



The next generation
of generosity

Mental Health
Productivity Commission
Response to Draft Report.
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For further information:

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Introduction to Kids Giving Back

Our charity is committed to creating “the next generation of generosity”.

Kids Giving Back is a non-denominational organisation established in 2012. We work with children and young people 6 - 18 years old through programs that engage them in hands on meaningful and age appropriate volunteering experiences to help the vulnerable in our community.

Through our programs participants provide meals and resources to our charity partners and receive awareness raising. We run a mixture of experiences for schools, families, communities and corporates and these include intergenerational and intercultural programs. To date we have had over 25,000 participants in our programs.

Our work creates a ripple effect across the community by educating, influencing, and empowering children to see themselves as changemakers and through supporting the development of social cohesion and enhancing resilience and mental health of participants.

Our work with children and families, schools and charity partners that has the capacity to provide significant outcomes in the short term that will contribute to long-term positive social change.

Our Interest.

Kids Giving Back agrees with the statement by the Productivity Commission that “ a generational shift is required” in how Australia responds to mental health.

In addressing mental health we believe our capacity to be a more socially cohesive society will be enhanced.

Kids Giving Back wishes to highlight in our response 2 key areas of the report by the Productivity Commission. These are:

- the importance of non-health services and organisations in preventing mental illness from developing *and*
- adjustments made to facilitate people’s active participation in the community, education and workplaces

Within these areas the Productivity Commission has not identified the role of volunteering in achieving positive outcomes for mental health and the cost efficiencies for the community that can be achieved through such participation and active engagement.

We believe the draft report has focussed on the treatment and management of mental health issues more than the importance of prevention and exploration of alternative strategies supporting the development and maintenance of mental health in the community.

In response to the Draft Report, Kids Giving Back wishes to provide feedback on two of the identified areas of reform:

Reform Area 1 *Prevention and early intervention for mental illness and suicide attempts*

Reform Area 3 *Investment in services beyond health*

Reform Area 1

Prevention and early intervention for mental illness and suicide attempts

Kids Giving Back recommends:

1. *Training should be extended to include information on protective factors for resilience and the development of cognitive empathy*
2. *Recognition for the role that Australian Children's Services can and do play in Prevention and early intervention*
3. *All school curriculums should include an age appropriate Service Learning component.*
4. *Research and Promotion should be undertaken to highlight the health benefits of volunteering and altruism*

In supporting children's social and emotional wellbeing it is agreed that educators should be adequately equipped for this task through the inclusion of training in child social and emotional development. This should meet professional requirements for all educators and staff in schools and children's services. We note that children's services including Family Day Care, Out of School Hours Care and Playgroups are not referred to for the important role they play in prevention and early intervention.

In addition, the provision of training on resilience and protective factors for positive outcomes is critical. Three factors that are considered protective factors and predictors of resilience are social support, a sense of belonging and self-efficacy – these factors are all developed through participation in service learning and volunteering.

Resilience is an important contributor to good mental health. The degree to which a person is resilient can be influenced and determined by protective factors (Fergus & Zimmerman, 2005). Protective factors are contributors to positive outcomes during adverse periods (Dumont & Provost, 1999).

Rutter (1987) claimed that the enhancement of perceived self-efficacy serves as a protective factor in adolescent resilience. Perceived self-efficacy is a belief in one's capabilities, it is a determinant of an individual's choice of activities and how they will persist with dealing with stressful situations (Bandura, 1995). Based on these assumptions, individuals who have confidence in their ability to solve problems in different situations are described as having strong self-efficacy.

A focus should be placed on programs for young people that support the practice of new social strengths and skills. Teaching young people to help other human beings is to equip them with a practical set of social skills that will assist them throughout life. Developing adolescents can get strength from helping others. This evidence supports the importance of Service Learning and opportunities for children and young people to participate in experiences that allow them to assist and support others in their community.

The proposal by the Productivity Commission to have a person appointed to wellbeing in each school has merit however it has capacity to undervalue the importance of children and young people having access to a diverse range of caring adults and peers that they can relate to.

All educators should be empowered and supported to play a role in supporting student wellbeing whether that be at school, in their Out of School Hours Service or the community organisations they interact with .

The co-ordination, training and development of these skills across the range of adults working with young people can be provided through a central support person located within the school or external to the school based within the community. The role can be a conduit to also enlist and engage community support and interaction through service learning.

Emphasis on building the assets and strengths of a young person is a more proactive approach in supporting mental health. Not only does it support the mental health of the individual but also by supporting all young people to develop resilience, a strong peer framework of support is created.

The opportunities provided by peer support offers an additional safeguard for vulnerable young people to be identified and offered immediate support through peers whilst professional assistance is sought.

It has been identified that adolescents with a high sense of belonging are more likely to be resilient as a result of their belief that resources are available to them to overcome difficulties (Goodenow 1993). Through the experience of helping others through volunteering and service learning initiatives young people learn that those who contribute to others' lives feel happy to have been able to assist.

They gain the understanding that they often receive more than they give. This awareness allows them to more comfortably reach out for assistance in their own time of need. They know that the person supporting them does so out of a sense of purpose, not of pity. Young people who contribute to helping others learn there is no shame in needing help. The ultimate act of resilience is to have the strength to turn to another person and say, "I need help." We want to ensure that young people know they can seek help and do so without shame and embarrassment.

The development of empathy in young people is not often given the recognition it deserves for its contribution to good mental health. Psychologists Daniel Goleman and Paul Ekman break down the concept of empathy into three categories; cognitive, emotional and compassionate empathy. The challenge of just developing emotional empathy in young people is that it can make them withdraw from distressing situations. We must provide opportunities for young people to develop cognitive empathy so that they can learn to effectively manage stressful situations.

