

# Lifting the weight.

Understanding young people's mental health and service needs in regional and remote Australia.



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Your participation, thoughtful responses and willingness to share your stories and experiences have provided the rich data on which this report is based.

### About ReachOut Australia

ReachOut is Australia's leading online mental health organisation for young people and their parents. Our practical support, tools and tips help young people get through anything from everyday issues to tough times – and the information we offer parents makes it easier for them to help their teenagers, too.

We've been changing the way people access help since we launched the world's first online mental health service nearly 20 years ago. Everything we create is based on the latest evidence and designed with experts, and young people or their parents. This is why our digital self-help tools are trusted, relevant and easy to use.

Available for free anytime and pretty much anywhere, ReachOut is accessed by 132,000 people in Australia every month. That's more than 1.58 million each year.

### About Mission Australia

Mission Australia is a non-denominational Christian charity that has been helping vulnerable Australians move towards independence for more than 155 years.

Every day we support people nationwide by combatting homelessness, assisting disadvantaged families and children, addressing mental health issues, fighting substance dependencies, and much more.

We're generously supported by our funders, partners and tens of thousands of everyday Australians, who make the work of our tireless volunteers and staff possible.

Together, we stand with Australians in need until they can stand for themselves.

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## Foreword

**Shah Haque, co-design workshop and online diary study participant, Geraldton, WA**

Hi! My name is Shah. I'm 22 years old and studying a Bachelor of Science at Murdoch University in Perth, Western Australia. I have spent most of my life in Geraldton, which is roughly a four-hour drive north of Perth [pictured above]. Geraldton is a mix of city and country. Although there are plenty of shops and basic services, outside of sport, there isn't much else to do. Sometimes I love how small Geraldton is. You're always close to your friends. It's only a 15-minute drive across town if you want to hang out. But being in a small town means that it's easy for people to gossip if you don't fit in, and things can blow up quickly because there's not much else going on.

Growing up, I definitely had a few times when things got a bit tough; all the normal things people my age would deal with: exams stress, tension with my family, not having enough cash and needing to find a job.

Things got really bad when I lost my grandfather, and then I nearly lost my dad, too. After that, I just became anti-social and isolated myself. I didn't deal with it properly at the time. I stopped studying, lost contact with friends and just gave up. When you're feeling like that, it seems like you just can't do anything right. It took me a long time

to pick myself up and start looking after myself. Honestly, without the support of friends and family I wouldn't have even started studying at university.

Looking back on it, I just didn't know where to go for help. I wish I had known there was someone I could have spoken to, that I'd found an online support service. I knew there were long waitlists for face-to-face help.

In the future, I hope kids in towns like mine have access to more professional people to talk to, and more activities

to get involved in. I just hope that kids going through what I went through don't feel alone and have somewhere to go to feel supported.

ReachOut and Mission Australia have spoken to young people across the country to bring you *Lifting the weight*, which tells their stories of growing up in regional and remote Australia. I think it's important to listen to young people's voices and our unique experience. Plus, we've got great ideas on how to help us succeed. Giving someone help when they're young means you're setting them up for life.

**Jono Nicholas, CEO  
ReachOut Australia**

This joint report by ReachOut and Mission Australia, *Lifting the weight: Understanding young people's mental health and service needs in regional and remote Australia*, tells the story of life for young people living in regional and remote areas: the lifestyle benefits, and strong relationships with family and friends, but also the challenges of distance, of doing well at school and finding employment, and of ensuring the future sustainability of their communities.

The majority of young people living in regional and remote Australia live where they live. However, finding secure, fulfilling jobs is a challenge that impacts on their ability to start their adult life, to afford housing and to plan for the future. This is a generation of young people who are even more stressed about financial issues than previous generations were.

As a frontline youth service, ReachOut is committed to better understanding the day-to-day experiences and stresses of young people living in regional and remote Australia, and where they turn to for help when times are tough, so that we can better design the services young people want, and make them available whenever and wherever they're needed.

Access to mental health services in regional and remote Australia, and the quality of those services, is an issue of concern to the community, policymakers, researchers and service providers. This report can and will inform these discussions. ReachOut also acknowledges, and is grateful for, the support of Future Generation Global in funding ReachOut's contribution and service response to this research.

**James Toomey, CEO  
Mission Australia**

I continue to be concerned by the number of young people who raise mental health as an issue in our annual *Youth Survey*.

So much occurs during the teenage years – the demands of schoolwork, exam stress, the growing importance of friendships, financial pressures – it must be overwhelming at times and those feelings can spiral out of control.

This is especially true for the young people we work with, who often face additional challenges such as home and family instability or issues such as substance addiction. Access to appropriate and timely support can make a real difference in their lives.

Mental health knows no geographical or cultural boundaries; however, the provision of services does. Our research shows that regional and remote communities struggle to provide the same level of support services as large regional or urban areas.

*Lifting the weight: Understanding young people's mental health and service needs in regional and remote Australia* proposes a number of recommendations.

These include the need to provide parents, carers, teachers and youth leaders with the appropriate skills and support to help young people, as we often hear that these groups feel ill-equipped to deal with young people's mental health concerns.

Furthermore, we argue for investment in mental health and wellbeing programs for early years' schooling, and holistic supports for young people across a range of needs during adolescence, including school or study problems.

We emphasise that services must be welcoming to all young people, recognising the unique barriers and issues faced by males and females and different cultural groups. Pleasingly, young people appear to be very aware of mental health issues and are asking for change. Our duty is to support them and provide the services they need in order to flourish into adulthood.

We hope you find this report useful.

## Executive summary

The 2007 National Survey of Mental Health and Wellbeing found that one in four young Australians between the ages of 16 and 24 had experienced a mental health disorder in the previous 12 months.<sup>1</sup> While the prevalence of mental health disorders is similar for people living in and outside of a major city,<sup>2</sup> considerable differences in suicide rates are found across these areas. Overall, the risk of suicide rises as remoteness from a major city increases, with the rate of deaths by suicide almost three times higher for those living in remote and very remote areas compared to those living in major cities.<sup>3,4</sup> These figures indicate that young people living in regional and remote areas may be exposed to a unique set of structural, economic and social factors that result in poorer mental health outcomes and an increased risk of suicide.<sup>5,6</sup>

This report summarises research conducted by ReachOut Australia and Mission Australia on young people living in regional and remote Australia. The aim of the report is to gain a better understanding of young people's lives, including the benefits and challenges of living in regional and remote areas, the mental health of young people living in these areas, and their service needs. These insights have the potential to improve mental health service design, resulting in better mental health outcomes and a reduction in youth suicide.

### The benefits and challenges of living in a regional or remote community

Young people living in regional and remote areas identified many benefits of living in these areas, including appreciating the slower pace of life, the opportunities to be outdoors and to connect with nature, and the strength of their relationships with family and friends in their communities. However, challenges were also identified, such as feelings of loneliness, isolation, boredom and aimlessness due to a lack of social, recreational and/or employment opportunities.

### How young people conceptualise and experience mental health

Based on the Kessler 6 (K6), a measure of psychological distress, almost one in four young people (22.2 per cent) in regional and remote Australia had scores indicating a probable serious mental illness.

The research identified that young people often conceptualise mental health in terms of their feelings and symptoms. For example, they spoke of feeling 'down' or 'low', and

identified feelings of hopelessness, worry, low self-worth, withdrawal, anger and lethargy when talking about tough times in their lives. Feeling 'stressed' was also a pervasive theme, with many young people using this word to describe their lives or emotional states.

### What contributes to the mental health and wellbeing of young people?

When young people were asked about what made them happy, approximately one-third nominated *friends* (36.7 per cent) and *family* (35.5 per cent) as important sources of happiness in their lives. A *partner* (18.4 per cent) was the third most nominated source of happiness in young people's lives. When they were asked about what they value, eight in ten young people indicated that *family* (80.1 per cent) and *friendships* (79.1 per cent) were *very or extremely important* to them. *Physical and mental health* (71.3 per cent) and *school or study satisfaction* (69.8 per cent) were also highly valued (i.e. nominated as *very or extremely important*).

When young people were asked an open-ended question about the main things that had been on their mind or worrying them, the top three issues young people living in regional and remote areas identified were *financial issues* (29.9 per cent), *school or study stress* (21.2 per cent) and *the future* (15.2 per cent). In addition, approximately one in ten young people were worried about *finding work* (10.2 per cent) and about *work-related issues* (9.9 per cent). For young people who indicated they had experienced some problems in the past three months, mental health issues emerged as more prominent concerns, with almost one in five worried about

*anxiety* (18.6 per cent) and just over one in ten worried about *depression* (12.9 per cent).

When young people living in regional and remote areas were presented with a range of issues, the top three things they were *very or extremely concerned* about were *coping with stress* (42.2 per cent), *school or study problems* (36 per cent) and *body image* (30.4 per cent). In addition, approximately one in four young people in regional and remote areas were *very or extremely concerned* about *depression*, and approximately one in seven were *very or extremely concerned* about *suicide*.

### Sources of help and support for young people

When faced with important issues, the top sources of help for young people were *friends* (82.6 per cent) and *family* (*parent/s*, 76.9 per cent; *relative/family friend*, 63.7 per cent; *brother/sister*, 53.7 per cent). The *internet* was also considered an important source of help, with 43.4 per cent of young people indicating that they would access the internet for help with important issues in their life. When presented with a range of common issues, young people showed a strong preference for informal sources of support, such as *parents* and *friends*. However, there were a number of issues, including *drinking too much*, *being worried about drug use* and *having thoughts of hurting yourself/suicide*, where formal sources of support, such as a GP or mental health professional, became more important.

### Unmet need for professional help

The unmet need for professional help was found to be considerable, with just over half (51.7 per cent) of all young people who indicated they had a problem for which they needed professional help not seeking this type of help.

### Barriers to help-seeking

A range of barriers, both practical and attitudinal, can prevent young people from accessing support for mental health problems. The top attitudinal barrier to seeking help was the fear that the young person may have to do or say something they didn't want to do or say, with half of the respondents agreeing or strongly agreeing with this statement. A desire for self-reliance was also an important barrier to help-seeking, with almost half of young people indicating that they 'would' (47.7 per cent) or 'should' (46.2 per cent) solve their problems themselves. Embarrassment was also a considerable barrier to help-seeking, with 42.4 per cent of young people indicating they would be too embarrassed to seek professional help. The most important practical barriers to help-seeking were affordability of professional services, with almost half of young people indicating they couldn't afford to get professional help even if they wanted to (48.1 per cent). In addition, approximately one in four indicated that they didn't have transport to get to a service (28.0 per cent), wouldn't have time to get professional help (25.4 per cent), or that local services were unavailable to them (24.6 per cent).

### What young people want from a service

When young people were asked about the characteristics that were important to them in a support service, *confidentiality* was the most commonly nominated service characteristic (33.9 per cent). *Accessibility* and *friendliness* were nominated as important characteristics by just over one in four young people (27.8 per cent and 25.2 per cent, respectively). Young people also wanted to know that the service they were accessing would be *helpful* (20.8 per cent) and was *credible* (14.8 per cent).

Some young people conceptualised their ideal support service as one that wasn't explicitly mental health focused; rather, it would be a youth-friendly service that could provide a range of health and psychosocial support services and connect them into community networks. Their ideal service would also help them to identify and understand their feelings and emotions, give them practical strategies and tools to assist in managing difficult emotions, and provide contact details for additional support if needed.

### Recommendations

These findings point to the need for a whole-of-community approach to address the mental health needs of young people living in regional and remote Australia. To achieve this, we need to:

- promote the co-design of services with young people, and re-orient services to meet young people's needs;
- empower parents, guardians and peers to provide appropriate support to young people experiencing mental health difficulties;
- invest in programs that promote mental health and wellbeing in the early years;
- fund and support schools to improve the mental health and wellbeing of young people through evidence-based programs;
- equip communities and gatekeepers to support the mental health of young people;
- utilise the potential of Primary Health Networks to deliver better mental health outcomes for young people;
- harness the potential of digital technologies to improve service availability and accessibility, and to train and resource those who play a key role in helping and supporting young people; and
- improve financial supports and offer programs that help young people to transition from education to work, or through different types and levels of education, so that those living in regional and remote areas can achieve their educational, employment and career goals.

## 1. Introduction

Mental health disorders such as anxiety and depression often emerge for the first time during adolescence and early adulthood, with approximately three-quarters of all such disorders having their first onset before the age of 25 years.<sup>7</sup> The 2007 National Survey of Mental Health and Wellbeing found that one in four young Australians between the ages of 16 and 24 had experienced a mental health disorder in the previous 12 months.<sup>8</sup> Furthermore, in a 2016 study of almost 22,000 young Australians aged 15–19, one in four were found to meet the criteria for a probable serious mental illness.<sup>9</sup>

While the prevalence of mental health disorders is similar for people living in and outside of a major city,<sup>10</sup> considerable differences in suicide rates are found across these areas. Overall, the risk of suicide rises as remoteness from a major city increases.<sup>11</sup>

When we look at figures for young Australians, we find that death by suicide for those living in remote and very remote areas is almost three times the rate for those living in major cities.<sup>12</sup> In addition, young men aged 15–29 who live outside a major city are almost twice as likely to die by suicide than those who live in a major city.<sup>13</sup> These figures indicate that young people living in regional and remote areas may be exposed to a unique set of structural, economic and social factors that result in poorer mental health outcomes and an increased risk of suicide.<sup>14,15</sup>

Ensuring access to appropriate and timely support is crucial to improving the mental health and wellbeing of young people, and ultimately to reducing the suicide rate in regional and remote areas. However, the National Survey of Mental Health and Wellbeing found that over 70 per cent of young Australians experiencing a mental disorder weren't accessing support. A 2016 review of Medicare data also indicates that only 8.2 per cent of young people aged 15–24 accessed a subsidised mental health service.<sup>16,17</sup> More recent data from a survey of young people aged 12–17 and their parents found service use rates of 65.1 per cent for young people experiencing a mental disorder.<sup>18</sup> Low levels of service access among young people reflect the impact of a range of barriers they may face when seeking help. While many barriers to help-seeking are common across young people, a number of sociocultural and structural barriers are

more salient for young people living outside a major city.<sup>19</sup>

Key sociocultural and structural factors that can influence help-seeking in regional and remote Australia include distance to services, long waiting lists, restricted opening hours, stigma, and physical and social isolation.<sup>20,21,22</sup> Compounding this, young people in regional and remote areas have relatively less access to primary and specialised mental health care. A recent analysis reported that for every 100,000 people living in a major city there were 13.0 full-time-equivalent (FTE) psychiatrists available. This rate drops to 4.8 FTEs in inner regional areas, and declines further to 1.9 FTEs in very remote areas.<sup>23</sup> A similar pattern can be seen in the availability of psychologists (major city: 73.5 FTEs per 100,000 people; inner regional: 46.5 FTEs; very remote: 17.8 FTEs) and mental health nurses (major city: 83.0 FTEs per 100,000 people; inner regional: 73.6 FTEs; very remote: 29.2 FTEs), with decreasing availability as remoteness increases.<sup>24</sup> In addition, for every \$1.00 spent per capita (person) on Medicare mental health services in major cities, just \$0.77 is spent in inner regional areas and only \$0.10 in very remote areas.<sup>25</sup> The net result is that young people in regional and remote areas may be less able to access mental health services, and thus are likely to have higher levels of unmet need, than their counterparts in the city.

Poor mental health outcomes for young people living outside major cities point to a pressing need to provide better mental health supports to young people living in regional and remote areas so that we can start to realise tangible improvements in mental health outcomes and reduce the impact of youth suicide in these communities. A crucial step in facilitating

the achievement of this goal is to better understand the issues young people living in regional and remote Australia face within the context of their everyday lives. This would enable communities to provide services to mitigate the most salient barriers to help-seeking, by offering support that young people are willing to engage with and that is designed to meet their unique needs.

The aim of this report is to gain a better understanding of the mental health and service needs of young people living in regional and remote areas of Australia. By integrating data from a range of sources, the report will tell the story of young people's lived experience of mental health and wellbeing in regional and remote areas of Australia. It also covers young people's associated support needs from their perspective. In particular, the report examines:

- **the benefits and challenges of living in regional and remote areas;**
- **what young people value and consider important to them;**
- **the mental health status of young people living in regional and remote areas, and how they experience and understand mental health difficulties;**
- **the main issues and concerns they face;**
- **who and where they turn to for help and support;**
- **what stops young people from seeking help when they need it; and**
- **what young people in regional and remote areas want and need from support services.**





## 2. Methodology

The focus of this report is on young people living in regional and remote areas of Australia. The Accessibility/Remoteness Index of Australia was used to identify whether a young person was living in a major city, an inner regional area, an outer regional area, a remote area or a very remote area.<sup>26,27</sup> Only young people who were living in an inner regional, outer regional, remote or very remote area were included in the data analysis.

### 2.1 Data sources

This report is based on data collected by Mission Australia and ReachOut Australia. The research presented here reflects a mixed-method approach, drawing together qualitative and quantitative methods of inquiry. The strength of this type of approach is that it provides both a broad description of the experiences of young people living in regional and remote communities (using quantitative data sources), and a more nuanced, in-depth exploration of the diversity of these experiences (using qualitative methods). Details of each data source are outlined below.

#### 2.1.1 Mission Australia Youth Survey (2016)

The Mission Australia *Youth Survey* is Australia's largest online youth survey. It aims to identify the values and issues that are of concern to young people. Following approval from state and territory Education Departments and Catholic Education offices, information about the Mission Australia *Youth Survey* 2016 and an electronic link to the online version of the survey were distributed to secondary school principals across Australia. Information was also distributed to Mission Australia services, networks of other service providers,

Commonwealth, state/territory and local government departments, youth organisations and peak bodies. Data was collected between April and August 2016.

Participants in the 2016 Mission Australia *Youth Survey* numbered 21,846 young Australians aged 15–19 years. Of these, 93 per cent completed the survey online, with the remainder completing a hard copy.

Not all the data from this source was used in this report. (See section 2.3 for details of data inclusions and exclusions.) After data exclusions, data from 8267 participants who were residing in regional and remote areas was included.

Overall, in this subset of data, 45.8 per cent of participants identified as male and 54.2 per cent as female, while 64.4 per cent resided in an inner regional area and 35.6 per cent resided in an outer regional, remote or very remote area. In addition, not all respondents answered all the survey questions. The data presented for each question reflects those who responded.

### **2.1.2 ReachOut survey of young people living in regional and remote Australia (2017)**

This survey aimed to understand the lives, mental health and wellbeing status, and desired service experience of young people living in regional and remote Australia. ReachOut engaged an independent panel provider to recruit a nationally representative sample of approximately 400 young people aged 16–25 living in regional and remote areas of Australia. Quotas to achieve national representativeness were set for state and remoteness level (i.e. inner regional, outer regional, remote and very remote). While state-based targets for recruitment were largely met, targets to achieve national representativeness by remoteness fell slightly short for those living in areas classified as remote and very remote. (See Appendix A for the original targets for sample recruitment and the sample that was achieved.)

Young people recruited to this study were asked to complete an online survey. Overall, 416 participants completed the survey. Data for this survey was collected between July and September 2017.

Not all the data from this source was used in this report. (See section 2.3 for details of data inclusions and exclusions.) After exclusions, data from 264 participants was included. Overall, in this subset of data, 42.4 per cent of participants identified as male and 57.6 per cent as female, while 71.2 per cent resided in an inner regional area and 28.8 per cent in an outer regional, remote or very remote area.

In addition, not all respondents answered all the survey questions. The data presented for each question reflects those who responded.

### **2.1.3 ReachOut co-design workshops and online tasks (2017)**

Using a participatory methodology,<sup>28</sup> a series of research activities were conducted involving 62 young people aged 16–22 years who were living in regional and remote areas of Australia. Recruitment targeted six regional communities – two each in New South Wales, Queensland and Western Australia. These locations were targeted based on their remoteness classification, as identified by the Accessibility/Remoteness Index of Australia (ARIA+) (see section 2.3.1 for further explanation), their population of young people, cultural diversity (e.g. the proportion of people who identified as culturally and linguistically diverse), and accessibility for researchers and participants. In addition, where available, local area websites were accessed to examine area demographics and mental health statistics. Areas with relatively higher rates of suicide, self-harm and/or psychological distress were taken into account when identifying locations.

Young people participated in a five-hour co-design workshop and completed two separate online research tasks (a pre- and post-workshop task). In addition, 16 participants were invited to take part in an online diary study. All of these tasks were undertaken between April and July 2017. Overall, 45.0 per cent of workshop participants were from an inner regional area, 50.0 per cent were from an outer regional area and 5.0 per cent were from a remote area. In addition, 51.6 per cent of the participants in the workshops and online activities identified as female and 48.4 per cent as male. There were no data exclusions from this data source.

## **2.2 Aboriginal and Torres Strait Islander young people**

ReachOut and Mission Australia are committed to reducing the substantial mental health inequalities that exist between Aboriginal and Torres Strait Islander Australians and other Australians, and we recognise the importance of seeking out the unique perspectives of Aboriginal and Torres Strait Islander peoples.

As such, ReachOut made a strong effort to recruit young people who identified as Aboriginal and/or Torres Strait Islander to both the quantitative and qualitative research activities.

However, despite these efforts, we were unable to recruit sufficient numbers of young people who identified as Aboriginal and/or Torres Strait Islander to be able to examine the experiences and needs of this group separately.

In addition, in the *Mission Australia Youth Survey*, when data exclusions, as identified above, were applied to the sample of respondents who identified as Aboriginal and/or Torres Strait Islander, small sample numbers also resulted.

As such, we recognise the importance of additional research to identify the experiences and needs of Aboriginal and/or Torres Strait Islander young people, and acknowledge that our inability to do this in this report is a limitation of the research presented here.

## 2.3 Data inclusions and exclusions

A number of differences exist in the composition of young people recruited for each of the research activities identified above. To facilitate comparison across the different data sources, the following data inclusion and exclusion decisions were made.

### 2.3.1 Identification of young people living in regional and remote areas

The Accessibility/Remoteness Index of Australia (ARIA+)<sup>29</sup> classifies areas as a major city, inner regional area, outer regional area, remote area or very remote area. The Australian Bureau of Statistics provides correspondences between ARIA+ categorisations of remoteness and Australian postcode information.<sup>30</sup> Using this correspondence information and the postcode information provided by research participants, we were able to identify young people who were living in inner regional, outer regional, remote or very remote areas. (See Appendix B for further explanation of the process used to identify young people living in regional and remote areas, and a map that displays Australia's remoteness structure.) Young people who were classified as residing in a major city were excluded from the data analysis. In addition, respondents who did not provide a valid postcode were excluded from the analysis.

### 2.3.2 Age

The Mission Australia *Youth Survey* collected data on young people aged 15–19 years, while the quantitative and qualitative research activities conducted by ReachOut Australia recruited young people aged 16–25 and 16–22 years, respectively. To facilitate comparability of young people across the data sources, the data collected by ReachOut, and used in this report, was limited to those aged 16–22 years.

