



Ian Hickie

So, we might formally we get started. I am Professor Ian Hickie. I'm the Co-Director of Health and Policy at the Brain and Mind Centre at the University of Sydney and I'm one of the Chief investigators on the NHMRC Centre for Research Excellence on preventing youth suicide along with my colleagues from Orygen Youth Health and elsewhere, and particularly Professor Jo Robinson, and the Orygen team on suicide prevention, who lead this work. And this seminar. This webinar is part of a series of flatten the mental health curve. As we all know, we live in challenging times in the COVID-19 era. We were pretty worked up about this issue before COVID-19 came along. Now we're really concerned as many the most adverse impacts of employment, education and social disruption are actually on young people in our society. I'd like to start by acknowledging the traditional owners of the land, so on all the lands on which we meet the University of Sydney, it's the Gadigal people of the Eora nation. And in much of my work over many years, unfortunately, we've never adopted really the fundamental insight of the traditional owners of this land. It's about all of our social and emotional well-being in the context in which we live on an ongoing basis. And I do also recognise the lived experiences of those who have had mental ill health themselves, their families, their carers, and the different experiences that they have often had. At this point, I'd like to formally hand over to Professor Jo Robinson to introduce tonight's fascinating webinar with the young and the restless.

Jo Robinson

Hi everybody. I would like to add my acknowledgement of the traditional owners of the land that we're meeting on here this evening. We're in Melbourne, and the lands of the Wurundjeri people of the Kulin nation, and I would like to pay my respects to their elders past, present and emerging and to acknowledge the lived experience of people who have experienced suicide in in whatever shape or size that is, and very much acknowledge the experience of the young people that we have here this evening, and really kind of commend their kind of courage and willingness to share their experience with us and helping move this move this area of work forward. I think lived experience can mean lots of different things in suicide prevention. For some young people, it might mean surviving a suicide attempt, or some living with constant suicidal thoughts, or supporting a suicidal friend. And tragically for some, it also can mean losing someone special to suicide. But all of those experiences are valid, and they all can help how we shape the future or how we might start to do things differently in suicide prevention. But I think and I've been around the Suicide Prevention sector for a very long time. And you know, the sector has in Australia we've done a great job of engaging and listening to the voices of people with lived experience, but those voices are for the most part adult voices and young people don't often get a seat at the table. And that really is what tonight is all about. There is a lot of attention that's been given to suicide prevention in young people, including public spending and advocacy, particularly from, you know, people like Ian and myself. But for several years now, suicide rates have been going up amongst young people, which tells us that we need to be doing something differently. And I think one of those things that we need to be doing differently is listening to what young people think the solutions are. So, without any further ado, I will practice what I preach and hand the microphone over to our hosts for the evening. Zoe Teh, who works with me at Orygen and Sam Hockey, who works at the Brain and Mind Centre in Sydney.



Over to you...

Zoe Teh

Hello, Hi, everyone. I'm Zoe.

Samuel Hockey

I'm Samuel.

Zoe Teh

Yes, I am a 26-year-old research assistant with Jo at Orygen and I'm also studying my Masters at Deakin.

Samuel Hockey

And like Jo said, I am— well I hope she didn't say my age. But I'm 25 and I am a lived experience and youth researcher at The Brain and Mind Centre. So super, super keen for tonight's conversation.

Zoe Teh

To start off, we're just going to go around the virtual room and introduce ourselves. Can we start with Taylor?

Taylor Johnstone

So, I'm Taylor, I'm a 22-year-old osteopathy student from Melbourne. I'm originally from country Victoria. And so far, I've used my experience of suicidality to sort of advocate and work with organisations such as Orygen, Movember, and currently I'm working with Youth Live4Life as a director on their board.

Zoe Teh

Thanks, Taylor. Next up on my screen. I have Annie.

Annabel Ramsay

Hi, I'm Annie. I am a 23-year-old learn communication students at UTS in Sydney. I am also majoring in policy. So, it's sort of this webinar and the content and discussing that side of it is



really interesting to me. And I also work as a speaker for Batyr, which is a preventative mental health not-for-profit.

Zoe Teh

And next up, we've got Alex.

Alexander Dalton

Hi, I'm Alex. I'm a 17-year-old high school student and I am a mental health and LGBTQ+ rights activist, and I work with a lot of different organisations such as Orygen, and my local council in Windham.

Zoe Teh

And last but not least, Finn.

Finnian Gregor

Good day, I'm Finn I'm 19 and I studied communication at RMIT, I have a mad passion for mental health advocacy—probably because I'm a little bit mad myself. I'm keen as a bean for today's discussion because I think mental health is one of the world's most important public health issues ever. And thank you to the Orygen organisation for providing us with this platform. It's an awesome opportunity.

And Hello, mum and dad! I love ya!

Samuel Hockey

I love that so much.

Thank you so much everyone. I like to just give a reminder of the Q&A function—down the bottom of your screen, that you're able to use. You're able to type in questions and Ian, Jo, myself, Zoe, and all of our panellists will be helping to answer your questions either in our conversation or via the message board.

I'd love to jump straight into it. We want to know—I mean, the whole reason we're here tonight is to know, about young people's experience in help seeking and how the youth of today experience mental ill-health and its services. So, Taylor could I call upon you to answer perhaps a question around what services do work? And where could some services be improved?

