# Building Mentally Healthy Futures: Australian Youth Recovery Plan
## Policy paper from Australia's Mental Health Think Tank

Over the past two years, the COVID-19 pandemic has had a profound disruption on young Australians, exacerbating existing inequities and highlighting vulnerabilities in our mental health, social service, and education systems. Over consecutive lockdowns and outbreaks, many young Australians' daily lives, activities and schedules have changed beyond recognition, including the way they go to school, university and training, work, see friends and family, play sport, travel, exercise and engage in hobbies. Economic insecurity, increased cost of living, job loss and housing unaffordability have propelled many young Australians and their families into financial stress. Consequently, COVID has had a harsher psychological toll on young Australians than any other age group, experiencing higher rates of psychological distress, loneliness, educational disruption, unemployment, housing stress and domestic violence.(1) Since COVID-19, emergency department presentations amongst young people have increased by 47.1% per annum and mental health service use by 30-55% from June 2020 to February 2021, especially amongst girls and those from disadvantaged areas.(2, 3)

The current era has been referred to by some policymakers as 'the COVID decade.' Indeed, while certain aspects of COVID-19, including repeated lockdowns and school closures, appear to have subsided in Australia, there is evidence that the social, economic and mental health effects of the pandemic on young people – including exacerbated mental health inequalities and disruptions to communities, skills and employment – will have profound impacts for many years to come. Many of these impacts are yet to be seen, with research on recovery post-disaster/recession suggesting young Australians will experience different psychological impacts and severity, emerging at different stages of the life course and across regions.(4, 5) Moreover, research is now suggesting that even minor cases of COVID-19 may be linked to associated with longer-term changes to brain structure, showing that for many, the psychological impacts of COVID-19 will persist long beyond infection.(6)

The impact of COVID has been compounded by climate-induced extreme weather events over the same period, such as floods, bushfires and heat waves, which threatened thousands of Australians' safety and homes and leaving widespread uncertainty about what the future will look like. To build community resilience against future shocks and best equip young people to recover from existing compounding shocks:

**Now is the time for Australia to invest in young Australians' mental health.**

Australia's Mental Health Think Tank – has combined the best evidence, together with lived experience accounts to propose a **Mental Health Recovery Package**. The recommendations have three overarching goals – to address the economic, social, and support access drivers of mental health – achieved via eight feasible and impactful recommendations.

## Goal 1

## Address the economic drivers of mental health

### Recommendation 1.1

**Increase income support payments for those on youth allowance, JobSeeker, AusStudy, ABStudy living allowance and the Disability Support Pension back to levels achieved with the Coronavirus Supplement.**

**Case studies, evidence, and context:**

Upcoming quantitative evidence from Botha and colleagues (2021) showed that the Coronavirus Supplement payment significantly reduced reported financial stress amongst a nationally-representative sample of Australian adults, and lower financial stress was associated with lower mental distress. (7)

Qualitative findings from Bower et al (2021) demonstrated significant mental health benefits of receiving welfare support (JobSeeker/Keeper) amongst those who lost income or their jobs during the pandemic. However, the subsequent reduction in payments, once the coronavirus supplement was removed, and the return of mutual obligation requirements, left Australians feeling worried, stressed, unable to make ends meet, and worsen existing mental health issues, as the pandemic continued to unfold.(8)

In a survey of 955 people who had been living on government benefits since before COVID-19, The Australian Council of Social Services (ACOSS) found a decline in anxiety and depression during the period of the increased payment during 2020. The extra income allowed individuals to afford basic necessities, including three meals a day, medicines and medical care.(9)

**Benefits expected:** Immediately

### Recommendation 1.2

**Introduce federally-funded grants and scholarships for young people experiencing disadvantage to access tertiary education, training and work placements.**

**Case studies, evidence, and context:**

Overall, younger workers have been more impacted by changes in employment during the pandemic.(10) The ABS recently reported that the Australian unemployment rate has fallen to a long-time low of 4.0%. While great news, the headline doesn't tell the full story. The unemployment rate is much higher for young Australians, at 8.9% for those (aged 15-24) not attending full-time education.(10) In addition, more than one-in-ten young Australians (14.3%) not in full-time secondary or tertiary education were not in the labour force, meaning they were not employed or looking for work.

