



Mental health and wellbeing needs of children and young people

ACYP consultation and polling findings

2019



acyp.

About ACYP

The Advocate for Children and Young People (ACYP) is an independent statutory appointment overseen by the Parliamentary Joint Committee on Children and Young People. ACYP advocates for and promotes the safety, welfare, wellbeing and voice of all children and young people aged 0-24 years, with a focus on the needs of those who are vulnerable or disadvantaged.

Under the Advocate for Children and Young People Act 2014, the functions of ACYP include:

- making recommendations to Parliament, government and non-government agencies on legislation, policies, practices and services that affect children and young people;
- promoting children and young people's participation in activities and decision-making about issues that affect their lives;
- conducting research into children's issues and monitoring children's well-being;
- holding inquiries into important issues relating to children and young people;
- providing information to help children and young people; and
- preparing, in consultation with the Minister responsible for youth, a three-year, Strategic Plan for Children and Young People (Plan). The inaugural Plan was launched in July 2016.
- Further information about ACYP's work can be found at: www.acyp.nsw.gov.au.

Office Office of the Advocate for Children and Young People
Report Mental health and wellbeing needs of children and young people: ACYP consultation and polling findings
Year 2019

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We wish to pay our respects to Aboriginal elders – past, present and emerging – and acknowledge the important role of Aboriginal people and culture within the NSW community. ACYP advises Aboriginal and Torres Strait Islander readers this report may contain images of people who may have passed away.



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Background to the Report

The Advocate for Children and Young People (ACYP) is an independent statutory appointment overseen by the Parliamentary Joint Committee on Children and Young People. ACYP advocates for and promotes the safety, welfare, wellbeing and voice of all children and young people aged 0-24 years in NSW, with a special focus on the needs of those who are vulnerable or disadvantaged.

In 2015 ACYP consulted with more than 4,000 children and young people across NSW to inform the development of the NSW Strategic Plan for Children and Young People (the Plan). During these consultations, mental health awareness and support was raised as one of the most important issues affecting children and young people in NSW.

Since the launch of the Plan in July 2016, ACYP has conducted specific face to face consultations with 342 children and young people; and online polls with 2,011 children and young people

across NSW to hear their views on what is and is not working in relation to mental health and wellbeing.

Mental health and wellbeing concerns have also been raised during ACYP consultations with specific groups of children and young people; including 2,922 socially excluded children and young people; 2,599 children and young people living in regional NSW and 176 refugee and asylum seeker children and young people.

This report details all the findings from ACYP consultations and polling relating to the mental health needs of children and young people in NSW. In total, the voices of approximately 12,000 children and young people are represented in this report (10,000 from face to face consultations and 2,000 from online polling).

Between June 2018 and June 2019 ACYP also conducted a social media trend analysis to understand the key issues raised by young people in relation to mental health on Facebook, Instagram and Twitter. Findings from this analysis are also presented in this report.

Children and young people's recommendations in relation to mental health and wellbeing

Access to information

- Create an online platform which acts a clearinghouse for children and young people about information on mental health and how to locate mental health services – this would include relatable stories about mental health experiences and recovery and informative websites.
- Expand the practices of creating posters around schools, on the back of school toilet doors and around public transport hubs with services and numbers/web addresses.
- Expand the practice of creating plastic cards with services and numbers/web addresses – that can fit in a wallet; plastic shows more care than paper and/or on back of student ID cards.
- Give children and young people further information on ways to protect their mental health and wellbeing e.g. stress management, mindfulness, self-esteem, and communication skills.
- Make more information available for children and young people, parents, families, teachers and community members on how to help a child or young person going through a tough time.

- Ensure children and young people have access to information and online resources about recognising signs and symptoms of mental health issues, how to support a friend, when and where to seek help and how services protect privacy and confidentiality.

Schools

- As part of dedicated mental health information days, service and support organisations visit schools on the same day and have information stalls that students can visit, so students are able to learn more about each service.
- When there are school visits from a service that there is time dedicated for students in small groups to learn and discuss.
- Expand the practice of providing “chill-out spaces” in schools, co-designed with children and young people, where students can go if they need time out. These spaces need to be in carefully thought-out locations that incorporate insights from all students.
- Ensure that the impact on students' mental health and wellbeing is considered in all school processes and procedures, especially the scheduling of exams and assessments.
- Ensure that the school counsellor's office in all schools is located so that it is not obvious that students are visiting a counsellor.

- Ensure procedures for students having appointments with a school counsellor protect their privacy. Enable students to make appointments digitally and to be able to see the counsellor before and after school hours for anonymity.
- When every student is inducted into a school that they should meet and greet with the school counsellor so that the counsellor is familiar to them.
- When visiting the counsellor, issues around confidentiality should be explained to all students in language that will be clear to them; all students should understand that school counsellors maintain confidentiality, and will only speak to a student's parents if the student is in danger.
- Ensure that when mental health lessons are covered in PDHPE more time is spent learning about different mental health conditions and available services, including time in lessons spent navigating websites of services, and websites that provide information.
- Provide more teacher training on cultural competence and trauma informed practice to improve capacity of teachers to respond to children and young people displaying challenging behaviours in school environments.

Health and community services

- Invest more in mental health and drug and alcohol support options specifically for young people; particularly in regional areas, including intensive residential rehabilitation and inpatient programs, counselling, therapeutic groups and health education and information provision.
- Provide and promote mental health services that offer help for a range of mental health concerns, not only for serious diagnosed disorders, to encourage early help-seeking.
- Ensure that there are mental health services that provide a casual and informal environment that facilitates young people to seek help.
- Fund youth homelessness refuges to provide comprehensive and specialist assistance to children and young people with complex mental health and substances abuse issues.
- Provide resources to ensure that there are mental health services available to see children and young people urgently when they are at high risk of disengaging due to long waiting periods.
- Provide more free and low cost youth-focused mental health services, and ensure that the fact that a service is free / low cost is promoted.

- All children and young people should be screened for disability and health issues from early childhood and routinely thereafter in health, educational and justice settings and connected with appropriate support to address their needs and potential risk factors.

The broader community

- Hold community initiatives where children and young people, families, community members and services come together to improve mental health and wellbeing across the whole community and normalise conversations about mental health and help-seeking.
- All services and initiatives targeted towards Aboriginal children and young people are designed and delivered by Aboriginal owned and controlled organisations, which should be fully resourced to provide the services.
- Reduce the mental health effects of racism by promoting understanding of the background and situation of refugees and asylum-seekers.
- Increase resourcing for whole-of-community programs, particularly in regional and Aboriginal communities, to help strengthen capacity to tackle systemic conditions such as poverty, substance use, mental health difficulties, family violence, and intergenerational trauma to support children and young people and prevent them from entering the justice system.
- Raise community awareness about the services available to support children and young people facing issues such as violence, homelessness, mental health difficulties and substance abuse.
- Raise awareness among children and young people, and the broader community, of the severity of mental health issues and the need to avoid improper use of mental health terms in everyday language and jokes.



Findings from the consultations for the NSW Strategic Plan for Children and Young People

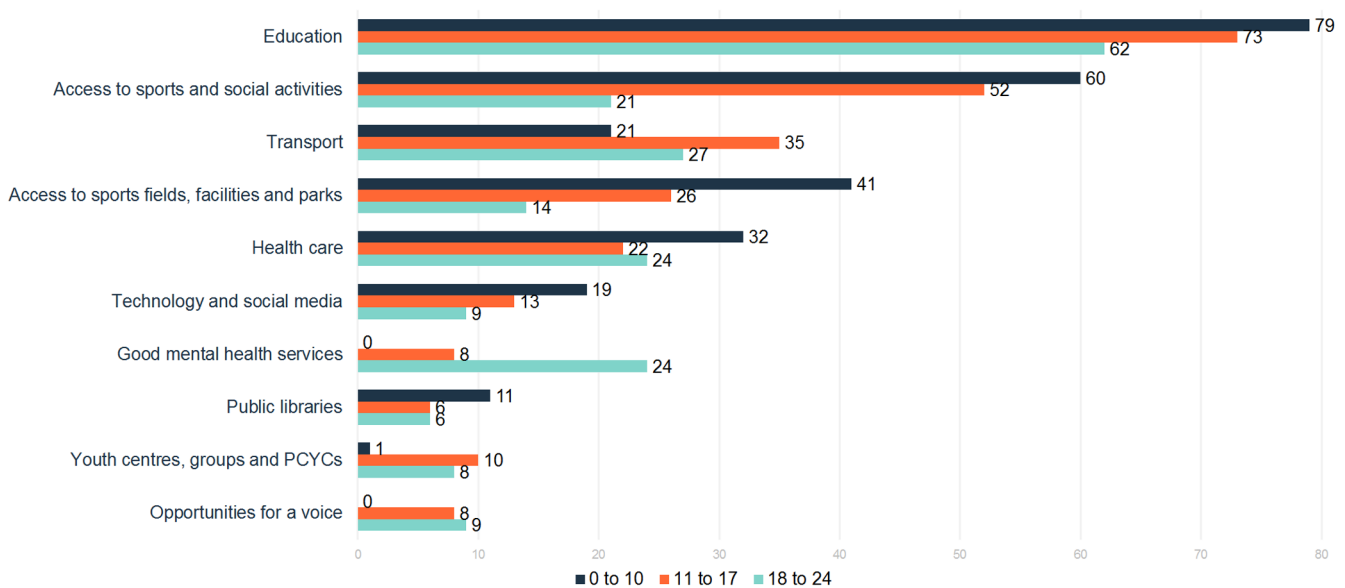
To inform the development of the Plan, more than 4,000 children and young people (aged 3-24 years) responded to open ended questions around what is and is not working well for children and young people in NSW and what should be the top priorities for NSW Government to focus on. Mental health awareness and support was raised by children and young people in response to all of these questions.

In relation to what is working well for children and young people in NSW, the availability of good mental health services was raised by almost one-quarter of young people aged 18-24 years:

“Support is always available to youth for any problems or issues that arise and most are available 24/7.”

“I believe the support groups e.g. Beyond Blue and Headspace are working well for younger people as it seems more and more people are coming out with depression and these organisations help.”

Figure 1 shows the breakdown of responses to the question of what is working well by age group.



In response to the question what is not working well for children and young people, mental health awareness and support was raised by almost one in five children and young people (18%, see Figure 2). Some young people reported that they would like to see greater mental health awareness and support. While a few spoke about the stigma associated with accessing support; many discussed still not knowing what help is available. A common theme throughout the consultations was the need for more information about how they can help their friends experiencing mental health issues and how to recognise when their friends might be in need of mental health support:

“We need to support kids with mental illnesses more because we are really struggling here.”

