Submission to the public consultation – digital economy strategy

The National Mental Health Commission (the Commission) appreciates the opportunity to provide a submission to this public consultation. The Commission supports the broad theme of empowering all Australians though digital skills and inclusion, as well as the proposed overarching principles of the digital economy strategy. The mandate to drive a culture and mindset that supports lifelong learning and helps us to respond positively to change, and the intention to address the 'digital divide' in skills, confidence and access, are essential to help all Australians succeed in a digital economy.

About the National Mental Health Commission

The Commission provides cross-sectoral leadership on policy, programs, services, and systems that support better mental health, and social and emotional wellbeing in Australia. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention systems; providing independent advice to government and the community; and acting as a catalyst for change.

In 2012, the Commission developed its *Contributing Life Framework* which acknowledges that a fulfilling life requires more than just access to health care services. It means that people living with mental ill health can expect the same rights, opportunities, and health care as the wider community. In 2014, the Commission completed a national review of mental health programs and services, providing 25 recommendations across nine strategic directions in *The Contributing Lives, Thriving Communities Report (the 2014 Report)*.

The Digital Economy: Opening up the Conversation

The 'digital economy' consultation paper proposes a series of questions regarding the future of the Australian community's interaction with digital technologies and the impact of the rapid pace of social, economic and business change associated with this new era of 'digital disruption'. The Commission addressed Questions 21 and 22, with responses informed by current and previous projects and work areas, as well as ongoing dialogue with consumers, carers and other key stakeholders in the mental health sector.

Question 21. What opportunities do we have to bridge the 'digital divide' and make the most of the benefits that digital technologies present for social inclusion?

The Commission's view is that the overarching challenge for the Government is to ensure that digital technologies and the 'digital economy' are well placed to support mental health and social inclusion in a way which is strategic and sustainable. Like other areas of social policy this should involve intervening to support equitable access to services where there is market failure and delivering independent and reliable guidance and education on which e-mental health and wellbeing options are safe, evidence based and appropriate. The Commission argues that:

- E-mental health or digital mental health – the use of digital and online technologies to deliver mental health services and information can be an excellent first point of contact for people experiencing mental ill-health, and it can also complement traditional mental health services to improve outcomes for consumers, carers and families.

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- In many cases, mental health consumers have moved to individual digital solutions, faster that the mental health system has provided them and in isolation from services; it is essential that the mental health system and its service providers change the way they do business, to better meet the needs and desires of consumers.
- Common barriers to access and uptake of digital mental health may include an individual's physical, financial, geographic and socio-demographic characteristics. Digital interventions may also not be appropriate for some people with mental illness for a range of reasons including literacy, affordability, age or clinical need. In addition, there is also a gap in e-mental health services and supports that are culturally appropriate and available in different languages.

Reducing the digital divide

At the national level, broadband infrastructure must continue to be improved and measures taken to improve the affordability of connectivity, to support equitable access to services for the whole population. Although 85 per cent of households in Australia's major cities have internet access, this falls to 77 per cent for those in outer regional or remote areas[1]. The cost of internet access can also be a significant barrier for some people. Only 59 per cent of the lowest-income households in Australia have internet access, compared with 96 per cent of the highest-income households[2]. Yet people who live in socioeconomically disadvantaged areas are more than twice as likely to experience high levels of psychological distress as those living in the least disadvantaged area[3]. Many homeless people own a mobile device, but this does not mean they are able to access online services reliably, largely because of cost[4,5]. The high average cost of accessing digital technology is one of the biggest weaknesses for Australia, according to the World Economic Forum in 2015.

While this digital divide disproportionately affects those with low or no income, and with limited levels of education, the gap refers not only to practical access to the network but also to the skills and functional ability to operate in a digital world. This 'digital access gap' may be due to a combination of factors: unfamiliarity with operation of a smart phone, limited data allocation on pre-paid accounts and preference to use a phone for basic communication (text and calls) rather than internet browsing or interaction with applications. Similar issues have been identified for consumers in rural and regional areas where the cost of data, distance and physical geography can limit wifi coverage, especially in the home environment.

This issue matters for the capacity of individuals to access e-services and resources in a secure, confidential way at the time of their choosing. For adolescents who are enmeshed in technology within the school environment, limited network coverage and/or financial constraints relating to data outside of school puts them at social and educational disadvantage in comparison to their

[1] Australian Bureau of Statistics. (2014). *Household use of information technology, Australian, 2012–13* (cat. no. 8146.0). Retrieved from Canberra: www.abs.gov.au/ausstats/abs@.nsf/Lookup/8146.0Chapter12012-13

[2] Ibid.

