills and expertise within government to manage change, and comprehensive understanding of the sectors involved
 - A stronger commitment to effective change management processes
 - A clearer understanding of service demand
 - More transparent communication and clarity of probity requirements
 - Forward planning in terms of transition arrangements and support
 - An acknowledgement that such change requires financial investment
 - More realistic timelines that encourage effective transition to new ways of delivering services.⁵⁵

E-mental health

31. Articulate how the 10-year strategy will involve the e-mental health sector (including e-service providers and the Young and Well Cooperative Research

Centre, as well as the federal government), with an emphasis on promoting coordinated planning and leadership, developing common standards, stringent evaluation of interventions, and coordinating online and face-to-face services.

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