Inquiry into the education of students with a disability

beyondblue Submission

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Introduction

beyondblue is pleased to make this submission to the Senate Education and Employment References Committee's inquiry into current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support.

The recent 'Second Australian Child and Adolescent Survey on Mental Health and Wellbeing' (2015) study – Young Minds Matter - demonstrates that **mental health conditions in children and adolescents are common,** with one in seven (13.9 per cent) of 4 – 17 year olds having been assessed as having a mental health condition in the previous 12 months.[1] **These conditions can have a significant impact on a child's functioning, their social and emotional development, and their performance and participation at school**. Students experiencing a mental health condition have markedly poorer performance in all core learning areas, compared to those students without a mental health condition (for example 39.4 per cent of students with a mental health condition are rated as 'below average' in English, compared to 10.8 per cent of students without a mental health condition). The adverse impact of mental health conditions on student learning at school can have life-long impacts.

Overall, **people with mental health conditions experience poorer educational attainment and outcomes than people with other disabilities, and the general population**. This can contribute to negative impacts on employment leading to social exclusion, long-term disadvantage, and poverty. Schools are essential to mitigating this impact. Schools already have a key role in protecting and promoting the mental health and wellbeing of the student population and their families – the Young Minds Matter survey showed that schools currently provide support services to over 40 per cent of students experiencing a mental health condition. [2] **We believe that busy principals, teachers, parents and other educators need to be better equipped to promote and protect the mental health of students, recognise the signs and symptoms of mental health problems, and refer students to external supports and services as needed.** This could be achieved through an integrated and national model, which addresses developmental needs and the key life transition points from toddlerhood to childhood to young adulthood.

***beyondblue* believes that students with mental health conditions should be offered every opportunity to get effective support and services at the right time – for their social and emotional development, educational needs, and mental health. Early intervention is critical and psychosocial recovery is equally important as recovery from symptoms of mental health conditions, and needs to be given as much attention.**

beyondblue endorses the Position Statement by the National Mental Health Consumer and Carer Forum on psychosocial disability associated with mental health conditions.[3] We believe that people with mental health conditions, including those with psychosocial disability, *"need support services that focus on recovery, use a personalised approach tailored to address their specific disability support requirements and assist them to maximise their capabilities"*.[4] This is essential to people living full and contributing lives.

Supporting the mental health of children and students cannot be done through health settings alone. Pre-service teacher training institutions, early childhood education and care centres, schools and after school programs are essential settings for action that must be better engaged and more effectively utilised.

Recommendations

To improve the education of students with a disability, a comprehensive, holistic and integrated approach to mental health and wellbeing is needed. This should include the following actions:

1. **Provide long-term funding for the delivery and evaluation of a national, integrated early childhood-year 12 'mental health in education' model, that supports educators and families to promote good**

mental health in their communities. This model should draw on *beyondblue's* experience in delivering the national KidsMatter Early Childhood, KidsMatter Primary and MindMatters initiatives.

2. **Support strong partnerships between the education system and child and adolescent mental health services and paediatric services**. This could be achieved through the 'mental health in education' model, and include targets and incentives to support collaboration in government-funded health and education programs and services. Health and education sectors must collaborate more effectively and focus on providing support at key transition points during childhood, adolescence and young adulthood.
3. **Support children and adolescents with mental health conditions to access tailored and evidence-based support services within schools and through external services, to improve their performance and engagement at school**. Children and adolescents with mental health conditions should be considered a group that requires more intensive support to fulfil their academic potential. This should include consideration of individual-level funding to support student's health and educational needs.
4. **Enable families to access effective parenting support and programs**. At a universal level, all families should have access to evidence-based parenting information and support (for example, through *beyondblue's* parenting strategies and guidelines, and *beyondblue's* 'Healthy Dads' project that will support the mental health and wellbeing of new fathers). At a targeted level, vulnerable families and those at-risk of experiencing mental health conditions should have access to effective family support and parenting programs (for example, Triple P, 123 Magic, Tuning in to Kids and Teens). The barriers to accessing parenting programs should be identified and overcome, to ensure wide-scale uptake.
5. **Set an outcome target to reduce the number of young adults Not in Education, Employment or Training (NEET).** There is good evidence to show that people with mental health conditions are over-represented among those who are NEET, and this can have life-long implications on health, unemployment, under-employment and poverty. Reducing the proportion of young people who are NEET will respond to a critical determinant of poor mental health.
6. **Continue to support proven initiatives, such as those delivered by *beyondblue*, which increase community understanding of depression and anxiety, and reduce the associated stigma and discrimination**.
7. **Implement a stepped-care approach to mental health**, which enables people to 'step up' and 'step down' to services that meet their needs. This will require the development and roll-out of self-management tools and resources, low and brief-intensity interventions, and peer-support programs in schools or health settings. *beyondblue's* existing programs, such as NewAccess, online forums, and the BRAVE program, could be components of this stepped-care model.

