



REACHOUT AUSTRALIA

2021 FEDERAL BUDGET SUBMISSION



ReachOut is Australia's most accessed youth mental health service and is trusted by young people to help them get through tough times.

More than 3.6 million Australians turned to ReachOut for support last year. We were there for young people, parents and schools over the summer bushfire period and when as a nation we faced the health, social and economic impacts of COVID-19, ReachOut was ready to support Australians when they needed help.

In 2019, 461 young people in Australia aged 15–24 died by suicide, and sadly, 70 per cent of young people who are currently experiencing a mental illness will not seek help. But ReachOut is changing this – and leading the way developing modern, innovative mental health programs that deliver the support young people (and their parents, carers and schools) need, in a way that is actually accessible to them. Importantly, the effectiveness of our service is clear: in 2018, an independent analysis found that ReachOut saved 300 lives in a year.

ReachOut has been changing the way people access mental health support since it launched the world's first online mental health service more than 20 years ago. Today, service expectations are higher than ever, and the power of data and technology offers the potential to supercharge service effectiveness by seamlessly matching users to the right service that best meets their needs at the right time.

Since 2012 ReachOut's service usage has grown by 350%. Over this time there has been little increase in our base Teleweb funding that underpins our core youth service and, in real terms, funding has declined for each of the last 3 years. At a time when it's more important than ever to ensure quality, effective mental health services are readily available to a new generation of tech savvy young people with high expectations, ReachOut can no longer keep up.

Put simply, without ongoing increased support from the Federal Government ReachOut can no longer absorb the ever-increasing costs of delivering high quality services to a rapidly expanding user base or invest in the transformative new service models required to meet the new and emerging needs of young people.

Our most urgent transformative new digital service model is ReachOut's innovative one-on-one peer-support program that will connect young people with trained peer-supporters who offer perspective and learnings through their own lived experience. This model is not offered elsewhere in Australia and our research shows that young people are looking for options to connect safely with other young people who have 'walked in their shoes' when they aren't ready, able or willing to talk to mental health professionals or crisis services.

To continue providing our high quality youth mental health services, an increase of \$8.2 million over three years to address our core funding crisis and to invest in the rollout of our tested and proven one-on-one peer-support program is urgently needed.

Who we helped in 2019/20

- More than 2.9 million people in Australia visited ReachOut.com (youth)
- 62,659 users accessed the youth peer-support forums
- More than 650 users of the youth peer-support forums required a duty of care intervention
- More than 414,000 parents and carers visited ReachOut.com/Parents
- 26,384 users access the parents peer-support forums
- More than 1000 parents/carers accessed one-to-one telephone support

ABOUT US

ReachOut is Australia's most accessed online mental health service for young people and their parents, and its measurable impact is proven.

ReachOut offers young people aged 12–25 a range of ways to support their mental health and wellbeing, with a focus on everyday issues and tough times, including:

- Level 1: information and resources to enable young people to be well and stay well
- Level 2: online peer support to help young people connect, find hope and share their stories in a safe place
- Level 3: pathways through to professional help, if required.

ReachOut is built with young people to help them explore and learn how to manage and improve their mental health and wellbeing in ways that make sense to them. ReachOut is proven to help young people:

- relieve distress
- get well, be well and stay well
- provide connection, hope and a safe place to share stories
- build confidence to seek professional help
- provide support between treatment sessions
- support ongoing healthy behaviours.

ReachOut also supports the people that young people turn to for support, including friends, parents and carers, and schools and educators.

ReachOut Parents offers a range of support options to parents of teenagers (aged 12–18), with a focus on encouraging effective communication and relationships, including:

- Level 1: digital information and resources on parenting teenagers
- Level 2: online peer support, providing a safe and supportive environment for parents to discuss issues that are on their mind
- Level 3: free professional phone-based coaching with a parenting expert (up to four sessions) to build confidence, skills and a toolkit for parenting teenagers.

ReachOut Schools supports teachers to build young people's wellbeing and resilience by taking a whole-of-school approach to student wellbeing. The service features easy-to-understand information on a full range of mental health and wellbeing issues to help school staff support students. Teachers can also access engaging and flexible classroom activities that enable students to take control of their mental health. Additionally, ReachOut Schools offers information for parents and carers, referral options for students, and wellbeing tips to help teachers take care of themselves.

ReachOut leverages insights and content across its three services – youth, parents and schools – to maximise reach and engagement.

ReachOut has more than 20 years' experience of delivering digital mental health and wellbeing programs, and has its own in-house research and digital teams. Our data and research-driven delivery model combines analytics from our digital products with contextual quantitative and qualitative research to inform and direct our service. This enables us to deliver a highly responsive service that reflects current events and issues, and to target specific audiences with the information that is most relevant to them.

