

youth affairs network qld

## Online Mental Health Forum Report

This online forum held on 13<sup>th</sup> October 2020, was the first in a series organised by YANQ in response to findings of a 2020 survey where the respondents prioritised mental health ([see the survey result report here](#)) as the key topic for discussion and exploration by the sector.

**Guest Speaker: Professor Jon Jureidini**

***Medicalising distress and ignoring social ills - who benefits and how should we respond?***



Professor Jon Jureidini is a child psychiatrist who heads Adelaide University's Critical and Ethical Mental Health research group (CEMH), which promotes safer, more effective and more ethical research and practice in mental health; and the Paediatric Mental Health Training Unit (PMHTU), which provides training in non-pathologising approaches to primary care mental health.

Overall the forum had 124 registrations online and 67 participants on the day. Feedback has been highly positive with many people unable to attend the forum asking for the recording of the forum to be made available to them. YANQ has uploaded the forum recording on its YouTube channel <https://www.youtube.com/watch?v=uXTvv jtNMLI>

## Key messages from the forum speaker

In his talk, Professor Jureidini outlined why he believes that the youth sector is best placed in dealing with the majority of cases relating to young people's mental health and preventing harm. He described how most research has been focused on biological reasons for young people having drug and alcohol, anxiety and other mental health "disorders" and how the medical establishment has focused on biological treatments for these conditions. This research occurs in the context of having a clear idea of what the social determinants of these presentations are; domestic violence; poverty; food insecurity which all cause depression.

COVID-19 and the massive increase in young people presenting with mental health issues is clear evidence that rather than focusing on the biological issue, we should focus on social determinants of mental health.

In order of priority, people who are important in determining outcomes for young people are 1, parents, 2, teacher/schools, 3. youth workers.

Risk aversion in the youth sector is a real danger to young people's mental health. There is great pressure on youth workers to refer young people to clinical services based on risk.

At times youth workers do have to refer and be assertive to get young people into the medical system, but in the majority of situations that is not the case. Medical system itself is risk averse and on average it medicates.

Professor Jureidini extrapolates, "The Second reason we should not focus on referring is that referrals often don't work. On average only 50% of young people turn up to appointments and even when they do, there is doubt if that is going to be beneficial. When we refer, we think someone else can do a better job than us. The reality is the most powerful thing we do is form relationships with young people. That is where the young people will get the most benefit from. When we refer we don't know if the next person can/will build a positive relationship with the young person we have referred to them. Just because the person we refer to might have better skills/qualification, that does not mean the young people will get a better deal out of that referral process."

The third reason to be cautious about referrals is that the mental health system does not respect the validity of suffering. Taking away pain is not always the best intervention. People can grow through experiencing distress and working through and resolving the grieving process that goes with a distressing experience.

Professor Jureidini explains, "We need to be respectful of young people's capacity to go through something very difficult and come out the other side. Our role as adults is not to take away the pain but to stand with young people as they negotiate their way through the experience. The big caveat on this is if something or someone is hurting the young person. Then we do need to intervene to change that. For example, if a young person is the victim of domestic violence or bullying, our role is to intervene and advocate to stop that happening.

If we are to be therapeutic with young people we should be able to tolerate anxiety and not take the course of action that makes ourselves less anxious.”

The youth sector is better placed to take these types of risks than the medical sector.

So when should youth workers make a referral to a mental health service?

First and foremost, we should build good/trusting relationships with the local mental health services so we can confidently refer young people who display serious mental health disorders, ie. when they are psychotic or so impaired in functioning that they can't even get out of bed and when there is a serious threat of suicide.

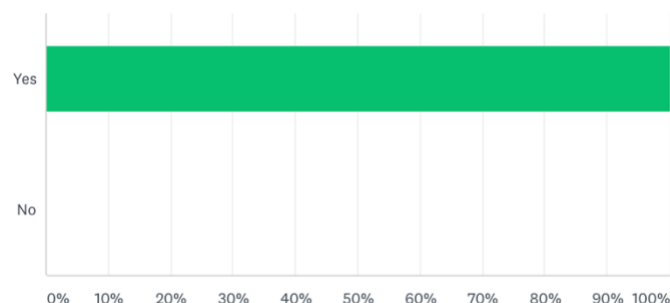
In relation to suicide it should be a collective agency responsibility to make decisions. Each agency should establish thresholds and ask the question, “What can we as an agency do to push these thresholds up in a safe manner?” Suicide gestures/talk by young people are statements about their inability to cope. Ask, “What can my agency do to enhance this young person's coping mechanisms and is that something that might prevent the necessity for presentation to a mental health service?”