It is essential that these actions are implemented within the broader context of Australia's national mental health, education and community service reforms, and are informed by the development of the 5th National Mental Health Plan.

beyondblue is a national, independent, not-for-profit organisation working to promote good mental health. Our vision is that all people in Australia achieve their best possible mental health. We create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by depression, anxiety and suicide.

This submission has been informed by *beyondblue*'s extensive experience in delivering mental health prevention and early intervention programs in Australia's educational settings, including the KidsMatter Early Childhood, KidsMatter Primary and MindMatters initiatives, which are funded by the Australian Government.

***beyondblue* is keen to work with the Government on ways to improve the education of all students, including those with mental health conditions, and deliver an integrated 'mental health in education' model.** This will enable the Government to maximise its existing investments in KidsMatter, MindMatters and other community-based mental health and wellbeing programs and initiatives.

Context and rationale

There is overwhelming evidence about the importance of infancy, childhood and the teenage years in determining a person's life opportunities and outcomes. Experiences during the early years, including in utero, have lifelong effects on children's mental and physical health, life expectancy, achievements, and social adjustment.[5] For this reason, **we need to adopt a strong and explicit focus on preventing mental health conditions** by delivering interventions early in life, when the individual, community and environmental risk factors for mental health conditions are most influential, and when most instances of mental health conditions commence.

For those people who do experience mental health conditions, **we need to intervene early, when problems first emerge**. Left untreated, mental health conditions have the potential to disrupt normal development and contribute to enduring complications. Early childhood education and care settings, schools and after school programs are essential settings to reach young people, deliver mental health interventions, and improve educational and other outcomes.

Mental health conditions are extremely common affecting up to 50 per cent of Australians over their lifetime. In the United States research has indicated that the prevalence of socio-emotional and behavioural problems in a representative sample of one and two year old children is 11.6 per cent.[6] In Australia, the Young Minds Matter survey found that almost one in seven of 4 – 17 year olds have been assessed as having a mental health condition in the previous 12 months.[7] Mental health conditions typically begin in childhood, adolescence, or young adulthood. **Three in four adult mental health conditions emerge by age 24 and half by age 14**.[8]

Many people with a mental health condition experience only a single episode of illness, while others experience recurrent episodes through their life. Some experience chronic and persistent conditions. Mental health conditions can occur on their own or concurrently with other conditions. Many people with a physical, sensory or learning disability will also experience a mental health condition – Australian research suggests that among 10 year old children without a disability, there is a 13 per cent chance of experiencing a mental health difficulty; this increases to a 33 per cent chance among children experiencing one disability; and a 50 per cent chance among those children with multiple disabilities.[9]

Mental health conditions are typically associated with some level of impairment or disability in day-to-day functioning. This may be temporary or recurrent. **Some people with a mental health condition experience more enduring psychosocial disability, in which their ability to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives, is restricted**.[10] People affected by a psychosocial disability are prevented from engaging in opportunities such as education, training, cultural activities, and achieving their goals and aspirations.[11]

An individual's need for education, disability and mental health support services will vary, depending on the complexity and severity of their mental health condition, the presence or absence of co-existing conditions, and the type and level of impairment associated with their condition. This may change over time. Regardless of whether an individual experiences temporary, recurrent or persistent difficulties in day-to-day functioning, it is important that educational policies and systems meet the needs of all students with a mental health condition, to support recovery and to assist people to lead full and contributing lives, that provide meaning and purpose.

