

Service Innovation Project Component 1: Best Practice Framework

April 2014





Published by **headspace** National Youth Mental Health Foundation
Level 2, South Tower, 485 La Trobe St, Melbourne 3000

T: 03 9027 0100

F: 03 9027 0199

E: info@headspace.org.au

<http://www.headspace.org.au/>

ISBN: 978-0-646-92061-0

Authors: Debra Rickwood, Ginette Anile, Nic Telford, Kerry Thomas, Adrienne Brown, Alexandra Parker

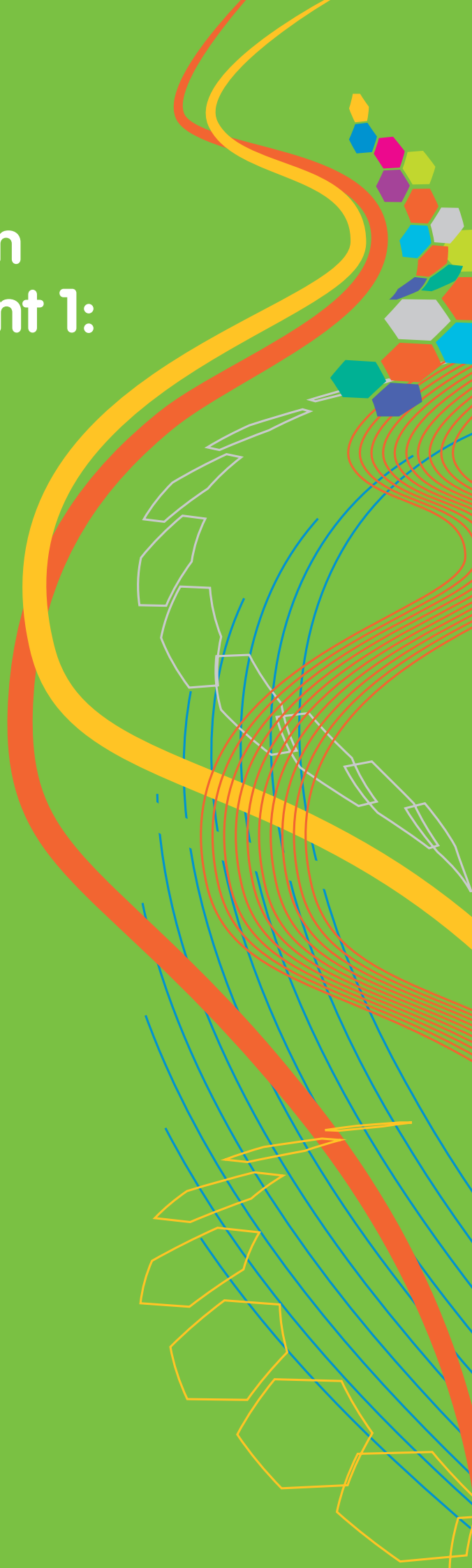
©**headspace** National Youth Mental Health Foundation 2014

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health under the Youth Mental Health Initiative

Disclaimer

The content of this publication is for information only and does not constitute clinical guidance. While every effort is taken to ensure its accuracy, **headspace** does not represent that the information is current, correct or comprehensive. You should seek professional advice about your specific circumstances before taking any action based on this publication. Access to this publication does not create nor imply any relationship with **headspace**. **headspace** expressly disclaims all liability for any loss or damage whatsoever in relying on any information in this publication.

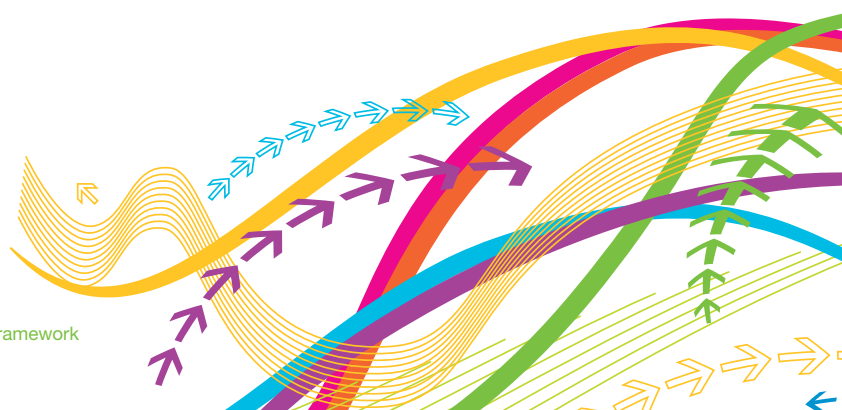
Service Innovation Project Component 1: Best Practice Framework



Contents

Executive Summary	4
Overview	4
Method	4
Key findings	4
Summary framework	5
Next steps	5
I. Background	6
Service Innovation Project	6
Component 1 – headspace Centre Best Practice Framework	6
Component 2 – Social Inclusion Model	6
Component 3 – Centre Demonstration Projects	7
II. Literature Review	8
Best practice	8
Best practice in mental health	8
Best practice in youth and adolescent health	9
Best practice in youth and adolescent mental health	9
III. Methodology	10
Overview	10
Participants	10
Procedure	11
Analysis	12
Verification of themes	14
IV. Main Findings	15
Overview	15
Theme 1: Access	15
1.1 Youth-friendly environment	16
1.2 Location and physical accessibility	20
1.3 Major barriers	21
1.4 One-stop-shop	26
1.5 Promoting headspace	28
Summary of main findings relevant to development of Best Practice Model - Access	30
Theme 2: Service orientation and mix	31
2.1 Four core streams	31
2.2 Early intervention	38
2.3 Intake	39
2.4 Staffing mix	41
Summary of main findings relevant to development of Best Practice Model – Service orientation and mix	42

Theme 3: Service coordination	43
3.1 Service coordination	43
3.2 No wrong door	45
Summary of main findings relevant to development of Best Practice Model – Service coordination	48
Theme 4: Inclusive services	49
4.1 Family involvement	49
4.2 Community groups with specific needs	51
Summary of main findings relevant to development of Best Practice Model – Inclusive services	54
Theme 5: Youth participation	55
5.1 Youth participation at the organisation level	55
5.2 Youth participation in their own care planning	57
Summary of main findings relevant to development of Best Practice Model – Youth participation	59
Theme 6: Quality and effectiveness	60
6.1 Evidence-based practice	60
6.2 Evaluation	61
Summary of main findings relevant to development of Best Practice Model – Quality and effectiveness	62
Theme 7: Governance	63
7.1 Consortium model	63
7.2 Lead agencies	65
7.3 Relationship with National Office	68
Summary of main findings relevant to development of Best Practice Model – Governance	71
Centre Case Studies	73
headspace Bendigo	74
headspace Darwin	77
headspace Edinburgh North	80
headspace Frankston	83
headspace Gosford	86
headspace Hobart	89
headspace Kimberly	92
headspace Parramatta	95
headspace Southport	98
headspace Warwick	101
V. Summary Framework of Centre Best Practice	104
References	109



Executive Summary

Overview

The Service Innovation Project (SIP) aims to identify, develop and trial innovative approaches to ensure that **headspace** centres are informed by the best current evidence and resources that support improving the quality and effectiveness of services to young people.

Component 1 of SIP involved research to determine what was currently considered to be Best Practice for **headspace** centres.

This document reports the methodology and findings from Component 1.

Method

The methodology involved:

- A brief literature review of best practice models in youth health and mental health.
- Interviews and focus groups with 129 participants drawn from five main groups: members of the **headspace** board and executive staff; staff, young people and parents from 10 case study **headspace** centres; members of the national office youth participation group hY NRG; staff and young people from **ehheadspace**; and staff from the school support program. Data were collected in March-June 2013.
- Case studies of 10 **headspace** centres using information from the interviews and focus groups along with quantitative data from the **headspace** Minimum Data Set (from Jan-June 2013).
- Subsequent workshops to discuss the findings with the case study centres, **headspace** National Office Centre Support team and hY NRG, which took place in October 2013.

Key findings

The literature review revealed that the main conceptual framework for best practice in youth health comes from the World Health Organisation and emphasises three core features of accessibility, acceptability and appropriateness.

The main themes relating to best practice identified in the interviews and focus groups with **headspace** board members, staff, clients and families were:

1. Access
2. Service orientation and mix
3. Service coordination
4. Inclusive practice
5. Youth participation
6. Quality and effectiveness
7. Governance

The 10 case studies revealed a common theme of a strong youth-friendly focus within the centres, but considerable diversity in centre activity, client characteristics, community needs and operational set-up.

Summary framework

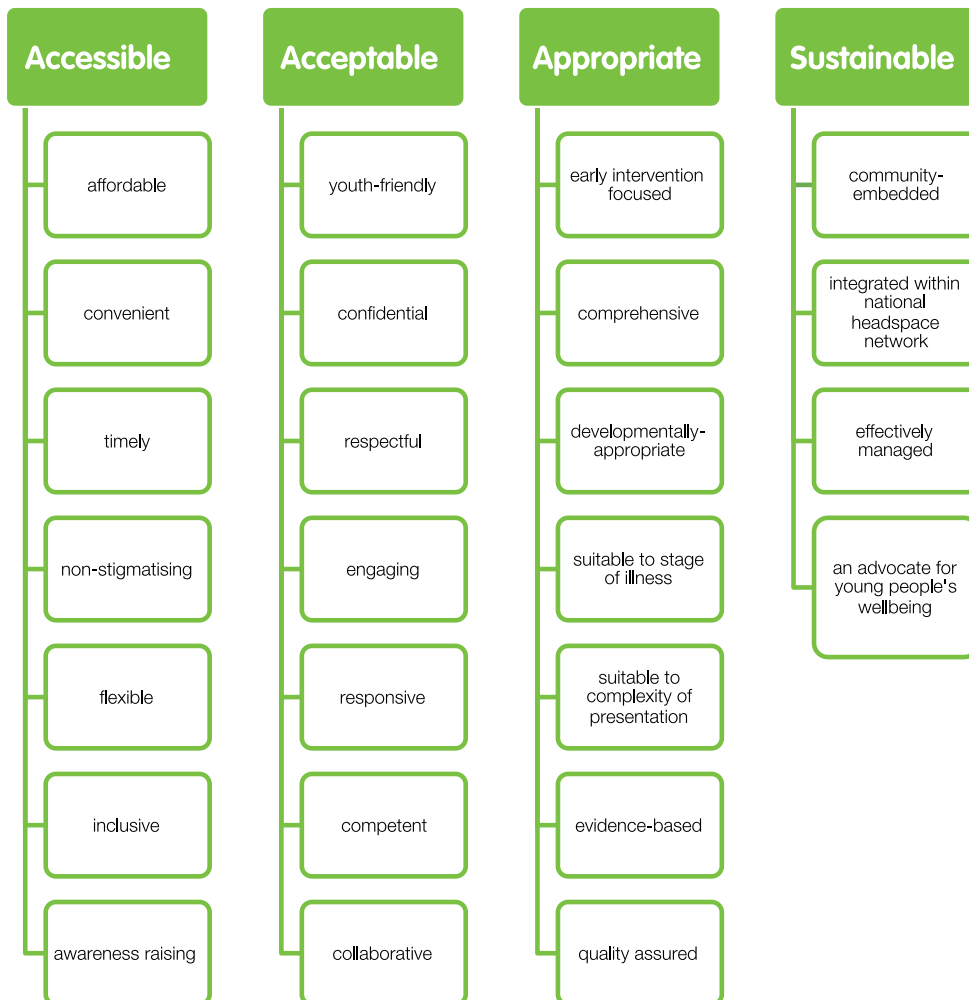
Based on all the information gathered, a framework summarising what was generally agreed as describing Best Practice for **headspace** centres was developed and is presented diagrammatically in Figure 1.

The framework is organised hierarchically with four overarching outcomes of what centres should aim to achieve, which are to ensure that **headspace** centres are Accessible, Acceptable, Appropriate and Sustainable. Under each outcome area are key objectives that need to be met to achieve the outcome. The Implementation actions believed to be necessary for achieving the objectives are listed in section VI.

Next steps

The summary framework of the elements considered to indicate Best Practice for **headspace** centres, based on the information gathered through the SIP Component 1 methodology, will be used to inform future development of self-assessment tools, performance indicators and standards for **headspace** centres.

Figure 1. Summary framework of elements considered to indicate Best Practice for headspace centres



I. Background

Service Innovation Project

The Service Innovation Project (SIP) aims to identify, develop and trial innovative approaches to ensure that **headspace** centres are informed by the best current evidence and resources that support improving the quality and effectiveness of services to young people. The SIP has three components:

1. Best Practice Framework development
2. Social Inclusion Model development
3. Service enhancement demonstration projects

Components 1 and 2 aim to develop the evidence base to inform centre practice and identify priority areas that the **headspace** centres need to focus on to improve service delivery to young people. Component 3 involves centres testing innovative and targeted approaches for improving engagement and outcomes for disadvantaged and excluded young people, to guide the development of resources and tools that can be rolled out nationally to enhance service provision. The development of the **headspace** evidence base will directly benefit the work of all existing and future **headspace** centres by enabling them to implement best practice approaches to working with disadvantaged and excluded groups of young people. It is expected that the project will result in the development of:

- A documented best practice **headspace** framework to guide centre practice and ensure a consistent approach to service delivery and engagement of young people nationally
- Clear guidelines for **headspace** centres to assess service activity, quality and performance against national best practice to enable continuous quality improvement
- Locally targeted approaches that can inform practice and service development nationally
- Evidence-based operating frameworks and resources to effectively engage vulnerable and hard to reach groups.

Component 1 – headspace Centre Best Practice Framework

This component comprises investigating views on implementation of the **headspace** centres to identify and document a best practice **headspace** framework. Identifying a best practice framework will enable the sharing of effective practice and approaches across the centre network in order to optimise engagement and service outcomes for young people. In addition, this component will:

- inform the development of a service quality framework to enable the centres to self-assess against a set of minimum standards
- identify key priority areas where the **headspace** model could be enhanced to provide more effective and appropriate service responses for engaging with and meeting the needs of young people.

Component 2 – Social Inclusion Model

This component involves examining the facilitators and barriers for young people accessing and engaging with **headspace** services from marginalised and disadvantaged groups. This component will enable the development of effective approaches that can ensure that **headspace** centres can effectively enable young people from more marginalised groups to access required services and supports.

Component 3 – Centre Demonstration Projects

Centre based demonstration projects are implemented in component 3, with grants provided to **headspace** centres through a submission process. These grants enable interested centres to test innovative service approaches to target and engage specific at-risk groups of young people and identify best practice approaches and frameworks that can be implemented nationally. Two rounds of grants are being implemented from mid-2013 to mid-2015.

There are nine funded SIP grant projects:

- Linking carers through an innovative moderated online social therapy program (**headspace** Glenroy)
- All in with the Inala Elders and the Suicide Prevention and Mental Health Program (**headspace** Inala)
- Training allied health professionals to deliver a brief physical activity intervention in addition to standard clinical care for young people with depression (**headspace** Collingwood)
- The **headspace** Family Inclusive Practice Model (headspace Murraylands)
- Responding to the impact of childhood trauma on the mental health and well-being of complex young people (**headspace** Midland)
- Training for Change – Improving the mental health outcomes for LGBTIQ youth (**headspace** Riverina)
- Choices about Healthcare Options Informed by Client Experiences and Expectations – The CHOICE Pilot Project (**headspace** Gosford)
- Refugee and Asylum Seeker Youth Mental Health Engagement Project (**headspace** Dandenong)
- **myheadspace** – An online application to enhance engagement of young people with **headspace** centres (**headspace** Canberra)



II. Literature Review

Best practice

'Best practice' in health care broadly refers to a systematic process involving the identification, collection, evaluation, dissemination and implementation of information, and the monitoring of outcomes of health care interventions for population groups and defined indications or conditions (Perleth, Jakubowski, & Busse, 2001). Models of best practice aim to improve population health by basing health-care practices on the best available evidence for implementing effective and cost-effective health care interventions (Perleth et al., 2001). In essence, models of best practice ask the question *what treatment, by whom, is most effective for this individual, with that specific problem, and under which set of circumstances?* (Paul, 1967).

Best practice in mental health

The successful dissemination of best practice in mental health has become a major public health priority (Weersing, Rozenman, & Gonzalez, 2009). Several models of best practice in mental health exist, reflecting the absence of a single formula to define the ideal mental health service (Flannery, Adams, & O'Connor, 2011). However, there is considerable overlap between models indicating common priorities. For example, Australian National Standards for Mental Health Services emphasise *respect for the rights and safety of consumers, promotion of consumer and carer participation, and collaborative care through service integration* (Lee, Keating, de Castella, & Kulkarni, 2010), while the *Mental Health Commission Action Plan 2011-2012 emphasises respect and participation, engagement, diversity, quality of life, and quality and best practice* (Mental Health Commission, 2010).

According to practice standards developed by the Australian Government Department of Health, mental health professionals should: promote optimal quality of life for consumers; be consumer-centred and focussed on achieving positive outcomes; recognise unique physical, social, cultural and spiritual needs and the healing potential of the relationship with service providers and consumers, carers and families; recognise human rights of people with mental health problems; aim to ensure equitable access to mental health services and notify service managers of any gaps in service delivery; encourage collaborative decision making regarding treatment decisions; recognise and support the rights of children; ensure continuity of care; implement best practice and continual quality improvement processes; ensure evidence based clinical practice delivery; provide comprehensive, coordinated and individualised care; and be committed to professional development activities (AHMAC National Mental Health Working Group, 2002).

There is growing acknowledgement that responsive and quality service delivery requires input from key stakeholders (Amnesty International, 2003). An exploratory study aiming to understand the meaning and enactment of best practice from a representative sample of service users and providers identified relationship and expertise, information and choice, co-constructed practice and responsibility as reflecting best practice in mental health (Barry, 2007). Service users in particular have been found to value accessibility, approachability, emotional engagement, respect, shared support systems, information, and continuity of care, with symptom reduction and functional outcome associated with the nature of the relationship between the service provider and practitioner (Kai & Crosland, 2001; Siponen & Valimaki, 2003; Takemura & Kanda, 2003).

Involving key stakeholders requires the building of partnerships. Ten key principles reflecting best practice in building partnerships in community mental health care include: identifying key community mental health stakeholders; having a shared vision; mutual respect; good communication; involvement of service users; involvement of family and caregivers; recovery-focused mental health partnerships; partnerships within and across sectors; coordination and management between partners; and clear governance structures and accountability (Ng, Fraser, Goding, Paroissien, & Ryan, 2013).

Best practice in youth and adolescent health

The needs of young people, particularly adolescents, are distinctly different from those of adults due to age and developmental differences, and they present unique challenges with respect to communication, consent and confidentiality (Hill, Pawsey, Cutler, Holt, & Goldfeld, 2011). The World Health Organisation (WHO) framework on what constitutes a 'youth-friendly' health service emphasises three core features: *accessible*, *acceptable* and *appropriate*. According to this framework, *accessible* services are those that are free or low cost, have limited waiting times, convenient opening hours and locations, and allow adolescent and community input into service development; *acceptable* services are those that prioritise respect, privacy and confidentiality, promote information sharing and employ appropriately skilled service providers; and *appropriate* services are comprehensive in what they provide (McIntyre, 2002).

Young people and service providers share some similarities with respect to their perspectives on best practice, however, service providers place more emphasis on formal mechanisms for ensuring quality care. A review of the literature on young people's perspectives on health care revealed eight domains relating to indicators of youth-friendly care: accessibility; staff who are respectful and friendly; clear communication; medical competency; confidentiality, autonomy and transition to adult health care services; age appropriate environments characterised by flexible appointment times and youth-friendly spaces; youth involvement; and the prioritising of health outcomes (Ambresin, Bennett, Patton, Sanci, & Sawyer, 2013). In comparison, qualitative research involving service providers from primary care services identified the following seven principles of better practice in youth health: accessibility (flexible, affordable, and relevant); evidence-based practice; youth participation (young people are involved in the development, implementation, review and evaluation of services and programs); collaboration (within a service, between services and across sectors); professional development (support and supervision); sustainability (of the program); and evaluation (relevance, quality and results of their programs using appropriate evaluation methods) (Kang et al., 2006).

Best practice in youth and adolescent mental health

The need for a comprehensive and integrated approach to youth health care is widely regarded as best practice because it optimises continuity of care. As stated by Ng et al. (2013, p.44), "*A multi-disciplinary, multi-level, multi-sector and multi-linkage approach that is anchored in the local community is the hallmark of a sustainable and comprehensive community mental health care system.*" The core goal of an integrated services model is to design a welcoming, accessible, integrated, continuous and comprehensive system of care that can support an array of evidence-based and consensus-based best practices for individuals with psychiatric and substance disorders (Minkoff & Cline, 2004). Indeed, the literature on treating comorbidity recommends integrated services as best practice, enabling service providers to engage and motivate young people in treatment while offering additional support services (Carroll et al., 2009; Drake, Mercer-McFadden, Mueser, McHugo, & Bond, 1998).

Collaborative approaches between clinical and a range of services such as those providing housing, employment, alcohol and other drug, and forensic or justice support, have been found to directly improve the capacity for complex psychosocial and clinical issues to be addressed (Lee et al., 2010) and collaborative decision-making has been found to improve at least one relevant outcome for the consumer (e.g., involvement, knowledge, satisfaction, reduction in drug use or psychiatric symptoms) (Hamann, Cohen, Leucht, Busch, & Kissling, 2007; Hamann et al., 2006; Loh et al., 2007; Woltmann, Wilkniss, Teachout, McHugo, & Drake, 2011).

Within adolescent mental health, models of collaborative care include: ongoing specialist assessment to bridge the transition from youth to adult services; enhanced postgraduate training or specialist training avenues to cover youth specific issues (e.g. engagement with service); mental health literacy training specific to youth issues; training for youth and adult mental health workforce in appropriate referrals for their clients who become pregnant; liaison of care-coordinator with educational professionals and healthcare professionals involved in the young person's care; specialist youth friendly services for both prevention and established mental health disorders; and integration of specialist services into existing services (Orygen Youth Health Research Centre, 2011)

III. Methodology

Overview

The methodology implemented aimed to develop an understanding of what was considered best practice from the current practice of **headspace** centres. To do this, the methodology comprised two main approaches:

- qualitative information collected via interviews and focus groups from a range of participants with different perspectives on how centres currently function, including in-depth information on 10 case study centres (undertaken March-June 2013), and
- quantitative data derived from the **headspace** Minimum Data Set (from Jan-June 2013).

Participants

Participants in the interviews and focus groups were drawn from five different groups, as shown in Table 1. Involving each of these groups ensured that there was representation from all those with an understanding of what might comprise best practice for centres. The groups included: members of the **headspace** board and executive staff; staff, young people and parents from 10 case study centres; members of the national office youth participation group hY NRG; staff and young people from **eheadspace**; and staff from the school support program.

Input was also sought from the **headspace** centre support team, including the Head of Centres and State Managers through a workshop of the main findings of the interviews, focus groups and MDS analysis.

Table 1: Participant groups and sample size

Participant Group	Sample Size
headspace board members and executive staff	
headspace board members	5
headspace executive staff	4
headspace centre case studies	
Centre manager	10
Lead agency representative	8
Centre staff	21
Young people who had accessed the centre	58
Parents of young people who had accessed the centre	4
hY NRG	
hY NRG members	8
eheadspace	
eheadspace managers	2
eheadspace clinicians	3
Young people who have used eheadspace	4
School Support	
School support staff	3
Total Sample Size	130

The **headspace** centre case studies involved 10 **headspace** centres from around Australia selected in collaboration with **headspace** centre State Managers. The centres were chosen to provide broad representation across the **headspace** network, including a mix of metropolitan and non-metropolitan centres and across the first three rounds of centre implementation. These case study centres were:

- Bendigo
- Darwin
- Edinburgh North
- Frankston
- Gosford
- Hobart
- Kimberly
- Parramatta
- Southport
- Warwick

Procedure

Ethics approval for the project was obtained from Melbourne Health (Protocol 2013.064).

Interviews and focus groups were undertaken between March and June 2013. All interview and focus groups were undertaken by the same **headspace** researcher, and were audio recorded. The procedure used for recruitment and data collection for each group is described below.

headspace board members and executive staff: interviews with **headspace** board members and executive staff were undertaken in March 2013. They ranged in length from 45-60 minutes and covered the following topics:

- original **headspace** aims and objectives
- current **headspace** practices and processes
- **headspace** future priority objectives
- the ideal **headspace** centre
- the ideal best practice model which reflects the future of **headspace**.

Centre staff: at each of the 10 **headspace** case study centres, the centre manager, a lead agency representative, and two service providers from different service streams took part in interviews. The interviews were 45-60 minutes in length and covered the following topics:

- successful strategies for raising awareness and increasing access
- strengths and weakness of the **headspace** four core service streams and other treatment options
- practices and policies which work best to promote service collaboration and multi-disciplinary care
- links between the **headspace** centre platform and **eheadspace**
- the ideal best practice model for **headspace** in the future.

Centre young people: a focus group of young people who had accessed **headspace** was organised at each centre. Young people interested in participating returned a completed 'expression of interest' form to the **headspace** reception staff. Forms were sent to researchers for review and a mix of age, gender and Indigenous and non-Indigenous participants were formally invited via email to participate.

A total of 10 focus groups were held, each with 5-10 young people. The groups were scheduled outside school hours on a week day to increase the participation rate. An additional seven young people undertook individual interviews. Young people were given a gift voucher in appreciation of their participation. Focus groups lasted between 45-60 minutes and covered the following topics:

- the most important aspects of **headspace** for young people
- best ways for **headspace** to raise awareness about youth mental health to increase access to the services provided by the organisation
- the **headspace** four core service streams and gaps in service delivery
- effective strategies in ensuring services are provided in a youth-friendly environment
- importance of youth participation
- links between the **headspace** centre platform and **eheadspace**
- improving **headspace** for the future.