Main follow-up task identified: **Individual agencies or YANQ, on behalf of the Queensland youth sector, to engage Professor Jureidini in developing a protocol on how youth workers can work with young people in distress and at what point should be referred to mental health services.**

### Post Forum Survey:

Following the Forum, YANQ administered an Online Survey and invited the Forum participants to contribute their feedback and thoughts about the Forum and how to move forward, as a sector, on issues discussed at the Forum. 23 people completed the survey. The following is a summary of these responses:

#### Q 1. Did you find the Forum informative? Why?



All survey respondents indicated that they found the Forum to be informative and relevant to their work. They were satisfied with the speakers level of knowledge and very interested to hear a psychiatrist affirming what they intuitively believed.

## Survey responses

*"I found the perspective new and insightful. The presenter made you think about why you refer onto a psychologist and what can be done differently to help young people."*

*"Jon's talk was informative and his positive attitude to prevention as against medical intervention was refreshing."*

*"It helped me to understand how in most cases the best support for children and young people are the people who support them, not those in a mental health system."*

*"The presentation identified and addressed a trend that has been happening over a period of time that was not good for young people and was contributing to the de-legitimising the excellent work of the community sector."*

## **Q2. What are the main issues facing the youth sector in respect of Youth Mental Health? [Briefly outline or dot point what the key issues are]**

It was very clear from comments made by the survey respondents that they very much agreed with Professor Jureidini's analyses of what are the key mental health issues when working with young people.

## Survey responses

*"Pressure to refer young people for medical intervention - contracts not reflecting the reality of work with young people - lack of training and professional support - the impact of some drugs in particular Ice."*

*"The breakdown of the family unit and capacity of parents to support their children. Limited resources to support young people to engage in the things that will create meaningful connections for young people."*

*"Lack of coordinated response, lack of early intervention services."*

*"Lack of funding and resources for youth workers - labelling or informal diagnosis of mental health conditions - misunderstood behaviours and their functionality for young people - lack of training in the youth sector for management of mental health concerns."*

*"Services are not targeting social determinants of mental health, and while teachers/school are the most important in determining outcomes than mental health services they are not funded in accordance with this."*

*“From a Support coordination perspective: - shortage in appropriate social activities and opportunities that meet their needs or abilities - challenges in integrating into mainstream supports and activities - lots of work needs to be done to educate the wider community about social inclusion for young people with disabilities - complications regarding multiple diagnosis and working with the young person as a person rather than a diagnosis.”*

*“Support, Understanding, Care, Love, Role model.”*

*“Lack of being heard.”*

*“The disadvantage experienced by Aboriginal and Torres Strait Islander youth in this country. Racism, Language, Trauma, Race & Culture Intersectionality, Stolen Generations, Access to Health, Disabled Youth/homeless/housing. Over representation in Justice System, change the education system and embed true history of this country etc...”*

*“Connection to services like Child Youth Mental Health Service (CYMHS) and problems with constant change in workers to create relationships. All organisations knowing the benefit of collaboration and sharing of information where consent has been given.”*

*“Failure of State Government to acknowledge the importance of true prevention /early intervention programs \* Lack of Government financial support \* Need to establish sound links between our services and mental health services (problem: lack of recognition by CYMHS).”*

*“Risk aversion is dominating practice Pathologising of young people's distress meant we have stopped addressing the social injustice they face.”*

*“Lack of community support and engagement regarding mental health - lack of knowledge about how to support young people and who, when and where to refer them - have a mindset that they need to be referred up the health chain instead of supporting them within the school/community. – childhood experiences /sadness/trauma that manifests into depression, anxiety or risk-taking behaviours.”*

*“Lack of support - different places to go to instead of hospital or CHYMS. Wanting support afterhours but don't know where to turn to.”*

*“Over diagnoses -Dismissive professionals at times cause more harm by the use of language - Alternative therapies that are not affordable (no Medicare rebate) - Youth services (homelessness) restricted in the way the Youth Workers are able to interact with the young people.”*

*“Medical model and 'labelling' plus risk aversion tends to put people into the mental health sector through referral when relationships with trusted adults in the youth sector can also be very important to achieve benefits for the young person.”*

**Q3. What can we create together that will enhance our capacity to make a difference in overcoming the issues? [How do we share information to improve our practice? How do we maintain sector best practice?]**

A well-resourced YANQ can, once again, establish communities of learning amongst youth sector members, facilitate professional development and bring together the sector to share information and exchange ideas and to have a critical self-evaluation process ensuring that we include ongoing evaluation in our programs and that we continue to adopt contemporary evidence based practice frameworks.