Within this context, **Australia needs a far more active focus on improving the educational outcomes of people with mental health conditions such as depression and anxiety**, ensuring that these students are assisted to access appropriate supports and services, and are given opportunities to maintain an ongoing connection with study, rather than disengage from school, TAFE or university. Studying or working is an important part of recovery, and it protects people from potential negative consequences associated with experiencing a mental health condition. To be effective, **a broader mental health promotion and prevention approach needs to be adopted in school settings, which recognises the strengths of young people and their families.**

Current levels of access and attainment for students with disability in the school system, and the impact on students and families associated with inadequate levels of support

People with mental health conditions are one of the most disadvantaged groups in Australia – they are more likely to have lower levels of education, have poorer employment outcomes, be more vulnerable to social isolation and disengagement, experience greater levels of poverty and homelessness, and have poorer physical health.[12] The Young Minds Matter survey highlights the strong relationship between economic disadvantage and higher rates of mental health problems – children and adolescents in low-income families, with parents and carers with lower levels of education and with higher levels of unemployment, and those living in non-metropolitan areas, had higher rates of mental health conditions in the previous 12 months. This research also demonstrates **the impact of mental health conditions on young people's school performance**:[13]

- Almost one in seven (13.9 per cent) 4 – 17 year olds have experienced a mental health condition in the previous 12 months. Just over half (56 per cent) of these people had used services for emotional or behavioural problems in this same time period.
- Of the mental health conditions assessed, **depression had the greatest impact on attendance and functioning at school** – students with this condition averaged 20 days absent from school in the previous 12 months, due to its symptoms.
- **School performance in all subjects was markedly poorer for those with a mental health condition**. The greatest differences were in core learning areas, as outlined in Table 1.

	Students experiencing any mental health condition (%)	Students not experiencing a mental health condition (%)
Maths	37	10.5
English	39.4	10.8
Science	33.7	8.8
Art or drawing	18.3	6.3
Sports or physical education	23.3	8.9

Table 1: School performance rated as 'below average' in the previous 12 months

The poorer performance at school also contributes to lower levels of educational attainment. Research has demonstrated that **people with mental health conditions have lower levels of educational attainment, compared to both people with other disabilities and the general population**.[14] Orygen Youth Health (2014)[15] report that:

- in 2009, 38 per cent of 20 – 24 year olds with a mental illness had not completed Year 12 and had no plans for further education, compared to 25 per cent of people with other disabilities or long term health conditions
- in 2003, 63 per cent of people with psychological disability reported no post-school educational attainment, compared to just over half of people with physical disabilities
- ill health and disability have been reported as a barriers to educational attainment for 7 per cent of 15 – 24 year olds with a mental illness or nervous conditions, compared to 3 per cent for other long-term illnesses.

People with mental health conditions are consequently over-represented among those who are not in education, employment or training (NEET).[16] This may have life-long implications on health, unemployment, under-employment and poverty.[17,18] A good education can help to alleviate these disadvantages, increase employment opportunities, and improve mental health outcomes.[19] It is therefore essential that students

who experience mental health conditions are supported to participate in the school system, and achieve good educational outcomes.

The social, economic and personal benefits of improving outcomes for students with disability at school and in further education and employment

Improving educational outcomes for students with mental health conditions will benefit their own health and wellbeing, their connections with friends and family, and future employment opportunities. [20] It will also have broader benefits for the community and our economy, by reducing the societal costs of depression and anxiety and improving workforce participation and our national productivity.

Research suggests that many of the costs associated with mental health conditions impact across a whole range of government portfolio areas, and prevention and early intervention programs are essential to mitigate these costs. Knapp and Iemmi (2013)[21] report that:

- the total return on investment from parenting programs for children with conduct disorder is between 2.8 and 6.1 times the intervention cost
- the service costs associated with childhood psychiatric disorders were 12 times greater for frontline education services than for specialist mental health services
- 90 per cent of the societal cost of depression is due to unemployment and absenteeism.