Centre parents: a small sample of parents was also recruited. This was done by the researcher inviting parents waiting in the **headspace** reception area to participate in a short interview. Four interviews with parents were conducted and these ranged from 10-30 minutes in length and covered the following topics:

- important aspects of **headspace**
- importance of family involvement in a young person's **headspace** journey
- **headspace** awareness
- improving **headspace** for the future.

hY NRG: the members of hY NRG were invited to participate in an on-line focus group, which took place in June 2013. Seven members agreed to take part. The focus group lasted 60 minutes and covered the following topics:

- the most important aspects of **headspace**
- best ways for **headspace** to raise awareness about youth mental health to increase access to the services provided by the organisation
- the **headspace** four core service streams and gaps in service delivery
- effective strategies in ensuring services are provided in a youth-friendly environment
- the importance of youth participation
- links between the **headspace** centre platform and **eheadspace**
- improving **headspace** for the future.

eheadspace staff: the **eheadspace** manager, clinical coordinator and three clinicians were invited to take part in interviews. These took place in June 2013, lasted between 30-45 minutes and covered:

- important aspects of **eheadspace**
- the link between **headspace** and **eheadspace**
- ideal best practice model which reflects **headspace** and **eheadspace** for the future.

eheadspace young people: young people using **eheadspace** were invited by clinicians to participate in an on-line 'chat' with a researcher at the end of their online session. In total four chats were completed during June 2013, and each lasted about 15 minutes. Young people were provided a voucher for their participation.

The chats focused on:

- important aspects of **eheadspace** to engage young people
- the link between **eheadspace** and centres.

headspace school support staff: the hSS manager, the senior clinician and service development manager participated in interviews in June 2013. These lasted 30-35 minutes and covered the following topics:

- **headspace** service platform and how hSS complements those objectives
- the positives and negatives of hSS as a referral pathway to **headspace** centres
- links between the **headspace** best practice model and hSS.

Analysis

Digitally recorded interviews and focus group sessions were transcribed verbatim by an external transcribing service and imported into NVivo 10 (QSR International, 2012) for analysis. NVivo is a qualitative data analysis software program that allows qualitative data to be sorted into themes, and relationships between themes and respondent characteristics to be examined.

Transcripts were de-identified to ensure the anonymity of responses prior to analysis. The main coding and analysis was undertaken by a researcher who was not involved in the data collection, and who was independent of the **headspace** initiative.

Transcripts were first assigned attributes to allow data to be collated and analysed according to the views according to the following participant characteristics:

- role in **headspace** (board member, executive staff, centre and **eheadspace** staff, lead agency representative, young people who have used **headspace** or **eheadspace**, parents)
- location within **headspace** (hNO, centre, lead agency, **eheadspace**, hY NRG, hSS)
- gender
- age (only for young people).

Separate coding structures were created for each of the key role groups: board and executive staff; hY NRG members; centre staff and clients; **eheadspace** staff and clients; and hSS, with tree nodes initially informed by the topic of the interview questions. Branch nodes were created according to issues raised by respondents. For example, responses by centre staff and lead agency representatives concerning youth participation in centres were coded under the tree node 'Participation of Youth', with branch nodes created in response to the various aspects of youth participation: 'Involvement in personal care plan'; 'Youth Reference Group in the centre'; 'Centre responsiveness to feedback'; 'Specific projects involving youth'; and 'Surveys to ascertain feedback'. This coding system allowed the large quantity of data to be condensed into meaningful categories, without losing the richness of the participants' responses. All interviews were coded by the same researcher to ensure consistency in the coding process.

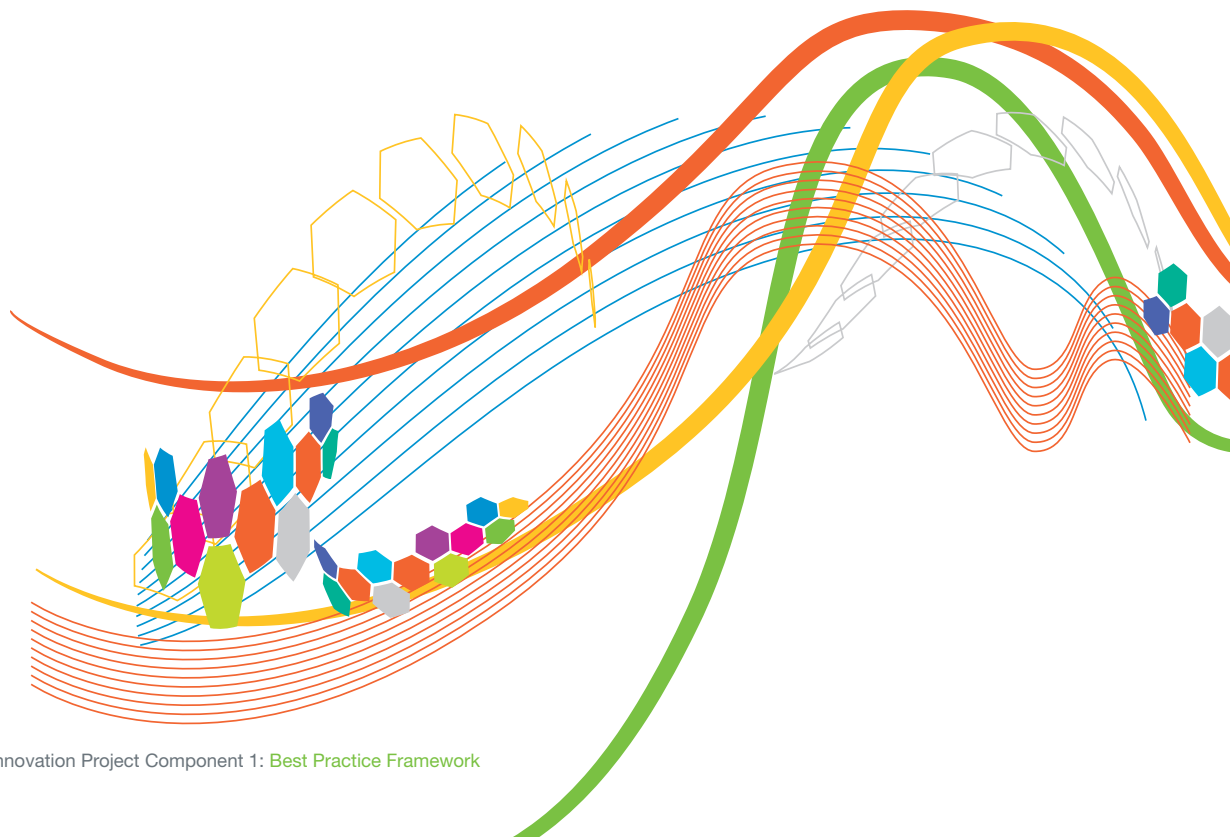
To verify the accuracy of the coding process, all the interviews from one centre were recoded by a second researcher. The NVivo10 coding comparison allows for the calculation of Cohen's Kappa, which gives a measure of agreement beyond that which could be expected by chance. The inter-coder reliability was calculated as 81.6%. Values above .80 are regarded as almost perfect agreement for qualitative data coding analysis (McGinn et al., 2008).

Themes derived from the qualitative data were tabulated to assess the level of support. These tables were then analysed according to the *Consensual Qualitative Research Method* (Hill et al, 2005) to determine the level of representativeness and frequency of responses. This type of analysis also allowed for comparison across the participant types and provided a stable and common metric for communicating results. Four levels of response frequency were used in the analysis, as outlined in Table 2.

Table 2: Consensual Qualitative Research Method

Level of support	Reported as	Frequency of Responses
General	All	All or all but one of the respondents endorsed topic
Typical	Most	More than half of the respondents, up to the limit of general, endorsed topic
Variant	Some	At least three and up to half of the respondents endorsed topic
Rare	A few	Two respondents endorsed topic

Topics reported by only one respondent are not reported



Verification of themes

To discuss the themes and elements that had emerged from the interviews, and determine how accurately they portrayed the current state of practice in **headspace** centres, two workshops were held with key participants. One workshop was held with the centre managers from the case study centres and the national office Centre Support team, and the other workshop was held with hY NRG.

Centre managers and centre support: The managers from **headspace** centres who had been involved in the centre case studies were presented with a draft of the findings and asked for their feedback. Input was sought around the applicability of the themes and how they should be categorised. The centre managers were grouped into three groups, which also comprised a state manager and another **headspace** national office representative, and each group was facilitated by a member of the research team.

Specifically, the groups considered:

- which of the themes and elements are essential to the practice of **headspace** centres, and which are not essential, and whether any essential elements had been not reported in the findings
- which themes and elements needed to be flexibly applied according to the local context
- how the themes and elements should be grouped and categorised
- how the themes and elements should be implemented in a best practice model.

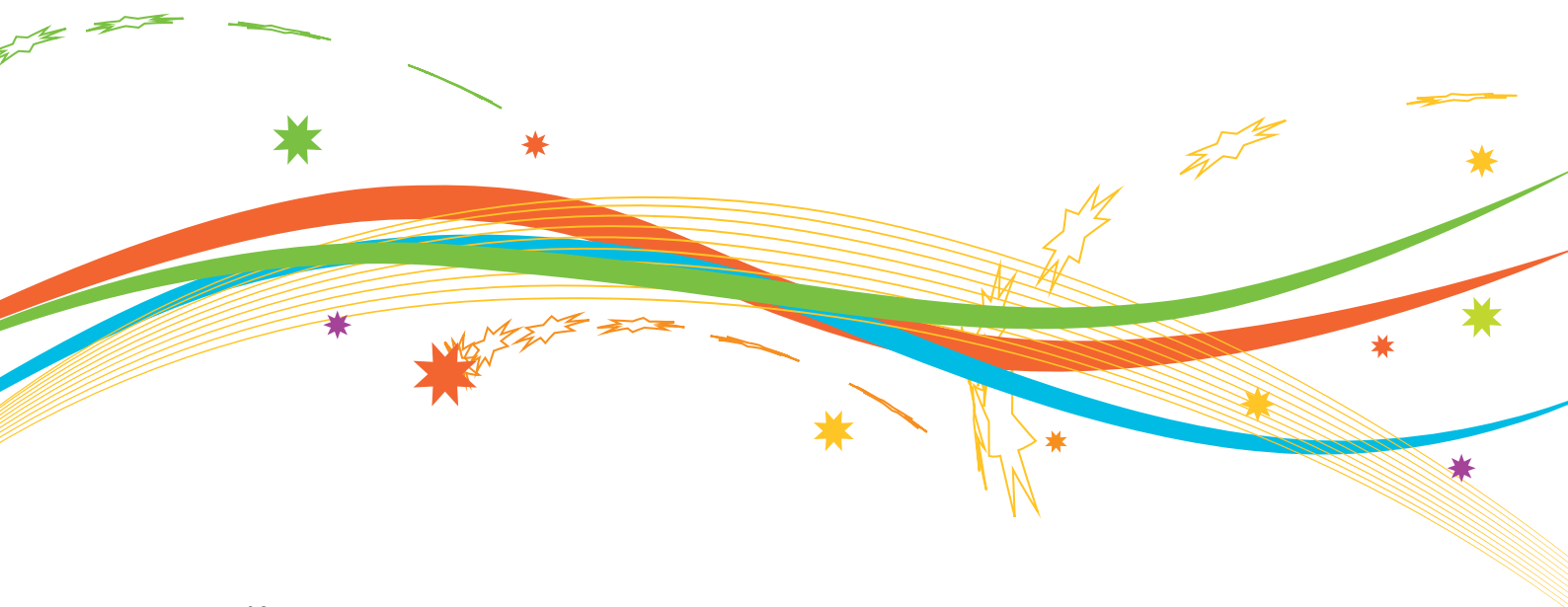
Feedback from the three focus groups was used to clarify the structure of the themes, contributing to development of the final framework recommendations.

hY NRG group members: The seven hY NRG group members who had been involved in the on-line focus group, along with four additional hY NRG members participated in a workshop to validate the themes and findings generated by young people.

The following themes were explored:

- factors which contributed to a youth-friendly environment such as staff attitudes and relaxed physical environment
- appropriate centre location and physical accessibility
- importance of service confidentiality and privacy
- easy accessibility through appropriate opening hours and short wait times
- ease of the **headspace** ‘walk in the door’ no referral policy and ‘one-stop-shop’ approach
- effective approaches for promoting **headspace** through local community awareness activities to encourage help-seeking and increase mental health literacy
- ways of drawing attention to mental health and reducing the stigma of mental illness.

Feedback from the workshop was used to validate findings, contributing to development of the final framework recommendations.



IV. Main Findings

Overview

The main themes identified from analysis of the interview and focus group transcripts were:

4. Access
5. Service orientation and mix
6. Service coordination
7. Inclusive practice
8. Youth participation
9. Quality and effectiveness
10. Governance

Each of these main themes is described below. The level of agreement by respondents is described according to the frequency of responses presented in Table 2 in the previous section. Responses are presented separately for each type of participant: young people, parents, **headspace** centre staff, board members and executive staff, **eheadspace** and hSS.

Theme 1: Access

-The original model -

“offer a ‘soft’ entry point for young people that is more appealing and effective in attracting them into the service and, more importantly, engaging them over a period of time”

(McGorry, Tanti, Stokes, Hickie, Carnell, Littlefield, & Moran, 2007)

Increasing access to mental and allied health services were identified as two of the original objectives of **headspace**:

- Facilitate access to best practice treatment for young people with mental health problems, including those with associated drug and alcohol problems
- Enable better access to allied health services for young people

Analysis of the interview and focus group data indicated several factors have been implemented in centres to increase mental health access for young Australians:

- Youth-friendly environment
- Location and physical accessibility
- Addressing barriers related to stigma, confidentiality, wait times and opening hours
- Provision of one-stop-shop
- Service promotion

1.1 Youth-friendly environment

Young people...

All young people expressed the importance of services providing a youth-friendly environment, which they felt contributed to a stigma-free setting, where young people would feel comfortable accessing the services.

Friendly and welcoming staff: Most young people commented that friendly and welcoming centre staff were important in attracting them into **headspace** services. Specifically, young people noted that staff engaged and communicated easily with young people, in a non-threatening manner, particularly on their initial visit.

Young people mentioned the following factors:

- Young people did not feel 'judged' by the staff in any way
- Staff remembered and greeted a young person by their name
- Easy communication - staff spoke 'to' young people rather than 'at' them
- Staff provided honest information
- Staff related to some of the young people's problems
- Staff portrayed patient, trustworthy, respectful and friendly mannerisms
- Staff remembered why a young person presented to **headspace**, meaning they did not need to re-tell their story.

Most young people commented that having young staff in centres contributed to a youth-friendly environment. Some young people reported that staff communicating information in an age-appropriate manner and staff being dressed casually also promoted a youth-friendly environment

Similarly, all young people who accessed **headspace** commented that the staff were approachable, friendly and understanding. This was of particular importance to those who felt anxious about physically accessing a centre and/or speaking to a professional face-to-face.

"I really like how when you come in you get treated actually as an individual, you're not just treated as just some average guy off the street; there's a bit of like converse between yourself and the person at the desk, they treat you really nicely, you don't feel like you're being judged at all."

— **headspace** client, male, aged 18

"How friendly they are is definitely the first thing. And with the person I see, he really makes sure that I'm okay. He's always nice and caring."

— **headspace** client, male, aged 21

"You don't really have that worry of how they're going to see you when you come in ... because they just accept everyone equally and assist everyone."

— **headspace** client, male, aged 18

"yeah, I'd say friendly, they are cool. Don't judge, and that they're easy to talk to and don't sound too clinical or anything."

— **headspace** client, male, aged 17

Look of centre: Most young people stated that their **headspace** centre had the following physical attributes, which contributed to a youth-friendly environment:

- Comfortable environment, including couches and bean bags that contributed to a relaxed centre atmosphere
- Colourful walls and creative art-work provided a vibrant and positive look and feel in the centre
- Open waiting area that created a safe environment
- Open centre spaces and high ceilings so young people did not feel too 'closed in'
- Centre did not appear too clinically 'white' or like a doctor's surgery; young people felt relaxed rather than stifled.

"The space itself is nice, it's cosy, it's got a bit of a homely feel, nothing too serious but at the same time not too relaxed, so it's got a really good feel about it, you walk in the door and you feel comfortable, so it's always good."

— **headspace** client, male, aged 19

"It's kind of modernised, it's fresh, it's more inviting, it's not white and bland, it's not like what you'd expect, it's more friendly and welcoming than just coming into a white room with just a couch there."

— **headspace** client, male, aged 20

"I think it's quite youth friendly, especially the one at shop front. I like going into there. They've got computers you can access if you need. There are also brochures on the wall, couches you can sit on. It's a quite friendly place to be."

— **headspace** client, male, aged 16

A few young people, who accessed **headspace** centres that were designed with more of a drop-in focus, appreciated this aspect of the service and the opportunity to have somewhere to go where they felt safe and comfortable.

"When you walk in it feels like somewhere to hang out rather than somewhere to fix your problems"

— **headspace** client, male, aged 14

"Definitely just being able to have somewhere to go and hang, I guess."

— **headspace** client, male, aged 18

Parents of young people...

Friendly and welcoming staff: All parents commented that they appreciated staff who would get alongside their child and understand them, and staff who were non-judgemental. Most parents commented that staff were approachable and listened to their child and really cared.

"I think non-judgmental is really important ... [My daughter's] got a big thing about everybody judges her and everybody hates her, and it's just not true."

—parent of **headspace** client

"Yes, definitely a place where you can feel safe and perhaps air your views Just so that she can say what she needs to say without feeling judged."

—parent of **headspace** client

"I think the staff need to be approachable and friendly and generally I think they're pretty good."

—parent of **headspace** client

"I think they listen... sometimes I don't know what to say or what to do, but [the staff] do and they make it friendly."

—parent of **headspace** client

headspace centre staff ...

Friendly and welcoming staff: Most **headspace** centre staff reported that their centres were promoting a youth-friendly environment in the following ways:

- Staff were open, honest, and friendly toward young people
- Receptionist staff were particularly welcoming and greeted all young people with a smile
- Staff showed a genuine interest in young people and their presenting issues
- Staff made young people feel comfortable by assessing each situation and responding to the needs of individual clients.

All **headspace** staff reported that clinicians were flexible, respectful and responsive to the needs of young people; traits which staff saw as important elements of building rapport with clients when providing an on-line mental health service.

“Youth-friendliness is not just about having a few posters up in your waiting room, it’s about how you can walk into a place and the staff make you feel safe and confident and that you’re in an okay place.”

—centre staff member

“You’ve got to continue to and monitor the youth-friendliness of your staff. The staff in the waiting room have to be so smiling and friendly and appropriate with young people and the same for all the staff. So it’s not just about the waiting room, it’s about the staff that are around you, it’s about how your worker, your GPs and allied health and anyone approaches young people.”

—centre staff member

*“[At **headspace**] we tend to talk to young people as if they’re people, we’re responsive and respectful, and we listen to them and try and validate what they’ve got to say. It’s definitely a great culture here, just allowing young people to be heard.”*

—**headspace** staff member

*“It doesn’t just stop at the look of the building, the aesthetics of it, it comes down to the staff, so our **headspace** centre can look as youth-friendly as any other place but it doesn’t mean that we necessarily get the young people in. I found that our staffing is what actually gets the young people back every week. Our admin they’re the ones that see our clients day in; a young person might be receiving multi-disciplinary treatment, seeing the doctor on Tuesday and a counsellor on Friday and then ... seeing one of our colocated partners another day, whereas our admin staff see them on every one of those days and they also check in with our clients quite regularly and look after them.”*

—centre staff member

Look and design of centre: All staff commented that their centres appeared friendly and comfortable for young people, which was achieved via the following strategies:

- Colourful art-work
- Displaying a variety of information of interest to young people in waiting area
- Comfortable and relaxed waiting area
- Technology such as iPads in the waiting area.

“We have spent a lot of energy in the establishing phase of getting the site to look youth-friendly. We have got young people’s artwork, including graffiti panels, that they developed and a mix of a youth-friendly welcoming space.”

—centre staff member

“In terms of the physical space we have young people commenting its comfortable, relaxed, nice colours, doesn’t feel like sitting in a doctor’s clinic.”

—centre staff member

Some staff reported that the design of their centre was not too 'clinical', although a few staff did describe the design and layout of their centre as a clinical medical setting. Most staff commented that their centre did not operate as a drop-in centre, emphasising that the centre was designed to maintain a balance between a professional service and a youth service. A few centres reported that young people can use the site as a drop-in centre, spending time using the facilities, without having an appointment.

"It's not a drop-in centre for us, we're appointment based so we're not your come and play billiards, or sit on the computer, that's not us."

—centre staff member

*"Is **headspace** a youth drop in centre, or is it a GP clinic, it's neither; it's a mixture ... The **headspace** site here, it's very busy, it's largely appointment based, but it's flexible. It's not a drop-in facility, but it's not a high turnover, pump through medical centre."*

—lead agency representative

"a lot of thought went into not making it too clinical but not making it too youth, like a drop-in centre, so professional but not youth condescending, some places are ridiculous. Making it inviting but make it professional."

—centre staff member

"It is hard because we want our centre to be friendly enough that kids can just drop in, and because of the population we have, the site has a washing machine and a dryer facility, a kitchen facility and things like that, so we want young people who are transient and homeless and maybe more at the acute end of disengagement, we do want them to come in and feel comfortable to wash their clothes and all of that and maybe see the doctor."

—lead agency representative

Board and executive staff...

Friendly and welcoming staff: Some of the board and executive staff commented that a key factor in the youth-friendliness of centres is friendly and approachable staff.

"the services were to be very youth friendly, so very welcoming, staff to be welcoming"

—board member

Look and design of centre: A few board and executive staff reflected on the look and design of centres, with concern that centres find a balance between not appearing to be too clinical and not being a youth drop-in centre.

"The key thing that we had in our minds was like basically a youth drop-in centre type culture but not marginalised youths, not people shooting up on the pavement, but a youth-friendly environment, positive youth-friendly environment, which doesn't look like a clinic. Some of them actually do have a very youth-friendly feel and that's the essence of it, I think."

—board member

1.2 Location and physical accessibility

Young people...

All young people indicated that easy access to **headspace** was important and that access issues can pose a significant barrier to young people's ability to get the services they need.

All young people commented that close proximity to public transport was important because it made centres easy to find and access, with most young people adding that they then didn't have to rely on parents for transport to their appointments.

"I live in a very isolated area so having this place right next to the station is great. You're able to get off the train and walk across."

— **headspace** client, female, aged 15

"It's good where this one is but there have been occasions where sometimes people don't have licenses and some people don't like their parents finding out so it's actually a good thing to have it close by things like public transport and it's easy to find."

— **headspace** client, female, aged 19

"Close to public transport is definitely good ... depending how far out you are it's harder to get into so public transport is always handy."

— **headspace** client, male, aged 19

"The train station is like a two minute walk from here and I think that's really important especially considering not everyone has access to a car. I don't, so I get the train here."

— **headspace** client, male, aged 24

Some young people commented that **headspace** centres should not be near venues frequently visited by young people, such as shopping centres, fast food restaurants and other areas well-utilised by young people.

*"They need to be away from where all the young people hang. Like McDonalds, Galactica, the cinemas, it's all together. If **headspace** was to move, it would be more private, more youth will come."*

— **headspace** client, female, aged 16

"A bit off the side is better because a lot of my friends go to the shops and I don't want them seeing me walk through here."

— **headspace** client, male, aged 16

"If their friends at school are walking around here... it wouldn't for me but I can imagine some kids who are accessing for the first time might not want to be seen going in or something."

— **headspace** client, female, aged 15

headspace centre staff...

A few centre staff commented that the physical location of their centres was a concern, as there was limited public transport in the area, and young people had difficulty accessing the centre. Eight of the centres involved in the research were located near public transport. Those not located close to public transport offered taxi vouchers to young people who needed them, or an outreach worker would offer to pick young people up from more isolated areas.

"We can offer assistance with transport so whether it be with the taxi voucher or whatever, that can sometimes be something that can assist in getting that continuity there."

—centre staff member

"We need to get rid of the barriers to access so transportation, we need to go to them, they're not always going to be able to get to us."

—centre staff member

Board and executive staff...

All board and executive staff agreed that the physical accessibility of centres was a key feature of the **headspace** model to ensure young people could access services in a convenient location.

"I think they should be in a very accessible location and become it's there, it's part of the community, and develop the young people's attitude; it's just something you can drop into."

—board member

"An ideal centre would be situated somewhere that all types of young people feel comfortable going to, wouldn't be ghettoed, but would be accessible."

—executive staff member

1.3 Major barriers

The main barriers identified to accessing **headspace** centres were stigma, concerns regarding confidentiality, and restricted opening hours and long waiting times.

1.3.1 Stigma

Young people...

All young people talked of the stigma that is attached to having a mental illness, and that for some people this is a barrier to accessing treatment. Most young people talked about their concerns about stigma and embarrassment regarding accessing a **headspace** centre, and being rejected or negatively labelled by their friends if it was 'discovered' they were seeking help for a mental illness.

*"There is definitely a stigma. I've known for a couple of years now that I've got issues but I haven't actually done anything about it until last year, because for one I didn't know about **headspace** and in general young boys and girls they're afraid that they're going to be branded with the names of crazy or lunatic or whatnot."*

—**headspace** client, female, aged 19

"Stigma's probably one of the main reasons why I didn't access a service initially, purely because I was very worried about how people would think of me if I was going to attend this place that deals with people who have issues with their mental health because a lot of people generalise it to the more crazy kind of out there stuff that is not exactly common to mental health."

—**headspace** client, male, aged 19

headspace centre staff...

Some **headspace** centre staff commented on the fear or embarrassment that young people had in relation to accessing help for mental illness. There was particular concern by staff in the rural and regional areas of the stigma in local communities about being mentally unwell. Some staff reported that **headspace** has been effective in breaking down perceived stigma and embarrassment felt by young people.

"Young people are embarrassed, there is still a stigma. I try and talk to them, say 'well when you go to the GP with a physical illness for a broken leg, or the flu' but they're more worried about other people's reactions like they've got anxiety and they think they're going to be treated differently."