## 2.4 Data analysis

Quantitative data has been presented in this report in the following ways:

- *Overall percentages:* These percentages are based on data from all young people in the specified age ranges who were identified as living in a regional or remote area in Australia.
- *Percentage breakdowns by gender:* These percentages are based on all young people who identified as either male or female. While we recognise the importance of inclusive research practices, and of involving young people who prefer to use terms other than 'male' and 'female' to describe their experience of gender, percentage breakdowns weren't included for respondents who identified as a gender other than male or female, for the following reasons: (a) the numbers of young people who didn't identify as male or female in the ReachOut survey were too small to undertake analysis of this group; and (b) for consistency with other Mission Australia reports, this group wasn't included in this analysis.
- *Percentage breakdowns by area:* As mentioned in section 2.3.1, young people were classified as residing in either an inner regional, outer regional, remote or very remote area. Due to the small number of participants located in remote and very remote areas, respondents living in outer regional, remote and very remote areas were grouped together. As a result, percentage breakdowns by area reflect young people living in an inner regional area, and those living in an outer regional, remote or very remote area (ORRVR).

Qualitative data, which included transcriptions of audio files from the workshops, co-design artefacts produced by young people, and participants' open-ended responses to the online tasks and survey questions, was analysed by three researchers using an inductive thematic approach to identify patterns in the data.<sup>31</sup> Reflexive discussion of emerging themes and cross-checking of coding facilitated refinement of the coding framework to increase the dependability and trustworthiness of the findings. There were few disagreements among the coders, and these were resolved through discussion. Qualitative data was then triangulated across all data sources, and examined in terms of the substantive significance<sup>32</sup> of the identified themes.

All of the quotes presented in this report were from the research activities conducted by ReachOut Australia as outlined above. In particular, sources for quotes include: (a) workshop activities, (b) diary study entries, and (c) written responses to open-ended questions in the ReachOut survey. Quotes are identified by the gender, age and location of the source.



### 3. The benefits and challenges of living in a regional or remote community

The community where a young person lives shapes their experiences, opportunities and expectations. Therefore, it is important to understand what young people in regional and remote areas identify as both the benefits and challenges of living in their communities.

In the ReachOut workshops and the corresponding online activities, young people were asked about their experience of living in a regional or remote community. They identified many benefits associated with living in these areas, including appreciating the slower pace of life, the opportunities to be outdoors and to connect with nature, the familiarity they enjoyed with the local people and surroundings, and the strength of their relationships with family and friends living in their communities.

***'I feel safe because we live out of town, on a farm and we know all the people that live around us. Mostly everybody around [town name] are all pretty friendly so that make[s] you feel safe too.'***

— Female, 17, WA

***'The best thing about it [my hometown] is that I get to see my family a lot by living here. They mean a lot to me.'***

— Male, 20, WA

The qualitative research also identified some of the challenges experienced by young people living in regional and remote areas. While most young people felt connected to their families and communities, some talked about feelings

of loneliness and isolation, particularly those living in more remote communities. Several young people mentioned that they had been left with few friends in their town, as it was common for people their age to move to bigger regional or metropolitan centres.

***'I have very few friends left in my town outside of work.'***

— Male, 22, QLD

***'Loneliness and feeling stuck. Realising I was in a place that if I did kill/hurt myself no one would even realise something was wrong until it was too late.'***

— Female, 19, TAS

Young people who had made the move to a larger regional or metropolitan centre expressed similar feelings of isolation and loneliness as a result of being separated from their support networks.

*'It left me feeling down and pretty alone. A hug and someone to talk to would have been pretty nice but I live away from home to study.'*

— Female, 19, QLD

*'Trying to resolve these problems was more difficult and the stress was heightened due to homesickness and the feeling of isolation as I didn't have my boyfriend or family to comfort me.'*

— Female, 20, NSW

Furthermore, some young people involved in the diary study mentioned feelings of boredom and aimlessness due to a lack of social and/or recreational opportunities and facilities in their communities, particularly if they weren't interested in sport.

***'The night life [has] been removed in [regional town name] to come home to seeing no one and not having a common place to catch up anymore.'***

— Female, 20, NSW

***'There is hardly anything in [regional town name] to do for young people.'***

— Female, 22, QLD

The benefits and challenges of living in a rural town that were highlighted by young people in ReachOut's qualitative research, as these relate to mental health and wellbeing, are summarised in the infographic on the following spread.



# THE BENEFITS of LIVING in A REGIONAL or RURAL TOWN

Young people like the sense of community in their towns, and the comfort and safety that comes from that. They appreciate the slower pace of life, are keenly aware of the natural beauty around them, and find meaning and happiness in being outdoors.



## CLOSE-KNIT COMMUNITIES: A DOUBLE-EDGED SWORD

Young people love their close-knit communities, but say they can be challenging too. Young people who are different or who stand out in some way can feel alienated. The sense that everyone knows everyone can stop them seeking help for mental health problems as the word could get around town.



## SELF-RELIANCE and INFORMATION SUPPORT NETWORK

Family and friends are a key support when a young person goes through a tough time. They'll often rely on these informal sources of support rather than mental health professionals, but they're not always equipped to manage these disclosures. Often, young people may attempt to deal with the problem themselves, through distraction or avoidance.

# E in RURAL OWN PERSON'S RIENCE

"This is a jobless town, I'll have to leave to have a real chance of success. I feel homesick just thinking about it - I'd feel so alone without my family"

## LIMITED OPPORTUNITIES for EMPLOYMENT IMPACT on SENSE of PURPOSE

Jobs are limited, leading to many young people being unemployed or underemployed, which impacts on their sense of purpose. This also means that young people may tolerate stressful work environments to the detriment of their mental health. Many young people feel they need to leave their town to further their education or career, but hesitate as they're happy in their town and value their support network.



TUFF

"Playing footy is all there is in this town. But what am I supposed to do?"

HOTEL

"Shall we grab a drink before dinner?"

"I tend to avoid the pub on a Saturday night, it's full of drunk people who can get aggressive."

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"I'm scared to approach someone for help, they might judge me, and everyone will find out"



## MULTIPLE BARRIERS to ACCESSING FORMAL SUPPORT

A number of barriers prevent young people from accessing appropriate and timely care for mental health problems.

Gatekeepers to formal support, like GPs and schools, aren't always seen as approachable, relatable or trustworthy.

Accessing specialised mental health services can often involve travelling long distances, long waiting lists and limited opening hours. Even when help is available, young people commonly raised concerns around stigma, privacy and confidentiality, and the cost of services.

"I'll have to close referrals for the week while I try to get through this waiting list."



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## 4. How do young people conceptualise and experience mental health?

Understanding the mental health status of young people living in regional and remote areas, including the lived experience and severity of the problems they face, is the critical first step in assessing their support needs. In addition, being aware of how young people conceptualise and talk about mental health and wellbeing can help in guiding services to communicate and engage with them more effectively, by using language that resonates with them and that they can relate to.

### 4.1 Psychological distress and young people

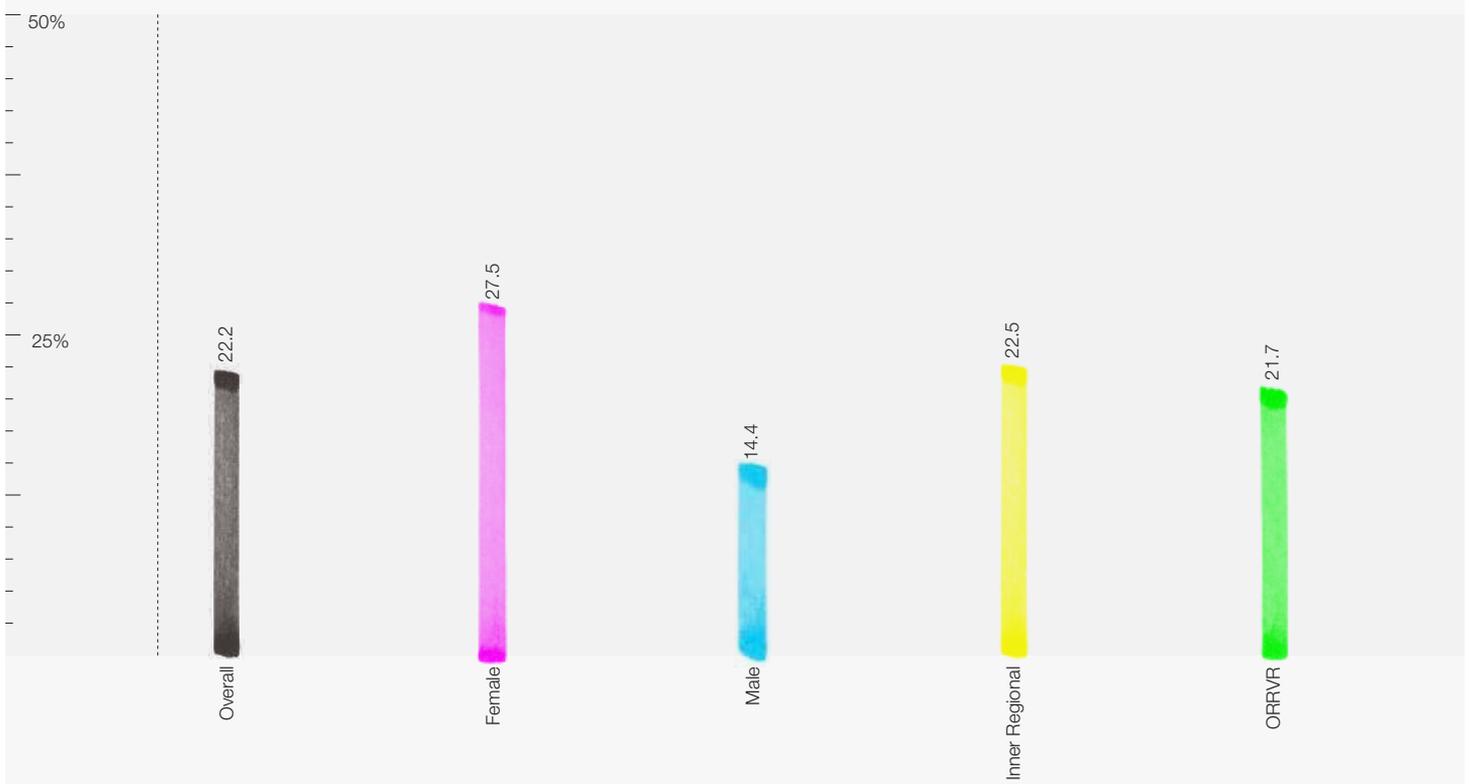
Using data from the Mission Australia *Youth Survey*, levels of psychological distress of young people living in regional and remote areas were examined using the Kessler 6 (K6) scale.<sup>33</sup> Based on the Australian Bureau of Statistics classification system, K6 scores were categorised as either ‘no probable serious mental illness’ (scores of 6–18) or a ‘probable serious mental illness’ (scores of 19–30).<sup>34</sup>

Overall, just over three-quarters of young people living in regional and remote areas were classified as having no probable serious mental illness. However, this left almost one in four young people with K6 scores that indicated a probable serious mental illness.

### Probable serious mental illness – by gender and by area

When K6 scores were compared for males and females, females were almost twice as likely as males to have scores indicating a probable serious mental illness (27.5 per cent for females, compared to 14.4 per cent for males) (see Figure 1). There was very little difference between inner regional and ORRVR areas in terms of levels of psychological distress.

Figure 1. Probable serious mental illness – Overall, by gender and by area





## 4.2 How young people talk about their mental health

ReachOut's program of qualitative research sought to identify how young people in regional and remote areas understand and discuss mental health issues. The research revealed that young people tend to understand the concept of mental health in terms of their feelings and symptoms. For example, young people often talked about feeling 'down' or 'low', and identified feelings of hopelessness, worry, low self-worth, withdrawal, anger and lethargy when talking about tough times in their lives.

**'It left me feeling down and pretty alone.'**

— Female, 19, QLD

**'Feeling low and sad for no reason ...'**

— Female, 18, WA

**'It really got me down. I thought I was worthless.'**

— Female, 19, QLD

Young people living in regional and remote areas also identified a lack of motivation, direction or purpose in their lives as a factor that commonly had a negative impact on their wellbeing. This lack of motivation or sense of purpose was often linked to a perceived lack of local opportunities to be engaged in meaningful and/or productive work that would help them to achieve their goals for the future.

**'Not feeling productive, and getting nowhere in life.'**

— Female, 21, WA

**'Some depressing days of hopelessness.'**

— Male, 18, QLD

Across the qualitative research activities, the theme of feeling 'stressed' was pervasive, with many young people using this word to describe their life or emotional state. They often talked about their wellbeing in terms of changes in their emotional state that resulted from navigating stressors in life, such as relationship problems with family/friends,

assignments and exams, challenges at work, or trying to cope financially.

**'How much the [study] workload is stressing us out and how unfair it seems that for 2 years it's quite literally hell because of the stress.'**

— Female, 17, NSW

**'Really stressed out about the HSC and family problems and girls and [have] no real outlets.'**

— Male, 17, NSW

**'Well, pretty much all the time I'm stressed about whether or not I'll have enough [money] for bills ...'**

— Male, 19, QLD

**'Just stress building up that has made me feel unsafe/insecure.'**

— Female, 18, SA

## 5. What contributes to young people’s mental health and wellbeing?

Young people undergo a range of experiences, both positive and negative, that have the potential to impact on their mental health and wellbeing. To support young people appropriately, and in a more holistic way, we need to understand both the issues they face and the positive things in their lives that can protect against life’s stressors and support a sense of wellbeing. By doing this, we can support the young person directly in dealing with their issue, and also help to build their resilience by strengthening the positive, protective aspects of their lives.

### 5.1 What makes young people happy?

In the ReachOut survey, young people were asked to think about the things in their lives that had made them feel happy in the past six months. *Relationships* were a recurring theme and a key contributor to young people’s happiness. Approximately one-third of young people nominated *friends* (36.7 per cent) and *family* (35.5 per cent) as important sources of happiness in their lives. The third most nominated source of happiness was a *partner* (18.4 per cent) (see Figure 2).

#### **What makes young people happy – by gender and by area**

When results were examined by gender and by area, females, males and young people living in inner regional and ORRV areas again nominated *family*, *friends* and *partner* as their top three sources of happiness. The most notable difference across these groups was the considerably higher proportion of females who nominated *family* as a source of happiness (40.5 per cent), compared to males (28.3 per cent) (see Figure 3).

The following quotes illustrate the positive role that relationships have in the lives of young people:

*‘My dad always makes me happy, [and] supports me.’*

— Male, 16, QLD

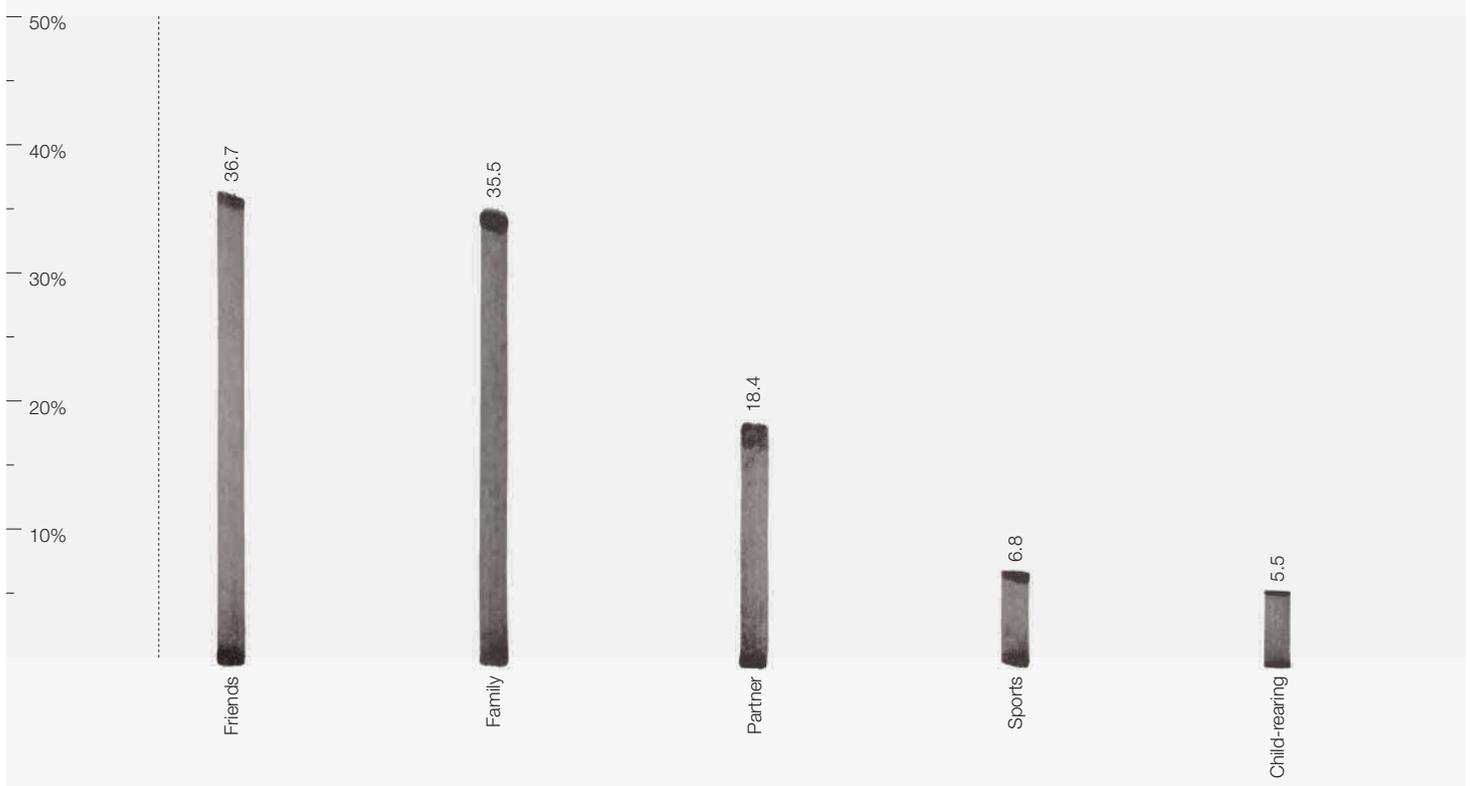
*‘Family is the only thing that makes me happy at some points.’*

— Female, 20, QLD

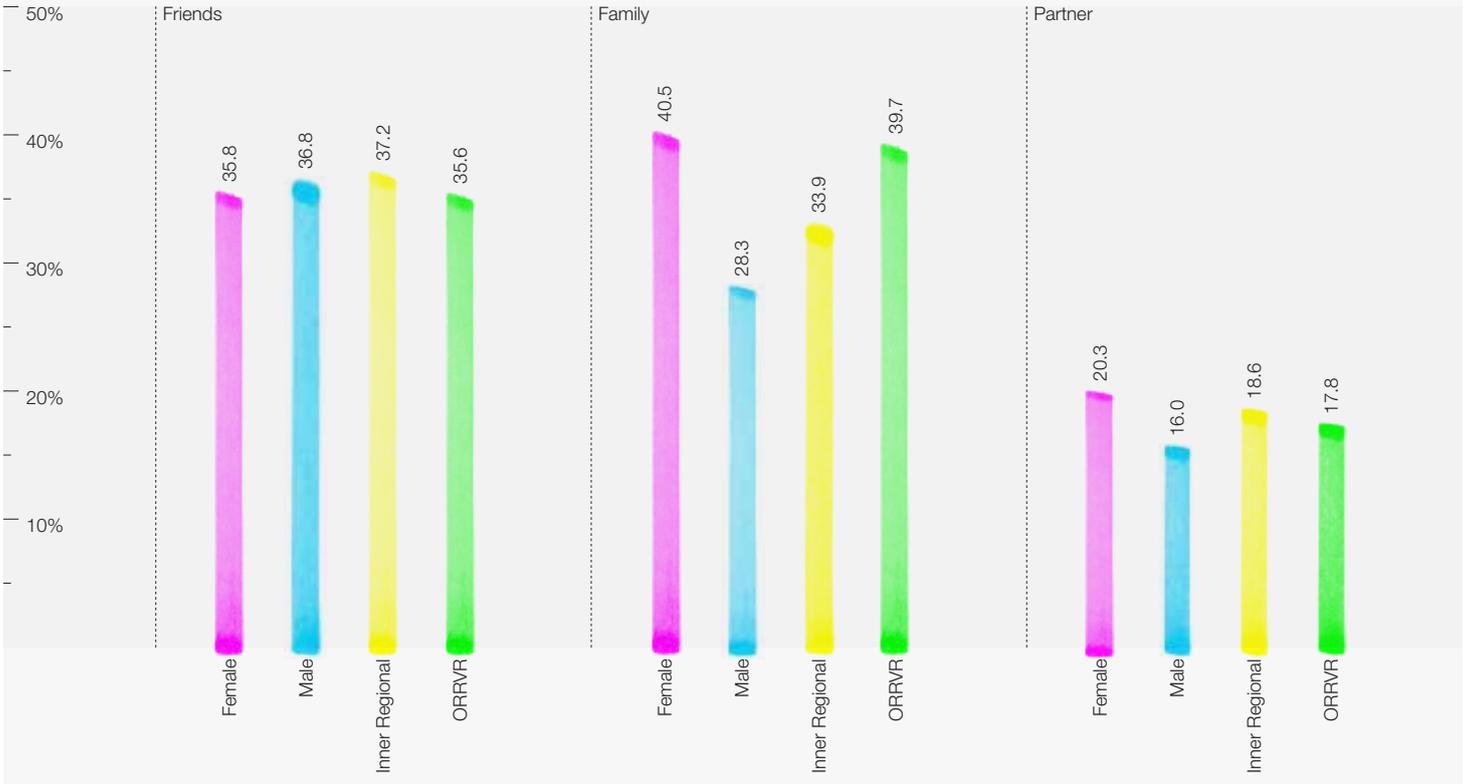
*‘Going to friends’ houses, going to the wrestling with my uncle, visiting grandparents and other family makes me happy.’*

— Male, 16, SA

**Figure 2. What makes young people happy – Overall**

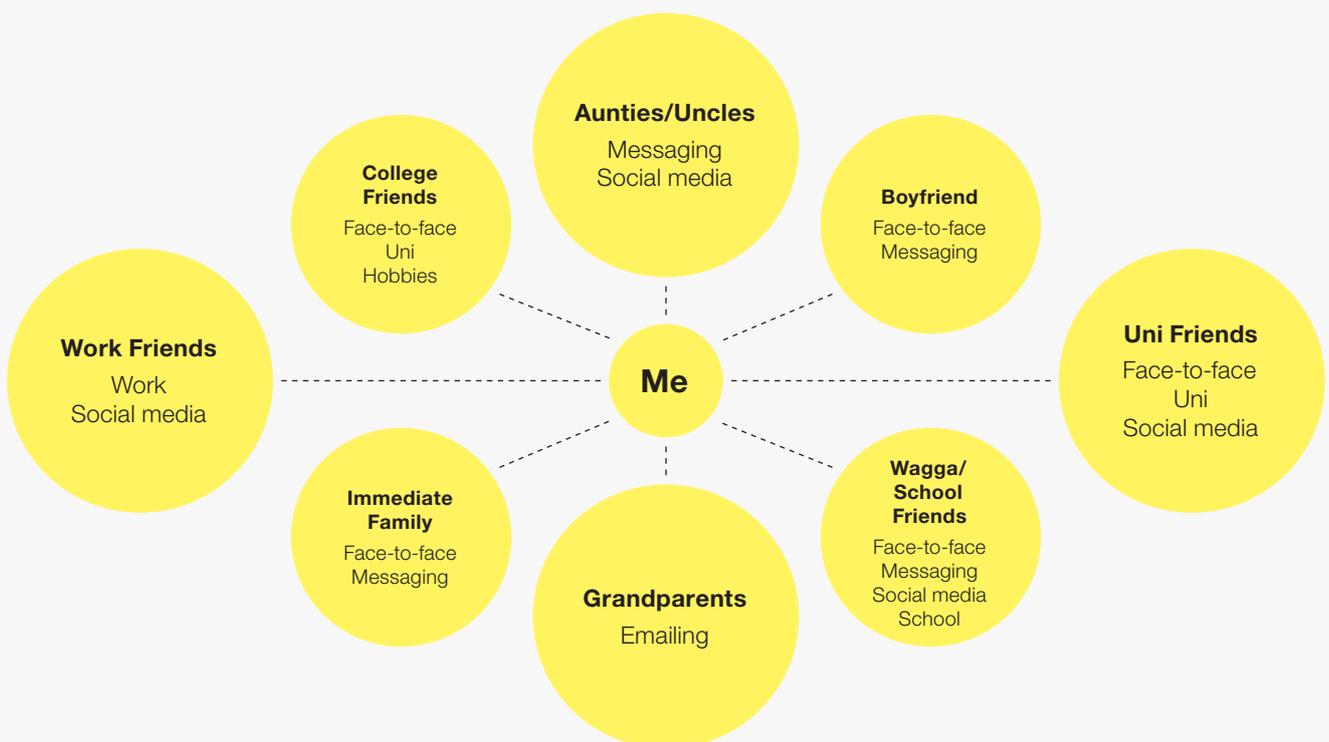


**Figure 3. What makes young people happy — By gender and by area**



Note: Results for only the top three things that make young people happy, by gender and by area, were presented here, as the numbers became very small as we moved down the list of other issues.

