



YOUTH MENTAL HEALTH SUMMIT 2012

Report on the ACT Youth Mental Health Summit 2012

Our Voice

Our Difference



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National
University**



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Department of Health and Ageing



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Executive Summary

This report provides a summary of the proceedings of the inaugural ACT Youth Mental Health Summit 2012 held at The Australian National University. The aim of the Summit was to provide the opportunity for young people in the ACT to share their thoughts and opinions on mental health with experts, politicians, school staff and their peers.

A keynote speech from leading youth mental health expert and former Australian of the Year, Professor Patrick McGorry, provided context for the discussions and the need for more timely and appropriate youth mental health services together with a focus on early intervention given the empirical evidence of its effectiveness and cost-effectiveness. Professor McGorry emphasised the need for:

- ❖ a national system of youth mental health services;
- ❖ input from young consumers when developing these services;
- ❖ specialist expertise (eg, to handle conditions such as eating disorders); and the
- ❖ cooperation and engagement not only of the Health Ministers but of all sectors of government.

The ACT Youth Mental Health Summit 2012 identified a number of youth mental health issues that require attention. These included:

- ❖ the degree to which the overall management of mental health in schools varies across schools;
- ❖ the importance of incorporating mental health education in the school curriculum so that young people know how to access mental health services;
- ❖ the need for a greater focus on personal development in the school setting and the importance of educating parents about youth mental illness so that they are better equipped to support their children;
- ❖ the need to remove the barriers to help seeking, such as location and waiting periods for psychological services;
- ❖ enabling young people to talk to other young people about their mental health issues; and
- ❖ the need to increase the involvement of young people in making changes in the youth mental health service sector.

School staff, who also attended the Summit, highlighted important considerations in the management of mental health in schools, including the need for;

- ❖ broader mental health training opportunities for staff,
- ❖ increased resources to improve the availability of school counsellors,
- ❖ improved liaison with external agencies, and
- ❖ standardised protocols dealing with student wellbeing, such as critical incidents, risk management and confidentiality.

The future of any community relies on its population of young people. However, the current state of mental health in our youth is alarming; many experience significant and enduring psychological issues during their school years and the majority do not seek professional help. By holding an open discussion with youth, the sector can develop a relevant and worthwhile change agenda. Youth input at the Summit indicated a need for greater education around

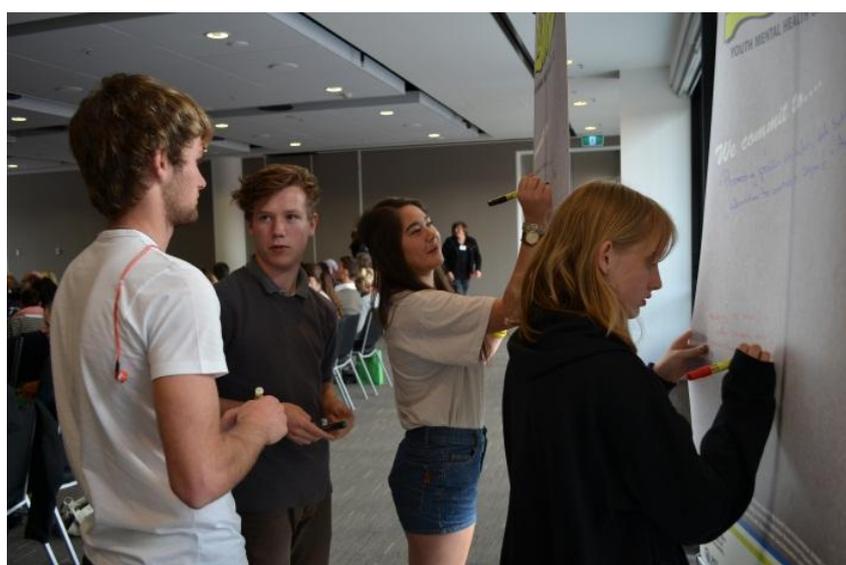
youth mental health, guidelines around disclosure and confidentiality within schools and at home, and better resourcing within schools and increased mental health services in the community to support student wellbeing.