Research undertaken by PricewaterhouseCoopers (2014) has found that untreated mental health conditions cost Australian employers $10.9 billion every year through absenteeism, reduced productivity and compensation claims.[22] Improving educational outcomes for people with mental health conditions, and supporting these young people to access effective treatment and support, are central to preventing these costs.

Improving educational outcomes for students with disability could also play an important role in preventing mental health conditions in future generations. While it may not be a causal relationship, there is strong evidence that low levels of education and other related socio demographic characteristics are risk factors for poor mental health. Improving educational outcomes for all students, including those who are experiencing a mental health condition, may therefore contribute to long-term reductions in the prevalence of mental health conditions.

Independent evaluations of *beyondblue's* KidsMatter initiative have demonstrated that **improving mental health outcomes improves a student's academic outcomes**.[23] Promoting and protecting mental health at school and in early childhood services, is therefore one way to achieve the social, emotional and personal benefits of better educational outcomes.

What should be done to better support students with disability in our schools

Integrated 'mental health in education' model

As the Young Minds Matter survey demonstrates, schools and early childhood settings provide an ideal environment to protect and improve the mental health and wellbeing of all students, and support those students who are experiencing mental health conditions. **Schools are already playing an important role in identifying and supporting children and adolescents with mental health conditions**. The Young Minds Matter survey suggests that:[24]

- For those young people who needed support, 40.5 per cent of parents and carers reported that a school staff member had suggested that their child may need help.
- Just over one fifth (22.6 per cent) of young people who used health services had been referred by their school.
- Schools provided support services to 40.2 per cent of their students experiencing a mental health condition.
- Teachers and other school staff provided 18.9 per cent of students with informal support for emotional and behavioural problems. Just over half of students (51 per cent) with a mental health condition received informal support from teachers and other school staff.

While methodological changes between the first (1998) and second (2013-14 data) Young Minds Matters surveys make it difficult to make comparisons in service use over time, the data suggest that **there has been a significant increase in service use by children and adolescents with mental health conditions** – for example, only 31.2 per cent of 6 – 17 year olds with mental health conditions used services in 1998 (over a 6-month time period), while 68.3 per cent of this population used services in 2013-14 (over a 12-month time period).

While schools are already taking on board their support role in mental health, more co-ordinated and scaling up of action is required. *beyondblue,* with funding from the Australian Government Department of Health, has led the implementation of a comprehensive 'whole-of-school' approach to mental health, through two initiatives:

- **KidsMatter Early Childhood and KidsMatter Primary** – this is Australia's national mental health promotion, prevention and early intervention initiative for primary schools and early childhood education and care services. It aims to improve the mental health and wellbeing of children; reduce mental health problems among children; and achieve greater support for children experiencing mental health difficulties, including symptoms of depression or anxiety, and their families. Independent evaluations of the program have found that KidsMatter improves staff and parent capacity to respond to children's mental health needs, with longitudinal analyses also indicating improved childhood mental health and wellbeing on standardized measures.[25] To date, over 2,600 schools are participating in KidsMatter Primary, and over 270 early childhood providers are participating in KidsMatter Early Childhood.
- **MindMatters** – this initiative for secondary schools aims to improve the mental health and wellbeing of young people. The MindMatters framework provides structure, guidance and support to enable schools to build their own mental health strategy, to suit their unique circumstances. MindMatters helps schools to promote positive mental health and wellbeing through the whole school community, and to help prevent mental health conditions in students. The initiative was recently redeveloped by *beyondblue* and relaunched in May 2015. To date, nearly 500 secondary schools are participating in MindMatters, towards a target of 1,500 schools by the end of 2015/16.