**Map of the people who matter most, and how they stay connected (Female, 20, NSW)**



## 5.2 What do young people value?

In the Mission Australia *Youth Survey*, young people aged 15–19 were asked about how important *family relationships, friendships, physical and mental health, school or study satisfaction, financial security* and *getting a job* were to them. Respondents could choose from five response options, ranging from *not at all important* to *extremely important*.

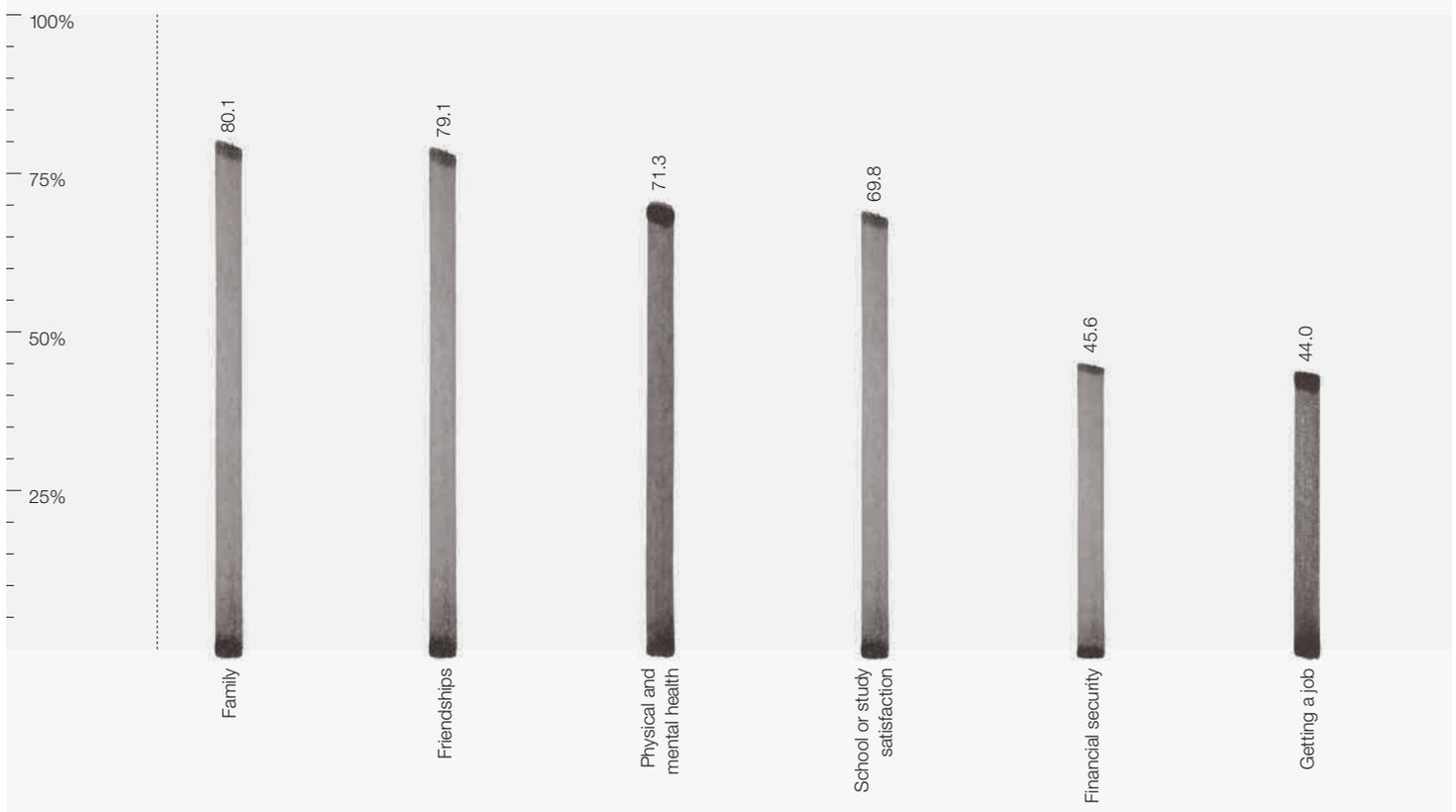
Consistent with the ReachOut survey results, of the six things presented, young people nominated *family* and *friendships* as the two most important things in their lives, with eight out of ten respondents indicating that family (80.1 per cent) and friendships (79.1 per cent) were *very* or *extremely important* to them. Physical and mental health (71.3 per cent) and school or study satisfaction (69.8 per cent) were also highly valued by young people (see Figure 4).

### **What young people value – by gender and by area**

When the Mission Australia *Youth Survey* results were examined by gender, both males and females nominated family and friendships as the two most important things in their lives. Over three-quarters of young people indicated that *friendships* (78.1 per cent of males, compared to 81.2 per cent of females) and *family* (77.2 per cent of males, compared to 84.2 per cent of females) were *very* or *extremely important* to them. For females, family was the most important thing, followed by friendships, with the order reversed for males. Males and females nominated *physical and mental health* as the third and fourth most important things, respectively, although somewhat more females nominated both of these as *very* or *extremely important* (*physical and mental health*: 74.9 per cent of females, compared to 68.0 per cent of males; *school or study satisfaction*: 75.9 per cent of females, compared to 64.0 per cent of males) (see Table 1).

When results were compared across areas, friendships, family, physical and mental health, and school or study satisfaction again came up as the four most valued things in young people's lives. There were very similar levels of endorsement across inner regional and ORRV areas (see Table 2).

**Figure 4. What young people value – Overall**  
(Very/extremely important)



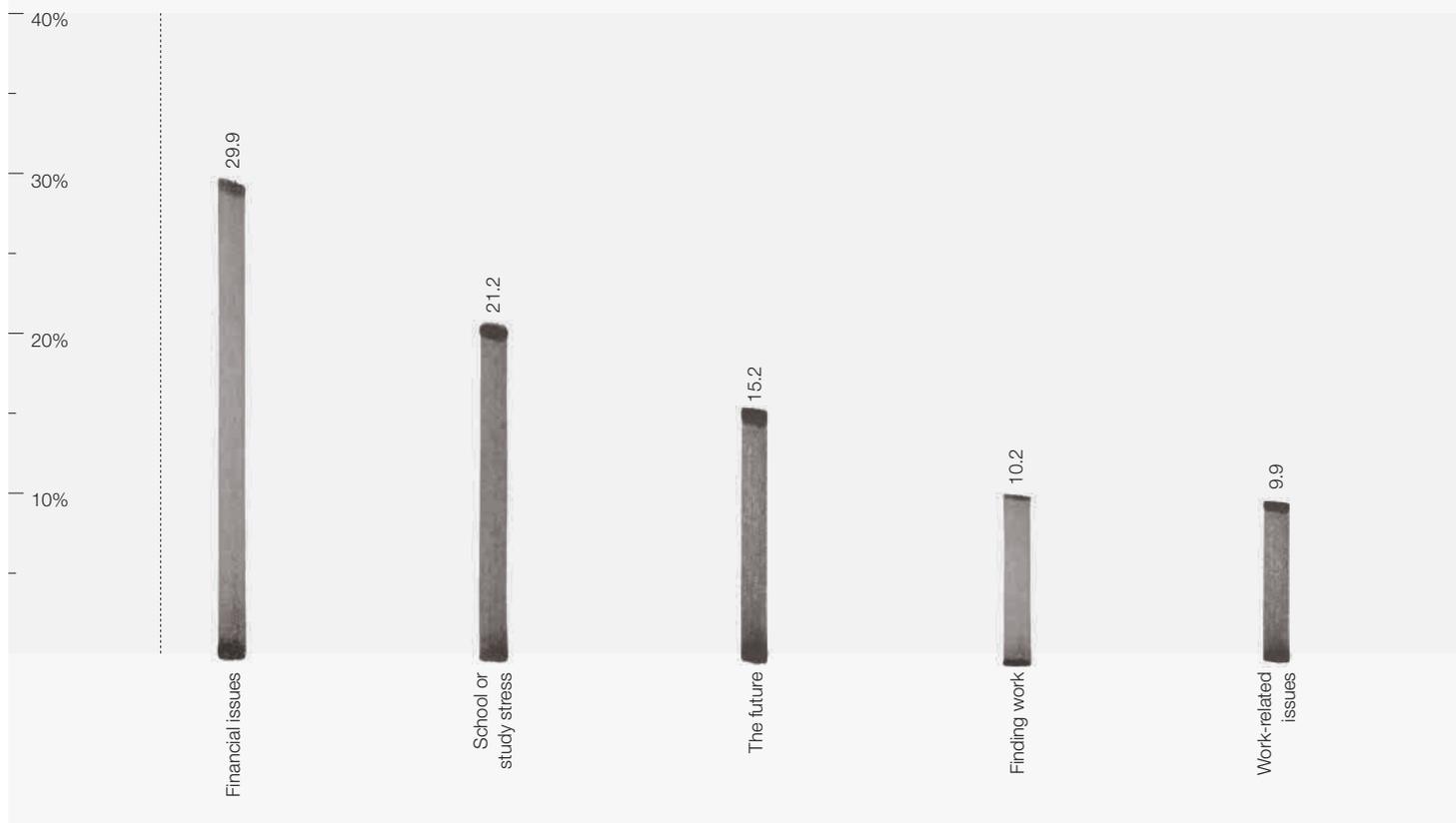
**Table 1. What young people value — By gender**

	Female %		Male %
Family	 84.2	Friendships	 78.1
Friendships	 81.2	Family	 77.2
School or study satisfaction	 75.9	Physical and mental health	 68.0
Physical and mental health	 74.9	School or study satisfaction	 64.0
Financial security	 47.5	Financial security	 43.6
Getting a job	 45.2	Getting a job	 42.8

**Table 2. What young people value — By area**

	Inner regional %		ORRVR %
Friendships	 80.3	Family	 80.9
Family	 79.6	Friendships	 77.1
Physical and mental health	 71.7	Physical and mental health	 70.7
School or study satisfaction	 70.5	School or study satisfaction	 68.6
Financial security	 44.3	Financial security	 48.1
Getting a job	 42.6	Getting a job	 46.5

**Figure 5. What young people worry about — Overall**



### 5.3 What do young people want for their future?

In the ReachOut diary study, young people were asked to describe their goals for the future and to provide a photograph or image that represented their aspirations. The study found that young people's goals for the future often centred around developing and nurturing strong relationships and achieving career goals. In addition, participants talked about looking after family and friends; working hard and persevering in the face of setbacks; living life honestly and with integrity; treating others with respect; and having fun.

**'What I want most in my future is family, a steady enough income to provide for my family and that's about it. I'm not very materialistic. There are things I want but would sacrifice for this.'**

— Male, 19, QLD

**'I want to work my way up into a higher paying position to support my partner and, maybe in the long term, think about a family.'**

— Male, 22, QLD

**'I hope to make a business of my photography.'**

— Female, 18, QLD

**'Basically what I want is to live a more exciting life, where I am more free to make decisions and get to do some really exciting things.'**

— Male, 20, WA

**'Keep travelling down the road of my life and just taking my time and taking it slow, giving myself time to enjoy the beauty around me.'**

— Female, 18, WA

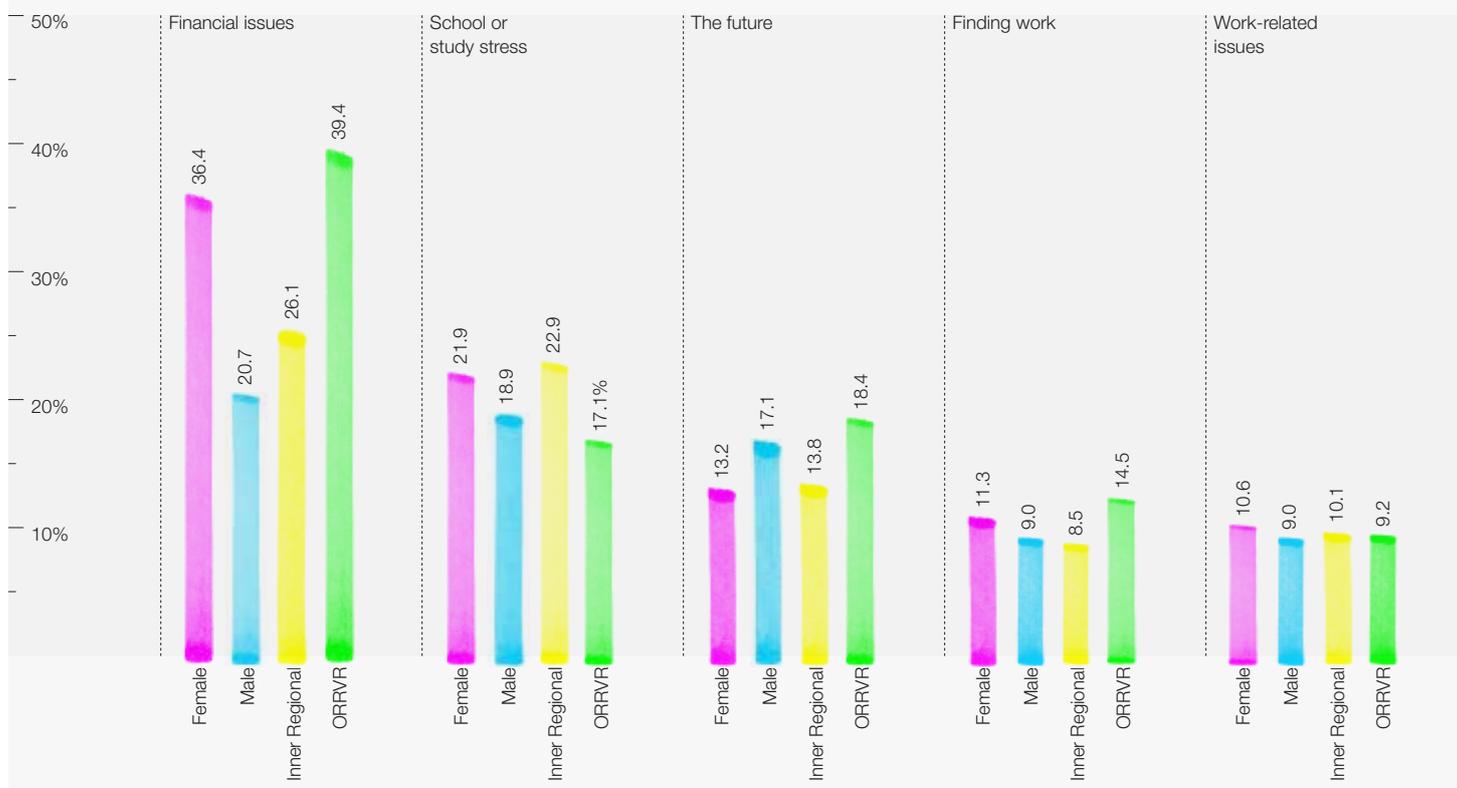
### 5.4 What are young people worried about?

In the ReachOut survey, young people were asked to think about their life over the past six months and to share some of the main things that had been on their mind or worrying them. This question was open-ended; respondents were free to write about whatever issues were top of mind for them.

Overall, analysis revealed that *financial issues* (29.9 per cent), *school or study stress* (21.2 per cent) and *the future* (15.2 per cent) were the top three issues worrying young people living in regional and remote areas. Approximately one in ten young people in the study were also worried about *finding work* (10.2 per cent) and about *work-related issues* (9.9 per cent) (see Figure 5).



**Figure 6. What young people worry about — By gender and by area**



### What young people are worried about – by gender and by area

While the top three issues for females and males were the same, considerably more females than males were worried about *financial issues* (36.4 per cent of females, compared to 20.7 per cent for males), while slightly more males than females were worried about *the future* (17.1 per cent of males, compared to 13.2 per cent for females). Slightly more females than males were worried about *school or study stress* (21.9 per cent of females, compared to 18.9 per cent for males) (see Figure 6).

When the main worries of young people living in inner regional and ORRVR areas were compared, the top three issues were also found to be the same (i.e. *financial issues*, *school or study stress* and *the future*). However, while *financial issues* was the most nominated issue of concern in both areas, considerably more young people in ORRVR areas were worried about this issue (39.4 per cent, compared to 26.1 per cent in inner regional areas). *School or study stress* and *the future* were

the second and third most nominated issues for young people living in inner regional areas; however, their order of importance was reversed for those living in ORRVR areas (Figure 6).

### Financial stress

*Financial stress* was the most prevalent issue affecting young people in ReachOut's qualitative research, with many young people mentioning that worrying about finances was an issue for them and their peers. For these young people, financial stress manifested on a continuum from being unable to afford things they wanted, through to experiencing food insecurity, living in poverty, and feeling overwhelmed by excessive loans and debt.

For young people who had moved from a regional area to a metropolitan area to pursue further education, financial stress was especially pronounced. Young people indicated that the cost of living was much higher in cities, forcing them to juggle work with their academic load in order to be able to cover their living costs:

*'Moving to a [major city] has been quite stressful, due to the amount of money that comes with living alone. In the last three months, I have seen my savings account decline rapidly, and it has been quite stressful trying to figure out how I will fund my living costs ... I got a job to help pay for things. However, this meant my time was even more valuable, trying to balance this with studying ...'*

— Female, 20, NSW

Some young people reported feeling unsure about whether they could afford to study, and questioned whether the substantial upfront investment in their education would have the desired pay-off in terms of their future career:

*'Can I afford to continue to study?'*

— Female, 22, VIC

*'[My main worries have been how] to afford to live away from home at uni.'*

— Female, 21, VIC

Stressing about money was closely linked to employment concerns for many of the young people involved in ReachOut's qualitative research. Some respondents who were living out of home mentioned struggling to pay bills and rent, as they couldn't secure a steady income.

*'I was short on money to pay bills 'cause my boyfriend keeps getting not a lot of shifts at work so that was really stressful for me 'cause I didn't know how I was going to come up with more money to pay the bills and this left me feeling angry and sad at the same time.'*

— Female, 22, QLD

*'The current state of my household costs. Everything's going up and I'm finding it difficult to save as I can't keep a job down in the unstable employment in my area.'*

— Female, 21, NSW

As well as current financial stress, some young people indicated they were worried about their longer-term financial stability – for example, being able to save for a house deposit, or to support their families in the future.

### **Study stress**

In ReachOut's qualitative research, young people spoke about feeling pressured, worried or overwhelmed at school or university, particularly during assessment periods or prior to transitions from school to university or to a new school.

*'Everyone in the year has been under constant stress and is feeling anxiety. It's just so much work and even in the holidays we are still being told we need to keep going. We just don't get a break.'*

— Female, 17, NSW

In one ReachOut workshop, young people spoke about the weight of expectations and the pressures they felt their schools placed on them to perform well:

*Young Person 1: 'Our school is very big on academics. It's got a rating of being the top ranked ... It's very high. They force it onto you.'*

*Moderator: 'High expectations ...'*

*Young Person 1: 'Yes. And they want you to study hard. They don't want you to have a social life.'*

*Young Person 2: 'With the changes to the curriculum, there is more and more pressure on younger ones. And there's no social life, because you're bringing your work home as well as working all day.'*

*Young Person 3: 'I think over the course of the year I had 32 pieces of assessment – at high school, which is absolutely insane ... It does rip into you a lot; you sort of get burnt out very quickly.'*





### **Concerns about the future**

In section 5.3, we saw that young people expressed a range of positive aspirations for their future. However, many also had doubts or concerns related to achieving their aspirations. Young people indicated that they felt worried or overwhelmed in relation to actualising their desired futures. Some were uncertain about what their future might hold, and felt pressured to make decisions. For others, there was a disconnect between their aspirations for their future and what their local area could offer them. Often, young people felt stressed when considering whether they should move elsewhere for educational or employment opportunities. Although they might not want to leave their town, where they have established support networks and things feel safe and familiar, many felt they needed to leave in order to further their education or their career ambitions. The prospect of having to leave their hometown produced a sense of grief and loss for some.