The report concludes with a number of recommendations for young people, schools and government policy makers. These include a need for:

1. *Young people* to focus on taking care of their own wellbeing, seek second opinions as required, understand their rights in accessing services, support peers to seek help, adopt non-stigmatising attitudes, engage older people in discussion about mental health issues including stigma and advocate for improved services, policy and research about youth mental health.
2. *Schools* to include the need to prioritise the views of youth, adopt evidence-based educational and prevention interventions in schools, promote youth networks to facilitate peer-to-peer support; establish communication lines with those caring for a person with a mental health issue while attending to confidentiality issues and provide mental health training to staff.
3. *Government policy* makers to engage young people in a dialogue to inform mental health policy initiatives, include evidence-based mental health educational and prevention programs in the curriculum, fund mental health seminars for parents and students and sufficient wellbeing staff to meet the mental health needs of students, and ensure suitable arrangements are put in place during waiting periods for formal psychological therapy.

Finally, it is recommended that:

- ❖ This report be widely distributed to students, schools and the mental health sector in the ACT and beyond; and
- ❖ Further forums for discussion should be held annually to continue the momentum established at the inaugural summit.



Above: Youth making their commitments to mental health

Background

1. Introduction

Youth mental health is a key health priority. Adolescence involves transitions in biological, physical, social, academic, and psychological domains, and the challenges of coping and adjusting to these changes can have a significant and enduring impact on mental health.

There is a marked increase in the incidence of mental illness during adolescence and young adulthood. One in four young people will experience a clinical episode of anxiety or depression by age 19 years. What is more astounding is that only 30% of these individuals actually seek the professional help they need. There are a number of barriers to help-seeking in youth, including a lack of knowledge about services and mental illness, stigma, and the financial cost of receiving help.

Overcoming the barriers to help-seeking at the individual level requires the attention of services, community groups, and schools. Young people require services tailored to their needs through multidisciplinary teams, and youth need to be heard to ensure that these services are accessible, effective, and perceived to be useful.

Young people are not simply passive recipients of services in the youth mental health space - they are key agents of change. Hearing the voice of youth can help us design, implement and evaluate our services more effectively. Hearing their voice ensures that our investments are worthwhile, and that government funding is used appropriately. The voice of youth can direct change, and we must listen.

This report provides a summary of key messages from experts in the youth mental health sector, as well as vital feedback from young people in the ACT around policy, research and services. The findings will provide a guide to these stakeholders to take actions that will reduce the burden of mental illness in young people now and in the future.



Above: ACT Youth Mental Health Summit 2012 Q&A with political representatives

2. The ACT Youth Mental Health Summit 2012

The inaugural ACT Youth Mental Health Summit 2012, “Our Voice, Our Difference”, was held on Thursday, 13 September 2012, from 9am to 4pm at ANU Commons. It was hosted by AFFIRM: The Australian Foundation for Mental Health Research and the Centre for Mental Health Research at The Australian National University, and was attended by nearly 200 individuals, comprising 110 students from 30 secondary schools in Canberra, 31 staff representatives from these schools, and 39 community members representing services, research, and policy areas concerned with youth.

The ACT Youth Mental Health Summit 2012, “Our Voice, Our Difference”, was a unique event focusing on hearing the voice of youth in the ACT. It aimed to engage young people in grades 9 to 12 from all secondary schools in Canberra to share their experiences, ideas and priorities in mental health. The underlying premise of the Summit was that the voice of youth should be central in all decisions relating to policy and programs in youth mental health, and this event provided young people in Canberra an avenue to contribute to this process. The Summit also provided a vehicle for future generations to share their ideas and priorities.

The ACT Youth Mental Health Summit 2012 included keynote speeches from Professor Patrick McGorry AO and Mr Clyde Rathbone, scenario discussions with a panel of experts in service delivery and research, interactive forums for students and staff, and a Q&A with ACT political representatives facilitated by Mr Josh Fear from the Mental Health Council of Australia. Throughout the Summit, students wrote their commitments to change in youth mental health on two posters at the back of the room.