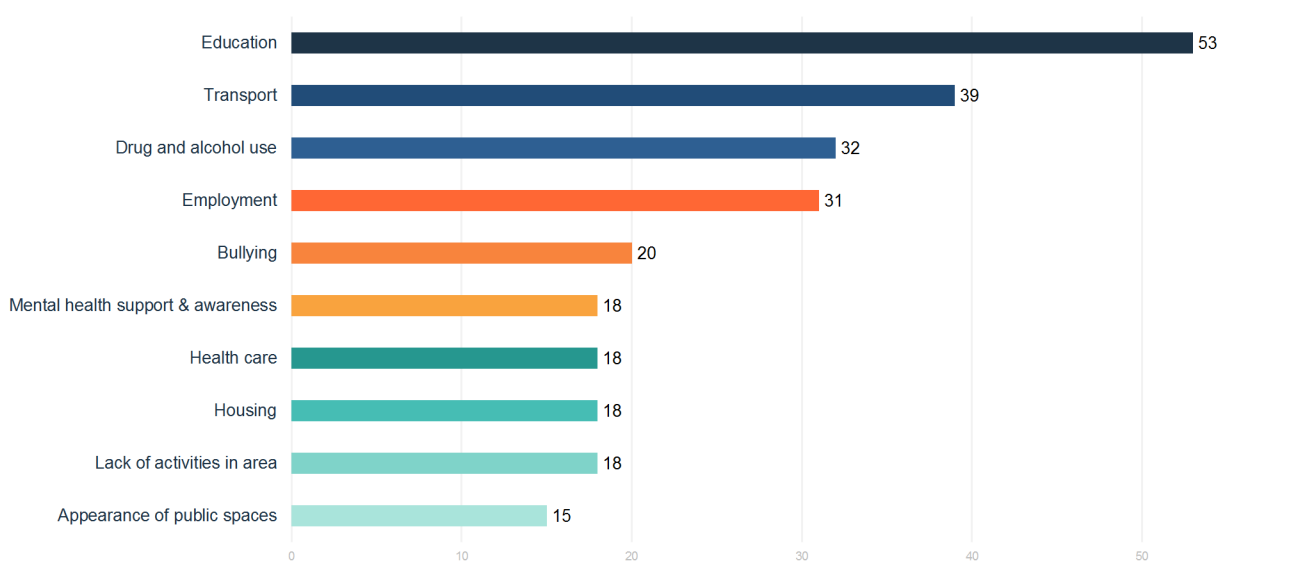
“People don’t know how to talk about it or how to talk to someone with a disorder.”

“More campaigns to raise awareness of mental health issues and places children can receive help from.”

Young people also raised the desire for mental health education to begin in the early years of school:

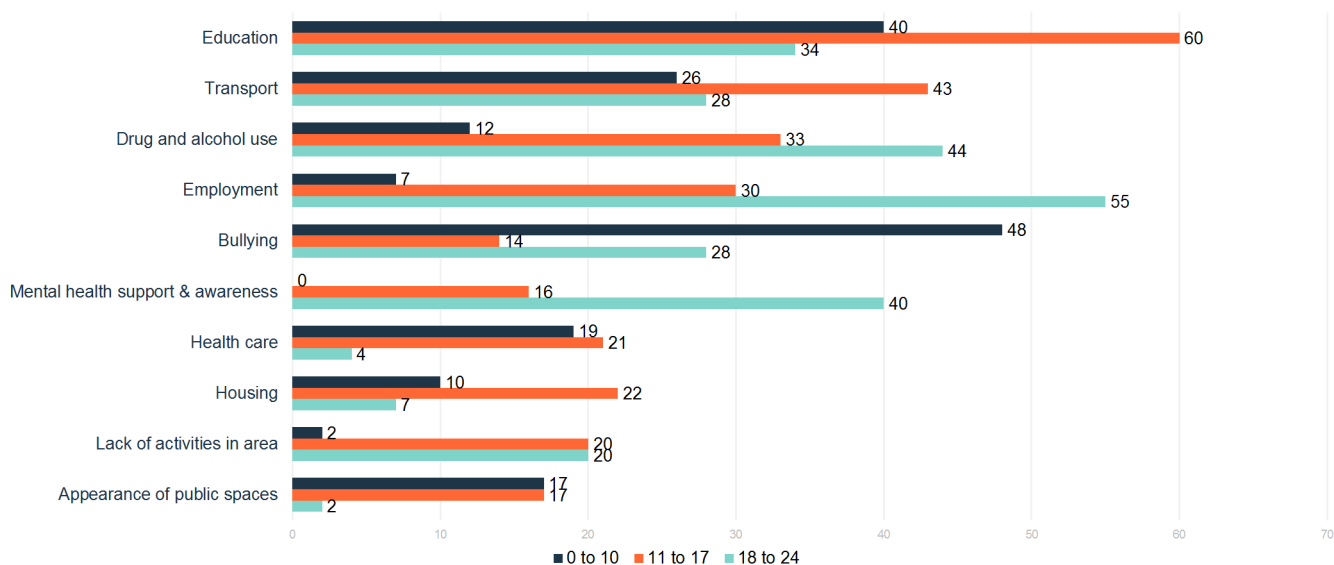
“More mental health education for primary school aged children, don’t wait until high school.”

Figure 2. What is not working well for children and young people?



Once again, young people aged 18-24 years were more likely than other age groups to raise mental health awareness and support as not working well (Figure 3).

Figure 3. What is not working well for children and young people by age group?



Mental health awareness and support was also raised by children and young people in response to the question of what are the top priorities for the NSW Government to focus on for children and young people (see Figure 4).

Figure 4. Top priorities for NSW Government to focus on

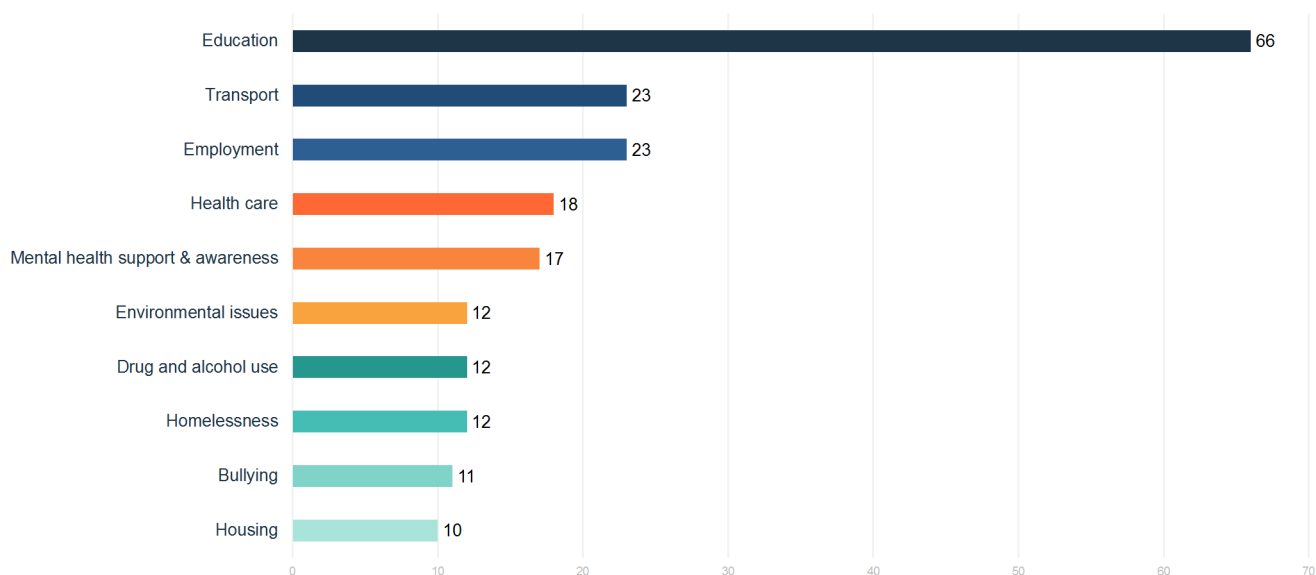
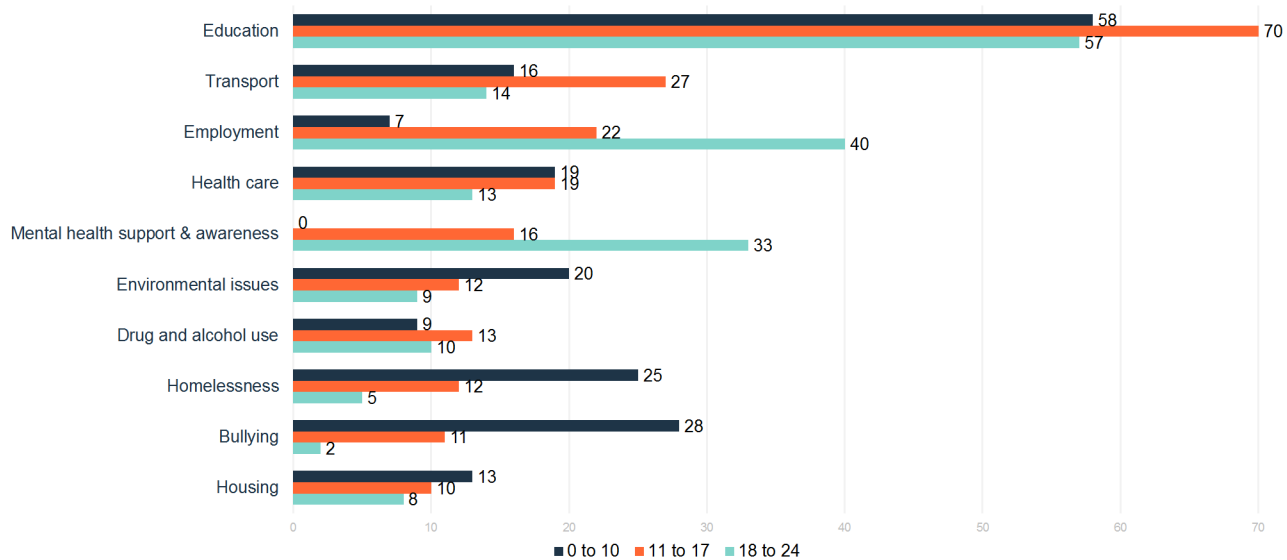


Figure 5 shows that one in three young people aged 18-24 years considered mental health awareness and support to be a top priority, compared with other age groups.

Figure 5. Top priorities for NSW Government to focus on by age group



Findings from targeted consultations with children and young people on mental health and wellbeing

In 2017 and 2018, ACYP conducted a series of face to face consultations with 342 children and young people (aged 14 to 24 years) to gather more detailed feedback on their mental health support needs. Focus groups were held in Government and non-government schools in Sydney, Gosford, Broken Hill and Albury; as well as with young people that attended the 2018 NSW Youth Week Forum. Students in NSW schools provided feedback on the following questions:

1. What is working well in your area in relation to young people's mental health and wellbeing?
2. What is not working well in your area in relation to young people's mental health and wellbeing?
3. What would you like more information about?
4. How should the information be promoted?

In addition, 75 young people that attended the NSW Youth Week Forum answered the following question provided by the NSW Mental Health Commission: What do you need to support your own mental health and that of your friends?



What is working well in relation to young people’s mental health and wellbeing?

Young people spoke favourably about national and state-wide support services such as Kids Helpline, Headspace, Black Dog, Beyond Blue, Mission Australia, Lifeline, and PCYC:

“A lot of people know the Lifeline number.”

“Headspace gives out good information.”

“People come and do talks like Black Dog.”

They liked being able to access credible online information through websites managed by these organisations. Young people identified particular services in their local areas such as local Headspace centres, youth centres, hospitals and child and adolescent mental health teams as helpful. They named specific programs and community initiatives as having a positive impact for both young people and the broader community in regard to mental health and wellbeing e.g. Winter Solstice suicide awareness event (Albury), The Retro Café youth services & programs (Albury), The Hive Youth Resource Centre (Albury), The Big Splash mental health awareness event (Albury) and Maari Ma Aboriginal Health Service (Broken Hill).