**'I've been feeling okay mostly, but have not been feeling great at times when I'm thinking about the future and what I want to do with my life.'**

– Male, 22, TAS

**'We don't have many study opportunities. With that brings up moving, which puts more stress [on you] because you're in a new area and you don't know anyone living there. You're living with your family, well most of us do, then you move away...'**

– Female, 18, QLD

### **Unemployment and work-related issues**

ReachOut's qualitative research revealed that employment concerns encompassed many issues, from interpersonal difficulties with a colleague or employer, through to difficulty in finding secure, dependable employment. Some of the young people who participated in ReachOut's qualitative research described their towns as 'jobless' places. Many young people expressed the view that for a 'real chance of success, young people need to move to a bigger city'. The lack of a variety of suitable employment opportunities and the resulting unemployment or underemployment appeared to have a negative impact on young people's sense of self and purpose. Young people shared stories of struggling to find work, an experience that at times left them feeling hopeless, worthless, stressed or depressed.

'I was applying for about three jobs a day and getting rejection letter after rejection letter ... It took a great toll on my self-esteem and made me feel worthless and unwanted.'

— Female, 21, NSW

'Trying to find work, finding things to do. We all have a lot of spare time and nothing to really do. Jobs are scarce and low in variety. Everyone that is working is finding it hard to manage bills and stuff, and all of this has really been taking a toll on our morale.'

— Male, 20, NSW

'Even if you do get a degree, because we don't have a lot of jobs, you're going to have to move to a bigger place anyway ...'

— Female, 18, QLD

For those who were employed, work-related stress due to being overworked and feeling overwhelmed was a common issue that young people raised. Despite some young people disliking their work environment, many felt they couldn't leave due to a lack of alternative opportunities. Remaining in unsatisfying and unhealthy workplaces caused them considerable distress and affected their sense of wellbeing.

*'I had a really bad job that I stayed in for 7+ years because I was having trouble getting other employment. It really crushed me. I still can't talk about it now without getting really mad and sad.'*

— Male, 22, QLD

*'I continued working for almost a year until I just couldn't handle it anymore ...'*

— Male, 19, QLD





### 5.5 What young people, with a recent experience of a stressful or serious problem, are worried about

In the ReachOut survey, young people were asked whether they had experienced a stressful or serious problem in the past three months.

The question had four possible response options:

- I have had few or no problems.
- I have had some problems but I did not feel I needed professional help.
- I have had some problems but I did not seek professional help although I thought I needed it.
- I have had some problems and I did seek professional help.

The top three issues were identified for young people who endorsed any of the following statements: 'I have had some problems but I did not feel I needed professional help'; 'I have had some problems but I did not seek professional help although I thought I needed it';

and 'I have had some problems and I did seek professional help'.

The top three issues identified by young people who indicated they had experienced some problems in the past three months were *anxiety* (18.6 per cent), *school or study stress* (17.1 per cent) and *depression* (12.9 per cent). Similar to the overall figures, *school or study stress* was found to be the second most nominated worry for young people overall. However, mental health issues emerge as more prominent concerns in this group, with almost one in five worried about *anxiety* and just over one in ten worried about *depression*.

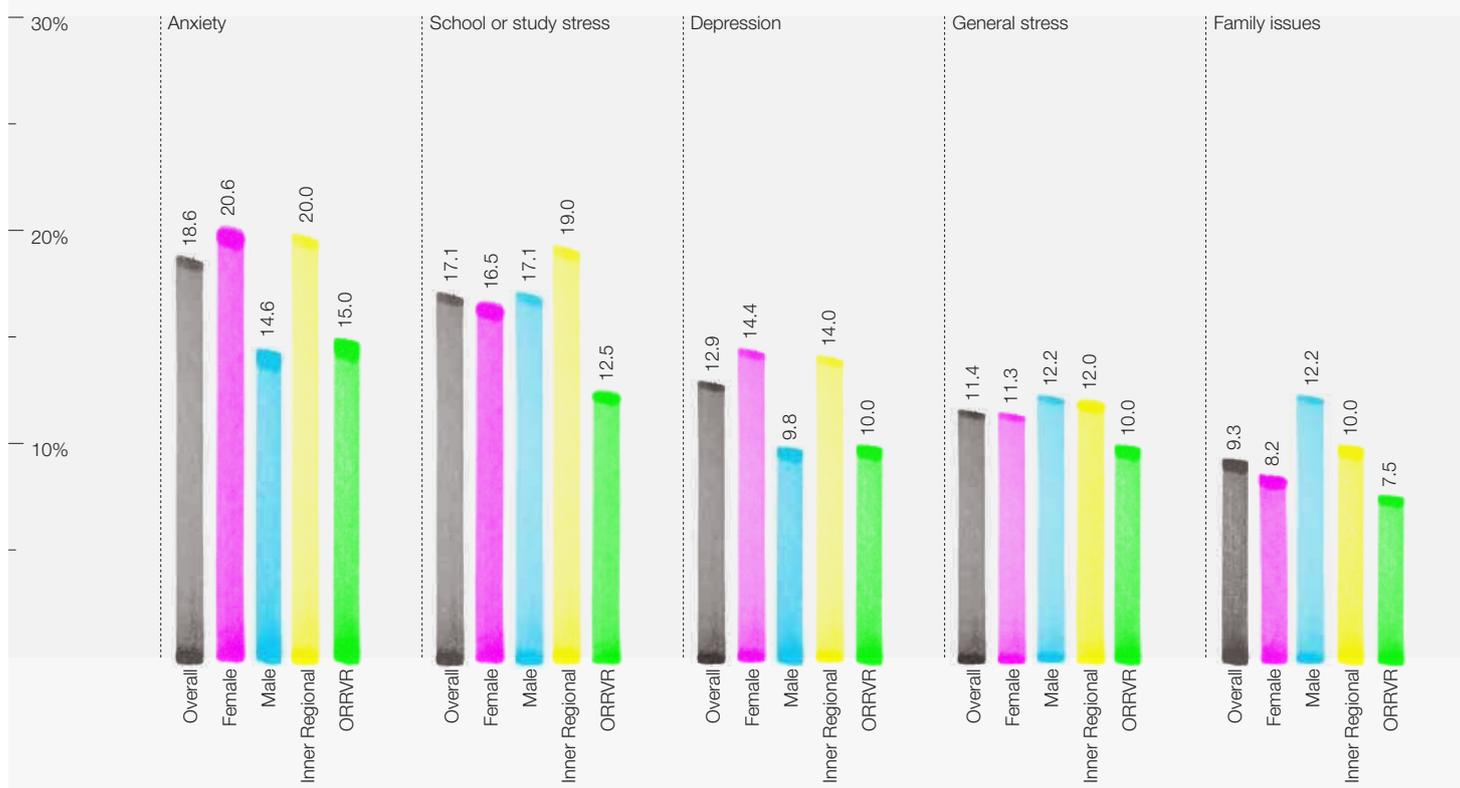
#### What young people with a recent experience of a stressful or serious problem are worried about – by gender and by area

The top two concerns for females and males with a recent experience of a stressful or serious problem were the same (i.e. *anxiety* and *school or study stress*). However, while *anxiety* (20.6 per cent) was the top concern for females and *school or study stress* (16.5 per cent) was their second most nominated concern, the order

was reversed for males with *school or study stress* (17.1 per cent) the top concern and *anxiety* (14.6 per cent) their second most nominated concern. The third most nominated concern differed for males and females, with females nominating *depression* (14.4 per cent), and males nominating both *general stress* (12.2 per cent) and *family issues* (12.2 per cent).

In addition, the top two concerns were the same across inner regional and ORRVr, however higher proportions of young people in inner regional areas indicated that they were concerned about *anxiety* (20.0 per cent, compared to 15.0 per cent in ORRVr areas) and *school or study stress* (19.0 per cent, compared to 12.5 per cent in ORRVr areas) (see Figure 7).

**Figure 7. Issues of concern for young people who have faced recent stressful or serious problems – Overall, by gender and by area**



### Depression and anxiety

As seen above, depression and anxiety were common issues for young people who had experienced a recent stressful or serious problem. Participants in the ReachOut workshops agreed that depression and anxiety were high-priority concerns for young people in their communities. Young people indicated that they experienced depression and anxiety in different ways (see section 4.3 for more on how young people conceptualise mental health and ill health), and identified a multitude of stressors that can trigger or exacerbate their symptoms. For example, some of the young people involved in this research spoke about the impact on their mental health of moving towns, feeling isolated and disconnected from friends and family, constant worrying, and employment concerns.

**'I have been going through a struggle with trying to find a job and being isolated in the house all day as I don't have a licence. This leaves me feeling depressed.'**

– Male, 20, WA

**'I have depression and anxiety, so basically everything is a worry for me. I'm mainly worried about not being able to work or communicate with friends due to my mental illness.'**

– Female, 19, TAS

**'When we moved here 4 years ago I was hit with really bad depression. I have now overcome it and have left it all behind me, although I still carry the scars and the memory but I see them in a positive way now.'**

– Female, 17, WA

**Figure 8. Issues of personal concern to young people – Overall**  
(Very or extremely concerned)



### 5.6 Common issues faced by young people: How concerned are they?

In the Mission Australia *Youth Survey*, young people were asked how concerned they were about a range of issues, including *alcohol, body image, bullying and/or emotional abuse, coping with stress, depression, discrimination, drugs, family conflict, gambling, personal safety, school or study problems, and suicide*. Young people rated their level of concern about each issue on a five-point scale ranging from *not at all concerned* to *extremely concerned*. Respondents who indicated they were either *very* or *extremely concerned* about an issue were combined to establish the level of concern about each issue. Of the 12 issues presented, the three issues of most concern to young people living in regional and remote areas were *coping with stress* (42.2 per cent),

*school or study problems* (36.0 per cent), and *body image* (30.4 per cent). In addition, approximately one in four young people in regional and remote areas were either *very* or *extremely concerned* about *depression*, and approximately one in seven were *very* or *extremely concerned* about *suicide* (Figure 8).

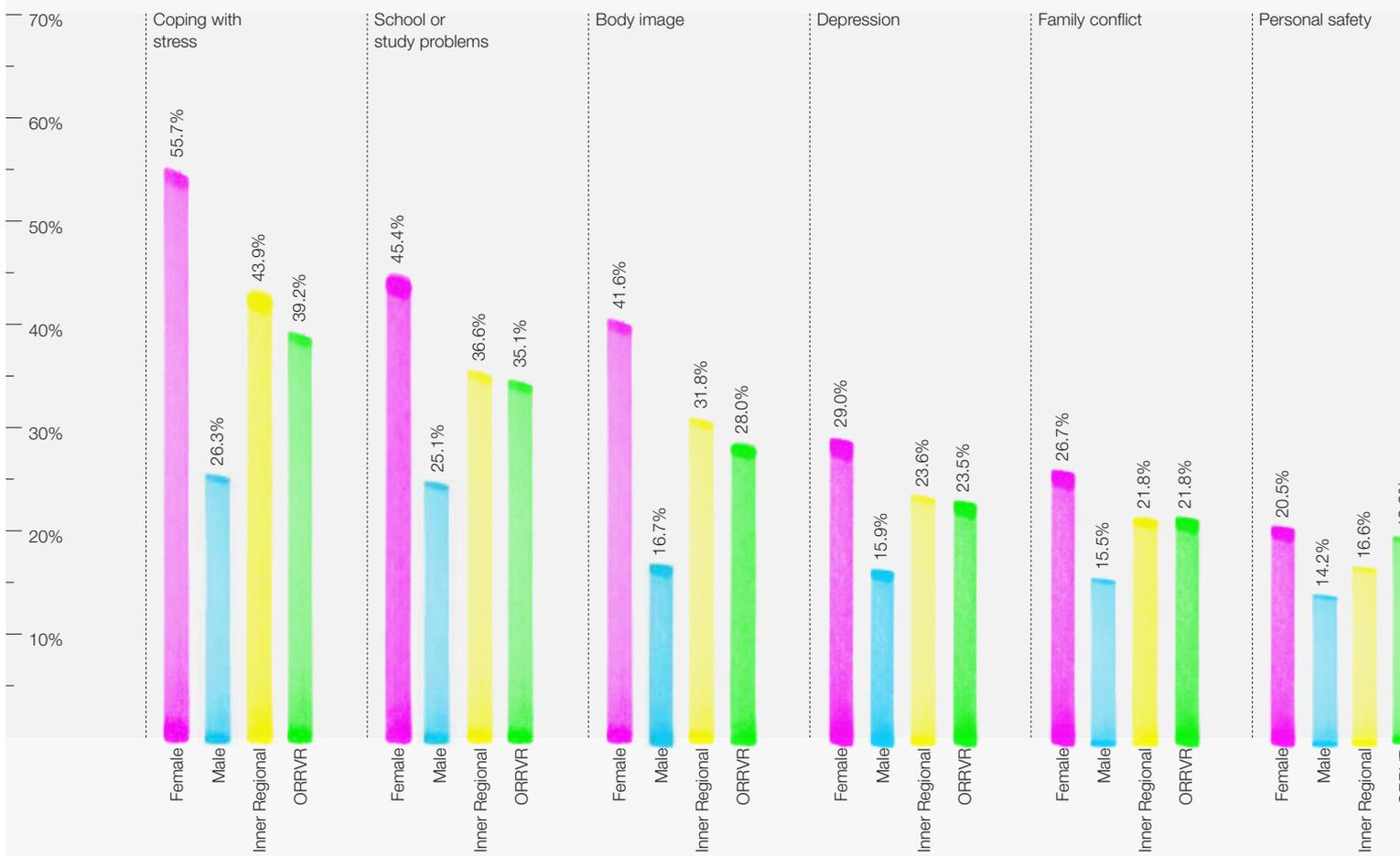


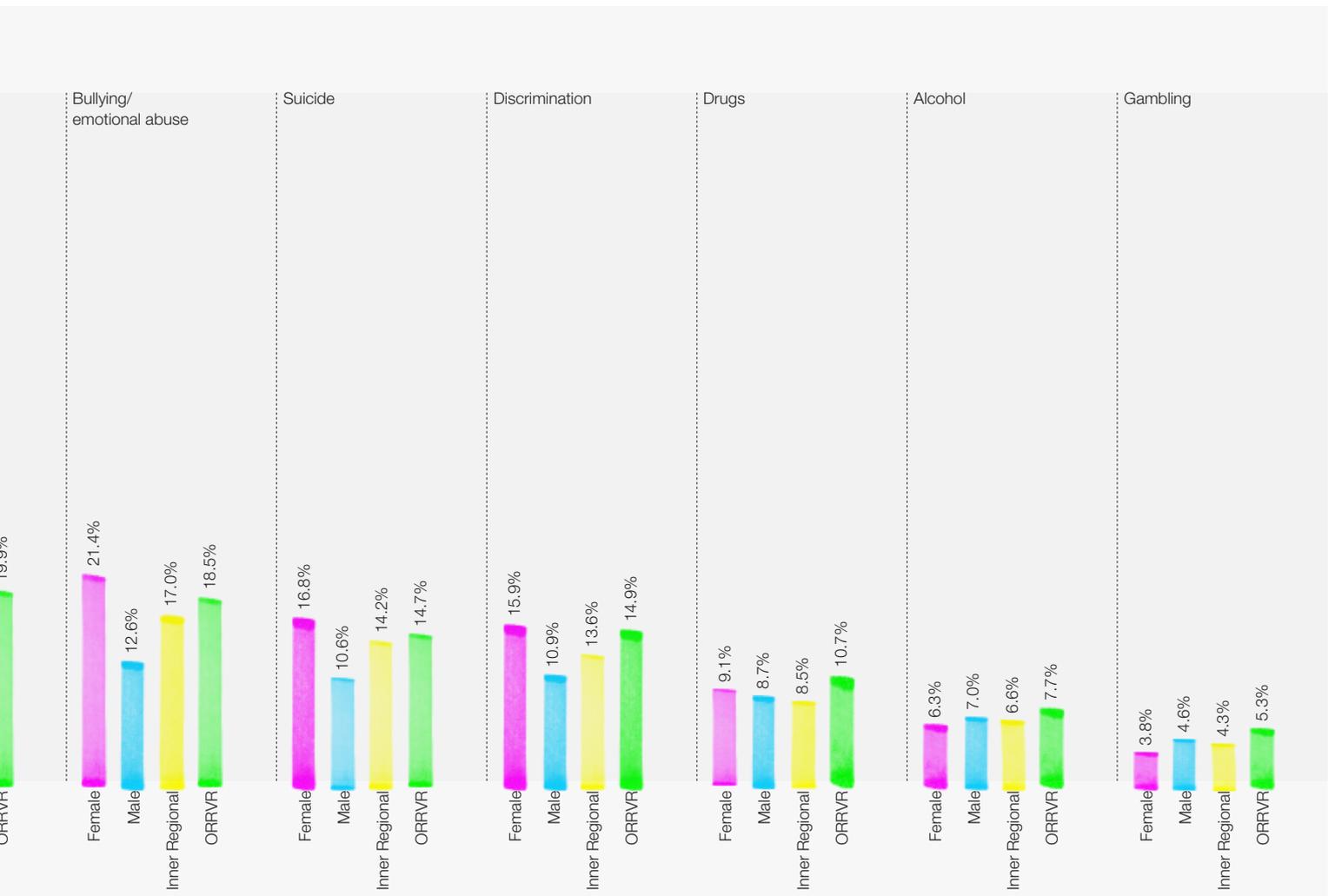
**Top issues of concern – by gender and by area**

The top three issues of concern for both females and males in the Mission Australia Youth Survey were the same as those identified above. However, a much higher proportion of females were very or extremely concerned about the top three issues identified. For example, over one in two females, compared to one in four males, were very or extremely concerned about coping with stress (Figure 9). In addition, 45.4 per cent of females indicated they were very or extremely concerned about school or study problems, compared to 25.1 per cent of males. Females were almost twice as likely to indicate that they were very or extremely concerned about depression (29.0 per cent for females, compared to 15.9 per cent for males) and more likely to be very or extremely concerned about suicide (16.8 per cent for females, compared to 10.6 per cent for males).

When levels of concern were compared across inner regional and ORRV areas, the results were very similar, with the same top three concerns nominated, along with very similar levels of concern about them (Figure 9). The largest difference across areas occurred for the issue of coping with stress, with somewhat more young people in inner regional areas indicating they were very or extremely concerned about this issue (43.9 per cent for inner regional, compared to 39.2 per cent for ORRV areas). Levels of concern around depression and suicide were very similar across inner regional and ORRV areas, with almost one in four young people in these areas very or extremely concerned about depression and approximately one in seven very or extremely concerned about suicide.

**Figure 9. Issues of personal concern to young people – By gender and by area**





## 6. Sources of help and support for young people

Young people experience a variety of issues or problems and can seek help and support from a wide range of people and places. It is important to know where and to whom young people in regional and remote areas turn for support, to ensure that these spaces, places and people are equipped either to provide, or to refer young people to, appropriate and timely support.

### 6.1 Where do young people go for help with important issues in their life?

In the Mission Australia Youth Survey, young people were asked to indicate where they would go for help with important issues in their life. They were presented with a list of 11 potential sources of help. Friends (82.6 per cent) and family (parent/s, 76.9 per cent; relative/family friend, 63.7 per cent; brother/sister, 53.7 per cent) were the most important sources of help for young people living in regional and remote areas.

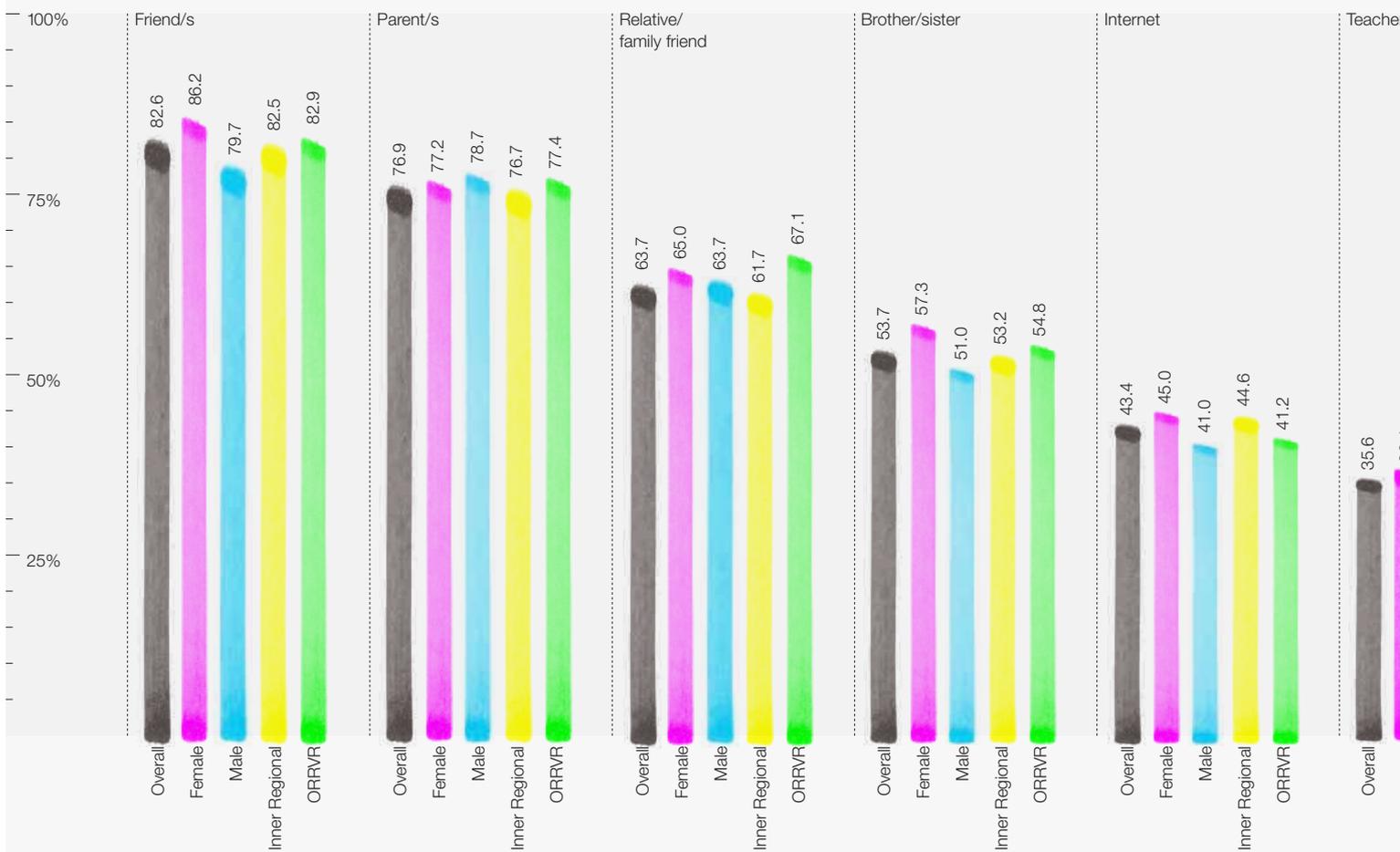
The internet was also an important source of help, with 43.4 per cent of young people indicating they would access the internet for help with important issues in their life. In addition, over one in three young people nominated a teacher as someone they would go to for help.