Left: The voice of youth at the Summit 2012

Right: AFFIRM Youth Ambassadors as MCs for the Summit



Jordan James
Canberra College

3. Youth Participation, Sponsors and Collaborators

Youth participation was a core feature of the ACT Youth Mental Health Summit 2012. The Summit builds on the AFFIRM Youth Ambassador Program currently in 30 secondary schools in Canberra (government, catholic and independent schools). This initiative engages youth in leadership roles around mental health in their schools. The role of AFFIRM Youth Ambassadors is to raise awareness of mental illness in youth, encourage help-seeking and reduce stigma. There are currently 68 Ambassadors in the ACT who complete training workshops focusing on mental health education, youth services, and peer support.

The content and structure of the Summit was designed in close consultation with AFFIRM Youth Ambassadors, as well as organisations directly involved in youth mental health. Four AFFIRM Youth Ambassadors also fulfilled the role of MC for the event, while others facilitated group discussions, documented ideas, and reported key themes to the Summit as a whole.

Sponsors

This conference was supported by funding from the Australian Government Department of Health & Ageing under the Mental Health Conference Funding Program, which is managed by the Mental Health Council of Australia, and by the ACT Government Health Directorate, and Education and Training Directorate.

Collaborators

The Summit was organised in collaboration with a variety of organisations and service providers involved in youth mental health in the ACT and nationally. The organisers of the Summit wish to thank representatives from headspace ACT, MIEACT, ACT Youth Coalition, Black Dog Institute, Child and Adolescent Mental Health Service, and ACT Education and Training Directorate who assisted with the Summit. The organisers would like to particularly acknowledge the generosity of Youth Mental Health Workers from headspace ACT who attended the Summit to support young people throughout the day. We would also like to thank the schools whose students and staff took part in the Summit.

Expert speakers

The organisers would like to acknowledge the contribution of the expert speakers who took part in the Summit:

- | | |
|--------------------------------|---|
| ❖ Professor Patrick McGorry AO | <i>Orygen Youth Health</i> |
| ❖ Mr Clyde Rathbone | <i>HealthFutures</i> |
| ❖ Professor Kathleen Griffiths | <i>Centre for Mental Health Research, ANU</i> |
| ❖ Professor Debra Rickwood | <i>headspace ACT, University of Canberra</i> |
| ❖ Professor Helen Christensen | <i>Black Dog Institute, UNSW</i> |
| ❖ Dr Jocelyn Howe | <i>The Junction Youth Health Service</i> |
| ❖ Ms Ashlin Flanagan | <i>ACT Youth Coalition</i> |
| ❖ Mr Ben French | <i>School Counsellor</i> |
| ❖ Dr Chris Bourke MLA | <i>Australian Labor Party</i> |
| ❖ Mr Jeremy Hanson MLA | <i>Canberra Liberals</i> |
| ❖ Ms Amanda Bresnan | <i>ACT Greens</i> |
| ❖ Mr Josh Fear | <i>Mental Health Council of Australia</i> |

Conference Overview

1. Keynote addresses

Professor Patrick McGorry AO

Professor Patrick McGorry AO is a leading researcher, clinician and advocate for mental health reform. He is Executive Director of Orygen Youth Health, an organisation which targets the needs of young people experiencing the emergence of serious mental illness, particularly psychosis. He is a Director of the National Youth Mental Health Foundation (headspace) and is a passionate advocate for early intervention. He was named Australian of the Year in January 2010 for his contribution to the youth mental health sector. He highlighted the following:

- ❖ Youth mental health is a priority area on the national health agenda which requires further investment and development.
- ❖ Statistics reveal a surge in mental health disorders in 12 to 25 year olds, but only 30% of those who need help access services.
- ❖ Early intervention is key in preventing the progression and recurrence of severe mental illness, and costs one-third as much as treatment for established disorders.
- ❖ ‘Scaffolding’ (the support networks surrounding young people) is vital to support the well-being of youth.
- ❖ Public pressure is required to ensure national programs are implemented with full governmental support, consumer input, and specialist expertise. These should focus on early intervention and offer a collaborative and stepwise approach to treatment.
- ❖ Service delivery must be tailored to youth and integrate work with the family, e-health, psychological intervention, GPs, community awareness, vocational education, crisis care, and youth participation. These components are integrated in headspace services and Early Psychosis Prevention and Intervention Centres (EPPIC) – and both require national rollout.
- ❖ The youth voice is vital in changing the sector and improving the availability and nature of services, research and policy.