Using a strengths-based prevention and early intervention model, ReachOut is trusted and able to communicate and engage with young people (and parents) in ways and places that other mental health services can't. Accessed by more than 3.6 million Australians last year, ReachOut is a free service that's available anytime and pretty much anywhere.

OUR IMPACT

When a young person visits ReachOut.com they have free access to anonymous, 24/7 support that is designed to meet their unique needs and help-seeking preferences. ReachOut makes help-seeking easy, even for those who are reluctant or unwilling to engage in formal support. Our services are highly effective - independent evaluations and our own research demonstrate the clear impact of ReachOut in improving young people's mental health and wellbeing. Evidence shows ReachOut:^{1,2}

- provides young people with relevant, engaging and accessible resources that help them to understand and cope with their experiences of tough times and mental health difficulties
- helps young people realise that they are not alone and equips them with the knowledge, tools and confidence to engage with effective self-help strategies
- improves mental health status, reduce suicide risk and increase help-seeking behaviour.

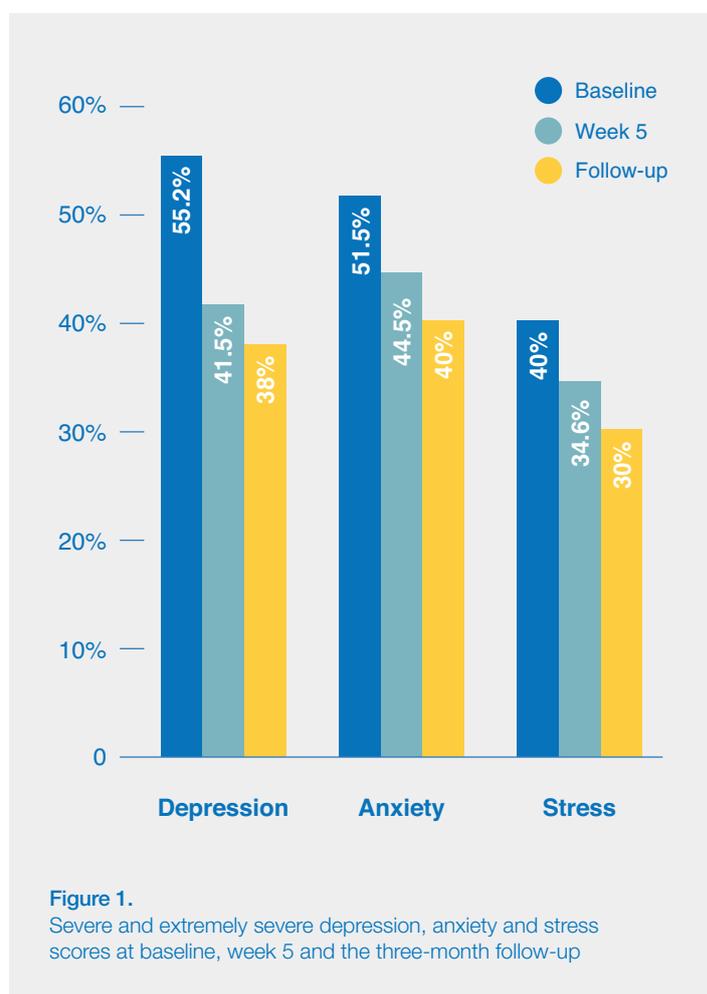
ReachOut was estimated³ to have prevented 300 suicides in 2018 as a direct result of our duty of care interventions following high risk incidents on ReachOut forums and by referring users in high distress to crisis supports and escalating to emergency services where appropriate – ensuring they get the urgent help they need when they need it.

ReachOut's impact on users with severe or extremely severe depression, anxiety and stress is also particularly compelling, with research findings showing:

- a significant reduction in the percentage of young people who were classified as severe or extremely severe on depression, anxiety, and stress from baseline to follow-up just 3 months later (see Figure 1)
- a 30 per cent reduction in the proportion of participants who were at high risk of suicide after only 3 months.

'If I never found the ReachOut forums I genuinely don't know whether I would be here today. It was honestly the first time I felt really understood, that my feelings were valid and that I wasn't alone in this journey.'

'ReachOut was there for me when no one else was. It saved my life. I used the Next Step feature and it was the first time I was told that what I was feeling was okay, and it started to make sense.'



