

Gold Coast Mental Health Symposium 2024



Thursday 30 May 2024
Southport Sharks Club, Southport

Listen. Just Listen. Campaign

A Community Capacity Building approach for children under 12
GCH & GC PHN Mental Health Symposium, 30th May, 2024

Presented by Emma Ashe | General Manager Mental Health Services
& Alissa Miller | Practice Lead – GC Mental Health Services

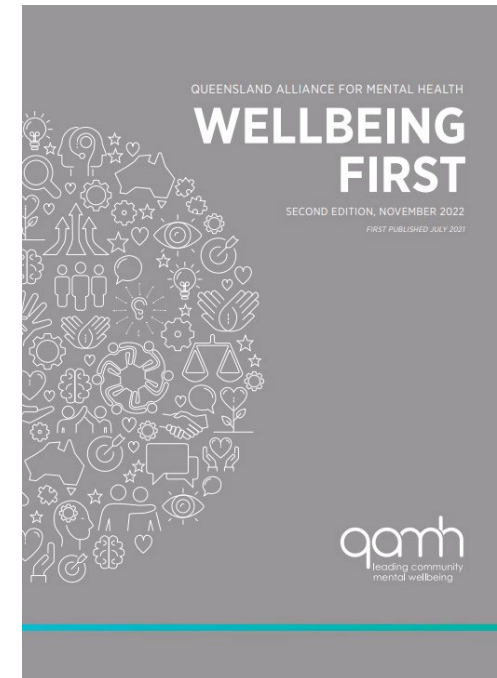


Wesley Mission Queensland respectfully acknowledge the Traditional Custodians of the lands on which we work and live. We acknowledge Elders both past and present and emerging, whose ongoing efforts to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

Wellbeing First Innovation Hub

In July 2021, the Queensland Alliance for Mental Health released the Wellbeing First report, which challenged the mental health sector to work differently by focusing on **wellbeing**, rather than **mental illness**.

In August 2022, QAMH launched the **Wellbeing Innovation Hub** as a place for member organisations to learn a new way of thinking about the problems we face in the sector by using design thinking. Member organisations were invited to submit an application focussed on a 'wicked problem' to participate in the Hub.



How might we approach suicide prevention for children under 12?

- WMQ Mental health staff reported seeing an increase in children under 12 disclosing thoughts of suicide.
- The Queensland Family and Child Commission 2022-23 Annual Report included data that the rate of 10- 14year olds dying by suicide doubled in 12 months to 11 children.
- One in seven Australian young people aged 4 to 17years experience a mental health condition in any given year. 13.9% of these children met the criteria for a diagnosis of a mental disorder for the last 12 months.
- In Australia, half of all adult mental challenges emerge before the age of 14, yet more than 50% of children experiencing mental health challenges are not receiving professional help.



Human-centred Design Thinking

- Design thinking is a non-linear, iterative process used by teams to gain a deeper understanding of users, challenge traditional assumptions, redefine problems and create innovative solutions to prototype and test.
- Design thinking has a human-centred core. It encourages organizations to focus on the people they are creating for.
- The first question should always be:
“What is the human need behind it?”

