Submission to the National Children's Commissioner's Inquiry into Intentional Self Harm and Suicidal Behaviour in Children

Submission from Young and Well Cooperative Research Centre

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Introduction

The Young and Well Cooperative Research Centre (Young and Well CRC) is an Australian-based, international research centre that unites young people with researchers, practitioners, innovators and policy-makers from over 70 partner organisations across the non-profit, academic, government and corporate sectors. The Australian Federal Government Department of Industry has provided $27.5 million funding, and the Young and Well CRC has secured $8.3 million in cash and over $80 million of in-kind contributions from our 14 Essential Participants, industry partners and over 50 end-user beneficiaries.

As outlined in our Strategic Plan, the Young and Well CRC operates under a Collective Impact framework, which defines the core elements needed for effective collaboration to achieve substantial impact on a large scale. In doing so we address some of the system wide complex challenges which impact on the mental health and wellbeing of young people aged 12 to 25. Essential to our success is the commitment of key partners from non-profit, academic, government and corporate sectors to share a common agenda of improving the mental health and wellbeing of young people through the use of technology.

The Young and Well CRC's role is to generate evidence on the role of technologies in relation to young people's mental health and wellbeing. In preparing this submission, we have drawn on this research and on that of our partner organisations to respond to the Commissions' areas of interest for this enquiry.

We have structured our response around the Terms of Reference for the Inquiry where the Young and Well CRC is qualified to provide advice.

1. WHY CHILDREN AND YOUNG PEOPLE ENGAGE IN INTENTIONAL SELF-HARM AND SUICIDAL BEHAVIOUR

Evidence
Suicide and self-harming behaviours continue to remain a desperate and tragic reality for too many Australian young people. According to the latest statistics released by the Australian Bureau of Statistics (ABS), suicide is the leading cause of death for young people aged 12 – 25 (ABS, 2014). While there is a higher incidence of young females being hospitalised due to intentional self-harm than their male counterparts, young men have a significantly higher completed suicide rate (Australian Institute of Health and Welfare, 2008). The Young and Well CRC publication 'Game On: Exploring the Impact of Technologies on Young Men's Mental Health and Wellbeing' found that 15% of young men reported thoughts of suicidal ideation, with this statistic increasing steadily with age (Burns et al., 2013).

The act of suicide and indeed suicidal behaviour is complex and is often the result of a culmination of individual-socio-environmental-genetic risk factors coupled with adversity across the lifespan (Burns et al., 2002, Beautrais, 2001). Reasons for intentional self-harm are not well understood and clinical expertise often describes self harming behaviour in the context of self-management, that is it can be used as a tool for escape, a way to transfer mental frustrations into physical manifestations, a coping mechanism for feelings of failure or guilt, or simply as a way for a person to "feel again" (beyondblue, 2014). Epidemiological studies however show a strong association between suicidal behaviour, poor mental health and suicide.

Recommendation One: The role of technology must be included in any risk and protective framework that is used to inform Suicide Prevention Policy. **Rationale:** In an increasingly complex world researchers and clinicians alike are being challenged to think about the context in which young people operate, the relationships they foster and the communities in which they spend their time. Increasingly the internet is being defined as a 'setting' in which young people spend time (Burns et al., 2013, Burns et al., 2010c). Research has consistently found that young people actively engage online to search for health information and support (Aspden and J, 2001, Burns et al., 2013, Burns et al., 2010c), with some of our earlier research supporting the role of new and emerging technologies to engage vulnerable population groups (Metcalf et al., 2008, Burns et al., 2010c). The Young and Well CRC currently funds 14 major research projects, spanning the preventive interventions framework across promotion, prevention, early intervention and treatment, that explore the positive potential of technology. In the context of suicide and suicidal behaviour however, it is critical that both the risks associated with technology use (such as contagion via online social networks – see below) are addressed while acknowledging the positive potential.