#### Help-seeking for important issues – by gender and by area

There was very little difference in help-seeking preferences by gender or area. The top four sources of help for males and females, and for those living in inner

regional and ORRV areas, were friend/s, parent/s, relative/family friend and brother/sister. The internet was also an important source of help across both genders and areas, with between 41.0 and 45.0 per cent of young people in these groups indicating they would use the internet for help with an important issue in their life. However, young people in ORRV areas were slightly more likely to seek help from a relative/family friend than were those living in an inner regional area (67.1 per cent for ORRV, compared to 61.7 per cent for inner regional), and females were

Figure 10. Where young people go for help with important issues – Overall, by gender and by area



slightly more likely than males to seek help from *friend/s* (86.2 per cent for females, compared to 79.7 per cent for males) and from *online counselling websites* (16.8 per cent for females, compared to 11.6 per cent for males).

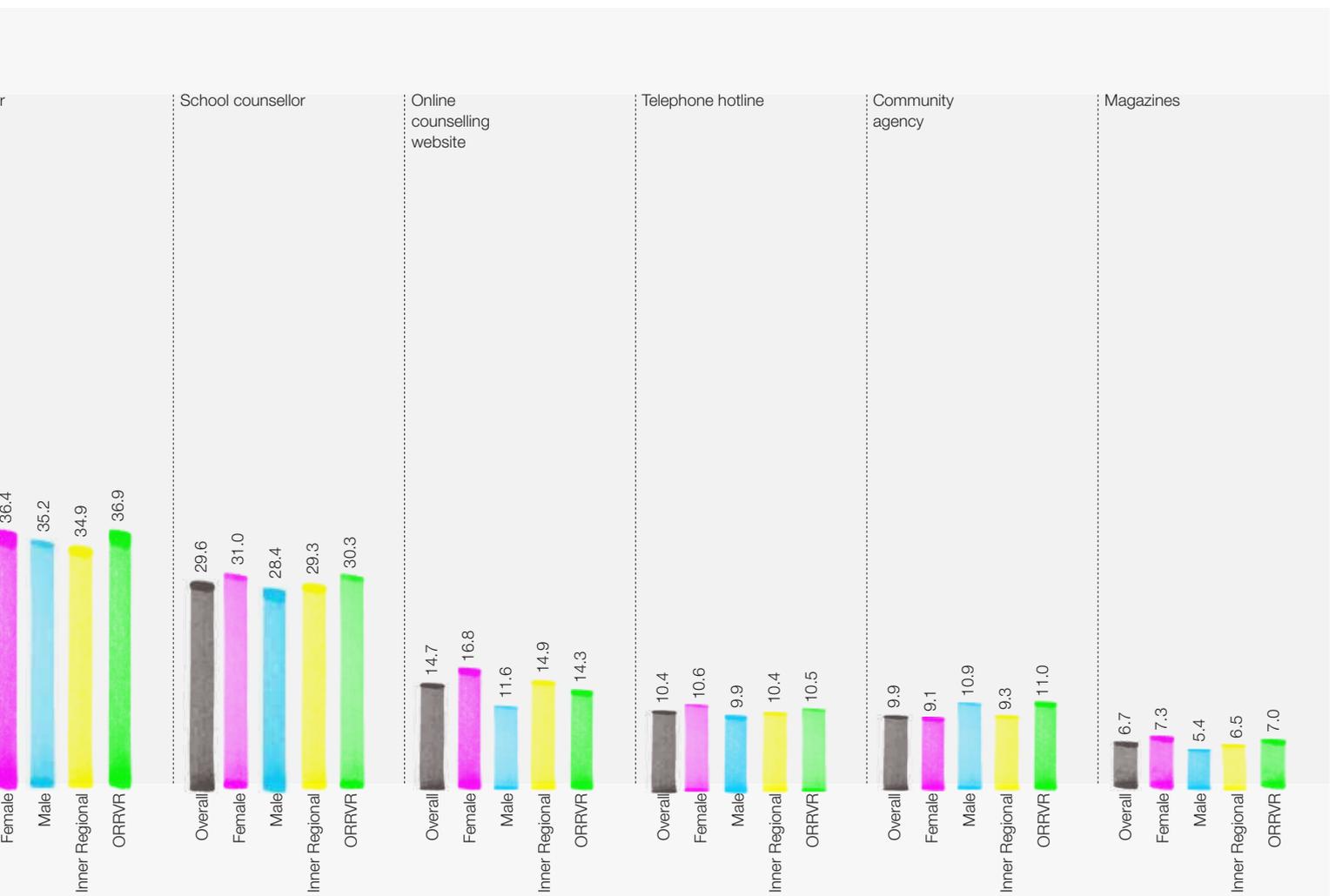
### 6.2 Specific issues that affect young people – where would they go for help?

In the ReachOut survey, young people were presented with a range of issues commonly experienced by young people and then asked where they would go for help or support if they were experiencing that issue. The issues included: drinking too much; having trouble finding work; experiencing bullying; having family issues; being worried about drug use; feeling worried, anxious or down; stressing out about exams; and having thoughts of hurting yourself/suicide. For each issue, 14 informal and formal sources of help

were presented. These sources included: *doctor/GP, partner, headspace centre, youth or community centre, friend, online search, specific website/online service, phone helpline, mental health professional, minister or religious leader, teacher, parents, other relative/family member, magazines or books*. The respondent could also tick the option ‘*other*’ and then nominate a different source of support. Alternatively, the respondent could indicate that they wouldn’t seek help from any of these sources of support.

In line with the Mission Australia *Youth Survey* findings, *parents* were the most nominated source of support, and were in the top three sources of help and support for seven of the eight issues. They were also the top source of help and support for these four issues: experiencing bullying (27.1 per cent), having trouble finding work (21.8 per cent), feeling worried, anxious or down (21.0 per cent) and stressing out about

exams (24.8 per cent). Again, consistent with the results from the Mission Australia *Youth Survey*, *friends* were also found to be an important source of help and support, being the top-nominated source of support when having family issues (28.6 per cent) and the second most nominated source of support when feeling worried, anxious or down (17.2 per cent), stressing out about exams (20.2 per cent) and experiencing bullying (17.2 per cent). Sources of professional help and support were nominated for the issues drinking too much (*doctor/GP*, 21.0 per cent), being worried about drug use (*doctor/GP*, 29.0 per cent) and having thoughts of hurting yourself/suicide (*mental health professional*, 19.5 per cent; *doctor/GP*, 14.9 per cent). (See Appendix C for tables showing the top three sources of support for each issue listed.)



### Support for specific issues – by gender and by area

When nominated sources of support were compared across gender, considerable differences were found. *Parents* were a more prominent source of support for males than females, being nominated in the top three sources of support for seven of the eight issues for males, and as the top source of support for the following five issues: trouble finding work (23.4 per cent), experiencing bullying (29.7 per cent), being worried, anxious or down (25.2 per cent), stressing out about exams (26.1 per cent) and having thoughts of hurting yourself/suicide (21.6 per cent). In comparison, females nominated *parents* as one of the top three sources of support for five issues, and as the top source of support for the following three issues: trouble finding work (20.5 per cent), experiencing bullying (25.2 per cent) and stressing about exams (23.8 per cent). Males were also more likely than females to nominate *friends* as a top source of help or support for a range of issues. For example, males nominated *friends* as one of their top three sources of support for six of the eight issues, whereas females did so for only three issues. *Partners* were a more prominent source of support for females than males, with females nominating *partners* in their top three sources of support for all eight issues, while males nominated *partners* in their top three sources of support for only two issues; drinking too much (14.4 per cent) and having family issues (12.6 per cent). (See Appendix D for tables showing the top three sources of support for each issue listed, by gender.)

When nominated sources of support are compared across areas, *parents* were nominated as the top three sources of support more frequently in inner regional areas than in ORRV areas. Young people living in inner regional areas nominated *parents* among their top three sources of support for seven of the eight following issues: trouble finding work (23.5 per cent), experiencing bullying (28.3 per cent), having family issues (13.9 per cent), being worried about drug use (13.4 per cent), feeling worried, anxious or down (23.5 per cent), stressing about exams (27.8 per cent), and having thoughts of hurting yourself/

suicide (18.2 per cent). In comparison, *parents* were nominated by young people in ORRV areas as a top source of support for only three of the eight issues: experiencing bullying (24.0 per cent), trouble finding work (17.3 per cent) and being worried about drug use (12.0 per cent). In addition, young people in ORRV areas were more likely to seek professional help, with professional sources of support nominated as a top source of support for the following five issues: drinking too much (*doctor/GP*, 21.3 per cent), having family issues (*mental health professional*, 9.3 per cent), being worried about drug use (*doctor/GP*, 29.3 per cent; *mental health professional*, 16.0 per cent), feeling worried, anxious or down (*doctor/GP*, 21.3 per cent), and having thoughts of hurting yourself/suicide (*doctor/GP*, 29.3 per cent; *mental health professional*, 16.0 per cent). The finding that one in ten young people from an ORRV area indicated they wouldn't seek help or support from any source if they were having thoughts of hurting themselves/suicide is particularly concerning. (See Appendix E for tables with the top three sources of support for each issue listed, by area.)

ReachOut's qualitative research confirmed the importance of informal sources of support for young people experiencing a range of issues, with the centrality of their relationships, and particularly family, clearly reflected in their patterns of intended help-seeking. The majority of the young people who took part in this research hadn't sought formal help for issues, even when those issues were having a serious impact on their mental health. While family, friends and partners were identified as a key source of support when a young person was going through a tough time, these members of the young person's support network aren't always equipped to manage serious issues. Despite this, young people told us that simply being able to verbalise to someone what was going on for them was helpful.

**'Talking to mum helped me to feel better to talk about what was going on for me. Not talking about what was going on made it worse.'**

— Female, 22, QLD

Overall, the ReachOut survey data, in line with the Mission Australia findings, showed a strong preference for informal sources of support. However, there were a number of issues, including drinking too much, being worried about drug use and having thoughts of hurting yourself/suicide, where formal sources of support, such as a GP or mental health professional, became more important. In ReachOut's qualitative research, young people noted that seeking formal help was often prompted by encouragement from informal supports such as parents and friends. However, young people acknowledged that making an approach to a service was a big step and that they may feel lost, anxious, nervous or unsure of what to expect.

## 7. The unmet need for professional help

While many young people indicated they would turn to family or friends to help them deal with a range of issues, it is important to understand whether those who are experiencing serious problems would go on to access professional help.

As mentioned in section 5.5, young people who completed the ReachOut survey were asked if they had experienced a stressful or serious problem in the past three months. This question had four possible response options:

- *I have had few or no problems.*
- *I have had some problems but I did not feel I needed professional help.*
- *I have had some problems but I did not seek professional help although I thought I needed it.*
- *I have had some problems and I did seek professional help.*

Overall, just over half of young people had experienced ‘some problems’ in the previous three months. Importantly, while 24.2 per cent of young people taking part in the study indicated that they had a problem for which they needed professional help, just over half did *not* seek professional help.

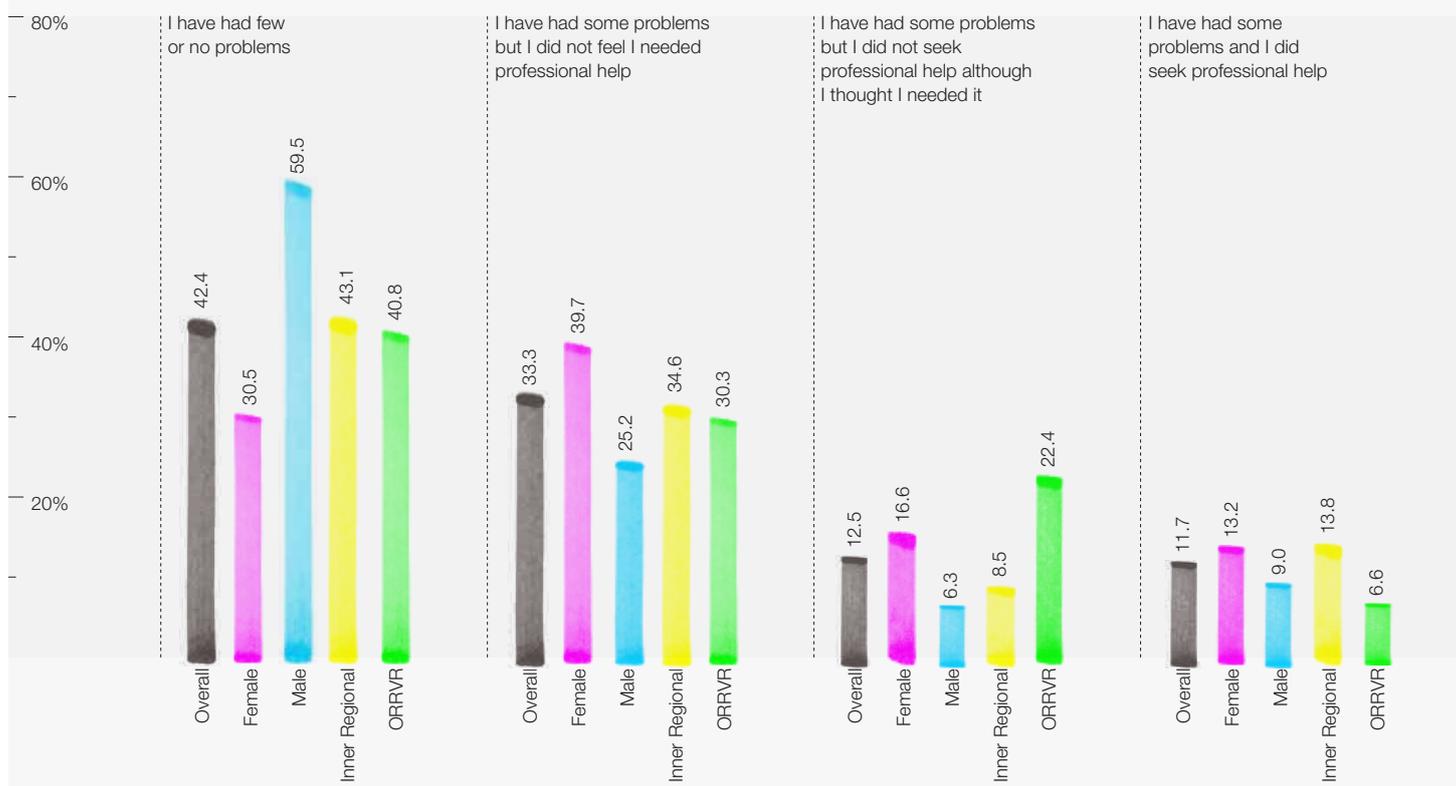
### Serious or stressful problems in the past three months – by gender and by area

When results were compared by gender, a much lower proportion of females than males indicated that they had *few or no problems* (30.5 per cent for females, compared to 59.5 per cent for males) (Figure 11). Of those who said they had some problems, females (42.9 per cent) were more likely than males (37.8 per cent) to say that they thought they needed professional help. However, of those who said they thought they needed professional

help (i.e. both *I have had some problems but I did not seek professional help although I thought I needed it* and *I have had some problems and I did seek professional help*), males were more likely to seek this help (58.8 per cent) than females (44.3 per cent).

When results are compared across areas, of those who indicated they had some problems young people in ORRV areas were more likely than those in inner regional areas to say they needed professional help (48.9 per cent in ORRV, compared to 39.2 per cent in inner regional areas). (Figure 11). However, of those who thought they needed professional help, young people living in ORRV were much less likely than those in inner regional areas to have accessed professional help (22.8 per cent in ORRV, compared to 61.9 per cent in inner regional areas).

Figure 11. Stressful or serious problems and help-seeking – Overall, by gender and by area



## 8. Barriers to help-seeking

Young people who are dealing with mental health issues would benefit from professional help. However, young people often either don't seek professional help or don't access it in a timely manner. In addition, they are more likely to rely on informal support networks.<sup>35,36</sup> It is critical to identify the main barriers to help-seeking in young people, in order for services and all those involved in promoting help-seeking in young people to ascertain how best to overcome or minimise the impact of these barriers.

### 8.1 Attitudinal barriers to seeking help

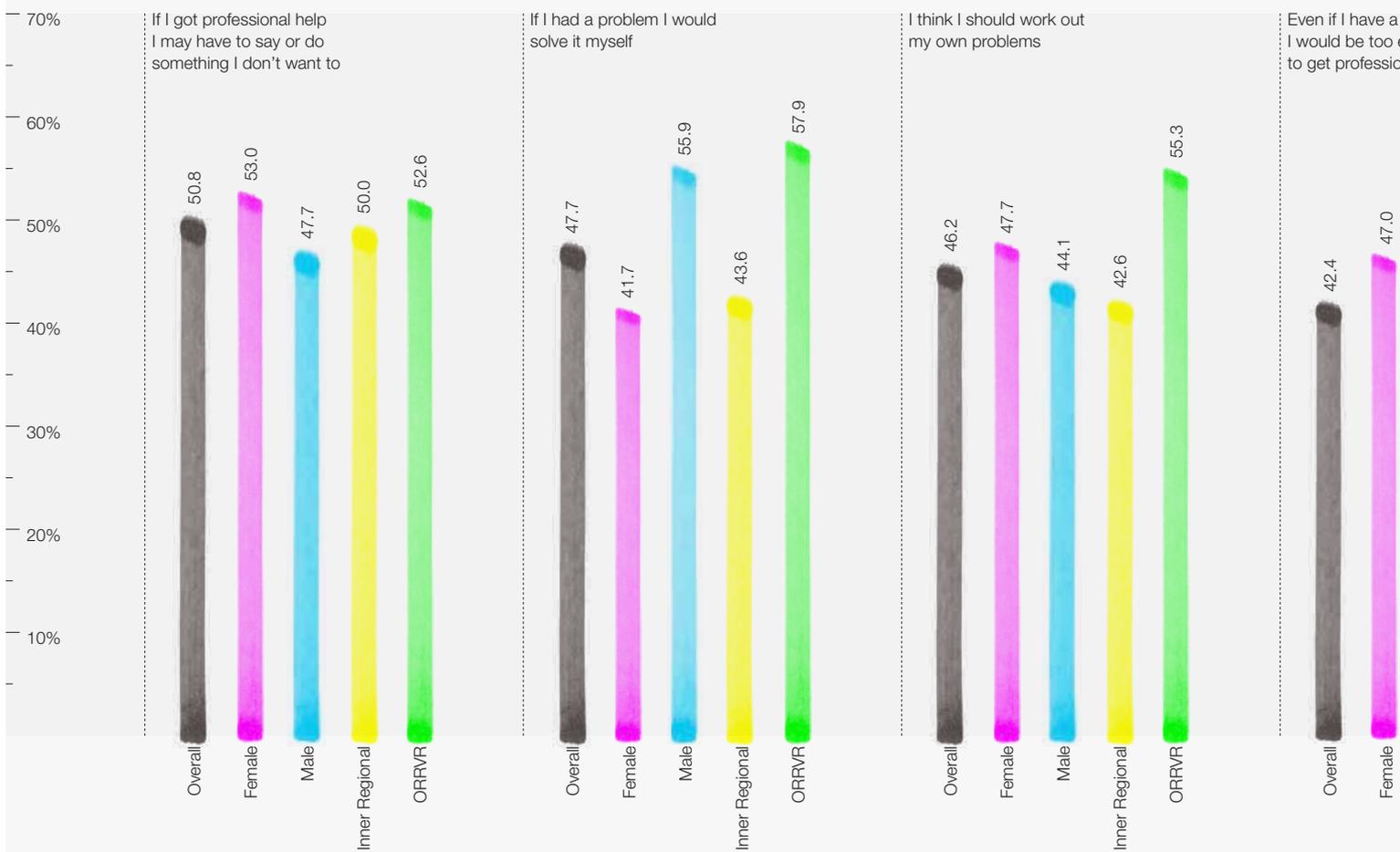
In the ReachOut survey, young people were presented with a series of statements that examined a range of potential barriers to help-seeking and were asked how strongly they agreed or disagreed with each statement. The majority of the statements were based on the Barriers to Adolescents Seeking Help survey (BASH-B).<sup>37</sup> However, additional statements that assessed barriers around transport and service availability were also included. Response options to statements

included: *strongly disagree, disagree, neither agree or disagree, agree and strongly agree*. Barriers were grouped into two categories: practical barriers and attitudinal barriers. Practical barriers included: a lack of time; lack of money; transport issues; and lack of local services. Attitudinal barriers were primarily: embarrassment; fear of what could/would happen if professional help were sought; the desire for autonomy; and a preference for self-reliance. In this study, positive endorsement of a barrier to help-seeking was indicated

by respondents who *agreed or strongly agreed* with a statement.

Overall, the most endorsed attitudinal barrier to seeking help was the young person's fear that they may have to do or say something they didn't want to do or say, with half of young people *agreeing or strongly agreeing* with this statement (Figure 12). The desire for self-reliance also appears to be an important barrier to help-seeking, with almost half of young people indicating that they 'would' (47.7 per cent) or 'should' (46.2 per cent) solve their

Figure 12. Attitudinal barriers to help-seeking – Overall, by gender and by area



problems themselves. Embarrassment was also a considerable barrier to help-seeking, with 42.4 per cent of young people indicating they would be too embarrassed to seek professional help.