5 E's of Design Thinking

1. Engage

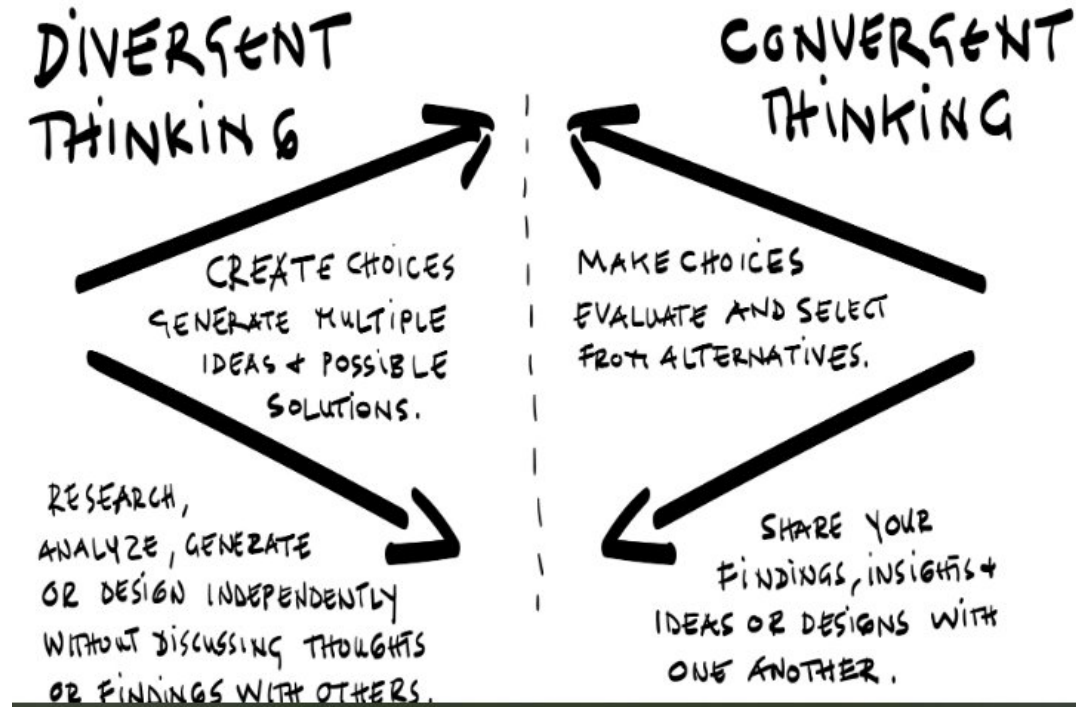
2. Evaluate

3. Explore

4. Expand

5. Execute

Human-centred Design Thinking Principles






Engage

Understanding the problem

1. Literature reviews exploring global data and approaches.

2. Focus group discussions with children, young people and parents.

WMQ Child & Family Partnerships

Wesley Kids Children's Advisory Group (Under 12 years)



headspace Youth Advisory Group

Wesley Kids Parents & Caregivers Advisory group

headspace Friends and Family Advisory Group

Wesley Kids Mental Health Partnerships: Engaging Children and Families in Collaborative Focus Groups

Author: Alissa Miller, Program Manager Wesley Kids Gold Coast

Introduction:
Wesley Kids is a child-centred mental health service where families and children can access wrap-around support that is strengths based, trauma informed and inclusive of the whole family.

Wesley Kids believes that children and their close supporters are the experts in their own lives and have valuable lived experience, insight and ideas. This guiding principle was embedded from the design stages of Wesley Kids Gold Coast, an integrated healthcare service sought on child and family mental health service provision through focus group discussions with parents and children in the local community.

Purpose:

- To build genuine partnerships with children and their families and incorporate their voice into Wesley Kids service design and delivery
- To understand what children, families and the local community want and need from a mental health service

Method:

Three target groups of participants were recruited through existing connections within client, professional and personal networks of WMQ staff including representatives from key demographic populations such as ATSI, CALD, single parents, low-income earners and out of home carers.

Focus groups were conducted in a child-centred environment, integrating age-appropriate discussions, small group size, incentive and skilled facilitators with experience connecting with children. The purpose of the focus group was clearly communicated to participants, honest feedback was encouraged and informed consent was obtained.

Results:

Valuable insights and feedback were obtained through focus group discussion on key areas of mental health service provision such as physical environment, inclusivity, therapeutic relationships and programs. Examples of feedback implemented from each of these areas include:

Physical Environment

Focus group feedback received: "The building was already deteriorated for many reasons and was in need of renovation."

Action completed: The building was demolished and a new building was erected to look brighter. The building was designed with child-friendly art. Dark furniture was removed and replaced with bright, colourful chairs for children and adults.

Inclusion

Focus group feedback received: "Need for Indigenous artwork and visual representations of other cultures, not just white children and acknowledgment to culture or country" include Indigenous maps for "signs".

Action completed: Aboriginal artwork is now displayed in each Aboriginal and Torres Strait Islander Reg. placed on their reception desk, and an outdoor jumping castle must be painted by a local Indigenous artist in WMQ Acknowledgment to Country banner was placed prominently in the reception area. Indigenous language panels were placed throughout the Australian service. Further theme items were purchased, and staff were trained from multicultural backgrounds were purchased.

Therapeutic Relationship


Focus group feedback received: "Get to know my child. Tell me time to sit out what our kids like and don't like, or what engages them. Tell you can engage them and build rapport".

Action completed: The following questions were included in our intake phone screening: "What are your child's strengths and interests?" "Can you tell me about their engagement?" "Parent answers are used to tailor therapy activities to engage their children."

Conclusion

Focus group discussions confirmed a need for a responsive children's mental health service, and the feedback received has informed the development of the Wesley Kids service model and contributed to the design of therapy spaces, programs, recruitment and operations.

