



BoysTown



**BoysTown's Submission in Response to the National Advisory  
Council on Mental Health Discussion Paper**

**A Mentally Healthy Future for all Australians**

**March 2010**



Authorised By:

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## Introduction

BoysTown acknowledges and supports the National Advisory Council's (NACMH) vision of a mentally healthy Australia as outlined in the Discussion Paper "A Mentally Healthy Future for all Australians". We support the objective of seeking to do more than treat mental illness once it has occurred and believe it to be an advanced policy framework that aims to encourage individuals and the community to take more control of their own mental health. This statement is made with the caution that acute and rehabilitative services for those with mental *illness* as distinct from mental *distress*, remain both critical and inadequate, and that the strong cross disciplinary and cross sectoral approach outlined in the Discussion Paper cannot replace or camouflage the imperative to expand additional mental health specialist services, both inpatient and in-community.

BoysTown generally agrees with the priorities as set out in the Discussion Paper in relation to articulating and addressing known sources of human distress and mental health disorders. However we also believe that there are some significant gaps in the proposed priorities outlined in the paper. Consequently a number of recommendations are made that offer suggestions for additional areas of concern that either need to be addressed, or be more strongly responded to by the described Programs of Investment. In addition, BoysTown offers for the Council's information, examples of this service's experience in implementing some of the strategies as outlined in the paper to inform implementation.

Key Recommendations in the response are:

### **Recommendation 1**

*1.1 That State Departments of Education continue to train school staff in responses to bullying.*

*1.2 That Australian Governments work in collaboration with and provide funding to community services to develop an awareness raising strategy that targets children and young people and adults/parents to:*

- 1.2.1 Encourage children and young people to speak out about bullying to trusted adults, and*
- 1.2.2 Inform them of available services that can assist in ameliorating the impacts of bullying and in particular, in view of their effectiveness, telephone and online counselling resources.*
- 1.2.3 That Australian Governments initiate a review of the provision of peer helper programs across schools to ascertain the current availability of and service levels to children and youth and fund gaps identified from this analysis.*

## **Recommendation 2**

*2.1 In addition to ensuring adequate resourcing of state Child Protection systems, BoysTown would urge State Governments to adequately support the Foster Care system, ensuring that psychological support services are available to young people under State protection and address the failure to support highly vulnerable young people leaving State care at age 18 or younger.*

## **Recommendation 3**

*3.1 BoysTown encourages the government and the advertising and magazine industries to review current media and advertising codes of practice to ensure the responsible portrayal of youth issues and images.*

## **Recommendation 4**

*4.1 BoysTown encourages government to improve the new policy framework with a stronger emphasis on the need to address both:*

*4.1.1 the inadequate supply of crisis, medium term and affordable long-term accommodation, and*

*4.1.2 the current lack of psychological support services for vulnerable youth being supported in emergency Shelters and other forms of short term housing, to overcome the impacts of interwoven issues associated with for example mental illness, drug and alcohol misuse and child abuse.*

## **Recommendation 5**

*5.1 BoysTown is aware of the COPMI (Children of Parents with a Mental Illness) program and recommends that this strategy be further supported by government.*

*5.2 BoysTown also advocates that Adult Mental Health services should assess the needs of the children of their adult clients and develop case management plans in conjunction with appropriate mental health focused youth services that address those needs including mental health education.*

## **Recommendation 6**

*6.1 Government Policy needs to acknowledge the additional burden a stronger emphasis of caring for family and community members with mental health needs will create for families, and develop more support strategies such as respite services.*

**Recommendation 7:**

*7.1 That Australian Governments establish collaborative partnerships with service providers currently using online counselling and information modalities to research, develop and implement strategies that will increase help seeking in relation to mental health issues.*

**Recommendation 8**

*8.1 That Australian Government's increase the number and location of providers of Dialectical Behaviour Therapy - an evidence-based treatment currently considered to be the most successful of all approaches in treating the disorder.*

**Recommendation 9**

*9.1 That government specialist mental health services amend the target age group for Child and Adolescent Mental Health Services upwards to 25 years.*

## About BoysTown

BoysTown is a national organisation and registered charity which specialises in helping disadvantaged young people and families who are at risk of social exclusion. Established in 1961, BoysTown's mission *is to enable young people, especially those who are marginalised and without voice, to improve their quality of life*. BoysTown believes that all young people in Australia should be able to lead hope-filled lives, and have the capacity to participate fully in the society in which they live.

BoysTown currently provides a range of services to young people and families seeking one-off and more intensive support including:

- Kids Helpline, a national 24/7 telephone and on-line counselling and support service for five to 25 year olds with special capacity for young people with mental health issues;
- Accommodation responses to homeless families and women and children seeking refuge from Domestic/Family Violence;
- Parenting Programs offering case work, individual and group work support and child development programs for young mothers and their children;
- Parentline, a telephone counselling service for parents and carers in Queensland and the Northern Territory;
- Paid employment to more than 300 young people each year in supported enterprises as they transition to the mainstream workforce;
- Training and employment programs that skill approximately 6,000 young people each year, allowing them to re-engage with education and/or employment, and
- Response to the needs of the peoples of the remote Indigenous communities of the Tjurabalan in Western Australia.