Young people spoke favourably about services that felt more relaxed, personalised, and youth-friendly than larger general health services. Being able to see the same worker and feeling known within the organisation was important to them. The location of services was discussed during the Gosford consultations: in one area the

Youth Centre was next to the school which young people said made it easy to access.

Young people said that advertisements about mental health information and support services on TV and social media were important to help normalise conversations about mental health, provide information to people needing support and reduce stigma about seeking help for mental health issues:

“Ads aimed at young people on social media about mental health.”

“Helplines are displayed on social media and ads on TV.”

Young people, especially in regional areas, valued local mental health awareness initiatives as they strengthened community and provided opportunities for people to connect with each other. Young people in Albury mentioned examples of several community activities and events while young people in Broken Hill spoke about the recent launch event at the Headspace office.

The role of schools in supporting students with their mental health and wellbeing and in providing access to mental health education was another area young people discussed. The quality of relationship that students had with the school staff member providing support was the most important factor for young people as to whether they felt the interaction was helpful or not. School counsellors were identified as a key position within the school who would deal with issues of mental health, although responses about the effectiveness of school counsellors

were mixed. Young people also spoke about teachers, wellbeing staff, and pastoral care teams being important too.

Young people spoke positively about localised initiatives that individual schools had implemented. In the Gosford consultations students spoke about dedicated spaces within schools where students can relax and 'chill out'. They particularly liked that it could be accessed without providing extensive documentation or reasoning. In Albury one school had recently acquired a therapy dog to assist students having difficulties.

Young people liked that their schools provided education about mental health issues, commonly anxiety and depression. PDHPE classes were frequently mentioned as one of the best places for this education to happen. School visits by external services and professionals to give

talks or run workshops about mental health were also described as working well. The high school in Broken Hill had recently held a local mental health service expo which some students thought was helpful in promoting what support is available in the area. They also felt programs that taught skills to cope with issues like bullying and stress were good to have.

Young people spoke about the significant role played by family, friends, and community members in supporting someone with mental health issues. A number of young people said that family and friends were often the first place they would go to seek support.

Lastly they highlighted the positive impact on mental wellbeing of being able to engage in other interests and activities such as involvement in sport, music, art, recreational activities, gaming, and socialising.

What is not working well in relation to young people's mental health and wellbeing?

In all consultations, young people spoke about the need for greater awareness around young people's mental health and wellbeing. This was discussed in relation to mental health lessons in schools, the need to reduce stigma through normalising help-seeking behaviour and the need for greater advertising of mental health issues and available help:

“Information about mental health help needs to be advertised better so more people know about it.”

While young people spoke favourably about discussing mental health in PDHPE lessons, they also felt there were ways these lessons could

be improved. Young people said they received a lot of information about anxiety and depression, however they expressed a desire for education about the range of different mental health issues relevant to their peer group:

“Further address different types of mental health issues rather than just anxiety and depression.”

Many of the young people had heard of various mental health support services however there was still uncertainty about the actual services provided by the different organisations:

“We know what they are but not where they are located or how they help.”

They would also like to spend more time in these lessons learning about available support services either through dedicated opportunities to search their websites in class or by inviting services to the school to speak to them directly. It was suggested that having local services visit schools would also allow students to become familiar with health workers which would help them to feel more comfortable seeking their support outside school. Young people reported wanting more opportunities to talk about mental health and related issues with their peers and teachers in small groups, as this would reduce the feelings of shame that many still associate with seeking help:

“Schools need to provide a wider range of activities for people to comfortably talk about their mental health and other issues.”

Additionally senior students said they felt mental health education was frequently offered in junior years but that older years would benefit from ongoing education, especially help to develop strategies to manage pressures caused by school study and exam stress.

The stigma of seeking support from the school counsellor was another common theme reported in all consultations:

“Going to the school counsellor is looked down on.”

Some students spoke about barriers created by the location of counsellor’s offices if it was in conspicuous areas of the school, where other students and teachers could easily see

who was accessing the room. Alternatively in other schools the office was out of the way and students felt if it was more centrally located people would be able to see the counsellor around more often and be more familiar with them. Young people in some consultations expressed concern about school counsellors not maintaining confidentiality and speaking to parents without informing the student.

Outside the school context, young people felt that more needed to be done around addressing underlying causes of mental health issues such as family breakdown, substance use, abuse, family violence, and bullying. They identified prevention and early intervention programs as important in supporting young people before things reached a crisis point. They thought young people did not know enough about what services they could access for support. They want to be able to see more information promoted about services and that services are accessible and approachable for young people. Some young people reported that long waiting times to get into local mental health services was problematic; while others spoke about not having a diagnosable illness and so they were not able to access supports:

“Some people aren’t able to qualify for help.”

Young people told us that attitudes of peers and family, as well as broader societal views about mental illness and negative stereotypes associated with mental health conditions played a big part in how they dealt with mental health concerns. Some felt that young people lacked confidence to reach out. Shame and embarrassment about what others might think were reasons given for not seeking support:

“Scared of people thinking you are weak.”

Young people in the regional consultations said that lack of confidentiality and gossip in small communities compounded this problem:

“Rumours, especially in a small community negatively impacting recovery.”

“Since it’s a small community everyone knows what’s going on.”

Some further reported that some people in the community did not take mental health seriously:

“The topic still isn’t taken seriously, especially on social media.”

Expressing attitudes such as “just get over it” or “toughen up” created another barrier to young people asking for help. Additionally, many were concerned over the improper use of mental health terms in everyday language or jokes, for example “I have maths I want to kill myself” and “you’re so organised you’re so OCD”, as they found it showed the gaps in education surrounding the reality and seriousness of the issues.

The misuse of language related to mental health was also a dominant theme from the social media trend analysis conducted between 2018 and 2019. This analysis highlighted a dichotomy within 13-24 year olds, whereby terms related to depression, suicide and self-harm were both misused as ‘slang’ and where individuals also referred to genuine experiences of depression and suicidal thoughts. This supports ACYP consultation findings of the need for greater

understanding of the severity of mental health issues among this age group.

Several groups also mentioned how societal pressure makes it particularly difficult for men to speak up about the topic of mental health:

“It’s been seen as a weakness so people don’t talk about it or get help, especially males.”

Broader issues such as discrimination, racism, and inequality also contributed to poor mental health outcomes for some young people.

Lastly young people discussed the influence of movies/television and social media. Responses to this topic were mixed. The capacity of digital and social media to improve awareness by telling real stories and providing education and information was acknowledged as very positive. However young people also spoke about the negative impacts such as use of social media for cyber bullying and misinformation given in TV/You-Tube/movie storylines as well as the glorification of issues such as suicide. Often the same example was given by different groups as positive and negative e.g. the TV show 13 Reasons Why was mentioned several times as something that was both a helpful or an unhelpful depiction of the issues of youth suicide.

What would you like more information about?

One of the most common responses to this question in all the consultations was that students would like more detailed, practical information about what to do if a friend confides in them that they are having a difficult time. Many of the young people discussed the burden this places on them and the fear of saying or doing the wrong thing:

“What’s appropriate to say or not say.”

“How to deal with mental health issues, strategies not just facts about mental health, how to help others, noticing behaviour and what to do.”

“How to act around someone with a mental health issue e.g. how to support and help them.”

“(We are) only educated that a lot of people have mental health issues but aren’t told how to help, only told to go to other people or services not how to help the person ourselves.”

Young people also thought this information was important for parents, family, teachers and community members to know as well so they can support young people better.

They wanted to know how to recognise signs and symptoms of emerging mental illnesses in themselves or their peers and how to know if professional help was needed. They asked for information regarding underlying causes of different mental health issues, beyond anxiety and depression:

“Having a better understanding of what caused the illness in the first place, whether it is biological.”

They suggested it would be helpful to have a single website or list of reliable websites providing credible, accurate and up to date information as they felt overwhelmed by the amount of information available on the internet and did not always know which sites were trustworthy.

Young people further discussed wanting more information about what support services are available in their area, what they do, and how to make a decision about which one will best suit them:

“Where the support services are around our area.”

They discussed that taking the initial step of seeking help is extremely hard and scary for them and that better information about services will assist with this. They suggested being able to familiarise themselves with local services and their staff through opportunities such as services speaking at schools, visits to services, service expo-type events would make it much easier to decide who to see.

Consistent with the consultation findings, a dominant theme identified in the social media analysis of 13-24 year olds was the need for more government services in identifying and supporting at risk children and young people.

Young people at the Youth Week Forum said they thought it was helpful for young people to know where they can access support and how to navigate referral pathways to mental health services as these were sometimes complicated and confusing, especially the first time someone seeks help. Young people said they would like to hear more about experiences of those living with mental health conditions. They thought it was important young people learn that everyone's mental health experiences are unique:

“Need to hear others personal experiences with mental health so that we can feel more comfortable with our own experiences.”

They wanted to hear people's stories about recovery as they felt the focus was often only on the mental health condition, not that people get better:

“Teenagers who have recovered from mental health to tell us how to handle it and their stories.”

Some groups felt using celebrities as role models to speak about their experiences was a good idea while other groups felt it was better to hear from real young people. The important factor was

that the stories were relatable to the audience:

“YouTube videos where mental health is discussed for young audiences by someone who is idolised.”

“Young people with personal stories come to talk to us in assembly.”

Consistent with these findings, the social media trend analysis found that one quarter of young people that discussed depression on social media shared their personal stories often linking their experiences of depression to childhood trauma at home or not feeling safe at school due to bullying or academic pressure.

Similarly, the social media analysis highlighted that those aged 25-34 years also frequently shared personal experiences of anxiety, with many recalling experiences from their adolescent years. Many of these stories were positive, with individuals expressing how they have overcome anxiety, including through education and family support. These young adults mentioned feeling empowered and proud, wanting to share their experiences with young people to assist them and their parents to cope with anxiety.

How should the information be promoted?

In all of the consultations, young people said that they wanted more accessible information about mental health issues and where to seek help. Young people identified a broad variety of different mediums through which they would like to receive information with no single method being favoured.

They felt that schools play a big role through the provision of information and education in classes and assemblies; promoting awareness campaigns; arranging visiting health professionals and guest speakers who could share experiences of living with mental health conditions; and displaying relevant information around the school and on school websites:

“Having an extra school subject that is compulsory.”

“Professionals should come into schools more often to discuss and address mental health and it should be compulsory.”

Young people also discussed the role of schools in creating opportunities to normalise conversations about mental health through informal discussions with school staff in small group settings, such as home room or tutor groups and regular check-ins:

“Regular mental health check-ups especially for seniors.”

“Schools have a responsibility to check on students’ mental health as some people may not want to talk about issues until asked and they feel like they are taken seriously.”

“In schools there should be more support available and regular check-ups on students.”

They want greater communication between teachers and students and for teachers to be more approachable and knowledgeable about the issue:

“Smaller supportive groups in schools and communities - where the conversation might not be about mental health but helps people feel supported.”

“Teachers need more mental health training.”

“Teachers to be qualified with mental health things.”

Access to approachable, available, friendly and well-informed school counsellors was another common theme. For some young people this equated with younger counsellors:

“Younger counsellors who understand young people’s point of view.”

