



Review of the National Mental Health and Suicide Prevention Agreement

A submission to the Productivity
Commission

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yourtown is a trusted provider of services for young people, with a focus on mental health and wellbeing, parenting and early childhood development, long-term unemployment, prevention of youth suicide, child protection, and support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year through a range of service offerings, supporting them through many difficult challenges.

Our services

- Early intervention mental health services for children aged 0-18 years old and their families
- Domestic and family violence refuge, accommodation, and therapeutic supports for women and their children, including post-refuge support
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse, or been exposed to violence
- Accommodation and therapeutic supports for young parents and their children at high risk
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments.
- Kids Helpline, providing professional counselling and support 24x7 to 5–25-year-olds across Australia since 1991
- Kids Helpline @ School delivering early intervention and prevention programs through primary and secondary schools nationally
- My Circle, a confidential, private, online peer support network for 13–25-year-olds to share information and build coping skills, and
- Employment, education, and social enterprise programs to help long term unemployed young people re-engage with education and/or employment.

Kids Helpline

yourtown's Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for any young person aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances. Our commitment to being there anytime, and for any reason, has meant that we have responded to more than 8.9 million contacts from children and young people nationally in the 34 years since our service was first established, while also providing tens of millions of self-help interactions via our website and social channels. In 2024, our Kids Helpline counsellors responded to 133,386 contacts from children and young people across Australia, including 4,632 crisis responses for children and young people at imminent risk of harm.

Face-to-face Programs for Children and Families

yourtown's Care Plus program in Port Pirie is an early intervention and family support service that aims to improve the development and wellbeing of children. We support students to continue to engage meaningfully in their education. On average, Care Plus supported 27 children and young people each month in the last financial year.

yourtown's Starfish program supports children and young people aged up to 18 years to improve their emotional health and wellbeing. We provide outreach early intervention and prevention support in the Moreton Bay and Logan communities. On average, the program supported 99 children and young people each month in the last financial year.

yourtown is the Facilitating Partner for Deception Bay Communities for Children services. These community-based prevention and early intervention strategies support the development and wellbeing of children up to 12 years of age.

yourtown's Penrose Young Parents Program in Port Pirie South Australia and Glugor Young Parents Program in Deception Bay Queensland provide practical parenting support to help with child development, life skills, and health and wellbeing activities in safe, supportive environments. In 2023-24, Penrose and Glugor supported 80 young children with their parents.

yourtown provides accommodation and intensive individualised support to vulnerable at-risk young parents and their children through our San Miguel service. For over 40 years, San Miguel has provided a place to call home for vulnerable and at-risk families. In 2023-24, San Miguel supported 43 parents and 52 infants and young children.

Early Childhood Development Programs

We support vulnerable pre-school aged children to make a successful transition to school by using prevention and early intervention approaches to create health families and strong, child-friendly communities. This includes working with parents to better understand their child's barriers to reaching social development milestones, how to help them thrive at school, collaborative case management and support, and in-home help. In 2023-24, we supported more than 70 parents and 65 children in Elizabeth, South Australia and Bridgewater, Tasmania.

Parentline

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. It offers a safety net for families by providing support when it is most needed. This includes after hours and weekends, where families feel isolated and where local services are unavailable. In 2023-24, there were more than 7,000 counselling contacts with parents and carers in Queensland and the Northern Territory.

Family and Domestic Violence Refuge and Transitional Housing

yourtown's refuge offers supported accommodation for up to 12 weeks. A specialised team provides women and children with a safe and welcoming environment and creates opportunities for mothers to re-build self-concept and experience control and empowerment over their lives. The wrap-around care also includes linking with transitional housing and community outreach programs for women and children exiting refuges. Transitional housing is a vital steppingstone for women and children moving towards long term, safe and sustainable independent living in the community. In addition to refuge support **yourtown's** transitional housing offers a safe and supportive environment for 6 – 12 months, with support for legal and financial matters, accessing pre-employment support, and helping children into school. In 2023-24, we supported 20 families (including 33 young children) in our refuge and 24 families (including 43 children) in our transitional housing.