BoysTown has identified the importance of preventative interventions, aiming to build relationships with people using modalities that facilitates trust and consequently engenders disclosures about hidden and complex issues impacting on the well being of service users. Some of the most serious issues facing the young people who access BoysTown's services are mental health, self-injury and thoughts of suicide. BoysTown is able to support these young people through our mix of early intervention and crisis services that can be tailored to best suit each individual's needs.

### Kids Helpline

Kids Helpline is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5 to 25 years. Since March 1991, young Australians have been contacting Kids Helpline about a wide range of issues: from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-injury and suicide.

Children and young people have direct access to a counsellor and can choose to speak with either a male or female counsellor. They are also able to arrange to speak again with the same counsellor to work through their issues. No other organisation speaks with as many young Australians.

Kids Helpline has a unique capacity to act as a safety net for vulnerable children and young people at risk of suicide. These young people often reach out when other services are closed or when suicidal thoughts become too much for them during the isolation of the midnight 'til dawn hours. For this reason, other agencies often include Kids Helpline in their safety plans for their young clients experiencing suicidality.

During 2009 Kids Helpline responded to over 260,000 contacts from children and young people up to the age of 25 years via telephone, email and web chat. Of those, 53,111 were contacts of a nature that required a counselling type response. Eleven and a half percent (6091) contacted specifically concerning mental health issues (including diagnosed mental illnesses) and a further 15% contacted in relation to difficulty managing their emotions and/ or behaviours. In addition, counsellors recorded 4,564 contacts where the person was experiencing suicidal thoughts at the time of making contact and 8,166 contacts where they had recently self harmed.

Professionally trained Kids Helpline counsellors respond to these types of contacts by gently building trusting relationships, conducting risk assessments, identifying existing supports, discussing possible referrals with the young person and liaising with those referral agencies, offering ongoing counselling relationships with the same Kids Helpline counsellor and conducting "wrap-around care" in conjunction with other agencies in the young person's life. Often, extensive advocacy is carried out on behalf of young clients to ensure specialist mental health services become/ remain involved when it is clear either a mental illness exists or symptoms are emerging.

A Kids Helpline organisational policy change in 2003 extended the target client age range from 18 years to 25 years to ensure that young people who may otherwise fall through the gap when transiting between Child and Adolescent Mental Health Services and Adult Mental Health Services have an option to access psychological support during those high risk years of the first onset of mental illness.

## Recommendations for a stronger policy focus

BoysTown supports the Discussion Paper's acknowledgement of the causal relationships between common life experiences and damage to mental health. However BoysTown believes the following issues require more attention in future Government policy than is expressed by the Paper:

### 1. Bullying:

There is little mention in the Discussion Paper of bullying as one of the most common causes of mental distress in young people. BoysTown has gathered extensive information in relation to the effects of bullying in schools over the past 15 years and has recently conducted research into the effects of cyber-bullying in particular. (See Attachment 1: BoysTown Submission to the General Purpose Standing Committee No. 2 of the New South Wales Legislative Council Inquiry into Bullying of Children and young People, 2009

#### **Recommendation 1**

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*1.2 That Australian Governments work in collaboration with and provide funding to community services to develop an awareness raising strategy that targets children and young people and adults/parents to:*

*1.2.1 Encourage children and young people to speak out about bullying to trusted adults, and*

*1.2.2 Inform them of available services that can assist in ameliorating the impacts of bullying and in particular, in view of their effectiveness, telephone and online counselling resources.*

*1.3 That Australian Governments initiate a review of the provision of peer helper programs across schools to ascertain the current availability of and service levels to children and youth and fund gaps identified from this analysis.*

### 2. Child abuse and Domestic Violence

Kids Helpline received more than 2,800 contacts from children and young people in 2009 concerned about their experiences of physical, emotional and sexual abuse, neglect, and witnessing domestic violence. The link between child abuse and longer term mental health problems, delinquency, substance abuse and addictions is well-established, yet Child Protection Services are so poorly resourced they can provide assistance to only a small proportion of those children that desperately need their help. In addition, Kids Helpline speaks to many older teenagers and young adults who have exited from the Foster Care system with little or no support or information as to how to survive in independent living. The level of distress, self harming behaviours and dysfunction as a consequence of unresolved trauma is often quite extreme in these cases.

## **Recommendation 2**

*2.2 In addition to ensuring adequate resourcing of state Child Protection systems, BoysTown would urge State Governments to adequately support the Foster Care system, ensure that psychological support services are available to young people under State protection and address the failure to support highly vulnerable young people leaving State care at age 18 or younger.*

### **3. Media manipulation and exploitation**

The Discussion Paper offers little attention to the impact on vulnerable developing minds of manipulative media and advertising messages. There are well researched relationships between youth culture magazines and poor body image, eating disorders, distress relating to sexual identity and hyper-sexualised behaviours. Yet these impacts are left to families to deal with. BoysTown's experience in offering services to parents through its Parentline Counselling Service demonstrates that parents feel powerless to contain the pervasive flow of confusing media messages and are ill-equipped to redress the damage they cause their children.