Ongoing partnerships were created from these focus groups, with the invitation and subsequent commitment from a group of parents and children to be involved in the FOCUS GROUP of Wesley Kids Advisory group, which will continue to advise and inform the service. Plans are in progress to implement evaluation procedures to assess the effectiveness and validity of these continuous collaborative partnerships.



Emerging Minds.



National
Workforce
Centre for Child
Mental Health

CASE STUDY

Establishing authentic child and family collaboration partnerships in Wesley Mission Queensland's 0-12 years mental health service

November 2023

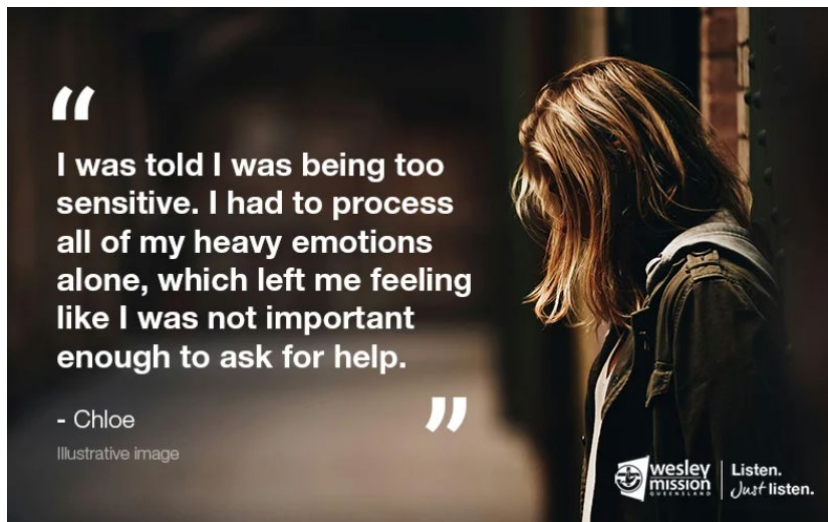
PARTNERS

1 | November 2023

Evaluate

What we heard from children & young people



- Early attempts made by young children to express a high level of distress to their parents were often dismissed
- After several attempts to engage their parent/carers, young people turned to alternative sources of support (often online)
- Schools were not frequently a source of support due to concerns of information being reported back to parents without the child’s consent.
- It didn’t matter if their parents knew the answers or the next steps, they just wanted to be heard and validated in the moment.

Pilot project partners

- WMQ staff
- QAMH
- Gold Coast PHN
- Beacon Strategies
- Lived Experience Advisory groups



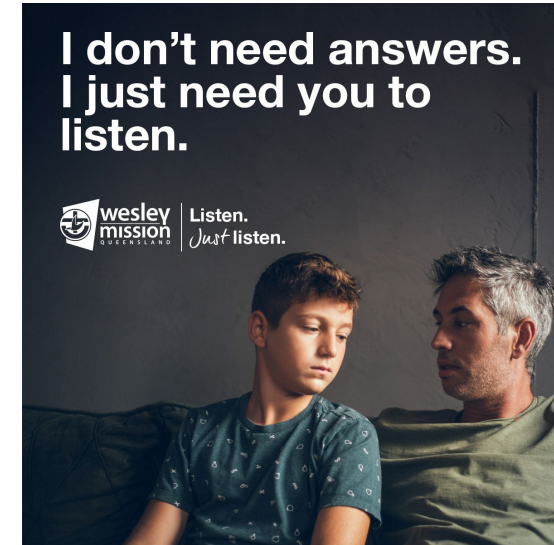
Explore & Expand



Children don't expect adults to have all the answers, they *just* want them to listen.



There's no need to problem solve or be an expert, they *just* need validation and to be heard.



Creating a safe space for young people to talk and express themselves can help them feel seen, heard and understood.

Execute

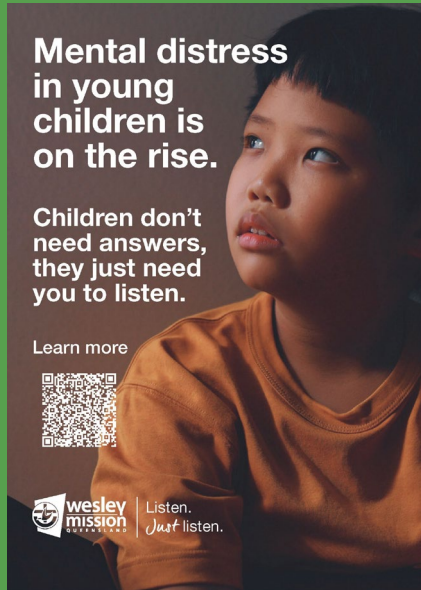
Listen, just listen is a social media campaign that aims to raise awareness to help reduce the risk of mental health issues later in life, and provide parents and caregivers with simple tools to support children experiencing mental distress. Social media tiles link to a curated online platform with information and resources about children's mental health including distress, self-harm and suicide, and the importance of listening to and validating distress raised by children.