Employment Services

For over 20 years **yourtown** has been delivering specialist youth employment services. Our employment services programs, including ParentsNext, Transition to Work, Skilling Queenslander for Work, and Get Back in the Game provide young people with training to expand their options and help them find sustainable employment. During 2023-24 there were more than 7,000 commencements in our employment services and programs in South Australia, Queensland, and New South Wales.

Social Enterprises

yourtown has worked with young people and employers to break down barriers to sustainable employment for 25 years. As a leader in work-based enterprises we provide young people at risk of long-term unemployment paid jobs in the following areas: construction, landscaping, and asset maintenance to help their transition to open employment. In 2023-24, almost 200 young people were employed in our social enterprises across South Australia, Queensland, New South Wales, and Tasmania.

yourtown welcomes the opportunity to respond to the Productivity Commission's final review of the National Mental Health and Suicide Prevention Agreement (the Agreement).

yourtown has been supporting children and young people across Australia since 1961. We work to improve children's wellbeing and development, family functioning and children and young people's mental health. Our programs are tailored to meet the needs of the communities we support and work effectively within the ecosystem of support services for children, young people and their families.

In 2024, Kids Helpline counsellors provided 133,386 responses to children and young people across Australia, 75% of these responses occurred outside of normal business hours of 9am-5pm Monday to Friday. Mental health and suicide-related concerns were among the top reasons for children and young people contacting Kids Helpline. Specifically, one-in-four contacts were about emotional wellbeing, one-in-four were about mental health, and one-in-six were about suicide-related concerns. There were 4,632 crisis interventions. The most common reason for these interventions was suicide attempts.

Given **yourtown's** extensive experience, we are well-positioned to provide feedback to select questions regarding the Agreement. The main themes from our submission focus on:

- Equitable funding to address the diverse needs of children and young people and to address disparities in accessing services based on geography, socioeconomic status, cultural background, and systemic barriers
- Recognition of how existing evidence-based services can be expanded to address unmet and rising demand, and to not focus narrowly on mental health and suicidal ideation but also their intersections with issues such as bullying, housing instability, relationship challenges with peers and family, trauma, education, and unemployment
- Services and supports that enable a scaffolded journey for children and young people who can engage when they want and, in the manner, they prefer
- Investment in mental health literacy programs to address stigma and encourage help-seeking behaviours
- The importance of prevention and early intervention supports that address age and development needs and consider ecological factors including family, school, transition periods, and community contexts
- Implementation of mechanisms that will facilitate better coordination and integrated care within the mental health systems and between other systems
- Funding for the true costs of delivering quality, relevant and safe mental health supports

This submission contains two sections that focus on: 1) how well services are meeting the needs of young people, and 2) how governments should support prevention and early intervention.

How well are services meeting the needs of young people?

Young people have reported to **yourtown** of having negative experiences with the mental health system, largely due the lack of availability and accessibility of youth-appropriate services.¹ In 2021, more than 3,500 young people from around Australia engaged with our Your Voice project. This project was designed to provide a mechanism for young people aged 15-24 years to provide input into Australian Government decision-making processes on issues affecting them.

More than 1,500 participants spoke about their experiences with mental health services. Mental health was rated the most important issue. Participants spoke about the importance of access to mental health support, but also the need for reforms in education, employment

¹ [yourvoice-Recommendations-Report-Oct2021-WEB.pdf](#)

and the environment. Young people told us they face stress and uncertainty, which affects their mental health, including:

- Stress related to school, assessments, and balancing study with work and/or caring responsibilities
- Bullying and feeling unsafe
- Unemployment and wanting to be independent
- Cost of living pressures
- Climate change

Young people stated they experience barriers to accessing mental health support, including:

- Service navigation – difficulties finding the right service and navigating a complex mental health system
- Wait times – long waitlists and wait times for services
- Cost – having no alternative but to pay up to \$150 out of pocket to see a psychologist or psychiatrist, particularly if they need urgent help
- Length of support – receiving short-term support when they require ongoing help
- Limited options – restricted options for mental health services, particularly in school settings and regional and rural communities
- Trust in services – lack of safety and experiences of being dismissed have led to a lack of trust in services