## **Recommendation 3**

*3.1 BoysTown encourages the government and the advertising and magazine industries to review current media and advertising codes of practice to ensure the responsible portrayal of youth issues and images.*

### **4. Homelessness**

In 2009 Kids Helpline received almost 1,500 contacts from young people in relation to homelessness. More than half of these children and young people had either been told to leave their family's home or had already left and had nowhere to stay. Those that were below the age of 16 years (almost 40%) were about to embark on a stressful journey not only through homelessness, but also the child protection system, as all state departments require notification about that age-group so that they can be involved in decision-making about where the child will go.

In addition, BoysTown's refuges in New South Wales and Queensland have given us first hand insight into the damaging effects of homelessness on people's mental health:

#### **Recommendation 4**

*4.1 BoysTown encourages government to improve the new policy framework with a stronger emphasis on the need to address both:*

*4.1.1 the inadequate supply of crisis, medium term and affordable long-term accommodation, and*

*4.1.2 the current lack of psychological support services for vulnerable youth being supported in emergency Shelters and other forms of short term housing, to overcome the impacts of interwoven issues associated with for example mental illness, drug and alcohol misuse and child abuse.*

#### **5. Children supporting parents with mental illness**

The experience of mental illness often places extreme challenges on parents. It is BoysTown's experience that children who are required to take on carer roles also have extreme difficulty in sustaining good mental health both in the short and long-term.

#### **Recommendation 5**

*5.1 BoysTown is aware of the COPMI (Children of Parents with a Mental Illness) program and recommends that this strategy be further supported by government.*

*5.2 BoysTown also advocates that Adult Mental Health services should assess the needs of the children of their adult clients and develop case management plans in conjunction with appropriate mental health focused youth services that address those needs including mental health education.*

#### **6. Respite for Carers in general**

In line with the above, BoysTown recognises that a stronger policy emphasis on family and community caring as outlined in the Discussion Paper will result in deeper stress for those on whom the burden of caring falls (generally women).

#### **Recommendation 6**

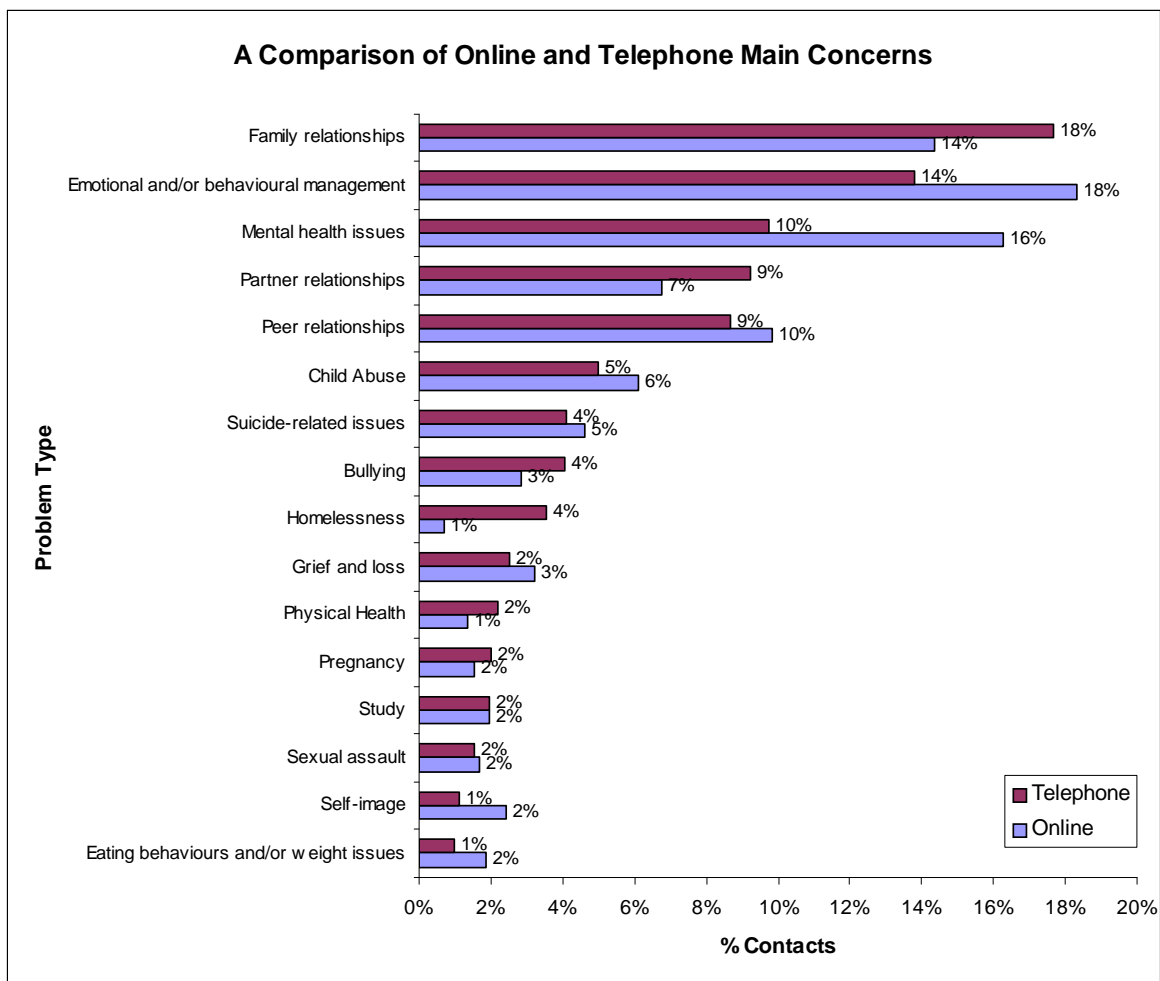
*6.1 Government Policy needs to acknowledge the additional burden a stronger emphasis of caring for family and community members with mental health needs will create for families, and develop more support strategies such as respite services.*