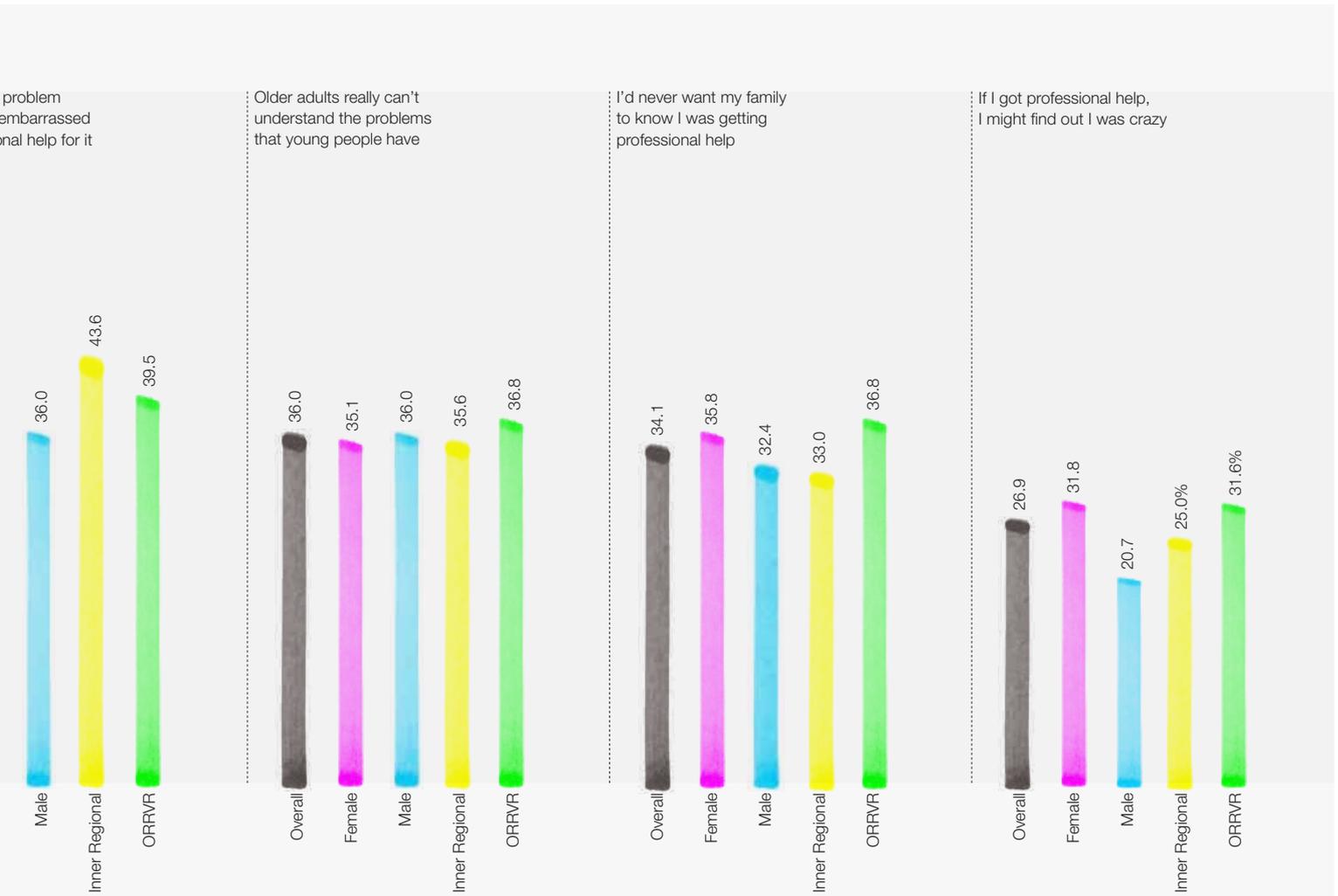
**Attitudinal barriers – by gender and by area**

There are both similarities and differences when attitudinal barriers are compared across gender (Figure 12). For females, the most highly endorsed barrier was ‘If I got professional help I might have to say or do something I don’t want to’ (53.0 per cent), which was the second most endorsed barrier for males (47.7 per cent). For males, the most important barrier to help-seeking was ‘If I had a problem I would solve it myself’ (55.9 per cent), whereas this was the fourth most endorsed barrier for females (41.7 per cent). Females were considerably more likely than males to indicate that they would

be too embarrassed to get professional help (47.0 per cent, compared to 36.0 per cent for males), and that if they did get professional help they might find out they were ‘crazy’ (31.8 per cent, compared to 20.7 per cent for males).

When attitudinal barriers to help-seeking are compared by area (Figure 12), the desire and need for autonomy was considerably higher in ORRVR areas: 57.9 per cent of young people in ORRVR areas felt they ‘would’ solve their problems themselves, and 55.3 per cent felt they ‘should’ work out their own problems, compared with 43.6 and 42.6 per cent of young people in inner regional areas, respectively. In addition, approximately one in two young people in both inner regional and ORRVR areas *agreed or strongly agreed* with the statement that they thought they may have to say or do something they don’t want to do. In addition, almost one in three young people in an ORRVR area, and one in four

young people in an inner regional area, were concerned that if they went to a professional they might find out they were ‘crazy’.



### Stigma and help-seeking

For young people living in regional and remote communities, help-seeking for a mental health or wellbeing issue is particularly challenging. A key barrier to help-seeking experienced in these communities is stigma – both perceived and self-stigma. *Perceived stigma* refers to the young person's views about the extent to which people in the community have stigmatising attitudes/behaviours towards people with mental health problems. *Self-stigma* refers to internalising, and applying to oneself, stigmatising views about people with mental health problems.<sup>38</sup> Significant literature attests to the fact that in rural cultures a strong stigma is attached to mental illness, and that help-seeking in relation to mental health can be seen as a sign of personal weakness.<sup>39</sup>

While most of the young people who engaged in ReachOut's qualitative research believed that it was becoming more socially acceptable to discuss mental health issues, there remained implicit and embedded cultural norms in these communities that prevented them from doing so freely. This can be a barrier to young people seeking and getting help when they need it.

**'[I] probably would have tried to deal with it myself. There's definitely a stigma in rural areas that if you need to seek help you're a pansy or weak.'**

– Female, 20, NSW

**'...mental health, it's very taboo to talk about in a regional town.'**

– Male, 20, QLD

**'Too embarrassed to admit you are struggling.'**

– Male, 18, WA

**'I felt scared to approach someone/something because I thought they would judge me ...'**

– Female, 22, QLD

The stigma surrounding mental health can be particularly pronounced for young men, as described by some workshop participants in the following exchange:

*Young Person 2: 'I feel like that's because like when we grow up we always just get told to get over it...'*

– Male, 20, WA

*Young Person 1: "You'll survive."*

– Male, 19, WA

*Young Person 2: "Come on, dude... Get over it."*

– Male, 20, WA

*Young Person 1: "Grow up. Be tough." That kind of shit.'*

– Male, 19, WA

*Young Person 2: 'You put up that whole barrier.'*

– Male, 20, WA

ReachOut's qualitative research found that there is a dominant culture of self-reliance and stoicism in rural communities, which gives rise to a belief that young people can or should deal with problems on their own. Many young people commented that this influenced their views on how they should cope with a mental illness or a tough time:

*'I think the Australian stereotype is very rough personified in the country, so I think talking about your feelings sorta goes against that. So people feel uncomfortable about it and that makes it uncomfortable to hear about it.'*

– Male, 17, WA

*'I think people don't really understand mental health as much ... I feel like people get very uncomfortable about it because ... in the country there's a big emphasis on being rough and being tough ...'*

– Male, 17, WA

Additionally, many young people involved in ReachOut's research indicated that the close-knit nature of their communities made it difficult for young people to access professional help. In a town where 'everyone knows everyone', young people noted that there was a distinct lack of privacy and anonymity. Many spoke about their confidentiality concerns and feared 'word getting around town'. They also feared being judged by their community.

**'... it's like if you went to the chappy with your problems, then he goes to everyone else with your problems, and then all of a sudden you've got teachers coming at you and it's just really uncomfortable.'**

– Female, 21, QLD

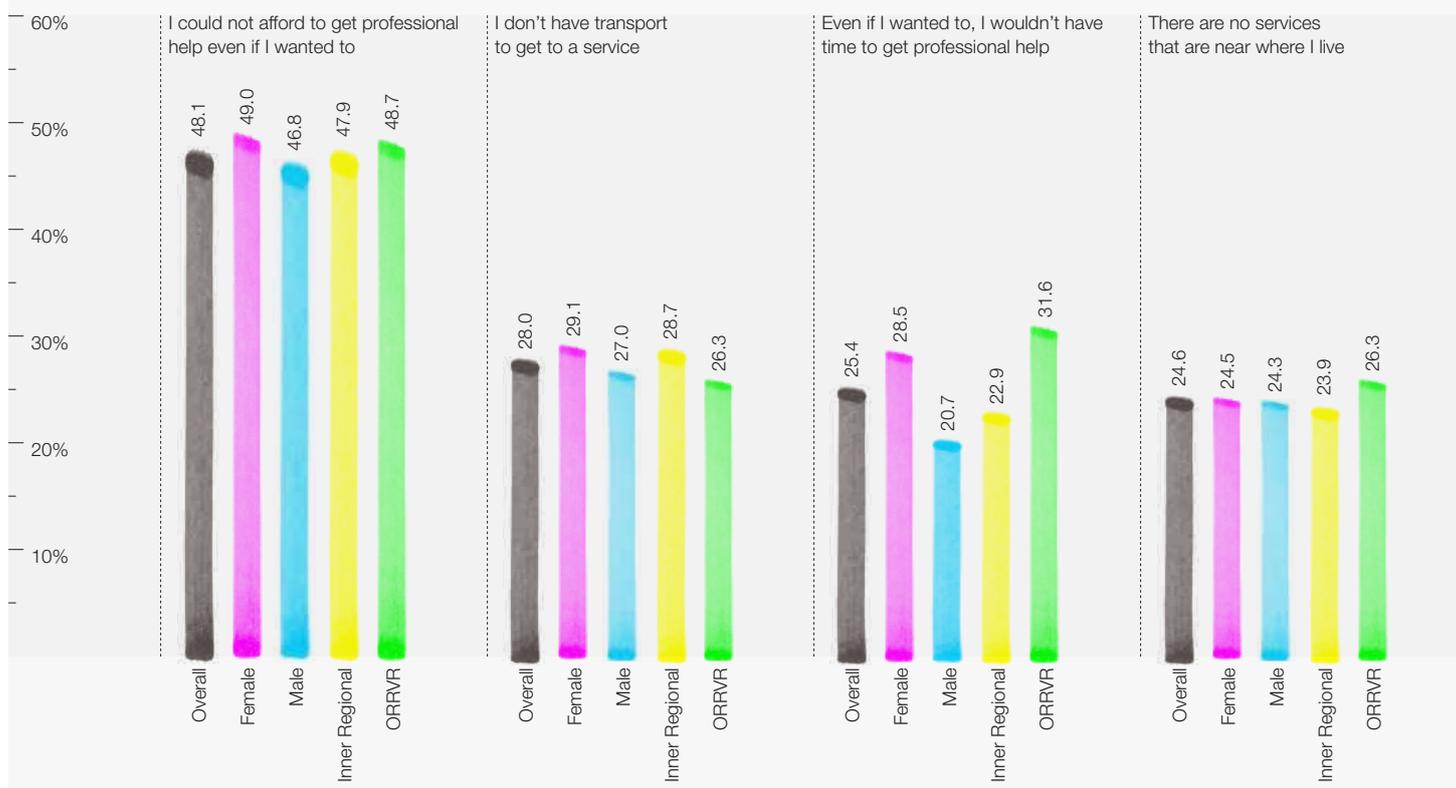
**'It doesn't stay private enough.'**

– Female, 18, QLD

Feeling scared, uncertain, nervous or worried was identified as a key barrier for young people accessing help.

*'... not everyone wants to go see a psychologist, because that's a big word and you ... don't know how it's gonna be.'*

– Male, 19, WA

**Figure 13. Practical barriers to help-seeking — Overall, by gender and by area**

## 8.2 Practical barriers to help-seeking

In terms of practical barriers to help-seeking, affordability of professional services was the most frequently selected barrier, with almost one in two young people (48.1 per cent) indicating that they couldn't afford to get professional help even if they wanted to (Figure 13). In addition, around one in four young people indicated that they didn't have transport to get to a service (28.0 per cent), that they wouldn't have time to get professional help (25.4 per cent), or that local services were unavailable to them (24.6 per cent).

### Practical barriers – by gender and by area

For both females and males, not being able to afford professional services was the top practical barrier to help-seeking (49.0 per cent for females and 46.8 per cent for males) (Figure 13). Similar levels of endorsement were seen across males and females for barriers relating to a lack of transport (29.1 per cent for females and 27.0 per cent for males) and a lack of local services (24.5 per cent for females and 24.3 per cent for males). However, females were more likely than males to indicate that they didn't have

time to seek professional help (28.5 per cent, compared to 20.7 per cent for males).

The pattern of endorsement of the four practical barriers to help-seeking was very similar across inner regional and ORRV areas (Figure 13). Affordability of professional help was again identified as the most important barrier in both regions, with almost one in two young people in both areas indicating that even if they wanted to, they couldn't afford professional help (47.9 per cent for inner regional and 48.7 per cent for ORRV).

These practical barriers to help-seeking in terms of service availability and accessibility were reflected by the young people who participated in ReachOut's qualitative research. Lack of transport options, both in terms of not having their own car and/or licence and a lack of public transport options, was identified as an important barrier to help-seeking.

In addition, some young people mentioned an inability to afford to go to a service and to pay for transport to get there. The accessibility of services in young people's communities was also commonly cited as a barrier, particularly regarding access to services that were available 24/7.

*'It is very hard to find anyone who can help with things like this in [town name]. We are always having to travel to Perth to see people.'*

— Female 17, WA

*'In the country, we just don't have the same resources. If you want to go see a counsellor or ... a psychologist or something, it takes so long. It's so inconvenient and so difficult to get to ... a lot of people don't utilise it.'*

— Male, 17, WA

This meant that, at certain times, young people had no access to local services. Cost concerns also appeared to be a major barrier to accessing formal services.

*'Don't have money to get help.'*

— Female, 17, NSW

*'Can't afford it.'*

— Female, 19, SA

## 9. What do young people want from a service?

As noted in Chapter 8, many young people face considerable barriers, both practical and attitudinal, to accessing support for mental health issues. A key way to make inroads into minimising the impact of these barriers is to design services that young people want, that embody the characteristics that are important to them, that are accessible and that meet their needs. To ensure services are designed to meet these needs, we asked young people about the aspects and characteristics of services that influence their decisions about whether or not to seek help, and what characteristics would foster their engagement with services.

### 9.1 Types of services young people would access

In the ReachOut survey, young people were asked about their preferences in terms of the types of services they would access. In particular, they were asked to imagine that they were experiencing exam stress or bullying, or were drinking too much, and that they needed to seek help or support from a service. They were then asked what type of service they would access, with four possible response options: a *face-to-face service*; a *telephone service*; an *online service*; or *none of these*. Respondents could nominate more than one type of service. The most popular

types of services nominated were *face-to-face* (53.4 per cent) and *online* (44.3 per cent) services (Figure 14). However, 12.9 per cent of young people indicated that they would seek help from *none of these*.

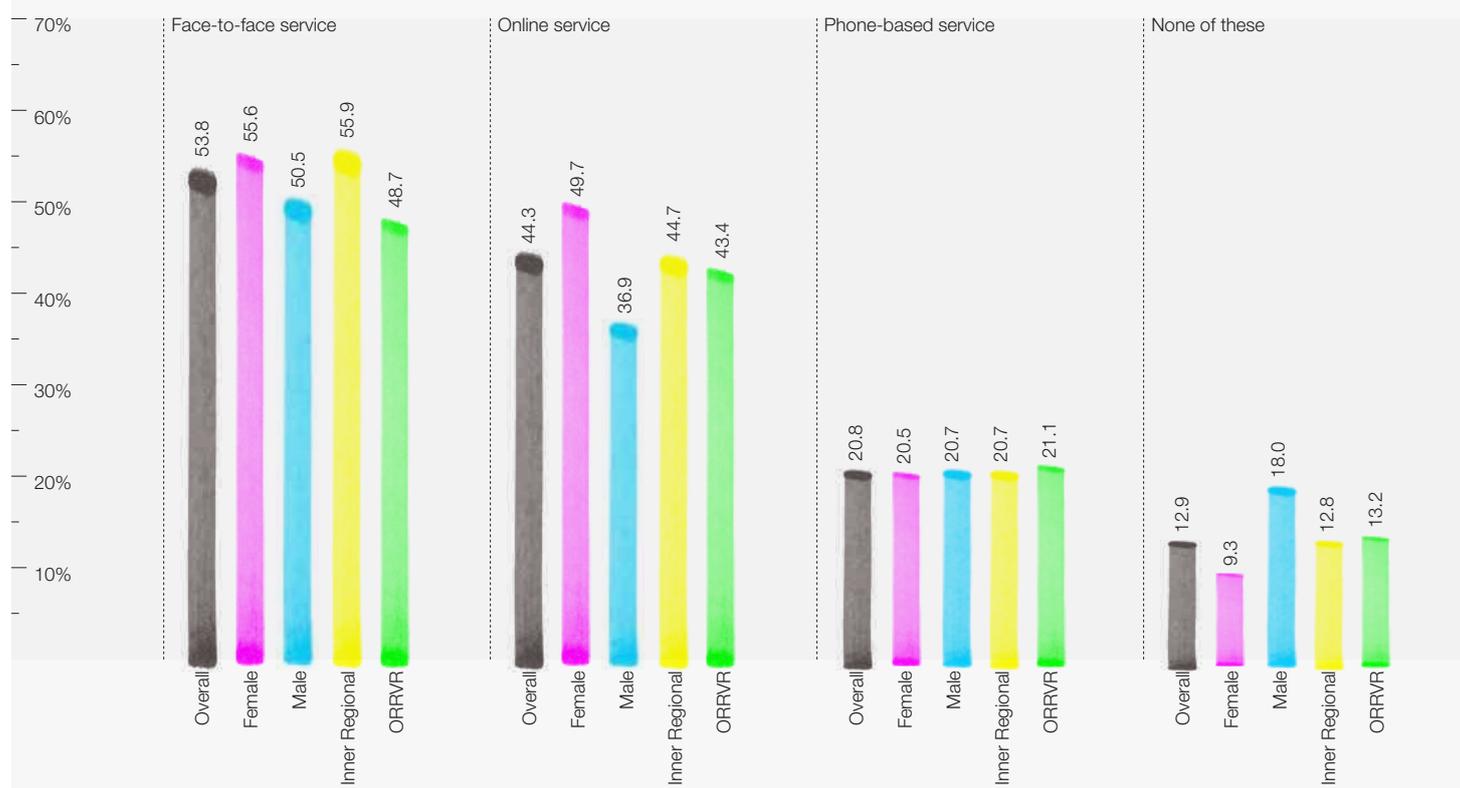
#### **Types of services young people would access – by gender and by area**

Females were considerably more likely than males to indicate that they would access an *online service* (49.7 per cent for females compared to 36.9 per cent for males) and slightly more likely to indicate they would access a *face-to-face service* (55.6 per cent for females, compared to 50.5 per cent for males).

Of concern is that almost one in five males (18.0 per cent) indicated they wouldn't access any of the services listed, which was almost twice the proportion of females (9.3 per cent).

Preferences for the types of services accessed were very similar across inner regional and ORRVF areas (Figure 14). However, a higher proportion of young people in inner regional areas indicated that they would access a *face-to-face service* (55.9 per cent in inner regional, compared to 48.7 per cent in ORRVF). Accessing an *online service* was the second-highest preference in both inner regional (44.7 per cent) and ORRVF (43.4 per cent) areas.

**Figure 14. Types of services young people would access – Overall, by gender and by area**





## 9.2 Characteristics young people look for when choosing a support service

In the ReachOut survey, respondents were asked to think about support services that could help with a number of common issues that young people experience. The issues included drinking too much, experiencing bullying, and stressing out about exams. They were then asked an open-ended question about the five most important characteristics/features they would consider in choosing a service to get support for these issues. From their list of five characteristics/features, they were then asked to nominate the two that were most important to them. The two most important service characteristics were then aggregated across all respondents. Based on this, the top five desirable support service characteristics were identified.

*Confidentiality* was the most commonly nominated service characteristic, with one-third of young people indicating that whether or not a service was confidential would enter into their decision to access it. *Accessibility* (e.g. being located close by,

being easy to access, being available where the young person is) and *friendliness* were nominated as important characteristics by just over one in four young people (27.8 per cent). Young people also wanted to know that the service they were accessing would be *helpful* (20.8 per cent) and was *credible* (14.8 per cent). *Credibility* reflected responses that service providers are qualified and experienced, services are accredited, and the professionals at the service 'know what they are talking about'.

### Desirable service characteristics – by gender and by area

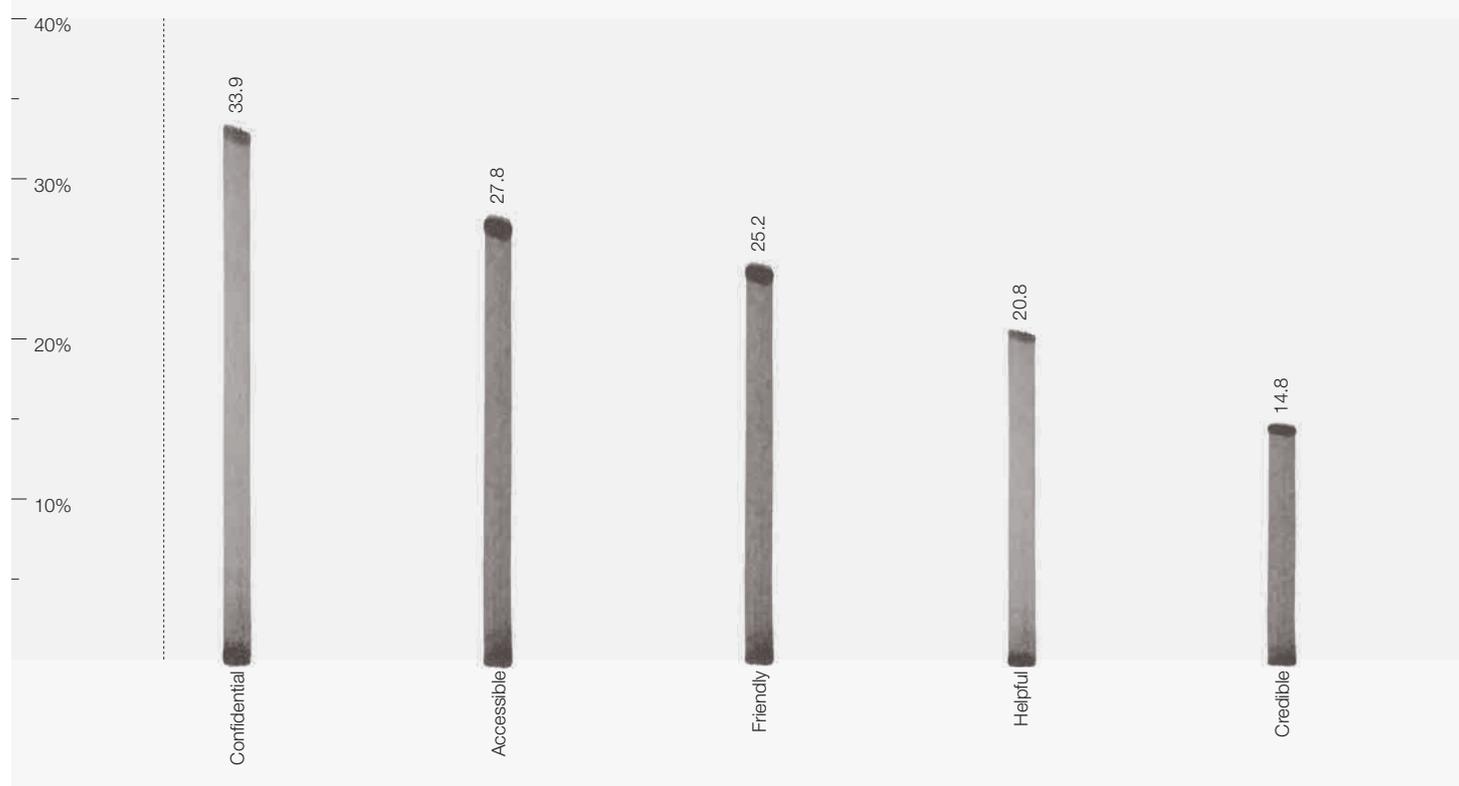
Service *helpfulness* (34.0 per cent) was cited by males as the most important characteristic they would consider when thinking about accessing a service, while females cited *confidentiality* as their most important characteristic (42.3 per cent) (Table 3). *Accessibility* was an important service characteristic for over one in four young people, while service *friendliness* was slightly more important for males (29.5 per cent) than for females (22.5 per cent).