Cognitive empathy is the ability to take another person's perspective and imagine what actions might make that person feel better. The process is more dispassionate and cerebral, and less stressful. It also leads to more accurate judgments. In brain scan studies, individuals who score high in cognitive empathy tend to experience less stress reactivity when they witness distress in others (Ho et al 2014).

Through experiencing service to others young people learn how to respond to a situation with cognitive empathy, they learn about vulnerability and are better equipped to not just help themselves but to also provide a supportive role to peers. This vital lesson prepares them to be stronger — more resilient — in the face of unforeseen challenges because they will not be alone.

In addition, guiding youth to help others strengthens their feeling of self-worth and can help young people bond with other people. In her "seven resiliencies," Sybil Wolin describes relationships as connecting with people that matter (Wolin, 2003). Having the ability to develop and maintain relationships is seen as an important strength in maintaining good mental health. Adolescents can best develop meaningful relationships when they display traits such as empathy, self-sacrifice, loyalty, and respect. These qualities can be developed through volunteering and service learning.

Reform Area 3

Investment in services beyond health

Kids Giving Back recommends:

1. *An increase in Government investment in service learning for school communities*
2. *Recognition of the role that volunteering plays in population mental health*
3. *Inclusion of outreach services working with the homeless population in any investment strategy*

Reform Area 3 needs to be expanded to look at the range of services beyond health that contribute to community wellbeing and positive mental health outcomes.

Schools and Children's Services play an important role in supporting the mental health of both children and their families. Access to service learning opportunities and programs to support participation are not readily able to be afforded within competing demands on school and service budgets.

The majority of our school clients come from high socio economic groups. Kids Giving Back has, via philanthropic contributions, also been able to run successful service learning programs for lower and middle socio economic groups, however our ability to do this is limited by what funding can be accessed through philanthropic grants.

Access to service learning, as a tool for building mentally healthy schools and communities should not be dependent on access to funds. Government investment that supports schools to engage in service learning programs should be considered an investment in population mental health.

Case Study- GROW

The GROW project is a service-learning program run by Kids Giving Back that engages at risk youths aged 13-18 who are currently without stable accommodation and at risk of disengaging from mainstream schooling.

Our program supports student participation in experiences based on growth mindset via a delivery framework of experiential learning through volunteering activities that support and assist other vulnerable people. Students learn to cook inexpensive, nutritious meals at a local community kitchen under the instruction of a qualified chef. Students prepare these meals in bulk, and then deliver them to charitable organisations.

While the food is cooking, students participate in a personal development session. Students are guided to examine how they can challenge the traumatic narrative they carry, using concepts from the fields of Positive Psychology, Growth Mindset and Goal Theory. Students also enjoy a shared meal of the food they have cooked, facilitating social skills development, rapport building and a sense of achievement.

Through this program youth re-engage with their community, identify areas of personal interest for future career opportunities, develop employment skills and experience a sense of empowerment by being part of a solution, and not the problem that they are frequently perceived to be.

A 2013 study by the University of British Columbia, randomly divided 100 high school students into a group of volunteers and a group of non-volunteers. At the beginning of the study the volunteers and non-volunteers had equal body mass index (BMI) and cholesterol levels. Afterward, those who had been assigned to volunteer once a week for two months ended up with lower LDL ("bad") cholesterol and a lower average BMI. In addition, The

Search Institute has reported that teens who volunteer — even an hour a week — are less likely to abuse drugs and alcohol, smoke cigarettes, or engage in harmful behaviours.

The researchers identified that the volunteers' improvements in mood and self-esteem improved physical health, since these psychological and physical factors have been linked in other studies. Depression and lack of self-esteem have both been linked with heart disease and other health conditions. This link may partially explain why volunteering can lead to both better mental health and physical health.

Adolescents are exposed to both opportunities that reinforce their healthy development, as well as to forces and low expectations that can undermine it. Too often young people experience negativity within the community. In contrast, youth surrounded by gratitude thrive. When young people work to improve their communities, they develop a meaningful sense of purpose. They receive positive protective messages from people besides their parents such as, “We are lucky to have you,” or “I appreciate you.” They absorb the critical message, “I expect good things from you.”

These powerful messages can be earned in every community. As young people help other people they earn a reinforcing “thank you”. This in turn forges highly meaningful connections for the child with neighbours, schools, and community members. Being “connected” to the community is a commonly missing developmental piece in the life of a young person. “Helping others” teaches young people that they have a sense of connection and interdependence with other human beings.

In our work with over 53 charities Kids Giving Back are aware of another aspect to service provision which not widely recognised. There are currently 116,000 homeless people in Australia. Of those over 17,853 are under the age of 18. A high percentage of this community suffers or is at risk of mental illness. Small grass roots charities are currently working on the ground each night across the country with the homeless community. These groups, many of them supported by volunteers, have trusted relationships and direct relationships which could be leveraged. As such these groups could play an effective role as conduits to people accessing and engaging with mental health services.

Conclusion

The renewed focus on the mental health of our community is welcomed. The work of the Productivity Commission has the potential to reshape and reimagine the overall mental health of the population.

However, we caution that this audacious plan needs to be looked at within the context of a broader picture of whole engagement and inclusion of the community. People with limited social connectedness have been identified as having poorer mental and physical health, including increased depression (Cruwys et al., 2014a).

Adopting strategies to support volunteering in the community will provide benefits for population mental health that is both preventative and cost efficient and where both the volunteer and the person being assisted, benefit through increased social connectedness.

Kids Giving Back believes that recognition should be given to volunteering as a protective factor for positive mental health. We believe an effective mental health strategy for Australia should include in its vision the opportunity for every Australian child to be an active contributor in helping others.

END.