Taylor Johnstone

Yeah, so for me, I think it's not really just the services. It really depends on who you go and see. And there's sometimes you can go and see a GP and they're amazing, and sometimes



it's not that great. But for me, I think it is a real big issue when it comes to actually just going through and getting the mental health plan through a GP and then actually going on to get the sessions. It's so hard to find affordable or like actually covered psychology session. When you can actually access it within maybe two or three months. So often as a young person, we've got to wait. Yeah, that time or for myself, I've had to go over to the other side of the city of Melbourne, just to find someone that is under \$50 on top of Medicare rebate, Medicare rebate. And I don't have to wait three months. So I think that system sort of really tricky and it sort of leaves a lot of young people in a vulnerable space where they can't actually pay for services and they can't actually access services. And I think it's really tricky, and we really need to address that.

Zoe Teh

Yeah, so like, with access to care, it can be really difficult and challenging. But you know, because young people, a very diverse group of people. We're all different. We're all you know, coming from different backgrounds, and not all of us have the same experience. Now Alex, you and I had a chat before about how your experience as a transgender diverse young person was also very different. Do you think you can talk a little bit more about?

Yeah, like how help seeking or what kind of barriers that you experienced when you were, you know, trying to navigate this system yourself?

Alexander Dalton

Yeah, I think my lived experience is slightly different in the sense that my mental health was very directly tied to where I was at physically. And acknowledging that and realising that at the beginning was something very difficult. So, I had, like, virtually no idea why I was feeling the way that I was feeling and why I was feeling so sad all the time when I was like 11 and you shouldn't really feel that way. So, accessing services, at that age, I had to lobby to access them with my parents first. And then once I finally got places, there was waiting lists, and as well as getting medical treatment, it was really difficult. Yeah, just I had three different counsellors, within two and a half years of the same service. I felt like I was just repeating my story over and over again, rather than actually getting anywhere or receiving any treatment for anything, because I just had to come in and say the same thing that I'd said last time. And with that service, the wait time between appointments was very few and far between anywhere from three to six months. So, you're kind of catching up on what's happened in those three to six months rather than actually getting anywhere and progressing. So, I think that's definitely like and with that, I think it came from the fact that there's just not enough funding or staff or people in place to actually have up to date and concurrent appointments in a reasonable timeframe. So, I think that's definitely something that needs to be looked at and addressed.

Samuel Hockey

So, I want to throw a question to every one of our panellists. We've had a question come through the Q&A section—and don't forget to use that. What could be some practical



solutions to the waitlist problem that young people are experiencing in today's services?
Finn?

Finnian Gregor

Yeah, I think if we were to extend like lower the prices, I think I think the cost is actually a huge barrier for a lot of people. And I think education is extremely important. I think emotional intelligence should be taught in schools, and I know it already is, but it needs to be strengthened. It needs to be more engaging. I personally think because we had to in my school in, I'm from Sunbury which is about 20-minute drive from Melbourne. We had Pastoral care in year 8 and in year 7. And it was just like no offense to them. But I remember it was such a drag. From my experience, and I just I don't know, like I personally think a lot of people can resonate with that. So, if there was a kind of improvement in the education department, and perhaps the media, if the on the messaging was more positive, as opposed to as opposed to negative, it would just be so much more helpful for children everywhere. And adolescence.

Samuel Hockey

Yeah, completely. And I think that one of the big things is about that understanding as well and that meeting the individual where they're at, and I'd love to know a bit more from you, Alex, what was it like when you actually received the right service and the service that was tailored to you that was that was meeting your needs, when you presented them, I guess.

Alexander Dalton

headspace. headspace was great once I finally got through the waiting list. But I think I had care there for about a year and I was just on a basic mental health care plan. And my sessions probably wasn't a year actually, 'cause I only had the 10 sessions. But they were amazing. I just felt really comfortable in that space and understood. And I've been to a few different counsellors there in different times because I've been in and out of counselling over the years. But every single time I've been to headspace, it's just been great.

Zoe Teh

Yeah. So, we've got another question from our lovely audience. And someone asked, you know, what are your experiences of using crisis support and help lines? And maybe we could start with you Taylor because I remember you and I had a chat last week. Oh, no a few days ago now about crisis access points. What are your experiences?

Taylor Johnstone

Yeah, I think with crisis access points, it's really, really tricky. I know, I, myself and a couple of my friends, my partner, and my brother have all used like different online call services.



And I found them to be really sort of struggling and not really, at what I needed. At that time, like I was in a really suicidal mindset. And I didn't understand what that was. And the person on the other end of the phone just didn't, wasn't able to give me what I needed, I suppose. And it feels really hard because it doesn't really feel like there's many crisis points. So, like, if I'm having a suicidal episode at the time, or I'm going through a week round feeling suicidal, it might be, as I was saying earlier, so long before I can actually go get help. So, I think we really need to figure out how we can find better ways for like having more and free crisis access points. And I think what Zoe and I, sort of had that earlier.

Samuel Hockey

That's awesome. Taylor, I'd love to ask you one other question. And then I've got a question for Annie around schools and, and the support of mental health and well-being what could schools be doing differently?