[3] Australian Bureau of Statistics. (2011b). *National Health Survey 2011–12* (cat. no. 4364.0). Retrieved from Canberra:

[4] Australian Bureau of Statistics. (2011a). *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011* (cat. no. 2033.0). Retrieved from Canberra:

[5] Humphry, J. (2014). *Homeless and connected: mobile phones and the internet in the lives of homeless Australians*. Retrieved from
Sydney: https://accan.org.au/files/Grants/homelessandconnected/Homeless_and_Connected_web.pdf

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urban peers. There is therefore, an argument for greater private sector/corporate responsibility in this space, with service provision re-focussed from a city-centric mentality, with continuity of connectivity maintained in the face of planned changes such as shut down of the 2G networks.

In some cases, digital exclusion results from the delicate balance between ensuring the rights and privacy of health service users, with the right of individuals to maintain access to their digital content and connections. The Commission has heard of the challenge faced by consumers and staff within inpatient mental health units, where usual practice would be to remove access to mobile devices upon admission, due to capacity for video and photos to be recorded which may compromise security and privacy of other service users and staff. However, this practice presents a huge barrier to maintaining peer connections in the age of instant messaging and social media, and can cause consumers to lose touch with service providers and other community based support, who cease service/contact with unresponsive clients, especially during periods of long hospitalisation.

Improving service delivery

In the *2014 report,* the Commission made two recommendations to improve access to services and support through innovative technologies. These were:

- Improve emergency access to the right telephone and internet-based forms of crisis support, and linking crisis support services to ongoing online and offline forms of information, education, monitoring and clinical intervention; and
- Implement cost-effective second and third generation e-mental health solutions that build sustained self-help, link to biometric monitoring and provide direct clinical support strategies or enhance the effectiveness of local services.

In its response to the *2014 report*, the Australian Government committed to a new consumer-friendly digital mental health gateway - www.headtohealth.gov.au. Whilst the gateway has a particular focus on providing low-intensity services for people at risk of or with mild mental illness, it should also cater for people with more serious needs. A positive example of harnessing digital technology to promote social inclusion, and inclusivity of consumers in regional and remote areas was demonstrated through the SANE Australia project. This project, funded by the Commission aimed to establish an improved evidence base on the ability of online chat rooms to enable people with severe mental illness to be linked to others who share similar experiences, and reduce the stigma of mental illness.

The project included:

- a national campaign to popularise the online SANE Forums using social media, radio, television and print;
- creation of authentic, helpful and inspirational content for the campaign, drawing on the lived experience of people with complex mental illness https://www.sane.org/livingstories;
- collaboration with community mental health organisations to promote the peer support forums; and
- evaluation of the effectiveness, impact and relevance of online peer support forums for people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander backgrounds.

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> ***The Thriving Communities Campaign:***
> - ❖ reached 155 communities - <u>97 per cent in regional and remote areas</u>;
> - ❖ increased new forum members by <u>256 per cent</u>.
> - ❖ increased regional and remote forum membership by <u>103 per cent</u>;
> - ❖ increased unique visitors to the forums <u>by 119 per cent</u>;
> - ❖ significantly increased traffic and activity on the SANE website and SANE Forums with members accessing a number of pages for <u>1–2 hours at a time</u>.

Resourcing and digital reserves

While opportunities to bridge the digital divide in mental health are immense, the Commission would caution against an assumption that e-platforms and products will wholly replace physical resources, or will meaningfully reduce overall demand for resources. As has been recognised in the recent reforms to Medical Benefits Scheme (MBS) psychological services[6], mental health interactions need to be meaningful for both patient and practitioner, with people requiring different forms of support, depending on what stage they are at in their recovery journey. Not all of these services may be delivered to therapeutic benefit online, and the Commission supports the practice of blended care, whereby online and face to face services are delivered in combination, either sequentially, in tandem, or alternating as appropriate to the consumer and the health care provider. Further, secure and reliable access to online service provision is imperative for the success of this blended model, or for any online contact, where disconnection from a service during an acute crisis would be highly detrimental to patient wellbeing, and confidence in the service.