beyondblue's delivery of KidsMatter Early Childhood, KidsMatter Primary and MindMatters has demonstrated that educational settings can successfully promote and support the good mental health of students, their families, and teachers. It achieves this through providing early assistance to those students who experience mental health conditions, ensuring that they access health services and professional support. Central to the success of KidsMatter Early Childhood, KidsMatter Primary and MindMatters has been the adoption of a whole-of-school approach that focuses on the mental health and wellbeing of *all* students, not just those experiencing difficulties or disability. Promoting good mental health, rather than exclusively reducing existing 'problem' behaviour, is more effective in supporting better mental health at school.[26,27] **It is essential that schools and early childhood settings are safe and inclusive environments, that value diversity, and respond to individual, community and environmental risk and protective factors for mental health.** This will not only benefit the mental health of students, but it will also enhance their ongoing connection and engagement with school, and contribute to better academic achievement and staff morale.[28,29,30,31]

The National Mental Health Commission's review of mental health programmes and services highlighted that in 2012-13 the Commonwealth Government spent $9.6 billion on mental health. 87.5 per cent of this funding is spent on five programmes – the Disability Support Pension, National Agreements, Carer Payment and Allowance, the Medicare Benefits Schedule, and the Pharmaceutical Benefits Scheme.[32] The Commission suggests that the significant level of funding that goes into these high cost areas indicate that the system has *"failed to prevent avoidable complications in people's lives"*. Moreover, the poor planning, coordination and operation between the Commonwealth and the states and territories results in *"duplication, overlap and gaps in services."*[33] **The current funding and administration of school-based mental health programs is an example of multiple funding sources (both within and between different levels of Government) being used inefficiently.**

beyondblue's experience in delivering the KidsMatter Early Childhood, KidsMatter Primary and MindMatters initiatives has highlighted that, while these initiatives have been demonstrated to improve mental health

outcomes, there are opportunities to better engage and more effectively utilise schools and early childhood education and care centres. **We believe that we need a national, integrated early childhood-year 12 model that supports educators and families to promote good mental health in their communities.** This integrated model needs to better promote and protect the mental health of students, their families and staff; equip school staff to identify and respond to mental health problems; consider the developmental needs of 0 – 18 year olds; address the key life transition points from toddlerhood to childhood to young adulthood; and connect school communities to external supports and services. The model needs to be implemented in all Australian early childhood settings, primary and secondary schools and after hours care.

To achieve this integrated model we need to:

- **Be person-centred –** it is critical that children, young people and parents are at the centre of the model. This is in line with the socio-ecological model of development, which recognises that there are multiple influences on mental health and wellbeing during childhood. The child is at the centre of this model, and grows and develops in the context of their relationships with family, school and the broader community.[34]
- **Adopt universal (delivered to all children) and targeted (those with mental health difficulties) approaches** that focus on reducing common risk factors and increasing protective factors for mental health and wellbeing, rather than adopting a condition-specific approach. We should also support a **strengths-based and place-based approach** to mental health and wellbeing.
- **Take a whole-of-school community approach**. Education settings are non-stigmatising environments that can help to create and support mentally healthy families. It is important that positive parenting/role modelling in families is promoted, to support positive behavioural development in the home setting. Education settings provide opportunities to improve parenting practices, which benefit children's social and emotional skills. Parental involvement in children's education is also a protective factor for children's mental health.
- **Enable schools and communities to set priorities for a mentally healthy school** that meet their local needs, but require them to draw on evidence-based programs.
- **Deliver integrated promotion, prevention and early intervention initiatives, which link into a national stepped-care model of mental health care**, **and aligns with the National Safe Schools Framework**. Schools should be used as a platform to assist children and adolescents who experience recurring or persistent mental health conditions to access services and supports that meet their needs. Interventions should be tailored to need and complexity using a stepped-care approach. Some students and their families may only require information, psychoeducation and access to self-help resources. Others may require brief intervention from school counsellors or primary care providers, while others may require multidisciplinary team-based care. Consideration should be given to making supports and services at the lower end of the stepped-care model available within schools, rather than through external service providers.
- **Develop partnerships between educational, primary care and specialist mental health services**, alcohol and other drug, and behaviour change bodies (such as Our Watch and the Foundation for Young Australians) for children and adolescents and their families who require higher levels of assistance. This should help to ensure that there is an integrated approach that supports an individual's educational and health care needs. The educational needs of children and young people affected by mental health difficulties needs to be prioritised, to prevent negative academic outcomes.
- **Support an equitable approach** and provide additional resources to those schools that have greater levels of need.
- **Focus on transitions** - including starting school, moving between schools, and moving from school to tertiary education or employment. This is particularly important for those students experiencing or at-risk of mental health problems.
- **Set targets and outcome measures**, for both mental health outcomes and education and employment participation (e.g. reduce the number of young people with mental health conditions Not in Education, Employment or Training).
- **Implement a continuous improvement model** that incorporates a strong approach to research and development.