Students suggested if school counsellors were visible around the school this would help. Some of the consultation groups felt both mental health education and introductions to school counsellors should be compulsory for all students:

“Get rid of stigma by having a whole year talk with the counsellor to normalise the conversation.”

In the community, young people identified similar face to face communication methods as important ways to learn more about mental health. Better provision of information and promotion of health, youth, and community services is something they felt was needed. They suggested information in the form of booklets, pamphlets and posters about mental health and promoting services be displayed in all areas around the community where young people go including places such as shopping centres, sporting venues, transport hubs, and billboard advertisements as well as youth and health services. Community awareness events that educate people and promote support services were seen as very beneficial. Young people spoke about the positive outcomes in their communities when people were able to connect with each other to tackle a particular issue.

Young people in the Gosford consultations reported that a plastic card would be useful for young people with numbers of support services. Students could keep this in their wallet and felt that a plastic card (rather than paper) would make them feel like people care more.

In addition to direct communication, young people said they would like to be able to access information across a range of social and digital media platforms such as Instagram, Facebook, Snapchat, YouTube and Spotify; cinema advertising; Google Ads. All of these could be utilised to improve knowledge and understanding about mental health and to promote support services. Some young people discussed wanting to be involved in the design of these platforms:

“Instagram ads, make them look good. Get us to design the Instagram page.”

Lastly young people at the Youth Week Forum raised the importance of acknowledging the diversity of young people’s cultural backgrounds and ensuring information is presented in culturally appropriate ways e.g. language, images, and content:

“More cultural awareness and culturally applicable advice.”



Findings relating to mental health from consultations with targeted groups of children and young people

What socially excluded children and young people are saying in relation to mental health

Between April 2015 and August 2018, ACYP consulted with almost 3,000 socially excluded children and young people. This included: children and young people in juvenile detention, children and young people experiencing homelessness, Aboriginal children and young people; children and young people with a lived care experience and children and young people living in low socio-economic areas of NSW.

Mental health concerns were reported as a major issue for many socially excluded children and young people, with depression, anxiety and trauma being most commonly reported. While young people had many positive experiences with mental health services, such as Headspace, others reported long wait times to access these services, particularly in regional areas. This is especially problematic for young people that require immediate treatment and also those in temporary or crisis accommodation as they may not be engaged with a service long enough to wait for an appointment.

For young people requiring medication, cost was reported as an issue, particularly for young people experiencing homelessness.

Young people requiring drug and alcohol rehabilitation facilities also discussed problems with no youth specific facilities available. These young people were forced to access adult

facilities that do not cater to the needs of young people. Further, while they reported being committed to rehabilitation, they felt that facility policies were too strict in relation to smoking and as a result their treatment had sometimes been terminated unfairly.

During the homelessness consultations, participants discussed their experiences of depression, anxiety, and trauma. Many young people reported being unable to work due to experiencing poor mental health. One young male spoke about being unable to work for four years because he was:

“terrified of police, employers, anyone with authority.”

It was reported that Headspace offered a beneficial service to young people who didn't feel comfortable accessing a mainstream doctor. In some regions however, there were wait lists, which is problematic for children and young people who need more immediate treatment. In certain cases, particularly in crisis refuges, children and young people may not be engaged with a service long enough to wait for an appointment.

Other barriers and gaps often raised in consultations included the cost of travel to mental health services, availability of transport

and the lack of mental health services available outside of business hours. This was especially the case for children and young people living in regional and remote areas.

Some children and young people also reported that mental health services frequently diagnose their behavioural issues as mental health issues and that in many cases they were offered medication. They reported feeling like there were not enough alternative approaches available. One young male reported:

“I feel like an alien cause I have to take these meds every day.”

During consultations with young people experiencing homelessness, it was raised that too many young people with complex drug and alcohol and mental health needs are in homelessness refuges when they should be in rehabilitation services. Some expressed a strong desire to address their substance use, but reported significant barriers to accessing detox and rehabilitation facilities in NSW. They felt that facilities were designed to support adult populations, were unaware of the specific needs of children and young people and had long waiting lists. One young person who was able to access a detox facility told us that after leaving detox, he was refused help by several youth accommodation services due to his “high needs”.

Young people in juvenile detention reported that complex mental health problems played a significant part in their criminal activity. Many reported that a lack of available services to tackle mental health problems meant that they did not receive any professional assistance until coming into custody.

Some young people reported that even in areas where mental health services were available, it could still be hard to access them due to long wait times. They felt it would be much more helpful to have services you could walk into without an appointment and see someone immediately.

Even those young people who reported having benefited from being able to connect with a mental health service said the management of their problems was still difficult:

“My depression and anxiety led me to make mistakes even though I had support around me.”

Young people in custody reported that they valued having access to mental health support while in detention. They said this support helped them develop strategies to manage in the Centre, to address issues which had led to them coming into custody, and prepare for when they are released:

“To help you better yourself.”

“I like having yarns with the psychs.”

They thought it would be good to have more psychosocial support staff available in custody, as often it is necessary to book an appointment a few days ahead to see someone. Some suggested it would be good to have access to psychological support during the evenings and on weekends when a lot of the young people became stressed or upset.

What children and young people in regional NSW are saying in relation to mental health

Mental health concerns have also been raised in consultations with more than 2,500 children and young people living in regional NSW. Many of the issues raised in relation to mental health were the same as those raised by children and young people in general. Others were specific to living in regional areas:

What's working in regional NSW in relation to mental health:

- Existing programs such as Headspace and child and family mental health teams
- Community awareness raising initiatives from local services to reduce stigma
- Access to and promotion of national and state wide services including Kids Helpline, Lifeline, Mission Australia and Beyond Blue.
- The increase of mental health education in the formal school curriculum (PDHPE)
- Opportunities to access sport, recreation, arts, music and other social outlets.

What's not working in regional NSW in relation to mental health:

- Existing programs require further resourcing and funding surety, noting that there were consistent reports of long waiting times, high staff turnover and access barriers
- Teachers require training in how to recognise and address youth specific mental health concerns
- Young people want to better understand the range of mental health signs and symptoms and be better able to support their peers
- School counsellors need to better explain their role and be more accessible to students
- Young people have concerns about privacy and gossip, particularly in small communities
- Impact of peer pressure and bullying and understanding where to go for assistance in learning coping strategies for stress.

What refugee and asylum seeker children and young people are saying in relation to mental health

In 2018, ACYP held consultations with 176 children and young people aged 12-24 years from refugee and asylum seeker backgrounds. Discussions were around what had helped them when they first arrived in Australia and what things could have helped them even more when they first arrived.

This group of children and young people raised specific issues related to mental health and help seeking behaviour. Specifically, some young people reported not wanting to access mental health services due to believing that these services were only for people with serious conditions. They discussed feeling alienated when they first arrived and like they didn't belong. Some had done a Google search for mental health services and thought that the services appeared too formal and closed off to them. Young people said that they would be more likely to seek help in a casual and informal environment.

In addition, some refugees and asylum seeker young people reported having experienced

racism and school and in the community with people staring at them, avoiding them or taunting them. They discussed the negative effects this had on their mental health and wellbeing, often feeling alienated and depressed:

“We’ve faced some racism in school like they were looking at us in different ways like not the way they treat other students.”

“Because I have dark skin they say I’m a terrorist.”

Young people had specific ideas for how to change this:

“Maybe tell them what’s happening in our country and why we are here so they don’t think we are in their country for something bad. Some of them maybe don’t like us because we are from countries with war in it. So maybe if they know more about our countries and what’s going on in it maybe they would understand us better.”

What children and young people in juvenile justice are saying in relation to mental health

Between 2015 and 2019 ACYP held consultations with children and young people in Juvenile Justice Centres. This included at least two visits to every Juvenile Justice Centre in NSW. Consultations were focused specifically on the supports needed before and after detention, as well as while in custody. In total ACYP spoke with 260 children and young people in JJs aged 11-21 years; 56 were female and 204 were male.

Young people spoke about the influence of peers on their offending behaviour, saying when they and their peers were not engaged in meaningful activities they were more likely to commit crime. They said engagement in activities and youth programs provide young people with an alternative to involvement in crime as well as a soft entry point to connect to support services.

“... on the weekends and after school, that’s all they do, all the kids there, just go thieving. That’s why we’re in and out. That’s what I tried to tell the caseworker at PCYC and that, I tried to tell them, like, this is why we’re in trouble all the time—cos there’s nothing to do.”

Mainstream youth services play an important role in engaging young people through activities and interests and providing a soft entry point for young people to connect to support services such as mental health, counselling, or drug and alcohol services and can help reduce the stigma and shame associated with seeking help.

Young people from regional communities identified mental health difficulties and substance use issues, in particular use of methamphetamines and cannabis, as key factors in contributing to their offending behaviour.

The vast majority of children and young people raised the issue of long and multiple suspensions from school and reported that it was during their long suspension that they became in conflict with the law. Young people said school and teacher responses to children and young people children and young people tackling multiple, complex issues who display challenging behaviours, should be grounded in understandings of their life experiences and the impact of significant trauma experienced by this group.

“Instead of focussing on education they should also focus on what’s happening outside of school. Like what the kids are getting up to, if they have drug problems, gun use, family problems, domestic violence and stuff like that. They should try to solve it within school cos that’s where boys spend most their time.”

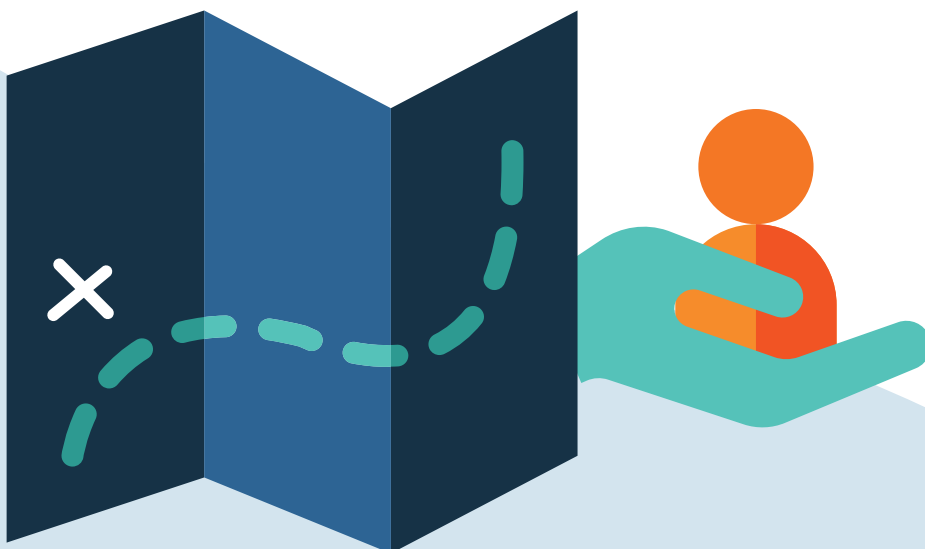
Having safe, secure, and stable housing was identified by young people as crucial to quality of life. They spoke about needing more housing options along the full continuum from crisis refuges and supported accommodation through to affordable, independent housing.

Young people said that a positive relationship with a consistent caseworker, support worker, or counsellor who understood their life experiences and could help them navigate complex support systems has a significant impact on their quality of life.

Young people, particularly those in regional, said their Juvenile Justice Officers provided specialised support because they had a good understanding of the local community context and factors that lead to young people's offending behaviour as well as knowledge about the Juvenile Justice system.