*Above: Keynote speaker at the ACT YMHS 2012
Professor Patrick McGorry AO*

Mr Clyde Rathbone

Clyde Rathbone is a professional Rugby Union star who plays for the ACT Brumbies and represented Australia with the Wallabies. He is currently working in Business Development in Health Futures, and recently disclosed his personal experience of depression following a career-halting injury.

By sharing his story, he highlighted the following:

- ❖ Depression impacts upon the way we see ourselves and our 'self-talk': our activities, views of the future, motivation, and interpersonal relationships
- ❖ Stigma had a profound impact on seeking help and support from professionals and friends/family
- ❖ Mental illness is the same as any other illness: there is no single solution but it is important to seek help and support
- ❖ Mental illness does not discriminate and recovery involves a combination of professional help, lifestyle changes and support seeking from significant people in your life
- ❖ Young people are important agents in changing public perceptions of mental illness and improving psychological well-being in the community.

"(Young people are) ultimately going to be the most important group when it comes to driving any long-term change and how we deal with any of the multitude of mental health issues".



*Above: Keynote speaker at the ACT YMHS 2012,
Mr Clyde Rathbone*

2. Expert panel discussion

The expert panel discussion provided information about current services and programs. Members of the panel comprised representatives of both the services and the research sector which specialise in youth. The discussion was organised around three fictional case studies constructed specifically for the Summit which depicted common issues and symptoms of mental illness in youth. The MCs and the audience posed questions relating to each case study to members of the expert panel. A description of the three fictional case studies, and the main issues discussed by expert panellists in relation to them, are summarised below.

Case study 1: 'Sally'

Sally is 14 years old and has been having a really tough time recently. She feels she needs some extra support and has been thinking about speaking to her school counsellor. She is really worried about what her parents might be told and about her friends finding out and judging her.

Sally's story raised the following discussion points as relating to youth mental health:

Issue 1: The role of stigma on mental illness

- ❖ Stigma is a negative judgement or label. In relation to mental illness it can be a barrier to seeking help or support due to embarrassment, or concerns that other people will judge you. Stigma can be directed from others (public stigma) or by an individual against themselves (self-stigma).
- ❖ Research suggests that there is a greater perception of stigma in the community than there is actual stigma.
- ❖ Stigma is associated with a lack of knowledge surrounding mental illness and a lack of contact with people with mental health issues. Education and contact is key to combating stigma.

Issue 2: The role of school counsellors

- ❖ School counsellors are professionals located within the school who see students for a variety of issues, such as difficulties at home or stress related to friends or school.
- ❖ If you see a school counsellor you can expect to talk about school and your life in a safe environment. The content of discussions remains confidential except where there are concerns that you are at risk of being harmed by yourself or another person, or at risk of harming someone else.

Issue 3: The rights of young people in mental health services

- ❖ Young people have rights to confidentiality and privacy like all other members of the community. Professionals need to inform young people about their rights to confidentiality, or you can demand it. Youth have the right to know who will be informed about their care and under what circumstances, and to keep searching for services to find the right 'fit' for you.
- ❖ Youth in Canberra rate school, work, body image, mood and finding things to do as important issues (see survey by the Youth Coalition of the ACT for more information <http://www.youthcoalition.net/>).

Case study 3: 'John'

John is a 16 year old male who has been feeling down recently. He has noticed that he is often tired but cannot get to sleep at night, and is often lacking energy. His friends have noticed that he doesn't seem to enjoy spending time with them anymore and has stopped turning up to football training. They are worried about him, and when they asked if he was okay he said he felt irritable a lot of the time and that no one understands what he is going through. He said that he has been drinking alcohol in order to cope.

John's story raised the following discussion points as relating to youth mental health:

Issue 1: The role of the General Practitioner (GP) in mental health care

- ❖ GPs can help young people in gaining access to treatment for mental health issues. A GP assesses physical health issues as well as mental health symptoms, and can provide referrals to additional services.