ReachOut's peer-support program provides a much needed safe space for young people that delivers real impact and provides pathways to further support. It encourages young people to engage with further treatment, as well as providing adjunctive support for those accessing higher level care, and in supporting and maintaining their recovery. An independent evaluation found that:

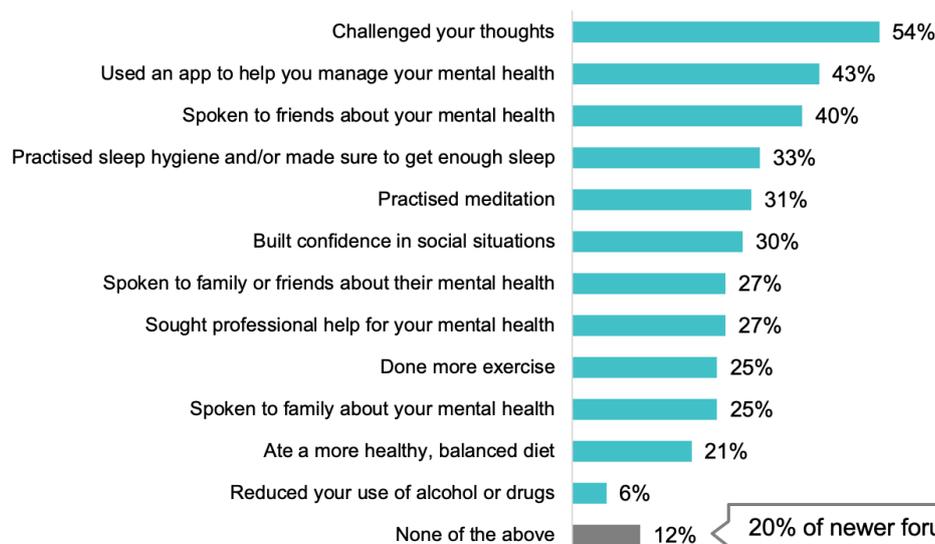
- 88 per cent of participants took further actions to improve their mental health after using ReachOut forums, including talking to friends or family about their mental health (49% of users), using an app to manage their mental health (43%), improving sleep patterns (33%) and increasing exercise (25%)
- 27 per cent of users sought professional help as a direct result of participating in our forums
- participants who were currently or had previously engaged with traditional mental health support (67%) rated the support they received on the peer support forum as equally as helpful as the professional support they had received
- peer support plays a critical role for users across all stages of their help-seeking journey.

ACTIONS TAKEN AS A RESULT OF THE FORUM

Most forum users have taken some form of action as a direct result of their forum experience – this is a positive indication of the forum's effectiveness.

Participants were asked what, if any, actions they had taken as a direct result of participating in the forum. As the chart below shows, the forum prompted around half to challenge their thoughts and sizeable proportions to take steps to manage their mental health and wellbeing, including speaking to others about it.

Actions taken as a direct result of participating in the forum (%)



88%
of participants indicated that they had taken some form of action following participation in the forum – an indicator of the forum's effectiveness in addressing mental health among young people.

3.8
actions were taken on average.

20% of newer forum users (started within the last six months) had not taken any action.

Q29. Which of these, if any, have you done as a direct result of participating in the forum? Base: All participants except those who were visiting the forum for the first time (n=67).

OUR FUNDING CRISIS

ReachOut needs additional funding of \$8.2 million over three years to ensure its life-saving core services can continue and to implement our most urgent future service upgrade: one-on-one peer-support.

In 2020, ReachOut provided support to more young Australians than ever before. As a digital service we were able to move quickly when the pandemic struck but our ability to be there for young Australians, and those they turn to for support, is at risk.

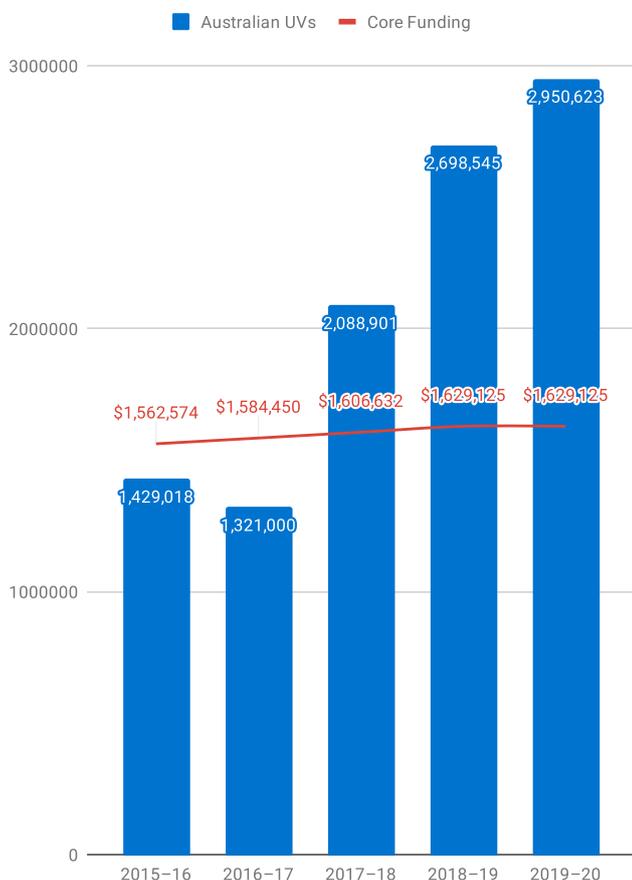
ReachOut's core operating funding from the Department of Health has seen little increase since 2012 and has, in real terms, declined in each of the last 3 years. Over that period ReachOut's overall operating costs have increased 122 per cent, service usage has increased a staggering 350 per cent and mental health has become one of the top issues of concern for young people.⁴ This places