In relation to mental health, young people told us about the importance of action to:

- Address stigma and see more examples of positive lived experience stories
- Support for General Practitioners (GPs) and mental health professionals to provide youth-friendly, accessible and safe services
- Appropriate strategies to help manage their mental health issues
- To be taken seriously and to be meaningfully engaged in the support process.

yourtown is currently implementing the second Your Voice initiative. While we are in the initial stages of the current project, we can provide the gist of the almost 400 survey responses received so far (noting that the final results may be different).² A comparison of the 2021 and 2025 survey results indicate the following:

- Similar high proportions saying mental health is an issue - The proportion of respondents who want action on mental health has remained the same at 77% in both projects.
- Decrease in proportions satisfied with access - In Your Voice 2021, 42% of respondents were satisfied with their ability to access mental health support. In Your Voice 2025 so far, 39% have been satisfied with their ability to access mental health support.
- Decrease in proportions satisfied with quality of service - In 2021, 47% of respondents who had accessed support were satisfied with the quality of service they received. Feedback was particularly positive regarding helplines and private practice. Safe and supportive relationships increase the quality of support. In 2025, 32% of respondents so far who have accessed support were satisfied with the quality of service they received.

² The final report of Your Voice 2025 will be released later in the year

Recommendations workshopped by young people in Your Voice for the Government to consider include:

- **Supporting the development of Youth Wellbeing Hubs in educational settings to provide educational, mental health, employment, transitional, and wellbeing support**
- **Increasing funding to youth mental health services for comprehensive, specialised and intensive supports**
- **Obligating funded organisations through service agreements to provide a welcoming, safe, and supportive environment that caters for the diversity of all youth (gender diverse, Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse, and young people with disability)**

How should governments support prevention and early intervention?

Community education and awareness

The stigma associated with mental health and suicide is widespread in the community and is higher among cohorts such as young males.^{3 4} This can result in people limiting their engagement with supports. Reducing stigma helps people to actively seek support in earlier stages of distress, and creates an environment where people are more likely to offer to support. School-based interventions are effective in improving mental health literacy and reducing mental health stigma. These programs can help young people understand concepts of mental health and wellbeing, learn strategies to maintain good mental health, decrease stigma about mental illness, and increase help-seeking and resilience.

Recommendation:

That governments ensure mental health literacy programs are funded to reach the community

A key challenge that our Starfish program⁵ staff face is the resistance from parents regarding their children accessing early intervention for mental health. Parents may minimise the issue when schools raise the possibility of mental health early intervention for their children; however, over time children may start to experience and display symptoms more frequently and intensely that impact other domains of their lives and families. By this stage, children need support for mild to moderate mental health issues, which is beyond the early intervention scope of the funding activity. A stronger focus on promotion and mental health education in schools and communities will reduce the stigma associated with mental health (particularly around accessing support for good mental health and not just when there is a problem) and improve engagement with early intervention.

³ Carpinello B, Pinna F. The reciprocal relationship between suicidality and stigma. *Frontiers in Psychiatry*. 2017. DOI: 10.3389/fpsy.2017.0003

⁴ Clark, L. H., Hudson, J. L., & Haider, T. (2020). Anxiety specific mental health stigma and help-seeking in adolescent males. *Journal of Child and Family Studies*, 29(7), 1970–1981. <https://doi.org/10.1007/s10826-019-01686-0>

⁵ **yourtown's** Starfish early intervention and prevention service provides support for young people up to 18 years and their family and carers to improve young people's emotional health and wellbeing in the Moreton Bay and Logan communities

The Agreement states that the governments will reduce stigma through leadership, empowering people to speak about stigma, and promoting help-seeking. We appreciate that the Agreement supports “innovative, efficient and flexible funding arrangements”; however, we want to ensure that this flexibility extends beyond service delivery and includes raising community awareness about mental health particularly with communities and cohorts where there is stigma associated with mental health and suicide prevention.