Taylor Johnstone

I think like, I honestly think there's a lot of that needs to be done around long-term education on mental health and mental illness and suicide. We go to a lot of schools and I know myself personally, we had health classes from year seven, up to year 10. It was never really touched on about what to do or how to help out friends and stuff like that. And I think it's got to be done in schools. It's got to be addressed and it's got to be done in a way where it's not just a one-off session, like, as good as they can be, you know, opening conversations. That's not the ideal way in my eyes to have long term benefits to young people where they're mentally capable, or they're capable of understanding their mental well-being, and helping out themselves and their friends.

Samuel Hockey

Completely. Right. And I want to ask Annie, and we've had a number of questions around what does good services for Youth Mental Health look like? What do they sound like? What do they feel like? Do you have any opinion? Well, I know you have opinions on that. But would you like to kind of share them?

Annabel Ramsay

Yeah, I would definitely. I think on this, what you're just talking about in terms of crisis points and crisis health plans. I think it's important to kind of acknowledge the fact that they are exactly for that people that are in crisis in that moment, and so they don't have the capacity/ability to provide continuity of care or ongoing support for people that have perhaps more complex issues that they need to sort of unpack. So, I'll say that about that. And in terms of schools, I really think that early intervention is so important. So, there are organisations like Batyr, who I work with, who go in and present in these sorts of spaces, like schools and universities and, and talk to students. And I think what's good about that is that they often have another young person whose kind of their peer imparting their lived



experience, which is just to be honest, it really effective way of getting young people to listen. So, I think that's important, but what Taylor said before about it not being just like a one off, you know, program that you hear one day in year 11. I think that they're going say, Oh, yes, I think that an overhaul of the curriculum. Can I be so bold as to propose that in terms of PDHPE? Yeah, including sort of mental health awareness or a module or assignments or whatever the hell it is. Yeah, making that a part of PDHPE, which is, I believe compulsory for students up until the end of year 10. So, yeah.

Samuel Hockey

Forgot to unmute myself.

I wanted to ask a question around advocacy and what does almost continuing what you were saying any around safe communication about suicide prevention and, and what that looks like, and I might throw it again to you, Annie, and what does lived experience look and feel like for young people, and how can that change I guess, for changing the mental health services I should specify.

Annabel Ramsay

Um, I think this is such a complex question and it will definitely depend on the individual. What's a fact advocacy sort of looks like for them, but I will say that it doesn't look like silence, it looks like ongoing conversation. And I think advocacy is obviously about change and in the context of mental health and suicide prevention, it's about changing not only structural barriers, which was just which we've just sort of spoken about the services, but also cultural barriers, so people's attitudes, and sort of awareness and how mental ill health is perceived. So, people can do that on a number of levels. And I'll talk about quickly about that again, which is a way that I'm able to share sort of my voice and educate people, but at the same time, also empower myself. So, I think that's really valuable and in doing so I definitely adhere to kind of guidelines in terms of safe sharing, so that you can communicate your story effectively, but also not in a way that's going to trigger people or alienate people at all. So, yeah, there's definitely ways to advocate, sorry, most effectively and in and there's ways to that across a lot of different spheres.

Finnian Gregor

I also just have something to add to that.

I think people, I've genuinely think people want to hear the truth. They want honesty, and they don't want to sugar coat. You know, I like just saying something like, you don't want to offend people, but at the same time, like you have, like we want, we have to understand how different everybody is, and everyone's affected by things differently. So, when people feel like they're not given the truth, they become extremely frustrated, and then they don't seek the help, the help because from frustration comes apathy, and from apathy comes in action. So I think we really have to just It's in the media, in education in all of the departments. We just have to tell people the truth as much as we can, and from their progress can come. You know.



Samuel Hockey

Alex, you wanted to answer one of the questions from the QA. Did you want to take over?

Alexander Dalton

Yeah, someone just asked like about what our thoughts are on prevention work in primary schools. And I think when done in the correct way, it would be really, really useful. I started experiencing mental health when I was in fifth grade. So I didn't really have much access to services or know about services until I ended up going to high school. I ended up accessing private counselling and therapy, because we just didn't know about the services that were available until I started going to high school and I was like, Oh, I can get a mental health care plan and I can go to headspace and access their services. So I think even just letting kids know, at a younger age that if you don't feel right, or you aren't feeling the way they used to, or explaining things in a really nice way, that makes sense. I think it's really useful just to put the information out there and go, this is available to you. Because headspace again, for example, is 12 to 25. So that's great five onwards. And I think education from a young point from a younger age is really important to try and carry those skills through.

Samuel Hockey

I mean, I mean, that's what we're doing tonight, we're holding a webinar from young voices, about young experiences, trying to educate and inform the services that we do access in real time. And Taylor, I want to ask you a little bit about what advocacy looks like. Annabel touched on it with her work with Batyr and about their suicide prevention is that there is no silence. What extra do you have to add to that?