Young people in both inner regional and ORRV areas nominated *confidentiality* as the most important service characteristic; however, those living in an ORRV area were considerably more likely to nominate this as an important service characteristic (42.8 per cent for ORRV compared to 30.0 per cent for inner regional). *Accessibility* was nominated by just over one in four young people in both inner regional and ORRV areas. A *friendly* service was the third most desirable service characteristic for young people living in inner regional areas (27.5 per cent), compared with *helpfulness* for those living in ORRV areas (25.7 per cent).

Desirable service characteristics that encourage a young person to engage with a service were also examined in the ReachOut diary study. Young people were asked to envisage their ideal support service, and to describe what it would offer and how it would make them feel.

Responses in the diary study were consistent with the characteristics described above. A recurring theme centred on feeling comfortable and relaxed within a support service environment.

Figure 15. Desirable service characteristics – Overall



**Table 3. Desirable service characteristics — By gender and by area**

Female	%	Male	%	Inner regional	%	ORRVR	%
Confidential	42.3	Helpful	34.0	Confidential	30.0	Confidential	42.8
Accessible	28.2	Friendly	29.5	Accessible	28.8	Accessible	25.7
Friendly	22.5	Accessible	27.3	Friendly	27.5	Helpful	25.7
Credible	16.9	Confidential	20.5	Helpful	18.8	Friendly	20.0
Affordable	15.5	Empathetic	18.2	Empathetic	17.5	Affordable	14.3

Many participants described their ideal place as 'homely', 'open' and 'welcoming'. Often, young people described their ideal service as one that included features such as televisions, music, food, drinks, posters, lounges and beanbags. They didn't want the service to feel like a doctor's waiting room, or to feel clinical or sterile. It was important to young people that the service didn't make them feel intimidated, overwhelmed, pressured or imposed upon; instead, it should allow the young person to feel in control of their help-seeking experience.

**'Having a chill environment is necessary too! Nothing too clinical! Going into a more relaxed environment should comfort the young person.'**

— Female, 20, NSW

A service staffed by approachable people who genuinely cared about young people was central to the vision for their ideal service. All staff in the service, from the receptionist to the mental health professionals, needed to be empathetic; someone that they felt they could talk to, and who would listen to them without judgement.

Employing younger people who were similar in age was also seen as important, as young people felt these people would be more approachable and relatable.

**'... I can walk in and see people that are willing to help and listen, those who won't criticise my situation.'**

— Male, 20, WA

**'People to talk to, but also someone who can just listen to me.'**

— Female, 17, QLD

**'People that acknowledge your arrival rather than ignore you is nice, even if it's just to say hi.'**

— Female, 19, QLD

In describing an ideal service, young people said that it should provide information about mental health in a range of formats – for example, brochures, games and videos. Diary study participants often discussed online service components, most commonly apps or online chat. They described the appeal of these features as being the

anonymity they afforded and the accessibility of services that are available 24/7 from virtually any location. Online platforms were also valued, as they allowed for self-guided help-seeking, thus placing the young person firmly in control of their help-seeking experience.

**'Honestly the ideal support service is online. Young people are so used to having everything at their fingertips ... Being virtual, I think the person has more control.'**

— Female, 20, NSW

**'It would be great to have a place that offers help through apps and online on a variety of topics. Having a social media presence is almost vital these days – it's where people connect.'**

— Female, 17, QLD

**'... an app that you can download if you don't want to talk to someone face-to-face.'**

— Female, 20, NSW



### 9.3 Wraparound support service for young people

An ideal support service was conceptualised by participants in the ReachOut diary study as one that wasn't explicitly a mental health service, but rather a youth-friendly service that connected them into their community, facilitating access to new friends, trusted adults or mentors, work and volunteering opportunities, and other essential services (e.g. Centrelink). They wanted the service to provide them with practical advice for a variety of life issues, and to help them learn new skills.

Participants commonly described their ideal service as one that would facilitate workshops or information sessions to provide advice around education pathways, and that would help young people find work experience and formal employment opportunities. Some participants mentioned that there would be wellbeing activities available in their ideal service to enable them to relax and to reflect. Their ideal service would also help them to identify and understand their feelings and emotions, give them practical strategies and tools to assist in managing difficult emotions, and let them know who to contact for additional support if they needed it. Almost all of the diary study participants mentioned that the service would have professionals on site, such as counsellors or psychologists, who they could talk to confidentially or who would provide a localised list of support options if that wasn't possible.

**'... link you to like-minded people of a similar age within the community. Thus it's enhancing the social opportunities for youth.'**

– Female, 18, NSW

**'It also allows workplace opportunities, offering a TAFE-like education specifically for young people wanting to enter the workforce.'**

– Female, 18, NSW

**'... the activities vary on different days but it could be activities such as art or games or sports or movies, apps that you can write to people to express [how you feel] about your day or how [you're] feeling and these people write back with help or answers or just for a chat.'**

– Male, 20, WA

**'Within this place, there are also qualified psychologists and people to talk to about needs and problems.'**

– Female, 17, NSW

**'Some people may not be ready to talk to someone about what they are going through, so I think having a space where they can cool off or have some time to think is important.'**

– Female, 20, NSW

### 9.4 How young people want to feel after visiting a service

Participants in the diary study were asked how they wanted to feel when leaving their ideal service. Commonly, young people said they hoped to feel relieved, less stressed and less alone in their experience of a tough time after leaving their ideal service. They indicated that their ideal service would make them feel understood, supported, and more confident and hopeful that they could find their way through their mental health challenges. Some young people mentioned that their ideal service would enable them to feel happy and excited about the future.

**'I would feel supported and know that people understood me and didn't think I was crazy or just wanting attention but that they want to help me so I would have hope in myself ... to overcome this.'**

– Female, 17, QLD

**'If people accessed this service, they should leave feeling like there are others who are exactly like them with the same problems.'**

– Female, 17, NSW

**'As I leave I would feel like there is a weight off my chest.'**

– Female, 20, NSW

## 10. Recommendations

The findings from this program of research point to the need for a whole-of-community response to address the mental health needs of young people living in regional and remote areas. Doing so will reduce the detrimental impact of mental health disorders and suicide on individuals and communities, and cultivate supportive environments that enable young people to thrive.

### 1. Service design and delivery: Co-designing and reorienting services to meet young people's needs

As seen in Chapter 8, there are numerous barriers that prevent young people from accessing help. As a result, many young people who could benefit from accessing mental health services don't get the support they need. Even when young people do seek help, there is a risk that they will disengage with services,<sup>40</sup> particularly those who are transitioning between services.<sup>41</sup> These

findings highlight the need to design and reorient services in ways that reflect young people's preferences.

Young people indicated a preference for youth-friendly support centres that offer a wide range of services that are relevant to them and the diverse issues they experience. Young people envisaged that these 'wraparound services' would support them to connect to their community, and to access work and volunteering activities, as well as health and other essential services such as Centrelink. These services present an opportunity to

provide young people with a more seamless help-seeking experience, and to reduce the service disengagement that some young people experience when they are bounced between multiple services. Additionally, wraparound services can provide a space to access mental health information and support without the stigma that may be associated with accessing a more clinical mental health service. They also have the potential to provide a more accessible pathway to support in small communities.



Involving young people as co-designers in the development of services and strategies is an important means of addressing the identified barriers to help-seeking and designing youth-friendly services. The literature identifies a number of benefits associated with using co-design in the development of youth mental health services, including enhanced uptake of interventions (particularly technology-based interventions), and services that are more accessible and more responsive to the needs of communities and individuals.<sup>42,43,44</sup> This approach has been advocated by the Young and Well Cooperative Research Centre, which developed a co-design framework to encourage the collaboration of researchers and young people in the design of tools and services.<sup>45</sup>

**Recommendation 1:** Primary Health Networks to oversee a youth-driven audit of community services to ensure that services are genuinely acceptable to young people in the community and meet their needs.

**Recommendation 2:** Co-design of mental health and wellbeing services, programs and campaigns with local young people to develop services that engage them and promote help-seeking. Ensure that the different groups within a community (e.g. based on gender, cultural background, sexuality) are represented in the recruitment and participation of co-design workshops so that services effectively support the needs of the young people they have been set up to serve.

**Recommendation 3:** Roll out wraparound services that can address a range of psychosocial and health needs of young people in regional and rural Australia, providing them with access to a 'one-stop shop' for their health and wellbeing. These services can also provide connections to assist with education and school or study problems, and as a result, provide some relief from the stressors in young people's lives.

**Recommendation 4:** Ensure that face-to-face services are available, affordable and accessible to young people in regional and remote areas and are designed to be youth-friendly, welcoming and culturally safe.

**Recommendation 5:** Where barriers to help-seeking and issues faced by young males and females diverge, services must consider strategies that reach and engage appropriately with young males and young females, respectively.

### **Case study: Family Mental Health Support Service**

This is a Department of Social Services (DSS) funded service which operates in locations of disadvantage to provide non-clinical support for children and young people experiencing mental health issues. Importantly, the service model is flexible, enabling service delivery to be responsive to the needs of the particular community. By way of example, Mission Australia operates this service in two areas under the name of 'Happy Healthy Minds' to reduce the stigma of being associated as a mental health service. As it operates as a non-clinical service, referrals are often received from schools, with onward referrals made to clinical services, such as those provided by Child and Adolescent Mental Health Services. Being able to be responsive to the local community means that each site will focus the service offering on the needs within the community, whether they be for Aboriginal and Torres Strait Islander young people or recently arrived refugees. The service model allows for activities that focus on the individual client and their family, as well as community activities to raise awareness of mental health in the community, with health promotion being a core component.

### **Case study: headspace Geraldton**

Headspace Geraldton (regional WA) opened in 2016. It provides young people aged 12–25 with a free and confidential health service. As a wraparound service, young people can drop in at any time for help with a wide range of issues, including feeling down or stressed, dealing with bullies, struggling with school or finding work. The centre's isolated location (a five-hour drive from Perth) exacerbates issues such as limited resourcing and long waiting lists. In response to these challenges, the centre has taken a creative and flexible approach to supporting young people. It provides a service that is safe and non-judgemental, with a focus on meeting young people's desire for a service that is friendly, accessible and helpful. The centre aims to be a space that young people 'feel good to be in', and welcomes input from local young people and families about how to do things better to support the community.

## 2. Empowering parents, guardians and peers to provide appropriate support to young people experiencing mental health difficulties

The research presented in Chapters 5 and 6 highlights the critical importance of informal sources of support – most notably, parents, peers and partners of young people – in helping them to navigate mental health difficulties and in facilitating timely and appropriate support. It is important that these individuals are equipped with the requisite skills, knowledge and confidence to provide information, support and, where appropriate, referrals to professional support.

Peer support initiatives have proven to be important in promoting good mental health in young people.<sup>46,47,48</sup> An example of such an initiative is the Act-Belong-Commit Youth Connectors program, which is based on the principles of positive mental health. The program upskills young people to support their peers to engage in mentally healthy activities and, where needed, to help them access other appropriate forms of support.

As parents and young people in regional and remote communities live busy lives, the provision of information and support for those in young people's family and social networks should be flexible and integrated into the settings where they spend most of their time – for example, schools, sports clubs and online.

**Recommendation 1:** Provide parents, guardians, relatives, peers and partners with opportunities, both in the community and online, to develop their recognition and understanding of mental health difficulties, knowledge of appropriate mental health first aid responses, and awareness of available support services so that they are better able to provide support to young people.

**Recommendation 2:** Implement programs that teach young people about the principles of positive mental health and equip them with the skills necessary to encourage their peers to engage in mentally healthy activities.

### Case study: ReachOut Parents

ReachOut Parents is an online service for parents and caregivers of adolescents aged 12–18 that helps them to support their teenagers with issues that affect their mental health and wellbeing. Free and accessible 24/7, ReachOut Parents comprises a self-help website containing multimedia information and support; an online peer support community forum; and a 1:1 teleweb coaching service (delivered in partnership with The Benevolent Society). Parents can choose which of these services they engage with based on their support needs and preferences. The service is designed to increase parents' mental health literacy and their confidence to deal with emerging mental health issues, and to support them in strengthening their relationship with their teenager so that they can better support them through everyday issues and tough times.

## 3. Investing in programs that promote mental health and wellbeing early in the lifespan

Many of the risk and protective factors for mental health issues have their origins in childhood, including the development of adaptive coping and problem-solving skills, and exposure to supportive, caring parenting.<sup>49</sup> Resourcing programs that build protective factors in children (i.e. universal prevention) and support vulnerable families who are at elevated risk of experiencing mental health problems (i.e. selected prevention) are crucial in reducing the prevalence of mental health issues in regional and remote communities over the medium to long term.

The Penn Resiliency Program is a cognitive behavioural therapy-based program designed to prevent depression in children and adolescents. It is typically delivered in schools; however, it has been trialled in other settings (e.g. primary care, juvenile justice) and has been adapted for use in rural Australia.<sup>50</sup> The program focuses on building children's and young people's ability to cope with stress and adversity – for example, through the development of an optimistic explanatory style and social competence. The Triple P Positive Parenting Program equips parents with the knowledge, skills and confidence to help them manage their child's behaviour and promote their healthy development. The program is available in a variety of different formats, including face-to-face or telephone-based private or group sessions, or online. These two programs have been widely researched and found to be effective in building protective factors in young people and their families, including vulnerable families.<sup>51,52</sup> However, it is important to tailor these programs to the social context of regional and remote communities.<sup>53</sup>

**Recommendation 1:** Support the implementation of evidence-based interventions delivered early in the lifespan that build resiliency skills in children to help them cope with stressors and negative life events.

**Recommendation 2:** Support the implementation of evidence-based parenting interventions that promote the adoption of parenting practices that support the social, emotional and behavioural adjustment of children and young people. These programs should be prioritised for those families who are most vulnerable and should be adapted to their particular needs.



## 4. Supporting schools to improve the mental health and wellbeing of young people

Schools play a central role in the lives of young people and offer an unparalleled opportunity to implement a range of mental health promotion, education and intervention initiatives during the early and later stages of development. Recent evidence indicates that more successful approaches to improving student wellbeing are achieved when schools adopt a holistic approach to teaching wellbeing, where it underpins what is taught, how it is taught and the school ethos.<sup>54</sup> A range of programs – such as MindMatters (from August 2018 redesigned as the National Education Initiative, providing a single end-to-end school-based mental health framework), ReachOut Schools and Blackdog's headstrong – have been funded in schools to engage the wider school community, incorporate wellbeing into the curriculum, and provide support to teachers. Funding for these programs must continue to ensure that we reduce the stigma around mental health issues and help-seeking, and continue to make inroads into reducing the prevalence and impact of mental health issues. Resource allocation should be prioritised to support those with limited capacity or infrastructure to deliver these types of programs, such as schools in remote areas. Schools and teachers in Australia are often the first to identify the signs and symptoms of mental and behavioural disorders in young people.<sup>55</sup> However, many teachers and principals feel that they lack the time or confidence needed to address the mental health needs of students.<sup>56</sup> In addition, many schools, particularly those from low socio-economic or remote areas, often lack resources and funding. As such, it is much more difficult for these schools to address and implement mental health initiatives. We know that effective intervention in the early stages of development is key to achieving successful mental health outcomes.<sup>57</sup> Teachers and auxiliary staff in schools need to be

supported to meet the mental health and wellbeing goals of students and to provide an effective pathway for early identification of mental health issues and intervention.

As seen in Chapter 5, school or study stress was consistently found to be among the top concerns of young people. The issue of stress was also found to be a top concern. Stress was noted to be heightened during assessment periods, with students feeling pressured to achieve. These findings indicate a strong need for schools to support their students to better manage stress associated with school or study.

**Recommendation 1:** Obtain funding for and access to adequate training and support programs for teachers and auxiliary staff to ensure that they can provide appropriate, culturally safe, evidence-based, and up-to-date help and support to students.

**Recommendation 2:** Provide training and support to schools and teachers to ensure that wellbeing is integrated into the curriculum and school culture, and promoted across all aspects of school life.

**Recommendation 3:** Support the resourcing, ongoing delivery and full implementation of mental health and wellbeing programs across all regional and remote schools, in order to reduce the stigma around mental health issues and reduce the personal, community and financial burden of such issues in Australia.

**Recommendation 4:** Schools to implement programs that provide students with strategies to cope with stress and school pressures – in particular, targeting high-risk cohorts, such as those undergoing final exams or transitioning into high school.

### **Case study: Act-Belong-Commit in Mentally Healthy Schools, Western Australia**

Mentally Healthy Schools is a program coordinated by Mentally Healthy WA that aims to promote positive mental health among students by using the principles of the Act-Belong-Commit campaign. This campaign provides guidelines centred around being active, building a sense of belonging, and engaging in activities that provide meaning and purpose to promote positive mental health. The Mentally Healthy Schools framework takes a whole-school approach that involves building relationships with community organisations and incorporating Act-Belong-Commit into the school curriculum and school ethos.

## 5. Equipping communities and gatekeepers to support the mental health of young people

As seen in Chapter 1, the sense of connection to, and belonging within, a community was identified by young people as a benefit of living in regional and remote areas. However, the nature of close-knit rural communities can pose challenges, too. Chapter 7 illustrates that stoicism and stigma towards help-seeking continue to pose barriers for regional and remote young people.

Reducing stigma related to mental health issues and help-seeking in regional and remote communities is key to encouraging young people to seek the support they need early. A number of activities have been implemented with the aim of bringing communities together, breaking down stigma, raising awareness, promoting mental health literacy and encouraging help-seeking, such as the national depression initiative beyondblue, and health promotion campaigns such as 'R U OK?'. While these activities and campaigns have made headway into this space, mental health stigma still remains an issue that is pervasive across Australia.<sup>58</sup>

Gatekeepers to mental health services are often the first port of call for professional help in regional and remote communities. GPs, youth workers, and staff in educational settings (e.g. schools, universities and vocational education centres) can play a crucial role in facilitating access to appropriate services and, as a result, influence a young person's mental health trajectory.<sup>59</sup> It is therefore important for these gatekeepers to develop an understanding of how to engage with young people and ascertain their needs, and how best to support them. In addition, those who are employed in roles outside of health-care settings but who may encounter young people in distress (such as Centrelink service officers and careers advisers) should be equipped with the skills and knowledge to be able to direct young people to appropriate support.

**Recommendation 1:** Resource community-based programs that promote positive social and emotional wellbeing and reduce mental health stigma. Efforts to reduce stigma in regional and remote areas need to take into account the strong cultural preference for self-reliance.

**Recommendation 2:** Provide gatekeeper training for those who work in settings where they have regular contact with young people so that they can confidently engage with them and provide information on the support options available, from early intervention to crisis support for young people at risk of suicide.

### **Case study: Don Medical Clinic, Devonport, Tasmania**

Don Medical Clinic is an on-campus clinic that provides accessible, affordable, non-judgemental and confidential health care for young people aged 12–24. The clinic provides a range of services, including mental health support and establishment of mental health plans. Prior to establishment of the clinic in 2013, youth-based services were limited in the community. The clinic adopts a collaborative approach with the school and the local community to service the health needs of young people in a holistic way, and engages with families, teachers, social workers, police and pastoral carers, while building the capacity and confidence of gatekeepers to engage with young people in appropriate ways.

## **6. The role of Primary Health Networks in the delivery of better mental health outcomes**

Primary Health Networks (PHNs) have been funded to commission primary mental health services in six mental health priority areas: low-intensity services; psychological therapies for underserved populations; child and youth services; services for adults with severe and complex mental illness; Indigenous mental health services; and suicide prevention. Within these priorities, PHNs are to apply a stepped-care approach, where service is matched with need – with less-intensive initial treatments being offered before more intensive ones – and taking into account people's changing needs and responsiveness to interventions, increased capacity for early intervention, and optimal use of Australia's digital mental health services.

The research presented in Chapter 9 shows that young people have help-seeking preferences across a range of service types, with over half (53.8 per cent) of young people from a regional or remote

area indicating they would seek help from a professional face-to-face, 44.3 per cent would seek help online, and approximately 20.8 per cent would seek help from a telephone hotline. To maximise the likelihood of a young person seeking help, it is important for PHNs to provide a range of services based on level of need and, where possible, a range of service modalities that meet young people's preferences.

Early intervention and prevention programs are key to minimising the prevalence and impact of mental health issues.<sup>60</sup> Within a stepped-care model, this includes investment in mental health promotion, prevention and early intervention, to provide individuals, families and communities with the tools needed to support their mental health and wellbeing.

The integration of evidence-based digital self-help into a stepped-care model can be used as an adjunct to face-to-face professional services, providing support between scheduled appointments and helping to maintain good mental health in the longer term.

**Recommendation 1:** Ensure that a range of different types of services are available for young people in regional and remote areas to meet their service needs and preferences and to help them overcome barriers to help-seeking.

**Recommendation 2:** All levels of government to work together to invest in and support access to effective, evidence-based information and self-care services that target prevention and early intervention.

**Recommendation 3:** Trial the integration of digital mental health tools and services with traditional face-to-face mental health services and professionals to support young people to get well and stay well.

## 7. Harnessing the potential of digital technologies

Online technologies provide a way to offer a variety of evidence-based, scalable and cost-effective programs and services, particularly in areas where there is limited availability and access to traditional face-to-face services.<sup>61</sup> Furthermore, they provide a relatively low-cost way to reduce some of the existing gaps between service needs and service availability in regional and remote areas. As outlined in Chapter 6, online technologies are an acceptable and highly accessed source of support for young people in regional and remote areas, with over 40 per cent of young people in these areas indicating that they would go to the internet for help with important issues in their life, and approximately one in seven indicating they would access online counselling for this purpose.<sup>62</sup>

Online technologies also have the potential to reduce barriers to help-seeking by providing services that meet young people's strong preference for self-reliance, through the provision of self-help services, and their desire for anonymous and confidential services. In addition, digital technologies can be used to provide training and resources to a range of people in the community – for example, employers, teachers, GPs, school counsellors and parents – who provide help and support to young people.