The image displays five social media tiles from Wesley Mission Queensland, each with a unique visual and message. Each tile includes the Wesley Mission Queensland logo, a 'Sponsored' tag, and a 'Learn more' button. The tiles are as follows:

- 'Young Boy':** Features a young boy looking thoughtful. Text: "50% of adult mental health conditions start before the age of 14. Listening can be a part of the solution." Main headline: "My feelings are real. Please listen." URL: wmq.org.au/justlisten. Engagement: 5 likes, 1 share.
- '5 Tips to Listen':** Features a woman listening to a child. Text: "50% of adult mental health conditions start before the age of 14. Listening can be a part of the solution." Main headline: "5 tips to really listen". List: 1. Stop what you're doing, 2. Give your child your full attention, 3. Be empathetic, 4. Ask questions, 5. Reflect back what you're hearing. Sub-headline: "You don't need to have answers. You just need to listen." URL: wmq.org.au/justlisten. Engagement: 18 likes, 1 comment, 4 shares.
- 'Mum with Daughter':** Features a woman hugging a young girl. Text: "50% of adult mental health conditions start before the age of 14. Listening can be a part of the solution." Main headline: "I don't need answers. I just need you to listen." URL: wmq.org.au/justlisten. Engagement: 22 likes, 1 comment, 6 shares.
- 'Tile 4':** Features a woman talking to a child. Text: "Mental distress in young children is on the rise. Listening is a part of the solution. When children don't feel seen, heard and understood that can feel like they have to face things alone." Main headline: "When children don't feel seen, heard and understood they can feel like they have to face things alone." Sub-headline: "To help them, listen, just listen." URL: wmq.org.au/justlisten. Engagement: 1 share.
- 'Dad & Son':** Features a man talking to a young boy. Text: "Mental distress in young children is on the rise. Listening is a part of the solution. When children don't feel seen, heard and understood that can feel like they have to face things alone." Main headline: "I don't need answers. I just need you to listen." URL: wmq.org.au/justlisten. Engagement: 1 share.

Website and Resources

www.wmq.org.au/mental-health/child-youth-mental-health/just-listen



Mental distress in young children is on the rise.

Children don't need answers, they just need you to listen.

Learn more



wesley mission **Listen. Just listen.**



Mental distress in young children is on the rise.

Listening can be a part of the solution.

Learn more

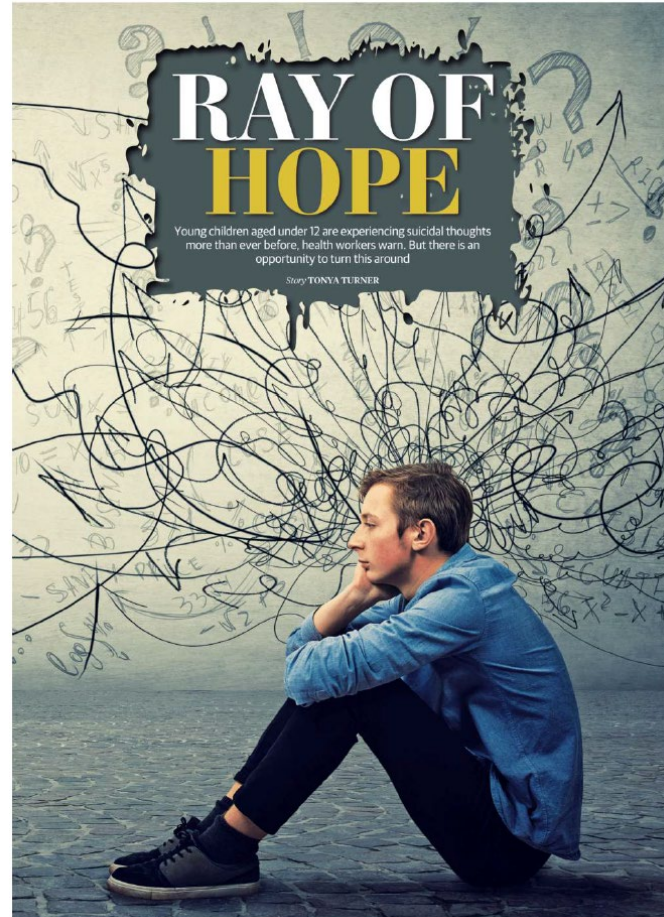
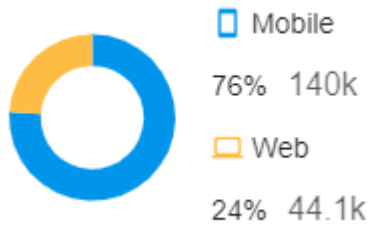