Taylor Johnstone

I think advocacy for it to be really effective, the young person's really got to be supported in it. And it's where we're able to have a voice and have a voice that is our own, and not a voice that suits the people around us. Because there's so many times where I've been at a table where I'm the only person on the 40, or the only person under 50. And that's a scary time. And especially when I started this around 18/ 19 years old, like, I didn't know what to do. Everyone was in a suit or like, Yeah, and it's scary. And I think it's really important that the young person is supported when they're going into those and they're not the only young person in the room because when you've got that person with you or someone even that's on your side really, and saying like it's okay. Say what you think like, I think it's really positive and it really helps with advocacy because without, I suppose having that support and it's just one versus the room. I know everyone's like trying to be there to support, I think its not really true advocacy.

Samuel Hockey

All right, I'm sorry. I was just enveloped in that answer.



Taylor Johnstone

I rambled a bit there.

Samuel Hockey

Oh, no, not at all. Um, we have a question from the panel or not the panel to the panel around how can a family or a carer be involved in the mental health treatment, including, you know, whether it's family therapy, whether it's more individual based? How do you guys see that working? Finn?

Finnian Gregor

I think just, um, just listen, like just really sorry, like that. Explain to people that you're willing to listen and not judge them. I know a lot of people that are scared or have a fear of judgment, myself included. So the last thing anybody needs is judgment. So just sit there with your ears wide open your brain wide open and just try your best to understand them. And what's going on in their life? Because you don't know, you never know.

Samuel Hockey

Alex, you had something?

Alexander Dalton

Yeah, I think with that listening is great. And offering the services is great, but I think something that needs to happen first is bridging that intergenerational gap when it comes to counselling, and therapy, because for my parents, for example, like it took them a long time for them to come to terms with the fact that I needed it. And I had to educate them on why I needed it without being able to fully explain what was wrong with me because I had no idea. And I think just having Like, trying to get them to actually come to a counselling session would be practically insurmountable at this point, and I don't think that's a fault of their own. I think that's just something that they've grown up with and gone, I'll just lock it in a box and I don't need to talk about it and it's fine. We just won't touch it. But that's definitely something that we need to address first before we can go, oh, yeah, let's go to a family counselling session.

Samuel Hockey

Completely Yeah, I absolutely love my family and I they have been an absolute rock but it is such a hard relationship to navigate when you're trying to navigate what's going on for you emotionally, mentally, and physically, sometimes, particularly in adolescent years. Annie any I'd love to know your thoughts on international advice, advocacy and peer support. On international advocacy,



Annabel Ramsay

On international advocacy? Gosh, I would be lying if I said that I am super across the different kind of approaches around the world, though, and although I know sort of Australia's kind of system and perhaps access issues really well, I think that I, it's so many different places approach things in in really, really different ways. I think unlike a lot of the time access to services depends on the sort of the government, your country or, or even a whole lot of things. I'm trying to think what I have to say on this. I think that there is in that there's the sort of potential to utilise, technology and online services, which is something that I see as being the definition of global and international. So I think that's kind of an interesting idea to, to explore in terms of international approaches. I am not that clued in I'm afraid.

Samuel Hockey

That's totally cool. I mean, national is just amazing, which is what you're doing tonight. So I'd love to ask the panel a question around that's coming through the q&a feed. And how can we prevent young people who have faced adversities and don't have supportive carers or parents or a network around them from slipping through the cracks? Did you want to answer or start that off, Taylor?

Taylor Johnstone

Yeah, I can try. I think it's just making sure that there's heaps of like services, heaps of images, heaps of messages around everywhere that we can. I think I'll pass on a theme because he's got a bit more prepared on this. But I think just having as many things as possible to cater for as many avenues is really pivotal.

Finnian Gregor

Thanks Taylor. I think I would personally say that identifying the stigma is the first step we have to acknowledge what is the stigma like coming from a town like Sunbury there are a lot of people who don't know what the stigma is for mental health. And I would think honestly, it's as simple as anybody judging anybody else is the mental health stigma. And that is a very broad thing to say that's very complex because people are allowed to have opinions and they were allowed to judge things but it comes at the price of people's feelings. And I think Maya Angelou said, people will forget what you said, they'll forget what you did, but they'll never forget how you made them feel. And as much as we constantly just I know it can get tiring and repetitive but we just have to really try to empathize with people. It's always empathy that it comes down to the bottom line of. So I think visual kind of material in media and education could be effective on an international level too because this visual is the international language. Um, and just basic tolerance of how different everyone is. No one's the same at all.



Zoe Teh

I think Alex wanted to jump into as well.

Alexander Dalton

This is probably more for students and I mean, possibly uni students as well, but I think to prevent young people from slipping through the cracks, schools are a great way to avoid that. A lot of the times if you're not having the best home life or don't really have supportive carers or parents, then school is sort of your escape and to navigate around that, school counsellors are a great resource when they correctly sort of advertised within the school system. I mean, like, they're great, honestly, for sort of, if you can't stay after school or go to another or get to another service without transport or you might be blocked in some way. Schools.

Zoe Teh

Yeah, you're right. Like for me, my school from memory didn't really have much about mental health. We even talk about it. And I remember we had this one room, like the school counsellor room, and it was like, tucked away in like some dark dingy part of the school and it was like, scariest place and walk into and so no one would even dare to like, open like, just go there. You know, it was always really weird.

Finn, so you access services at university?