The youth sector has had very limited opportunity to engage with professional/sector development activities. The main two reasons for this are, reduced funding to youth sector organisations and the lack of capacity by YANQ, as the sector's peak body, to coordinate and facilitate specific sector developmental processes. Best practice in youth work requires investment, planning and ongoing evaluation and adjustments. Once YANQ's funding has been restored, YANQ and various Government agencies can once again partner in design and delivery of best practice youth sector initiatives.

Survey responses

*"The idea to work together to help generate some practice guidelines on when to refer young people for mental health or clinical support is excellent."*

*"We need YANQ to be funded so they support us like when they had funding, for too long we have been left with no support."*

*"Stronger relationships between the community, schools, mental health sector and Youth work sector."*

*"Advocating in the medical field for youth support services/community based orgs. 'Ask an expert' type monthly/bi-monthly event for Youth workers to connect with psychologist."*

*"More input from the psychiatrist! Would be great to get his support in designing services and models of care."*

*"Adequate funding to ensure an appropriate amount of workers to meet demand - Changing policy restrictions on only working with a young person for 3 months with the goal of on-referral (this simply extends the helping cycle for this client) - providing consultations with mental health specialists/workers in relation to cases that may require expert knowledge or a worker may require guidance - Ensuring that part of referral pathways include any mental health assessments of a young person if applicable - Normalise using activity and sport (biological elements) in intervention and treatment of youth distress and challenging behaviour - Educational and developmental workshops for parents to understand how to use industry interventions effectively in the home or learn variations of them."*



*“Creating connections with the NDIS/Disability sector to create a holistic approach for young people with disability - exposure, exposure - making it normal to have a huge diversity of abilities in a group. Embracing these differences and celebrating the new perspectives that young people with disability bring to a group/program.”*

*“Keep conversations normal while explaining to the kids and not to use clinical terms. We should involve and listen to the kids as to how they wish to manage and do and work around along with sharing our ways for them to use.”*

*“For all sectors to work together to enable that no child is left behind and are safe in their own environment. That youth are engaged, involved and consulted with and form part of the solutions to youth issues. Youth have a lived experience and their opinions need to be heard by policy makers.”*

*“Building platforms for workers to connect to offer a holistic approach to the young person. If consent can be gained, information should be shared for the best outcome for the young person. Working together and collaboration is key. Education for specialist and health workers on how important the non-clinical support is.”*

*“Promote funded services and always ensure warm hand-overs when referring on or stepping up a patient.”*

*“Patients, empathy and non-judgmental. Monthly Community meetings, ask what the youth are looking for within our organisations.”*

*“Establish sound links between our services and mental health services (CYMHS).”*

*“Developing collaboration with the medical sector as equals. More use of youth friendly assessment tools by community sector to measure wellbeing as a result of community sector engagement (i.e developing an evidence base of effect) Stressing locally informed work was, and is the basis of effective youth work; training new workers of the importance to document the intent, process and outcome of their work so their work is evidence based. Identify to governments through local members that buying programs is costly and very often not replicable. Teach community sector workers strategic local level advocacy as peak bodies though badly needed are too readily knocked off by governments of all persuasions.”*

*“Whole of community approach - especially the health sector noting the importance of relationships and community.”*

*“We need to work collaboratively with all mental health and youth service providers.”*

*“Educate school staff. Start with the supports in primary schools particularly the education of school staff. Educated young people about normalising how they feel and how they can turn those feelings into a way of moving forward with those feelings.”*

*“Less reliance on 'professional mental health experts'. More informal link-ins.”*

*“Collaborative spaces, with a range of services of different modalities, not just clinical, a better understanding of each other’s services and respecting those differences as each play an important role in the care and support of young people.”*

*“Improving professional links between youth and mental health sector workers at a local level so youth workers can reach out for support and advice if they need to make a decision on referral or how best to support young people.”*

*“More forums like this. More meaningful connections with schools through better resourced and trained youth staff. More work with families to help them help themselves.”*

**Q 4. What would it mean to be the national leader in Mental Health youth support?  
[How would young people benefit? What would be the flow on effects?]**

Clearly Queensland has a long way to go to be the national leader in mental health youth support. However, this can be achieved through a partnership between the State Government and the youth sector.

Mental health and youth justice are similar in so much as, investment in both fields has been focused on responding after the young person has been harmed and not in the prevention and early intervention stages.