Issue 2: Treatment options for depression

- ❖ Treatment for depression often includes a psychologist who uses evidence-based treatments such as cognitive behavioural therapy, behavioural activation, acceptance and commitment therapy, and schema therapy. Therapy focuses on the relationship between thoughts, feelings and behaviours, and sessions are tailored to the individual according to their support networks. Psychological treatment is available from school counsellors and psychologists in community and private settings.
- ❖ The Junction Youth Health Service offers free support for young people aged 12 to 25 years and their dependents. It has a team of GPs, nurses, youth workers and counsellors. See <http://www.thejunction.org.au/>
- ❖ It is common for alcohol or drug use to coincide with depression because people may attempt to cope alone. These substances only mask the problem temporarily and can make it much worse. Seeking help from professionals is very important.

Issue 3: Inpatient care

- ❖ Inpatient care may be required if a person's mental health is worsening and they are not able to take care of themselves. It might also be necessary if they are thinking about and intending to harm themselves, and their family is not able to keep them safe.
- ❖ Adjustments can be made at school in these circumstances.
- ❖ The Child and Adolescent Mental Health Service (CAMHS) becomes involved when a young person requires inpatient admission. This service also offers therapy on an outpatient basis (phone 6205 1971 to make a referral).
- ❖ Currently the ACT does not have a specialised inpatient unit for youth mental health admissions.



Above: Expert panellists (from left to right) Mr Ben French and Ms Ashlin Flanagan

3. The Youth Forums

The aim of the Youth Forums was to provide young people with the opportunity to discuss one of five key themes in youth mental health in depth, and to use this discussion to develop one key question on each theme to pose to ACT political representatives in the afternoon session. Students were randomly allocated to 15 small groups, with three groups each assigned to one of five key themes: stigma, help-seeking and services, research priorities, the role of the school, or disclosure and confidentiality¹.

Each group was provided with background information to assist in their discussions, and AFFIRM Youth Ambassadors were trained to facilitate group discussions (with additional assistance from researchers from the ANU Centre for Mental Health Research), document the ideas of students, and identify and respond to distress if it arose during discussions.

A brief overview of each forum theme, the main discussion points documented by note takers in each theme, and the key question posed by youth to ACT political representatives are summarised below.



Above: Forum group discussion at ACT YMHS 2012

¹ The forum topic “Disclosure” formed part of the PhD research of Ms Sally Bradford from the University of Canberra. Major themes discussed in this topic will be presented in this report briefly. Ms Bradford’s research was approved by the University of Canberra Human Research Ethics Committee (Number 12-125) and she required informed consent from all participants before commencing data collection at the Summit.

THEME 1 - STIGMA

Overview and Objectives

It is known that stigma is a major barrier to help-seeking in young people, and can have negative effects on the treatment and recovery process. This makes it an important discussion topic for young people because of its impact on help-seeking and engagement in treatment.

Forum Discussions: Perspectives of Young People on Stigma

Young people provided the following perspectives on stigma:

- ❖ Stigma was defined as a “negative preconception relating to a certain issue”.
- ❖ The following misconceptions were noted in relation to mental health:
 - Someone with a perfect life can’t have a mental illness.
 - A person with a mental illness is just being dramatic.
 - People with mental illness can’t function in life.
 - People with mental illness are “crazy”.
 - Males think they are “too tough” to suffer.
- ❖ Males were believed to display more stigma relating to mental illness, but it was also noted that females “gossip” about it.
- ❖ Stigma can lead friends to distance themselves from those who need support due to a lack of knowledge or experience in helping in this domain.
- ❖ The consequences of stigma for young people:
 - Isolation and exclusion of individuals with mental illness.
 - Suicide due to reducing the strength of “scaffolding” for a young person.
 - Reduced help-seeking due to the feeling that no one understands.
- ❖ Strategies to combat stigma:
 - Education on mental health and its prevalence.
 - Responsible media reporting.
 - Change advertising campaigns that display a negative view on mental illness, instead show the ‘light side’ or a positive outlook on what life can be like despite mental illness.
 - Young people can address stigma by ensuring they do not have stigmatising views and show support for others with mental illness.

Q:

Stigma forum theme key question posed by youth to politicians:

“What is your opinion on how much media affects stigma and what are you going to do to change that?”