How do you think universities could reach out to students who are struggling or who you know, as like an early intervention or as a way to bridge them to services?

Finnian Gregor

Well, I initially reached out for services when I was in school, there was counselling at my school, but I just didn't, it didn't gel, it was relatively kind of, I felt a bit, I was explaining things and I just didn't really get the response at the time, I felt I needed. So when I was at university age, I sought my own assistance and I went to a sex therapy clinic, I went to my own psychologist in Sunbury, and I know that RMIT my university does provide their own counselling services too, but I didn't go to them. I just went on my own accord. But um, I think um, as long as we're just getting the message out there, that like, it's not weak to speak. We just have to constantly remind each other of that and post it all over social media. That type of activity. Yeah.

Zoe Teh

I love that “It's not weak to speak” message. And yeah, even talking about things because we're here all together today to try and battle the stigma, as we mentioned before. I'm just gonna throw this question out to the floor about stigma and, you know, how do you think we can change that? How do we think we can adjust the stigma, call it out. And slowly, you



know, break down the barriers that are preventing a lot of young people like yourselves from seeking help.

Finnian Gregor

Um, I think humility, I think if we recognise that sometimes we've been toxic, everybody's capable of toxicity, myself included. So as long as we're able to identify where we went wrong and potentially apologise if it calls for it. On the macro scale, I'd say. I'll handball it to someone else. I can't think of an answer.

Taylor Johnstone

I was going to say on the macro scale. If there was a lot of voices from really prominent people in society around, whether they're celebrities, whether they're sports people, whether like politicians doesn't matter, whether they sort of like sort of had a bit of that advocacy as well and talk about their experiences or talk about that, it's okay to not be okay. I've gone to see psychologists, I've done all these things. I think that can be really beneficial to young people, because a lot of us look up to I know, especially when I was in high school. You look up to those type of people and they can have a really big influence on who you are and what you do and like whether you seek help or not, because, yeah, because it normalises it, exactly.

Samuel Hockey

Annie, I'd love to know, your thoughts on stigma versus discrimination in in what we face as young people experiencing mental ill health and and we've talked about stigma or touched on stigma a fair bit this evening. But I'd love to know, have you experienced one or the other? Or what is the difference between stigma around mental ill health and discrimination around mental health?

Annabel Ramsay

Really interesting. And I think the two are kind of you can't really separate the two, to be honest. I think the idea of internalised shame or an internalised stigma is really interesting. I definitely know that I have encountered that myself. I mean, discrimination is really treating someone differently. Like differently to how you would treat them if it wasn't for that elemental factor or whatever it is. And we certainly do that with people that are struggling in any way that aren't sort of thriving and succeeding and whatnot. So I think that, yeah, discrimination is rife among, among. Sorry, not among, but I, in terms of how, in terms of our societal sort of conception of mental health and suicidality, and changing that it is so difficult, but I think we need to start with the different contexts that we have. So in the workplace, what can we do there? And in the academic context and unique and what kinds of measures might be appropriate there to introduce to, to make sure we actively, perhaps even actively prevent people from being able to discriminate against those that are mentally ill. The same



way that we're not we're not you know, it's the same way discriminate against people on the basis of race, religion, etc. So, yeah.

Finnian Gregor

I think we also need to normalise change at some level, if COVID has taught us anything, it's that people struggle with change. And change is healthy. It is it is healthy to be in one spot and then being another and the next go back to that spot where the two spots ahead one more time, you know, like, we have to just really comprehend that you're okay, doing what you're doing. There's no one that is expecting you to do anything but you. It is all up to you. And then that applies to everybody.

Samuel Hockey

Absolutely, I'd love to know Alex, from your position as a young trans individual and sort of, I guess connected to the LGBTQ community. Why is tokenistic representation a problem?

Alexander Dalton

Yeah, that's a good one. I think tokenistic representation just, it doesn't have the same effect. And you know that it doesn't have the same effect. And that's, I think the main part of it is that everyone that sees it sort of notes, we're like, oh, yeah, you don't. Like, you can be there as much as you're there. But really, it doesn't mean anything. And I think that's sort of the whole premise of why it's tokenistic. But it just, it's like a placeholder of Yes, I'm here, but not really.

Zoe Teh

And I guess this is a question to everyone on the panel. How do you think we can avoid that? What can we do better?

Finnian Gregor

Is tokenistic when someone is singled out?

Zoe Teh

Hey, tokenism is kind of like you have is one young person come up and you know, they are asked to do a whole spiel about something and then they sit down and nothing gets done, like nothing happens after that, like they're kind of used as a token to represent the whole issue. But then their voices aren't really being heard. And they're kind of repeating the story over and over again, for the benefit of others, but then, you know, it doesn't really work. And



they're not actually, you know, being actively engaged or partnered up and they kind of use it as like the idol like the token, if that makes sense, Finn. Yeah.

Taylor Johnstone

On that, I think, make sure the young person knows what their voice has changed. So like, if I've given an opinion on this, are you going to make a change because of it? Or are you just not going to do anything and you're gonna like, sounds good, we will think about it. I think when it's not tokenistic, you're telling me, how you're gonna make a change, and how you're gonna make things better because of the voice that we shared.