extraordinary and unsustainable pressure on our services, increases service delivery and duty of care risks, and threatens our ability to continue to meet the evolving needs of young people.

This is at a time when ReachOut continues to experience sustained, ongoing demand for support from young Australians that shows no sign of returning to pre-pandemic levels.

Additional one-off funding from the Department of Health (\$0.4m for peer support and \$0.2m for COVID response) provided some vital support to meet part of the costs associated with the significant immediate spike in service demand following the lockdown measures beginning in March last year. We also welcomed funding to make the service more culturally appropriate for Aboriginal and Torres Strait Islander young people in the coming years.

Unique Australian Visitors x Core Funding



Core funding per visitor



Note: ReachOut user numbers calculated on ReachOut's fiscal year (1 October to 30 September). Core funding calculated by DoH's financial year reporting period (1 July to 30 June).



ReachOut will always fund many significant components of the service through private fundraising and we do not seek for the Government to underwrite total operations. However, the fact is that we cannot sustain the full weight of the gap that's emerged with no increase in core Department of Health funding since 2012 and impacts to service provision are now inevitable if the gap is not addressed.

While specific project funding has enabled ReachOut to deliver important additional services over this period, particularly targeting vulnerable and high risk communities, the ongoing deterioration of our core service funding means we will soon be unable to divert resources to deliver targeted stand-alone projects.

Without an increase to core funding, ReachOut cannot sustain current service demand, nor:

- safely resource moderation of its current peer-support service, which provides connection, hope and safe spaces to more than 60,000 people each year
- fully realise our potential to increase engagement with priority populations: rural and regional, Aboriginal and Torres Strait Islander young people
- quickly respond to emerging issues, for instance: bullying, stress about the post-pandemic future
- adequately invest in the technology and data capabilities that are critical to modernise services so that we can continue to provide high quality support

- that meets users' evolving needs and expectations
- harness the potential of data and analytics to provide more personalised support for the 13% of ReachOut users at risk of suicide.⁵

A recent independent risk review of our peer-support forums has identified increased use is resulting in emerging, potentially serious gaps in our ability to provide effective forum moderation and meet our duty of care requirements. Throughout the height of the COVID-19 pandemic, we saw a 34 per cent increase in user posts, a 33 per cent increase in the proportion of posts occurring on 'Tough Times' boards and a significant increase in incident reports (1 in 65 to 1 in 44). At the same time, we know that a peer-support model designed ten years ago must be updated to reflect the expectations of today's generation.

Without funding to close our funding gap and to invest in delivering our new model of one-on-one peer-support we will be unable to move our peer-support service forward to a modern, more effective and more accessible form that young people are crying out for, or address the emerging duty of care risk that is a result of under-investment. ReachOut's peer-support program provides a much needed safe space for young people that delivers real impact and provides pathways to further support.

WHAT INCREASED CORE FUNDING WILL DELIVER

Digital service delivery has advanced significantly since 2012, as have the expectations of consumers who want fast, seamless, personalised and high quality online experiences.

While no one wants to see young people struggling with mental health issues, the growth in ReachOut users and service demand is a positive demonstration that young people recognise ReachOut as a trusted place they can go for mental health and wellbeing support. However, increasing demand and changes in consumer expectations have led to core funding gaps and pressure in many parts of the organisation to do more with less and a pressing need to invest in modernising our peer support service.