THEME 2 - HELP-SEEKING AND SERVICES

Overview and Objectives

It is known that a majority of young people who need professional help do not ask for it. While numerous services are available for young people experiencing mental illness, these systems need to be utilised in order to be effective. Views from young people about how they would access help would increase help-seeking and ensure that services are designed that are accessible and attractive for youth.

Forum Discussions: Perspectives of Young People on Help-Seeking and Services

Young people provided the following perspectives on help-seeking and services:

- ❖ Young people know about many of the available services but need to understand what these services provide and what is involved in treatment.
- ❖ Young people need to be educated about where to find information and how to evaluate the reliability of this information.
- ❖ Parents need to be provided with information about mental illness and services so that they can help support their children.
- ❖ Young people go to the internet to seek information about mental health, and particularly access Wikipedia or other sites that come up first in their search window. However, these sites were described as too “general” and a need for more specific information to be available and accessible to youth was highlighted.
- ❖ Young people want to talk to young people when they seek help because they believe they can relate better to those closer to their age. Existing services that are well known to young people are viewed as appropriate for older people rather than youth, or are perceived as patronising. Furthermore, youth centres are not viewed as safe and welcoming environments.
- ❖ Youth services often require travel and long waiting periods which can reduce the likelihood of a young person seeking help, or when help is provided it is no longer needed.



Q:

Help-seeking and services forum theme key question posed by youth to politicians:

“What exactly is your plan to make services more accessible in regards to location, waiting times and the specifics of services?”

THEME 3 - RESEARCH PRIORITIES

Overview and Objectives

Mental health problems frequently develop in adolescence. However, the majority of research studies in youth mental health focus on children. Youth perspectives on research priorities is vitally important to ensure that research is undertaken in areas or issues that are directly relevant to their experience and well-being.

Forum Discussions: Perspectives of Young People on Research Priorities

Young people provided the following perspectives on research:

- ❖ Young people worry about three main areas:
 - School – body image, social life, peer pressure.
 - Uncertainty about the future – the quality of the college and university you attend, employment.
 - Family – deaths, relationships, mental illness in the family.
- ❖ Adults need to understand the following:
 - There is less stigma relating to mental illness now than in their generation, and it is important to talk about mental health issues without judgement.
 - Young people want access to research findings relating to mental health and coping strategies so they can assist family and friends when they need support.
- ❖ Research considerations



- It is necessary to be open and honest with young people participating in research and to feed back the results afterwards.
- The public image of mental health facilities should be examined as the current perceptions of young people are that these resemble jail.
- Personal preferences in treatment need to be considered and respected, and research needs to understand these.
- Rehabilitation from mental illness needs to be a priority, particularly

allowing a young person to fully function in society again.

- ❖ Young people stated that they need to be more honest and willing to assist with or participate in research, as well as be involved in holding discussions and Summits focusing on youth mental health at the local and national level.

Q:

Research priorities forum theme key question posed by youth to politicians:

“What are your thoughts on giving more education on mental health to parents?”

THEME 4 - THE ROLE OF THE SCHOOL

Overview and Objectives

It is known that the school is the place where most young people spend their time. This makes it the ideal location for implementing mental health information and treatment programs. It is important for young people to provide feedback on their experience of how mental health is discussed and managed in the school setting, what they see as the school's role, and how mental health can be improved in this environment.

Forum Discussions: Perspectives of Young People on Research Priorities

Young people provided the following perspectives on the role of the school:

- ❖ The school has a role in alleviating stigma and treating mental illness in the same way they might respond to a physical illness. Youth expressed the need to ensure messages emphasise that mental illness can be treated and that it should be discussed openly with students.
- ❖ Facts and figures are often the approach used in education about mental health but young people view this as boring.
- ❖ A greater visibility of school counsellors is needed.
- ❖ Public figures need to be invited to speak at schools to raise awareness of mental illness in schools.
- ❖ Teachers require training in mental health so that students are comfortable approaching them, and so that they can be assisted by teachers if they do.
- ❖ The school is a stressful environment and the focus should not be exclusively on grades, but rather about developing as a whole person and reaching your potential.
- ❖ A culture of supporting one another and asking, "Are you okay?" should be fostered.