—centre staff member

"We're partway down the track of raising awareness about that but we're definitely not there and there is still a lot of stigma around accessing the service. We're all working hard to reduce that stigma and we're doing really well in that space but we've certainly got a long way to go."

—centre staff member

Board and executive staff...

A few board and executive staff commented on the importance of **headspace** offering a service that was stigma free.

"Certainly that it would provide a safe place for young people to be able to come and have a conversation about that, which wasn't stigmatising and putting them out into a place that just made them unsafe."

—board member

"A service platform which is low stigma, or stigma free."

—board member

"I think the stigma free thing has definitely worked very, very well. I don't think that, just from what I see, there's much stigma at all."

—board member

1.3.2 Confidentiality

Young people...

Most young people indicated that they experienced fears about confidentiality, which specifically related to their family and/or friends discovering they were attending **headspace**. Knowing that **headspace** staff assured their privacy and confidentiality increased the likelihood of accessing a service.

Most young people commented that knowing the service was confidential reassured them and gave them 'permission' to speak openly and honestly. Most young people also commented that prior to coming to **headspace** they were not aware that it was a confidential service; this was explained to them at their first visit. Young people from rural/remote centres were particularly concerned about confidentiality, and appreciated being able to access a doctor that was not their family doctor.

Most young people accessing **headspace** mentioned that the on-line medium provided a range of benefits including their anonymity. This was of particular importance to those who were concerned about their friends finding out they were suffering from a mental illness.

"I think it's a good thing to have it confidential because personally I don't want my parents to know, I don't want my family to know."

—**headspace** client, female, aged 15

"I like that they won't go back and tell my family stuff or my friends stuff because I feel it's part of my personal business and if I want people to know, I'll tell them myself. So I like that it's confidential."

—**headspace** client, male, aged 16

“Confidentiality, knowing that you can walk in here and present your issues without them being told to the entire world, because this is such a small town and if one person knows the whole town knows.”

— **headspace** client, female, aged 15

*“I have previously had face to face support and I prefer **headspace** because I can say anything, I am not anxious when I’m talking on here. I think the confidentiality is great.”*

— **headspace** client, male, aged 16

Parents of young people...

Some of the parents valued the confidentiality of **headspace**, as they felt their child was more likely to talk to their counsellor, knowing that they would not communicate what they had said with other people. However, other parents expressed concern that when their child was unwell they may not give their **headspace** counsellor an accurate account of what is going on.

“Well, for my daughter coming here the confidentiality.”

—parent of **headspace** client

“I can go in if I want to but I think it’s up to the kids to speak to the counsellor and they can pour their hearts out if they want to. If it’s an issue with parents that the child has got you would like to think that the counsellor would then call the parent in, not that it’s up to the counsellor to counsel us.”

—parent of **headspace** client

“I think that’s my biggest fear, concern, is when you’re dealing with somebody who isn’t seeing life as life is, if they’re just hearing her side of things, that’s not always accurate, so I get a bit concerned.”

—parent of **headspace** client

headspace centre staff...

Some **headspace** staff reported that discussions about confidentiality and the limits to this confidentiality, in terms of issues of safety, took place at the intake appointment. Most staff explained that young people had the opportunity to decide what was said to their parents by **headspace** staff. A few staff explained that staff and young people would have a ‘practice’ conversation, going over what will be said to family, to give young people the opportunity to hear for themselves what their parent or carer was to be told.

Most centres did not require parental consent if a young person (of any age) accessed a **headspace** service; a few centres required parental consent if a young person between 12 and 16 years of age accessed a **headspace** centre. A few centres had developed centre guidelines in relation to young people accessing **headspace** without parental consent.

“Confidentiality is definitely the big one. As soon as we say don’t worry, we’re not going to tell your parents about anything, you see a physical relaxation. Confidentiality is a huge one.”

—centre staff member

“Number one is confidentiality, so that’s the first thing we check and we check where the line in the sand is drawn by that young person.”

—centre staff member

“The other thing is that we do get young people who present here who are under 18 and don’t want to tell their parents. We always try to encourage that we have a parent sign off on the consent forms and note that that young person is coming here, that’s just not always possible, there’s some young people who are living out of home independently who are underage, they’re coming from really horrible backgrounds where it might not be the best idea for us to let the family know that they’re coming here.”

—centre staff member

"I think it's the choice of the young person. It is a confidential service, but how much and who they want to share that with is really their choice ... of course there's ages which dictate whether we can actually do that without their consent."

—centre staff member

*"We've found there are issues around this so what we actually have in our front end process is a clear discussion around, which you have to with **headspace**, confidentiality, the limits to that."*

—centre staff member

Board and executive staff...

A few board and executive staff commented on the importance of **headspace** as a confidential service.

"Seeing that there's a big gap for where young people in that general 12 to 25 ... being able to seek help in a confidential way."

—executive staff member

1.3.3 Opening hours and wait times

Young people...

Some young people indicated that a barrier to accessing **headspace** was long waiting times, for either an intake appointment or a clinical appointment. For some young people, long waiting times was a temptation not to return. Young people from all centres recommended that the **headspace** hours of operation should be extended to some late weekday evenings and/or weekends, particular Saturday.

"It closes at 5.00pm I think, and if we finish school at 3.00pm it's only two hours each afternoon."

—**headspace** client, male, aged 14

"Or a bit later [hours of operation] because I think some people might have a bit of a crisis or something after school and there's not really anywhere else you can go apart from the hospital if it's like later. After the afternoon is done there is nowhere you can really go."

—**headspace** client, female, aged 16

"Weekends would be helpful. It's better for me now because I'm a uni student, timetables change, but when I was in high school it was really difficult ... so skipping classes to get to a doctor's appointment was hard."

—**headspace** client, female, aged 19

"more accessible opening hours for people, especially students who are at school, even if that's just doctor's appointments that run later into the evening on a couple of different days."

—**headspace** client, female, aged 23

The development of **ehespace** aimed to complement the **headspace** centre service platform and improve help seeking behaviours of young people, particularly in situations where a young person cannot access a centre. However, for young people who had accessed a **headspace** centre, most were unaware of **ehespace** and its functions.

All young people who had accessed **ehespace** commented that the virtual medium was appealing because clinical expertise could be accessed at any time and in a personal and comfortable environment.

*"I think [**eheadspace** is] great because it gives people someone to talk during the night and afternoon when they feel like you need support. You can't go to a centre at that time of the night. And weekends that is good."*

— **eheadspace** client, male, aged 25

*"I don't like to talk face-to-face with people, I prefer just typing, and when it's after hours and sometimes I get really nervous and I get obviously thoughts and that and I don't know what to do ... I jump on **eheadspace** and I talk to them, they really help me."*

— **headspace** client, female, aged 16

*"coming in to talk to people, it's got work hours [**headspace** centre]...while **eheadspace** does operate at all times, I believe."*

— **headspace** client, male, aged 19

*"[**eheadspace**] is much more better because you have time to think about what you want to write and what you want to say and it's like you can access help at the ease of your own home, so that's really convenient."*

— **headspace** client, female, aged 17

Most young people commented that although **eheadspace** was easily accessible, the waiting time to speak with a clinician was often too long.

1. "but [**eheadspace**] are always busy so the waiting times are long."
— **eheadspace** client
2. "The only negative I have about it is sometimes when you message them, it's like after hours or something, and they say they will email you or something when they get back."
— **eheadspace** client
3. "It has a very long waiting list ... It says 'please wait'. Okay, go off and try and do something else. Half an hour later, sorry still waiting. And then someone will say 'Hey, my name is blah, blah, blah, all our counsellors at the moment are busy, we may not be able to get to you tonight. Send us an email or try again and we'll book an appointment.'"
— **eheadspace** client

headspace centre staff...

Most centre staff commented that their centre currently had a waiting list, at times up to four or five weeks. Some centres commented that they do not have sufficient staff to meet the demand. A few staff were concerned that the waiting list showed that **headspace** was not responsive to local community needs.

1. "One of the big difficulties for us is that because we've got such a long waiting list for our private allied health I find that young people have to wait maybe six or eight weeks to get an appointment with the psychologist. It's not that the crisis is over by then but often the impetus is gone for them to attend."
— centre staff member
2. "There's the waiting list that we try and keep pretty short but there's a lot of demand."
— centre staff member

Most centres promote **eheadspace** to young people accessing their services, and some staff commented that they were not aware if their clients were also accessing **headspace**. A few centre staff had heard from young people that the waiting times for **eheadspace** were long, and in remote areas there was no internet connection to allow young people to access **headspace**.

eheadspace staff all reported that the appeal of the service was its easy accessibility, especially for young people living in rural areas where a centre could not be accessed. Most **eheadspace** staff indicated that there were increasing waiting times for young people to access the service, due to an increase in service demand.

"Physically not being able to get into a centre and the convenience; if they're at home and their computer is there they can access the service straightaway."

— **eheadspace** staff member

Board and executive staff...

High demand for services and waiting lists were not mentioned by board or executive staff as barriers to accessing **headspace**.

1.4 One-stop-shop

Young people...

Most young people commented that they lacked knowledge about available services in their community and how the health system worked so having one easy point of service access was important. All young people appreciated that, if needed, that staff connected them with other organisations to assist with their treatment, meaning they did not have to navigate a complicated service system. All young people also valued **headspace** as a one-stop-shop; appreciating that they could access multiple services under one roof. Some young people indicated that a benefit of **headspace** being a one-stop shop was that they didn't have to re-tell their story, when they accessed another service stream.

Most young people commented that the **headspace** 'walk in the door' policy (without a referral) made it easier to access treatment. Some young people were unaware, prior to their first appointment, that **headspace** was a free or minimal cost service. This alleviated concerns many had in relation to service costs.

"It feels like not having to negotiate things outside of here is very helpful, especially when people have circumstances that might hinder that."

— **headspace** client, male, aged 24

"I think it's just good having all the different services in the one centre, especially with the GP and the referral to the psychologist and there's just so many different things available here, nurses and heaps of things, so I think it's a good one-stop-shop for young people. When I first came here I had to go from here to all the different places until it was like all consolidated in this one building."

— **headspace** client, female, aged 23

headspace centre staff...

Most **headspace** staff reported that the one-stop-shop was an important feature in the accessibility of **headspace** for young people.

"some of these kids have been everywhere and they've finally come here, we want it to be, OK this is your last stop and we want to fit you up with the right person. So that's our aim."

— centre staff member

"I think it is important and seems to work really well, is that sense of I only need to go to one place and being familiar with it and that one-stop-shop. As soon as you need to refer someone off-site, even if it's only 100 metres down the road, there's a low success rate of making that."

— centre staff member

"I think we work really well with our partner agencies that come and are collocated here and we're constantly trying to make sure that we're helping our young clients to make this a one-stop-shop so that it's more than just mental health and counselling but they can come here for most things."

— centre staff member

Board and executive staff...

All board and executive staff endorsed the importance of a one-stop-shop approach of services for young people, to make mental health care more accessible for young people.

*"I think one of the big advantages that **headspace** has as a philosophy to health care, mental health care particularly but actually health care all-up, because what is being offered in the **headspace** centres is a one-stop-shop, whether or not the kid needs contraception, STD things, blood pressure checks, general health checks, that should all be catered for."*

— board member

"So it was really to fill that gap at the enhanced primary care level and the concept was a one-stop-shop so they didn't have to get referred to 500 different agencies, they could actually just have one point of entry and there would be multi-disciplinary response within the same site."

— board member

"I think we're growing that capability, and certainly trying to bed that down in centres, and making sure that each new centre that comes up is capable of providing service responses across those dimensions so general health, mental health. I think we're getting better at that because we probably understand what's required and what works."

— board member

1.5 Promoting headspace

Promoting access through early help-seeking and improved mental health literacy were listed as objectives in the original **headspace** model:

- Promote early help seeking of young people 12-25 years old
- Contribute to an increase in the mental health literacy of young people

Young people...

Young people gave a range of responses regarding the best ways for young people to hear about **headspace**, including school promotion, attending local events, TV, radio, Facebook and online advertising. Most of the young people commented that they had heard about **headspace** either through **headspace** staff visiting their school, or by referral from family, friends, or professionals.

*"I see **headspace** ads and hear them on the radio and they don't really sound like mental health ads. Like the one at the moment it's like a boxing ring and it's like ding, ding and stuff."*

— **headspace** client, male, aged 15

"I think it was a really cool message, it was the Check it Fest, so it was like check in on your mates. It's not uncool to ask if they're all right. Which I think was a cool message and they made it a cool name so it didn't sound lame or anything."

— **headspace** client male, aged 17

"I found out through friends and previous counsellors when I needed a lot of help."

— **headspace** client, female, aged 16

"I found out about it from the television ad that was with the So You Think You Can Dance when it started up I think it was, a long time ago. But it was good, I know that a lot of my friends found out about it when they came to our school. They just had a couple of the counsellors come to the school and do a talk, that was really good."

— **headspace** client, female, aged 19

"my mum pushed me to come here, so I was just kind of like I didn't want to go, felt like real pressured into it. And then when they see you down there they're kind of like: so why are you here? I just felt really relaxed."

— **headspace** client, female, aged 15

"I definitely think it's out in the community because a lot of my friends found out through school and community programs and stuff like youth groups and then I found out from them."

— **headspace** client, female, aged 15

headspace centre staff...

All staff agreed that promoting **headspace** in the community and with other organisations was important, and all centres commented that lack of staff and time put limitations on the amount of outreach that their centre could engage in. Despite these limitations, all centres engaged in a range of activities to promote **headspace** and improve mental health literacy (including addressing the stigma associated with mental illness), such as:

- information stalls and presentations at community events, particularly youth-specific events
- presentations and information sessions at high schools
- networking with stakeholders and partner organisations in the community.

Some centres utilised their youth reference group to promote **headspace** within the community and some centres promoted **headspace** at tertiary institutions, such as TAFEs and universities. A few centres employed a dedicated outreach worker to promote **headspace** in the community, including high schools and universities. A few staff reported that their centres had created individual Facebook pages to promote **headspace**, and a few centres promoted **headspace** via local newspapers and newsletters.

"We put on events, there's two events usually each year. We also put on a festival ... I work in partnership with other organisations and council and things like that. We just did a National Youth Week Festival that had 1,500 young people there as well."

—centre staff member

*"We go out to school assemblies and talk. The most recent one, they (school) put on a special assembly, we got up and spoke about **headspace** and **eheadspace** and checking in with your friends."*

—centre staff member

"It would be great to have staff member solely employed for promoting our centre, currently my staff are stretched, there are staff here that attend a range of engagements and community events."

—centre staff member

"We've got a Facebook so that's kind of up and running now so that's really good."

—centre staff member

Most staff supported the **headspace** national advertising campaigns; although they reported that the campaigns led to a high influx of clients and placed greater demand on staff and services which were already stretched. Some staff commented that hNO should provide centres with information prior to a national advertising campaign so preparations could be made to manage the higher influx of young people that would present to **headspace**. A few staff stated that national advertising campaigns were culturally inappropriate and did not reflect the needs of their local community and/or centre.

*"On top of that you have the **headspace** National campaign, often what also happens is with the national campaigning we weren't aware of when it came out so we'd inundated with referrals."*

—centre staff member

"The marketing we get from national doesn't really help because it doesn't speak to our clientele it actually does the opposite."

—centre staff member

Board and executive staff...

All of the board and executive staff agreed that promotion of mental health was a key objective of **headspace**. A few board and executive staff commented on the role **headspace** had in raising community awareness of mental health problems and the help that was available.

"My interpretation of that role is to really build that community awareness and help young people understand why they need to seek help, and build that young people helping their mates' concept and the support system around them knowing when to seek help for those young people."

—executive staff member

*"I don't know how much mental health promotion and prevention **headspace** does, and I think that's part of what they should be doing, so as far as I'm aware it deals with people who already have problems rather than promotion and prevention."*

—board member

Summary of main findings relevant to development of Best Practice Model - Access

1. Provide a youth-friendly environment:
 - a. Positive staff attitudes whereby staff are friendly, welcoming, non-judgemental, and provide a personalised response for young people, particularly at reception
 - b. Physical environment that has a colourful and vibrant décor throughout, and a reception area that is open, bright and colourful to create a relaxed and safe place for young people
 - c. Environment conveys sense of safety and professionalism
2. Ensure appropriate location and physical accessibility:
 - a. Proximity to public transport
 - b. Where transport is an issue, provision of access support (taxi vouchers) and outreach
 - c. Location that supports confidentiality and privacy and reduces stigma
3. Ensure confidentiality and privacy:
 - a. Strong commitment to confidentiality and privacy for young person
 - b. Promotional message that services are confidential and freely accessible
 - c. Clear guidelines regarding parent/guardian consent that are age-appropriate
 - d. Inclusion of family, as appropriate and negotiated with young person
4. Ensure accessibility through appropriate opening hours and short wait times
 - a. Open at times that young people can access, including early evening and Saturday
 - b. Minimal wait time, particularly for first appointment
 - c. Promotes access to **eheadspace** as a support during wait times
5. Provide one point of access through one-stop-shop approach:
 - a. Provide one point of access to all relevant youth services
 - b. No referral necessary, self-referral encouraged and supported
6. Promote service access
 - a. Promote service access through local community awareness activities to encourage help-seeking and increase mental health literacy, particularly through schools and local community events
 - b. Inform and engage in national promotion activities
 - c. Be prepared for service influx after major campaigns

Theme 2: Service orientation and mix

-The original model-

“A visible youth friendly venue for young people with mental and substance use disorders of all types, which will possess “in-house” specialist expertise, backed up by and linked with a network of other primary and specialist services and providers in the local and regional community”.

(McGorry, Tanti, Stokes, Hickie, Carnell, Littlefield, & Moran, 2007)

The original objectives of **headspace** addressed not only the provision of mental health and allied health services, but additionally the development of skills in the health care workforce in order to better meet the mental health needs of young people. The original objectives of **headspace** that determine the delivery of services at the centres are:

- Facilitate access to best practice treatment for young people with mental health problems, including those with associated drug and alcohol problems
- Enable better access to allied health services for young people
- Support local, integrated approaches to meeting the needs of young people, particularly those with co-morbid mental health and drug and alcohol problems
- Build the skills and confidence of general practitioners and other key providers of care and support in the community, in order to provide effective and appropriate mental health services to young people

2.1 Four core streams

All respondents commented on the essential components of the four core streams of mental health, physical health, alcohol and other drug services, and vocational services.

2.1.1 Mental Health

Young people...

Most young people commented that the mental health services they accessed at **headspace** were suited to their needs. In particular, most young people valued:

- receiving ‘quality’ treatment from trusted doctors, counsellors and psychologists
- treatment options that were delivered in an age-appropriate way, with the **headspace** professional thoroughly explaining the information, rather than telling them what to do
- attending treatment sessions, because it was helping them with their mental health.

Some young people reported that the appointment waiting times to see a mental health professional were too long, especially between the initial intake assessment and the first professional visit.

A few young people talked about how flexible the staff were at their centre in the delivery of services, such as off-site meetings at parks, around the table tennis table, or at coffee shops.

“I know that at [mental health service] I just bounced around between people until I found something that was sort of right, but it never felt completely right. Definitely here they took the extra time.”

— **headspace** client, female, aged 16

*“The counselling is the most important part about **headspace**. This is my fourth (session) and I’ve been feeling a lot better. I’ve been able to get along with other people and control management and so on easier.”*

— **headspace** client, male, aged 16

headspace centre staff..

All **headspace** centre staff reported that the mental health service stream at their centres was a strength and that a comprehensive range of mental health services were offered at their site. Staff generally felt that this service stream was working well and was essentially the core of the **headspace** model. Centres predominantly offered professional counselling and psychological services to young people, which were delivered within a formal and/or clinical framework. Some staff reported that services were stretched, and that their centre was operating at capacity.

For those centres that were operating at capacity, some staff reported that their centre had developed relationships with private mental health practitioners to meet the demand and provide specialist support for young people. However, a few staff mentioned that if they started to have vacancies, they would let local service providers know, and this would result in an increase in referrals.

*"We use our funding through **headspace** National to employ youth mental health professionals, so they deal with all the intake assessment and ongoing therapeutic interventions with young people. That works really well in our centre, especially with the opportunity for young people to have two pathways - one is to see a doctor and the other is to see a counsellor - which is what we call them when we're talking to young people".*

—centre staff member

*"there's a great team of people here, both employees of **headspace** and private clinicians. There are quite senior people here, there's really good quality clinicians that have got a range of special interest areas and expertise, which is great to draw on."*

—centre staff member

Most centre staff supported the role of youth workers at the centre, in conjunction with the mental health team, assisting young people with appointments, vocational issues, following up with clients between visits, and navigating to the right services that could assist them. A few centres, however, preferred to employ only clinical staff within these service areas.

"We've got a youth engagement officer who is here on a point five position and he does some of that social stuff but a lot of the time he might work one-on-one with the clients, around physical health and stuff like that, because he comes from a personal training background. And also, to have someone to talk to for a lot of young kids, who aren't ready for counselling, they come in here, they're happy to talk to someone but they're not ready for the full-on mental health stuff."

—centre staff member

"What I do with young people is I provide practical support, so I don't do counselling, I don't really help with the clinical stuff, it could be welfare support so they may need help around Centrelink stuff or getting a job service provider involved, or it could be just general providing support until they can see the counsellor. And also it be could linking them with local communities."

—centre staff member

"We took the decision years back that we would only employ professionals so they're not youth workers, they're psychologists, social workers, it could be prevention mental health nurses...all professional therapists. It's social workers with a Masters degree or about to get their Masters degree and psychologists."

—centre staff member

Some staff reported their centres used group therapy as an additional service delivery option, to provide support for young people with specific mental health problems, such as anxiety and eating disorders. Staff involved in running these groups indicated they were effective at engaging young people in therapy and assisting young people in establishing social connections. Some staff commented that running groups required significant resources, primarily staff time in preparation and in running the group.

“Group therapy was well received. No one missed appointments for eight weeks. They were all really enthusiastic, they all gave really good feedback, and it went really well. It was on education, finances, depression and anxiety. It was a different theme each week which was good.”

—centre staff member

“One of the things that [group work] does is it adds diversity and dimension to treatment options for young people to meet their needs and it enables us to hold them in a recovery recruitment process beyond the 10 sessions. So that’s fantastic. Also obviously it creates different concepts for young people to meet other young people and then creates a social support structure which is really important to assist recovery.”

—centre staff member

Board and executive staff..

All board members and executive staff supported the objective of **headspace** to facilitate access to best practice treatment for young people with mental health problems. Some board members and executive staff commented that the delivery of this service depended on the complement of staff at centres, and a few raised concerns over the difficulties in ensuring best practice treatment with so many contracted staff.

“It depends on the staffing, it depends on the model, it depends on how the service is set up. So, you’ve got to have the right staff available.”

—board member

*“What was striking for me in setting up **headspace** ... was the lack of a consistent treatment framework, or philosophical framework, around how to work with young people. So you had youth services doing their own thing and clashing with clinical services, clashing with drug and alcohol services, clashing with vocation, it was just all crazy. I think we have made some progress in that.”*

—executive staff member

“Every community doesn’t have everything, particularly the further you get out into regional and rural areas, and those areas can be very enterprising; they just work with what they’ve got and often they can put together some better stuff because they just work together in partnership better because they have to.”

—executive staff member

“Access to best practice, there’s a fair way to go in that, and some of the elements of the model are a little bit of a challenge to that, because obviously you’re contracting private practitioners on a fee for service basis.”

—executive staff member

2.1.2 Physical health

Young people...

All young people valued the GP services provided at **headspace** centres; in particular they reported that:

- accessing a GP service was a good ‘first-step’ and an easy access point into obtaining help for other issues, such as mental illness
- talking to the **headspace** GP was easier than talking to the family doctor, with young people appreciating the confidentiality of the **headspace** service
- **headspace** GPs were youth-friendly and the centre didn’t look like a doctor’s surgery.

Some young people, particularly in rural and regional areas, were concerned that if they visited their family doctor, their consultations would not be kept private from their parents. A few young females also commented that for girls seeking health care related to sexual activity, the confidentiality of the **headspace** service was important. Most young people did not express a preference for a GP of a particular gender, emphasising that obtaining help was their main concern and priority.

“Teenagers like to go to the doctor without their parents, have their own health things, so coming in here is easier than going to their family doctor.”

– **headspace** client, female, aged 16

*“Having the GP which is really easy to get into. Like for someone like me who has just moved out of home, I didn’t know any local GPs and **headspace** had a GP that I could trust and I feel comfortable with. And they weren’t afraid to move me around until I found someone I was comfortable with.”*

– **headspace** client, female, aged 19

“It’s something that every place needs as far as like a general practitioner goes, it’s something that a lot of people really struggle to find. It’s a service that really needs to be here because I know a lot of my friends they have to muck around and they have to catch long bus rides just to get to a GP that bulk-bills, it’s something that a lot of people have trouble with, so having it right here in the heart of town is so important. It’s probably the most important service as far as I’m concerned.”

– **headspace** client, male, aged 18

“As far as GPs are concerned, having a sexual health clinic is really great, but it would also be nice to have more of a general doctor’s service available as well.”

– **headspace** client, female, aged 23

headspace centre staff...

Most centre staff reported that they had a strong GP service stream operating in their centre, and that this service was important and valuable to the **headspace** model, with some staff explaining that the physical health stream demonstrates an understanding of the needs of young people by providing a soft-entry point into the organisation. Some staff commented that GP services on site were operating well because they addressed a barrier for young people by providing optimal physical health care while creating accessible mental health services.

All staff had concerns in relation to difficulties in attracting suitable GPs to work in centres. This has led to an increased work load for the GPs due to the high service demand, and has led to long appointment waiting times for young people.

“We do physical health really well, our GP is brilliant but she works point three. We only have one GP – and that’s not for the want of trying to bring in another GP – and it would be great if we can have more than one GP.”

– centre staff member

“I work here three sessions a week and I provide mostly mental health assessments and obviously any general practice type of medical issues that are needed to be addressed.”

