1. **Additional Information about Entry** – up to 1 x A4 page.

1 in 4 young Australians currently experience a mental health difficulty, with the majority of mood disorders first emerging in adolescence. Research shows that friends and family are often the first place that young people turn to for support and that parents and caregivers (hereafter, parents for brevity) can play a vital role in their child's mental health care; however they may feel ill-equipped to respond to the many issues facing today's adolescents, and to navigate the fractured service system when mental health difficulties arise (ReachOut Australia, 2016; Boulter & Wickwood, 2013). Parents need support to build their confidence and capability to engage with their teenager, and in some cases the mental health system. Today's parents are time-poor, and are increasingly turning online for information and support.

Acknowledging this, ReachOut Australia undertook a program of research and development in order to understand the unique role of parents and carers in supporting young people's mental health, the specific challenges they face, and their needs and preferences relating to online support. This fed into the design and development of an online service model in partnership with parents and young people, ensuring service relevance and optimising the unique offerings of digital service delivery.

Over 1,000 parents, carers and young people were engaged in a participatory, co-design process that spanned from conceptualisation through to implementation of the service. Our research identified that parents want support services that are: inclusive; relatable; evidence-based; practical; non-judgemental; easy to navigate; and respectful of their privacy and desire for anonymity.

In response to this, in 2016 ReachOut Australia launched a national online prevention and early intervention service for parents and carers of teenagers aged 12-18 years. *ReachOut Parents* (https://parents.au.reachout.com/) offers an online stepped care intervention model, matching parents with different service elements depending on their support needs and preferences. Crucially, the program offers pathways through to more intensive interventions where these are needed.

ReachOut Parents encompasses three key service components: a self-help website offering multimedia information and advice; an online peer support community forum; and an innovative 1:1 teleweb coaching service to facilitate supported self-help (launched in 2017). To translate existing face-to-face coaching frameworks into an online interface, ReachOut partnered with The Benevolent Society, who have a long history of working with parents and families within a clinical service model.

The service is underpinned by a multi-method evaluation framework that provides insights derived from web analytics and bespoke surveys delivered on the *ReachOut Parents* website and applications, and qualitative and user experience research. The allows for real-time insights around the reach of the service, user engagement and satisfaction, and the impact of the service, which feeds a continuous improvement cycle.

In Australia and around the world, governments are under pressure to respond to the burden posed by mental health problems that onset early in life. A need has been identified to shift the balance of investment towards upstream prevention and early intervention services, to relieve pressure on downstream services that are costly to provide. Investment in innovative e-mental health services that provide self-help and non-clinical online support has been signalled as an important means of achieving this (National Mental Health Commission, 2014). *ReachOut Parents* represents a scalable model of program delivery that aims to reach more parents earlier in their child's mental health journey, to alleviate pressure on downstream, face-to-face services.

Mental health problems commonly have their first onset during the adolescent period, with half of all mental illness developing before 14 years, and three quarters before 24 years (Kessler et al., 2005). This indicates that adolescence is a critical time for prevention and early intervention, to reduce the burden of mental disorders within the community (Johnson, Lawrence, Sawyer, & Zubrick, 2017). Despite this high prevalence, service use in this age group is less than optimal; many young people do not seek help for their mental health problems, or do not do so in a timely fashion. (Lawrence et al., 2015). This delay to treatment has significant implications for young people's wellbeing, both at the time of onset and into adulthood (Kessler, Avenevoli, & Ries Merikangas, 2001; Merikangas et al., 2010).

Parent-mediated help-seeking

Parents play a crucial role in reducing the risk that young people develop mental health problems (Yap et al., 2016) and in facilitating access to care when these difficulties do emerge (Boulter & Rickwood, 2013). Parents are often the first place that young people go to for advice or support when experiencing a mental health difficulty (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Children and young people may lack the independence or means to seek help, and rely on adults to be responsible for decisions about their health. Logan and King (2001) highlighted a number of barriers to young people's self-initiated approaches to services, which further highlight the importance of the role of parents in facilitating timely help-seeking.