## 7. E-health initiatives

Kids Helpline has always focused on engaging with children and young people and delivering services through media that is comfortable for them. Nineteen years of delivering counselling through telephone services has made it clear that children and young people are very invested in maintaining their anonymity and confidentiality when seeking help. As technology has changed and young people have moved their communication preference to online modes, so Kids Helpline has also changed its delivery model for services. In the past year Kids Helpline has invested heavily in a fresh online service delivery environment offering children and young people a separate one stop E-Mental Health help website for each age group (5-10, 10-14 and 15 to 25 years). The strategies used to engage young people in caring for their own mental health range from:

- The opportunity to anonymously gather information and problem solving strategies from “Information Sheets” and “Hot Topic Tip Sheets” about a range of issues our research tells us is of most interest to children and young people. This includes bullying, eating disorders and body image, anxiety, sadness and depression, exam stress, family relationships and relationships with peers and partners.
- Forums offering the opportunity to exchange ideas with each other about these issues in a safe and monitored environment.
- “Tell us Your Story” encouraging young people to share their experiences and the ways in which they overcame their problems.
- Email counselling offering a self-paced opportunity to discover what it is like to speak with a counsellor in an anonymous environment.
- Real-time web counselling that facilitates quicker communication but still maintains a comfortable degree of anonymity.

In the 10 years Kids Helpline has offered web and email counselling, greater proportions of young people have consistently sought help online for some of their more severe concerns. This trend continued in 2009. Mental health, suicide, emotional and/or behavioural management, self-image and eating and weight issues continued to be presented online at much greater rates than via telephone counselling (see following bar graph).



National Data 2009

This Australian help seeking trend has also been noted in international research. Contemporary research involving international child helplines suggests that children with complex issues such as thoughts of suicide feel more comfortable in using online modalities for seeking help as it provides them with a feeling of greater anonymity and control over the communication. In terms of KHL counsellors experience with online counselling modalities we find that web and email appear to be providing a door through which highly marginalised young people can have access to counselling.

Consequently any successful engagement strategy with young people in relation to suicide issues must involve the encouragement of help seeking behaviour and the delivery of counselling and support through online modalities.

#### **Recommendation 7:**

*7.1 That Australian Governments establish collaborative partnerships with service providers currently using online counselling and information modalities to research, develop and implement strategies that will increase help seeking in relation to mental health issues.*

## 8. Responses to young people with Borderline Personality Disorder traits

Because of the anonymous nature of its communication modes, Kids Helpline has attracted a lot of attention from young people with Borderline Personality Disorder traits. The complexity of managing the particular characteristics of this disorder has frequently taxed the resources of this service. Yet the service has been able to adapt its information management, training and supervisory systems to ensure that it is able to develop therapeutically healthy relationships with this client group, conduct accurate risk assessments and make appropriate referrals during times of crisis, all without increasing the risk of iatrogenic damage through the reinforcement of “self-defeating” behaviours and beliefs. Through its work with those clients receiving face to face treatment, it has become apparent that those who receive Dialectical Behavioural Therapy increase their insight and capacity to self-soothe and decrease their long-term distress. This approach is also supported by the Queensland and New South Wales Health Departments.

### Recommendation 8

*8.1 That Australian Government's increase the number and location of providers of Dialectical Behaviour Therapy - an evidence-based treatment currently considered to be the most successful of all approaches in treating the disorder.*

## 9. Age criteria for Youth Mental Services

As noted, BoysTown is critically aware that young people experiencing mental health issues drop out of the mental health system during the most vulnerable age period for first onset. This is frequently due to their being exited from Child and Adolescent Mental Health Services at the age of 18 years and not feeling supported to commence engagement with Adult Mental Health services. BoysTown has a policy of working with young people up to the age of 25 years thus ensuring they have support throughout this critical stage.