The creation of this integrated national 'mental health in education' model should be led and developed by the mental health and education sectors, with single funding and support from the Australian Government. *beyondblue* has recently brought together key mental health and education sector organisations to discuss a new coordinated mental health in education model. Collaboration between health and education sectors is central to success - this will require collaboration across government as well as between Commonwealth and State/Territory governments. Long-term funding is essential, as short-term funding cycles can undermine efforts to secure ongoing and effective school and community participation, ownership and empowerment.

A single mental health in education model which enables States and Territories to leverage their own content, programs, resources and services, may help to reduce the significant difference in school-based approaches to mental health-related disability that exists across Australia. **Our experience in managing the KidsMatter Early Childhood, KidsMatter Primary and MindMatters initiatives on behalf of the Australian Government suggest that uptake and implementation of these initiatives could be enhanced by ensuring that all schools and early childhood services have the time and resources to participate in these initiatives.** This approach is already being implemented in the Australian Capital Territory. The Australian and State and Territory governments should consider how this model could be implemented in other jurisdictions; and how reporting on the uptake and outcomes of mental health initiatives could support educators to promote good mental health in their communities.

Broader mental health initiatives

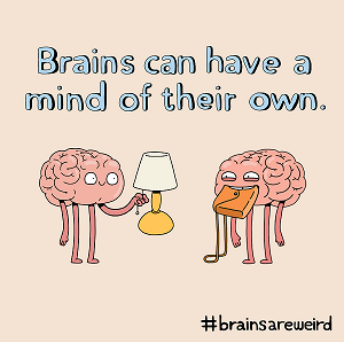
To improve the support available to students and children with a disability, the integrated mental health in education model also needs to be supported by a broad range of mental health initiatives, which should include the following activities:

- **Increase people's understanding of mental health conditions** – A significant barrier for people with a mental health condition is a poor understanding of mental health, and mental illness, within the community. It is common for educators, like others in the community, to not understand the impact of mental health conditions, and feel that they do not know how to accommodate or support students experiencing problems. Research also suggests that low levels of mental health literacy is a barrier to seeking help for mental health problems – around one third of parents (36.4 per cent) who have children with a mental health condition report that they did not seek help for their child because they were unsure if their child/adolescent needed help, they did not know where to get help, or they thought the problem would get better by itself.[35] Supporting students to access effective treatment is an essential component of improving performance and engagement at school.
- **Tackle stigma and discrimination** – The stigma and discrimination associated with mental health conditions is a significant barrier to participating in education and seeking support for a mental health condition. A recent community-based *beyondblue* survey, the Depression and Anxiety Monitor (2014), has indicated that 11 per cent of people who reported experiencing depression or anxiety in the last year felt they had been treated unfairly in education. Stigma can –
    - discourage students from disclosing a mental health condition, due to concerns and fears that people will treat them differently, and their medical information will not remain confidential.[36]
    - result in people having low expectations of people with mental health conditions, which impacts on their treatment and the provision of appropriate support services, that facilitate and encourage participation at school and then at work.
    - negatively impact on people's willingness to seek help for mental health problems – 62.9 per cent of 13 – 17 year olds with depression, who did not seek help, reported that they were worried about what other people might think, or did not want to talk to a stranger.[37]
- **Support students to look after their own mental health** – This will improve mental health and wellbeing and educational outcomes. All students, including those experiencing a mental health condition, should have:
    - **accessible and effective treatment and other support services** – just over half (56 per cent) of 4 – 17 year olds with mental health conditions have used services for emotional and behavioural problems in the previous 12 months.[38] It is essential that children and adolescents have the

knowledge and skills to access support. This should be delivered through a stepped-care model, which enables people to 'step up' and 'step down' to care which meet their needs.