2. THE INCIDENCE AND FACTORS CONTRIBUTING TO CONTAGION AND CLUSTERING INVOLVING CHILDREN AND YOUNG PEOPLE.

Evidence

In recent years there has been concern about a number of suicide clusters involving children and young people. These clusters have occurred in a number of places, including the City of Casey and Geelong in Victoria.

How suicide and self-harm are reported in the media and portrayed on social media forums have emerged as critical areas of examination in relation to incidences of contagion and clustering. Australia is at the forefront of this area of research, with the Hunter Institute of Mental Health leading the dissemination of guidelines, supported by the Department of Health and developed with suicide prevention experts, alongside media and journalism professionals (Machlin et al., 2012).

The Young and Well CRC alongside the Mindframe National Media Initiative (managed by the Hunter Institute of Mental Health) hosted the Young People, Social Media and Suicide Prevention Roundtable in 2013, gathering together more than 50 representatives from Australia's leading youth, mental health, media and technology providers. The conversation for the day was focused on generating a greater understanding relating to the role of social media in promoting mental health and suicide prevention to young people. There were five key issues that arose from the discussion; areas that require further research and development.

1. The research is having trouble keeping up with the technology
2. Guidelines for safe and effective online engagement are needed
3. Young people need to be empowered online
4. Postvention activity online requires immediate action
5. Innovation and collaboration are keys to success

This sector-wide dialogue is crucial, with this event serving as a prominent example of the collaborative nature of the Young and Well CRC.

In addition, the reporting of suicide in a non-fiction media has shown to be linked to increased suicidal behaviours (Pirkis and Blood, 2001), with less known about the impact of fictional portrayals. This environmental factor was once again shown to be a significant influence on the formation of suicide clusters in research published in May 2014 (Gould et al., 2014).

Increasingly with the advent of social media, and the concept of a networked 24/7 society, it is clear that we need to rethink the role of 'media guidelines' and think more broadly about guidelines for social networks. Increasingly organisations like Facebook and Twitter are pro-actively exploring the role that they can play in keeping their online societies safe. A vital component to this conversation is an understanding that factors contributing to contagion and clustering are complex, as are the reasons behind the suicide and self-harm behaviours of young people. While the media has a responsibility to report on issues that are of direct concern to the community at large, encouraging a greater discussion and understanding of these issues via responsible reporting is important (Kolves, 2012).

One issue that specifically requires consideration can be taken from the tragic death of Charlotte Dawson. While it is an absolute tragedy that Dawson was the victim of 'trolling' on Twitter, it is a complete misnomer to blame 'social media.' Such a knee jerk reaction detracts from the key issues that need to be addressed in suicide prevention, and that are clearly known risk factors, this includes depression and anxiety, sexual abuse, violence and discrimination and bullying and victimisation.

Recommendation Two: Consider the role of Industry partners like Facebook, Google and Twitter and how the mental health sector, including service providers and researchers might work with them to promote online safety resources and explore new approaches to suicide prevention online. **Rationale:** Industry partners, via the Young and Well CRC, have expressed the need to keep online social networks safe. Given the proliferation of digital content production and the propensity of young people to share content, thoughts and feeling online it presents an opportunity for early intervention.

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3. THE BARRIERS WHICH PREVENT CHILDREN AND YOUNG PEOPLE FROM SEEKING HELP.

Evidence

Timely and appropriate help-seeking can reduce the enduring impact of mental illness (Rickwood et al., 2007), however large numbers of young people requiring clinical care do not seek help (Burns et al., 2010b, Slade et al., 2009, Yu, 2008). Of those who do receive care, many do not receive the most suitable evidence-based treatments

at an opportune time ((Libby et al., 2007, Andrews et al., 2000). The reasons for young people's reluctance to seek help are many and varied (Wilson et al., 2011). Wilson and colleagues investigated the help-negation effect, the theory that higher levels of suicidal ideation predict lower intention to seek help from both formal and informal sources, including peers, parents, mental health professionals, general practitioners and telephone helplines and higher intention to seek no help at all (Wilson and Deane, 2001, Wilson et al., 2003, Wilson et al., 2005, Wilson et al., 2010, Gibb et al., 2010).