Annabel Ramsay

Can I jump in on that too? Yeah, I think that the opposite to tokenistic is what we should be focusing on. As we all sort of agree I'm sure, which is sincere representation, acknowledging the complexities and nuances of all people and everyone's diverse needs. That's not to say to dismiss people that have particularly I'm sorry, that's not to say, I just realized how that came across. Everyone has diverse needs, but we need to make sure that all of those diverse needs and the and all kinds of people and all kinds of stories are represented, heard, listened to, etc. So that is, that's hard. And that's really messy. And it's really difficult to do because it involves a lot of a lot of work. And it's not sort of putting forward this nice, nice neat story of recovery or whatever. So I acknowledge that it's tricky, but it's important because if young people don't see the diversity, like represented, then they're not going to be able to relate or, or feel like they will be heard when they do sort of go and seek help.

Finnian Gregor

And I think also add humour to it. I think at some level, it's like if we show others that we can laugh at ourselves, they will laugh with us laughing at ourselves, and then they'll laugh at themselves. So I think if we add some wackiness and kind of thinking outside of the box, to whatever angles we decided to take, that is another helpful Avenue.

Samuel Hockey

Absolutely, I'd love to ask a question that's come from the Q&A's. This individual is keen to hear more about what can GP's and GP practices and their whole sort of setting environment do to lessen the impact? Sorry, my clocks going off in the background. But it's terrible. to lessen the impact of psychological distress whilst a young person's in a crisis what can from an environmental point of view what can GPs in their practices do? Did you have anything to say on that Finn?



Finnian Gregor

Um, I think we could extend the arm is that the mental health plan, I think if that was extended to 20 instead of 10, I think that would be a really helpful reform. Understand is a lot of intricacies and it sounds probably naive of me to say we should just do that. But that's all I can think of off the top of my head.

Samuel Hockey

That's fine. Annie, did you have anything to say to that?

Annabel Ramsay

I Yeah, I do. Without wanting to tell GPs how to do their job, I hear this idea, which I agree with, which is GP, in the kind of wider conversation about GP capacity building. And I think that that would be valuable. So often, people's first point of call is their GP, and if that initial interaction is not kind of fruitful and encouraging, and things, it could really it can and does really deter people from seeking help. So there's that. I totally agree with Finn about increasing the number of visits that are medicare rebatable. I think is the right expression, obviously, that's more of a kind of a policy move. But also in terms of GPs, I think that it would be really useful for them to, to know what kind of services might be available to that young person in, say, that particular geographical area, or for certain kind of needs. So, that might be like having carefully on hand, the different kind of psychiatrists or specialists or, or people that may be able to assist in that moment, or having a little card where they've got helpline numbers and things or just sort of really pointing in the direction instead of just filling out the paperwork. I think that would be valuable.

Zoe Teh

And, yeah, I think GP's can, you know, make a really big impact in considering they are the gatekeepers, I think it's really important to focus there. We've had a question from the audience about how, you know as young people, what can we do to help create a culture where we look out and safely support one another who are you know, experiencing either mental ill health or suicidal thoughts? And I guess yeah, we are all living through this. It's not like a lived experience. You know, it's not past tense. It's something that's continuous, something that's evolving over and over again in real time. So what do you guys think about how we can you know, yeah, foster that culture? Can we do this online like on social media? How can we do this in schools and universities? Does anybody want to jump in in that one?

Annabel Ramsay

What was it? How can we change the culture?



Zoe Teh

And how can we foster like a nice safe judgment free culture where young people can support one another? And I guess where? Like online or in universities?

Annabel Ramsay

Yeah, I think it has to be in all contexts. Where dealing with and entrenched stigma. And so that means it's got to be across the board. So, you know, in your classroom in when you're having lunch with your friends, just any context we need to be talking about it. There's this really beautiful quote by Brene Brown, and she says that “shame can't survive being talked about”. And I think that shame and stigma are super synonymous. And that's the truth, the more people that we talk or even if it's, you know, speaking about it to a couple people in your family, it's a kind of ripple effect, or it's going to be a ripple effect, hopefully. So yeah, that's my thoughts on how to kind of foster a more accepting culture and environment.

Finnian Gregor

Yeah, it's all it's all about communication. Um, I had something I was going to say and it's dwindled a bit. But um, communication is everything.

Zoe Teh

How do we communicate better?

Alexander Dalton

I think, like little things, just knowing that you're open to a conversation about mental health or suicide, by like putting a post on social media about something or a chat safe campaign, for example, because then people know, you know, you're supportive. You know what's going on, you're open to a conversation. It doesn't have to be like, clustered in black and white. Here I am to have a chat. Just like giving little cues for people to know that you're open. And the same thing can happen with schools through things like the RUoK day campaigns and other mental health stuff that happens all through October really? I mean, there's plenty of things all throughout the year that schools can do and unis can do to promote that sort of culture. And I think taking advantage of those is one of the greatest things that we can do to help foster that.

Samuel Hockey

Amazing, I think that's so true. It is about fostering and nurturing that ability. We have enough time for two more questions, and both have come from the Q&A section. One individual wants to know as a worker within the mental health profession, what three



qualities or behaviours can they themselves show to better support young people at risk, which I think is brilliant. Can I ask you Taylor first?