Parents too are often the first to become aware of the early signs of problems with mental health, and are motivated to get their children the necessary help (Boulter & Rickwood, 2013). Research suggests that parents' recognition that their child has a problem strongly influences whether the young person receives help (Sayal et al., 2010; Teagle, 2002). However, it may be challenging for parents to know whether or not their child's problem warrants attention from a mental health professional, and consequently, they may delay help-seeking (Boulter & Rickwood, 2013; Logan & King, 2001). A US population survey of 1,000 parents of children aged 2-24 years found that most parents who were concerned about their child's mental health did seek treatment, however, 43% waited for more than a year to seek help and a further 22% waited for over two years (Child Mind Institute, 2011).

For parents of adolescents, it can be particularly challenging to distinguish between normal developmental behaviour and potential mental health problems (Boulter & Rickwood, 2013). Adolescence is a developmental period marked by emotional turmoil, which can lead to adults dismissing symptoms indicative of an emerging mental health problem (Logan & King, 2001). Costello, Pescosolido, Angold, and Burns (1998) argue that insufficient attention has been paid to parental education about early warning signs of mental health issues, leaving parents uncertain of when and where to seek professional help.

Supporting parents in their role as change agents in their teenager's mental health

Recent Australian evidence suggests that many parents are not receiving support to help them navigate their child's mental health difficulties. In the *Second Australian Child and Adolescent Survey of Mental Health and Wellbeing,* the majority (70%) of parents of children with a mental health problem surveyed had not accessed support from a service to help them manage their child's or adolescent's problem (Lawrence et al., 2015). This study also revealed considerable levels of perceived need for help to support parents in dealing with their children's mental health problems, with one- fifth of parents reporting some unmet need (Johnson et al., 2017; Lawrence et al., 2015).

The kind of support parents reported needing spanned informational support (e.g., information about child's problems, treatments and services; parenting skills), instrumental support (e.g., respite care), and emotional support (e.g., peer support; counselling).

However, whilst online support for parents of infants and toddlers abounds, there is a dearth of programs in the area of mental health and wellbeing for parents of adolescents. An environmental scan identified that there are limited services dedicated to providing information and support in an online format for parents of adolescents with emerging mental health problems. Given the significant role that parents can play in promoting young people's wellbeing and facilitating their access to support where needed, this was identified as a notable service gap, as freely accessible online services may have a lower barrier to entry when compared with traditional services.

Helping more parents and young people

The primary focus of ReachOut Parents is prevention and early intervention of high-prevalence mental health disorders through parent-mediated help and support for 12 – 18 year olds. Delivered through a secure online environment, the service has been able to reach over 340,000 parents to date that may otherwise not access traditional mental health services due to stigma, geographical isolation, concerns about privacy, or lack of confidence in clinical services.

The use of self-help content, resources and tools, real family stories, a peer-support community and teleweb coaching enables parents to recognise and understand what their teenagers are going through, improve their mental health literacy, and increase the confidence of parents to facilitate early intervention for emerging issues. By employing a user-centred, self-directed service model, ReachOut Parents endeavours to ensure parents get the help they need to support young people, where and when they need it. ReachOut works in partnership with downstream specialist mental health services to refer ReachOut Parents users whose needs exceed the service model.

The ReachOut Parents service is underpinned by evidence-based program logics that ensure the components of the service are designed to achieve positive outcomes and provide the greatest impact for parents and young people. The program logics describe three levels of outcomes: parent; family and population level outcomes (see Appendix 1). With ongoing consideration of the program logics, the service has been designed and developed in partnership with parents and young people to ensure it remains relevant and meaningful in their lives.