Recommendation:

That the Agreement allows flexible funding arrangements for programs supporting children and young people with their mental health to also conduct promotion and education activities to raise awareness about mental health, suicide prevention and help-seeking.

Young people may not seek help due to stigma and shame, concerns about privacy, not realising they need help until their situation has escalated, and difficulties in navigating different systems. Digital counselling and support services such as Kids Helpline, allow young people to seek support on their own terms, whether over the phone, by webchat, website, social media content or through professionally moderated peer support. In 2024, one-in-four contacts to Kids Helpline were about mental health and one-in-six contacts were about suicide-related concerns. Kids Helpline empowers children and young people to seek help due to its:

- **Accessibility**
Kids Helpline is a free, confidential, and 24/7 phone and online counselling service available to young people aged 5 to 25. This accessibility encourages young people to seek help whenever they need it.
- **Supportive environment**
The service aims to create a supportive environment where young people feel comfortable reaching out for help without fear of judgment or stigma.
- **Education and awareness**
Kids Helpline provides educational resources and sessions to schools, helping students understand the importance of seeking help and how to access support services. Kids Helpline also
- **Empowerment**
The service focuses on empowering young people by helping them develop options for change, understand the consequences of their actions, and identify their own resources.
- **Confidentiality**
Kids Helpline ensures that all interactions are confidential, which helps build trust and encourages young people to seek help when needed.

Recommendation:

That governments fund digital mental health programs and services designed for the 21st Century so that children and young people can seek help when they want and in the way they prefer

Holistic support at key life stages of children and young people

Mental health and suicide prevention services, as well as associated services in other systems, remain underfunded which puts vulnerable children and young people at risk of falling through the cracks. **yourtown** appreciates that the Agreement mentions outcomes for

people across the lifespan, commensurate with age and development needs; however, we advocate for more focus and investment to be placed on supports for children and young people because mental health issues typically start in people's younger years.⁶ Supports should be holistic and work with children and young people considering their environment.

Recommendation:

That governments invest in mental health prevention and early intervention supports that address age and development needs and consider ecological factors including family, school, transition periods, and community contexts

Supporting early years child development

Developmental vulnerabilities (in the areas of physical health, social competence, emotional maturity, cognitive skills, and communication) that are left unaddressed can take their toll on children's mental health as they navigate their way through school and with their peers. Mental health issues in children and young people can have negative effects on life outcomes, including lower educational attainment, poorer engagement with study and school, and higher drop-out rates.⁷ Given how vulnerabilities intersect with and compound mental health issues at key foundational stages, supporting early child development is critical to developing positive mental health through childhood and school life.

Recommendation:

That governments invest in evidence-based quality interventions focusing on early years child development and mental health and wellbeing support for children

Supporting children and young people in school

Education settings are a key platform for the provision of mental health support that engage children, young people, and families along the continuum of intervention for health and wellbeing. Schools are well-accustomed to supporting students' learning and developmental needs and they also help students to develop resilience, social and emotional health, and confidence in seeking services and treatment. For these reasons, schools have long been regarded as suitable environments for implementing suicide prevention initiatives for vulnerable young people.

Children and young people's experiences of mental health can be complex and are often interrelated with other issues, including bullying, stress related to school, relationship challenges with family and peers, trauma and abuse, offending behaviour, housing instability, and unemployment. For example, in 2024 one-in-seven contacts to Kids Helpline aged 10-14 years, who sought support for bullying stated that they currently had thoughts of suicide, this was even higher for 12-year-olds with one-in-six indicating thoughts of suicide. Mental health supports in education settings should be used to educate and recognise the intersections between mental health and suicide with other key areas such as bullying and relationship challenges. These supports can then be used to mitigate the impact of mental health and create pathways to support before the occurrence of harm.