– centre staff member

"I typically see the young people that don't have a regular GP, or aren't connected well with their own GP, or decline to go back to their own GP for their mental health plan ... The majority are referred from intake but I have a little tiny number that are self-referred or referred from other services."

—centre staff member

"We've had another GP who is leaving. It's something we desperately need. The GP services are consistently booked out, a couple of our GPs are booked out weeks in advance. We will now be down to two GPs, one works one day a week, one works one day a fortnight, and that's a half afternoon. We've now got a massive gap there."

—centre staff member

Some staff reported that there was a high demand in their centre for sexual health services, with many young females accessing the centre to discuss sexual health issues with a GP, and wanted to see a doctor who they trusted to keep their appointment confidential. Some staff also commented that the co-location of physical and mental health services in their centre, and the policy of being able to access the GP without also accessing the mental health stream, were important, as young people often initially presented to **headspace** with a physical health problem and it became apparent, often through contact with the GP, that the young person also has mental health needs. Young people, after initial contact with a GP, are then referred into the mental health stream.

"I'm acknowledging that most of what I'm doing is not physical health, even though I am a GP. The majority of what I'm doing is mental health. And I do this using my skills as a GP to do the by the way physical stuff, the contraception stuff, sexual health, the period pain management – all the stuff that goes along with, and I've got some complex medical stuff that I'm looking after here as well with, you know, complex, really unusual rare things that have come through the door that are associated with mental health issues."

—centre staff member

"It's interesting, sometimes we just get initial requests to see a GP, they want to come here because it's youth-friendly, but then after that other issues come out with a mental health kind of agenda."

—centre staff member

Board and executive staff...

All board and executive staff members emphasised the importance of the physical health stream, however, their focus was on the broader issue of building the skills and confidence of general practitioners and other service providers to better meet the needs of young people with mental health problems. Most board members and executive staff discussed the building of skills for health practitioners in the wider community, as well as for those providing services delivered at **headspace** centres. Board members and executive staff were aware of and concerned about the difficulties of attracting and keeping GPs in **headspace** centres.

*"There are GPs within the **headspace** system but what we really need is for the large number of GPs outside of the **headspace** system to get familiar with the methodology, to get familiar with the way of the dealing with this."*

—board member

"Some [centres] struggle to have GPs."

—board member

*"There's still a few holes in it ... particularly around recruitment of GPs which I don't think **headspace** has ever really seriously tackled that issue, talked about a lot, but you have to provide a proper financial incentive and a recruitment strategy around that."*

—board member

2.1.3 Alcohol and other drug services

Young people...

A few young people discussed the importance of clients knowing the full range of services offered at **headspace**, including the AoD counselling, and appreciated that **headspace** provided these services as part of the centre. Generally, however, the young people interviewed had little to say on the AoD component as they had not experienced it.

"There's different people to sort out drug and alcohol, domestic stuff and all the rest and everyone is here in one place so if you've got either problem, you don't have to go around to other places and be pushed off."

— **headspace** client, male, aged 18

headspace centre staff...

All staff agreed that the AoD service stream was important and most staff commented this service stream was weak in their centre and that they would like to see it improved.

Most staff reported that the AoD services were delivered at the centre by contracted staff from other organisations in the community, although some centres refer young people to external AoD services. Some staff commented that it was hard to coordinate with other organisations due to lack of services in the community.

Staff generally raised concerns that some young people did not attend AoD appointments made by **headspace** staff, either on-site or at other agencies. This caused tension in the relationship between **headspace** and the service provider.

"We have AoD services on site. We have counsellors who are dual diagnosis counsellors, if that makes sense, with lots of experience in that area, who are providing a combination of work, which they need to with population."

— centre staff member

"We have a drug and alcohol service which comes here twice a week, so they come one morning and one afternoon. The great difficulty with that service is that 50% of the time the young people don't show up for their appointments, and that's par for the course with drug and alcohol counselling, but we've been thinking about different ways whether we offer a drop-in service instead of an appointment based service, or how to better structure that to get young people to come in."

— centre staff member

*"My feeling would be that drugs and alcohol, is one that we are not as well developed with. [Service provider] is on the **headspace** consortium and I don't think they have attended a meeting for the last 12 months. We have just had that relationship really drop off over the last couple of years."*

— centre staff member

Board and executive staff...

All board members and executive staff supported the objective of **headspace** to support local, integrated approaches to meeting the needs of young people, particularly those with co-morbid mental health and drug and alcohol problems. A few board and executive staff expressed concern that this service stream was not strong in some centres.

*"I think the solution to the drug and alcohol is to train the allied health working in the **headspace**, in drug and alcohol expertise, rather than trying to co-opt drug and alcohol people, because there's so few of them in the world. Those services are so sparse and dealing with end stage cases, so it would be better to develop and train expertise in the more general allied health type people and the GPs."*

— board member

"I think it happens locally, I think from a consortium perspective there's a requirement that there is a drug and alcohol provider sitting around the table, but at the National Office level we're not engaging with that stuff and I think understanding the role that national plays in driving the model, in supporting capacity in centres, we have a job ahead of us to be able to engage at this level."

— executive staff member

2.1.4 Vocational support

Young people...

Only one young person mentioned vocational support received at **headspace**, reflecting on the difficulties of being a young person trying to find vocational support in organisations that are aimed at providing vocational services for adults. No other young people mentioned the vocational stream of **headspace**.

"I have had through Centrelink, they will refer you on to different job agencies, etc., but sometimes it's a bit hard to get noticed because it's structured for adults. Somewhere where you could be referred to for employment opportunities would be good."

— **headspace** client, female, aged 19

headspace centre staff...

All staff reported that the vocational stream was the weakest service provided at their centre. Some staff indicated that their centre had a strong collaboration with vocational and educational organisations in the community that supported clients in finding suitable employment or training opportunities or connected clients with social and recreational programs. Some staff commented that young people had to qualify for access to these services, which at times resulted in young people not accessing needed vocational support.

"For the social and vocational, it's been an area we've just struggled with, because of the [State] government cuts to the TAFE who are a consortium partner, have cut the position who used to come here, so we're working closely with another organisation."

— centre staff member

"We have a vocational service that's on site but of course you need to be eligible to go to that service for them to see you and provide you with some vocational stuff, so I think that's always a place that is sometimes a bit of a stumbling block".

— centre staff member

"We do have someone recently employed that worked at an employment centre, so he's very knowledgeable; he's a good resource for us all."

— centre staff member

Board and executive staff...

All board members and executive staff agreed that **headspace** was weak in the area of vocational support and that generally there were not appropriate services available for centres to draw upon.

"That particular vocational issue is perhaps a bit underdone in our focus."

— board member

"One of the areas we probably do worse on is social and vocational, particularly vocational, and that's an area that needs to be developed, but there are some areas where that's less of a problem."

— executive staff member

2.2 Early intervention

Young people...

A few young people commented that it was important that **headspace** centres support young people before they develop more serious mental health issues.

*"I think that whether you're feeling like you're going to get into a depressed state, or you're going into mental health, or you're going into a relationship where you know you're going to be become sexually active and there's issues with that, I think going into that **headspace** can help you."*

— **headspace** client, female, aged 15

*"recognising that there could be issues and especially younger aged groups, when they're more likely to develop a serious mental issue later on so it's really good that **headspace** works to recognise that and get proactive about it."*

— **headspace** client, male, aged 19

headspace centre staff...

Most **headspace** centre staff reported that their centre was operating outside the early intervention model, commenting that more young people were presenting at the centre with serious mental health problems. Some staff reported that their centre was maintaining the no wrong door policy, although having difficulty with this, as there were many young people presenting with more serious mental health problems. Some centres had strong relationships with tertiary mental health services and were able to refer young people to these services.

*"My understanding ... was that **headspace** is, there is no wrong door, you will help these young people no matter what, until you get them to the service that they require. Which is what we do, so we're not going to say, sorry door's shut, you're too seriously unwell, you have to go to public mental health. We would see them and try to transition them across, which doesn't happen, so we would keep them, which then in turn, the people that are early to moderate, mild to moderate early intervention – they sit on the backburner."*

— centre staff member

"Our experience here is we are seeing moderate to severe, we are doing our very best that we can with that, we're trying our best to liaise with public mental health which is meant to be dealing with the severe end. We have to face the reality that their services are very limited and they can't do what we would hope and we have to do our best."

— centre staff member

"But everybody should get a service, and that's what we try to do but, you know, the poor kids that are, you're still pretty well so just wait."

— centre staff member

"One of our challenges is that we get pulled down at the pointy end so our resources get taken up by pointy end when we're trying to get back to early intervention. There's been some really good examples of where we've done early intervention and created a seamless pathway to tertiary mental health services... It is a bit of a challenge around the open door, we're no closed door 12 to 25, because in fact we're not that."

— centre staff member

*"It's the competence of our team, because most our staff have come from tertiary mental health, that's where they worked just before coming over to **headspace**. So we've got really highly qualified and competent mental health clinicians...As a result I think we've naturally fallen into a service that our local sector sees as being able to handle the more complex cases."*

— lead agency representative

Board and executive staff...

All board and executive staff members recognised **headspace** as an early intervention service, with the aim of assisting young people with mental health problems, before they become seriously unwell. However, some board and executive staff members were aware of gaps in the mental health care system, limiting the services available for young people with more serious mental health problems. As a result of these gaps in the public mental health system, young people with serious mental health problems were accessing **headspace**.

"I think there are a whole lot of different ideas about what early intervention means, it could be early intervention in somebody who is already diagnosed with a mental illness, but seeking to get them into support quickly when they're having an episode or having a challenging time."

— executive staff member

"What will inevitably happen, then, which is the problem with the public mental health systems, we will be clogged up with those with complex and enduring problems. We don't know how to make these young people better, and they will then fill up our capacity and we won't be able to do the early intervention, so we'll just be back where we were before the initiative started."

— executive staff member

2.3 Intake

Young people...

A few young people mentioned the intake process, commenting that the intake worker would tailor a plan that suited the young person, and select a staff member that would work well with the young person.

"I guess probably the most important thing is the initial contact in the sense that you come in and you're basically able to discuss something with a worker and you can kind of take it from there. Things are sort of tailored to you in that sense, it's good that way that you can come in and not be treated like a number in a clinical sense. Yeah, that initial contact is probably the most important thing because then from there your options and your needs are kind of taken there."

— **headspace** client, male, aged 24

"When you come here they do have their intake, where they have to talk about the client and who is going to talk to that client, and all that stuff, but it's more outside of work, no-one knows anything."

— **headspace** client, female, aged 15

headspace centre staff...

All staff reported that the intake process was comprehensive and holistic, and provided the centre with an overall picture of the young person and the help they needed. Most staff indicated that their centre employed staff dedicated to the intake process, and that intake staff were busy, responding to the high demand of new referrals to the centre. Some staff reported that their centres required young people to complete a range of intake-related forms and assessments at their visit, other centres were more flexible around the timing of presenting these assessments to the client. Some staff commented that young people needed to make an appointment for intake, a few staff commented that centre staff would make time to see a young person, who had just accessed the centre for the first time.

"I think that's one of the strengths of the intake system, that early on in their journey here there is somebody who has known the story and can be a little bit of a back reference person if they're uncomfortable with their psychologist or they're not happy with what's going on, then they do have this point of reference that they can think of talking to, if things are not going well."

— centre staff member

"Generally, someone will walk in and request an appointment or request to talk to someone and we have to make an appointment because we haven't got anyone available just to see people on the spot. Last week it did happen that I was able to see someone who walked in, just because it was in between appointments, but generally it's just appointments."

—centre staff member

"We have an intake worker on, and we all share intake, it's your day, that sort of thing, and we've got an intake form...hi, we've got 10 minutes, let's get your story and see if we're the right service for you. We will take them in the room, if the intake room is available, or one of us will, and get their story, tell them about what we can offer, and get from them what they expect from the service and are we the right service."

—centre staff member

"At the end of that assessment they either make some recommendations to the young person, or else they will say to the young person: I need to talk about this with my team. And they'll bring it to the morning meeting and get some different feedback from our team about different options for the young person and then we'll go back to them and say: we would recommend that you might go and see your own GP if you want to get a Mental Health Care Plan with a view to going off to see a psychologist."

—centre staff member

"Intake is under the pump a bit. It's not a matter of how it's being delivered, but ... just the resources around really need to build on that."

—lead agency representative

Board and executive staff...

Some board members commented that the initial intake process was an important part of helping young people access the right services.

"So the idea was a one-stop shop basically where a young person would go, and the services were to be very youth friendly, so very welcoming, staff to be welcoming, and it was a sort of an entry at any point, if you like, to the service so could be referred, could be they've heard about it by an awareness raising campaign in the community, could be any way of obtaining some sort of awareness that these services were available and then at entry, once they were comfortable, doing some type of assessment of what their needs and issues were and then working out a team, if that was what was required, so all of the services were there, integrated, that the person could access if they chose to."

—board member

"I think, the front end should be a youth worker or an access worker that talk to the young person, that really find out why are you here, what is it that you need that we can help you with, someone who is really youth friendly, knows how to talk to young people and can help them figure out what their issues are. You then need good assessment, but not assessing to death – we do way too much assessment – and you don't need to assess to the nth degree to provide most services."

—executive staff member

2.4 Staffing mix

Young people...

A few young people commented on the professional background of staff, indicating that the 'youth-friendliness' of the person was more important than their qualifications.

"I just trust them; I've never really pondered if they've actually got qualifications."

— **headspace** client, female, aged 15

"I think as long as they're open and are able to easily communicate with the clients on all kinds of levels, I think that's important."

— **headspace** client, female, aged 23

"People can understand your problems, if they're going through the same thing, but you don't get the professional side of things, which is what's finally going to help you, I guess. A trained psychologist or a trained psychiatrist."

— **headspace** client, female, aged 16

"I guess qualifications do matter, but it's not something that you need to have thrown at you."

— **headspace** client, male, aged 24

headspace centre staff...

All centre staff reported they had professional staff providing mental and physical health services, including GPs, psychologists and counsellors. Some centres had other specialist practitioners, such as psychiatrists or sexual health workers attending the centre. In addition to these professional staff, some staff reported that they had youth workers or social workers complementing the multi-disciplinary team. Youth workers and social workers provided a broader-based support system for young people, assisting them with referrals to other agencies and following up with them between appointments.

"I think you have to have a really good blend of skill sets, you have to have front desk skills that have really good communication skills as well as having the admin type skills to do the appointments and all of that, and do it in what I call culturally appropriate ... From the front desk through to the clinical skills, a range of clinical skills. ... You have to have that high level of clinical skills as a professionalism but you also have to have - and I'm not saying it's less important or less qualified - you still have to have that vocational, social recovery, emotional care, which is probably more of a social work skill than a psychology skill ... so there's a real blend."

—lead agency representative

"What we do is, I'm not sure about other centres, but as youth workers we can go out, we can't go to their place but we can go to their school so it make things easier. So if mum works full-time and can't take her to her appointment, or they're sick today, that's it, but we can still provide support about other stuff in the meantime; we can go to the school and see her if she allows us to."

—centre staff member

Board and executive staff...

All board and executive staff expressed the need to have the right complement of staff at centres in order to engage with and provide appropriate treatment for young people.

"You've got to have the right staff available, you've got to have the youth-friendly service where there's anyone you can see that does a proper assessment, that gets the confidence of the young person; you've got to have all the blocks in place where it can become an integrated team."

—board member

Summary of main findings relevant to development of Best Practice Model – Service orientation and mix

1. Ensure a youth-friendly first entry point to services
 - a. Provide multiple entry points through youth workers, general practice or mental health workers
 - b. Ensure appropriate holistic and youth-friendly assessment at intake that helps young people to access the right services
2. Provide a strong mental health stream
 - a. Prioritise early access for young people in the early stages of development of mental health problems
 - b. Provide an appropriate referral pathway and plan for young people with more serious and enduring mental health problems
 - c. Provide group programs for specific mental health issues (such as anxiety and eating disorders) to help provide ongoing support
3. Provide youth-friendly GP services
 - a. Ensure general practice provides a 'soft entry point' for mental health services
 - b. Ensure provision of sexual health services
4. Provide AoD services
 - a. Provide support for young people to ensure attendance at AoD appointments
5. Provide youth-focused vocational services
 - a. Develop youth-specific vocational support

Theme 3: Service coordination

-The original model-

“Ensure that young people’s needs are met with a coordinated and integrated response. It is expected that CYs will employ a range of strategies to ensure effective coordination, depending on local needs and priorities, particularly given that the needs of a rural community will differ from those in metropolitan areas.”
(McGorry, Tanti, Stokes, Hickie, Carnell, Littlefield, & Moran, 2007)

headspace aims to respond effectively to young people’s mental health needs by developing strong collaborative relationships among relevant services within the local community. The delivery of these services is either through specialist staff located at **headspace**, or through collaborative relationships with existing services, either onsite at **headspace** centres or referral to relevant organisations.

3.1 Service coordination

headspace aims to provide a multi-disciplinary enhanced primary care structure or ‘one-stop-shop’ with close links to locally available specialist services and schools and other community organisations, to meet the original objectives of:

- Support local, integrated approaches to meeting the needs of young people, particularly those with co-morbid mental health and drug and alcohol problems
- Build the skills and confidence of general practitioners and other key providers of care and support in the community, in order to provide effective and appropriated mental health services to young people

Young people...

All young people indicated that **headspace** acted as a portal to accessing other health and community services. Young people commented that it was convenient to have other services either co-located at the centre, or for **headspace** to take responsibility for the coordination of facilitating referral pathways to external agencies. This meant that young people did not have to continuously repeat their stories and/or navigate a service system which, to them, appeared complex and confusing.

*“I think that’s a fairly good thing for them to do (service coordination) because a lot of young people might have trouble accessing services; they might have had trouble coming in to access **headspace** itself and then if they had to access another service as well they might have a lot of trouble with it and the fact that **headspace** can actually help with that is good in itself and something that’s good to be done.”*

— **headspace** client, male, aged 19

“I find it (service coordination) a big help because when you are stressed about something, and when you are a young person ... having someone else organise it for you, and they’ll still talk you through it, they will say we have booked in an appointment for this and this and this, it’s quite helpful. My parents never did any of this.”

— **headspace** client, female, aged 19

“They’ve also come into basically helping me look for work and doing stuff like that and they’ve got together with my doctors and stuff.”

— **headspace** client, female, aged 20

headspace centre staff..

Most **headspace** centre staff indicated that they had established high-functioning, multi-disciplinary and collaborative care teams, and that there is strong collaboration between local health and community services. Most centres acknowledged that service coordination was often time consuming and challenging, particularly with staff turnover in other organisations, resulting in new relationships having to be established.

Centres reported the following benefits from collaboration with other services:

- Maintaining and prioritising the health of a young person which often occurs across multi-disciplinary levels of care
- Contributing to the reduction in duplication of services and filling in service gaps
- Providing effective treatment options for young people and assisting them with accessing the service
- Promoting the **headspace** philosophy of a 'one-stop-shop'
- Bringing together services in order to deliver the **headspace** four core service streams
- Creating good working relationships which promotes innovation and information sharing between organisations.

Most staff acknowledged the importance of multi-disciplinary care, as many young people present with more than one issue. Some staff indicated that multi-disciplinary care and collaborative relationships with other services not only benefited the young person, but also positively contributed to the formal information sharing process within and between teams, such as weekly team and inter-team meetings, information sharing via secure computerised record keeping systems and case file access across service providers.

"We've got a really good relationship with external psychiatrists, particularly for kids who are under 18 because we don't have child psychiatrists here. We've GPs who do pregnancy support but we don't have a lot of workers who do pregnancy support. We've got a service right over the road who does that sort of thing so we have a really close relationship with them."

—centre staff member

*"It has positive outcomes in terms of we've worked quite hard ... to get a better pathway for young people. So if a young person, for example, presents to **headspace** [with] moderate to severe mental health issues, they can be assessed by one of our youth access team, I can do the ... health referral form that's needed to access the service. They can then be directly referred into Youth Mental Health for case management and it means that that young person doesn't have to tell their story, here, here, here and here. It's a much more of a coordinated approach and it doesn't feel so overwhelming for young people."*

—centre staff member

"I think they continue to build on relationships with other agencies really well, extending beyond the consortium"

—lead agency representative

Some centre staff, mainly from regional **headspace** centres, reported that although they saw the value in service collaboration and the one-stop-shop model, they had difficulties establishing and sustaining collaborative relationships, often due to the lack of health organisations and agencies in the local community.

"Relationships with the other external agencies is difficult to establish, and they've got extraordinarily high turnover; every time I pick up the phone to a case manager for a young person ... I'm talking to a new case manager."

—centre staff member

"We know how to do it, we know what we need to do, but having the time to be able to follow it through and constantly follow it through. ... Just to get really great partnerships happening with community organisations that we don't yet have."

—centre staff member

Board and executive staff...

All board and executive staff supported the one-stop-shop approach of services for young people, and the provision of these services through a local integrated approach with other service providers.

"What we want to make sure that what's happening for young people who aren't travelling all that brilliantly, that they are getting the best responses; that they're being respected; they're being provided with evidence based responses to addressing mental health problems; and that we are doing that in partnership with services who understand that, who are going to have that integrated response to mental health where it transects with drug and alcohol misuse."

— board member

"I think the core of it is the local integrated approaches – those are our centres and that's what a fair bit of the focus is on and that's appropriate."

— executive staff member

3.2 No wrong door

headspace promotes a 'no wrong door' policy, meaning no young person will be turned away from the organisation. In practice this translates into assisting young people who have sought help, by providing opportunities for treatment and support either within **headspace**, or through appropriate referral pathways to external agencies.

Young people...

Young people did not make reference to the no-wrong-door concept. However, most young people commented that they appreciated the way **headspace** could help them with their problems, which included staff organising referrals and making appointments for them at other organisations.

*"It takes the stress of having to sort out everything else ... instead of being pushed aside saying: oh, you need this, you have to go here, make an appointment here. When you actually get it done at **headspace** and you don't have to worry about going anywhere else."*

— **headspace** client, Frankston focus group

"It feels like not having to negotiate things outside of here is very helpful, especially when people have circumstances that might hinder that."

— **headspace** client, female, aged 20

headspace centre staff...

All **headspace** centre staff valued the 'no-wrong-door' policy, with many staff indicating it was:

- a holistic approach to providing treatment for young people
- contributing to the closing of gaps in service delivery
- providing treatment opportunities for young people and assisting them in their navigation of the health system.

Despite the strong endorsement by staff of the no-wrong-door policy, some staff commented that it was difficult to maintain this policy, while also maintaining the centre focus of and early intervention. Some staff raised concerns that **headspace** "can't be everything to everyone".

"We're not going to say, because my understanding ... is there is no wrong door, you will help these young people no matter what, until you get them to the service that they require. Which is what we do."

— centre staff member

*"Sometimes there's some skewed perceptions around what **headspace** is going to do, because we can't do it all obviously... their view is that ... **headspace** should be providing services to those at the acute end as well."*

— lead agency representative

"We're meant to only be a mild to moderate service, and there's no screening for the people who first ring up to say they want to access counselling services, we never know the clients that are going to walk through the door. So when we sit down to do an intake assessment we've got no idea what that person is going to be presenting with. In a lot of situations they're more in the severe end of things and they just don't fit our model, so we've got to have a really good relationship with other services to be able to know where we can direct them."

—centre staff member

There was general support from centre staff that, due to lack of services in the community, more young people were presenting to **headspace** with severe levels of mental illness, consequently placing high demands on internal service delivery, taking resources from early intervention for mild to moderate cases, and potentially straining relationships with external services providers.

"Our services in the community are inadequate and do not meet needs. ...One of our local psychologists rang us ... and said, 'don't send me anybody else with borderline personality disorder. I cannot do it.' The other areas are eating disorders. We have an eating disorder service, but they're very rigid ... about how they approach things; so the complex eating disorders that are well established but aren't medically a crisis – very difficult."

—centre staff member

"I feel like we're getting more and more of that end, we've got more and more kids that are self-harming, that are suicidal, obviously not plan or intent or they would be referred on, but they're quite risky, a lot of them. I actually feel like it's rare to get someone that is in the really early intervention."

—centre staff member

*"We are early intervention, and that's one of our strengths for **headspace**. One of our challenges is that we get pulled down at the pointy end, so our resources get taken up by pointy end when we're trying to get back to early intervention."*

—centre staff member

"...but the kids that you should be seeing early intervention so that they don't become seriously mentally unwell, sit and wait, because the serious to severe get [priority]."

—centre staff member

Most staff indicated that **headspace** centres should not provide acute services and tertiary levels of treatment because the mandate and original model relates to prevention and early intervention, however, some staff did indicate that **headspace** centres should provide acute service options within the centres. A few centres provided services for moderate to severe cases, as they had a staff complement that allowed this and there was a lack of other appropriate services in the local area.

"headspace is not about specialised for severe levels of mental illness - that defeats the purpose of what headspace is about. We're not here to start another one of those longer term services. We're here to be doing something that prevents people from getting to that point. Our centre is trying to be quite disciplined about that we're not blocking the door for those people."

—lead agency representative

"Well, our experience here is we are seeing moderate to severe, we are doing our very best that we can with that, we're trying our best to liaise with public mental health which is meant to be dealing with the severe end. We have to face the reality that their services are very limited and they can't do what we would hope and we have to do ... the best we can, which is really about providing good quality care and positive interactions."

—centre staff member

"The other issue with mental health you will often hear people say 'We're not a crisis centre'. You can't offer a mental health service without being a crisis centre; it's ridiculous."

—lead agency representative

Board and executive staff...

Although no board members made reference to the no-wrong-door policy, a few executive staff did comment on the original model being an early intervention model, however, centres were increasingly seeing more complex cases.

"We're saying that there's no wrong door, we'll deal with anybody, we'll deal with crisis. The original [model] said we didn't deal with crisis, now we say we will deal with crisis, so we're dealing with everything."