wesley mission **Listen. Just listen.**

- Quick tips on how to really listen
- Signs your child needs you to listen
- Useful conversation starters
- Blog written by Headspace YAG member: “What I wish my parents knew”
- Links to clinical and non-clinical support options.
- Printable A4 posters with QR code
- Downloadable resources

Magazine Media

The article appeared in the Courier Mail's Q Weekend magazine and was syndicated to an additional 11 publications around Australia with a reach of 200K.



...ne might not so long ago, Jenny was sitting around the dinner table with her husband and two children in their inner Brisbane home. It had been an emotional day at school for her son. When she asked him to finish eating his dinner and get his plate to the sink, he was conflicted and told her he wanted to die.

On the other end of the phone, recalling that painful night, Jenny starts to cry. "The first instinct that came to me was to kind of discount it, or attribute it to something really simple, like you just don't want to do what I'm asking you to do. My first response was, 'Don't say that, don't speak like that,'" she says.

It would be the first of many times William would say the words that strike fear into the hearts of parents the world over. "They vary between 'I want to die', 'I don't want to be here anymore', 'I just want to kill myself', it's so scary to hear your child say those words," Jenny says.

William, who has Attention-Deficit/Hyperactivity Disorder (ADHD), is one of the growing number of young children in Australia experiencing suicidal thoughts. As last noted in 2015, the Australian Child and Adolescent Survey of Mental Health and Wellbeing found one in every seven children in Australia aged four to 18 experienced a mental health condition, with ADHD and anxiety disorders the most common. Mental health professionals and organisations across the country, however, have noticed a marked increase in the number of young children needing help since then.

Rebecca*, 21, can remember feeling a lot of stress from age 12 up until she left her home at home and at school.

Growing up in Brisbane in a wealthy household with a nuclear family and going to a private school did little to protect her from the mental health struggles she would endure. On the outside Rebecca's life looked good, but on the inside she was in turmoil.

"I was one of those fortunate people who did really well at school," she says.

"I had the capacity to retain information and I was a goodly few books. I did everything by the book. But even at the age of four I'd be crying and hitting myself because I couldn't get myself changed and only in the car in time and other things like that. I struggled with a lot of executive functioning, managing emotions and socially in how I thought others thought of me. It all increased over the years.

"I felt like I couldn't speak to anyone about what was going on. No one would listen to what was going on, so I internalised a lot of it."

At age eight, Rebecca started having suicidal thoughts. When she turned 10, they started manifesting up. Rebecca, in the ages of 11 and 18, made several suicide attempts.

"All of my feelings, all of my thoughts, all of this negative thinking about how I view myself, I held it all in for so long, way too long... I kept getting intrusive thoughts like 'no one wants you here, you should die here,'" she says.

"Things are better these days. After being diagnosed with ADHD and also having a computer disorder as a teenager, experiencing an eating disorder, spending time in hospital and receiving psychiatric care, Rebecca has gained a better understanding of the thoughts, feelings, behaviours and emotions that have contributed to her suffering.

She is now studying a Bachelor of Psychology at university and has been able to speak more openly with her parents about growing up in a household where she often felt dismissed and unable to express her feelings. Had things been different, she can't help but wonder if her life might have been easier.

"At the time they didn't know how to respond so they minimised the distress I was feeling," she says.

"They didn't really want to have it be this big scary thing because they didn't know what to do about it. A lot of it was about that."

In March, Wesley Mission Queensland launched a new campaign called Just Listen. Aimed at raising awareness around how important it is for parents and caregivers to "listen, not listen" to young children under 12 when they are feeling distressed, it hopes to address a growing problem in that often overlooked age group.

In 2018, the National Children's Mental Health and Wellbeing Strategy noted "The family environment is the single most important influence on a child's development, with family relationships and interactions critical to positive mental health and wellbeing."