“My JJO does a lot of me, he doesn't give up, he was there for me.”

Young people said they would like more health education programs available in Centres to help young people learn more about mental health, physical health, and drug and alcohol issues.



Findings relating to mental health from online polling

June 2016 Poll

How children and young people rate their mental health

One in five children and young people (18%) rate their mental health as excellent, 34% very good and 27% good. However, one in five children and young people (22%) rate their mental health as just fair or poor.

Men (24%) are more likely than women (12%) to rate their mental health as excellent while women are more likely to rate their mental health as fair (21% compared to 9%).

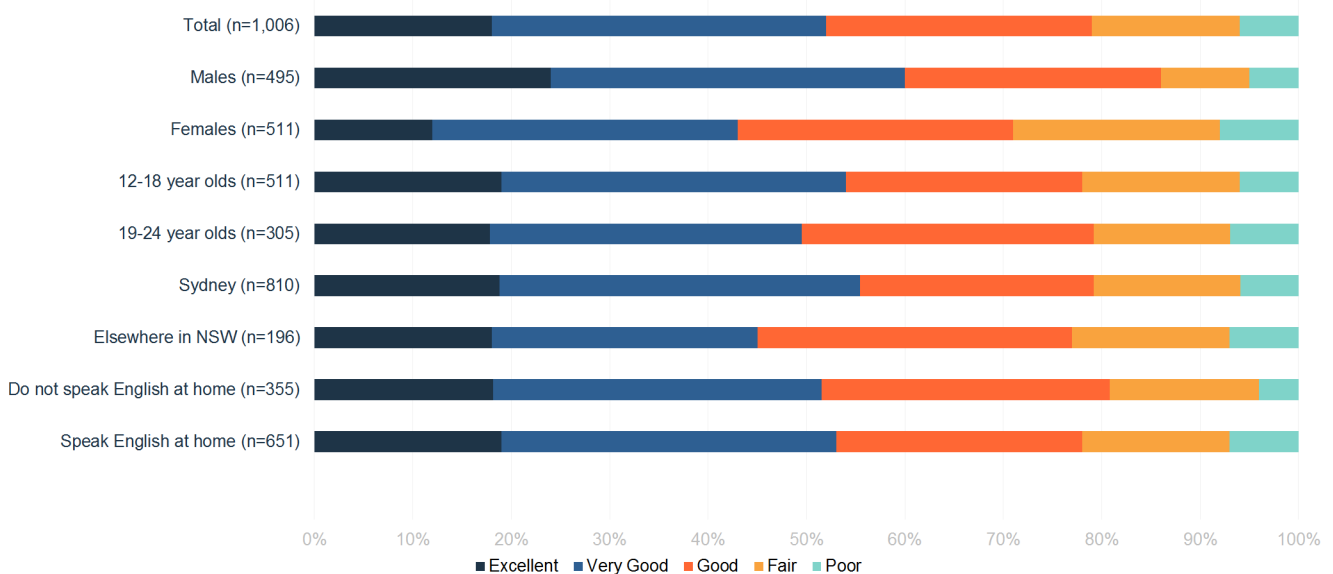
Those living in Sydney (37%) are more likely than those living outside of Sydney (27%) to rate their mental health as very good while those living

outside of Sydney are more likely to rate their mental health as good (32% compared to 24%).

Those working full time (35%) are more likely than those working part time or not at all (17%) to rate their mental health as excellent.

Those who do not have a disability (81%) are more likely than those with a disability (52%) to rate their mental health as excellent, very good or good while those with a disability are more likely to rate their mental health as fair or poor (48% compared to 19%).

QB16: Overall, how would you rate your mental health?



Where children and young people would go for advice on a situation involving mental health

Children and young people are most likely to seek advice on a situation involving mental health from their family (23%), a doctor (18%) or the internet/online (11%).

Women (12%) are more likely than men (7%) to seek advice on a situation involving mental health from a counsellor/counselling service.

Those 19-24 years are more likely than those 12-18 years to seek advice on a situation involving mental health from a doctor (22% compared to 15%) and the internet/online (16% compared to 7%) while those 12-18 years are more likely to seek advice on a situation involving mental health from their school/school counsellor/teacher/university (12% compared to 3%).

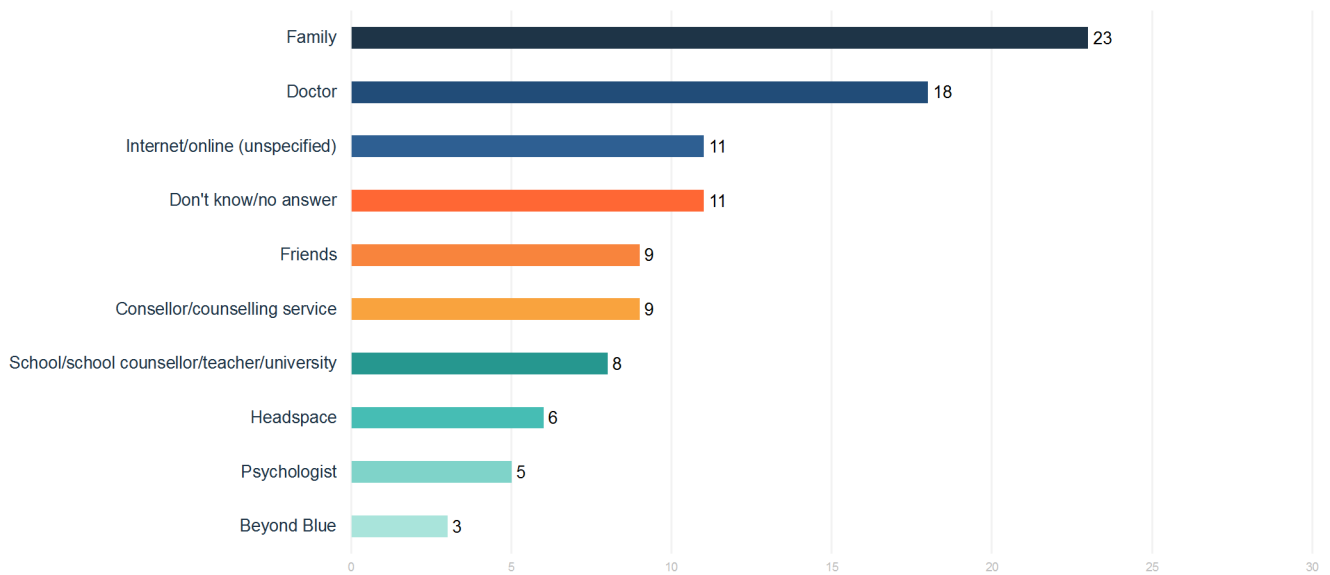
Those living outside of Sydney are more likely than those living in Sydney to seek advice on a situation involving mental health from a doctor (23% compared to 16%) and Headspace (11% compared to 4%) while those living in Sydney are more likely to seek advice on a situation involving mental health from the internet/online (13% compared to 8%).

Those living at home with parents (24%) are more likely than those living out of home (15%) to seek advice on a situation involving mental health from family.

Those who speak a language other than English at home (12%) are more likely than those who speak English at home (8%) to seek advice on a situation involving mental health from friends while those who speak English at home are more likely to seek advice on a situation involving mental health from Headspace (8% compared to 2%).

Those who do not have a disability are more likely than those who have a disability to seek advice on a situation involving mental health from family (23% compared to 14%) and friends (10% compared to 5%) while those who have a disability are more likely to seek advice on a situation involving mental health from Headspace (18% compared to 5%).

QB17c: If you needed advice on a situation involving the following issues, where would you go? C. Mental health



June 2018 Poll

Mental health issues children and young people are aware of

Children and young people are most likely to be aware of depression/suicide (75%), anxiety (57%) and bipolar disorder (27%).

Females are more likely than males to be aware of depression/suicide (82% compared to 67%), anxiety (71% compared to 44%), Bipolar disorder (38% compared to 17%), schizophrenia (24% compared to 11%), eating disorders/anorexia/bulimia (22% compared to 9%), Post-Traumatic Stress Disorder (14% compared to 7%), Obsessive Compulsive Disorder (11% compared to 4%), addictions (e.g. drug, alcoholism) (10% compared to 6%) and Borderline Personality Disorder (9% compared to 3%).

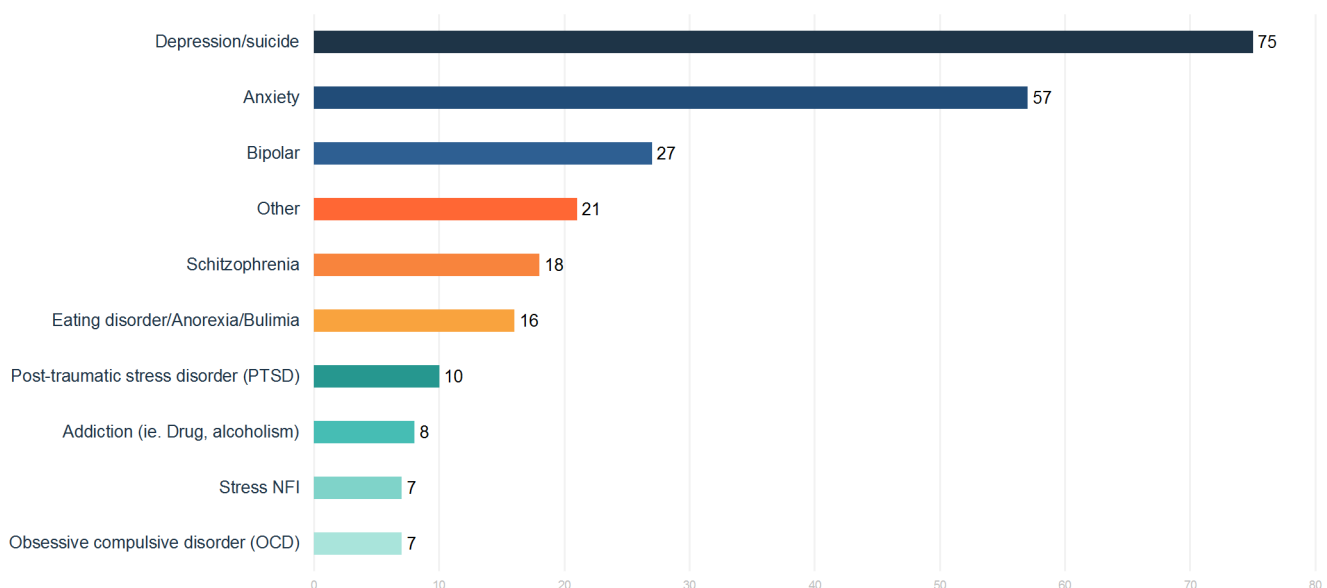
Those 12-18 years are more likely than those 19-24 years to be aware of Attention Deficit

Hyperactive Disorder/Attention Deficit Disorder (9% compared to 4%) and Autism (9% compared to 2%) while those 19-24 years are more likely to be aware of Bipolar disorder (31% compared to 24%), addictions (11% compared to 5%) and Post-Traumatic Stress Disorder (13% compared to 8%).

Those living in regional and rural NSW (13%) are more likely than those living in Sydney (8%) to be aware of Post-Traumatic Stress Disorder.