The Agreement states that governments with Education ministers will identify and share best practice examples of mental health supports and suicide prevention across all education

⁶ AIHW, Australia's youth: Mental illness, 2021 <https://www.aihw.gov.au/reports/children-youth/mental-illness?form=MG0AV3>

⁷ Lam N, Fairweather S, Lewer D, Prescott M, Undugoda P, Dickerson J, et al. (2024) The association between adverse childhood experiences and mental health, behaviour, and educational performance in adolescence: A systematic scoping review. PLOS Ment Health 1(5): e0000165. <https://doi.org/10.1371/journal.pmen.0000165>

settings to encourage implementation of evidence-based approaches across jurisdictions. **yourtown** strongly encourages this process to recognise current programs such as Kids Helpline @ School that are based on the latest in psychoeducational research and delivered nationally in schools with the aim of improving students' mental health, wellbeing and help-seeking.

Example of mental health literacy in education settings

yourtown's Kids Helpline @ School program is available in primary and secondary schools across Australia and provides students with evidence-informed strategies to promote mental health and wellbeing literacy, resilience, social and emotional learning, and help-seeking skills. The program is scalable because it is free for schools and accessible via videoconferencing. The sessions are designed to align with the Australian Curriculum and are tailored to the needs of the class and school. The program's tertiary-qualified counsellors deliver virtual workshops with classes to help them develop resilience, manage relationships, and become comfortable with reaching out for assistance. Teachers and educators can access free classroom resources, including worksheets, activities, information guides, and videos. In 2024, Kids Helpline @ School reached almost 80,000 primary aged school participants across 574 primary schools through educational classroom sessions. Kids Helpline @ School reached almost 71,000 high school student participants across 134 high schools. A recent survey found that 68% of high school survey participants indicated they learnt something new during their Kids Helpline @ High School session and 60% would tell a friend about Kids Helpline.

Recommendation:

That governments invest in evidence-based quality interventions delivered in the school environment for children and teenagers that enhance:

- **mental health and wellbeing literacy and help-seeking, and**
- **recognition of the intersections with other issues (e.g. bullying), development of pathways to support, and mitigation of harm from mental health and suicide**

Supporting young people experiencing unemployment

Young people in unemployment, particularly long-term unemployment, are disproportionately affected by mental health issues compared to both their employed peers and older cohorts in unemployment.⁸ Some of this cohort may not have sought help for these issues due to difficulties in navigating the complex nature of the support system. Employment services can play an important role in identifying young people who are at risk of mental health and suicide issues, provided they have appropriate assessments, expedited community links to give warm referrals, and staff with strong engagement skills so young people feel at ease divulging their situation. The Agreement states that the Commonwealth is primarily responsible for funding and providing some non-health sector mental health and suicide support services, including income and employment support. Furthermore, the Productivity Commission recognised the interrelationship between unemployment and mental health and recommended that employment support programs should implement a mental health assessment tool and provide warm referrals to community services.⁹

⁸ Milner, A., Law, P., & Reavley, N. (2021). *A systematic review of the effect of employment and transition into employment on mental health*. Prepared for the Victorian Health Promotion Foundation, University of Melbourne.

⁹ Productivity Commission, Mental Health, Inquiry Report 2020. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>

Recommendation:

That the Agreement specifically mention that the Commonwealth Government is primarily responsible for funding employment services, which in turn should have assessment tools and staff who are trained to identify and support young people with issues relating to mental health and suicide

Building the capacity of parents and families to support young people

Parents play a crucial role in supporting the mental wellbeing of their children; and yet they can be overlooked by mental health and suicide prevention systems. Any support that children and young people receive for mental health and suicide prevention will be enhanced when the messages are supported in the home environment. It is heartening to see the Agreement recognises the need for resources and programs that empower families to address mental health challenges effectively. The mental health and suicide prevention systems need to encompass a scaffolded experience journey that supports children, young people and their families and supporters along every step of the way. This scaffolding journey in the 21st Century should include: ongoing connectivity and availability of services; online access involving multichannel use; service components that do not feel like formal support such as peer support; and opportunities for testing of the service and to build trust. In addition, a separate path needs to be provided to ensure support networks are equipped with the knowledge and skills to enable them to help young people access support more efficiently.