Recent service highlights include:

- over 340,000 unique users to the ReachOut Parents service since launch. The majority of users access self-help content and self-assessment quizzes that help tailor content to parent's needs. Content is delivered in multimedia format – including videos, infographics , stories and written information (see Appendix 3 for an example). Parents are involved in content development to make sure its relevant and user-friendly.
- 1,600 members of our online peer-support community. The forums offer a safe and supportive space for parents to have anonymous conversations with each other on a range of topics from well-being, through to more serious mental health issues. Furthermore, over 2,000 unique visitors access the forums each month, demonstrating that a large number of parents are deriving benefit from the forums through viewing posts without registering as a user and contributing to the conversations themselves.
- Strong service partnership with The Benevolent Society who are the delivery partners for ReachOut Parents Coaching. Using online tools to help facilitate the intake process, Parents can begin their coaching journey 24/7 and book phone sessions with a coach between 6am and 7:30pm weekdays. Sessions are facilitated through an online interface where coaches work with parents to develop goals and action plans that are saved on the interface for both the coach and parent to see (Appendix 2). To date, 668 coaching sessions have been delivered.

Each year we run a cross-sectional survey to assess service reach and impact of the service for our users (see Section 2.5). When parents were asked what they liked most about the ReachOut Parents service, responses included:

"I love being part of a supportive parenting community. It's a great space for receiving and giving support. Most parents are there for the benefit of their teens which is really lovely to see." [Mother, NSW]

"I like that parents are treated without judgement or criticism, and the site is full of practical advice from parents with lived experience. RO parents understand how hard it is raising teenagers and all suggestions and tips given are done so acknowledging the struggle being faced. It's awesome knowing I'm not alone in my thoughts and issues with my teen. You can't buy that..." [Mother, NSW]

"The coaching service is fantastic, it is incredible to have the information tailored to your exact situation and to have someone help translate it into actionable steps (and to then follow up on your commitment to make sure it is actually applied)" [Mother, VIC]

"Many people don't want to seek out medical advice because of cost or stigma. This is easy and confidential." [Father, WA]

2.2 Evidence of innovation and/or recognised best practice.

Development of ReachOut Parents involved a mixed-methods program of research activities to ensure the program was based on best practice evidence, and formative research to elicit parents' and young people's' needs from an online parenting service, which represents another important form of evidence from which to build the service model. The key methods used are described below.

Environment scan and literature review to identify best practice

An environmental scan and literature review was conducted to understand the online services that currently exist for parents to support young people with emerging mental health problems; the help-seeking pathways of parents; and the concerns/priorities of parents in helping their young people with emerging and early-stage mental health problems. These two outputs, as well as the formative research with parents and young people, informed the development of the program logic model for the service, which underpins the service delivery model for ReachOut Parents.

Formative research with parents and young people

A cross-sectional online survey was conducted in October 2015 with a sample of 1000 parents of children aged 12-25 years, to explore the knowledge, attitudes, and help-seeking behaviours of parents in relation to the mental health and wellbeing of their adolescent children. Participants were recruited via an online panel. Respondents were eligible to participate if they were: a) parents or guardians of a child aged 12-18 years; b) residing in Australia; and c) were not over the age of 64 years. Quotas were set on age, gender, location and income to ensure the sample was broadly representative of the target audience for ReachOut Parents.

In addition, a program of qualitative and co-design research was conducted to understand how they envisaged an online parenting service focused on prevention and early intervention for mental health problems could help them. These activities are described in Section 2.3.

Evidence of innovation

As discussed, ReachOut Parents was the result of a comprehensive program of research conducted with young people and their parents to understand their needs and preferences for a 21st century online mental health service. This research led to the development of a suite of User

Experience (UX) goals, which provide a framework for the way in which we approach service development and delivery.

The UX goals are:
- Validate my experience (empathy);
- Help me understand what my child is going through;
- Give me practical strategies so I can choose what's right for me and my family;
- Show me that I'm not alone;
- Empower me to help my child; and
- Help me be connected to my child.

The UX goals have led us to focus on innovative service developments that not only build on the program logics and mental health evidence base, but that are meaningful and engaging to parents themselves.