Those who have a disability are more likely than those who do not to be aware of Post-Traumatic Stress Disorder (35% compared to 8%), Borderline Personality Disorder (19% compared to 5%) and autism (14% compared to 5%).

QB12: What are the different kinds of mental health issues that you are aware of?



What children and young people think is working well in their area in relation to young people’s mental health and wellbeing

The things children and young people think are working well in their area in relation to young people’s mental health and wellbeing are activities or support in youth centres or school (25%), counselling or psychological services for youth (15%) and raising awareness (14%).

Females are more likely than males to think counselling or psychological services for youth (19% compared to 12%) and raising awareness (16% compared to 11%) are working well in their area in relation to young people’s mental health and wellbeing.

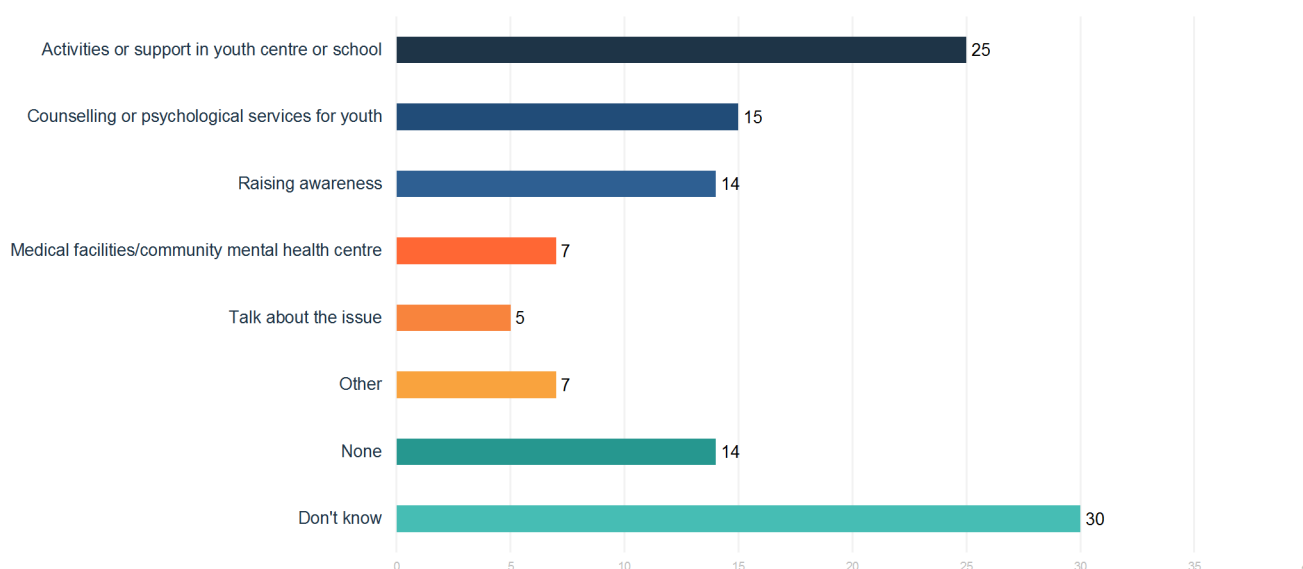
Those 12-18 years are more likely than those 19-24 years to think activities or support in youth centre or school (31% compared to 19%) and

raising awareness (16% compared to 11%) are working well in their area in relation to young people’s mental health and wellbeing.

Those living in Sydney (15%) are more likely than those living in regional and rural NSW (10%) to think raising awareness is working well in their area in relation to young people’s mental health and wellbeing.

Those who speak a language other than English at home are more likely than those who speak English at home to think counselling or psychological services for youth (19% compared to 14%) and raising awareness (18% compared to 12%) are working well in their area in relation to young people’s mental health and wellbeing.

QB13: What is working well in your area in relation to young people's mental health and wellbeing?



What children and young people think is working well in their area in relation to young people's mental health and wellbeing

The things that children and young people think are not working well in their area in relation to young people's mental health and wellbeing are lack of awareness on mental health education by school, community or other organisation (12%), lack of communication between young people and adults about mental health issues (11%), drug and alcohol use/street fighting and other bad influences (9%) and lack of services or support for young people/low accessibility for young people (9%).

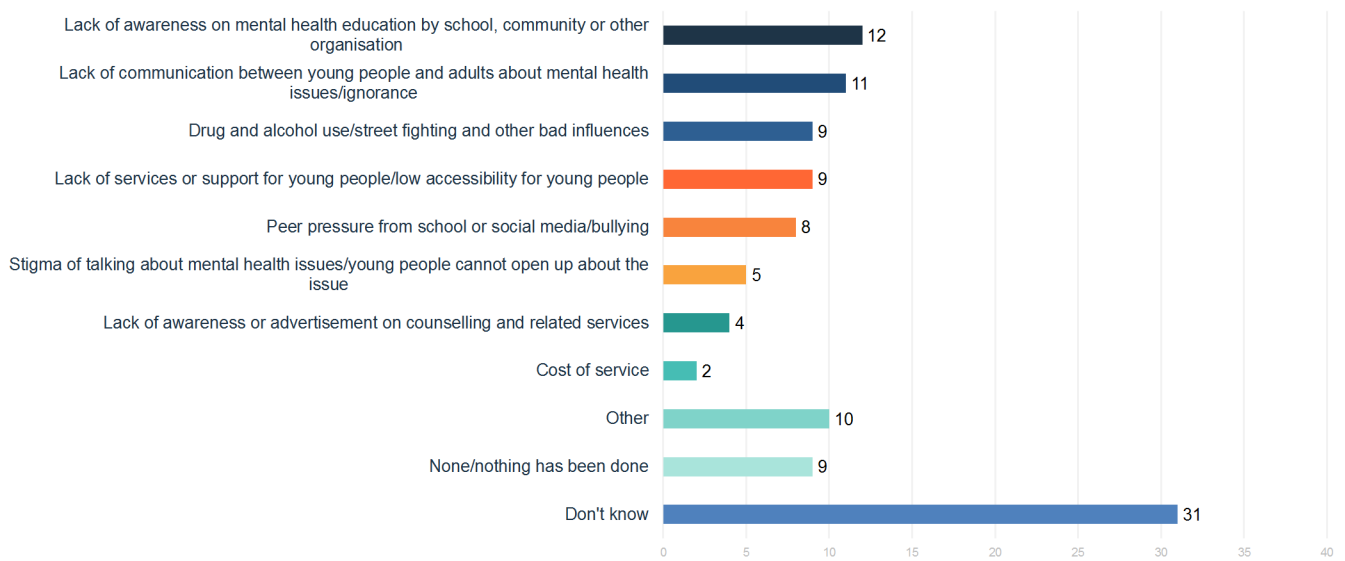
Females are more likely than males to think that lack of communication between young people and adults about mental health issues (15% compared to 7%) and lack of services or support for young people/low accessibility for young people (12% compared to 7%) are the things that are not working well in their area in relation to young people's mental health and wellbeing.

Those living in regional and rural NSW are more likely than those living in Sydney to think that lack of services or support for young people/low accessibility for young people (13% compared to 8%) and the stigma of talking about mental health issues/young people cannot open up about the issue (8% compared to 4%) are the things that are not working well in their area in relation to young people's mental health and wellbeing.

Those who speak a language other than English at home (16%) are more likely than those who speak English at home (11%) to say the things that are not working well in their area in relation to young people's mental health and wellbeing are lack of awareness on mental health education by school, community or other organisation.

Those who have a disability (19%) are more likely than those who do not (8%) to say the things that are not working well in their area in relation to young people's mental health and wellbeing include lack of services or support for young people/low accessibility for young people.

QB14: What is not working well in your area in relation to young people's mental health and wellbeing?



What children and young people would like more information about in relation to young people's mental health and wellbeing

Children and young people are most likely to say they would like more education on mental health including symptoms and what to do about it (27%) and more information on encouraging young people to seek help and discuss the issue (17%).

Females are more likely than males to say they would like more information on encouraging young people to seek help and discuss the issue (21% compared to 14%) and more counselling and support services such as suicide prevention (9% compared to 4%).

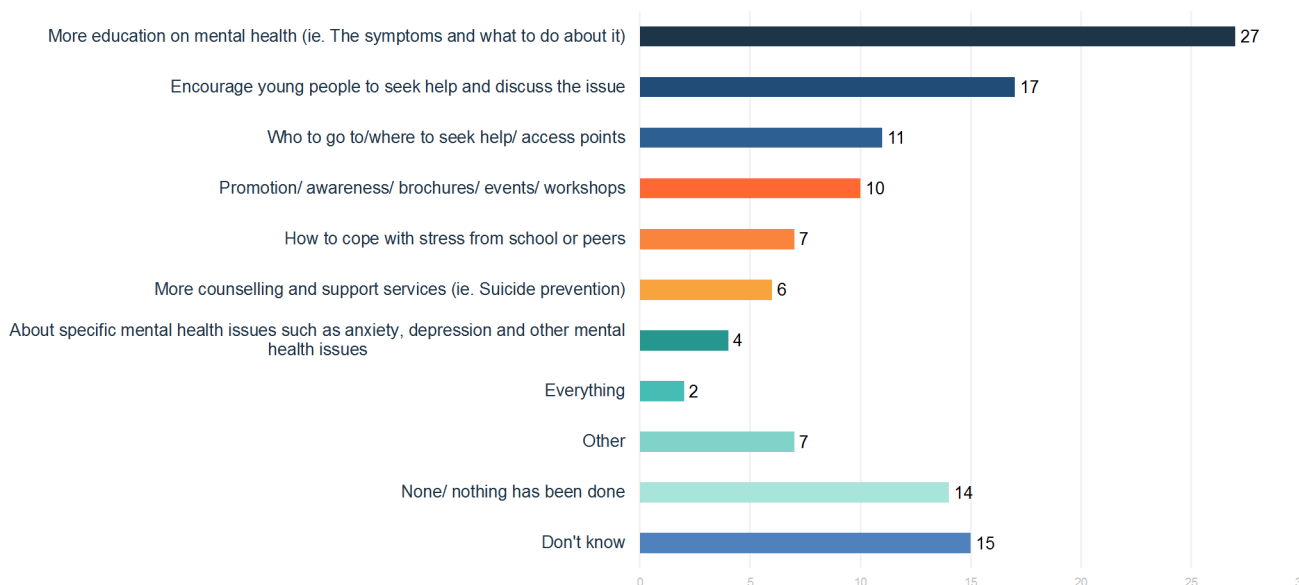
Those 19-24 years are more likely than those 12-18 years to say they would like more information on who to go to/where to seek help/access points (14% compared to 7%) and promotion/ awareness/ brochures/events/workshops (12%

compared to 7%) while those 12-18 years are more likely to say they would like more information on how to cope with stress from school or peers (9% compared to 5%).

Those living in Sydney (31%) are more likely than those living in regional and rural NSW (18%) to say they would like more education on mental health including symptoms and what to do about it while those living in regional and rural NSW would like more information on encouraging young people to seek help and discuss the issue (22% compared to 15%).

Those who speak a language other than English at home (37%) are more likely than those who speak English at home (23%) to say they would like more education on mental health including the symptoms and what to do about it.

QB15: What would you like more information about in relation to young people's mental health and wellbeing?