—executive staff member

*"I think the philosophy that I have really believed in since with being with **headspace** is that it's a no wrong door, so anyone 12 to 25 should be able to walk in a **headspace** door and seek help. That means that you're going to get an incredible ...spread across a continuum of care and of issues and of challenges. So ensuring a centre has a capacity to respond to that effectively is a challenge. You can have that philosophy, but then do you have the skills in the workforce to really respond to what comes in."*

—executive staff member

Summary of main findings relevant to development of Best Practice Model – Service coordination

Colocation and referral

1. Through a 'no wrong door' approach, provide a portal for young people to access all the services they need through **headspace** services, colocated services, referral to outside services or advice and information
2. Develop systems for sharing information between services so that young people do not have to retell their story
3. Develop strong working relationships with other local service providers, in particular the acute and tertiary mental health sector services to provide early access to appropriate care for young people with more acute, complex or severe conditions that cannot be adequately provided by the **headspace** centre
4. Provide a 'warm' referral when young people need to access services outside **headspace**, including following-up that they have received the referred service

Theme 4: Inclusive services

Some issues were raised that revealed important additional components for the **headspace** model. These included family involvement and the need to meet the specific needs of population groups relevant to particular communities, such as: Aboriginal and Torres Strait Islander young people; those from culturally and linguistically diverse backgrounds; young people who were lesbian, gay, bisexual, trans or intersex; and young people who were homeless.

4.1 Family involvement

Young people...

Most young people commented that the involvement of a young person's family members at **headspace** should be on a case-by-case basis. Young people felt that it depended very much on the situation, and whether there was trust and good communication in place with the family member. Some young people felt that it was important to include family members as this would help the young person, however, this was contingent on there being a family member or friend who the young person can trust. Most young people indicated that there were difficulties involving family members when there had been some family conflict. Some young people reported that they appreciated the opportunity to be able to talk to a counsellor about issues that they didn't want their family to know about, and that **headspace** wouldn't tell their family without their permission.

"I think it's a person choice for each young person to decide."

— **headspace** client, female, aged 17

"I think, at least for me, I came through and so I prefer dealing with it by myself and then bringing in my family. I like the fact there was somewhere I could go where my family didn't necessarily know exactly what was going on, but it was still just safe."

— **headspace** client, female, aged 19

"It generally needs to be done, I guess, just on a case-by-case example. For some people, especially some of the younger clients that come through, I think that it is probably a good thing that the parents are aware of what's happening...I think there are definitely some positive things that would come from parents being aware, especially in the cases of mental health if they're not aware that their child is going through a hard time."

— **headspace** client, female, aged 23

"Family may not agree with what a doctor or counselor has said about the client, and the family may not allow the young person to continue accessing the service."

— hY NRG member

Parents of young people...

All parents reported that they appreciated the support and help their child was receiving, and were thankful that their child had someone to talk to. All parents were happy to sit in on sessions or not attend sessions, depending on the choice of their child. Parents also appreciated the advice they received from **headspace** staff to help them at home to support their child.

"It's the support, just to know that I don't have to do this on my own. And just being there, not always having to be a major part in it but just knowing that someone is there, so if she wanted to talk about it to any extent then she can do so, or if she just wants to keep what they did in the group to herself she can do that, but just having someone there to support her."

— parent of **headspace** client

"This is her journey, but just to be there on the sidelines for a bit of a catch me if I fall or I need something, or whatever."

— parent of **headspace** client

"[My daughter] has always been one to talk, speak to me about things, but I can't always solve the problem ... I suppose I'd like to be more involved ... but ... she's got to work it out herself. I can't work it out, what's happening in her brain ... whereas the counsellor has given her the tools to follow when it crops up."

—parent of **headspace** client

headspace centre staff...

All **headspace** centre staff indicated that when possible, young people were encouraged to involve their parents, or someone else they trust, in their journey at **headspace**. Most staff acknowledged that the involvement of family members can aid recovery for the young person, with parents being better able to understand their child's needs and possibly make changes in the home to help support the young person. All staff expressed concern that at times it was not appropriate to involve family members, and staff were committed to encouraging young people to find suitable support as they sought help for their mental health problems.

"It has to be the call on the individual circumstance. So many factors influence that and the clinician has got some level of responsibility, that they can make recommendations and depending on what the factor is, you have to tread very carefully. Ultimately you have to make sure you don't break the trust of your client."

—lead agency representative

"We see people refuse their parents or their carers to be involved, but our aim would always be to encourage that at some stage, that it happens, because you can't work in isolation and of course, if there was a duty of care."

—centre staff member

"At twelve, a lot of issues are coming from home and possibly you all need family therapy, so I think that it's important that a young person recognises that well, hang on, I might need mum to help me do that. Again, at intake, I really just want to engage to get them to come back, so I'm not too pushy."

—centre staff member

Most staff reported that young people could access GP and mental health services without telling a family member. A few centres required parental permission before a young person (aged under 14 or under 16 years) could access services with a physical or mental health professional. A few centres had developed a position statement addressing the access by young people to **headspace**, with clear guidelines around the circumstances in which a young person can access services without parental consent.

"We've been developing a position statement around access to services and what it means when you see a doctor and how doctors legally can make that call ... we spend time and we talk about it."

—centre staff member

"We approach the counselling very differently, in that if you're under 16, we really as a first point of contact want to get written permission."

—centre staff member

"We tend to work very much with people who are over 14 – the health standard is that once they're over 14 they can consent to their own treatment."

—centre staff member

Board and executive staff...

Most board and executive staff talked about the importance of family for young people and, where possible, having family participation at **headspace**. They also noted that there were significant barriers to doing this due to funding constraints.

"Clearly our target group is young people, but you can't work with young people effectively when you're dealing with 12 to 16 year olds, without really engaging family support, but it's not a funded activity, in a way that allows us to do robust work."

—executive staff member

"We're dealing with a whole cross-section of the population and you are going to have some young people who really are in that situation, where they don't have family support and come from more dysfunctional backgrounds, but you're equally going to have a whole lot of kids who are experiencing these kinds of conditions who will come from a family background where the parents are engaged, they just want to know what they can do to get this kid to where they need to be."

—executive staff member

4.2 Community groups with specific needs

4.2.1 Aboriginal and Torres Strait Islander young people and communities

Young people...

None of the young people recruited through centres brought up issues related to Aboriginal and Torres Strait Islander young people, but the hY NRG from young people were specifically asked for their perspective on how culturally appropriate services at **headspace** were for indigenous young people. They all agreed that it was important that **headspace** centres had input from Aboriginal and Torres Strait Islander young people, in order to design services that were accessible for them.

"I think we need to have indigenous youth input."

—hY NRG member

"I find there is too much speaking on behalf of indigenous youth instead of asking them specifically."

—hY NRG member

"But if places are going to try and be indigenous friendly, by providing special groups for indigenous, they need to have an indigenous focus, but not be exclusive for indigenous people – otherwise we are sort of putting them in a 'special' category I feel, and excluding others who might want to go to them as well."

—hY NRG member

headspace centre staff...

A few centre staff reported that they had staff who were Aboriginal and/or Torres Strait Islander working in the centre, and a few centres had developed strong connections with Aboriginal and Torres Strait Islander communities, and were aware of cultural differences when working with these young people, such as acknowledging the role and importance of family.

*"With the indigenous group, we have one of our clinicians works here half a day a week as a mental health nurse and he also works at the ... local indigenous centre. So, he spreads the good word over there about **headspace** and we do some work together with indigenous."*

—centre staff member

"So family is there and I guess to acknowledge the individual needs of Aboriginal and Torres Strait Islanders, the young people again is around the role of the family and that idea that we can work with their child without their involvement is sometimes challenging and not understood. So we do need to work differently when we work with Aboriginal kids to try and have family involvement, which is important."

—centre staff member

"We have one Indigenous staff member who works with us full-time. We also have an Aboriginal doctor who works here."

—centre staff member

Board and executive staff...

Most board and executive staff discussed the importance of centres working within a community and tailoring their services to population groups that were highly represented within communities, particularly Aboriginal and Torres Strait Islander communities.

"There are groups of people we don't reach ... We actually reach indigenous people way beyond their proportion in the community, which is fantastic and I'm really proud of our team of people ... But it's not enough and I think we could be fairly sure that we could expand, we could treble the service in some areas of Australia to reach more indigenous people."

—board member

*"These [**headspace** centres] are essentially community centres, so you need to look like the community you serve. That's a big issue in some of the indigenous places where we're not getting the indigenous staff that we need."*

—board member

*"I think that the **headspace** brand is absolutely fundamental, but I do think then you also need to be able to marry that with local needs, and if you have a particularly high core population – I know that a couple of our centres are indigenous – you would need to tailor to reflect that."*

—executive staff member

4.2.2 Young people from culturally and linguistically diverse backgrounds

Young people...

Although none of the young people who were recruited through centres mentioned the needs of young people from culturally and linguistically diverse backgrounds, some of the hY NRG young people discussed the importance of centres being culturally aware of different groups of young people in the community.

*"As it is the first thing people deal with as they walk into **headspace** centres, a positive understanding of CALD by receptionists is really important, to decrease anxiety around coming to the centre."*

—hY NRG member

headspace centre staff...

A few **headspace** centre staff reported that the centre currently worked well with young people from culturally and linguistically diverse backgrounds (CALD) and their communities. Most centres felt that they did not have the resources to work with young people from CALD backgrounds, and there were particular concerns about access to interpreter services.

"Accessing interpreter services. We've just had to go through that in the last few weeks, that was a nightmare, it was almost impossible, and it was only able to be accessed because we did it through another service who was able to access interpreter services for free. That was a mess. It doesn't happen often, we don't get a lot of people from those backgrounds who needs those services but when we do it's really hard to access."

—centre staff member

"We just don't have that many [CALD young people]. We need to see the ones that we do have because we know they're not travelling very well."

—centre staff member

Board and executive staff...

Board members and executive staff did not directly discuss cultural and linguistic diversity in their responses.

4.2.3 Young people who are lesbian, gay, bisexual, trans or intersex (LGBTI)

Young people...

One young person expressed appreciation for the staff being accepting of LGBTI people and hY NRG members commented on the need for **headspace** services to continue to be aware of the needs of LGBTI young people.

*"**headspace**, I think, is pretty explicit on being like LGBT friendly, I can talk about stuff, if I wanted to, about myself and not feel like I have to hide it."*

—**headspace** client, female, aged 16

"There needs to be better training for staff in terms of dealing with LGBTIQ (lesbian/gay/bisexual/intersexed/questioning) clients."

—hY NRG member

headspace staff...

A few centre staff discussed the importance of **headspace** centres being accessible to young people who identify as LGBTI. A few centres had strong links with support organisations for this client group, or ran a support group from their centre.

"We're running a social support group for LGBT, identifying young people in partnership with Working It Out, which is kind of a sex and gender diversity organisation."

—centre staff member

"Last year we had a big focus on the LGBTIQ community, so we've got external funding for a gay/straight alliance worker. We've always had a fairly high level, comparatively speaking, of young people LGBTIQ."

—centre staff member

Board and executive staff...

Board members and executive staff did not directly discuss this in their responses.

4.2.4 Homeless youth

Young people...

Young people did not bring up the issue of homeless youth.

headspace centre staff...

All centre staff commented on the needs that their centres had with homeless young people. Some centres reported that they had good relationships with external homelessness services, and a few centres indicated that their social workers or youth workers actively support young people who are homeless, to establish appropriate community connections and support.

*"[Lead agency] has got existing relationships with a number of other providers in the homeless sector, and **headspace** benefits from those connections."*

—lead agency representative

"The site has a washing machine and a dryer facility, a kitchen facility and things like that, so we want young people who are transient and homeless and maybe more at the acute end of disengagement, we do want them to come in and feel comfortable, to wash their clothes and all that."

—lead agency representative

"We get a hell of a lot of young people who are homeless, they don't know how to access Centrelink, they've got all sorts of problems, where having a social worker would be able to sort those issues out."

—centre staff member

Board and executive staff...

A few board and executive staff commented on the limitations in the current **headspace** model to meeting the mental health needs of young homeless people.

"Have we got a model that's capable of addressing the needs of homeless youth, for example ... I do worry we're a bit kind of homogenously – I was going to say middle class."

—board member

"If we were going to focus specifically on really having services for homeless young people, you need outreach services for homeless young people. That's very intensive in terms of worker hours to really engage with those young people."

—executive staff member

Summary of main findings relevant to development of Best Practice Model – Inclusive services

1. Prioritise appropriate family involvement
 - a. Ensure there are clear consent processes in place appropriate to different client ages and that these are consistently communicated to clients and family
 - b. Encourage family involvement and support as appropriate and wherever possible
 - c. Provide support and information for family members
 - d. Incorporate family therapy within service provision
2. Ensure inclusivity and sensitivity to the needs of young people from all community groups
 - a. Identify community groups of special relevance to the local community that the headspace centre serves and ensure a special focus on meeting the needs of these young people
 - b. Ensure Aboriginal and Torres Strait Islander young people have input into designing services within their communities
 - c. Provide access to interpreter services for young people with such a need
 - d. Ensure services are inclusive of young people of all sexual orientations
 - e. Provide service pathways to meet the needs of young people who are homeless

Theme 5: Youth participation

-The original model-

*“Develop a clear process for engaging young people and carers in the planning, development and review of both their community awareness campaign and their **headspace** service platform.”*

(McGorry, Tanti, Stokes, Hickie, Carnell, Littlefield, & Moran, 2007)

Youth participation has been a defining feature of the **headspace** model. Youth participation is evident at both the organisational level through the **headspace** Youth National Reference Group (hY NRG), Youth Advisory Groups (YAG) at individual centres, and various adhoc projects involving youth input and participation, as well as actively facilitated at a personal level, with clients being encouraged to be involved in the development of their individual care plan and the steps taken to achieve their goals.

5.1 Youth participation at the organisation level

Young people...

Most young people commented that it was good to have input into **headspace**, through the Youth Advisory Group, community awareness events, and adhoc centre projects and surveys. Some young people were not aware that a reference group existed and were interested in finding out more about it. Some young people commented that they would like more opportunities to have their voice heard, either via a formal reference group, survey or community promotion.

*“I definitely think it’s something that’s important. What **headspace** is trying to do is cater for young people and, well, if they don’t know what young people want or what young people see, they’re going to have hit and miss basically but by having groups like YAG, small reference groups, hY NRG, they’re actually able to, instead of missing they hit most of the time if that analogy remains the same.”*

— **headspace** client, male, aged 19

“Young people do like to be included in what it is because it makes them feel wanted, and slightly needed and if it’s something like to add a couple of new important pamphlets out there. If a young person advises ‘OK, you could add this, this and this’ and then it’s out there, the young person will get a sense of pride from feeling like ‘I helped with this’.”

— **headspace** client, male, aged 19

“Older people aren’t exactly sure of what we’re into now. I’m not saying they don’t have an understanding but they do not have a full understanding whereas the younger generation can actually give them help on that, patch certain parts up and they could feel more comfortable towards them.”

— **headspace** client, male, aged 15

hY NRG representatives discussed the importance of youth participation, at both the centre level and national level, emphasising the importance of finding out from young people what young people want.

*“I believe there are two main reasons, firstly it is important to empower young people to make choices and decisions especially about topics that they are passionate about and relate to as it does build character and courage. And secondly as **headspace** is a youth service it is important that young people have a say in how it is shaped and what service is delivered to them, after all who knows young people best if not young people?”*

— hY NRG member

“If you are reaching out to young people or a particular audience, you need to get their views and their opinions which can vary from centre to centre.”

— hY NRG member

headspace centre staff...

Most **headspace** centre staff reported a structured youth reference group was currently operating in their centre, with regularly scheduled meetings. Some staff discussed the significant changes that had been made in the centres as a result of input from these groups and stressed the importance of formal reference groups not being tokenistic. A few staff reported that young people were paid for their time attending reference group meetings.

In particular, youth reference groups had been instrumental in:

- raising awareness about **headspace** at community engagement and promotional events
- promoting **headspace** at secondary schools
- organising and participating in youth specific activities
- involved in the interview process for new centre staff
- providing input into specific programs and treatment options offered at the centre.

In addition to the activities of the youth reference group, most centre staff also commented that the centre would seek input from young people into centre art work, colours, waiting area design and treatment room layout.

"I think the reference group has been great. I've seen a lot of the changes that have come through as a result of having them on board ... so little things like having blankets and pillows in the intake assessment rooms ... having the whiteboard in the waiting room, having all of the staff pictures and the youth advisory counsellors photos on the walls that people know who is working here. I think they've had a lot of really valuable input that's made this centre a lot more comfortable."

—centre staff member

"I think it's paramount ... because we need to sometimes step back and see what other people are seeing. We're only seeing it from our point of view, I think it's really important that we hear from the young people how they'd like their intake to run or how would it be best for them."

—centre staff member

"When we employ staff we have a member of the youth advisory council with us to give their opinion... They will give honest feedback, which is basically do you like the person and if not, why not?"

—centre staff member

"As the lead agency we've built this in ... we have a youth participation officer, so as the lead agency we have got a very strong commitment to youth participation ... not interested in tokenistic participation ... [it] needs to add value, needs to have integrity, needs to make sense."

—lead agency representative

Board and executive staff...

A few board members and executive staff discussed the importance of youth participation within the **headspace** organisation, both at the national level and at the centre level, seeing the value in young people shaping the organisation.

"Youth participation ... was another key pillar in the model, which was really one of the reasons why it's worked, I think because the young people have actually shaped it."

—board member

"I think if it's just a reference group, it's ... just ticking a box. They've got to have real roles, they've got to be able to be doing peer support, they've got to be in the culture."

—board member

5.2 Youth participation in their own care planning

Young people...

Most young people valued the opportunity to be included in their treatment, and commented that they appreciated the expertise and guidance of the professional staff at **headspace**, as they worked together developing their care plan. Some young people commented that being able to have a say in their care plan gave them a feeling of empowerment and ownership of their treatment.

"It's good. It makes it a lot easier to talk because you've sort of decided what you want to talk about and how you want to go about it, whereas if they're forcing you to do this treatment and you don't want to do that then it's not going to help."

—**headspace** client, male, aged 18

"Being involved in your own service plan is so important with youth mental health. It means the difference between feeling like you're being talked with, as opposed to talked at."

—hY NRG member

*"So many services say 'you have to do this'. **headspace** gives you all the information on the table and then helps you make decisions."*

—hY NRG member

headspace centre staff...

Involvement in individual level of care was seen by centre staff and lead agencies as a key component of **headspace** practice. All staff discussed the importance of shared decision making and aimed to include young people in the development of their care plan in order to increase the likelihood that young people would actively pursue the goals they had set.

Staff used the following strategies to include young people in their care:

- Young people were given a range of treatment options, at intake, and were included in decisions regarding the plans made for their treatment
- Treatment plans were informed and driven by what the young person wanted, in a timeframe that suited their needs
- Realistic and achievable goals were jointly established between practitioners and the young person
- GPs included young people in their Mental Health Treatment Plan.

Most centre staff discussed concerns regarding clinical risk and the balance between providing the safest possible care with the need to give young people a voice in their care plan. A few staff also raised concerns about the varying levels of capacity that young people have to be able to make appropriate decisions when involved in forming their care plan.

A few staff commented on the difficulties created for young people by having separate care plans with several different organisations, with the care plans not always being consistent.

“For any client, it doesn’t matter their age, a child should have a say so they’ve got some sense that they’re having a journey, that this is a shared journey, they’re not just being directed what to do.”

—lead agency representative

“[The care plan] is totally informed by the young person; the clinical team here is very much driven by what that young person wants ... we do work at the young person’s pace.”

—centre staff member

“It’s their care plan, it’s their treatment plan, it’s what they want to do, it’s not what we want them to do, it’s what they want for themselves and for their recovery.”

—lead agency representative

“I think different young people have completely different capacity ... you’re really kind of working with the individual and what their capacity for that it. Obviously if somebody has a great capacity to be part of their own care plan then you would always opt for that. Some young people just don’t have that capacity, so I guess it’s just a case-by-case situation.”

—centre staff member

Board and executive staff...

A few board members mentioned the importance of young people being involved in their care plan, while noting the importance of staff being aware of the limitations that individual young people have in decision making.

*“They should have a big say and they should be respected in what they believe will work for them. To try some different things if that’s helpful, but certainly to be well and truly engaged in making their choices. When you do have someone who is not terribly well there’s all the issues of duty of care and how you deal with keeping someone safe and respecting their integrity or self in their decision-making. I don’t get a sense that we don’t do that, I certainly get a very strong sense that we respect them enormously from the **headspace** National Office perspective.”*

—board member

Summary of main findings relevant to development of Best Practice Model – Youth participation

1. Embed youth participation at the organisational level
 - a. Establish and maintain youth participation at centre level through a Youth Advisory Group
 - b. Have clear Terms of Reference that include involvement in centre design and practice, including staff appointments; and raising awareness and promoting headspace
 - c. Dedicate a staff member to supporting the Youth Advisory Group and other youth participation activities
 - d. Provide appropriate compensation for Youth Advisory Group members
2. Support young people's participation in their own care planning
 - a. Prioritise achievement of young people's goals through implementation of shared decision making processes
 - b. Fully inform young people of their treatment options in age-appropriate ways
 - c. Develop the capacity of young people for input into their treatment plans, as appropriate for their age and stage of illness
 - d. Provide clear information regarding duty of care limitations that affect treatment
3. Regularly engage with young people in the local community
 - a. Be involved in community events that attract young people
 - b. Proactively initiate mental health promoting community events for young people
 - c. Have community-based young people involved in centre-based activities

Theme 6: Quality and effectiveness

-The original model-

"headspace aims to access evidence-based interventions for the treatment of mental health and substance use disorders"

(McGorry, Tanti, Stokes, Hickie, Carnell, Littlefield, & Moran, 2007)

The delivery of high quality and effective services is essential for **headspace**, if the organisation is to provide best practice treatment for young Australians, to meet its core objectives to:

- Facilitate access to best practice treatment for young people with mental health problems, including those with associated drug and alcohol problems
- Build the skills and confidence of general practitioners and other key providers of care and support in the community, in order to provide effective and appropriate mental health services to young people

Only centre staff, lead agency representatives, board members and executive staff gave responses around two key areas, which related to providing evidence-based practice and being able to demonstrate the effectiveness of the **headspace** service in assisting young people with their mental health.

6.1 Evidence-based practice

headspace centre staff...

Some centre staff and lead agency representatives commented that **headspace** was committed to providing evidence-based practices in their service delivery.

"We do lots and lots of training, and that's always been something that we've been very passionate about ... so we do have a big focus on continuing professional development and also a big focus on making sure that people feel that they're up-to-date with evidence best practice, what the emerging strategies are."

—lead agency representative

"I really like the structured approach and utilising the clinical staging model, and that's evidence based and it's clear to young people and all the clinicians that there's a framework to work from."

—centre staff member

Board and executive staff...

All board and executive staff commented that facilitating access to evidence-based practices was needed to guide its understanding of youth mental health as well as its program service delivery.

"What we want to make sure that what's happening for young people who aren't travelling all that brilliantly, that they are getting the best responses; that they're being respected; they're being provided with evidence based responses to addressing mental health problems; and that we are doing that in partnership with services who understand that."

—board member

*"The **headspace** brand is an important thing to hold onto, not for the sake of the brand but because of what it needs to represent. It needs to represent high quality professionalised, consistent care, high evidence base across a broad understanding of health, those are the kind of cornerstones of **headspace**."*

—board member

"We've got to make sure we have really strong evidence based care and I think how we really upskill our workforce to work with different young people dealing with different problems in a really robust, clinically evidence based way, when they might have one go, one chance with a young person."

—executive staff member

*"Continuing to build and contribute to the evidence base ... I think that continues to be what sets **headspace** apart from other services."*

—executive staff member

6.2 Evaluation

headspace staff...

Most staff commented on the importance of service evaluation, however, some staff felt the current data collection focus on clients who had formally accessed the service through intake was too narrow and did not capture much of the community-based work that **headspace** centres are engaged in. A few centre staff reported that data collection currently stops when a young person leaves the centre, with no follow-up on outcomes, and that data collection doesn't include outcomes for young people after they have been referred to another agency.

"The community that we live in is a community that hangs out on the beach in summer, it's a community that utilises parks and public spaces, so a lot of the work won't occur in a centre ... which means that we're not able to [measure] that work adequately."

—lead agency representative

"Some of the work we're doing with families is before the young person even gets here, like trying to support the family around getting them here ... it's not counted work. A lot of the consultation work isn't counted either, or the work you do to try and get people to come with agencies and others."

—centre staff member

"And the countless phone calls that people take where people actually don't register or leave a name or want a service but are seeking information ... how do you count having access to help if you're not registered?"

—centre staff member

Board and executive staff...

Some board members and executive staff commented that much of the data collected by centres relates to the nature of a young person's access to **headspace**, with little data reporting on the outcomes for young people in improved mental wellbeing, in order to demonstrate the effectiveness of the service. Other concerns raised were around the short-term outcome data that is available, with very little intermediate to longer-term data, which is required to demonstrate change over several years of a young person's life.

"we really need those very long-term studies that follow through what happens 10 years from now, 15 years from now."

—board member

"I don't yet see outcome measurement of improvement in someone's presenting problems. I think that's on the radar - data collection and measurement has been very much process measurement in terms of who turns up, how many, how long were they there, that sort of measurement, rather than what is much more important which is what outcomes."

—board member

"We need an agreed minimum data set - which this is all happening, we're on the path - and that data set has to measure things, particularly outcome measures, and they have to be linked to the person's presenting problems and symptomatology to see where at the end they get to."