The Commission proposes that the digital economy strategy should incorporate operating reserves, to ensure that communities retain network connectivity during periods of high demand or when system issues arise, particularly in the rollout of digital services in rural and remote areas. Inevitably, with increased access to digital technologies, and with younger generations who are 'digital natives' using the internet to access mental health services, there will likely be a shift in demand, to accompany the traditional service portals available in person or by telephone. It is necessary therefore, to acknowledge and complete adequate preparation for this change to modes of service delivery. For example, most telephone helplines that are designed to respond to callers in distress operate 24 hours, seven days a week. However equivalent webchat service availability is restricted; Lifeline's webchat operates 7:00pm to midnight (AEST) seven days; and *beyondblue's* webchat from 3pm to midnight (AEST) 7 days. While online services are more cost effective, increase in demand will place pressure on community managed organisations to expand their range of service with associated funding implications.

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[6] Media Release. Budget to deliver telehealth boost for rural psychological services. 19 April 2017 http://www.health.gov.au/internet/ministers/publishing.nsf/Content/7E6354A2A9BA7E21CA2581070013F4F2/$File/GH035.pdf Accessed 20 November 2017.

Question 22. What opportunities do we have to ensure digital technology has a positive impact on the cultural practices and social relationships of Australians?

The mental health sector has embraced digital development and has many examples of using technology, including smart phones, to reach clients and provide services online including:

- *A beyondblue* collaboration with Monash University to create a suicide prevention smartphone app, 'BeyondNow'.
- The Kids Helpline is currently working with the University of Sydney and the Black Dog Institute to develop an online mental health social network that delivers 24/7 counselling. This is a *world first* project that will provide 24/7 access to qualified counsellors and peer support groups via portable devices (e.g. smart phones).[7]
- Lifeline is in partnership with Social Ventures Australia to develop Australia's first SMS-based crisis support service, 'Text4Good'.[8]
- eHeadspace has partnered with Orygen to trial an online web chat called generation. The trial is currently underway and will be open until 9 December 2017.[9]

The experience of participants in the Commission's project with SANE Australia also reflects a positive outcome related to creation and use of digital technology. Participants said that:

- SANE Forums provided social connection allowing them to reframe the often-difficult experiences of mental illness and provided a space to step out of the stigmatisation and loneliness they experienced in everyday life;
- SANE Forums enabled them to speak more openly about their mental health, to seek additional help, understand where to get help, and activate strategies to better manage mental health.

These examples demonstrate the capacity for the mental health system to transform the way it does its business, to integrate with digital systems, link services (face to face and digital), and enable individuals and support teams to automatically track and transfer information. Australia is well positioned to digitally transform its mental health system, with many demand drivers, and technology and regulatory enablers already in place. A uniform effort is now needed to embed effective e-mental health into the broader economy of mental health service delivery.

Privacy, protection and legislation

As identified in the consultation paper, the rise of social media and other digital platforms has altered the way that individuals interact, often in ways that are detrimental, rather than beneficial to well-being and inclusiveness. Online forums and social media platforms cultivate a culture of anonymity. While this may serve to protect privacy and encourage a culture of openness in participants, it has also fostered an increase in cyber-bullying which has lasting mental health impacts for victims.

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[7] Kids Helpline (2016). Op cit.
[8] Lifeline (2017) Media Release: 'Work starts on Australia's first crisis text service' avail https://www.lifeline.org.au/about-lifeline/media-centre/media-releases/2017-articles-1/work-starts-on-australias-first-crisis-text-service
[9] Headspace, 'Generation Trial' avail https://www.eheadspace.org.au/get-help/generation-trial/

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Children and young people are especially vulnerable, due to their emotional immaturity and lack of experience in negotiating boundaries between the 'virtual' and the 'real' world. Real world consequences of bullying in children and young people include risk of developing a mental health condition, and increased use of drugs and alcohol, which can, in turn, lead to episodes of self-harm, suicidal ideation and suicide attempts.[10] It is therefore essential that a strategy for the digital economy includes a position of zero tolerance on cyberbullying.

Of note, whilst legal reform is currently underway in Australia to address bullying and cyber-bullying as criminal actions, much of the reform is concentrated on punitive measures, which act only indirectly to prevent the damaging behaviour being acted out online. In a recent joint submission to the Senate Inquiry into the adequacy of bullying laws, the Mental Health Commissions of Australia recommended wider reaching reforms that encompassed education and increased community awareness of the harms of bullying in the digital world.[11] However, not all human interactions and behaviour can be legislated for, and retention of cultural and ethical values is a challenge across all new digital environments. Further there are signs that rates of mental distress are increasing more generally in the population, with the need for online support including webchat and information sources increasing drastically since their inception as resources.