International research has demonstrated that youth not in secondary or tertiary education, employment or training tend to have poorer mental health outcomes,(11) and that these effects last into middle age.(12-15) These findings were consistent even when studies controlled for the effects of socioeconomic status, existing mental health issues or whether unemployment occurred during a period of mass-unemployment (e.g. economic crisis). Overall, the longer a young person's period of unemployment, the worse the impact on mental health.(13)

There is good news: supporting young peoples' education and training is likely to improve mental health. Engaging in tertiary education can buffer the negative mental health effects of unemployment: unemployed adults with a college/university degree were at a lower risk of mental illness than their counterparts with a lower education level.(16) In addition, research has shown that amongst school-leavers, employment and further education protected mental health (compared to unemployment).(17) There are inequities in access to high quality secondary and tertiary education and increasing scholarships can allow students from disadvantaged circumstances to reap educational benefits that may otherwise be unfeasible financially.(18)

**Benefits expected:** Medium-term

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**Goal 2**

## Address the social drivers of mental health

**Recommendation 2.1**

### Adopt a social connection and social and emotional wellbeing lens on policies.

**Case studies, evidence, and context:**

COVID-19 restrictions like lockdown, social distancing and schooling-from-home highlighted how important connection, including in-person contact with friends, family, neighbourhoods, workplaces and education is for youth mental health. Young people who had good access to safe housing, transport, infrastructure and work fared better, showing that youth wellbeing and mental health is not just the jurisdiction of the Health department, but is also directly impacted through the policy decisions of Education, Finance, Home Affairs, Indigenous Affairs (PM&C), Industry, Energy and Emissions Reduction, Infrastructure, Social Services, amongst others.(19)
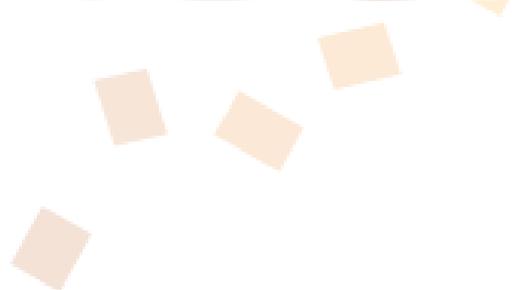
The Aboriginal and Torres Strait Islander concept of *Social and Emotional Wellbeing (SEWB)* recognises that social and community connection are a central part of mental health. SEWB is 'a multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or 'country', culture, spirituality, ancestry, family, and community.'(20, p55)

Adopting a SEWB-informed lens on Commonwealth policies would recognise the very broad social determinants of mental health and ensure government departments make policy decisions that prevent mental ill-health and safeguard Australians' resilience to major future events.

*Policy Case Study:* The UK 'A connected society: Loneliness strategy' (2018) had three aims: 1) Crosscutting policies to benefit all of society + more tailored interventions that can support people at risk; 2) The role of government to ensure social relationships are considered across its wider policy-making; and 3) Building a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma. A major innovation of this policy was its cross-departmental approach: Ministers at key government departments Housing, Communities and Local Government, Business, Energy and Industrial Strategy, and Transport had their portfolios extended to include loneliness. Each was required to report on progress and explore more options to ensure social relationships are considered policy-making. Preliminary independent analysis of the policy was positive, showing evidence of genuine government collaboration, measurement efforts and funding.

*Policy Case Study:* Aotearoa New Zealand's Treasury has recently implemented a wellbeing-focussed policy-decision making framework that incorporates First Nations knowledge and priorities. The Treasury's CBAx tool (cost-benefit-analysis) was developed for use across "important public sector decisions" and incorporates principles from the *He Ara Waiora Framework* - a holistic, intergenerational approach to wellbeing derived from derived from mātauranga Māori (Māori knowledge) in addition to the more general *Living Standards Framework*. (21, 22)

**Benefits expected:** Medium-term

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### Recommendation 2.2

**Community-led infrastructure and projects to facilitate social connection, particularly targeting youth- and family-oriented projects.**

**Case studies, evidence, and context:**

Through COVID-19, Young Australians have undergone a period of major disruption to opportunities to develop and maintain their social relationships. This is concerning as evidence shows a sense of belonging is integral to young people's mental health.(23).

Evidence suggests community-level interventions that enhance sense of community belonging and shared identity can reduce loneliness amongst residents.(24) Research has shown group-based interventions that target social relationships can have real benefits on young people's mental health. This ranges from more formal programs – e.g., the successful 'Groups4Health' which combines psychotherapeutic support with target education around developing and maintaining social relationships (25) – to more informal initiatives like joining a new sport or hobby group. Research shows that when people who are depressed increase the number of social groups they are a part of, they can experience reduced depression symptoms and likelihood of relapse, which researchers postulate are because of the sense of shared identity group memberships provide.(26) A good way for young people to do this is by joining hobby groups or extra-curricular activities, which we know is associated with mental health benefits.(27)

**Benefits expected:** Medium-term

### Goal 3

**Improve access to high quality, timely mental health treatment**

### Recommendation 3.1

**Scale up evidence-based digital resources for youth mental health.**

**Case studies, evidence, and context:**

Over the last few decades, Australia has been an international leader in digital mental health innovation. Digital service models include: 1) standalone, digital-first clinics, where best-quality treatments are provided by a multidisciplinary team; 2) integrated digital and F2F care, where outcomes and practices are data-driven by technologies that can predict, track and respond, and where therapies and social networks are fully integrated with F2F care. Australian evidence-based digital mental health and substance use resources and treatments that are ready to be scaled up include Moderated Online Social Therapy (MOST), Essential Network for Health Professionals (TEN), This Way Up, OurFutures, Positive Choices, Synergy, Moodswings, Swinburne National e-Therapy Centre, eCLIPSE platform, and more.