If ReachOut's current urgent funding needs were met we could:

- provide additional moderation and clinical supervision in our peer support forums to address growing risks associated with increased prevalence of suicide and self-harm discussions
- resource the investment in digital capabilities to make service improvements, and keep pace with technological change, to deliver what young people want and expect across the service platform
- support ongoing promotion and community engagement to ensure young people know ReachOut is there and provides free, anonymous and immediate help
- invest in rapid response capabilities to ensure that ReachOut is able to continue to quickly develop, test and launch resources as new issues emerge
- increase our focus on providing tailored resources to vulnerable and at risk communities
- take a significant leap forward in digital mental health service capability by launching our innovative new peer support service that meets young peoples' emerging service preferences (further detail at Appendix A).

The potential of data and technology to transform mental health service delivery is becoming increasingly apparent. By addressing the core funding gap the Government will not just be ensuring that high quality support is available for young people today - but it will enable ReachOut to focus on planning and developing the mental health resources and tools of the future, including:

- personalising and tailoring a young person's experience on site, ensuring they get the right support at the right time and enabling them to step up and step down within ReachOut.com, from self-help and peer support to one-on-one support based on identified need
- developing service pathways to provide the most impactful combination of articles, videos, tools and peer support that will deliver the best outcomes, reflecting a young person's unique circumstances and situation. This means a 14-year-old male user would have a different experience to a 20-year-old female user.
- analyse onsite behaviour to identify those in distress and at high risk, enabling us to target resources with the aim of reducing distress, improving ability to cope with a current situation, and direct referral to crisis support if required.

The future ReachOut is data driven and connected to other mental health services – we want to facilitate a seamless mental health service so that young people get the right support that best meets their needs whether that is by matching them to the most relevant ReachOut resources or a partner organisation more suited to meeting their particular needs. To make this future a reality for young Australians, we need to resolve our core funding crisis so that we can redirect our focus and energy on delivering this future.

BUDGET

At a time when the demand for mental health services is higher than ever before, investing in ReachOut is a cost effective way to ensure young Australians have access to information, advice and support that meets their needs when and where they need it. Ensuring ReachOut is able to meet current demand, and the emerging service needs of young people, will also take pressure off other less scalable, more cost intensive services.

ReachOut is an inexpensive intervention at an average cost of \$3.50 per user. This compares, for instance, to an average cost of \$260 per headspace session. While each service will better meet the needs of different users than the other, and in many cases will be complementary, impact studies (with differing methodologies) of both headspace face-to-face services and use of ReachOut have reported reductions in scores of psychological distress or symptoms of a similar magnitude.⁷

To continue to provide high quality, vital services ReachOut is seeking additional \$8.2m federal funding over three years.

‘There are more pressures on young people today than ever before ... I am committed to ensuring young Australians can get information, advice, counselling or treatment, when and where they need it.’

– The Hon Greg Hunt MP, Minister for Health⁶



Budget line item	Year 1	Year 2	Year 3	Total
EXISTING FUNDING				
Existing Teleweb program funding	\$1,629,125	\$1,629,125*	\$1,629,125*	\$4,887,375
ADDITIONAL CORE FUNDING				
Service delivery	\$890,000	\$915,000	\$935,000	\$2,740,000
Data and analytics	\$205,000	\$220,000	\$235,000	\$660,000
Software tools, hosting and maintenance	\$90,000	\$93,000	\$98,000	\$281,000
Research and evaluation	\$50,000	\$50,000	\$75,000	\$175,000
Community engagement	\$100,000	\$100,000	\$100,000	\$300,000
Overheads @ 15%	\$200,250	\$206,700	\$216,450	\$623,400
<i>SUBTOTAL: Additional Core</i>	<i>\$1,535,250</i>	<i>\$1,584,700</i>	<i>\$1,659,450</i>	<i>\$4,779,400</i>
PEER SUPPORT				
1:1 Peer Support	\$800,000	\$1,000,000	\$1,200,000	\$3,000,000
Overheads @ 15%	\$120,000	\$150,000	\$180,000	\$450,000
<i>SUBTOTAL: Peer support</i>	<i>\$920,000</i>	<i>\$1,150,000</i>	<i>\$1,380,000</i>	<i>\$3,450,000</i>
TOTAL ADDITIONAL FUNDING	\$2,455,250	\$2,734,700	\$3,039,450	\$8,229,400

*ongoing funding amount TBC pending redesign of the program

ENSURING A MODERN, EFFECTIVE SERVICE FOR YOUNG AUSTRALIANS

During this time of crisis demand for mental health care has surged. At the same time the ever increasing costs of technology and staff means that mental health services cost more to deliver than ever before. The COVID-19 pandemic has upended the mental health system as traditional models of care have been disrupted, while findings from the Productivity Commission shows that mental health costs the Australian economy around \$220 billion per year.⁸

ReachOut welcomes the Government's focus on reforming the mental health system, especially in relation to efforts to increase connectivity between services, harness the full potential of data, focus on early intervention and ensure that Australians are able to seamlessly access the right service to meet their needs at the right time.