A clear proposal has emerged from this Forum to support youth workers and youth agencies to increase their engagement with mental health issues. Part of this work will be to follow up with Professor Jureidini and develop an agency level protocol for the youth sector to feel more comfortable about knowing at what stage they should refer young people to clinical mental health services. This proposal can be achieved with limited investment and could not only help to reduce significant expenditure in the clinical mental health services, but more importantly contribute to the wellbeing, autonomy and agency of young people. This innovative model has the potential to propel Queensland to become a national leader in mental health support.

One major issue which is hindering youth workers to develop positive relationships with marginalised young people is the current funding models with a focus on outcome reporting. This has been acknowledged by a number of relevant Ministers and Director Generals however, we still have not seen the necessary reforms to the funding models which encourage and nurture the development of substantial relationships with young people as a key outcome. Young people with mental health issues have faced various levels of distress in their lives. Many, have substantial trust issues due to neglect and/or abuse by people close to them. Youth workers need support and training in how to engage with young people in order to build trusting relationships. In this process, they cannot be limited by time and be rushed to produce some “prescribed outcome” from their contact with young people.



funding<sub>sector</sub> focus<sub>health</sub> need<sub>challenges</sub> children<sub>including</sub>  
young people<sub>youth</sub> mental health support<sub>will</sub>  
services<sub>listen</sub> youth<sub>flow</sub> working<sub>better</sub> benefit<sub>community</sub>  
leader

*Word cloud generated from responses to this survey question.*

### Survey responses

*“Without investment in services and programs Queensland will never be a leader in this area, the sector can’t do this without funding and young people will keep suffering.”*

*“Providing the community with information and skills in supporting young people's mental health and resources to support therapeutic interventions that are not talk related. Young people benefit from supportive relationships that can be long term, activities such as dance, movement of the body, equine therapy etc.”*

*“This would be incredible given the current challenges our world is facing with coronavirus. The flow on effects with job, housing and food insecurity will grow and if we can focus on supporting young people through this, Australia will have a better future.”*

*“Funding and policy around length of time - decrease in burden on the health system to manage complex cases - decrease on young people entering the juvenile justice system - decrease in young people entering the cycle of victimisation or deficit model of support - improve youth mental health.”*

*“Having YP with disability included would bring new perspective and options that would not have been considered when you keep sectors separate and working in silos. Including multidisciplinary teams to discuss differing approaches to service delivery.”*

*“To bring young people on the journey with policy makers and embed key initiatives and programs. To have more First Nations Youth workers in the workforce? To have an embedded education to employment pathway for all young people to transition into work after schooling.”*

*“Delivering person centred supports including narrative therapy services and digital detox camps (like in Korea).”*

*“Greater focus on early age intervention required to be a leader in Youth Mental Health.”*

*“A leader would have to have courage and funded outside of Government for security. That role(s) would need to point out every social, economic and environmental policy that impinges on individual and community wellbeing. The challenge would be how not to be niched by media as the 'constant complainer'; useful for a short grab on tv but not listened to anywhere.”*

*“Young people would benefit as it would close the gap with the child health services and youth services - it's too late focusing on youth mental health when we don't focus on maternal and child health - it should flow and if it did flow you would put a highlight back on parenting - we know if parents are well supported with the social determinants of health within a community, they are better for it. First 1000 days needs to be taken a lot more serious.”*

*“Building mental health expertise and capacity in the youth sector. Side by side working models for experienced practitioners. Young people would feel able to reach out for support through one service rather than multiples. Youth workers would feel more confident in understanding presenting issues and responding to them.”*

*“If QLD was the national leader I suppose it would lead to more federal funding and the opportunity to work with and mentor other states. The obvious flow on effects would be less strain on the health system, more opportunities for people to enter the workforce and lead more 'normal' lives which then in turn means they may raise children with fewer challenges themselves.”*

#### **Q5. Where to from here? [Next steps for the sector? Ideas for further discussion with government?]**

Survey respondents have identified several strategies which are all valid and require further investigation. What is clear is the need for systemic and ongoing work in this area. Funding of YANQ to fulfill its peak body role as the representative of the sector is paramount in bringing the community sector and the Government together, in bringing research and practice together and in bringing the voices of marginalised young people to the attention of policy makers and legislators.

All of the ideas raised by the survey respondents can easily be forgotten unless YANQ has the resources to further investigate them, build on them and to propose concrete policy suggestions to Government partners. If we are to see a significant improvement in mental health and wellbeing of marginalised young people, we need to invest in the youth sector and in YANQ as the peak body which represents the youth sector.