In the longer-term, long waitlists for in-person treatment means there is a need to integrate F2F and digital ecosystems of care. The establishment of a dedicated Office of Digital Mental Health could be considered to lead this integration. Using a similar format to the Office of Suicide Prevention, it would be supported by an implementation taskforce to further enhance Australia-wide access to leading, evidence-based digital health care.

**Benefits expected:** Immediate-to-medium-term

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## Recommendation 3.2

**Double the number of Commonwealth Supported Places for psychology, mental health nursing and other allied mental health professions, and with a focus on improving Aboriginal and Torres Strait Islander representation.**

**Case studies, evidence, and context:**

In addition to general increases in the number of Commonwealth Supported Places for mental health-related training, there are two existing programs that can be scaled up to improve Aboriginal and Torres Strait Islander representation:

1. The Australian Indigenous Psychology Education Project is currently working with around 30 schools/departments of psychology to increase the number of Indigenous psychologists and increase Indigenous content in the psychology curriculum.
2. The Smart and Skilled program provides fully-subsidised fee-free VET training for Aboriginal and Torres Strait Islander peoples in priority skill areas. This program could be scaled up to include University education and have a targeted focus on mental health-related professions.

**Benefits expected:** Medium-term

## Recommendation 3.3

**Increase subsidised and/or paid placements of psychology, mental health nursing, psychiatry, peer support workers and other allied health professions.**

**Case studies, evidence, and context:**

The Royal College of Psychiatrists' Rural Psychiatry Roadmap presents an example of a model facilitating high-quality psychiatric training in rural areas.

Providing incentives to psychologists to study and practice in rural, remote and regional (RRR) locations to improve the RRR workforce has been advocated by the Australian Psychological Society.(28)

**Benefits expected:** Medium-term

## Recommendation 3.4

**Increase incentives, public-sector salary loading or similar for discipline-specific supervision in mental health tertiary training programs.**

**Case studies, evidence, and context:**

These were key recommendations from the Select Committee on Mental Health and Suicide Prevention Report and are in line with existing calls from mental health organisations to increase supervision opportunities.(29, 30)

**Benefits expected:** Medium-term
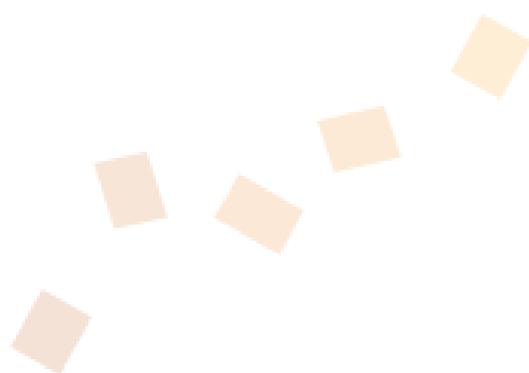
## Tracking, evaluation and research

Tracking, evaluation and research should be integrated throughout implementation of each of these policy reforms. Research to drive innovation in each of these areas is essential for a mentally healthy Australia. Australia's Mental Health Think Tank will be producing a more detailed evaluation guide for mental health policy reform. Briefly, an evaluation framework should include:

- Fidelity and acceptability metrics to capture how well the reform was implemented and community uptake where applicable
- Key outcome indicators to capture the effectiveness of reforms in achieving improvements in youth mental health (psychological distress, loneliness, social and emotional wellbeing, self-rated quality of life)
- Data linkage with Medicare Benefits Scheme (MBS) to indicate service-system uptake and usage
- Economic evaluation, for example Quality-Adjusted Life-Years (QALYs) and/or Well-Being Years (WELLBYs) gained
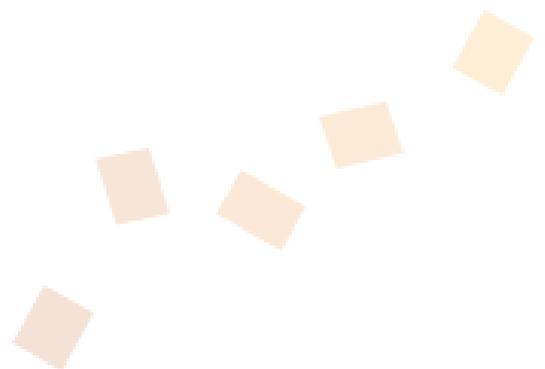
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