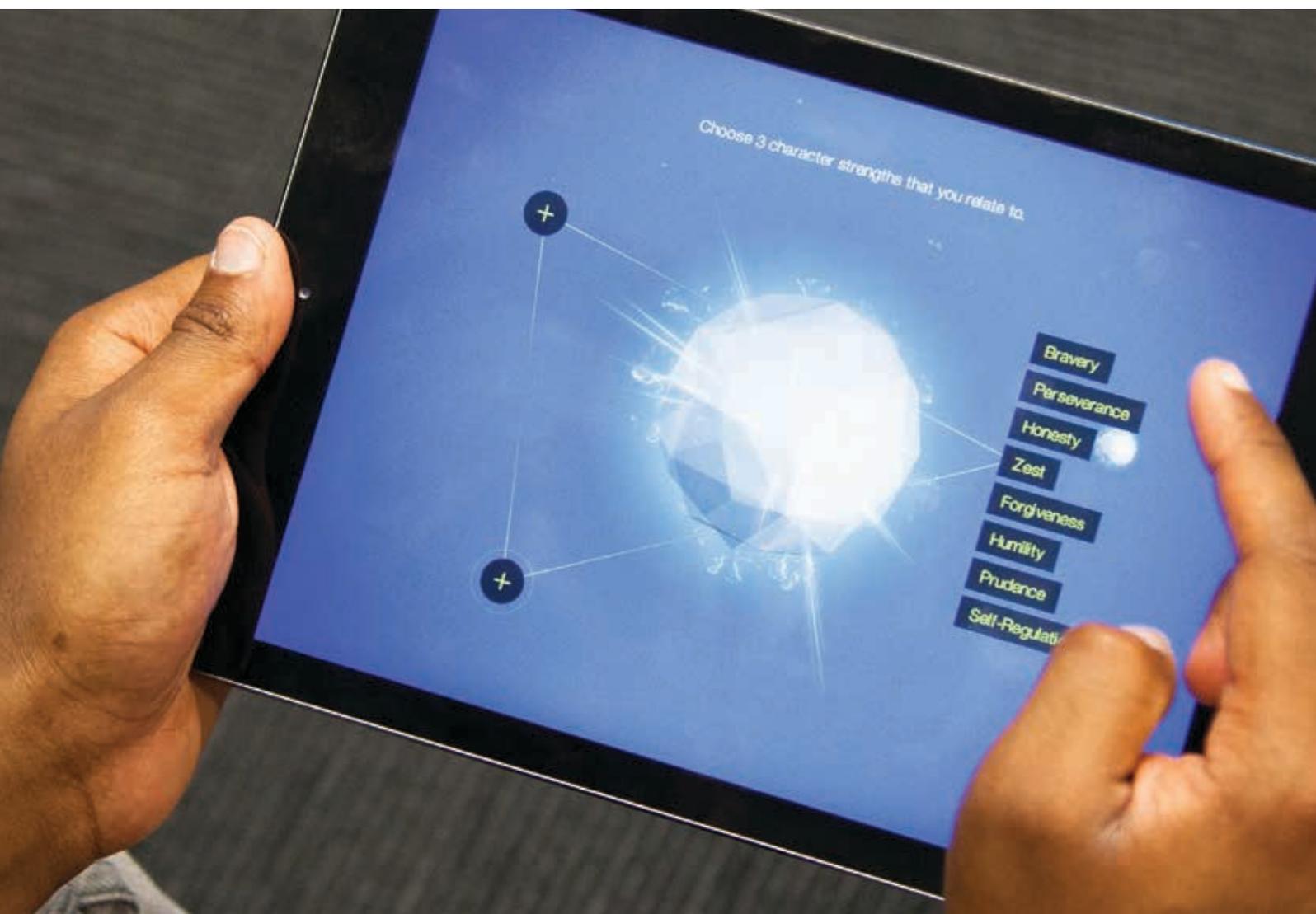
There are a range of national digital services that provide evidence-based mental health and wellbeing information, advice and support. Resourcing these services to respond to young people living in regional and remote Australia, with their unique needs and experiences, can increase the accessibility and availability of information and supports to young people living in these areas. While digital services are an important component of mental health

service provision for young people, face-to-face mental health services must also be available to ensure that the mental health needs of all young people can be met.

**Recommendation 1:** Recognise the role of effective, evidence-based, digital technology solutions in improving service availability and accessibility for young people in rural and regional Australia.

**Recommendation 2:** Utilise digital technologies to train and resource professionals and non-professionals in the community who play a role in helping and supporting young people.

**Recommendation 3:** National mental health and wellbeing services should work with young people living in regional and remote Australia and their communities to ensure that the information, advice, content and support they provide is appropriate and relevant.



## 8. Improve financial supports for young people

Financial stress was a prominent concern for young people in regional and remote areas. As outlined in Chapter 5, financial issues, school or study stress, and the future were the top three issues worrying young people. Also of concern were employment and the lack of opportunities in their local communities. This reflects the reality of higher unemployment and underemployment rates in regional and remote areas when compared to major cities.<sup>63</sup>

Programs that provide opportunities for young people to develop skills and gain work experience in regional and remote areas are key to supporting the transition to employment. Further opportunities for employment could also be generated through the resourcing of locally driven initiatives that bring key industries and employers in a region together to provide apprenticeships and employment for young people.

In Chapter 5, we saw that pursuing further education raises financial concerns for young people in regional or remote areas. These concerns arise from costs associated with moving to, and living in, a major city – in particular, accessing housing that is affordable. Current Youth Allowance rates fail to adequately support young people in major cities, with over 50 per cent of recipients living below the poverty line and unable to afford competitive and expensive major city rental markets.<sup>64,65</sup> Resourcing supports for students from regional and remote areas, including scholarships and grants, student housing and other counselling supports, is important in order to address the barriers to further study. Assistance to young people to navigate through to these supports is also required. An example of such supports is the Rural and Regional Enterprise Scholarships scheme, which has been set up to support up to 1200 regional and remote students wishing to undertake STEM (science, technology, engineering and mathematics) studies in 2018 and 2019.

Financial concerns around the affordability of mental health services appear to be a major barrier to help-seeking. In Chapter 8, we saw that almost one in two young people (48.1 per cent) indicated that they couldn't afford to get professional help even if they wanted to. However, accessing appropriate and timely support is key to improving young people's mental health and wellbeing. As such, we need to ensure that affordability issues don't prevent young people who need help from accessing it.

**Recommendation 1:** Support the transition from school to employment. Additional investment is required in evidence-based youth skill development and work experience employment programs, as well as in locally driven initiatives with key industries and employers.

**Recommendation 2:** Expand youth transitions programs for the most disadvantaged job seekers. They should incorporate a holistic, strengths-based approach and have the flexibility to work with young people's families where necessary. Such programs should include careers advice, mentoring, skills training, assistance to re-engage with education, and work experience, and address underlying issues that present as barriers to employment.

**Recommendation 3:** Give urgent consideration to increasing Youth Allowance payment rates, as the current rates leave recipients struggling to meet their basic living needs.

**Recommendation 4:** Invest in additional scholarship programs to support the transition from secondary school to tertiary education. Targeted support for young people from regional and remote areas, and assistance to navigate to these programs and support, is also required to ensure that financial stress isn't a deterrent to pursuing further studies.

**Recommendation 5:** Support and resource no- or low-cost mental health services so that young people living in regional and remote areas can access these services when and where they need them.

## Appendix A. Sample targets and sample achieved: ReachOut survey

Figure 16. State targets

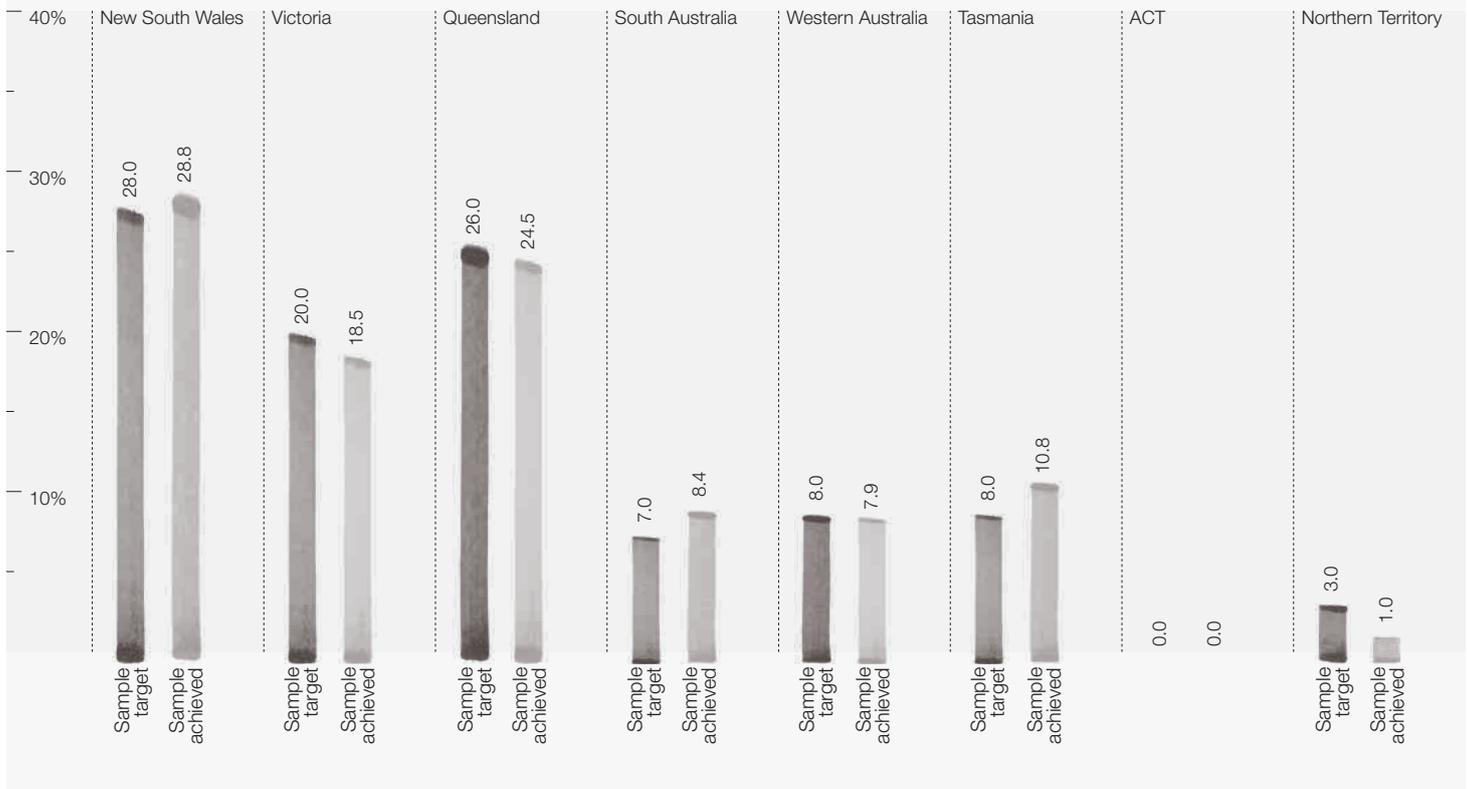
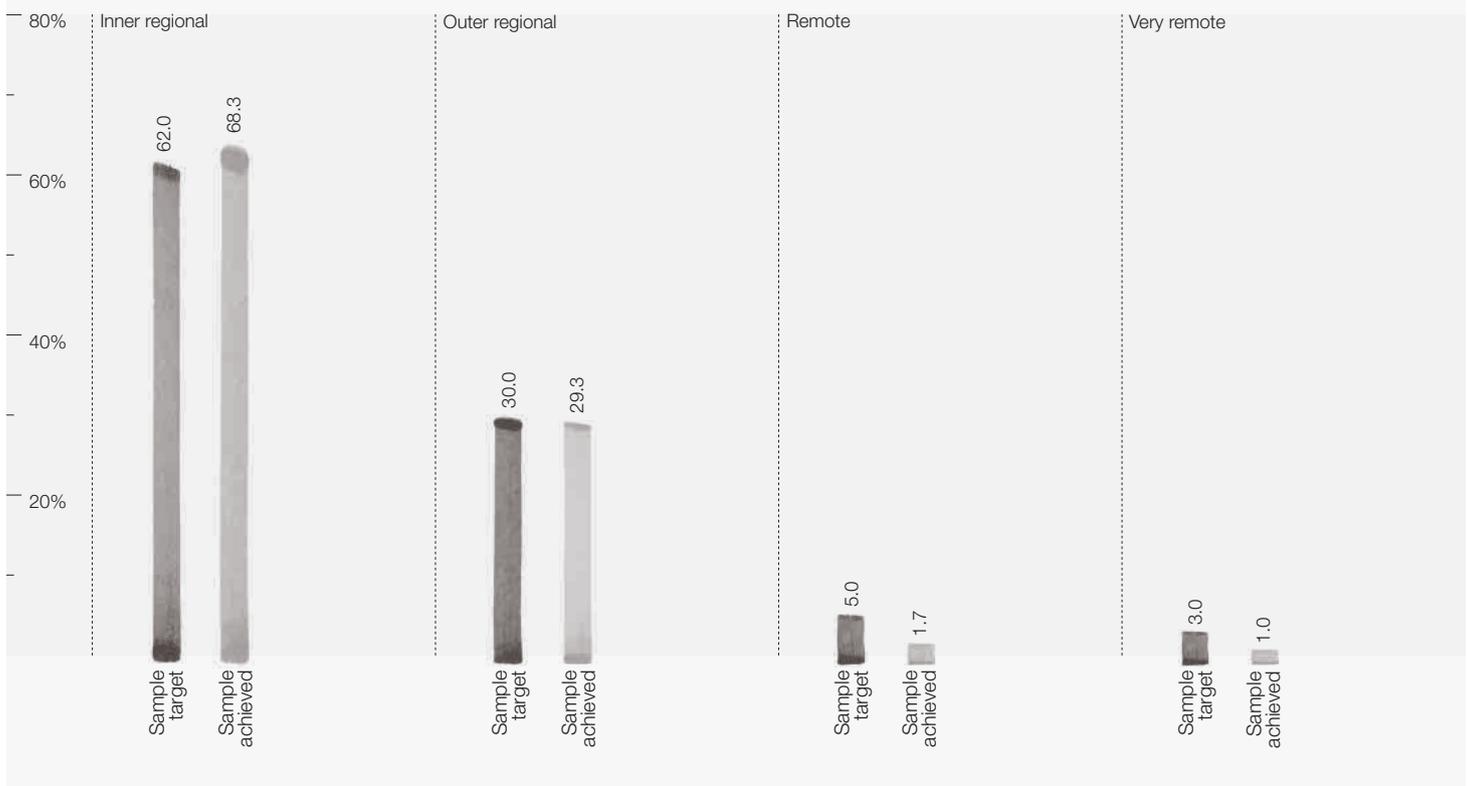


Figure 17. Area targets



## Appendix B. Identification of young people living in regional and remote areas

Australian Bureau of Statistics correspondence tables for 2011 were used to map respondents' postcode information to remoteness area (i.e. major city, inner regional, outer regional, remote or very remote).<sup>66</sup> While many postcodes sit entirely within one designated remoteness area, some span more than one remoteness area. The correspondence tables provide a percentage breakdown of how much of a postcode is classified as a major city, inner regional, outer regional, remote or very remote area.

A two-stage process was used to exclude people who were identified as residing in a major city, and then to classify the remaining participants as residing in either an inner regional, outer regional, remote or very remote area. The steps were as follows:

1. People who were residing in a major city were excluded: If a participant's postcode mapped to a remoteness area where any

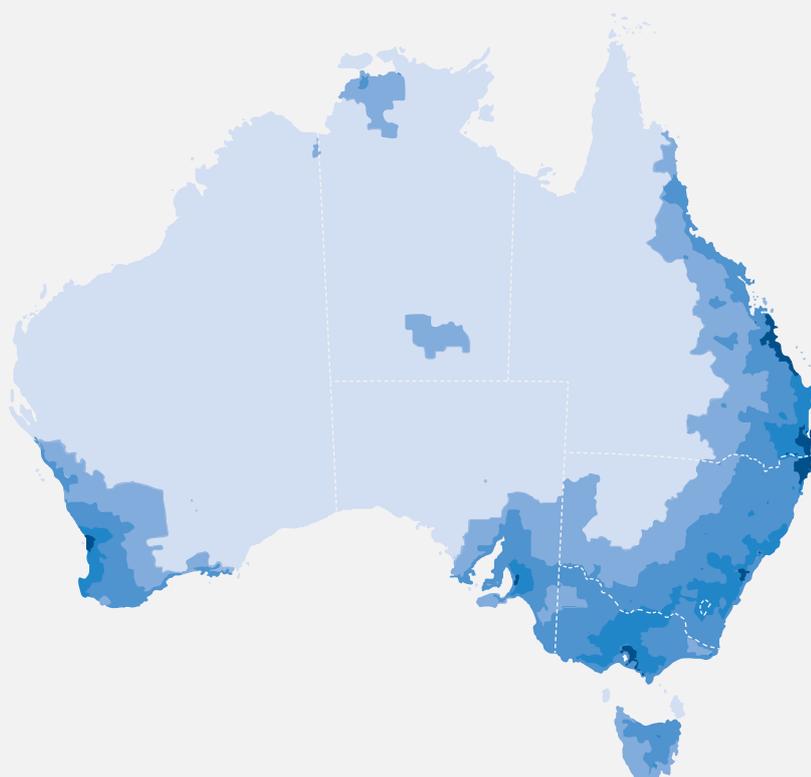
percentage of that remoteness area was allocated to a major city, this respondent was removed from the data analysis.

2. Remaining participants were classified to an inner regional, outer regional, remote or very remote area:
  - Where a respondent's postcode mapped entirely (i.e. 100 per cent) into one remoteness area classification, they were classified as residing in that remoteness area.
  - Where a respondent's postcode mapped to more than one remoteness classification, the respondent was allocated to the remoteness classification with the highest percentage allocation for that postcode.

**Figure 18. Australia's remoteness structure**

### Remoteness Areas

- Major cities of Australia
  - Inner regional Australia
  - Outer regional Australia
  - Remote Australia
  - Very remote Australia
- Remoteness Areas



Note: Figure adapted from '2011 Australian Statistical Geography Standard: Remoteness Structure: Remoteness Area Boundaries', Australian Bureau of Statistics, © Commonwealth of Australia 2013

## Appendix C. Top three sources of support by issue – overall

Issue	Top 1	Top 2	Top 3
Drinking too much	Doctor/GP (21.0%)	Partner (15.3%)	Friend (15.3%)
Trouble finding work	Parents (21.8%)	Online search (17.9%)	Specific website (13.4%)
Experiencing bullying	Parents (27.1%)	Friend (17.2%)	Teacher (14.1%)
Having family issues	Friend (28.6%)	Partner (17.9%)	Parents (11.5%)
Worried about drug use	Doctor/GP (29.0%)	Parents (13.0%)	Mental health professional (11.8%)
Worried, anxious or down	Parents (21.0%)	Friend (17.2%)	Partner (16.8%)
Stressing out about exams	Parents (24.8%)	Friend (20.2%)	Partner (16.4%)
Having thoughts of hurting yourself/suicide	Mental health professional (19.5%)	Parents (15.6%)	Doctor/GP (14.9%)

## Appendix D. Top three sources of support by issue – by gender

Males	Top 1	Top 2	Top 3
Drinking too much	Friend (17.1%)	Doctor/GP (15.3%)	Partner (14.4%)
Trouble finding work	Parents (23.4%)	Specific website (16.2%)	Online search (15.3%)
Experiencing bullying	Parents (29.7%)	Friend (24.3%)	Teacher (14.4%)
Having family issues	Friend (25.2%)	Parents (13.5%)	Partner (12.6%)
Worried about drug use	Doctor/GP (30.6%)	Parents (17.1%)	Friend (13.5%)
Worried, anxious or down	Parents (25.2%)	Friend (19.8%)	Doctor/GP (11.7%)
Stressing out about exams	Parents (26.1%)	Friend (20.7%)	Teacher (16.2%)
Having thoughts of hurting yourself/suicide	Parents (21.6%)	Mental health professional (18.0%)	Phone helpline (9.9%)

Females	Top 1	Top 2	Top 3
Drinking too much	Doctor/GP (25.2%)	Partner (15.9%)	Friend (13.9%)
Trouble finding work	Parents (20.5%)	Online search (19.9%)	Partner (15.2%)
Experiencing bullying	Parents (25.2%)	Partner (19.2%)	Teacher (13.9%)
Having family issues	Friend (31.1%)	Partner (21.9%)	Parents (9.9%)
Worried about drug use	Doctor/GP (27.8%)	Mental health professional (16.6%)	Partner (13.2%)
Worried, anxious or down	Partner (21.2%)	Parents (17.9%)	Doctor/GP (15.9%)
Stressing out about exams	Parents (23.8%)	Partner (20.5%)	Friend (19.9%)
Having thoughts of hurting yourself/suicide	Doctor/GP (21.2%)	Mental health professional (20.5%)	Partner (10.6%)

## Appendix E. Top three sources of support by issue – by area

Inner Regional	Top 1	Top 2	Top 3
Drinking too much	Doctor/GP (20.9%)	Friend (15.5%)	Partner (15.0%)
Trouble finding work	Parents (23.5%)	Online search (15.0%)	Specific website (14.4%)
Experiencing bullying	Parents (28.3%)	Friend (17.1%)	Teacher (13.4%)
Having family issues	Friend (28.3%)	Partner (17.1%)	Parents (13.9%)
Worried about drug use	Doctor/GP (28.9%)	Parents (13.4%)	Friend (11.2%)
Worried, anxious or down	Parents (23.5)	Partner (16.6%)	Friend (16.0%)
Stressing out about exams	Parents (27.8%)	Friend (20.9%)	Partner (15.5%)
Having thoughts of hurting yourself/suicide	Mental health professional (20.9%)	Parents (18.2%)	Friend (9.6%)

ORRV	Top 1	Top 2	Top 3
Drinking too much	Doctor/GP (21.3%)	Partner (16.0%)	Friend (14.7%)
Trouble finding work	Online search (25.3%)	Parents (17.3%)	Partner (13.3%)
Experiencing bullying	Parents (24.0%)	Friend (17.3%)	Partner (17.3%)
Having family issues	Friend (29.3%)	Partner (20.0%)	Mental health professional (9.3%)
Worried about drug use	Doctor/GP (29.3%)	Mental health professional (16.0%)	Parents (12.0%)
Worried, anxious or down	Doctor/GP (21.3%)	Friend (20.0%)	Partner (17.3%)
Stressing out about exams	Teacher (22.7%)	Friend (18.7%)	Partner (18.7%)
Having thoughts of hurting yourself/suicide	Doctor/GP (29.3%)	Mental health professional (16.0%)	None of these (10.7%)

## Endnotes

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