Taylor Johnstone

I think How to say listen is the biggest behaviour. So if we're talking, this is probably taken, I know days or hours of thought to decide that we want to open up to you. So try not to cut us off. I think another one would be just be open as well. Just talk about things. Like, if you don't want to talk to me, it's okay. Like there's other people as well. And sometimes the young person, like, I might talk to my partner about something because I don't want to talk to my psych about it, or I might switch it up like, just be open to being multiple, like, it might not be you as well. I think behaviours just like, really, I've always like found that I'm better able to communicate if someone's really open or really gentle to me. I'm not someone that's really good with conflict. So if someone's really open and lets me speak as much as I can or feel comfortable I think that's really beneficial

Finnian Gregor

I think being candid is such a likeable trait, when like, even with the topic of death, like there are taboos that are very difficult to talk about for a variety of reasons because people could be sensitive to them. We have to understand the sensitivities but we I think we also need to expand on just the delivery of the conversations because like death, for example, is something that it happens to everybody and it's it's okay, like we just have to accept it one day or today. So yeah.

Samuel Hockey

How about you, Annie? What three values, traits, behaviours, qualities that a mental health worker can embody to better support young people?

Annabel Ramsay

Think I would first of all say being empathetic is probably the main one. And that obviously, is, is hard. And it also encompasses a whole lot of other qualities. But what that means to me is that someone is listening. Someone's listening closely, even if they haven't had that experience, they can relate to the kind of feelings and everything that that experience maybe having on you, or causing you to feel. So yeah, I think that's really important and makes people feel listened to and heard and want to continue sort of sharing and opening up about things. I would also say patient, or patience is really important in the clinical setting because it can take a while for people to come out of their shell to sort of come to terms with different things they're experiencing and you know, and the kind of pressure or expectation on people to get better quickly is really damaging. And that's also just wider than in the clinical setting, too, and I would also say, particularly for mental health workers, but also for the lay person not being judgmental. I have had friends and things that have refrained from confiding something in their psychologist or whatever, due to fear of judgment. And while that's not



good for a whole lot of reasons, it can also be dangerous. Because it might be some kind of really reckless thing that they're doing or whatever it is, but fear of judgment is also really harmful. So yeah.

Samuel Hockey

Yeah, I think that's really insightful. And, Alex, I want to ask a similar question, and then I'll this question will go around the panel, and we'll ask everyone. What has been the greatest positive difference for you in your experience with mental health?

Alexander Dalton

Mine isn't necessarily mental health related, but by one of the biggest experiences in a mental health space that stood out to me was when I went down to the reception at headspace, and said, I'd like to change my name and pronouns. And I did. Absolutely just off the bat, because I've had a lot of issues with my school. And my school counsellor refused to use my name and pronouns in session, and I definitely did not ever want to go to counselling just because of that. I felt I was disengaged. Whenever that when that started happening, I was like, this just isn't for me. So when, when straightened straight through with headspace, I was like, this is great. And they are understanding, and I feel safe here.

Samuel Hockey

That's so good. Finn, what has been a positive difference, or the greatest positive difference sorry, in your mental health journey.

Finnian Gregor

I've been on blessed to have a very supportive family, which is why I said hi to mum and dad in the beginning, I've got like, I've got a I've got a fantastic family. So I'm very grateful for that. Also, I just think, at some level, just my nature is very independent. So I knew that something was going wrong in my body and I just I leapt to the chance to get as much help as I could. I understand that not as many people have that confidence. And that's, it's really unfortunate because that's what it takes. It takes confidence. So I think it's been positive for me to understand myself and I hope other people can do that too. But um, just participating in the support I know I needed.

Samuel Hockey

Yeah, that's and I think that is a massive point.



Taylor Johnstone

I think for me, it's just been starting to talk and actually opening up about things. I really suffered with, like the suicidal thoughts for probably two or three years before I told anyone and I think I'd have to say like actually starting to talk to someone whether it's my friends or whether it's my partner or like a counsellor like that was the change. And although I've had some dips and stuff since I think I'd be in a much worse place if I've never spoke.

Samuel Hockey

Yeah, hundred percent. I Very much there with you. And Annie finally, what is your greatest positive difference that has happened in your mental health journey?

Annabel Ramsay

And it's so hard to sort of pinpoint one because yeah, thankfully there have been lots of moments of sort of hope. But I think sort of sharing my story with the kind of warmth and understanding I was met there when I did this workshop was really yeah, really positive. I also had a really positive experience, sort of through uni service, but not entirely, and this was after there was too long of a waitlist to kind of go to UTS counselling. I shouldn't be naming the Uni's but yes this is the uni counselling. And I will say that's a common problem. Waitlists are a thing. And it's great that so many people accessing the service and they just didn't have enough space at that time. And so I ended up going to a psychology clinic that was part of the university and it involved speaking to a provisional psychologist. And what was really great and positive about this was that it was just an incredible relationship that I had with the psychologist who I was paired with. And it was incredibly affordable. So there were just a whole lot of things about that that made it easy to kind of feel supported. And yeah, that for me finding that resource that was like, you know, cost about \$12.50 as a student, and having someone that was not yet fully qualified, but just really, really incredible. Was so uplifting.