Given the knowledge already in the industry that young people experience difficulty remaining engaged when they are exited from Child and Adolescent Mental Health Services at the vulnerable age of 18, it is indeed surprising that Government Policy has not responded by adjusting upward the age demarcation between Youth and Adult services.

### Recommendation 9

*9.1 That government specialist mental health services amend the target age group for Child and Adolescent Mental Health Services upwards to 25 years.*

## **BoysTown experiences of delivering services to young people and families undergoing destabilising life events:**

As described above, BoysTown has had many years of delivering innovative services aligned in many ways to the ideas and strategies outlined in this Discussion Paper. We share the following information about our services in the hope of illuminating the issues documented in the Discussions Paper and its suggested Investment Strategies. Each BoysTown service experience is described below the relevant heading/ language of the Discussion Paper.

### **Where Are We Now?**

- 1. We need to think differently about mental illness and mental health...(and address reluctance to seek help) (page 8):*

Over the years Kids Helpline has conducted a number of research initiatives into help-seeking behaviours (*"Young Males and Help-Seeking", 2003*). BoysTown, as part of its partnership with the Federal Government Department to expand Kids Helpline services into Indigenous Australian communities, has now commenced research into help-seeking behaviours and its barriers in young Indigenous populations. BoysTown will be conducting surveys with Indigenous children and young people to better understand the issues that promote and hinder their willingness and ability to seek help for a range of problems. This research is expected to be completed by August 2010 and will be published on our website.

- 2. Suicide and the rate of suicide in the Kimberly region of Western Australia (page 9):*

In 2007 BoysTown entered a partnership with remote indigenous communities in the Tjurabalan– Kutjungka area of the East Kimberly region of Western Australia to implement a holistic community development strategy. The key objective is to reduce indigenous people's level of disadvantage by improving community housing standards, developing parenting programs and increasing employment opportunities through the establishment of social enterprises and skill development initiatives.

Indigenous children and young people are experiencing a range of serious social issues that impact on their well-being. From our analyses of counselling contacts with Kids Helpline from indigenous children living in remote communities, it is found that these young people are more likely to be seeking assistance with family relationships, mental health, emotional and behavioural issues, child abuse and homelessness matters than other Australian children. This supports the need for high quality mental health services, child protection and other support services to be accessible to young people in these communities. However it is also our belief that these support services will be ineffective at relieving their situation unless urgent action is also taken to improve the quality of housing in these communities. In our Submission to the Select Committee on Regional and Remote Indigenous Communities in 2009, BoysTown outlined an innovative housing project currently being developed with the Balgo community as an example as to how this issue can be addressed (see Attachment 2).

- 3. The most vulnerable are likely to miss out on services (page 9)*

In line with its mission to target services towards the most marginalised people in Australia, BoysTown conducts extensive demographic analyses prior to placement of services in new regions. BoysTown's model of social inclusion also drives the nature of service provision to young people (see Attachment 3). Programs are routinely evaluated to ensure that young people are achieving outcomes in a range of life domains that may

have otherwise put them at risk of social exclusion: from education, housing and employment, to social networks, offending behaviours and general well-being.

In addition, BoysTown has partnered with the Queensland government to specifically market the Parentline counselling telephone and online services to those disadvantaged groups of parents living in rural and remote communities, indigenous parents and parents of children with disabilities. This is occurring through specialised Project Officers travelling to these communities and groups and educating them about the benefits of seeking help and the services Parentline can offer.

## **5.2 Investing in our Social and Community Infrastructure**

### *4. A mentally healthy Australia needs strong communities (page 14)*

BoysTown has been working in partnership with the Federal Department of Health and Ageing and the Victorian government for the past year in communities affected by the Victorian bushfires of February 2009. The service's aim has been to address trauma and restore the mental health of community members and prevent the long-term impacts which can lead to chronic mental illness. Apart from offering telephone and online debriefing and ongoing counselling through Kids Helpline, BoysTown has also partnered with established community services in the region to assist them in building the communities' capacity to heal itself. An identified Project Officer has been employed by BoysTown to liaise with relevant community members and engage in community development. The Kids Helpline website has also included a bushfire specific micro-site for the past year <http://kidshelpline.com.au/teens/get-help/who-else-can-help/victorian-bushfire/> advertising local community news and events and supporting the region's schools to support children and teenagers. This is the only website that has consolidated information across all communities impacted by the bushfire about key grass roots and Government support initiatives.

This community intervention model has been recently presented at the National Tapestry of Trauma Conference in 2009. We believe that this approach is an effective response to community's experiencing mass traumatic events and can be adapted to other disaster situations.

### *5. Our disadvantaged communities deserve sustained and coordinated investment in their social and community infrastructure (page 15)*

BoysTown currently runs Social Enterprises in Queensland, South Australia and New South Wales that provide young people with paid work and on-the-job training in a supported environment, enabling them to make a successful transition to sustainable employment. Young people are engaged in paid employment in BoysTown's own intermediate labour programs (social enterprises), before entering the wider employment market. They receive training and supervision by qualified and experienced staff along with support from youth workers and counsellors. Young people exit BoysTown's social enterprise programs into the open employment market with the confidence and accredited skills to face a range of challenging and confusing experiences.