We're actively participating in the full range of consultation processes and look forward to continuing to help inform and shape the new mental health system Australia so desperately needs.

ReachOut recognises this is a once-in-a-generation opportunity to deliver lasting change, but cannot wait years for this critical matter to be addressed. We need help now.

Funding this proposal will allow ReachOut to continue to meet young people's evolving needs and take an important leap forward in delivering a vital new peer support tool for young Australians.





APPENDIX A

ReachOut's exciting new
one-on-one peer-support platform



ReachOut's new one-on-one peer support platform builds on a decade of experience in providing digital peer support via our ReachOut Forums. It is a modern and accessible digital one-on-one peer support service model that allows young people to connect with trained peer supporters who offer perspective and learnings through their own lived experience.

The service has been developed and tested thanks to the generous support of corporate and private donors

Why one-on-one peer support is needed

70% of young people do not seek help from traditional services for a mental health issue.

Young people value peer support as an opportunity to connect with peers and share experiences.

Research with young people has shown:

- most aren't accessing traditional services⁹
- friends, parents and carers, and online are the most common sources of support¹⁰
- connecting and sharing stories in online peer communities is valued.¹¹

One-on-one digital peer support:

1. helps the 'missing majority' of young people who aren't engaging with other services
2. addresses pressures and gaps in the mental health service system
3. provides a safe space online to connect, decrease isolation and share experiences.

who recognise the potential for this new service model to fill a clear market gap and help young people gain the confidence and understanding to progress their help-seeking journey. At a time of significant reform, and in keeping with the clear recommendations relating to the future peer workforce, we are now asking for Government support to bring this tried, tested and validated model to fruition.

ReachOut is a trusted and proven partner:

- 10 years' experience operating and scaling digital peer support
- robust duty of care framework
- trusted by young people.

Investment delivers against Productivity Commission and National Mental Health Commission Vision 2030 priorities:

- person-centred: right place, right time, right care
- early intervention: help provided early and promotes help-seeking
- builds and trains a genuine youth peer workforce.

THE PROPOSAL

We all benefit from feeling understood by someone who has ‘walked in our shoes’, and there is a growing evidence-base that peer support can play an integral role in addressing current and future mental health challenges.

Our model is a modern and accessible digital one-on-one peer support service that allows young people to connect with trained peer workers who offer perspective and learnings through their own lived experience. The purpose of the service is to support young people on their help-seeking journey through digital conversations and safe storytelling, with an optional follow up session.

There is currently no service model like this in Australia and our research shows that young people are looking for options to connect safely when they aren’t able or ready

to talk to experts. Data from Mission Australia consistently demonstrates that most young people will turn to the internet, parents or other young people before they turn to GPs or traditional mental health professionals.

ReachOut estimates there are 65,000 young Australians who would want to and benefit from being matched with a trained peer worker.

Ensuring there is a service model that responds to this critical gap must be a priority if we are to meet the call of building a stronger system that is truly people-centred – as flagged in both the Productivity Commission and the National Mental Health Commission’s Vision 2030.

SUPPORT SEEKERS

- Anonymous
- Screened to filter out high-risk help-seekers and divert to crisis support services
- Able to seek peer support for a predefined topic such as, study stress, worries about the future, bullying and friendship issues (to manage risk and effectively match support seekers with a peer who has shared lived experience)
- Where high-risk topics are introduced, immediate escalation to ReachOut staff
- 18+ age group

PEER WORKERS

- Anonymous
- 18–24 age group
- Trained and vetted
- ReachOut staff the first point of contact for escalation
- ReachOut staff responsible for mandatory reporting
- ReachOut staff available to answer any questions from peer workers
- ReachOut to provide debriefing sessions
- Scheduled peer support sessions to allow management of workload and risk

ESCALATION PROCESS

Will follow the Duty of Care Framework for ReachOut’s peer support community forums tailored to the Peers Online one-on-one peer support model.

The Duty of Care Framework has been developed in partnership with ReachOut’s Clinical Advisory Group and includes escalation to a ReachOut Clinical Lead.

Our one-on-one peer-support service is targeted at supporting young people who:

- feel they can't talk to people they know about what's going on (they might worry about being judged, feel embarrassed, and/or don't want to burden others);
- don't feel their worries warrant formal support, or feel their problems aren't serious compared to others;
- have had negative help-seeking experiences;
- want to connect with peers, but do not feel comfortable posting to a public online forum;
- are experiencing a tough time, but are not in crisis/high distress.