Where children and young people would prefer to access information about young people’s mental health and wellbeing

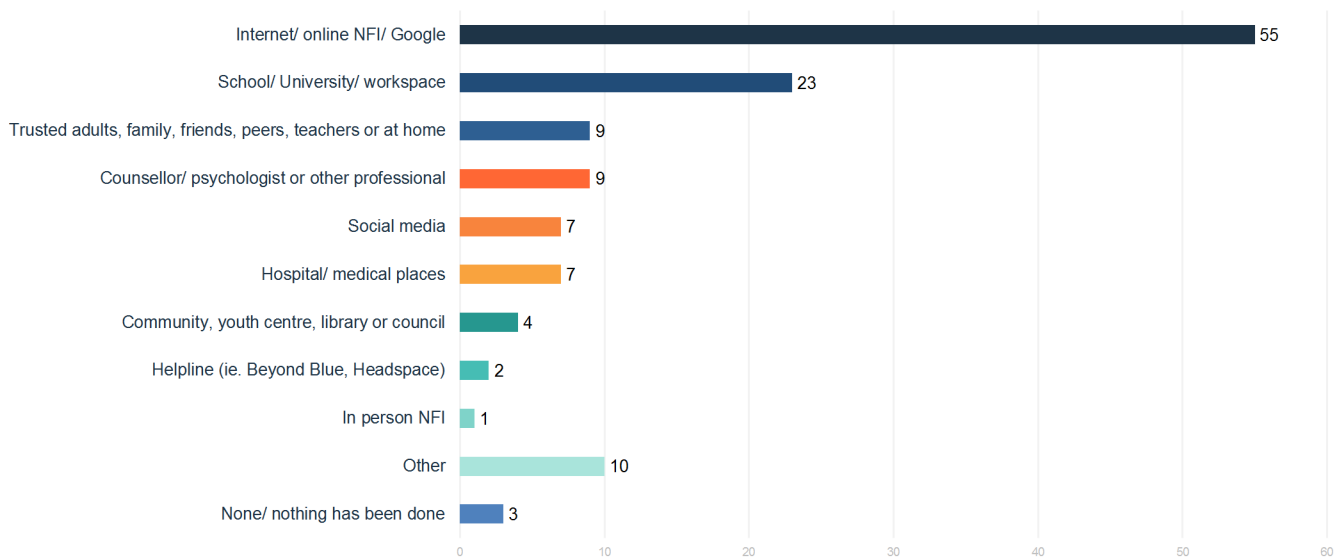
Children and young people prefer to access information about young people’s mental health and wellbeing from the internet (55%) and school/university/work (23%).

Those 19-24 years are more likely than those 12-18 years to prefer to access information about young people’s mental health and wellbeing from the internet (63% compared to 48%) while those 12-18 years are more likely to prefer to get it at

school/university/work (29% compared to 18%) and trusted adults/family/friends/peers/teachers or at home (15% compared to 3%).

Those who have a disability (16%) are more likely than those who do not (6%) to prefer to access information about young people’s mental health and wellbeing from a hospital/medical service provider.

QB16: Where would you prefer to access information about young people’s mental health and wellbeing?

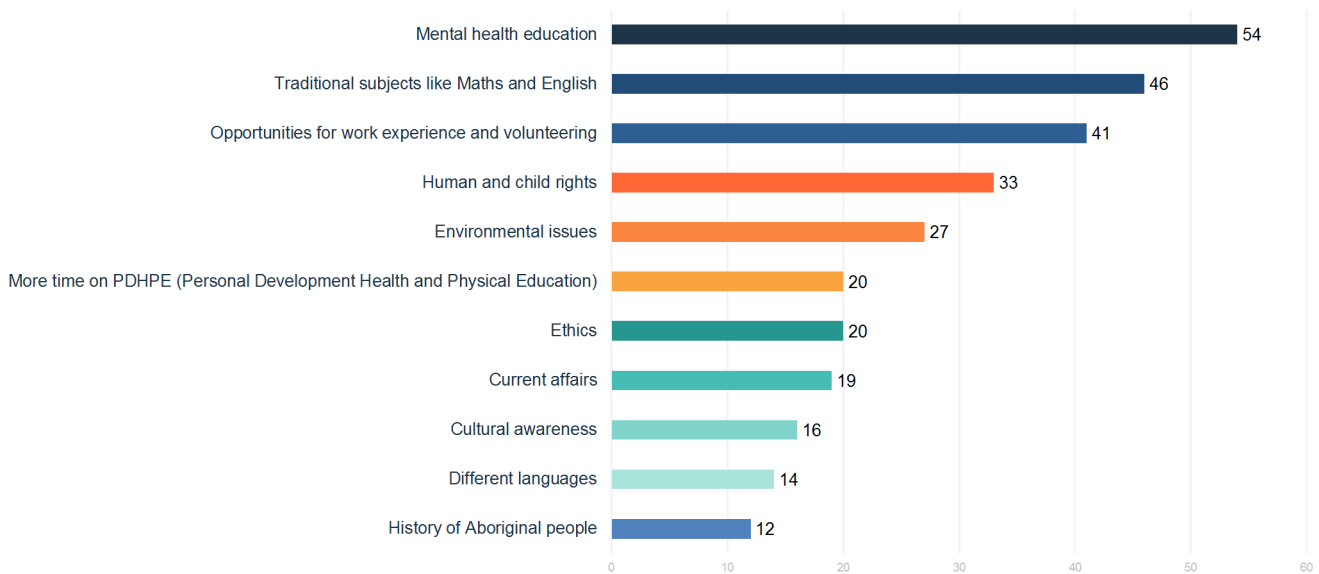


December 2018 Poll

What children and young people think are the most important things they should learn at school

Children and young people are most likely to think that one of the most important thing they should learn at school is mental health education (54%). This is a stronger tendency for females than males (60% compared to 48%) and stronger for older young people 19-24 years (59% compared to 49% for those young than 19). Young people living in regional and rural NSW are also more likely to think that one of the most important things to be learnt includes mental health education (58% compared to 51%).

QB11: What do you think are the 3 most important things children and young people should learn at school?



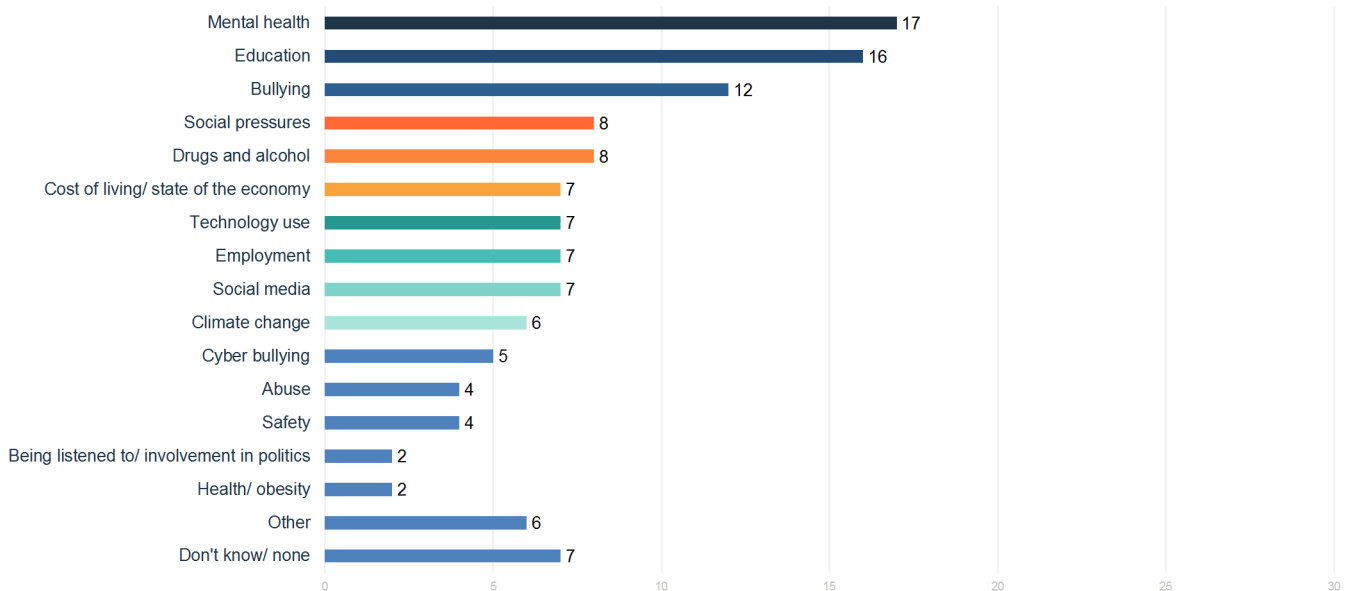
March 2019 Poll

What children and young people think are the biggest problems facing children and young people in NSW

Children and young people in NSW are most likely to say the biggest problem facing children and young people in NSW is mental health (17%).

Females are more likely than males to think the biggest problem facing young people in NSW is mental health (20% compared to 14%). Those 12-18 years are more likely than those 19-24 years to say the biggest problem facing young people in NSW is mental health (23% compared to 11%).

QB1: In your opinion, what is the most important issue facing children and young people in NSW?



Findings relating to mental health from social media trend analysis

Mental health at a glance



Facebook

863 media results
351 million potential reach



Instagram

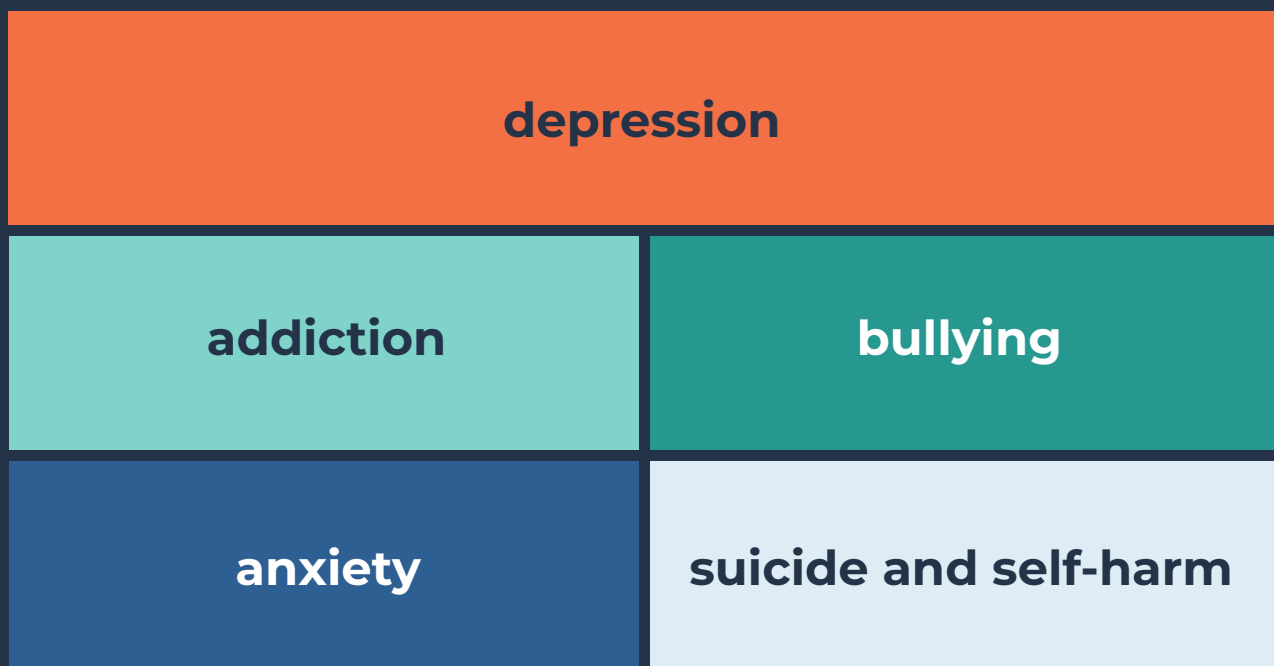
849 media results
N/A potential reach



Twitter

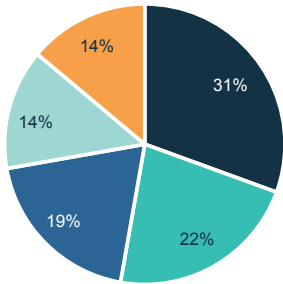
4566 media results
105 million potential reach