Research currently being conducted in partnership with Griffith University indicates that BoysTown's social enterprises enhances protective factors that may avert mental health issues amongst youth. Preliminary findings from this research indicate that the following educational and personal development outcomes are being achieved with indigenous youth in these social enterprise programs:

<b>Social Inclusion Barriers</b>	<b>Before BoysTown (n=99)</b>	<b>Benefits from Participation in BoysTown (n=122)</b>
No work experience	46%	27%
<b>Main source of income</b>		
- Work	24%	50%
- Government income support payment	37%	35%
- Nil income	39%	15%
<b>Offending behaviour</b>		
- Time in detention	17%	3%
- Trouble with the police	39%	33%
- Difficulties controlling anger	40%	13%
- Getting into physical fights	48%	13%
- Regular substance abuse	29%	17%

<b>Social Inclusion Barriers</b>	<b>Before BoysTown (n=99)</b>	<b>Benefits from Participation in BoysTown (n=122)</b>
Lack of accredited qualifications	84%	58%
<b>Literacy</b>		
- Poor writing skills	35%	29%
- Poor reading skills	33%	21%
- Difficulties with daily tasks	43%	35%
<b>Numeracy</b>		
- Poor numeracy skills	52%	46%
- Difficulties with daily tasks	68%	45%
Lack of future aspirations	41%	7%
Poor wellbeing	32%	8%
Low self esteem	19%	7%

These achieved outcomes for young people indicate that participation in BoysTown's social enterprises develops protective factors against mental health issues. For example, substance abuse is reduced and a future orientation and optimism amongst young people is developed.

BoysTown and researchers from Griffith University would be available to brief the National Advisory Council on this program.

### 5.3 Investing in our Children, Young People and Families

6. *A renewed focus is required on early intervention activities and the environments in which our children are born and develop (page 16)*

Through its Queensland Communities for Children program, BoysTown offers targeted approaches to vulnerable families on issues of health, safety, communication and participation in the broader community. BoysTown partners with local agencies and the community to support families with children aged 0-12 years.

7. *Parents and carers need opportunities to learn about parenting and child development (page 16)*

Effective parenting support programs need to be holistic encompassing both the needs and activities of the whole family and considering not just the psychological interior but also the social exterior of family and community life<sup>1</sup>.

BoysTown runs a parenting program in Queensland and South Australia which assists young teenage mothers and their pre-school aged children (0-5 years). BoysTown parenting services provides a co-ordinated support, therapy and education program run throughout the day, Monday to Friday. Workshops, social skills activities and individual case management are offered to both mothers and their children. The program aims to provide a safe, supportive, therapeutic and creative environment where young mothers and their children can come together to develop holistically across relational, personal, emotional and spiritual aspects. Building on a family's existing strengths, the program aims to help participants achieve the following:

#### **For Parents:**

- Increased awareness of own strengths and development of these;
- Increased knowledge and confidence in safe parenting;
- Improved positive interactions between parents/carers and children through interactive sessions (e.g. play, shared meals, community based activities);
- Increased capacity to recognise and meet basic needs of children and self;
- Enhanced appropriate connection with family/carers, peers and within the community, (e.g. knowledge of and access to health, employment, training, accommodation and income support).

#### **For Children:**

- Improved physical health and wellbeing (e.g. improved nutrition and hygiene);
- Enhanced age appropriate skills, including being assisted to reach all developmental milestones, in readiness for school or childcare.

A recent evaluation of this service indicates that it is effective in improving both parenting skills and the health and development of pre-school children. A summary of this evaluation is available through the link provided in Attachment 4.

In addition, BoysTown delivers telephone and online counselling and parenting skills-building to parents in Queensland and the Northern Territory through its Parentline service.

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<sup>1</sup> FaHCSIA, 2004. *The Review of Early Intervention Parenting and Good Beginnings Prototypes*

*8. Families and family systems need to be empowered and supported (page 16)*

BoysTown provides short-term accommodation for families in western Sydney who are homeless. Unlike most refuges, we support large family groups including fathers and adolescent males. In addition to accommodation, families are provided with case management and training in skills such as budgeting, hygiene, health and parenting.

*9. Schools should have an important role in promoting mental health (page 17)*

BoysTown has a number of programs targeting children and young people at risk of dropping out of school.