In addition, the role of stigma (Yap et al., 2011) and absence of familiarity act as barriers to help-seeking. Having no experience of previous professional mental health care (Carlton and Deane, 2000) and negative beliefs about the usefulness of therapy and therapists (Kuhl et al., 1997) can impact on a young person's willingness to seek help.

Recommendation Three: Conduct continued analysis and research into the impact of online social marketing, online interventions and soft entry service offerings to explore the process of help seeking. **Rationale:** For example online social marketing has the potential to address stigma and address help-seeking. The Safe and Well Online project, run under Safe and Supportive at the Young and Well CRC, strives to produce positive marketing campaigns to engage young people on issues surrounding their wellbeing and mental health. Campaign outputs from this project, 'Keep It Tame' and '@ppreciate a mate' are discussed later in this submission, and exemplify the reach the online space has in generating an audience for these important messages. In 2014 and 2015, the Safe and Well Online project will specifically target help-seeking with a focus on promoting help-seeking amongst those who may not realise that they have a problem or require support.

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4. THE CONDITIONS NECESSARY TO COLLECT COMPREHENSIVE INFORMATION WHICH CAN BE REPORTED IN A REGULAR AND TIMELY WAY AND USED TO INFORM POLICY, PROGRAMS AND PRACTICE. THIS MAY INCLUDE CONSIDERATION OF THE ROLE OF AUSTRALIAN GOVERNMENT AGENCIES, SUCH AS THE AUSTRALIAN BUREAU OF STATISTICS AND THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE.

Evidence
Essential to the collection of accurate data to inform policy, programs and practice are standard measures (Young and Well CRC, 2013), that is the replication of surveys over time. Under the leadership of our Research Program Leaders, the Young and Well CRC has established itself as an example for the sector in this regard, highlighting the importance of consistency.

Produced in 2013 after lengthy consultation with research centres both locally and overseas, The Young and Well CRC Standard measures were released to the public. These standard measures have been of interest to many of our partner organisations, including international bodies such as the Berkman Centre at Harvard University and UNICEF.

In 2008, The Brain and Mind Research Institute at the University of Sydney oversaw a large-scale survey ($n = 1,341$) of young people, examining the knowledge, opinions, familiarity and feelings regarding mental health, and alcohol or other substance misuse (Burns et al., 2010c). The Young and Well CRC drew core questions from the 2008 survey, and from these conducted the 2012 survey as the Young and Well National Survey. The First Young and Well National Survey was conducted in 2012, surveying 1,400 young men and women, enquiring about their mental health and wellbeing and technology use. The First Young and Well National Survey, completed in 2012, used two methods of data collection; CATI (Computer Assisted Telephone Interview) and online survey via social networks such as Facebook. The purpose of the co-sampling framework was to examine differences in sampling methodologies. While not yet published in a peer reviewed journal a paper was presented at the Suicide Prevention Australia conference that clearly showed that the sampling methodologies differ significantly and as a result both samples produce potential biases.

Recommendation Four: Create common standard measures agreed across the sector and used annually by service providers to provide a better understanding of the cohorts they are serving with additional resource dedicated to an annual national survey examining self harming behaviour and its relationship to technology and wellbeing. **Rationale:** There is little or no nationally generated data available, which provides oversight of the levels of self harming behaviour in the community, the services being used and wether the use of these services result in greater help seeking across online and offline platforms.

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7. THE TYPES OF PROGRAMS AND PRACTICES THAT EFFECTIVELY TARGET AND SUPPORT CHILDREN AND YOUNG PEOPLE WHO ARE ENGAGING IN THE RANGE OF INTENTIONAL SELF-HARM AND SUICIDAL BEHAVIOURS. SUBMISSIONS ABOUT SPECIFIC GROUPS ARE ENCOURAGED, INCLUDING CHILDREN AND YOUNG PEOPLE WHO ARE ABORIGINAL AND TORRES STRAIT ISLANDERS, THOSE WHO ARE LIVING IN REGIONAL AND REMOTE COMMUNITIES, THOSE WHO ARE GENDER VARIANT AND SEXUALITY DIVERSE, THOSE FROM CULTURALLY DIVERSE BACKGROUNDS, THOSE LIVING WITH DISABILITIES, AND REFUGEE CHILDREN AND YOUNG PEOPLE SEEKING ASYLUM.