The service developments that have been delivered to respond to the UX goals include:
- New capability through the Sitecore platform enables us to design the service for a range of mobile devices. Over 60% of ReachOut Parents service users access the service on mobile, and a further 10% on tablet. ReachOut Parents is available easily and privately, wherever they are, at any time of the day.
- Website information architecture based on models of behaviour change, taking parents through a sequence of progressive steps to build their knowledge and skills – 1. 'Help me understand'; 2. 'Give me things to try'; 3. 'Show me how to do them'.
- Incorporation of a range of online self-help interventions that provide parents with practical ways they can support and improve their teenager's mental health and well-being. The interventions are either developed in house, or delivered in conjunction with third party organisations. An example is ReachOut's Breathe App – an app that helps reduce the physical symptoms of stress and anxiety by slowing down your breathing and your heart rate.
- Automated, live links between conversations occurring within the peer-support community and relevant content on site. This provides the user with an opportunity to connect with other parents that may be experiencing similar issues, and gives them an opportunity to share their own experiences of what has helped with other members of the community.

2.3 Evidence of participation of mental health consumers, in the planning, implementation and evaluation as relevant.

In all our services at ReachOut, end users – in this case, parents – are involved as active participants and co-designers throughout the design research process. They participate in idea generation, as well as providing opinions and feedback on new and existing design concepts.

To ensure that ReachOut Parents is relevant, meaningful and engaging, we involved 97 parents from across Australia in focus groups and follow up interviews, co-design workshops and prototype testing as we developed the service. The participants had children between the ages of 12-18, and the research involved a diverse group of parents, including both male and female parents, culturally and linguistically diverse parents, parents who identify as Aboriginal and Torres Strait Islander, parents with a number of children of different ages, single- and step-parents and two-parent families, LGBTI parents, and a mix of metropolitan and rural parents. Parents were asked a range of questions, including which issues they would like support with, how they use technology when seeking help, and their preferences for how support and advice should be presented to them through an online service model.

Parents that are trained as peer moderators also help us to deliver the peer support component of our service. Eighteen parents have undergone training to enable them to: make strengths-based

contributions to the forums and share their own personal experiences; listen non-judgmentally to users and let them know they have been heard; talk about different support options and encourage help-seeking; moderating and escalating posts; and maintaining a positive forum culture. The peer moderators are supported in their role by a Community Manager, and are encouraged to complete a self-care plan that enables them to care for their own mental health and wellbeing. Parent peer supporters are critical to the success of ReachOut Parents by:

- Building a community and creating a sense of connection for visitors to the site;
- Fostering a respectful and issues-based site culture; and
- Helping to manage the risks associated with hosting user-generated content on the site.

We continue to involve end users in refining and improving the service, through quarterly user experience testing, content development and review, and our program of evaluation. Our services are continually evaluated to determine if they are relevant, meaningful and engaging to the parents and young people who stand to benefit from them. The UX goals are integrated into the ReachOut Parents evaluation framework, such that we are continually seeking feedback from users as to how successfully these guiding principles have been translated into the service offering and experience.

Consultation with young people

As the ultimate beneficiaries of the service, young people were also involved in the decisions deciding the direction of the service. In July 2015, 32 adolescents aged 12-18 years from regional and metropolitan areas were consulted around their needs from an online mental health service for parents. This was to ensure that the advice offered on *ReachOut Parents* aligned to the support young people wanted to receive from their parents, and therefore would engage with, including ways their parents might encourage them to seek help. The participating young people were recruited to reflect the diversity of young Australians, with respect to their socioeconomic status, level of wellbeing, cultural background, sexuality and gender identity and family situation (e.g., single-parent family, blended family). The consultation involved online and face-to-face discussion groups, and in-depth interviews of friendship triads. Creative activities and stimulus materials were used to engage participants in a dialogue about their lives, the difficulties they experienced, and their relationship with their parents, and to help them to articulate their needs, drawing on participatory and design research methods (Hagen et al., 2012).