Over the last 18 months, Emma Ash, general manager for Wesley Mission Queensland's Mental Health services, says they've been focused on developing practical solutions to support parents, caregivers and children.

"Increasingly in our practice we're hearing kids under 12 sharing really distressing thoughts like they wish they weren't here they wish they were dead... we really wanted to understand what the problem is at the core and support our community to respond to this," she says.

It is a common myth that mental health problems only affect children with troubled or traumatic pasts.

While the rates of mental illness in children from vulnerable groups, non-metropolitan areas and disadvantaged backgrounds are significantly higher, recent findings in the United States, including the 2019 report Vibrant and Healthy Kids by the National Academies of Sciences, Engineering and Medicine, have also identified strong links between youth mental illness and high-achieving schools that pressure children to excel.

"Mental health problems affect children from all socio-economic backgrounds," Ash says.

"Parents in 2018 have got a lot going on and their attention is being pulled in a million different directions.

"What we're trying to say to parents is it's not that you're doing the wrong thing, but there is an opportunity here. The distress your child is expressing in real and it is important to pause, listen, validate and support them."

No one knows for sure what has been driving the steady rise in childhood mental illness and suicide in the new millennium. Research in this area is currently scarce.

James Scott, professor of child and youth psychiatry at the University of Queensland's Child Health Research Centre has a few hypotheses.

"The prevalence of mental illness and self-harm and suicide attempts was relatively stable until the turn of the century. In the past 20 years it's taken off," he says.

"You get back to thinking what has changed in the population?"

"Obviously there is the influence of screen-



Rebecca*, above, says she experienced feelings of distress, not between the ages of 12 and 18, she made several attempts to take her life.

"That has really changed," he says.

"People just don't have time to spend together and do things and every family I see is struggling with this. There is this confluence of social factors and I think the children are bearing the symptoms of this widespread societal stress."

Scott recently completed three surveys into the prevalence of mental health disorders in low and middle-income countries including Kenya, Indonesia and Vietnam, which will soon be published in leading scientific journal The Lancet.

The material offers some sobering findings. "In terms of things like suicidality and depression, they've got a fraction of the prevalence to what we have here in Australia," he says. "We're seeing the same trend in high income countries across the world."

"There is something going on at a societal level that we haven't come to terms with and I think children are paying a high price."

"When children start to talk about being suicidal, they've got a high level of distress, they're feeling overwhelmed and hopeless and possibly isolated as well."

"The best way to address suicidality is by providing emotional support and listening and helping little children problem solve."

Where youth mental health services and campaigns previously focused primarily on adolescents, a lot of activity is now taking place across health departments and providers to help children under 12.

Following recommendations put forward to the National Children's Mental Health and Wellbeing Strategy, two new Head to Health Kids Hubs funded by the federal government will officially open in Brisbane and the Gold Coast later this year.

After learning more about how to help William when he is feeling distressed, Jenny is feeling much more hopeful.

"We've definitely changed the way we operate at home so by and before anxiety and stress and make it all work better together," she says. "The most important thing is to not shut down those emotions, be open to talking about it and to really just listen."

"It almost seems too simple, and yet the effect could save a beautiful life."

***Names changed for privacy**

“They didn't really want to have it be this big scary thing because they didn't know what to do about it”

Campaign Insights & Evaluation

The campaign ran from 11 March – 7 April 2024

- Approx. 600,000 people viewed our social media tiles
- 6,414 users engaged with the web page according to Google Analytics
- The campaign targeted parents & carers 30-50 in Coomera 4209, Upper Coomera 4209, Oxenford 4210, Pimpama 4209, Ormeau 4208, Cedar Creek 4207, Jacob's Well 4208
- The media article in the Courier Mail's Q Weekend magazine achieved a reach of 200K people
- The campaign exceeded all forecasted clicks and page land benchmarks established prior the campaign.

Where to now?

- Reinvigorating Mental Health Practice project
- Emerging Minds Podcast
- Seek funding opportunities to increase impact
- Presentation at Beacon Impact breakfast.

Questions? Join at
menti.com - use
code 4622 2961

"This is more than a campaign. This is a call to action. Be alert to your child's feelings. Their feelings are valid and real to them. You can help them by listening. Please listen. Just Listen."

*Emma Ashe - WMQ's General Manager,
Mental Health Services*

**I don't need
answers.
I just need
you to listen.**

 **wesley
mission** QUEENSLAND | Listen.
Just listen.