The rapid uptake of technology presents the mental health sector with a rare opportunity to revolutionise the way in which young people seek and receive care. With the rate of daily internet use by young people almost at saturation (Burns et al., 2013) and the reach of high-speed, affordable broadband technologies continuing to escalate, online methods of engagement and participation have the ability to "reach the hard to reach." This innovative approach can translate to the creation of safe and accessible online communities and support networks for marginalised and isolated young people (Burns et al., 2010a).

Young people with disabilities
Access to the internet and communicative technologies can serve as a mechanism for young people with other physical, learning or psychological disabilities to interact with the world around them. The findings from 'The Lab,' a project undertaken by Project Synthesis and Young and Well CRC, exemplify the potential for the use of computer-based activities. The Lab connects young people with Asperger's Syndrome directly with settings where IT specialists work and study, so that participants can learn new IT and software skills, improve social interaction skills, and meet new friends who also have Asperger's Syndrome.

The results from The Lab indicate increased health and wellbeing in the participants, in addition to higher social engagement, cessation of harmful behaviour and the development of technical skills (Donahoo and Steele, 2013).

Young people with a chronic illness
Chronic illness can isolate a young person from the world beyond their own front door, shutting off opportunities to connect socially, to engage in shared interests with others and partake in employment (Third and Richardson, 2009). An online community can help support the mental health and wellbeing of young people that, due to their illness, are socially isolated (Third and Richardson, 2009). 'Livewire' is a moderated online community for young people living with a chronic illness or disability, providing a space for meaningful relationships to be established and social confidence to grow; this environment allows for these young people to connect via shared experiences from the comfort and safety of their own home (Third et al., 2013).

A Young and Well CRC Research Report on the Role of Chat Hosts in the Livewire Online Community for Young People Living with a Chronic Illness or Disability was released in 2013;

 "The experience of Livewire shows that the provision of online programs is not merely a low cost alternative to face-to-face services. Rather, the provision of online services constitutes an alternative mode of service delivery that requires careful consideration and planning, along with the development of tailored resources (such as dedicated, well-trained staff) to ensure maximum impact on the mental health and wellbeing of vulnerable young people." (Third et al., 2013)

Aboriginal and Torres Strait Islander young people
Literature surrounding the mental health of Aboriginal and Torres Strait Islander has consistently reported a higher usage of mental health services by this demographic of Australians (Pink and Allbon, 2008). The recently released Elders Report provides a genuine platform for the voice of indigenous elders in Australia, outlining the problems they see first hand in their communities

In order to better understand the unique circumstances and issues of Aboriginal and Torres Strait Islander people, Young and Well CRC has established a First Peoples Youth Council to guide our organisations understanding of issues affecting this cohort of young people. iBobbly is the first Indigenous app for tablets, launched by the Black Dog Institute in 2013. It aims to improve the mental health and wellbeing of indigenous Australians aged 18-30 years and has received subsequent funding from the NHMRC to conduct a national trial of effectiveness.

While programmatic activity and suicide prevention targeting indigenous communities is high there is very little evidence regarding the effectiveness of such programs. At present, despite best efforts, no one would argue that the care and support this demographic of our community desperately needs is not being provided (People Culture Environment, 2014).

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Examining young men as an example of a "hard to reach" demographic.
Young men are not getting the help they need when they need it (Burns et al., 2013), with suicide accounting for 26%-29% of the deaths of young males aged 15-24 years (Australian Bureau of Statistics, 2013). In our Game On report we argued that innovative approaches to promotion, intervention and treatment must be initiated to engage this demographic (Burns et al., 2013).