Key themes

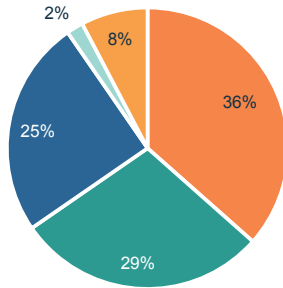


Addiction

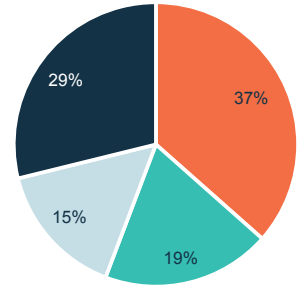
Key Messages



Sentiment



Influencer Type

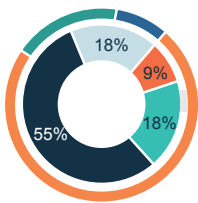


- Smartphone addiction
- Drug addiction
- Childhood trauma and addiction
- Online gaming addictions
- Incorrect use of the term 'addiction'

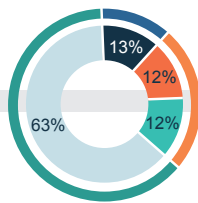
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- Individual
- Industry
- Parent
- Educator

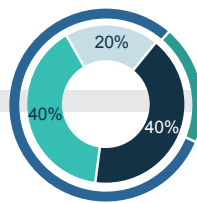
Smartphone addiction



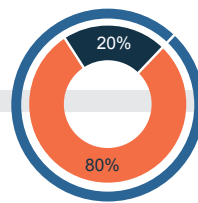
Drug addiction



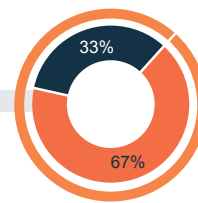
Online gaming addictions



Misuse of the term

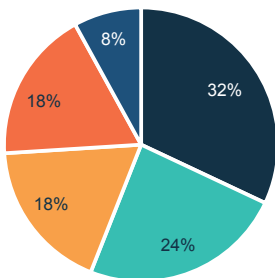


Childhood trauma and addiction

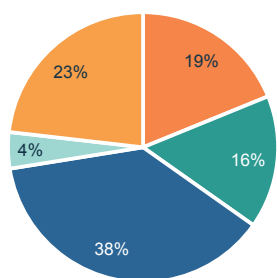


Depression

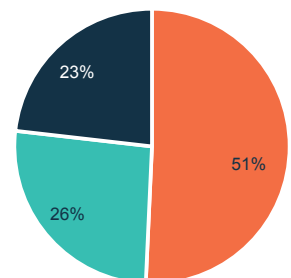
Key Messages



Sentiment



Influencer Type

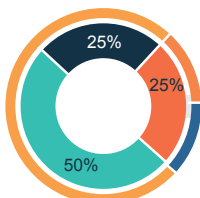


- Ways to combat depression
- Personal story
- Depression causes and effects
- Misuse of the term
- Childhood depression statistics

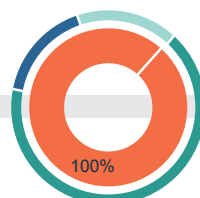
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- Industry
- Parent
- Educator

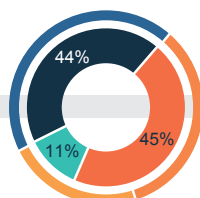
Ways to combat depression



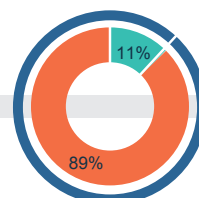
Personal story



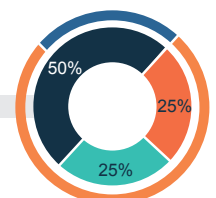
Depression causes and effects



Misuse of the term

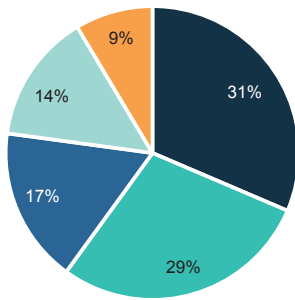


Childhood depression statistics

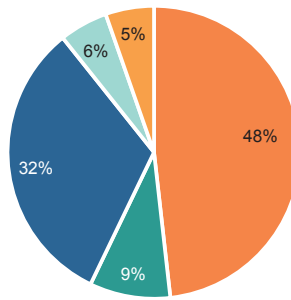


Bullying

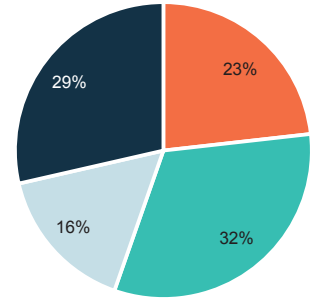
Key Messages



Sentiment



Influencer Type

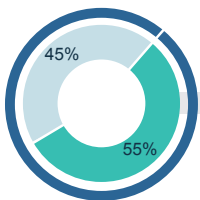


- CCTV footage in classrooms
- Children with disability and bullying
- Bullying and suicide prevention
- Personal story
- Bullying and Transgender

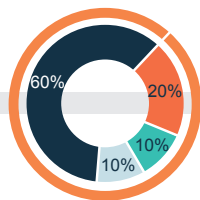
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- Individual
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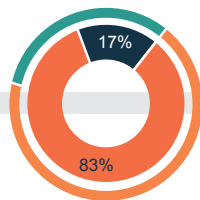
CCTV footage in classrooms



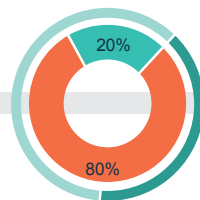
Children with disability and bullying



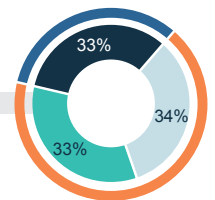
Bullying and suicide prevention



Personal story

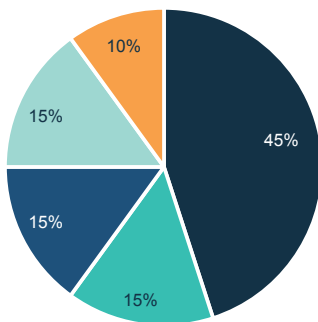


Bullying and Transgender

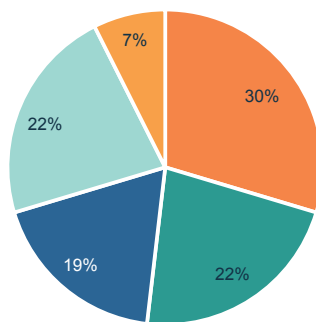


Suicide and self harm

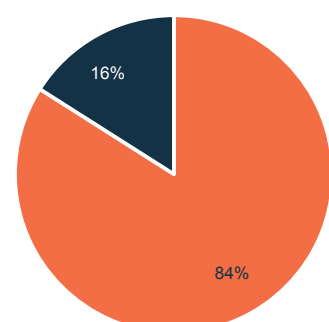
Key Messages



Sentiment



Influencer Type

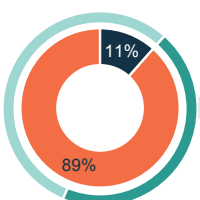


- Personal story
- Misuse of the term
- Suicide and socio-economic background
- Awareness
- Personal pressure

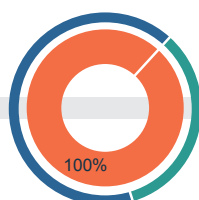
- 1
- 2
- 3
- 4
- 5

- Individual
- Educator

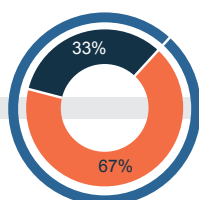
Personal story



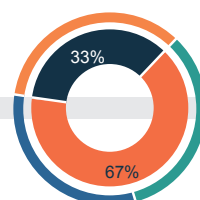
Misuse of the term



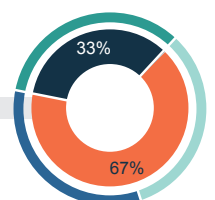
Suicide and socio-economic background



Awareness

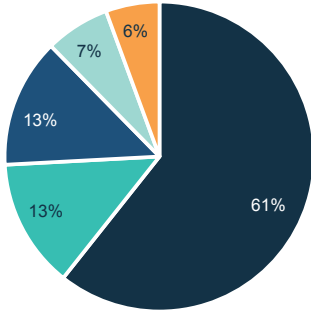


Personal pressure



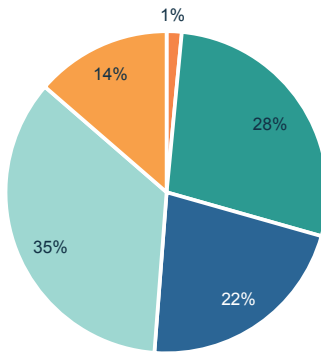
Anxiety

Key Messages



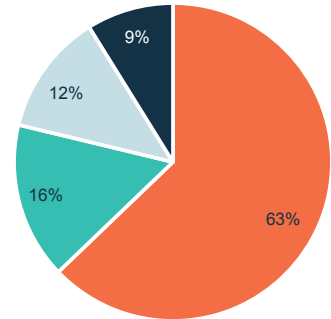
- Personal stories
- School attendance vs anxiety
- Erasing the stigma
- Ways to decrease anxiety
- Current Government initiatives

Sentiment



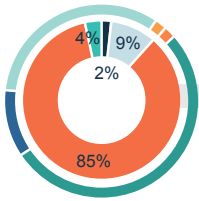
- 1
- 2
- 3
- 4
- 5

Influencer Type

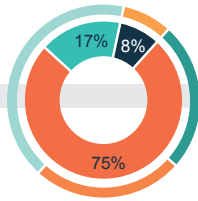


- Individual
- Industry
- Parent
- Educator

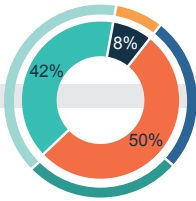
Personal stories



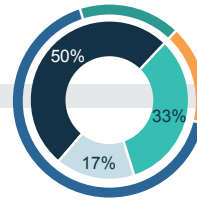
School attendance vs anxiety



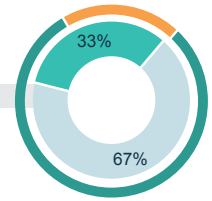
Erasing the stigma



Ways to decrease anxiety



Current Government initiatives





acyp.

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