For ReachOut, the benefits of involving end users (in this instance, both parents and young people) in the design, development and evaluation of our services include:

- Developing a better and deeper understanding of how young people and parents see and act in the world, and the context in which any service will be placed;
- Ensuring that our service is relevant and engaging to users and therefore more likely to be used, increasing overall reach and impact; and
- Building credibility and rapport for the project, and ensuring that their values and attitudes are accounted for.

2.4 Evidence of Partnerships and Linkages (collaboration for continuity between organisations).

As well as collaborating with service users, ReachOut carried out extensive consultation with sector partners to develop the ReachOut Parents service. Key agencies were The Benevolent Society, Raising Children Network and Parenting Research Centre, as well as clinical experts on our Clinical Advisory Group.

The Benevolent Society in particular, went on to become a key delivery partner for the coaching component of the ReachOut Parents service. The Benevolent Society is Australia's first and oldest charity. It is an independent, non-religious, not-for-profit organisation which aims to help families, older Australians and people with disability live their best lives. The Benevolent Society's expertise

and strengths in direct service delivery with families, combined with ReachOut's strengths in scalable online service delivery, enabled us to establish a mutually beneficial and impactful partnership.

The Benevolent Society provides all coaching phone sessions via professionally trained coaches with expertise in helping families build strong relationships. The coaching sessions are tailored to a parents specific goals and situation, meaning that parents will receive practical strategies they can put to use immediately after their first call.

Further, after-hours moderation of the online peer-support community is delivered in partnership with On The Line. On The Line provides some of Australia's most vital counselling services (including Suicide Call Back Service and Mensline).

2.5 Verification and evaluation of the program's effectiveness

Evaluating ReachOut Parents enables us to understand the success of the program and its impact on young people and their families. A multi-method evaluation framework was developed from the outset in consultation with the key stakeholders of the program. The framework is underpinned by our operational targets, the program logic model and outcomes hierarchy, and the UX goals. It addresses the entire program of activity delivered through ReachOut Parents (i.e. the website, the community, and the teleweb coaching service). The framework outlines the range of evaluation data sources, such as web analytics and intercept surveys, through to more comprehensive and in-depth evaluation projects like the Annual Brand Health survey and the Annual User survey.

The inaugural ReachOut's Parents User survey was recently completed. This is a cross-sectional survey that provides information on the sociodemographic characteristics of service users, their experience with ReachOut Parents, and the subjective impact of using the service. Participants for this study were recruited through the ReachOut Parents website and associated social media platforms (Facebook and Instagram).

Visitors to the website were presented with a pop-up screen that included a link to click on if they were interested in taking part in the study. Visitors to the ReachOut Parents social platforms viewed an advertisement for the survey which included a direct link to the survey platform. Data was collected between December 11th 2017 and 28th March 2018. Overall, 162 users of ReachOut Parents took part in the survey. 10.3% of participants identified as male, 88.4% as female and 1.3% as a gender other than male or female. Not all participants answered every question in the survey.

As shown in Table 1, there was a high level of agreement amongst participating users that the service met the UX goals established during the formative research with parents. Further, as shown in Table 2, there was a high level of agreement for the majority of the subjective impact statements, with higher levels of endorsement for the short-term impacts from the program logic model (Appendix 1).