Recommendations
The following table outlines recommendations put forward in 'Game On: Exploring the Impact of Technologies on Young Men's Mental Health and Wellbeing,' the first publication released by the Young and Well CRC using data collected in the First Young and Well National Survey.

HEALTH	EDUCATION
1. Young men must be involved in the design of e-mental health services. Services must be simple to use, accessible, provide choice to suit individual needs and be cost-effective. 2. Technology solutions must be tailored for vulnerable populations including young men who are Indigenous, unemployed, living with a disability or living and working in remote areas. 3. Existing online services must be responsive 24/7. 4. Evidence-based online interventions for young men need to incorporate technologies that young men use, including digital content, gamification and music. To enhance access they must be available on a portable device. 5. Youth-led education should be provided to families, mental health and allied health professionals on how young men use technology to connect, communicate and engage online.	6. All schools should have a social networking policy that manages risk (suicide contagion and cyberbullying) and promotes opportunities such as valued participation, respectful relationships and acceptance of diversity. 7. Professional development should be provided to school counsellors, chaplains and psychologists to use online resources and tools. 8. All tertiary campuses should provide e-mental health support to complement existing health services to ensure ongoing availability after hours and during holidays.
EMPLOYMENT AND WORKPLACES/BUSINESS SECTOR	**RESEARCH AND INNOVATION**
9. Australian workplaces should prioritise wellness and mental fitness for young men. This must focus on stress management, excessive alcohol or other substance misuse and prioritise e–mental health to support clear pathways to care. Financial incentives (e.g. tax credits) provided by government would cement this as a matter 10. Employment services should explore online solutions to support young men who are unemployed. This could include e-mentoring and the provision of online support.	11. An innovation fund is needed to support the development and/or evaluation of tailored web services and social media channels for young men. 12. Funding bodies including that provided by our major research councils, private trusts and donors should prioritise young men's mental health.

In 2013, the Gaming Research Group at the Young and Well CRC, examining the current research connecting positive mental health outcomes with videogame play, undertook an extensive literature review;

"Positive mental wellbeing has been associated with videogame play as a means of relaxation and stress reduction. Depressed mood is significantly lower, and self-esteem higher, in those that play games" (Johnson et al., 2013).

While acknowledging the excessive use of videogames can lead to poor mental health (Allahverdipour et al., 2010), the review presented a strong case for further research into the use of videogames in the promotion and prevention of mental health and wellbeing problems (Johnson et al., 2013).

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LGBTIQ Young People

A 2013 study supported by the Young and Well CRC and conducted by the University of Western Sydney reported that 16% of young people who identify as Lesbian Gay Bi Trans Intersex or Queer (LGBTIQ) have attempted suicide and 33% had harmed themselves as a result of widespread homophobic and transphobic harassment and violence in Australian society (Robinson et al., 2013).

Alongside these harrowing statistics, the young people surveyed expressed their use of the internet *"for information about their sexuality diversity and gender variance, for meeting people and accessing support services."* (Robinson et al., 2013).

Recommendations

The following recommendations are taken directly from 'Growing Up Queer' (Robinson et al., 2013).

- Targeted research in the specific areas identified in this pilot study as major concerns facing young people who are gender variant and sexuality diverse e.g. sexuality education; safe-sex practices; homophobia and transphobia in the workplace; homophobia and transphobia in schooling; and online experiences;
- Gender variant and sexuality diverse young people's need to readily access online (interactive) and offline up-to-date and relevant information about gender variance, sexuality diversity, safe-sex practices and other health related concerns, appropriate support services, and legal rights;
- Specific tailored training of medical practitioners, teachers, school administrators and other relevant professionals, focusing on the relevant needs of young people who identify as gender variant and sexuality diverse;
- Increasing medical practitioners' awareness of the importance of taking an 'open' and 'unassuming' approach to young people who they see in relation to sexuality, and, as a matter of course, provide the opportunity for young people to discuss issues about sexuality and safe-sex practices – young people do not generally initiate such discussions with their doctors, if in fact they actually see GPs;
- Seriously addressing peer and institutional homophobia/transphobia that is prevalent in schooling and the workplace;
- Adequately funding current services that are specifically addressing the needs of gender variant and
- Sexuality diverse young people; and
- Developing creative strategies to address young people's need for a balance between face-to-face and online sources of information and support.