—board member



Summary of main findings relevant to development of Best Practice Model – Quality and effectiveness

1. Provide evidence-based services
2. Evaluate the service
 - a. Provide data that captures all the work that centres undertake
 - b. Collect outcome data while clients progress within the service
 - c. Collect follow-up data when clients exit the service
 - d. Collect longer-term data to determine longer-term outcomes

Theme 7: Governance

-The original model-

“Each local CYS will be directed by a lead agency on behalf of a local partnership of organisations responsible for the delivery of services to young people”

(McGorry, Tanti, Stokes, Hickie, Carnell, Littlefield, & Moran, 2007)

Since inception, **headspace** centres have operated within a consortium model and under the direction of a lead agency. The consortium membership differs across sites, as a result of different service providers in local communities, however, each centre aims to have members on the consortium representing each of the four service streams: mental health, physical health, alcohol and other drug support services, and vocational support.

headspace centre staff and lead agency representatives were asked about the relationship between the centre and the lead agency, with centre staff asked to consider the future relationship between their lead agency and **headspace**, and lead agency representatives asked to describe their current relationship with **headspace**. Board members and executive staff were not asked directly about their views on the relationship of **headspace** with lead agencies, however, in discussions about current **headspace** practice, board members and executive staff did comment on the current governance structure. Respondents discussed the relationship with lead agencies from both the centre perspective and **headspace** National Office perspective.

7.1 Consortium model

headspace centre staff...

Most **headspace** centre staff supported the current consortium model, acknowledging that there were benefits that came with local services working together and a reduction in the duplication of costs and services when there was a coordination of activities. Most staff also reported that the consortium model allowed **headspace** to connect with other similar-minded organisations and work to fill gaps in the local system.

“We’ve got a strong consortium that’s been consistent since we’ve been opened so we do have great relationships with the drug and alcohol team, with TAFE, we all work in such a close proximity, we all sit around similar tables.”

—centre staff member

“All of our supervision is around mental health and the health area, where we can provide really good supervision for our staff. Then for things that are specialised, like AOD, we can rely on our consortium to provide that support and that person works within our system.”

—centre staff member

“We have mental health organisations, welfare organisations, the council is involved. One of our idiosyncrasies is we have a 10 member consortium, down from 12 originally, but it’s still a bit big, and nobody wants to leave. They’re saying it’s still a commitment from those agencies and from representatives in those agencies and the commitment has survived changes in leadership, so that’s a good thing.”

—centre staff member

Most centre staff, while supportive of the consortium model, raised concerns over the functioning of the consortium, with issues raised including:

- too many organisations ‘at the table’ contributing to differences in professional opinion
- difficulties in coordinating a consortium (time consuming, various contractible requirements, not all consortium members regularly attend meetings)
- concerns over client information sharing between consortium members and the centre
- difficulties in the relationship between the centre and the consortium.

*“They’re (consortium) just not engaged ... I’ve raised it with them that ‘this is not dynamic but half of you people I’ve never met in six months so how engaged are you?’ There is a part of our consortium who have never replied to my emails... at the moment ... it’s me and the lead and **headspace** National. That’s it. I just report to them, or that’s how it feels. It needs to be dynamic.”*

—centre staff member

"I think the bad side of it ... there are ... agencies sitting around the table and this agency is committing much more than this agency is, and all of this type of thing, so I think some can buy-out pretty easily. Why should we put anything else in? That type of thing."

—centre staff member

Lead agency representatives...

Most lead agency representatives were positive about the role of the consortium within the **headspace** model, and appreciated the different perspectives that came with the diversity of agencies represented. Similar to centre staff, some lead agency representatives raised concerns over the differing levels of contribution of consortium members, although other lead agency representatives viewed their consortium as an active contributor to the direction of **headspace**.

*"I think our consortium very much see themselves in our work plan because it's not just a **headspace**/Lead Agent work plan, it's the work plan for the whole consortium, so that's been our philosophy that we develop the work plan with our consortium. But I think the consortium can see the mission of their organisation through the work that they do at **headspace**, so it's not just a one-way street, and that's really useful."*

—lead agency representative

*"I think the strength of [this] **headspace** is very much around our partnerships, so it's very much around the consortium."*

—lead agency representative

"The consortium is important. They are a huge amount of work, I have to say. I virtually have dreams of the consortium; they keep turning up in my dreams. They are a huge amount of work ... We have a very active consortium and they're hungry they're wanting to do everything from have access to webinars in their own offices to being heavily involved in planning; they're wanting one-on-one meetings to orientations; they want to talk about clinical governance; they're always busy and so therefore you've got to re-arrange around them. So, they are very time consuming, but if you want to have a broad spectrum of services, then you need to do that."

—lead agency representative

Lead agencies differed in their approaches to building and maintaining their consortium, with some preferring a larger consortium while others a small targeted group with agencies who worked with similar objectives.

"It's a fairly tried and trusty, tested model, the whole consortium approach with the lead agency ... I think there are good and bad consortiums, the key is in setting it up with the right people, the right partners, the ones that are in the space to make a difference and work together; I think that's essential. There does need to be a lead agency, even though the consortium are very hands-on and contribute to the strategic direction and the operationalised aspects of the centre, there needs to be someone overseeing and pulling that together. I think that gives leverage and it creates consistency and consensus."

—lead agency representative

"We may make the decision to increase the consortium makeup, but the intent was to keep it kind of small, targeted, highly relevant, rather than trying to have that just reflect all the partnerships and relationships that are required."

—lead agency representative

A few lead agency representatives expressed concern over recent changes in the contract arrangements with consortium members, regarding buy-in expectations, and while the more active engagement of consortium members was seen as a positive arrangement for **headspace**, it had resulted in the loss of some consortium members, who were unwilling to commit to collocation arrangements.

"We had consortium members leave when they changed the rules around having to have collocation one day a week. Basically they said 'No, we can't commit. We don't get anything back, what's in it for us?' They left the consortium."

—lead agency representative

Board and executive staff...

Some board members and executive staff commented on the current functioning of the consortium and the importance of having local organisations contributing to **headspace** centres. A few board and executive staff members were concerned that consortium members at times are disempowered and don't have a strong voice in the operation of the centres.

"Having a local consortium which is meaningful and has local buy-in is pretty important."

—board member

"I really like the consortium model that centres run with, and they run well. I think that consortium model is very powerful, to have local providers really sit at the table and I think ... we're learning what that really looks like and challenging people to make that work well."

—executive staff member

*"At **headspace** we talk about a collaborative approach to care and ... the consortium being important. Actually the consortium are completely disempowered within the current model."*

—executive staff member

"The problem with consortia is it's a complex structure and often the value and strength of it depends on the lead agency...it depends on the relationship with the lead agency and the others."

—board member

7.2 Lead agencies

headspace centre staff...

The relationship between **headspace** centres and their lead agency varied, with some staff reporting that their centre had a strong, positive relationship with the lead agency, and acknowledging the focus the lead agency had on youth-friendly services and continuous quality improvement of the centre. Some centre staff also appreciated the role the lead agency played in leading the consortium and ensuring the centre had a non-bureaucratic community-based focus.

"My relationship with our lead agency is very positive; we have a good relationship and that's one of our strengths."

—centre staff member

"Positives of lead agency is that you, well in our case, are working with an organisation that was already on the ground, already had structures in place."

—centre staff member

*"We've had the same lead agency and overall it's a really positive relationship. I think we're a bit of a unique program for them because we're a mainstream service and we're a direct service provider ... our [lead agency] is not in the business of delivering services. Overall they're very proud to have **headspace** aligned with them, they are very generous in giving us GP registrars, they provide a lot of support to us."*

—centre staff member

*"In terms of the lead agency, no, I think there's no problems. I really like that we are with a non-government organisation, I think it's really important for **headspace** as much as it can to be within NGOs, because I think that's where you get good youth practice happening."*

—centre staff member

However, most centres reported difficulties in their relationship with their lead agency, related to:

- too many levels of management, with policy and procedures determined by the lead agency not always consistent with **headspace** policy
- differing values and cultures between **headspace** and lead agency cause friction
- contract negotiations between lead agency and **headspace** staff cause confusion among **headspace** staff in relation to following policies from two organisations
- confusing work objectives and fragmented communication from directors to staff due to multiple levels of management
- difficulties for centres in relation to following ‘two-sets of rules’ – those of the lead agency and hNO
- difficulties for centres in making decisions and alterations to centre policy without contractual agreement from lead agency.

Most centre staff also commented that the lead agency model contributed to inconsistencies in service delivery across the **headspace** platform. Most staff also reported that this model created centres which operated in a silo, with insufficient information shared and opportunities to learn from each other.

*“Sometimes it feels like we have too many bosses. When you take into account the consortium, **headspace** National, and lead agent.”*

– centre staff member

*“I think some of the challenges are ... you've got small **headspaces**, big **headspaces**, big organisations running them, little organisations running them, a bit of a smorgasbord ... so those contingencies ... change your opportunities and there are different opportunities with different organisations.”*

– centre staff member

*“Personally I don't understand why I don't just report to **headspace**.”*

– centre staff member

“I'm not allowed to manage the finances of this centre as I would like to ... depending on the lead, their focus isn't for young people. Mine is.”

– centre staff member

Lead agency representatives...

All lead agency representatives reported a positive relationship with their **headspace** centre(s), a relationship that most lead agencies explained has changed over time. Lead agencies had varying levels of input into the centres, with some lead agencies feeling that their role was to take care of the contractual arrangements and bureaucratic responsibilities, in order to free **headspace** staff up to do what they are employed to do – help young people.

*“At this particular site we have much closer relationship in terms of the governance of **headspace** than would happen maybe in other places where there was a manager just sitting in an isolated place ... whereas in fact I see some on most days, I interact with the **headspace** staff. The **headspace** basically manage the front end of what is my site for the broader system so there's a closer relationship.”*

– lead agency representative

“The silent approach that [we] have taken at the time of my leadership as the lead agency in contract management so I use, say, the silent approach, a less bureaucratic approach, to ensure that there's a state between the contractual requirements and actual ownership at the local community level ... we provide all the leadership to the consortium but it's that community based focus that you have a presence but you're not a bureaucrat, but to minimise that bureaucratic approach because you're dealing with people who generally don't appreciate the bureaucratic approach in young people.”

– lead agency representative

*“I guess it works fantastically well in this model because I take responsibility for not only the **headspace** bit of it but also the state funded bit of it so from my perspective I can ensure integrated care.”*

– lead agency representative

"So the relationship I have with the manager is very, very close and it's my role to make sure that ... [she] and the rest of the staff still feel very linked to the [lead agency] as well, so they've got that support mechanism at all times."

—lead agency representative

*"Initially we thought we saw **headspace** as almost like another program as part of [the lead agency] and what I think has developed through time is that **headspace** almost became its own entity, but still very close to [the lead agency]...I don't think that's a bad thing, I think it's a natural thing."*

—lead agency representative

All lead agency representatives reported benefits that they brought to the **headspace** centre, in terms of community connections and leadership. Most lead agencies also commented that consortiums needed definite leadership, and they were able to provide that.

"I can't imagine how you would run a consortium where everyone had equal weight nothing would get done."

—lead agency representative

"The only reason it works here, good practice principle, whatever you call it, is because the lead agency has very solid relationships and understandings with employee bases."

—lead agency representative

*"We understand that balance (our local community partnership) and the **headspace** label, it's a powerful force. I've not seen a brand like this ever."*

—lead agency representative

Board and executive staff...

Some board and executive staff commented that lead agencies varied in terms of their commitment to **headspace**, with some lead agencies working to support **headspace** in the delivery of youth mental health services and other agencies with less focus on the operations of **headspace**. All executive staff specifically raised concerns about service consistency, when so many different lead agencies were involved in managing centres, and some executive staff raised issues of clinical governance, depending on the background of the lead agency.

*"At [**headspace** centre] they put the interests of their lead agency ahead of **headspace** on occasions."*

—board member

"There have been some [difficult] lead agencies but then there have been some really great ones as well."

—board member

"Without a consistent approach to managing those centres, then we're really at the mercy of any number of lead agencies who will have their own spin on what it is that they're doing."

—executive staff member

"You have ... centres where the lead might be some sort of non-government organisation who provides community services, more community based services, not mental health services and some of those have really struggled with clinical governance."

—executive staff member

7.3 Relationship with National Office

headspace centre staff...

Most centre staff identified difficulties with their relationship with National Office, including:

- insufficient templates, guidance, policies and procedures for centres
- insufficient tangible support
- difficulties for the centre managing the relationship between the lead agency and National Office.

*"I think some of the advice around governance and clinical practice, I think there has been some good work done by **headspace** National in probably the last year and a half to two years, improving contracts. They've had to grow and they've grown as a service alongside us growing as centres but we still need to keep all that communication and involvement and, I suppose, just some awareness of that, the local complexities that you're dealing with."*

—centre staff member

*"It's incredibly admin heavy. We are not resourced to manage the sheer amount of admin stuff, and I don't think that **headspace** National also realise that every time they want something changed or we are given a new survey to do ..."*

—centre staff member

Some centre staff reported:

- difficulties in responding to community needs, due to differences in lead agency requests and National Office instructions
- difficulties in National Office not being flexible and not understanding local needs and regional issues
- National Office campaigns resulted in an influx of clients when centres were already at capacity, and no additional resources provided to meet the demand
- difficulties with recruiting and maintaining staff due to the current private practitioner's model.

A few centre staff commented that National Office marketing tools were ineffective or not always relevant for the centre or culturally appropriate.

*"The sort of marketing that we get from **headspace** National actually does the opposite ... because it doesn't speak to our clientele and it makes that awareness of saying we're not like down there ... so they feel that when they see the stuff it just reminds them of what they don't have."*

—centre staff member

*"I thought every **headspace** ran exactly the same with the same policies, everything consistent, but it's not. Every centre has the same colours for instance, but when I first started I said 'so where's the pack from National Office that I would deliver?' The response was, 'we haven't got one, we have to make up our own.' And I'm floored at that. If we're delivering a message, everyone needs to have the same message."*

—centre staff member

"We definitely have to understand the needs of the community, that has to shape it, because when we try to balance the needs of the community with the needs of, say, National Office, or the needs of our funding body or the people that we answer to, sometimes as a clinician it's a balancing act, because to me, my priority is the young people."

—centre staff member

"How it feels right now is that a lot of policy and direction doesn't really feel very balanced and doesn't have that regional understanding of what's going on."

—centre staff member

Lead agency representatives...

Some lead agency representatives expressed concerns about their relationship with National Office, with issues including:

- concerns that National Office were not flexible, did not take into consideration local needs and did not have an understanding of regional issues
- confusion regarding the direction of the National Office, as it appears to be taking on more direct delivery of services
- a lack of information from the National Office.

A few lead agency representatives also expressed concern over:

- communications and contracts from the National Office, relevant to the lead agency were sent to centres rather than to the lead agency
- National Office's main channel of communication was toward the centre managers, rather than to both levels of management
- difficulties with recruiting and maintaining staff due to the current private practitioner's model
- National Office campaigns resulted in an influx of clients when centres were already at capacity.

"One of the negatives is centre managers can often be left feeling like they have two masters ... I'm clearly [her] line manager, she's accountable to me ... we're collectively accountable for the work plan ... but then she will often get requests that are directly from our state manager that push and pull her in different directions. I think that's difficult."

—lead agency representative

"The relationship with National Office is difficult. They aren't just the broker, they're not just the bank that are contracting us so that we can run the service, but it can be really tricky. As the lead agent I can often feel like I'm last to know things (from National Office) but I probably should know first."

—lead agency representative

"I think overall the working relationship has been difficult but salvageable is how I would assess it. It's got some longevity, therefore there's some resilience in terms of both parties and I think the intent is to always make it work even when it gets hard."

—lead agency representative

"If there is one criticism of the model, it's probably that you can't put a square peg in a round hole and I kind of feel like sometimes the [National] work plan stuff is just a square peg. We do adapt to whatever the local community is, but as a result you might not necessarily move through the levels of integration or move into the next step of centre development because you haven't achieved what National Office want to achieve around CALD. [Our centre] is never going to achieve that."

—lead agency representative

"I was bashing my head against the wall, where, for example, contracts or any communication was sent to the staff and not to me."

—lead agency representative

Board and executive staff...

Some board and executive staff expressed concerns over lack of control over **headspace** centres, particularly when contractual matters were not being fulfilled by lead agencies. A few board members and executive staff also expressed concern over the impact that changes in government policy for lead agencies has on their priorities and their oversight of **headspace** centres.

"There's this kind of dynamic of control of the sites that they experience as being controlled, but then when there are issues like this, say getting the evaluation data or making sure they've got a GP, the things that could be written in as must-dos in the contract, they're not done."

—board member

*"I think lead agencies are a bit ambivalent about [their association with **headspace**]. They can be important to get something up and running in the community, and you do need community ownership ... but then **headspace** needs to be **headspace** not 'we will take the money, we will put up a sign, but we will keep doing what we always did because that's what we do'."*

—executive staff member

*"I think it's about the priority of the lead agency. If you think about the Medicare Local, for example, they've spent the past 18 months working out how they're going to set up, who was going to get money, how they were going to change from a division of general practice – they have been totally preoccupied with their structure and getting their act together, and that is absolutely appropriate for the Medicare Local, but as far as I'm concerned, not appropriate for **headspace**."*

—executive staff member

Summary of main findings relevant to development of Best Practice Model – Governance

1. Relevant community partners are engaged through consortium arrangements
 - a. Use consortium partnerships to develop service pathways for young people
 - b. Use consortium partnerships to reduce duplication of services
 - c. Use consortium partnerships to identify and fill gaps in local service provision
 - d. Ensure consortium comprises a manageable number of fully engaged partners
2. Lead agency is fully aligned with headspace objectives
 - a. Lead agency is committed to delivering headspace model
 - b. Both Lead agency and centre manager are kept fully informed
3. Receive support from National Office
 - a. National Office provides clear guidance, policies and procedures
 - b. National Office requirements are flexible in response to different community needs



Case Studies



headspace Bendigo

Location: Bendigo is a large regional city (pop: >100,000) in central Victoria, 150kms North West of Melbourne

Lead agency: Bendigo Community Health Service

Round: 3 (Opened in 2011)

Summary:

headspace Bendigo is a new centre that in many respects is still developing and identifying how the **headspace** model will function within their local context. Bendigo is a busy centre that works with more moderate to severe clients and struggles to find appropriate services to refer and link these young people to which restricts their ability to focus on mild to moderate clients. The core group of service users are young women and they have high representation of LGBTIQ young people, representing almost a quarter of their clients. The centre aims to improve engagement of young males and older young people and the funding arrangement for services varies greatly from the national picture. The centre has recently convened a youth reference group and are excited about what they will bring to the service.

Client Profile (1 Jan – 30 June 2013)*

	Bendigo	National Average
Clients	244	486
Female	70%	64%
Male	29%	36%
A&TSI	6.5%	7.7%
Age: Under 18	60%	46%
Age: 18 or over	40%	54%
LGBTIQ	23.5%	13.8%
Homeless (or at risk)	3.1%	3.1%
Australian Born	98%	93%
LOTE	4%	6%

Access to headspace

headspace Bendigo have developed a bright, funky and likable space that offers young people a safe, friendly and relaxed environment. Young people reported that it was in a central location and easy to access.

A unique feature of this centre is Hulli the **headspace** dog. Hulli usually sits in the waiting room to help young people feel welcome and comfortable, but he also goes with some young people into their therapy sessions. Staff report that Hulli generally has a positive impact on helping young people to relax, overcome their anxiety and be more open to talk about their issues.

headspace Bendigo primarily services young people at the moderate to severe end of the spectrum and although the centre tries to transition those with more severe issues to the public mental health service this is rarely possible due to availability and capacity issues. Although the centre would like to focus more on its mild to moderate clients, these clients tend to get 'pushed to the backburner' as it is the more severe clients who require more immediate attention.

"...we're getting more and more of that end, we've got more and more kids that are self-harming, that are suicidal ... I actually feel like it's rare to get someone that is the really early intervention."

Clinical Characteristics (1 Jan – 30 June 2013)

	Bendigo	National Average	
Diagnosis recorded	65%	30%	
SOFAS Score (Ave.)	59.3	65.6	
K10 Score (Ave.)	32	27	
1 st Time help seeking	25%	36%	
Stage of Illness	No mental Disorder	3%	15%
	Mild to moderate	32%	39%
	Sub threshold	13%	17%
	Diagnosis/Remission	52%	29%

The centre has raised some access limitations which they believe impact on the engagement of young people. For example, the fact that the centre is co-located with other services that work with people with severe mental health issues, can be quite intimidating for some young people. Additionally, the staff commented that the **headspace** waiting room is quite small and *"when the waiting room is full ... it can be overwhelming for some people because we definitely need a bigger space."*

headspace Bendigo is a busy and growing centre and consequently the wait times are also growing. The centre is generally an appointment based service and although they are happy to accept 'walk-ins', and they do get a few, in most cases they can't provide services immediately and an appointment needs to be made. MDS data shows that 24 per cent of clients indicated that they had to wait 'too long' for their appointment and 11 per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

Treatment and Services

At **headspace** Bendigo you can receive support from a range of professionals including youth workers, sexual health workers, social workers, and alcohol and other drug workers. These workers are skilled in listening to young people and can help identify problems, develop goals and achieve creative solutions to issues. The staff undertake youth training and the centre tries to match staff to young people and their needs as a way of helping them engage. The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (1.0FTE)	GP (0.3FTE)	Mental Health consultancy (1.0FTE)
Receptionist Admin (1.5FTE)	Psychiatrist (0.04FTE)	
Intake workers (0.8FTE)		
Mental Health Nurse (1.34FTE)		
Social Worker (2.0FTE)		

headspace Bendigo provide a multidisciplinary care approach, with the team meeting on a weekly basis to talk about the young people that have come to the centre and then as a team they identify the best way to approach their care.

Service Profile (1 Jan – 30 June 2013)*			
		Bendigo	National Average
Total Service Occasions		798	1590
Ave. Number of Visits		3.3	3.3
Service Type	Mental Health	63%	56.4%
	Engagement and Assessment	27.3%	25.6%
	Physical Health	5.5%	3.8%
	Vocational	0%	1.0%
	AOD	1.2%	1.7%
	Other	2.7%	6.2%
	Missing	<1%	5.3%
Funding	Funding data not accurately reported at this centre		

The intake process at **headspace** Bendigo involves a thorough assessment utilising the HEADS Assessment tool. The intake staff then work through the results with the young person to identify a suitable plan for their care, which is then discussed and confirmed at the weekly intake meeting.

headspace Bendigo has a private GP on site for 0.3FTE and a private psychiatrist for 3.5 hours a fortnight. The GP provides mostly mental health assessments and it is quite rare that a young person would see the GP for a non-mental health related issue.

The centre has a sexual health worker, a co-located drug and alcohol worker (funded through St John of God), and primarily refers out to St Luke's (consortium member) for its vocational support. The centre is working to further enhance its vocational service stream.

As the Bendigo community is not very diverse the opportunity to work with CALD young people is limited, however, the centre has begun to develop relationships with the local Afghan and Korean populations.

The centre has highlighted a number of current gaps in their service or areas that could be enhanced, including: increasing access to locally based private practitioners, especially psychologists, and targeting young men, older young people (23-25 years old), and Indigenous young people. They are also looking to enhance services for homeless young people and a staff member has recently been co-located to specifically target this group.

Governance

headspace Bendigo has a close relationship with the lead agency and the staff feel that having a non-profit community health agency as their lead works really well. The lead involves and promotes **headspace** in community activities and provides extensive in-kind services and support to the centre. Additionally, as the lead is well established within the community the centre has been able to draw on the existing structures, knowledge and relationships to provide a better service and more comprehensive pathways for young people.

On the other hand, the centre staff have highlighted that as the lead agency is such a large organisation it can limit the focus that staff can provide to **headspace**. Furthermore, the direction of the lead does not always align with that of **headspace** staff or National Office.

Given the centre is fairly new, they have only recently finalised the consortium membership. However, the centre has stated that the local experience and knowledge of initial consortium members has been key in the effective establishment of the centre.

Collaborative Relationships

The centre has successfully built collaborative relationships with other services within the community through a variety of processes, including co-location and the involvement of a wide variety of organisations on the consortium.

“We actually sit in the same building as youth services for St. Lukes. All their youth services are in this building. We do a lot of work with them and they give us a lot of work and vice versa.”

However, even with strong local relationships, a key issue for the centre is the inadequate level of services available in the community to meet the level of need. Often the only available option is to refer young people to specialist services in Melbourne, but them being able to access these services depends on the young person having money, family support, and transport, which is quite rare.

“So really it’s actually about us holding them or trying to keep them safe and trying to do reasonable clinical care with a clinician who’s got a long-term view that can provide continuity.”

Referral Pathways (1 Jan – 30 June 2013)		
Influenced to come to headspace by:	Bendigo	National Average
Family or friends	59%	47%
Self-referred	14%	27%
Health worker	17%	17%
Other worker	10%	9%

One option for some young people is to advise them about **ehedspace** as an out of hours or waiting list support option. However, the centre is aware that **ehedspace** also has wait times and so for many young people this doesn’t offer a useful alternative.

*“... they’ve got a waiting list themselves now, so ... while you’re waiting to see us you can wait to see **ehedspace**, so I just find it a bit hard.”*

Seven per cent of young people accessing services at **ehedspace** Bendigo (1 Jan – 30 June 2013) were using **ehedspace** while receiving **ehedspace** services (versus four per cent nationally), 15 per cent have used **ehedspace** previously and 78 per cent have never accessed **ehedspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

ehedspace Bendigo staff do a lot of work to raise community awareness, including going out to all the local schools, TAFE and the university; attending Youth Week; and partnering with other organisations to develop activities for mental health week. Additionally, staff also sit on various committees within the community including the suicide prevention awareness network; a school transition program project (from year 6 to year 7); and they have also developed strong relationships with the local media.

Youth Participation

A key focus for this centre is to involve the young people in their own care. Having the young person identify their own goals and work with staff to identify the best way to achieve these goals is key to engaging many young people.

“I think I see a sense of relief when I say that to a young person, this is not about what I think, it’s about what you want.”

The centre has also recently convened a youth reference group and are excited about what they will bring to the service. The centre hopes to utilise this group for planning and to guide the service to ensure they stay relevant, as well as helping to organise and run local events.