Table 1. ReachOut Parents users' endorsement of the UX goals statements

Rate how much you would agree with the following statement about ReachOut Parents	% users agree/ strongly agree
ROP validates my experience	74.4%
ROP helps me understand what my teenager is going through	74.1%
ReachOut Parents gives me practical strategies so I can choose what's right for me	83.5%

and my family	
ReachOut Parents shows me that I am not alone	87.1%
ReachOut Parents empowers me to help my teenager	74.1%
ReachOut Parents helps me to be connected to my teenager	58.3%
I would tell a friend about ReachOut Parents if their teenager was going through a tough time	83.2%
ReachOut Parents is a service I trust	83.3%
ReachOut Parents makes me feel like I am part of a safe, supportive community	63.1%
ReachOut Parents is anonymous and confidential	76.2%
ReachOut Parents is relevant to me and my friends with teenage children	85.7%
ReachOut Parents connects me with others	56.6%

Table 2. ReachOut Parents users' endorsement of the subjective impact statements

Thinking about the information and support that you found on ReachOut Parents, how much do you agree with the following statements	% users agree/ strongly agree
I felt some relief from my worries or concerns about my teenager	72.8%
I know where to get information about things that influence the wellbeing of my teenager	82.0%
I have a good understanding of my teenager's development and behaviours	71.3%
I feel confident that I can recognize when my teenager is experiencing mental health problems	70.0%
I understand what services are available to support the mental health needs of my teenager	77.5%
I am aware of immediate actions I can take to address my concerns about my teenager	68.8%
I understand the importance of building on my teenagers strengths	81.2%
I have learnt new communication skills that I can use with my teenager	50.0%
I have learnt new strategies I can use to understand and manage my teenager's behaviour	53.8%
I feel better able to understand what's going on for my teenager and how they might be feeling	63.3%
I know how to solve most problems that arise with parenting	42.5%
I have confidence in myself as a parent	53.8%
I can stay focused on the things I need to do as a parent even when I've had an upsetting experience	60.0%

Finally, as shown in Table 3, there is a high level of satisfaction with the service, with the majority of participating users agreed that ReachOut Parents had provided them with the help they needed.

Table 3. ReachOut Parents users' satisfaction with the support received

Did ReachOut Parents provide you with the help that you needed?	
Yes	83.7%
No	16.3%

The evaluation framework has been designed such that the measures and data sources will evolve over time, as the program matures. Given the early stage of the program, the focus at this time is on

formative and process evaluation, with an emphasis on understanding acquisition (i.e., is the program reaching the target audience?), engagement (i.e., the degree of program implementation, quality and uptake) and subjective impact. However as the program becomes more established, we will increasingly focus on objective impact and outcomes evaluation, to gather evidence regarding the effectiveness of the service model.

3.   **Conclusion**

ReachOut Parents provides a unique, innovative and valuable service within the landscape of Australia's mental health service system. By providing an anonymous and private intervention in an environment that is relevant and readily accessible to parents, ReachOut Parents fills a gap in the current landscape to help parents facilitate early intervention for emerging issues for their teenagers.

As an online service model with both 1:1 and peer-based/self-directed elements, ReachOut Parents can be scaled to support a large volume of parents. Furthermore, the ReachOut Parents service model supports effective use of sector capacity by ensuring that we intervene early to enable young people experiencing early symptoms of mild to moderate mental health issues, to be supported by their parents to get the help that's right for them. ReachOut Parents also helps parents to identify when their teenagers need additional support, and provides efficient and effective pathways to downstream mental health services, to help young people get timely and appropriate help.