Regional, rural and remote

The First Young and Well National Survey collected data relating to the mental health, wellbeing and technology usage of young people in regional, rural and remote areas of Australia. Currently unpublished, the study found that **49%** of young people in inner regional areas, and **46%** of young people in rural/remote areas experienced moderate to very high levels of psychological distress.

Young people living in regional, rural and remote areas experience a unique set of hurdles to care; relating to a culture of self-reliance, lack of anonymity and lack of physical access to treatment (Aisbett et al., 2007). Online services present an accessible and affordable alternative to traditional methods of engagement, with this ease of access only set to increase as Broadband is rolled out across Australia

Currently in the prototype phase, the Safe and Supportive research program at the Young and Well CRC has developed the Online Wellbeing Centre. This project has created a virtual space for young people to access a personalised, ongoing recommendation service for tech-based tools and apps, and is currently being trialled through the Young and Well Towns Project with young people living in the rural region of Murray Bridge in South Australia. This project aims to explore the barriers to treatment being experienced by young people living outside of major cities in Australia, and presents a method of engagement that builds local community capacity by exploring how technologies can be used to enhance the service offering.

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8. THE FEASIBILITY AND EFFECTIVENESS OF CONDUCTING PUBLIC EDUCATION CAMPAIGNS AIMED AT REDUCING THE NUMBER OF CHILDREN WHO ENGAGE IN INTENTIONAL SELF-HARM AND SUICIDAL BEHAVIOUR.

The Young and Well CRC supports three research streams, across the preventive interventions framework under which sit 14 major research projects aimed to develop evidence-based outputs to support the mental health and wellbeing of young people. One of our major projects, Safe and Well Online, has been designed to measure behaviour change as a result of exposure to social marketing campaigns. To date, the Young and Well CRC has

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released two campaigns and a cohort of 1,300, 12-17 year olds is being tracked over time. The campaigns to date and their reach are described below:

Keep It Tame
'Keep It Tame' is an online campaign targeting Australian teenagers, drawing attention to the consequences of thoughtless and hurtful use of social media and empowering them to act with respect online. It launched in 2012.

Upon the unveiling of this campaign, Safe and Supportive Leader Dr Philippa Collin said:

"This campaign is all about empowering young people to take advantage of the tools and techniques that are already available to them to take control of ugly situations and use mobile phones, computers and tablets positively to interact with each other."

@ppreciate a mate
'@ppreciate a mate' is a friendly app that instantly generates messages of appreciation. You can shake it, swipe it and mix up the colours on over 50 positive messages. The app makes it easy for young people to share positivity online. Hundreds of positive compliments spread their way across websites like Facebook, Twitter, Instagram and Tumblr. The compliments were in the form of beautiful illustrated images with positive sentiments like 'Don't Ever Change,' 'Your smile makes me smile' and even 'Your face makes Facebook better.'

Since then, over 34,000 of these images have been created by young people across Australia. This innovative campaign takes a new approach to tackling cyberbullying and the issue of poor self-esteem in young Australians. Partner The Butterfly Foundation provided expert advice to assist with understanding how the campaign could best promote positive body image, build self-esteem and reassurance, with hundreds of young people also influencing the campaign in real and tangible ways.

Both campaigns are evidence informed and driven by feedback from young people themselves about look, feel and design, but critical to success is determining more than just the reach of the campaign itself.