Q:

Schools forum theme key question posed by youth to politicians:

“Why is mental health left out of the curriculum when we are taught stuff we’ll never use otherwise?”

THEME 5 - DISCLOSURE AND CONFIDENTIALITY

Overview and Objectives

An important part of any health treatment is a right to privacy and confidentiality. However, there are important exceptions to these for a health professional working with young people, and many have legal requirements to disclose information under certain circumstances. It is important to gain the perspectives of young people on the nature and management of confidentiality and privacy, and how this can be used to enhance openness and engagement in services.

Forum Discussions: Perspectives of Young People on Disclosure and Confidentiality

Young people provided the following perspectives on disclosure and confidentiality:

- ❖ Young people are nervous about sharing their personal details relating to mental health and mental illness with immediate friends because of stigma.
- ❖ Disclosing information on the internet is preferred in initial efforts to seek help, and this partly relates to the anonymity of doing so. However, young people also noted concerns surrounding the maintenance of confidentiality on the internet.
- ❖ When treatment commences, a preference to disclose in face-to-face formats was noted.

Q: Disclosure and confidentiality forum theme key question posed by youth to politicians

“Confidentiality is a major issue and concern for young people. What steps will you take to make sure young people know their rights relating to confidentiality?”



6. The Staff Forums

Staff attending the Youth Mental Health Summit 2012 also participated in forum discussions. Three groups of staff were formed and asked to discuss the topic of mental health and its management in schools. Researchers from the Centre for Mental Health Research acted as note takers for each of the three groups, and key questions were provided to each group to assist in their discussion. Discussion points raised by staff relating to youth mental health in schools are summarised below in the categories of processes and policies, staff training, relationships with external agencies, mental health education, early intervention, parental involvement and confidentiality:

Processes and policies

Issues relating to school processes and policies were identified. While individual schools develop policies and outline implementation strategies, schools should be encouraged to liaise about policies and implement standard protocols across schools, particularly relating to critical incidents and risk management. Policies regarding liaison with the school counsellor and external agencies, including waiting periods, involvement of parents, and re-entry plans were highlighted, as well as the potential benefit of using vertical support systems in which older students mentor younger peers. Furthermore, specific avenues to access the school counsellor were identified, and the need to consider technology and its role in identifying at risk individuals.

Training and staffing

Training issues relating to general staff were described as inconsistent, with a need to continually update skills noted. Basic counselling strategies to support students were suggested, as was a reflective process to learn from experiences with students. However, the need to take into account other commitments of staff members in scheduling training was emphasised. School counsellors were described as “overstretched” and therefore currently unable to assist all students who require support in the school. Professional staff must therefore focus on emergencies, and a need to hire additional school counsellors and ensure that mental health and well-being is not the sole responsibility of one person was emphasised. One strategy to reduce this load was to increase the role of parents or other school staff.

Relationship with external agencies

Issues relating to engagement with external agencies highlighted the desire for school staff to enhance the health and well-being of students. However, waiting periods were identified as a factor in the deterioration of student mental health, with staff suggesting that protocols be developed to manage these ‘in-between’ periods effectively. Travel to services and scepticism about internet programs were noted, as well as a lack of communication with outside agencies caring for students. A greater need for partnerships was discussed.

Mental health education

Issues relating to mental health education in schools focused on its minimal role in the current curriculum, and difficulty in finding room for it. The need to include mental health more in the classroom was emphasised, but it was also highlighted that this should not overburden students and that it was important that it take place in appropriate settings, e.g., discussing suicide in small groups. Furthermore, the need to foster practical skills and

strategies for students to support their own and others' mental health was discussed, as well as issues relating to the environment, particularly the emphasis on academic performance rather than personal development. A focus on a positive school culture and relationships was emphasised.

Early Intervention

The need to focus on prevention of mental health issues and early help-seeking was noted, especially in relation to family education and creating safe communities for students. Particular issues requiring attention include depression, anxiety, trauma, cyber safety, transitions and parental expectations.

Parental involvement

Working with parents was noted as a complex issue requiring specific procedures and protocols in schools including how and when to engage support networks. Parents need to understand early intervention and more about mental illness and its management, and the potential for schools to hold information seminars for parents and students was discussed. Age and its impact on confidentiality was also identified as an issue, as was the difficulty of engaging some parents in treatment.