Through continued service design and delivery in partnership with parents and young people, we will ensure that the service remains relevant and meaningful within the context of parents' lives, and continues to be accessed widely. Our recently launched 3-year strategic plan highlights our ambitious goal for the ReachOut services to reach an extra 1 million people per year, and to ensure we are able to support all young Australians experiencing mental health difficulties to get help in the way that is most meaningful for them. The ReachOut Australia strategic plan can be found here.
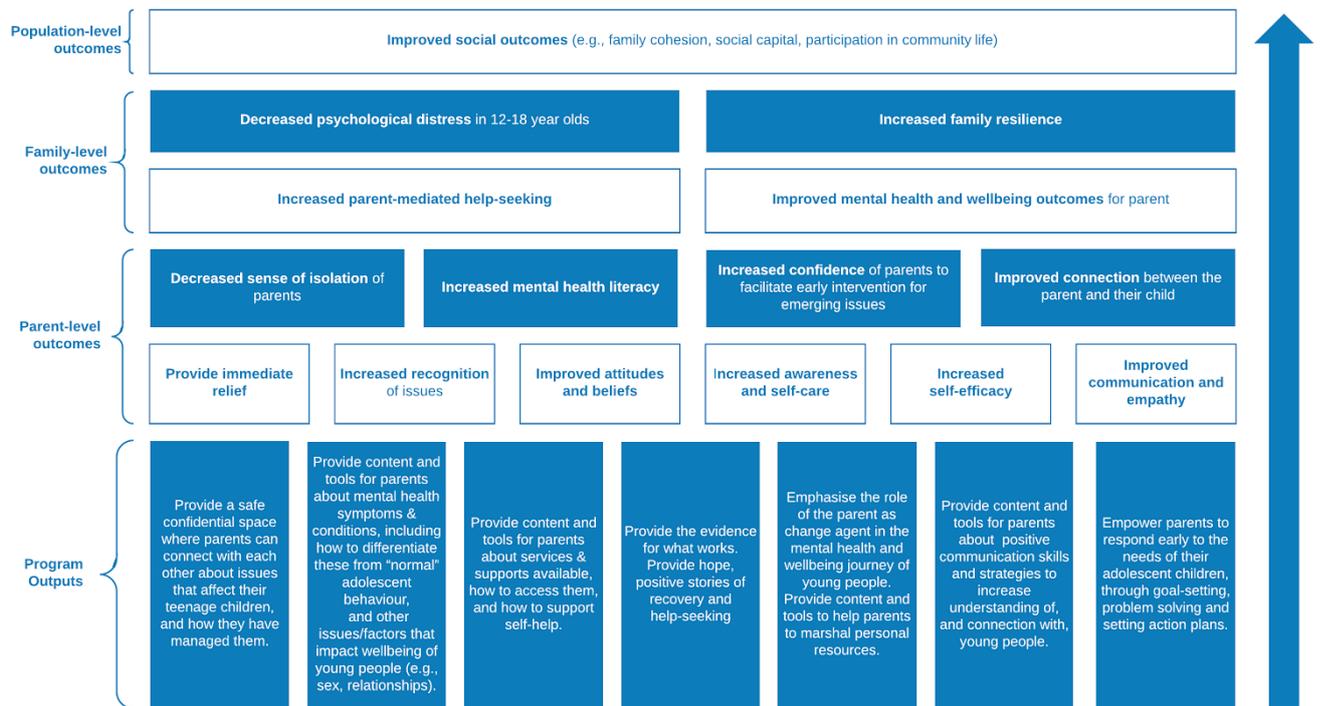
4.   **Referees**:
Removed for privacy

References

Boulter, E., & Rickwood, D. (2013). Parents' experience of seeking help for children with mental health problems. *Advances in Mental Health, 11*(2), 131-142.

Child Mind Institute. (2011). National Children's Mental Health Report Card. New York: USA.

Costello, E. J., Pescosolido, B. A., Angold, A., & Burns, B. J. (1998). A family network-based model of access to child mental health services. *Research in community and mental health, 9*, 165-190.

Hagen, P., Collin, P., Metcalf, A., Nicholas, M., Rahilly, K., & Swainston, N. (2012). Participatory design of evidence-based online youth mental health promotion, intervention and treatment. Melbourne, Australia: Young and Well Cooperative Research Centre.

Johnson, S. E., Lawrence, D., Sawyer, M., & Zubrick, S. R. (2017). Mental disorders in Australian 4-to 17-year olds: Parent-reported need for help. *Australian & New Zealand Journal of Psychiatry*, 0004867417706032.

Kessler, R. C., Avenevoli, S., & Ries Merikangas, K. (2001). Mood disorders in children and adolescents: An epidemiologic perspective. *Biological Psychiatry, 49*(12), 1002-1014. doi: 10.1016/s0006-3223(01)01129-5

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry, 62*(6), 593-602.

Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). *The mental health of children and adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing.* Canberra, Australia: Commonwealth Department of Health and Ageing.

Logan, D. E., & King, C. A. (2001). Parental facilitation of adolescent mental health service utilization: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 8*(3), 319-333.

Merikangas, K. R., He, M. J., Burstein, M., Swanson, M. S. A., Avenevoli, S., Cui, M. L., . . . Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry, 49*(10), 980-989. doi: 10.1016/j.jaac.2010.05.017

National Mental Health Commission. (2014). The national review of mental health programmes and services. *Sydney: Australia.*

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-journal for the Advancement of Mental Health, 4*(3), 218-251. doi: 10.5172/jamh.4.3.218

Sayal, K., Tischler, V., Coope, C., Robotham, S., Ashworth, M., Day, C., . . . Simonoff, E. (2010). Parental help-seeking in primary care for child and adolescent mental health concerns: qualitative study. *The British Journal of Psychiatry, 197*(6), 476-481.

Teagle, S. E. (2002). Parental problem recognition and child mental health service use. *Mental health services research, 4*(4), 257-266.

Yap, M. B. H., Morgan, A. J., Cairns, K., Jorm, A. F., Hetrick, S. E., & Merry, S. (2016). Parents in prevention: A meta-analysis of randomized controlled trials of parenting interventions to prevent internalizing problems in children from birth to age 18. *Clinical Psychology Review, 50*(Supplement C), 138-158. doi: https://doi.org/10.1016/j.cpr.2016.10.003

5.   **Appendix of Support Material**:

Appendix 1. Program Logic Model for ReachOut Parents

Population-level outcomes

Improved social outcomes (e.g., family cohesion, social capital, participation in community life)

Family-level outcomes

Decreased psychological distress in 12-18 year olds

Increased family resilience

Increased parent-mediated help-seeking

Improved mental health and wellbeing outcomes for parent

Parent-level outcomes

Decreased sense of isolation of parents

Increased mental health literacy

Increased confidence of parents to facilitate early intervention for emerging issues

Improved connection between the parent and their child

Provide immediate relief

Increased recognition of issues

Improved attitudes and beliefs

Increased awareness and self-care

Increased self-efficacy

Improved communication and empathy

Program Outputs

Provide a safe confidential space where parents can connect with each other about issues that affect their teenage children, and how they have managed them.

Provide content and tools for parents about mental health symptoms & conditions, including how to differentiate these from "normal" adolescent behaviour, and other issues/factors that impact wellbeing of young people (e.g., sex, relationships).

Provide content and tools for parents about services & supports available, how to access them, and how to support self-help.

Provide the evidence for what works. Provide hope, positive stories of recovery and help-seeking

Emphasise the role of the parent as change agent in the mental health and wellbeing journey of young people. Provide content and tools to help parents to marshal personal resources.

Provide content and tools for parents about positive communication skills and strategies to increase understanding of, and connection with, young people.

Empower parents to respond early to the needs of their adolescent children, through goal-setting, problem solving and setting action plans.

Appendix 2. ReachOut Parents Coaching Teleweb Interface

Appendix 3. Infographic from the ReachOut Parents Self-help Website

7 TIPS FOR MANAGING EXAM STRESS

FOR YOUNG PEOPLE — FOR PARENTS/CARERS

1. Stay organised with to-do lists and study timetables | Give them time off chores and non-urgent family stuff

2. Take regular study breaks | Encourage them to keep doing the activities they did before exams

3. Have a dedicated study space | Help them set up a study space and make sure the rest of the family understands

4. Have a long term goal | Chat with them about what they want to do after exams finish

5. Get as much sleep as possible | Remind them to go to bed at a regular time each night

6. Remember your health – eat well and stay active | Go on study break walks with them and try to cook wholesome meals

7. Talk to the people around you | Make a time to chat to them and let them vent

REACH OUT.COM