Safe and Well Online will be considered successful if:
- It establishes and delivers a viable participatory design process utilising both the existing evidence base, and new research with end-user partners and young people.
- It establishes evaluation frameworks to determine impact of online campaigns on young people's attitudes and behaviours.
- Campaigns drive traffic towards end-user partner resources and partners embed the campaign within their communications to young people
- The outputs of the campaigns are used by end-users, and by other Young and Well CRC outputs (for example the Online Wellbeing Centre)

The impact of the campaigns over time will measure factors that promote safety and wellbeing, including:
- respectful behaviour (generally, as well as online) (increase)
- cyber aggression, cyberbullying as well as cyber-victimisation (decrease)
- social connectedness (increase)
- help-seeking (increase).

9. THE ROLE, MANAGEMENT AND UTILISATION OF DIGITAL TECHNOLOGIES AND MEDIA IN PREVENTING AND RESPONDING TO INTENTIONAL SELF-HARM AND SUICIDAL BEHAVIOUR AMONG CHILDREN AND YOUNG PEOPLE.

Evidence
Aside from its significant social impact, mental illness has major economic implications. The World Economic Forum estimates that over the next two decades, the global cost of mental illness will be nearly $2.5 trillion (two-thirds in indirect costs) in 2010, with a projected increase to over $6 trillion by 2030. Mental health costs are the largest single source of cost related to non-communicable disease; larger than cardiovascular disease, chronic respiratory disease, cancer, or diabetes (Keeton, 2012). In 2009, the direct costs of untreated mental disorders in Australia's young people totalled $10.6 billion (Access Economics, 2009).

The internet holds promise, in the promotion of wellbeing, as a conduit to traditional mental health services, as an adjunct to clinical care, and as a help source in its own right.

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A proposed model for an integrated mental health service in Australia spans mental health promotion, prevention, early intervention and treatment, to relapse prevention. The model has the potential to improve the reach and quality of mental health care for young people, addressing individual-level barriers (e.g., reluctance to seek help) and system-level barriers (e.g., inequitable distribution of mental health services).

The foundations for the model are already occurring in Australia. For example, Australia leads the world in innovative service delivery and research in the growing frontier of youth mental health and e-mental health, and is already directly investing in headspace: the national youth mental health foundation and The *Early Psychosis Prevention Intervention Centre*. The Young and Well Cooperative Research Centre are fast tracking rapid prototyping and research exploring the use of new and emerging technologies including smart devices, biometric feedback, predictive algorithms and the use of both small and large data sets.

Of note, the Young and Well CRC is conducting research to inform the development and trial of:

Link: The Link project will develop and evaluate an online tool to facilitate mental health help-seeking for young people, enabling young people to take command of their own help-seeking journey. The program will guide young people through a series of questions to assess the nature and severity of their concerns, and their readiness for care. Using this information, the program will then recommend the most suitable mental health information and services available, while providing helpful information to assist young people through the help-seeking process

e-Mental Health Clinic: The e-Mental Health Clinic aims to place the young person at the centre of care, use technology to enhance engagement, and reduce traditional barriers to accessing services. In conjunction with both young people and professionals, researchers will explore the concept of taking traditional therapy, adapting it for online use, and enhancing it with new and evolving technological innovation. This includes virtual face-to-face services, and the streamlined delivery of education and information. The research will draw on existing evidence-based e-health interventions, biometric and mobile devices, and e-care plans. These will be integrated with social media strategies to form a new clinical model. Research will also be conducted into the delivery of online support designed to empower young people, so they understand the purpose and availability of technologies that make up their care.

uniVirtual Clinic: The uniVirtual Clinic project aims to develop and evaluate a student-centred university virtual clinic that will provide support across the mental health services spectrum including promotion, prevention, early intervention, treatment, relapse prevention and recovery. The project will examine university students' mental health problems, information and service needs and preferences, investigate and incorporate stakeholder perspectives, build a prototype university-focused virtual clinic and evaluate the acceptability and effectiveness of the clinic.

However, to reap the benefits of this innovative research, careful consideration needs to be given to the interface with existing services and reform of traditional payment and incentive systems. Thought also needs to be given to how to best build the capacity of professionals who work with young people to use these technologies effectively (Blanchard et al., 2012, Burns et al., 2010a). A 2011 study demonstrated that investment needs to be made in securing appropriate technological infrastructure in youth mental health services and in training staff members to develop an adequate understanding of young people's technology use and the range of strategies that can be applied to improve and promote young people's wellbeing (Blanchard et al., 2012).