Currently, phone calls to services such as Lifeline are anonymous and whilst in some cases anonymity can be maintained online, there will undoubtedly be circumstances where information about a person's mental health experience will be provided and shared in the digital environment. It is imperative that this data and metadata is protected. In addition, people need to be informed of how their privacy will be maintained, or the circumstances in which it may be breached to ensure the safety of the person seeking help, or the safety of others in the community, and the conditions under which this may occur. Further, many Australians are unfamiliar with the laws that both protect, and punish in regards to digital communications.

This is increasingly the case for children and young people, who find themselves the victims of cyberbullying, and in some cases, caught up in prosecutions related to child pornography, due to legislation that has not kept pace with technology. While bullying has been the subject of law reform in recent years, with associated regulation, in some respects, particularly cases of cyber-bullying and 'revenge pornography', the law still fails to provide adequate remedy to the victims of abuse. The Commission therefore recommends that safeguards are put in place to protect the wellbeing of Australians online, with education and prevention as the first order priority, and legal action as a last resort, especially in cases dealing with children and young people.

One arm of this protection involves the e-Safety Commissioner and Children's e-Safety Commissioner, both of which stand to provide valuable functions in development of the digital economy strategy. Both Commissioners already play a significant role in protecting people online, promoting positive online experiences and encouraging behavioural change. They have partnered with Kids Helpline and make referrals for cyber-bullying related offences. In 2015, the

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[10] Scott JG, Moore SE, Sly PD, Norman RE. (2014) Bullying in children and adolescents: A modifiable risk factor for mental illness. *Australian & New Zealand Journal of Psychiatry* 48(3): 2009-212.

[11] Joint submission – Mental Health Commissions of Australia. September 2017.
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Cyberbullying/Submissions

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Commissioners made over 8,300 referrals to Kids Helpline out of a total of almost 11,000 referrals from external cyber safety and anti-bullying websites. [12]

Changes to service delivery

The Kids Helpline, a free, confidential counselling service for those aged 5-25, has reported that mental health and emotional wellbeing is the number one reason why children and young people contact their helpline for counselling.[13] In 2015, the Kids Helpline made 1,720 emergency care actions which are referrals to the police, ambulance or other relevant agencies. A third of these were due to suicide attempt by one of their clients. The Kids Helpline has also reported that there has been a 626% increase in contacts about mental health and or emotional health, including self-injury; and a 246% increase in contacts regarding suicide over a 20 year period.[14]

beyondblue provides both telephone and online webchat services as part of their broader function promoting awareness of high prevalence disorders including anxiety and depression. In 2015-16, 161,797 people contacted *beyondblue*'s support service via phone, online chat or email. Of those contacts, 5,745 people were identified as being at high or medium risk of suicide.[15] *beyondblue* also has online peer support forums which were visited by over 700,000 people in 2015-16. The main reasons for accessing the forums were support for feelings of depression, anxiety and suicide and a desire to connect with others in an anonymous way.[16]

These figures, reflecting service use by both adults and young people, indicate the nuanced complexity attached to ensuring mental health and wellbeing services are delivered in novel and innovative ways to meet community needs, while also protecting those who are vulnerable to abuse through the same mediums. Overall, there is a clear need for these services to continue and for other innovative methods to be explored to promote thriving communities. The Commission particularly supports the need for investment in digital infrastructure and increased access to quality, affordable, reliable communications. The capacity to engage with new technology and e-mental health resources such as the recently launched digital mental health gateway and changes to the Medicare rebate for online psychology consultations (implemented 1 November 2017)[17] are of vital importance to Australians seeking care in rural and remote areas, and to young people, who are the most digitally engaged generation in our community.

Thank you for the opportunity to provide comment on some of the key issues, challenges and opportunities relating to development of a strategy for the digital economy. The Commission would be pleased to discuss the above points in more detail. The contact officer at the Commission is Catherine Brown, Director, available via email catherine.brown@mentalhealthcommission.gov.au or on 02 8229 7527.

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[12] Kids Helpline (2016). Op cit.

[13] Kids Helpline (2016) Kids Helpline Insights Report 2015.

[14] ibid

[15] *beyondblue* (2016) Annual Highlights Report 2015-16.

[16] ibid

[17] Media Release. Budget to deliver telehealth boost for rural psychological services. 19 April 2017 http://www.health.gov.au/internet/ministers/publishing.nsf/Content/7E6354A2A9BA7E21CA2581070013F4F2/$File/GH035.pdf Accessed 20 November 2017.

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