Recommendation:

That governments commit to designing mental health and suicide prevention systems for a scaffolded experience journey that supports the child or young person and their parent and supporter along every step of help-seeking

Integrated care across systems

Mental health and suicide are complex issues which can see children and young people having to connect with many other systems (e.g. child protection, out of home care, youth justice, housing, education, employment). Connections between systems are often fractured or disconnected which makes it difficult for children, young people and their families to navigate pathways to appropriate support. The systems need to be more collaborative and interactive.

Case study from yourtown's San Miguel program that provides a child-centred family residential service aimed at improving the safety, wellbeing, and life prospects of young families experiencing homelessness and instability

Samantha was a young mother in San Miguel who faced significant barriers in accessing mental health support. Samantha struggled with severe anxiety and depression, compounded by her experiences of homelessness and financial instability. She had self-harmed numerous times and experienced suicidal thoughts. Despite Samantha's situation being urgent and unmanageable by outpatient services, there were no spaces in hospital for her to receive the mental health care she required. Her efforts to seek help were met with long wait times, limited availability of mental health professionals, and challenges navigating the healthcare system.

San Miguel provided Samantha with a safe and supportive environment where she could access tailored mental health services. The program offered counselling, expressive therapy, and workshops to help her manage her mental health and build

resilience. Additionally, the team assisted Samantha in overcoming systemic barriers by connecting her with community resources and advocating for her needs. Through the comprehensive support provided by San Miguel, Samantha was able to stabilise her mental health, secure housing, and develop a plan for her future.

Her case study underscores how the child protection, housing and mental health systems all intersect with one person and are not working effectively to support vulnerable people to access the mental health care they need.

The Productivity Commission has previously suggested integrated care would be enhanced by all governments including in their contract requirements to implement warm referral processes that are supported by real time consumer assistance.⁹ In addition, systems would be more user friendly for young people if they only have to tell their story once irrespective of staff or location changes and there are entry points where young people can access, test and/or use a service with available support while waiting for formal intake. Integrated care across systems would require these systems to share information to seamlessly track and collaboratively address client needs. This process would require young people's consent; however, this cohort places high importance on anonymity and privacy. In addition, systems across and between governments are not integrated. These issues require exploration regarding the capacity of governments and service providers to deliver and participate in integrated systems and the willingness of clients to engage with these systems.

Recommendation:

That governments, service providers, and clients explore the mechanisms required to facilitate better coordination and integrated care within and between the mental health system, suicide prevention system, and other systems

Sustainable workforce

Australia's mental health workforce has staff shortages and is unevenly distributed across the country. Hence, the Australian Government developed the National Mental Health Workforce Strategy 2022-2032. The Strategy's initiatives for increasing numbers of professionals and upskilling the broader health workforce in mental health will improve the availability of the workforce; however, the Strategy does not consider the increasing demands for digital mental health services and the associated skillset and foundational elements required to support this workforce.

Digital services can extend the availability of, and complement face-to-face services, including services provided by emergency departments. Additionally, digital services are scalable and agile, meaning they can respond quickly to sudden increases in demand, for example due to crises. Diversifying the mental health workforce to emphasise digital skills and capability will lead to more efficient responses to the help-seeking needs of various groups (including young people and those in regional and remote areas).

A digital mental health workforce plan would need the following components to meet additional demand:

- Capabilities for digital mental health service delivery
- Skills for engaging and working with specific cohorts such as children and young people and sub-cohorts including LGBTQI+, First Nations, and Culturally and Linguistically Diverse people
- Lived experience and youth participation embedded into training
- Scalable technologies
- Quality assurance structures that mirror the National Safety and Quality Digital Mental Health Standards to ensure quality of digital mental health provision, and to protect service users and their support people from harm.

Recommendation:

That governments develop a mental health and suicide prevention workforce plan and foster opportunities to build digital health capability, thereby ensuring a range of services are available to increase accessibility and affordability for children and young people.