Please note: data contained in this snapshot of the centre in early 2013 were taken from the **ehedspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Darwin

Location: Darwin is the Capital of the Northern Territory (pop: approx. 130,000)

Lead agency: Anglicare NT

Round: 2 (Opened in 2008)

Summary:

headspace Darwin is a flexible and busy service that is successfully engaging a diverse group of young people in an early intervention environment. The centre has an NGO lead and works from a community and youth services model that is embedded within a strengths based approach. Staff have drawn on the lead agency's existing relationships and services to further develop strong partnerships and links with the local service system, which enables seamless and supported referrals in and out of the centre.

Challenges faced by this service are around meeting un-met need, providing services outside of the greater Darwin area, and being unable to provide a physical health stream seem mostly due to local structural and service system issues.

Client Profile (1 Jan – 30 June 2013)*		
	Darwin	National Average
Clients	269	486
Female	62%	64%
Male	37%	36%
A&TSI	18.1%	7.7%
Age: Under 18	54%	46%
Age: 18 or over	46%	54%
LGBTIQ	9.8%	13.8%
Homeless (or at risk)	1.8%	3.1%
Australian Born	89%	93%
LOTE	9%	6%

Access to headspace

headspace Darwin is located in a shopping centre which ensures easy access for young people. The staff have established a welcoming and youth-friendly centre that has been developed through consultation with young people. They have worked to ensure the centre is comfortable and doesn't feel clinical and display artwork and graffiti panels made by young people. Young people have reported that they feel welcome and think that the space is youth-friendly.

In addition to the physical environment, **headspace Darwin** ensures its practices and staff are welcoming and youth friendly. All new staff are provided with intensive mentoring in youth friendly practice and there is an expectation on people's capacity to work creatively with young people. Although staff are recruited based on their skills and knowledge around working with young people, where required, extra training is provided to ensure they are truly a youth friendly centre.

Darwin is a very diverse and multicultural city with a large Indigenous and gay/lesbian population. Consequently the service has worked hard to develop a reputation as an inclusive mainstream service that's accessible to sub population groups as well.

Clinical Characteristics (1 Jan – 30 June 2013)

		Darwin	National average
Diagnosis recorded		3%	30%
SOFAS Score (Ave.)		71.3	65.6
K10 Score (Ave.)		27	27
1st Time help seeking		43%	36%
Stage of Illness	No mental Disorder	18%	15%
	Mild to moderate	49%	39%
	Sub threshold	15%	17%
	Diagnosis/ Remission	18%	29%

headspace Darwin believes it has developed a strong name and reputation within the community, and strong partnerships with local services to facilitate clear pathways for young people. The downside of which is that the centre is struggling to meet demand within its existing resources and they currently have a wait list of about three weeks. MDS data shows that 15 per cent of clients indicated that they had to wait 'too long' for their appointment and four per cent had to wait more than four weeks, slightly better than the national averages of 16 per cent and seven per cent respectively.

Treatment and Services

headspace Darwin is a busy, appointment based service that provides a flexible, youth-friendly and creative approach to engage young people. The centre prides itself on not providing a constrained service of GP referral/ mental health care plan/ 10 sessions/ end of access, but rather they work to provide a flexible approach that better meets the needs of young people. One way they do this is to employ a part-time psychologist to enable them to provide sessions beyond those funded through MBS. The centre has a strengths based approach and all staff are trained in solution focussed practice. Darwin has a multidisciplinary team with psychologists, social workers, OTs and community mental health staff. The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (0.9FTE)	Psychologist (0.2FTE)	AOD Social worker (0.1FTE)
Receptionist Admin (1.0FTE)		Psychiatrist (.026FTE)
Intake workers (0.7FTE)		CRS Vocational worker (0.2FTE)
Social worker/ Youth MH worker (2.0FTE)		Sexual Health Nurse (0.2FTE)
Occupational Therapist/ Psychologist (2.0FTE)		
Community engagement/ youth participation (1.1 FTE)		

Although the intake process is primarily done over the phone, if a young person 'walks-in' to the centre there is always an intake worker available. The intake process involves a short assessment and discussion with the young person to let them know what the centre can offer and to identify whether **headspace** is the right service for them. Where clients are appropriate, the intake team will determine who is the best worker to link that young person with and who has availability before an appointment is made. Where **headspace** is not seen as the best service, the centre will provide supported referrals to another, more appropriate service.

headspace Darwin believes that early intervention is one of the strengths of the **headspace** model and tries to target its services in this area while also providing a seamless and supported pathway to tertiary mental health services when required.

"the challenge is that there is constant need and pressure to work with the more severe clients who take up a lot of resources, but we're really trying to focus on early intervention and refer clients to specialist services when needed."

Service Profile (1 Jan – 30 June 2013)*

	Darwin	National Average
Total Service Occasions	787	1590
Ave. number of visits	2.9	3.3
Service Type		
Mental Health	75%	56.4%
Engagement and Assessment	22%	25.6%
Physical Health	0%	3.8%
Vocational	<1%	1.0%
AOD	<1%	1.7%
Other	<1%	6.2%
Missing	1.6%	5.3%
Funding		
MBS	<1%	52.9%
headspace Grant	99%	26.4%
ATAPS	0%	7.2%
RPHS	0%	1.6%
In-kind	0%	2.6%
MHNI	0%	2.8%
Other	0%	6.5%

The centre primarily provides mental health services but has externally funded AOD and vocational workers that come into the centre for a number of sessions to provide these aspects of the model.

The provision of physical health services is a challenge for this centre and staff highlight that in the Northern Territory there is a lack of available GP's and having one located on site has not been workable. Instead, staff have worked hard to build relationships with local clinics and create alternative pathways for young people with local youth friendly doctors.

The centre also has some dedicated services aimed at improving access for LGBTIQ and Indigenous young people and they have recently secured funding to employ an Indigenous Engagement Worker. An external organisation also provides a sexual health clinic once a week.

One area that the centre highlighted as a current service gap is the level of access to male counsellors as currently they only have one male counsellor who comes in twice a week. The centre also stated they would like the ability to provide an outreach services to try and engage young people who are too anxious to come to the centre or for whom transport is an issue.

Governance

headspace Darwin is run by Anglicare which has a strong history of delivering youth services in the Northern Territory and has a well established reputation and strong partnerships with local services. This reputation and relationships have been very beneficial in successfully establishing the **headspace** centre. Due to the focus of the lead, this centre understands its approach is more social and community services based than many other centres.

*“My relationship with the lead agency is really good and they provide good on the ground support and liaising between **headspace** National and me.”*

The relationship between the lead and **headspace** national is more complex and although the intent from both parties is to make it work even when it gets hard, it's not always easy.

Collaborative Relationships

Being part of Anglicare has provided **headspace** Darwin with access to the wide variety of others services offered by the lead but also links with other local services through the existing relationships. The centre have further established relationships with local health clinics to enable referrals pathways to and from GP's, as well as with tertiary mental health services to enable supported referrals for young people presenting with more severe mental health problems.

Four per cent of young people accessing services at **headspace** Darwin (1 Jan – 30 June 2013) were using **eheadspace** while receiving **headspace** services (corresponding with national data), 20 per cent have used **eheadspace** previously and 75 per cent have never accessed **eheadspace** (versus national figures of 20 and 76 per cent respectively).

Staff at **headspace** Darwin can see a lot of value in **eheadspace** providing services for young people outside the greater Darwin area, however, they want to be sure that **eheadspace** actually have the capacity to respond to these young people, and in a culturally appropriate way.

*“...in terms of need it's massive ...youth suicide and lack of services, so I'm really out for looking at ways that we can explore opportunities to increase the access to **eheadspace** in a culturally appropriate way and I think we haven't even started, that discussion needs to happen.”*

Referral Pathways (1 Jan – 30 June 2013)		
Influenced to come by:	Darwin	National Average
Family or friends	54%	47%
Self-referred	22%	27%
Health worker	14%	17%
Other worker	11%	9%

Community Awareness

headspace Darwin has a dedicated community awareness officer and have found that word of mouth is key in increasing community awareness. Consequently, the centre has worked hard to build a strong reputation as a diverse and inclusive practice. The centre believes that the success of the local and national awareness raising activities have resulted in the majority of young people coming to the centre of their own initiative or because they have been told about it by their family or friends.

headspace Darwin finds that linking with schools is very important and an area they work hard in. They also hold information stalls at most community events; they are involved with a number of other local organisations around shared interest areas; they are involved in sporting groups, and are currently developing camps for young people from all over the Northern Territory, including from Indigenous remote communities.

*“We proactively look at opportunities where we can promote **headspace** but, to be honest, over the last three months and definitely in the next three months it's been reactive in responding to requests for **headspace** to go out and provide information to schools and to other services.”*

Youth Participation

The centre has a strong commitment to youth participation and employs a youth participation officer to ensure this happens in a way that is not tokenistic and adds value to the service. Although they don't currently have a youth reference group, they conduct a range of reference and focus group activities to ensure engagement of young people and the inclusiveness of the service. The centre is currently working to establish a new youth reference group, and the centre is excited about what they will bring to the service.

As for involving people in their own care, **headspace** Darwin works from a strengths based framework, which requires that the service provided is directed by the young people and respects that they're the expert in their world and their strengths.

“It's guided by young people so it's not about us telling them that they need to change, it's really about them telling us what areas they want to change and how can we support that change for them.”

Please note: data contained in this snapshot of the centre in early 2013 were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Edinburgh North

Location: Edinburgh North is a suburb in the North of Adelaide

Lead agency: Northern Adelaide Medicare Local

Round: 1 (Opened in 2007)

Summary:

headspace Edinburgh North is a busy centre located in the northern suburbs of Adelaide. The centre's strong links with the community, their co-location and effective relationships with other services ensures they are successfully engaging young people and can provide a full-range of services, or referral pathways, to meet their needs. They work primarily with young people with mild to moderate issues using a strengths based approach that is centred on working with the young person to identify their needs and goals and work together to achieve these. The youth workers at the centre offer a flexible approach to engage young people in spaces they feel comfortable and relaxed. The centre has a strong relationship with their lead and an active Youth Advisory Council who work on community participation activities and inform the overall functioning and set-up of the centre.

Client Profile (1 Jan – 30 June 2013)		
	Edinburgh Nth	National
Clients	523	486
Female	60%	64%
Male	40%	36%
A&TSI	9.6%	7.7%
Age: Under 18	57%	46%
Age: 18 or over	43%	54%
LGBTIQ	16.4%	13.8%
Homeless (or at risk)	1.7%	3.1%
Australian Born	96%	93%
LOTE	4%	6%

Access to headspace

headspace Edinburgh North have worked with their Youth Advisory Council to develop a bright and fun youth friendly space that young people feel comfortable in. The centre has an outside pergola space 'The Bistro', which provides an informal space where young people can sit and chat with the youth workers.

Young people report that the centre is easy to access with public transport and they like the fact that it's a little bit out of the way so they can come and go without being seen by other young people.

The centre has a flexible approach to engagement, with youth workers open to meet with young people in locations that they are more comfortable with, for example the park, shopping centre, or a café. For young people who may not be ready to access the centre, or who have difficulty with transport this flexibility provides a soft entry to the centre and is key to their engagement.

Clinical Characteristics (1 Jan – 30 June 2013)			
		Edinburgh Nth	National
Diagnosis recorded		40%	30%
SOFAS Score (Ave.)		63.4	65.6
K10 Score (Ave.)		29	27
1st Time help seeking		39%	36%
Stage of Illness	No mental Disorder	11%	15%
	Mild to moderate	67%	39%
	Sub threshold	9%	17%
	Diagnosis/ Remission	12.7%	29%

In addition to the location, flexibility, and the colourful and youth friendly environment, all frontline staff have a friendly attitude and are provided with extensive professional development in youth friendly practices. The staff understand that for many young people walking in the door has been a big step and so they do what they can to make them feel comfortable and safe in the space.

"Often for young people that's the first time they've ever really spoken about what's going on for them."

headspace Edinburgh North aims to focus its services on young people who present with mild to moderate symptoms. Although some young people do present in crisis or with more severe issues, the centre have a strong relationship with the local Child and Adolescent Mental Health Services which enables them to refer most of these young people on.

There is a high level of need within the region for mental health support and consequently the intake team are often booked up four or five weeks in advance. MDS data shows that 18 per cent of clients indicated that they had to wait 'too long' for their appointment and 15 per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

Treatment and Services

headspace Edinburgh North has a multidisciplinary team of GPs, social workers, psychologists, psychiatrists and youth workers, who are experienced and passionate about working with young people.

The breakdown of staff at the centres is as follows:

headspace		Private practitioners
Manager/ Receptionist Admin (1.9FTE)	Intake/ youth workers (5.7FTE)	Psychiatrist (0.05FTE)
Clinical Manager (0.7FTE)	Community Engagement (0.6FTE)	
Psychologists/ Clinical Psychologists (3.4FTE)	Project Worker (1.0FTE)	
Social worker (1.1FTE)	GP (0.05FTE)	

headspace Edinburgh North works from a strengths based perspective where care is person centred rather than based on presenting issues or diagnosis. The intake process is based on using a shared decision-making model to develop a well-being plan with every young person.

“I think they need to actually be driving what it is that they’re wanting and what they’re getting from the service because that’s the way to keep them engaged, to make it a positive experience.”

The centre values each of the four core streams under the **headspace** model and has worked hard to ensure they provide, or can refer to, services under each component. The staff report they have a really good balance in the centre in the types of services available, although note that mental health is their strength. The physical health stream is primarily provided through co-located government youth services that provide access to GPs, nurses, a sexual health clinic, and a clean needle program.

The alcohol and other drugs (AoD) stream is one area that staff admit is not as well developed, but highlight that South Australia has a real lack of AoD services and those that are available don’t necessarily focus on early intervention. Although, the state-based AoD service is on the **headspace** consortium their attendance at meetings has been irregular and the centre is working to strengthen and rebuild that relationship.

In terms of vocational support, BoysTown are a member of the consortium and provide a day a week of employment consultancy at the centre. The centre strongly supports the inclusion of a vocational aspect within the model and have developed traineeship opportunities, both within **headspace** and the Medicare Local. The centre has found traineeships provide a great way to reconnect young people to employment and education and they have seen some really positive outcomes.

Given the high Indigenous population in the region, the centre has recently employed an Aboriginal Mental Health Liaison Officer. This position does a lot of work with the Aboriginal community, including providing transport for young people to get to appointments, as well as providing a more family centred approach for indigenous young people.

Governance

In establishing the centre, the strong reputation of the lead in this region and a comprehensive consortium made a real difference to its successful implementation. Having the centre co-located with the lead agency is very constructive and they provide support, clinically and administratively, to the **headspace** service and staff.

The centre highlights that the downside with the co-location arrangement is that the lead exerts quite a high level of control over the **headspace** centre, and although their views are generally congruent with those of **headspace** National, this is not always the case, which brings some challenges. However, the centre highlighted that the positives that have come from the co-location arrangement with the lead far outweigh the negatives.

Collaborative Relationships

The centre believes that relationships and partnerships with other services are essential to the successful running of the **headspace** centre. The staff highlighted that although **headspace** is touted as a one-stop-shop they believe it’s not realistic to think that all the required services can be provided in the one location under the one roof. For them, what is really important is providing that level of coordination and warm referrals so when young people do need to be referred elsewhere they feel supported through that process.

*“If they’re escalating and they need hospitalisation ... that doesn’t need to be such a scary process, there can be that facilitated journey where the links are still there, the people that you have seen in **headspace** will still be the people that you come back to once that’s all sorted out.”*

The centre advises young people about **headspace** at intake as an option if they need to talk to someone before their first appointment, or in between appointments. When parents come into the centre worried about their children, the staff often inform them about **headspace** as a good place to start and a soft entry point for their child. Six per cent of young people accessing services at **headspace** Edinburgh North (1 Jan – 30 June 2013) were using **eheadspace** while receiving **headspace** services (versus four per cent nationally), 20 per cent have used **eheadspace** previously and 74 per cent have never accessed **eheadspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

Given the centre has been open since 2007, the staff feel they are well established in the community and have moved past the basic challenges of how do they raise awareness and how do they engage in the community, to now be able to look at who's falling through the gaps, who are they missing.

For example, the region has an increasing number of refugees and new arrivals and the centre is implementing a number of new initiatives to try and raise awareness of mental health issues within these communities. These include developing health literacy information, building community capacity and encouraging other community sectors, such as general practice and community centres to be more culturally aware and appropriate in their services.

Furthermore, the **headspace** youth work team regularly do presentations to students and school support staff, in addition to attending open days and community events such as Youth Week and Mental Health Week. There are always lots of activities and government initiatives occurring within the region and staff try and get involved wherever they can to promote **headspace**.

Youth Participation

headspace Edinburgh North have a Youth Advisory Council (YAC), which is made up primarily of young people who are either accessing or have accessed the service in the past. The YAC meet eight times a year and about half of that is around planning for and facilitating community events, and the other half is around providing advice to the centre management in the planning and direction of the centre.

The YAC have also been involved with things like the centre's virtual tour and they've made some short films that are used for workshops in schools. YAC members have taken part in things like newspaper or TV interviews and have spoken to groups of GPs and other community workers on professional development occasions.

One innovative way that this centre has practically implemented youth participation is by hiring a community development trainee from within the centre. The trial involved interviewing and hiring a member of the YAC who wasn't engaged in education or training to undertake an 18 month traineeship. The traineeship involved working at the centre part-time while completing a Certificate IV in Community Services Work at TAFE. The opportunity provided a qualification and on the job experience and the young person involved has completed their traineeship and has gained employment with the Medicare Local. For the centre this has had the benefit of having a young person, a service user, involved in the day to day operations of the centre and they now plan to continue this initiative every 12 months.

Please note: data contained in this snapshot of the centre in early 2013 were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Frankston

Location: Frankston is an outer suburb of Melbourne in Victoria

Lead agency: Youth Support and Advocacy Service (YSAS)

Round: 2 (Opened in 2008)

Summary:

headspace Frankston opened in 2008 and has recently moved to a new site inspired by a non-clinical and youth friendly feel. The friendly and welcoming staff engages with young people and make them feel welcome and comfortable. Of the four core service streams, mental and physical health are the strongest and the centre is working well with co-located services and other organisations in the community to enhance the vocation and Alcohol and other Drug (AoD) streams. The centre works with other key service providers in the community on joint projects as well as raising the profile of **headspace**. The centre has a formal youth reference group which meets regularly in order to provide the centre with feedback and advice.

“They didn’t want things to be so white and clinical that it made them feel like they were in an institution.”

headspace Frankston have made the centre relaxed and friendly so young people feel comfortable just dropping in, while also making sure the front entrance feels professional enough to provide a good entry point for new young people and their parents. Out the back of the centre it’s all polished concrete, couches, there’s a ping pong table, and they also have a washing machine, a dryer and a kitchen facility. The staff find that some young people don’t feel comfortable sitting in a room and talking to a psychologist or youth worker, so they might have their session over table tennis and a milkshake.

“We want young people who are transient and homeless and maybe more at the acute end of disengagement, we want them to come in and feel comfortable to wash their clothes and all of that and then maybe see the doctor.”

Client Profile (1 Jan – 30 June 2013)*		
	Frankston	National Average
Clients	485	486
Female	64%	64%
Male	34%	36%
A&TSI	3.3%	7.7%
Age: Under 18	46%	46%
Age: 18 or over	54%	54%
LGBTIQ	18.6%	13.8%
Homeless (or at risk)	2.7%	3.1%
Australian Born	93%	93%
LOTE	4.6%	6%

Clinical Characteristics (1 Jan – 30 June 2013)			
		Frankston	National Average
Young people with a Diagnosis		65%	30%
SOFAS Score (Ave.)		63.1	65.6
K10 Score (Ave.)		29	27
1st Time help seeking		27%	36%
Stage of Illness	No mental Disorder	8%	15%
	Mild to moderate	25%	39%
	Sub threshold	22%	17%
	Diagnosis/ Remission	45%	29%

Access to headspace

headspace Frankston have recently moved into new premises that young people were involved in designing and developing. The young people wanted the building to be bright and colourful, non-clinical, and they didn’t want everything to be square. The architectural firm took these views on board and the new building has lots of different shapes and angles, it’s very industrial but at the same time it’s got a nice feel about it, and it looks professional which makes it appealing to parents and service providers as well. The centre has noticed that since moving to the new site there has been a noticeable improvement in the turn-up rate for young people.

headspace Frankston report that their staff are one of their key assets and their ability to engage and make young people feel welcome and comfortable is a key aspect to the centre being youth friendly and keeping young people engaged. Although the centre aims to work in the early intervention space, targeting young people with first presentation and high prevalence disorders, they often find they are working with more complex cases. The centre believes this is the direct result of having highly qualified and competent mental health clinicians employed at the centre, many of whom have come from the tertiary mental health sector and local referral agencies have recognised this and refer more complex young people. *“Some need early intervention but I would say most of it is more sub threshold, clinical diagnostic.”*

The centre reports they have a 'bit of a wait list' and MDS data shows that 16 per cent of clients indicated that they had to wait 'too long' for their appointment and six per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

Treatment and Services

The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (0.9FTE)	GP (0.7FTE)	Registrar (0.8FTE)
Receptionist & Administration (1.41FTE)	Psychologist/ Clin Psych (1.35FTE)	AOD Worker (0.1FTE)
Clinical Manager/ Supervisor/ Educator(1.9FTE)	Social worker (0.4FTE)	Vocational Worker (0.3FTE)
Youth worker/ Community Engagement(1.8FTE)		Youth worker/ Community Engagement(0.7FTE)
Allied Health (1.6FTE)		Other (2.8FTE)

Service Profile (1 Jan – 30 June 2013)*			
		Frankston	National Average
Total Service Occasions		1660	1590
Ave. Number of Visits		3.4	3.3
Service Type	Mental Health	56%	56.4%
	Engagement and Assessment	21%	25.6%
	Physical Health	6%	3.8%
	Vocational	1.4%	1.0%
	AOD	1.2%	1.7%
	Other	12%	6.2%
	Missing	2%	5.3%
Funding	MBS	61%	52.9%
	headspace Grant	18.3%	26.4%
	ATAPS	0%	7.2%
	RPHS	0%	1.6%
	In-kind	0%	2.6%
	MHNI	0%	2.8%
	Other	21%	6.5%

When a young person is referred to the centre, the intake process involves a consult with the intake team over the phone where a decision or recommendation is made about their pathway within the service. All new clients are then discussed after initial face to face assessments at the multi-disciplinary team meeting, which includes a consultant psychiatrist, private practitioners, intake workers, management and the outreach support team and representatives of service streams (AOD, vocational services, family services). This group meets on a weekly basis to review all new cases and to follow-up or monitor the progress of existing cases.

The centre reports that their mental health and physical health streams are their primary strengths. The mental health stream is covered through strong service partnerships; highly qualified and competent clinicians, and having an in-house Psychiatrist Registrar. The physical health stream is provided by the on-site primary health and GP clinic.

The lead agency for **headspace** Frankston is Youth Support and Advocacy Service (YSAS), who are one of the primary services for the delivery of youth AoD services in Victoria. YSAS are co-located within the centre and provide a drug and alcohol team on-site. The centre reports this link could be further enhanced through greater sharing of medical and service information between them to ensure staff are aware of all services or treatments the young person is receiving.

The centre reports that although the vocational stream is not currently a strength, they have been working to enhance that area through the development of a joint protocol with Skills Plus, CRS, and Centrelink to provide a more coordinated and comprehensive approach. Staff also refer young people to the local Peninsula Youth Connections (BSL/Taskforce), who work specifically with young people who are disengaged from education and training.

headspace Frankston also highlighted they undertake a high level of outreach work which is not adequately recorded through existing **headspace** data collection systems. This is particularly salient for their community which is one that *“hangs out on the beach in summer, it's a community that utilises parks and public spaces, so a lot of the work won't occur in a centre.”*

There are a number of areas where the centre would like to enhance their services to ensure they can effectively meet the needs of their community, including: having access to more GP's on site, increasing family support work, and further integrating with local Indigenous services to make sure the centre is viewed as an accessible point for indigenous young people.

Governance

The lead agency also has a very strong reputation as a youth-friendly AoD agency working with hard end vulnerable kids and, although this reputation has benefitted the centre in its establishment phase, the lead has broadened their work to focus on early intervention in mental health. Peninsula Health has made a valuable contribution supporting clinical

governance structures with YSAS. One of the negatives with the lead agency and hNO setup is that the centre manager can often feel like they have two masters; while they are directly accountable, and report to, the lead agency, and together they are responsible to hNO for the **headspace** work plan, the push and pull in different directions can be difficult to manage.

Referral Pathways (1 Jan – 30 June 2013)		
Influenced to come to headspace by:	Frankston	National Average
Family or friends	43%	47%
Self	25%	27%
Health worker	20%	17%
Other worker	12%	9%

However, it is clear that the State Manager is also working to have a relationship with the lead agency representative, but the centre reports this communication and relationship could be improved through more structured and focussed meetings.

Collaborative Relationships

headspace Frankston has strong buy-in from their consortium, which brings together a range of mental health and welfare organisations as well as the local councils. These consortium members are strongly committed to the **headspace** model and as a group, work effectively to make things happen and address any issues or problems that emerge. *“(Consortium members) have seen **headspace** as a shared ownership, very committed and wanted it as a sort of spearhead for the development of youth mental health services. So they are the positives of it.”*

The centre reports that the location they work in is very contained with very common collaborative planning processes and tapping into these existing processes has been an advantage for the establishment of strong collaborative relationships. They have developed primary care partnerships with the Medicare Local, the mental health alliances and a range of other networks.

The centre reported they were unaware of how much young people are using **ehespace** in conjunction with their service and although young people at the centre were positive about the service, they felt: *“...it should be more advertised and brought to attention a bit more, especially around here because it seemed like the majority of us didn’t know exactly what it is”*. MDS data indicated that four per cent of young people accessing services at **headspace** Frankston (1 Jan – 30 June 2013) were using **ehespace** while receiving **headspace** services (versus four per cent nationally), 20 per cent have used **ehespace** previously and 76 per cent have never accessed **ehespace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

The centre have established a broad range of stakeholder and partnership networks as part of their community engagement strategy and these networks support the centre in tackling specific issues and have also been an effective way of involving wider stakeholder groups in the centres work.