The first phase (funding year one) of the project will confirm the feasibility and viability of operationalising the model at scale. Specifically, it will demonstrate how ReachOut will:

- establish a robust peer youth workforce, including vetting and training
- ensure data and privacy requirements can be well addressed
- consider the technology requirements required to build the platform and deliver seamless matching between service users and peer workers.

ReachOut will harness its well-regarded research and evaluation capabilities to confirm during this phase that:

- the support experience was positive, and reduced stress and distress
- the check-in option is valued

- scheduling a one-on-one peer support session is not a barrier to access
- the duty of care framework is robust and risk is managed effectively.

Evaluation will also report against key expected outcomes of the one-on-one peer support service. These may include:

- increased knowledge of self-help strategies and support services
- increased self-efficacy
- gaining new perspectives
- feeling less alone, validating experiences and providing reassurance*.

* Outcome definition and measurement approach will be determined during the evaluation design.

The evaluation findings will inform improvements in program design ahead of the second phase of the project.

The second phase (funding years 2 and 3) will roll the platform out at scale. During this phase ReachOut will also:

- seek partnership opportunities to drive growth, including with tertiary education institutions
- continue a program of user research and evaluation
- optimise the service design based on user data and feedback.



WHY IT WILL WORK

Young people are often reluctant to seek help from traditional counselling services¹² and many fall below the threshold for these services but still suffer the disruptive effects on their wellbeing¹³ which impacts academic performance, peer and family relationships, and self-esteem.

Research has found that online peer support forums can support young people with mental health issues and offer numerous benefits, including:

- the therapeutic benefit of writing¹⁴
- the ability to share their experiences with other people with similar experiences and feelings^{15,16}
- helping young people feel less isolated and alone, contributing to social connection and a sense of belonging, and helping to normalise their experiences.¹⁷

In support of one-on-one peer support for young people, a literature review of face-to-face programs in schools noted the following outcomes:

- increased happiness or wellbeing
- improved self-esteem, confidence and emotional resilience
- improved relationships/reduction in friendship problems
- improved social skills or school behaviour
- positive effect on the school environment.¹⁸

The service will also contribute to building Australia's mental health peer workforce, through establishing and scaling a trained and remunerated mental health youth peer workforce. It will benefit both help-seekers and peer workers:

SUPPORT SEEKERS

- Accessible and free service
- Increase knowledge of support services and self-help strategies
- Increase self-efficacy
- Gaining new perspective
- Feeling less alone, validated and reassured

PEER WORKERS

- Social impact and contribution to community
- Gaining experience in a peer support service
- Career progression into Certificate 4 in Mental Health Peer Work

Peer workers will benefit from their work in feeling more empowered in their own recovery journey; having greater confidence and self-esteem; feeling more valued and less stigmatised; having a more positive sense of identity; and building social and occupational skills.¹⁹

The internet provides an opportunity to expand the reach and impact of peer support, particularly for young people, who spend a large amount of time online; are comfortable seeking information and support in this environment; and may require support outside of traditional service operating hours.²⁰

While digital peer support models are growing, there is a gap in true one-on-one digital peer support for young people with a strong duty of care framework.

Snapshot of peer-support services (indicative only)



On top of this, peer support is generally cost-effective and often cost-saving. Put simply, peer support works and young people like it!

A recent Office for the Advocate for Children and Young People (ACYP) NSW report²¹ into understanding how young people had experienced recent bushfires and floods reported that when young people did speak positively about mental health supports that were available during the disasters they typically discussed peer to peer support. Young people liked having the opportunity to discuss things with their peers that were going through the same situation; as opposed to discussing their feelings with an adult.

In the report, young people saw value in speaking with peers who had gone through the same experiences as them and also wanted to know what to do to help their friends if needed:

'Talk to other people about what you experienced and try to find someone that has already experienced something like that and just tell them how you feel.'

'I feel like it might be easier to talk about something that's getting you down if there is something like that where you've got multiple people in the same situation.'

'I think there should be a service by kids for kids.'

Recent qualitative ReachOut research²² identified that young people value peer support as it provides an

opportunity to connect with someone with shared experience, who is relatable and can provide genuine empathy and practical guidance.

'I'd be uncomfortable opening up to someone who hasn't gone through the same thing ... A young person, with shared experience, would be easier though.'

'Nice to talk to someone who's younger, older psychologists can be out of touch.'

'[Someone who has] experienced what you have experienced to give better advice.'