## Survey responses

*“Fund YANQ and fund youth programs that allow for non-medical relationship building approaches to working with young people.”*

*“Collaboration with the mental health sector and schools. “*

*“Proposing that people don't need provisional or formal diagnoses to get a Mental Health Care Plan. Educating GP's around not pathologising young people's mental health would be of benefit.”*

*“Discussion with government bodies should be to invest in youth mental health and outcomes. To look at already well performing programs based on outcomes not statistics. To consider outcomes and positive changes for young people over numerical amounts of young people engaged. There should be a census on youth behaviour and need within your grass roots not specialised services to understand the true demographic need.”*

*“Continue to have youth community forums and engagement with all Queensland Government Ministers and First Nations youth in rural, remote and regional locations have a say in and actively participate in these processes.”*

*“Education for clinical workers: 1) How can they collaborate better with non-clinical services? 2) How to share important information for the benefit of the client (with consent)? 3) What services are available for health workers to support young people in the community? 4) Not discharging young people without an appropriate assessment and offering of a place to contact - safety planning.”*

*“The medicalisation of youth work has been fostered by government because it de-contextualises social injustice. But many of the most marginalised young people have genuine and significant concerns about finding their place in society and economy. They don't want to fight for a place, they want to have a place to grow into. Unfortunately I think what we have shown young people is that bullying is for the privileged and young people's increasing rates of distress is them bullying themselves in their despair and powerlessness in an increasing unjust world.”*

*“Ensuring social issues are dealt with at a step back from the health sector - i.e. sorting out clusters of social issues that cause clusters of mental health issues.”*

*“First 1000 days, then build on that to youth. Educate school staff, get something more solid in the curriculum regarding health and wellbeing - at the moment a lot of the mental health well-being education is an 'add on if you have time'.”*

*“Perhaps facilitate more local dialogue between youth sector workers and psychologist, social worker and counsellors/therapists to build staff support groups or explore funding of mental health professionals based in/at youth services.”*

*“Greater collaboration. Again, from a relatively inexperienced point of view, most agencies do their own thing and do not work together or have even similar outcomes in mind.”*

## **Any other feedback?**

### Survey responses

*“Thank you for organising this valuable forum.” “It was a great session.”*

*“I found the forum beneficial and want to be a part of future conversations and actions around these topics!”*

*“More training from this psychiatrist, Professor Jon Jureidini please!”*

*“Conferences are informative and beneficial but it would be great to speak to more than one innovative leader in the field and to also hold a conference or meeting to ascertain what the immediate struggles are for workers in the youth industry and what would better shape practice and outcomes for them.”*

*“Thank you for hosting Professor Jon Jureidini. His expertise, knowledge and generosity and refreshing perspective was invaluable.”*

*“More platforms such as yours. Thanks for arranging.” “Great forum. Thank you.”*

*“Less talk more action for our youth and matters that concern their wellbeing.”*

*“A very good presentation by someone powerful and educated enough to state a case (with no doubt some pushback within his profession). YANQ's history shows that the youth sector has yet to find such security for young people's advocates.”*

*“This forum was brilliant - I'm so pleased I attended - I'm more focused than ever about my work here at school - so many people just want to pass the buck to CYHMS - job done but we all know that doing that is really not what the young person wants or needs - they want to connect with us here, they want us to really listen.... stop and listen... not fix .... just listen and validate where they are at. Thank you so much for today.”*

*“This was such an interesting session. Professor Jon Jureidini gave us plenty to think about.”*

*“An excellent forum and presentation. Many thanks.”*

*“Look at categorising these forums into regions and demographics and offer a wider spectrum of topics that can be absorbed by the fringe workforce like me all the way through to those directly involved with youth mental health such as the trained practitioners and social workers.”*

## Final comments

YANQ would like to acknowledge the support of Office for Youth in planning and hosting this forum. We are also grateful for the interim funding which has been provided to YANQ as we continue to wait for the organisation's core funding to be reinstated.

There clearly exists, in the youth sector, demand for improving our youth work practices. This requires processes which support youth workers to:

- Access contemporary research and practice frameworks;
- Access youth work training prior to the commencement of work and on the job training;
- Reflect on their work and discuss work practices with their peers.

The next important step for YANQ and the Office for Youth is to progress the ideas raised in this report and facilitate their progress towards becoming concrete strategies. It is this important step which will help build confidence in the youth sector in relation to engaging with policy processes.

Last but not least, we would like to acknowledge and thank Professor Jon Jureidini for taking the time in middle of his holiday to provide us with his thought provoking presentation. We also like to thank all the people who participated in the Forum, especially the ones who took the time to complete the Survey and assist us in progressing the discussion.