These include:

- *Fresh Start Literacy:*
  - A remedial literacy and numeracy tutoring program based in Adelaide using evidence based software resource in combination with a comprehension learning framework. The usual age of participants is 16 to 20 years.
- *Get Set for Work:*
  - Helps young school leavers aged 15 to 17 years in multiple sites of South East Queensland who are unsure of their work futures. BoysTown provides a mix of practical activities focused on social skills, literacy and numeracy training, occupational skills and work-based learning and employment needs.
- *Youth Connections:*
  - Based in multiple sites in South East Queensland, this program helps young people aged 14 to 18 years who are at risk of disengaging or who are disengaged from education to re-engage with school and the community.
  - Offers flexible case managed support and services that are tailored to young people's needs and interests.
  - Provides access to BoysTown's literacy and numeracy programs, Life-skills workshops, parenting programs, alternative schooling options, vocational training, counselling, mentoring and employment services.
- *Flipside:*
  - This program based in Adelaide and Port Pirie, South Australia, supports young people aged 16 to 19 who wish to re-engage in education within an adult learning environment. It provides experiential learning for young people who are at risk of disengaging from education.
- *Enterprise Learning Program:*
  - Offers alternative education to young people in Year 10 in the Logan Qld area who are at risk of disengaging from school. Young people attend school for three days and BoysTown for two days each week. Program includes experiential learning, life-skills, team building, literacy and numeracy, employability skills, accredited training and paid work experience.

## **5.5 Investing in our Health System**

*10. Health Services need to be integrated, co-ordinated and connected. (In particular) electronic health record systems need to allow for easier communication and transfer of information (page 18).*

In 2009 BoysTown invested in the building of a purpose designed Client Information System. This database, premised on the over-riding principle of single client case

files, assists case managers to perform holistic needs assessments and identify risks and barriers to a young person's social inclusion as they move across and between different BoysTown programs.

The Information System is aimed at keeping case managers on track with all activities carried out with their clients by anyone in the BoysTown agency and is fully integrated with case notes functionality. In addition, the Information System allows Case Managers and Youth Workers to record the development and achievement of each client's individual personal goals and to record the impact of BoysTown services on 11 different life domains including accommodation, education, employment and income, emotional health, offending behaviours, social activities and networks, access to transport and parenting skills and confidence.

Finally, the system facilitates timely management reporting on not only activity outputs, but the impact of service activity on the range of client's life domains described above.

*11. Health Services and other support structures need to be culturally appropriate (page 18)*

BoysTown delivers multiple service programs around Australia to young Indigenous people and their communities under the guidance of members of an Indigenous Reference Group drawn from the academic, policy and practice sectors. This Reference Group participates in strategic direction setting and reviews of BoysTown Indigenous projects and programs.

Indigenous Project Officers are also employed to travel into Indigenous communities to ensure that information about the availability and appropriateness of Kids Helpline counselling services reaches them. Counselling staff are all trained and supervised to ensure their practice is culturally competent.

*12. We need to measure outcomes (page 18)*

BoysTown employs a team of researchers who regularly engage in evaluative practices that measure program impact and client outcomes as well as client satisfaction. BoysTown has partnered with Griffith University to measure the impact of BoysTown Employment services on the range of social exclusion risk indicators outlined as life domains in the section above on the BoysTown Client Information System.

## **5.6 Investing in our Mental Health Sector**

*13. The architecture of our system needs to provide a genuine framework for collaborative care (page 20)*

BoysTown understands the benefits for clients when services are delivered in a co-ordinated and collaborative manner. In particular, Kids Helpline understands the importance of delivering consistent messages and support to clients made vulnerable through the experience of mental illness or disorders. Kids Helpline works in tandem with those agencies that are either already working with their clients or to whom clients are referred for specialist care, to develop joint case management plans under a model of "wrap-around care". Because Kids Helpline is able to offer professional support 24/7, they are frequently the first line of response on young people's self management crisis plans developed with specialist mental health services.

To ensure the effectiveness of these responses, all Kids Helpline counsellors receive formal training in recognising early signs and symptoms of mental health disorders,

and appropriate responses to those presentations. In addition, counselling occurs in a fully supported environment with consultation available from a team of shift working Supervisors who, along with “on-the job-training” and assistance with case planning and review, can provide immediate debriefing following complex and demanding client contacts.

*14. Incentives are needed to ensure that service delivery targets those who need it most (page 21)*

The nature of Kids Helpline modes of service delivery ensure that children and young people from rural and remote areas are not disadvantaged by their location. In 2009 almost one third of Kids Helpline contacts were from rural and remote regions and one third of these were in relation to concerns about mental health issues and difficulties managing emotions and behaviours. This proportion of concerns about mental and emotional health is higher than for the country generally, where the proportion of this issue is about one quarter.

*15. We need to increase the pace and scale of investment in technological advances to achieve mental health outcomes (page 21)*

Kids Helpline online web counselling, commencing in 2001 was the first free real time chat counselling service available to children and young people in the world. Kids Helpline staff have had the opportunity to become experts over the past nine years of talking to young people through this media at assisting young people to explore and discuss the impact of their online experiences, including cyber-bullying and sexual exploitation. Kids Helpline practice, training and research has also driven world thinking about the capacity for online management of crisis and suicidal behaviours and presentations.

- See also notes on Kids Helpline E-health services on pages 9-11 of this submission.