Expanding access to peer support, including one-on-one digital peer support, is also supported by the research and evidence-base about young people's mental health service preferences, including:

- children and young people can be reluctant to seek help in person, and many prefer to access support and information online²³
- young people need help to understand what they are going through and to get them ready to seek further support²⁴
- a large proportion are unwilling to access face-to-face services even if they know they would benefit from doing so, with the main barriers to help-seeking being stigma, embarrassment and a preference for self-reliance²⁵
- many who have previously sought help from a mental health professional however did not rate the experience as helpful.²⁶



Case study: Luca's* story

Mental health services aren't meeting young people's needs and preferences

Recently, Luca has been feeling alone, and more worried and stressed than usual. He's felt like he's had a lot of built-up emotion, and COVID-19 restrictions have meant that he hasn't been able to release his anger and frustrations through soccer as he normally would.

Luca has kept these feelings to himself: he can't talk to his parents about how he's feeling, especially when he is angry at them, and he's cautious about opening up to friends as he worries about what they think. He has a supportive girlfriend, who listens to him, but feels like she doesn't provide much empathy or any advice. Luca looks up to his cool 19-year-old cousin and trusts that he could provide good advice because he's experienced similar things.

In the past, Luca has searched for an online instant chat to talk to someone when he felt angry and wasn't sure what to do, but found this a really frustrating experience. He came across pre-recorded answers, 24/7 chat services that weren't available or he was left waiting too long to talk to someone. By the time he got through to someone, he was even more annoyed. Whilst he got some advice from a webchat, it was a short conversation, and it didn't make him feel any better.

* pseudonym

VALIDATION OF THE MODEL

ReachOut has already validated this model and confirmed its strong desirability from young people and strong alignment to ReachOut's core capabilities.

Focused research with a group of young people aged 15–25, 50:50 male and female, and 50:50 metropolitan and regional split, identified key needs and expectations of a one-on-one peer support service.

For most, having a peer listen is not enough. They want to connect with someone with shared experiences so that they can **gain new perspectives/learnings**.

Connecting with **a peer the same age, or slightly older** is valued as they are relatable and can genuinely understand – especially if they have lived experience and supportive qualities (more important than qualifications).

Being able to **tell their story easily, express themselves authentically and connect genuinely** is important.

Being matched to a peer feels personal, but young people **want to be in control and choose who they connect with**.

There is appetite to **connect to a peer more than once** so that they could continue the conversation without having to retell their story.

Young people expect to **get support from peers about 'everyday' topics**, e.g. careers, study, future. Peer support is not seen as a replacement for professional support.

Experiments to determine the level of interest from young people in becoming an online peer worker returned positive results, confirming that there is strong interest from young people to undertake this type of work.

Prototyping and piloting of the model was completed in late 2020 with trained peer workers successfully undertaking one-on-one peer support sessions with young people. A research and evaluation process was then undertaken. The pilot demonstrated the model works, it is safe, it is valued by young people and will form an effective part of the mental health service mix.

Post pilot interviews confirmed that participants:

- gained new perspectives
- felt validated and reassured
- gained more confidence to open up to others
- felt immediate relief being able to speak about an issue that they had never told anyone before
- (some) considered talking to a professional following

the session

- felt it helped reduce stigma of getting professional support
- reported it increased their knowledge of other support options
- felt understood and less alone

What Peers Online pilot participants said:

'She helped me understand where I was at. It was nice to see someone else's perspective'

'I wasn't clear how I was feeling, so couldn't talk to her [her mother]. But after the chat I was able to talk to my mum'

'Just the fact that she suggested it. It helped reduce stigma about using other services'

'It's like a weight had been lifted'

THE TIME TO ACT IS NOW

The Productivity Commission's report into mental health and the National Mental Health Commission's Vision 2030 Blueprint both emphasised the importance of a peer workforce to work together with consumers to provide proactive and person-centred services and support. To date, there has been limited progress in developing one-on-one peer support for young people, particularly in the digital sphere.

Further, capacity issues and challenges in the mental health system are well documented, and pressure on traditional counselling services has never been more intense following drought, bushfires and the ongoing COVID-19 pandemic.

As the pandemic has progressed, and even as restrictions eased, ReachOut continues to experience a sustained and significant elevation in service demand. We expect that for young people there will be ongoing need for mental health

support throughout the foreseeable future.

Young peoples' needs over the coming years are also likely to change and evolve as they deal with not only recurring outbreaks, but also the impact that the pandemic has had on their family life, relationships and friendships, on their plans for study and travel and the impacts that a changing employment market may have on their work and financial security.

ReachOut is uniquely positioned to lead the development of one-on-one digital peer support for young people with 10 years' experience successfully operating and scaling digital peer support, including managing duty of care to ensure safety, training volunteer peer support moderators and building a peer support community that now has more than 12,000 registered members.



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