- **a safe and healthy school environment**, that provides reasonable adjustments to support mental health needs, and information to help students/parents decide whether to disclose a mental health condition
- **assistance to develop social, emotional and lifestyle skills** to manage and protect their mental health – for example solving problems, communicating effectively, regulating emotions and managing stress, exercising regularly, having a balanced diet, getting enough sleep and avoiding harmful levels of alcohol and other drugs. One third (36 per cent) of young people with a mental health condition report needing 'life skills' training, but for the majority of them (60.9 per cent), this need is not currently being met.[39]

Brains can have a mind of their own – youthbeyondblue campaign – case study



The primary goal of the *beyondblue* Brains campaign was to prompt young Australians (aged 13 – 17) to act on their mental health by visiting youthbeyondblue.com to access information and resources to support their recovery. Research conducted prior to the campaign suggested that four out of five Australian teenagers think people their age may not seek support for depression or anxiety because they're afraid of what others will think of them. The brain aimed to show teenagers that experiencing depression or anxiety doesn't mean they are weak or weird, it simply means that their mind is giving them a hard time, and there's something they can do about it. The campaign not only aimed to de-stigmatised mental health, but also convert symptoms into compelling reasons to seek help.

The five animations – built around five different symptoms of depression or anxiety – depict a world where teenagers are constantly disrupted, harassed and provoked by their own brains. Producing something that was genuinely entertaining would encourage young people to own and share the content. The aim wasn't to scare people into action – nor was it to trivialise mental health conditions – but to normalise the issue, giving youth permission to investigate their symptoms.

Paid channels utilised for the campaign included YouTube, mobile advertising, XBOX video, Facebook, Twitter and Snapchat – making *beyondblue* the first not-for-profit organisation in Australia to advertise via that channel. To support the campaign, *beyondblue* created social media accounts for The Brain himself. This amplified The Brain's subversive, cheeky character and provided content that young people could relate to and wouldn't feel threatened to engage with.

Overall, the campaign has resulted in significant and positive results. There has been a 231 per cent increase in web traffic to youthbeyondblue.com in June 2015, and there were 23,675 Brain Quiz (K-10 checklist) completions in June, meaning almost one in four visitors to the site completed the quiz. Feedback from the target audience has also been positive, with young people openly commenting that they relate to the brain situations depicted and are using the videos to explain to friends and family what they're going through.

The Brains campaign demonstrates how *beyondblue* not only increases awareness and understanding of depression and anxiety, but also reduces the stigma associated with these conditions, and gives people the tools to learn more and most importantly, take action to get the help they need.

***beyondblue* is implementing a suite of broad community-based programs and services to address the broader mental health needs of young people and their families.** This includes:

- **youthbeyondblue** – www.youthbeyondblue.com – *beyondblue*'s website for young Australians aged 12 to 25 includes information on depression, anxiety, bullying, alcohol, self-harm and suicide. A new youthbeyondblue campaign was launched in late May 2015 on digital and social media channels, to encourage people to find out more about depression and anxiety, reduce stigma, and encourage help seeking through completing a Brain Quiz online.