## **Areas for further explanation:**

### **1. *Schools as hubs***

It is not clear in the paragraph on page 16 of the Discussion Paper *who* will conduct the “assertive outreach”. The Paper refers to regular and ongoing home visits by the “existing system (including childcare centres, preschools and schools)”. It is difficult to envision the existing school systems having either the resources or the infrastructure to carry this out.

### **2. *Responsibility for the mental health system by one tier of government***

Does national co-ordination of mental health services (page 22) imply that acute inpatient care would be *delivered* by federal government services? Does this presuppose the move of the state funded hospital system to the federal sphere, or perhaps suggest that mental health acute care will no longer be provided in general hospital settings, but through discrete mental health units funded and run independently of state based services?

### **3. *A tax-funded community insurance scheme under which people choose from multiple health plans***

This raises concerns in relation to the difficulty vulnerable people with mental health disorders may have navigating the complexities of analysing plan choices, criteria, options, limitations, etc, and making choices that may later limit the services they can then access (page 22).

### **4. *Minimum Standards and Equity***

It is not clear what has happened to the Review of the National Mental Health Standards that was due for release in 2009. Is the Discussion Paper suggesting that the result of the reviewed Standards be made “Minimum”, or that a new set be developed (*page 23*)?

### **5. *Performance Measures***

It would be useful to hear more about what kind of data collection processes are envisaged for measuring the mental health system’s performance and consumer satisfaction (*page 24*).

**Attachment 1:**

<http://www.boystown.com.au/publications-reports-archive.html>

BoysTown Submission to the General Purpose Standing Committee No. 2 of the New South Wales Legislative Council Inquiry into Bullying of Children and young People, 2009

**Attachment 2:**

<http://www.boystown.com.au/publications-reports-archive.html>

Submission to the Select Committee on Regional and Remote Indigenous Communities in 2009

**Attachment 3:**

Social Inclusion Model (Please refer to page 23)

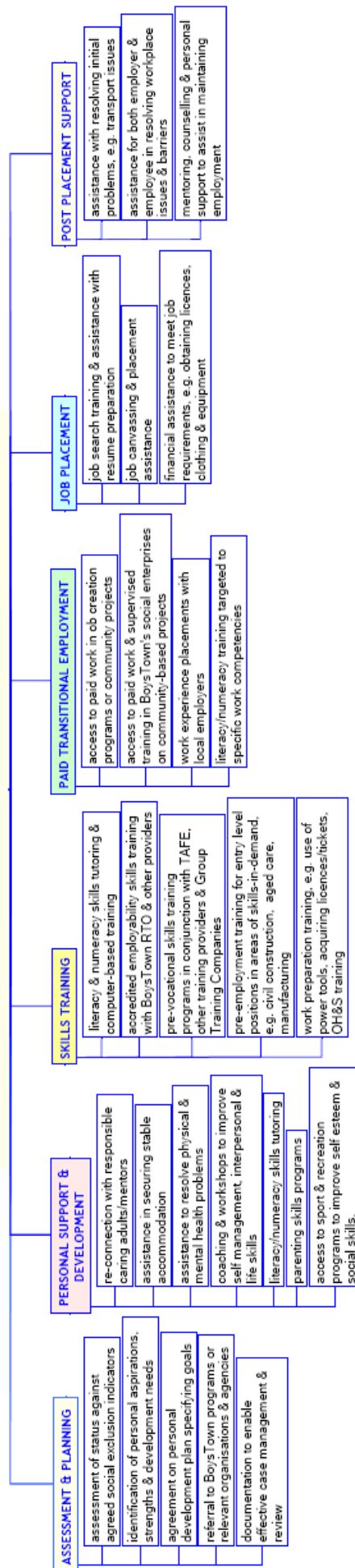
**Attachment 4:**

<http://www.boystown.com.au/publications-reports.html>

Evaluation of BoysTown Parenting Program (Glugor House)

## BOYSTOWN SOCIAL INCLUSION MODEL

BOYSTOWN ENABLES YOUNG MARGINALISED PEOPLE TO ACHIEVE SOCIAL INCLUSION BY PROVIDING



WHILE INVOLVED IN BOYSTOWN PROGRAMS, ALL YOUNG PEOPLE RECEIVE INDIVIDUAL CASE MANAGEMENT AND YOUTH WORK SUPPORT AND HAVE 24/7 ACCESS TO PROFESSIONAL COUNSELLING .

**MEASURES OF SUCCESS:** changes in status against key indicators as measured at point of entry, progression through programs, exit from BoysTown & longitudinal surveys. Key indicators include: accommodation status; level of dependence on welfare benefits; physical & mental health status; incidence of offending behaviour; level of participation in valued social activities; literacy/numeracy levels; educational qualifications; level of information retrieval & exchange skills; level of employability/vocational skills; level & range of work experience; employment status; decreased dependence on welfare.

BoysTown works in close partnership with regional stakeholders to optimise resources, support and opportunities for marginalised young people. Stakeholders include: government departments, community groups, welfare agencies, medical and legal services, youth welfare agencies, education and training providers, employers and industry groups and employment services providers.