Investment in evidence-based services

Providing equitable funding

The Agreement states that all Australian governments:

- Have a shared responsibility to ensure equitable access to effective mental health and suicide prevention services for all people living in Australia, and
- Affirm their shared responsibility to address existing gaps over time in the funding and delivery of new and additional community-based mental health services to support equitable access to treatment, care and support for people experiencing mental illness and psychological distress.

yourtown advocates for these actions to include the expansion of existing services and programs where demand exceeds supply. Kids Helpline continues to be a critical safety net for children and young people; however, the service cannot keep pace with demand. The current serious funding shortfall means many children and young people are not able to access timely support. In 2024, Kids Helpline responded to 133,386 contacts, which is just over half of the attempts made to contact the service. 75% of all counselling sessions are provided outside normal business hours, late in the evening or over the weekend. Kids Helpline's professional counsellors are often the last line of support when there is limited after-hours mental health support available.

yourtown advocates for governments to increase mental health support and resources to address the growing mental health crisis affecting children and young people in rural and remote areas. Over the past five years, there has been a 48% rise in the number of young people from these areas presenting to the service with suicidal ideation. Suicide-related concerns have increased from affecting one-in-six of these young people to one-in-four over the same five-year period.

yourtown also advocates for the aforementioned actions in the Agreement to address the issue of the 'missing middle' where the needs of certain cohorts of children and young people are not met by the current mental health system. The issues experienced by children and young people in this missing middle are beyond early intervention support, but they are too young or their issues may not be severe enough to access services that support issues further along the mental health care continuum. Governments should explore ways to fund services to provide early intervention services and fund services to support the missing middle.

Recommendations:

That governments prioritise funding existing services that aim to address the highest prevalence of mental health issues and greatest barriers to accessing support

That governments explore the provision of equitable financial support for national services as part of the Bilateral Agreements between the Commonwealth and the state and territory governments.

Funding the true costs of services

The community sector invests in a range of organisation support systems to ensure quality services are supported, delivered safely, and have the capacity and resources to provide outcomes for communities. Investment from governments need to reflect the true costs and challenges in operating programs and services. This can be achieved by providing funds for specific purposes (e.g. technology) or allocating a proportion of the grant amount for general purposes (e.g. for administration, compliance). Examples of additional costs incurred by the community delivering contracts that are not adequately covered by the funding envelope include:

- **Technology**
yourtown delivers a range of services with highly confidential data, including those for government funded programs. Cybersecurity costs for organisations that hold sensitive information, such as **yourtown** have increased significantly, and will continue to increase as organisations seek to mature their cybersecurity posture. In addition to the cybersecurity cost profile, the preferences of community have also changed, face to face services needs to maintain complementary digital platforms and content to ensure they are able to best meet the needs of the community and client groups.
- **Administration**
 Grants should include a specific additional allocation e.g., 20% of the grant amount, to cover costs associated with capturing, reporting, and delivering data evidencing impact, and to meet increasingly complex regulatory requirements particularly to ensure the safety and wellbeing of vulnerable participants.
- **Compliance, standards, and safeguarding**
 The increase in compliance regimes is government-driven but community services do not receive support from government to put the systems in place to be compliant or to monitor their standards. In addition, services are expected to obtain further accreditations to meet compliance requirements when they have existing accreditations that would be adequate in demonstrating compliance.
- **Evaluation, longitudinal measures, and co-design**
 Grant arrangements should fund the different levels of evaluation (e.g., short versus formal) and co-design (e.g. consultation, research, or human centred design) that may be required within the program development and operation lifecycles.
- **Time taken to build trust and relationships with communities**
 When co-design is a grant requirement, often the funding allocated does not account for the time and resources required to set up lived experience networks and adhere to frameworks.
- **Staffing for work over and above direct service delivery**
 Many grants do not accommodate funding for value-added strategies, such as service design and development and maintenance of lived experience networks. Supplementation and indexation earlier in the financial year would enable better planning and financial management.

Recommendation:

That governments provide funding not just for service delivery but for the overall costs of delivering quality, relevant and safe mental health supports



We welcome the opportunity to explore these ideas with you in further detail. Should you require further information about any issues raised in the submission, please do not hesitate to contact Tracy Adams, CEO of **yourtown** via email at advocacy@yourtown.com.au.