- **The Brave Program** – https://brave4you.psy.uq.edu.au – the BRAVE Program is a free, online evidence-based program that helps prevent and treat anxiety in young people aged between eight and 17 years. The program is made up of 10 interactive sessions which use cognitive behaviour therapy techniques to teach young people and their parents how to manage anxiety. The program was developed by the University of Queensland, with funding from *beyondblue*.
- **Information and resources** – *beyondblue* has an extensive range of free resources which focus on improving the mental health of every person, at every stage of life. These resources aim to increase awareness and understanding of depression and anxiety, and give people the confidence and skills to talk about these conditions**. Tailored resources for parents are available**, which includes information to support pregnancy and early parenthood; how to support healthy child development and respond effectively to children experiencing emotional or behavioural difficulties; managing relationship breakdowns and separation; and a guide to support parents of young people who may be at-risk of suicide. Further information is available at: www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians
- **The *beyondblue* Support Service** – 1300 22 4636 - www.beyondblue.org.au/getsupport - this Service provides immediate, short-term, solutions-focused support and referral services via a 24/7 telephone service, web chat service from 3pm to midnight, and an email response service.
- **Online forums** – www.beyondblue.org.au/connect-with-others/online-forums - *beyondblue's* online forums provide an opportunity to receive peer support. There are over 30,000 members of *beyondblue's* forums and an average of 40,000 visitors per month. Research on the impact of the forums has demonstrated that the forums help people to feel less depressed or anxious, encourage people to contact a health professional, and support people to make positive lifestyle changes.
- **Heads Up** – www.headsup.org.au – this Australian-first initiative of *beyondblue* and the Mentally Healthy Workplace Alliance supports Australian businesses and workers to create more mentally healthy workplaces. Through Heads Up, employers can support the mental health and wellbeing of their staff, by developing a tailored and practical action plan for creating a mentally healthy workplace, based on their specific needs.
- **NewAccess** – www.beyondblue.org.au/newaccess - this is a *beyondblue* demonstration project that provides support to help people tackle day-to-day pressures. This early intervention program provides easily accessible, free and quality services for people with symptoms of mild to moderate depression and/or anxiety who are currently not accessing mental health services. Trained and clinically supervised coaches operate like personal trainers, providing low-intensity cognitive behaviour therapy and individual, tailor-made support programs incorporating relevant areas such as problem solving, goal setting and dealing with worries. Importantly, the program teaches people self-help techniques, that enable them to lead their own recovery. Additionally, NewAccess links clients into local community networks and engages them with other service providers should they require it - for example, employment, financial or housing assistance. The program is currently being piloted and evaluated in three regions across Australia – Canberra, metropolitan Adelaide, and North Coast New South Wales.
- **The Way Back Support Service** – this is an innovative approach to supporting people who have been discharged from hospital following a suicide attempt. Support coordinators link people into existing health, community and social support services, ensuring they receive the care they require. This non-clinical service is currently being trialled in the Northern Territory, with a second trial site being established in New South Wales later in 2015.

Individual-level funding to support students with disability

The introduction of the National Disability Insurance Scheme (NDIS) will empower people with a disability to make decisions about their healthcare and purchase services that meet their needs. The NDIS is likely to improve the educational outcomes of people with a disability, by ensuring that these students receive the tailored support they need, to help them to participate and succeed at school.

Individual-level funding for people with complex mental health needs, which supports the purchasing of 'wrap-around' services, has also been suggested in the National Mental Health Commission's review of mental health programmes and services.[40] For students with a disability, who do not meet the eligibility requirements of the NDIS, **there could be an important role for individual-level funding**. This approach

could help to address an individual's health and educational needs, and prevent the use of longer-term, and more intensive, services and support. Intervening early is critical to reducing the impact of mental health conditions, and preventing the development of more complex, and costly, conditions.

The early education of children with disability

Early educators have a critical role in supporting young children with a disability to build the necessary competencies, skills and resilience to support good mental health.[41] Emotional and behavioural difficulties in early childhood affects relationships with peers and teachers; negatively impacts on families; and predicts future mental health difficulties. Children with disability have been shown to be particularly vulnerable to experiencing these kinds of difficulties.

***beyondblue* supports the best possible start to life for all children**. KidsMatter Early Childhood helps early education and care services to support children's mental health and wellbeing and improve the quality of their experiences. An evaluation of KidsMatter Early Childhood has shown that the initiative strengthens the wellbeing of young children with a disability, and reduces mental health difficulties.[42] The positive impact of KidsMatter Early Childhood could be enhanced through incorporating this initiative into a national mental health in education model, and delivering this in all early education and care services. This will also assist providers to achieve the requirements set out in the National Quality Framework for Early Education and Care, and the Early Years Learning Framework.

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