Recommendations

The following table is taken directly from a report submitted to the NSW Mental Health Commission, currently awaiting publication (Burns et al., 2014). The recommendations are provided with a view of creating a seamless system of mental health care:

CHANGE	TIME FRAME
Structural	
o **Recommendation One:** Develop a common protocol for e-mental health services (i.e. online interventions, mobile apps, campaigns, online clinics, web based services) that stipulate mandatory evaluation of impact.	Ongoing/medium to long term
o **Recommendation Two:** Quarantine a budget segment for provision and continual improvement of technology infrastructure for the mental health sector, with an initial start point of piloting in rural, regional and indigenous communities.	Ongoing/long term

o **Recommendation Three:** Map current e-mental health policies across mental health services and develop one standard that promotes the integration of e-mental health into clinical care.	Ongoing/long term
o **Recommendation Four:** Work to develop funding models that support institutions delivering e-mental health interventions – through private insurers or Public Private Partnerships.	Ongoing/long term
Programmatic o **Recommendation Five:** Trial the provision of an iPad to GPs pre-loaded with a variety of e-mental health services and apps to be used in a consultation to advise the patient of available online support.	Pilot in 2014 in 15 metro GP clinics and 15 regional and remote GP clinics. If successful, rollout in 2016.
o **Recommendation Six:** Make available the products being developed by the Young and Well CRC, including: i. Provision of the 'Online Wellbeing Centre' and 'Link' to secondary schools. With both programs accessible via school intranets, the Wellbeing Centre will host a suite of apps that promote the wellbeing of young people, while 'Link' will provide a triage pathway to care; ii. Provision of online clinics developed in partnership with Brain and Mind Research Institute, Orygen Youth Health Research Centre, headspace, The Black Dog Institute and the Australian National University to every secondary school and university; iii. Share and promote the 'Better Practice Guide for Services about using technologies safely and effectively to promote young people's wellbeing.' Published in 2013 by the NSW Centre for the Advancement of Adolescent Health and the University of Sydney, this resource can be used as the backbone for the education and training of healthcare professionals.	Prototype currently being developed by partners of the Young and Well CRC. Rollout achievable in 2015. Immediately – framework already established. Immediately.
o **Recommendation Seven**: Leveraging off the successful eSmart Libraries Digital Literacy and Cybersafety Program, incorporate a training module for older people to become e-mental health literate.	Rollout immediately with update for older populations and promote ongoing maintenance.
Professional Training o **Recommendation Eight:** Train healthcare leaders on the use of emerging technologies in e-mental health, and develop a Digital Roadshow, which can be delivered face-to-face in a community forum as well as online. The Digital Roadshow would run via a hub-and-spoke model (the 'hub' being a rural centre with higher capacity and serving the 'spokes' being smaller rural centres with less capacity).	Immediately – targeting 4 metro areas and 4 regional areas in a hub-and-spoke model.
Further Research o **Recommendation Nine:** Review the evidence supporting e-mental health annually and maintain an up-to-date analysis relevant to Australia, to ensure it remains innovative.	Ongoing/annually.

A long-term objective for mental health reform should be ensuring that people can access the right care at the right time, and that support can be provided universally and around-the-clock. The widespread integration and uptake of technology can strengthen the capabilities of the sector, allowing for 24/7 care and information to be available (Burns et al., 2014).

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Conclusion

Australian mental health services operated within a framework driven by *"crisis driven, ad hoc changes"* (Whiteford et al., 2013) to policy, but is gradually transitioning to an evidence-based, long-term goal oriented model.

Collaboration is central to the success of our organisation, and we would be pleased to assist the Commission in driving, shaping and informing policy directly related to suicide prevention. This is an area of policy that requires sector-wide cooperation, and we believe we are ably equipped to aid the progress of reform to better care for the mental health and wellbeing of children and young people.

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