Samuel Hockey

That's amazing. Thank you so much, Annie. I'm not sure about you Zoe, but well actually I'm probably sure. It has been amazing being a part of this incredible panel and such a vulnerable panel this evening. If you've got anything else to say, Zoe, if you don't, I mean, I might throw over to Jo, to wrap this up.

Zoe Teh

Can I just say one giant, big thank you to everyone here on the panel. I know everyone was really excited. And, you know, we don't really get this opportunity that often, or at all, I don't know. But hopefully, the conversation will continue. I don't know how that's going to look like yet. But we've had a lot of questions as well during this webinar. So it shows that a lot of



people are engaged and they do want to listen, which is also an amazing thing. Over to you, Jo.

Jo Robinson

Thank you, and the words are, you're absolutely right, there were so many questions that we just couldn't get to. All panellists are super awesome and are happy to try and stay online and try and answer a few of them now, if we can, but if not, I think we do get the transcripts. And we can try our best to kind of try and answer them, post the event, just a couple of bits and pieces from me. And first of all, I want to really acknowledge another young woman Taylor, who was supposed to join us this evening, a young First Nations woman and unfortunately, wasn't able to join us at the last minute. And so sorry that she wasn't able to join us. But hopefully we'll be able to, you know, represent those views in a different way. I'm acknowledging my dog who's come to join me this evening, perhaps to tell me that dinner's almost ready. But actually, I want to thank you all for joining us this evening and spending your evening with us, as Ian said, but most of all, I want to thank our panellists, and I'm sure I'm speaking for all of our viewers as well to say thank you so much for your amazing contributions this evening. It's been an absolute privilege and an inspiration to be part of this conversation and just to sit back and listen to you all. And we really do hope this is the beginning, just very much the start of an ongoing conversation. If other people would like to share their experiences of mental health during the COVID 19 pandemic, with us, we do have a survey that's live at the moment, and I think Grace might be posting the link for us now. And I'll now hand over to Ian to wrap up for us. Thanks again, everybody.

Ian Hickie

Thanks, Jo. Thanks to our panelists. We wouldn't be able to do this work without particular support of the Central National Health Medical Research Council, Centre for Research Excellence YOUTH. The support we have is critical and I must say the voices that you've heard this evening are some of many. One of the really big challenges that Jo and I face is the world's we exist, there just aren't enough young voices at the table. Not just around mental health services, but around the really hard topic of suicidality. And so to have people share their experiences this evening to see that within context is absolutely critical to driving societal change and improvement in services. And it's really good for people like me to spend a whole hour and say nothing and actually have that replaced by others. I think somebody else said how intimidating it is to see a whole bunch of 40 to 50 year olds. Dare I say myself, 60 year olds and up. I see Professor McGorry were a bit intimidated when we're surrounded by a whole lot of people under the age of 30, 20 and otherwise, a lot, but it is the absence of those voices. I think, Jo and I've spent a lot of time just in the last month, saying that in suicide prevention in Australia, the voices of young people are not adequately represented. We live in really tough times. And we'll have further data out tomorrow as part of national surveying and national modelling in response to the COVID-19 crisis. These are really tough times for young people. The disruption to employment, to education, to social moments to relationships to normal ways of coping together, to building one's identity into the future, are really challenged. So, you know, at this point in our collective history, there is not a more important point then for the voices of young to be heard. We are grateful to have



available these types of technologies and services and this participation in the voices that you've heard this evening.

It is a process we only continue we've been very lucky not just through the NHMRC but throughout organisations The University of Sydney, The University of Melbourne and through ORYGEN, Brain and Mind Centre, but also others, Bupa Health Foundation, Future Generation Global in particular, and others who support this work for supporting particularly the voices of young people, the voice of their families, I might say as a father and grandfather, there is some family stuff that actually needs to get into all of this and the support of families to participate in this area.

It's actually families who've been affected, who are one of our largest supporters on an ongoing basis. If we are to ever change the community discourse to make mental health dealt with us in a simple and straightforward way, and the same degree of respect as other physical health problems and justify the degree of national investment, we'd like to see, it is critical that we rely on all of you to do this so very much. Thank you all has been involved. I think as far as in a pop up in terms of further resources and further places for further information. Please be in contact with us, Sam and Zoey and others we've seen in the city are desperate to have a lot of other voices. Yes, please. Yes. I want to say well, I have a long list of failings in my life, which are long and multiple if anyone has an hour to spare, but one of which is in much of the work that I've been involved. The actual voice of people in particular young people has not translated into the structural changes in the organisations in which we work and so this YOUTH initiative that we are part of isn't just a About the academia, the results, the trials, the evidence, it is about building a community that can discuss youth suicide, specifically, on an ongoing basis. We are very lucky at the moment, the Christine Morgan, the head of the National Mental Health Commission and the Prime Minister's principal advisor on suicide prevention has prioritised the voice of lived experience, we need to make sure that she prioritises the voice of youth experience within that wider setting. Hopefully tonight is part of that ongoing service. Thank you so much for your participation and over 200 of you have set out the whole hour and are still here, and many others who may not be able to join us where you can pick up the recordings of this seminar. Thank you so much, and good evening.