Confidentiality

While policies around confidentiality are in place, significant grey areas were noted and their impact on staff members highlighted. Issues relating to disclosure were emphasised with a need to clarify grey areas, engage in ongoing education, and update policy regularly. The need to share information among staff members to ensure the well-being of students in both academic and social domains was identified, and the need to involve students in these decisions was also noted.



Above: Professor Kathleen Griffiths discussing stigma at the Summit

Recommendations

Recommendations

Based on the feedback received from young people and staff at the ACT Youth Mental Health Summit 2012, a number of recommendations can be made as to how young people, schools and the government might best respond to the mental health needs of young people in the ACT.

1. Recommendations for young people

- ❖ Focus on taking care of your own mental health and well-being, and support those around you to seek help.
- ❖ Adopt an attitude of understanding and non-judgement around mental illness, and engage in discussions with older generations about these issues.
- ❖ Seek second opinions and do not allow one experience to be a barrier to future help-seeking and service engagement.
- ❖ Know your rights in accessing services.
- ❖ Through your student representative body, lobby your school, organisations in the youth sector and government to ensure services, policy and research are relevant to youth, directed by youth, and accessible.

2. Recommendations for Schools

- ❖ Prioritise the views of youth by engaging them in open discussions about mental health issues.
- ❖ Adopt evidence-based early intervention and prevention strategies within schools.
- ❖ Utilise youth leadership networks within your school to promote help-seeking as young people prefer to talk to other young people.
- ❖ Communicate as appropriate with those involved in the care of a young person with a mental health problem, taking care to manage issues of confidentiality and to explain the limits of these to young people.
- ❖ Provide mental health training for staff.

3. Recommendations for Government

- ❖ Engage young people in open discussions around mental health and ensure that these direct policy and government initiatives so that funding is utilised effectively.
- ❖ Promote the inclusion of evidence-based mental health education programs and prevention programs in the national curriculum.
- ❖ Fund education seminars for parents and students to enhance knowledge around mental health, services, and coping skills.
- ❖ Fund sufficient student wellbeing staff in schools and the service sector to address the mental health needs of young people, and foster collaboration between these sectors.
- ❖ Implement programs offering appropriate support for young people during waiting periods for psychological treatments.
- ❖ Implement policies focused on student personal development as well as academic achievement.

Finally, it is recommended that:

- ❖ This report be widely distributed to students, schools and the mental health sector in ACT and beyond; and
- ❖ Further forums for discussion are held annually to continue the momentum established at the inaugural summit.



Conclusion

Youth mental health is a priority in our community, but many decisions and discussions take place without consultation with youth. The ACT Youth Mental Health Summit 2012 aimed to hear their voice and priorities, and to use this information to better design treatment, research and policy in this important area. The Summit highlighted a number of issues relating to youth mental health, particularly the need to improve mental health in the curriculum, clarify policies in schools, manage confidentiality, increase parental education and involvement, reduce stigma, develop appropriate inpatient care, ensure services are accessible, and reduce waiting periods. Understanding what youth need in this area is vital to shaping the processes and organisations for youth mental health around the needs of young people.



Above: ACT political representatives Dr Chris Bourke MLA, Mr Jeremy Hanson MLA and Ms Amanda Bresnan face the tough questions at the Summit

YMHS

YOUTH MENTAL HEALTH SUMMIT 2012

More people realise its a big issue!!
Cameron

#MARIST
Sarah

#Dickson

Education and formal teaching will remove some of the stigma in biology subject based
Thank you!

We commit to....

Promoting positive attitudes, and better education to counteract stigma & promoting awareness within our school! - Amel.S

Treat the cause not the problem

Standing up and being a helping hand

reducing stigma around mental health

educate younger students about mental health.

Lake G # Charlotte!

promoting mental health awareness in parents and young people so.

Helping my school friends & other students better understand mental health? :) ROB!!!

Helping others and being there for others!

everybody Love everybody... by not

Encouraging youth to speak up with out fear of stigma related effects

XOXO JESSIE

AM

educating teachers about mental health #YOLO - CHS

N.D.S.N.S.R.A.K

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