In addition to linking with local services, **headspace** Frankston engage with their community and raise awareness through working extensively with their local schools and School Focussed Youth Services and running various programs, including: a ‘Mind YourHead Program’, which involved young people developing a DVD for schools; working with the Department of Education on a self-harm program in schools, and a de-stigmatising support program for LGBTIQ young people. Another major initiative that **headspace** Frankston initially undertook was to conduct youth mental health first-aid training of all the local school nurses, local agencies and many teachers and wellbeing staff members in schools (309 professionals have completed this training). This activity has been very beneficial to building awareness of **headspace** in schools and providing strong and ongoing referral pathways. **headspace** Frankston has provided education and training in mental health literacy and help-seeking to more than 9000 young people, families, and community groups.

Youth Participation

The centre have successfully engaged young people to participate in the functioning and set-up of the centre. Through participation of the youth advisory group they have created a space and an environment where young people can lead their own projects. *“I think that’s a real strength of Frankston **headspace** and I know that the youth advisory committee are often sought upon by other services to consult with on things like that, and that makes you really proud.”*

The youth advisory group meet weekly with different individuals participating in different projects and processes, for example some have participated in developing a DVD and others have participated in creating artwork for the centre. The centre has also organised leadership training for some of the young people involved to continually support and enhance that group.

The centre finds that having a formal group works best for their centre as it allows actual participation rather than just feedback. **headspace** Frankston have embedded youth participation in all aspects of their centre and the lead agency has built on this practice, embedding youth participation and self-determination as one of its core values.

Please note: data contained in this snapshot of the centre in early 2013 were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Gosford

Location: Gosford is an inner regional city (pop: 160,000) on the central coast of NSW, 76km's North of Sydney

Lead agency: Central Coast Local Health District

Round: Opened in 2008 as part of Round 1

Summary:

Gosford is a busy inner-regional centre based in a central location that is easily accessed by young people. The centre provides the full complement of services under the four core streams, with the majority of services provided by a GP or psychologist (accounting for more than 70% of services provided). **headspace** Gosford primarily services young people with mild to moderate level of needs and young people with more severe needs are referred on to the co-located state mental health service. Families are encouraged to be involved in young people's care and the centre has extensive youth participation.

Access to headspace

Client Profile (1 Jan – 30 June 2013)*		
	Gosford	National Average
Clients	836	486
Female	64%	64%
Male	36%	36%
A&TSI	10.9%	7.7%
Age: Under 18	46%	46%
Age: 18 or over	54%	54%
LGBTIQ	13%	13.8%
Homeless (or at risk)	5.3%	3.1%
Australian Born	96%	93%
LOTE	2%	6%

headspace Gosford is centrally located across the road from the train station. Young people reported it was easy to get to and they felt comfortable going there.

The staff have worked hard to consult with young people in setting up the centre to ensure it is a safe and comfortable environment. Young people liked that the centre is bright and cheerful and doesn't feel like a doctor's surgery. Given the state mental health service is co-located there are two separate waiting rooms, one for those with moderate to severe problems and another for young people with mild to moderate problems.

"Youth-friendliness is not just about having a few posters up in your waiting room, it's about how can you walk into a place and feel safe and confident and that you're in an okay place."

Clinical Characteristics (1 Jan – 30 June 2013)			
		Gosford	National Average
Diagnosis recorded		23%	30%
SOFAS Score (Ave.)		64.7	65.6
K10 Score (Ave.)		27	27
1st Time help seeking		28%	36%
Stage of Illness	No mental Disorder	9%	15%
	Mild to moderate	53%	39%
	Sub threshold	9%	17%
	Diagnosis/Remission	28%	29%

The centre highlighted that having a youth friendly centre is not just about the look and feel of the waiting room but it's the attitude, friendliness and approachability of the staff. The front desk staff at Gosford are central to the engagement of young people as they create a culture that makes young people comfortable coming to the centre or even just dropping-in for a chat. All staff at the centre receive general training in youth friendly approaches, as well as more specific training in working with and engaging particular community groups.

"They're the ones that really get people to engage and certainly when young people have come in and disengaged I think it's the admin staff that can work quite hard to really bring them back in."

Young people commented that they thought access could be improved at Gosford through longer hours (outside 9am-5pm) and a shorter waiting list. MDS data shows that 21 per cent of clients indicated that they had to wait 'too long' for their appointment and 13 per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

"I find that young people have to wait maybe six or eight weeks to get an appointment with the psychologist ... it's not that the crisis is over by then but often the impetus is gone for them to attend."

Treatment and Services

The centre provides the four core service streams of mental health, physical health, AOD and vocational services. They also run a sexual health clinic. The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (1.0FTE)	GP (0.6FTE)	AOD (0.2FTE)
Receptionist Admin (2.4FTE)	Psychologists (1.8FTE)	Vocational (0.9)
Clinical Manager, Practice Manager, Intake workers (4FTE)	Social Worker (0.7FTE)	
Youth participation and Community Engagement (1.6FTE)		

Service Profile (1 Jan – 30 June 2013)*			
		Gosford	National Average
Total Service Occasions		2285	1590
Ave. number of Visits		2.7	3.3
Service Type	Mental Health	34.6%	56.4%
	Engagement and Assessment	17.6%	25.6%
	Physical Health	1.3%	3.8%
	Vocational	0.1%	1.0%
	AOD	1.5%	1.7%
	Other	<1%	6.2%
	Missing	44%	5.3%
Funding	MBS	55%	52.9%
	headspace Grant	22%	26.4%
	ATAPS	0%	7.2%
	Other	4%	12%
	Missing	19%	1.5%

headspace Gosford is located within 'ycentral' and provides an integrated service system with three levels of mental health care: primary health care through the GPs; secondary through Youth Access Team (YAT) and the private allied health providers; and then tertiary state-funded through the co-located mental health service.

The centre has a part time AoD worker employed by a local drug and alcohol service. Although the centre would like to increase its drug and alcohol counselling their experience is that approximately half of the young people don't attend their appointment, which makes it difficult to negotiate with the service provider for more hours.

The provision of vocational services has been challenging for the centre although they now have a co-located part-time vocational worker and a state-funded worker who can also work with **headspace** clients (a diagnosis is required as part of the funding arrangement for this worker).

The centre has worked hard to improve client pathways into and within the centre and have a single consent process and medical record across the site to facilitate service integration. The intake process for young people, regardless of whether they are referred or 'walk-in' (the centre has up to eight walk-ins a day), involves the young person completing the MDS before being seen by one of the YAT workers where they undertake the HEADS Assessment. Based on this assessment the YAT worker will either make recommendations about possible service options to the young person, or wait to discuss different options at the daily team meeting.

headspace Gosford has highlighted a number of current gaps in their services or areas that could be enhanced, including: female GP time to meet the demand for young women who attend the centre for primary health or women's health issues; access to a psychiatrist; and additional capacity to work with young people who are homeless, present with eating disorders, or identify as A&TSI or LGBTIQ.

Governance

"I think it works very well; I think the whole ycentral headspace co-location works really well."

The lead agency and the centre are co-located in 'ycentral', which offers access to a broad range of health service providers, including the state mental health service. This approach creates strong integration of services and an effective method of implementing a 'no wrong door policy'. The lead agency and **headspace** have a very close relationship in terms of the governance of the program, with the lead interacting with **headspace** staff on a daily basis.

"Having a local health district as lead works fantastically well as it enables us to provide truly integrated care and ensures we have sufficient corporate and clinical governance and standards to guide the work that we do."

The role of the **headspace** Gosford consortium has changed over the years, initially it acted as a management team in setting up the program, but they have now become more of an advisory committee with an independent chair.

"I think there is some tension in the headspace model about what the role and function of the consortium should be and does it still have a place or doesn't it? You can probably in a way do exactly the same thing that you do by having a quarterly meeting with the community."

Collaborative Relationships

Many services are co-located at ycentral allowing strong coordination and simple referral pathways to other services. **headspace** Gosford has strong links with local agencies and sits on a number of interagency committees.

Referral Pathways (1 Jan – 30 June 2013)		
Influenced to come by:	Gosford	National Average
Family or friends	51%	47%
Self-referred	28%	27%
Health worker	10%	17%
Other worker	11%	9%

The centre is working to become more LGBTIQ friendly and have investigated accreditation in this area. They are working with local services and have joined 'Pride and Diversity' which is a not-for-profit organisation that works with LGBTIQ employees. As part of this process they do a yearly index and are rated in terms of policies and procedures around levels of staff diversity.

The centre has high levels of Indigenous young people who access the centre and have developed strong links with the Indigenous community and the National Dance Academy for Indigenous students. The dance academy attracts young Indigenous people from all around Australia and **headspace** Gosford is working with the Academy by providing cultural awareness training to staff to ensure the young people are supported and know where they can access help if required.

The centre indicates that they advise young people about **headspace** as an alternative option until they can see a clinician at the centre. MDS data shows seven per cent of young people accessing services at **headspace** Gosford (1 Jan – 30 June 2013) were using **headspace** while receiving **headspace** services (versus four per cent nationally), 24 per cent have used **headspace** previously and 69 per cent have never accessed **headspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

headspace Gosford have developed a high profile within the community through extensive involvement with local community festivals and events, and through ongoing promotion at local schools and universities. To assist with this work the centre employs a community liaison officer.

Additionally, the centre conducts outreach at the local high schools, specifically with the school counsellors about what **headspace** does and how it can help.

*"For us at the moment it seems to be a lot of up skilling of community agencies so that they get better at knowing what **headspace** does so that they can then better educate the kids that are coming through."*

Youth Participation

The centre employs a Youth Alliance Coordinator to ensure the ongoing engagement of young people and to coordinate the work of the youth reference group. Consequently, **headspace** Gosford has a high level of youth participation through a variety of different means including through its Youth Reference Group and the involvement of young people on staff interview panels.

Young people are also involved in planning and directing their own care and pathways through the centre.

"I think it adds a buy-in from the young person that they're far more likely to pursue a treatment plan which they've been directly involved."

Please note: data contained in this snapshot of the centre in early 2013 were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Hobart

Location: Hobart is the capital of Tasmania and classified by the ABS as an inner regional location (pop: 216,000)

Lead agency: The Link Youth Health Service

Round: 3 (Opened in 2012)

Summary:

headspace Hobart opened in 2012 and is led by the Link Youth Health Service. It works hard to find a comfortable balance of a professional setting which is also relaxed and inviting for young people. In terms of treatment, **headspace** Hobart provides a multidisciplinary service that includes a GP, sexual health nurse, psychologists, community engagement worker, and care coordination staff. Of the four core service streams, mental and physical health are the strongest, the vocational and Alcohol and other Drug (AoD) streams could be enhanced, especially for clients with higher levels of need such as the Culturally and Linguistic Diverse (CALD) community.

Client Profile (1 Jan – 30 June 2013)*

	Hobart	National Average
Clients	650	486
Female	69%	64%
Male	31%	36%
A&TSI	8.8%	7.7%
Age: Under 18	35%	46%
Age: 18 or over	65%	54%
LGBTIQ	15.4%	13.8%
Homeless (or at risk)	4.4%	3.1%
Australian Born	95%	93%
LOTE	4%	6%

Access to headspace

headspace Hobart consulted with young people to create a casual and relaxed space that is inviting and professional, and found a comfortable balance that is not overly clinical and doesn't feel like a drop-in centre either. The centre understand that staff can play a crucial role in making the centre comfortable and welcoming and therefore have recruited staff who can engage effectively with young people and also provide comprehensive induction and ongoing training opportunities to ensure this approach is maintained.

"I think in terms of the physical space we do get a lot of young people comment they feel comfortable, it's relaxed, nice colours, doesn't feel like you're sitting in a doctor's clinic."

headspace Hobart has made the centre more accessible to young people through flexible opening hours, online and video promotional activities, inclusive practices, and a range of programs targeting specific community group. *"In a place like Hobart that counts, it doesn't just work for the young people that belong or that identify with that group (LGBTIQ), it would have a knock-on effect to other people as well."*

Clinical Characteristics (1 Jan – 30 June 2013)

	Hobart	National Average	
Young people with a Diagnosis	15%	30%	
SOFAS Score (Ave.)	81.6	65.6	
K10 Score (Ave.)	26	27	
1st Time help seeking	40%	36%	
Stage of Illness	No mental Disorder	39.4%	15%
	Mild to moderate	31%	39%
	Sub threshold	17.3%	17%
	Diagnosis/Remission	12.3%	29%

The organisation also has a flexible approach to service that aims to involve young people in informing their own care and giving them a range of service options to ensure they are comfortable and engaged.

The waiting period at **headspace** Hobart can be up to two weeks and staff highlight that there are some significant gaps in the service system for young people in Hobart and prior to the **headspace** centre opening, young people often had to wait six to eight weeks for appropriate services. MDS data shows that 15 per cent of clients indicated that they had to wait 'too long' for their appointment and four per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

Additionally, staff highlight the service system gaps also impact the ability of the centre to focus its services on early intervention as often there is nowhere to refer the more severe young people to *"...the only avenue really open to us is the hospital emergency department for those young people who are at high risk, suicide, there's nowhere else to take them."*

Treatment and Services

headspace Hobart provides a multidisciplinary service that includes a GP, sexual health nurse, psychologists, community engagement worker, and care coordination staff. The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (1.0FTE)	GP (1FTE)	Sexual Health Nurse (0.2FTE)
Receptionist & Administration (2.1FTE)	Clinical Manager (0.4FTE)	Occupational Therapist (0.1FTE)
Clinical Manager, Care Coordinator (3.6FTE)	Psychologist/ Clin Psych (1.2FTE)	AOD Worker (0.4FTE)
Community Engagement/ Liaison (1.0FTE)		Vocational Worker (0.2FTE)
Psychologist/Clinical Psych (1.2FTE)		

Given the multidisciplinary approach, **headspace** Hobart have implemented a comprehensive electronic record system to ensure all staff have access to the client file so the young person does not have to retell their story to each member of staff they see. *“... when you look at someone’s file you start off with the intake and it tells a story and then you watch it unfold. You don’t see it repeated so GPs will use the intake before they do a mental health plan, they won’t repeat anything in the intake, they will build on it.”*

Service Profile (1 Jan – 30 June 2013)*			
		Hobart	National Average
Total Service Occasions		1671	1590
Ave. Number of Visits		2.6	3.3
Service Type	Mental Health	44.5%	56.4%
	Engagement and Assessment	26%	25.6%
	Physical Health	6%	3.8%
	Vocational	<1%	1.0%
	AOD	1.2%	1.7%
	Other	20%	6.2%
	Missing	3%	5.3%
Funding	MBS	72%	52.9%
	headspace Grant	18.5%	26.4%
	ATAPS	0%	7.2%
	RPHS	0%	1.6%
	In-kind	8%	2.6%
	MHNI	0%	2.8%
	Other	1%	6.5%

The first point of contact for a young person at the centre is the care coordination team who undertake the screening and assessment of all new clients and provide information on the services available. The care coordination staff usually have a social work background and have an ongoing role in supporting young people while receiving services at **headspace**, which often involves checking in with clients to see how they are going between appointments, reminding them of future appointments and providing ongoing follow-up after their service has been completed.

Although the centre is developing its service links and platform to provide the four core streams, further work is required to provide a comprehensive service platform. The centre has an onsite GP to provide the physical health stream, however, in practice general health work is generally limited to sexual health. **headspace** Hobart provides a sexual health clinic which offers a key pathway for many young people into the centre.

The work of the GP focusses more on developing mental health care plans and providing some specialised mental health sessions. Psychologists (private and **headspace** funded), provide the majority of the mental health support.

The AoD stream is met through consortium partners who provide part-time AoD workers. However, staff report that this stream could be further enhanced to meet the level of need and ensure service availability for all young people who need to access these services.

The vocational stream is one aspect that staff report is not well met within the centre. The limited support offered in this area is provided by the lead agency, and the centre recognises that there are opportunities to better coordinate and link with other organisations providing vocational services within Hobart.

In addition to enhancing its vocational and AoD streams, the centre also identified they would like to enhance the services they provide through the provision of: group and family work, targeted CALD services (especially within the African community), and psychiatric support for clients with higher levels of need.

Governance

headspace Hobart report that the centre was initially viewed as just another program within The Link Youth Health Service (lead agency), but over time it has evolved into being quite a separate entity, although still strongly connected. The centre have a strong relationship with their lead and **headspace** services are very complementary to the existing services provided by The Link, which are primarily psychosocial in focus. **headspace** brings a more clinical arm which was previously a key gap, *“(previously)... trying to get anyone into a psychologist was impossible, particularly if you’ve got to go through a GP”*.

headspace Hobart and their lead often coordinate services, with **headspace** staff encouraging their clients

to access services provided by The Link and vice versa. For example, if a young people presents at The Link wanting to talk to a psychologist, staff will often walk the young person over to **headspace** to make an appointment and then support them in other ways until that appointment.

Referral Pathways (1 Jan – 30 June 2013)		
Influenced to come to headspace by:	Hobart	National Average
Family or friends	40%	47%
Self	42%	27%
Health worker	11%	17%
Other worker	7%	9%

“The Link is really helpful in supporting young people who perhaps don’t actually, for whatever reason, feel comfortable seeing someone who is called a psychologist ... but being able to kind of take them there and show them that, it’s kind of a gentle introduction to things.”

Collaborative Relationships

The centre collaborates with other youth health services including Pulse Youth Health (State Government) and Youth ARC (Hobart City Council). The collaboration is primarily around promotional exercises but they also work together on joint projects. The centre also has extensive contact with the local CAMS and adult mental health services to develop appropriate referral pathways for clients with more severe issues. However, given the gaps in the service system, these relationships don’t always result in the required pathways.

The centre links with **ehedspace** where possible, and although some staff report the communication with the service has been good, others indicated the timeliness and process of communication from **ehedspace** could be improved. Staff reported that for some young people **ehedspace** is an important service option, but they would like to see better coordination between **ehedspace** and the centres to enable the sharing of client information and to ensure staff are aware if clients are also accessing online services. MDS data indicated that three per cent of young people accessing services at Hobart (1 Jan – 30 June 2013) were using **ehedspace** while receiving **headspace** services (versus four per cent nationally), 19 per cent have used **ehedspace** previously and 78 per cent have never accessed **ehedspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

headspace Hobart is very proactive in its promotional activities and employs a community educator who works with schools and other groups within the community. The centre has a big green pop-up **headspace** that they take to community events, like mental health week, to let young people know what **headspace** is and how it can help. These events are filmed and posted on their Facebook page, which the centre have found to be a great way to engage young people. In addition to school and community event promotion, the centre has found that word of mouth and Facebook are the most effective ways to promote **headspace**. *“Facebook is probably the simplest, best way to get the information out ... but you have to be on it, you need someone who pretty much can post daily stuff.”*

Youth Participation

While the centre believes it’s important to involve young people in the centre, and there is a youth reference group, staff highlighted that a formalised group is not necessarily the most effective way to receive feedback and input as a reference group is not necessarily representative, the level of energy in a long running group ‘ebbs and flows’, it can take a lot of work to manage a well-functioning reference group, and if the group are just meeting for the sake of meeting then it can become quite meaningless. *“... whenever you have formal groups you get a specific demographic of young persons who joins these groups, it’s not necessarily the broad view of everybody.”*

The centre is still determining what works best for their centre in supporting meaningful youth participation and whether this is through a consistent reference group or convening ad-hoc groups for specific purposes.

Please note: data contained in this snapshot of the centre in early 2013 were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Kimberly

Location: Broome is a remote town in the Kimberley region of WA, 2,200 km north of Perth (pop approx. 16,000)

Lead agency: Kimberley Aboriginal Medical Services Council

Round: 2 (Opened in 2008)

Summary:

Kimberly focusses on providing flexible and informal treatment options in a safe environment for young people. The centre reports a high number of Aboriginal young people, however acknowledges that strategies are needed to attract groups who may not traditionally seek treatment for mental illness such as young Aboriginal males. Kimberly has a strong and consistent consortium that has helped ensure there are positive relationships with a range of agencies throughout the local area. In addition, the centre has a multidisciplinary team that provides a range of strength-based services on site with the mental and primary health streams appearing the strongest while the alcohol and other drug (AoD), and vocational streams may require further development.

Client Profile (1 Jan – 30 June 2013)*		
	Kimberly	National Average
Clients	75	486
Female	69%	64%
Male	31%	36%
A&TSI	18.8%	7.7%
Age: Under 18	21%	46%
Age: 18 or over	79%	54%
LGBTIQ	12.5%	13.8%
Homeless (or at risk)	5.6%	3.1%
Australian Born	94%	93%
LOTE	12.5%	6%

Access to headspace

headspace Kimberly aim to provide an informal and flexible approach to engage young people where they are at and on their own terms. The centre staff have consulted with young people to develop a youth friendly space and they work hard to build trust within the community and make the centre a safe place for young people.

The staff feel that **headspace** Kimberly has met a gap in the local service system by making psychological services available to all young people who need them, not only those who have severe mental illness. **headspace** Kimberly works from a strengths based approach and ensures that young people have control over and guide the services they receive.

“The young person to me is like they’re at the top of the list because they’re the ones that we’re dealing with, it’s the young person and it’s their family and the people that they’re connected to, so I make my clinical decisions based upon the needs of the young person and their well-being.”

The centre have identified a number of strategies such as employing more male counsellors and investigating the introduction of an evening clinic specifically for young males to help engage and make the centre more accessible to groups who are not accessing the centre according to the level of need, including young Indigenous men.

Clinical Characteristics (1 Jan – 30 June 2013)			
		Kimberly	National Average
Diagnosis recorded		8%	30%
SOFAS Score (Ave.)		62.8	65.6
K10 Score (Ave.)		27	27
1st Time help seeking		31%	36%
Stage of Illness	No mental Disorder	75%	15%
	Mild to moderate	12.5%	39%
	Sub threshold	0%	17%
	Diagnosis/ Remission	12.5%	29%

The centre reports that approximately 40 per cent of their clients are Aboriginal (although not represented in the MDS data displayed above), and the young people they see typically have a high level of need; they’ve got more complex issues, and they’re at greater risk of things like suicide and self-harm.

However, **headspace** Kimberly report that they have outgrown their existing location as it is small and doesn't allow for the provision of a 'drop in' component. A component which they believe is essential in their location and with their client group to allow young people to informally 'check out' the space and see what it's all about before they make an appointment.

MDS data shows 4 per cent of clients indicated that they had to wait 'too long' for their appointment and no clients had to wait more than four weeks (compared to national results of 16 and 7 per cent respectively).

Treatment and Services

headspace Kimberly has a multidisciplinary team that provides professional psychological services that are strengths based and guided and directed by young people's needs and goals. The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (1.0FTE)		Mental Health worker (0.5FTE)
Receptionist & Admin (1.0FTE)		Youth worker (0.5FTE)
Counsellor/ MH Clinician (1.0FTE)		
Mental Health Nurse (1.0FTE)		
Youth Worker (1.0FTE)		
Community engagement (1.0FTE)		

The current pathway to care at **headspace** Kimberly is very flexible and young people do not require a mental health treatment plan to receive mental health services, although the centre is exploring how to better use this pathway in future to increase access to Medicare funding.

The centres approach involves providing long and flexible appointment times to ensure young people have the time to talk and do not feel pushed or rushed in and out and the same staff do the screening, the intake and then the ongoing work with young people. The centre doesn't employ specific intake workers, rather all clinicians manage intake.

Service Profile (1 Jan – 30 June 2013)*			
		Kimberly	National Average
Total Service Occasions		201	1590
Ave. Number of Visits		2.7	3.3
Service Type	Mental Health	71%	56.4%
	Engagement and Assessment	17%	25.6%
	Physical Health	0%	3.8%
	Vocational	1%	1.0%
	AOD	2%	1.7%
	Other	8.5%	6.2%
	Missing	<1%	5.3%
Funding	MBS	9%	52.9%
	headspace Grant	91%	26.4%
	ATAPS	0%	7.2%
	RPHS	0%	1.6%
	In-kind	0%	2.6%
	MHNI	0%	2.8%
	Other	0%	6.5%

An approach the centre finds works particularly well with their community and particularly with the Indigenous young people as it ensures they don't have to see too many people or repeat their story as they progress through the centre.

On a more individual level, the centre also works from a strengths based perspective where young people are also involved in participating in their own care. *"we're seeing young people might come to our centre after being involved in lots of other services where they say: people keep telling me what I should be doing, I don't want to do that, this is what I'm worried about, I want to be able to talk about that."*

headspace Kimberly find that for many young people in their community an outreach approach is more appropriate, and consequently services are often provided in the car or at the beach, where young people feel more relaxed and comfortable, *"...taking them fishing, it's a tangible activity as opposed to sitting in an office"*.

The centre indicates that their mental and primary health streams are the strongest and although they endeavour to provide a one-stop-shop for young people the alcohol and other drug (AoD), and vocational streams require further enhancement. There is a huge need and gap for AoD services in Kimberly and many of the available services don't see young people across the full **headspace** age range. *"I have young people as young*

as 12 years old coming in with alcohol and drug issues". Staff report that if they could employ a full-time AOD worker they would be working to capacity just to try and meet the current demand.

Although the centre doesn't provide specific vocational services they report that much of their work with young people focusses on this area. The staff have strong relationships with local employment agencies, schools, and with training providers to support this work, however, further work is required to develop partnerships with apprenticeship centres and TAFE.

Governance

The lead agency for this centre is a regional Aboriginal medical service council which does not have a strong history of delivering direct services, and definitely not in the mainstream system. However, staff report the relationship is very positive and the lead very supportive. The centre reports that the governance arrangements of the Board of Directors and the fact that the service has had four CEO's in the last five years has somewhat limited strategic planning and the centre's ability to expand the service regionally.

Referral Pathways (1 Jan – 30 June 2013)

Influenced to come to headspace by:	Kimberly	National Average
Family or friends	37.5%	47%
Self-referred	50%	27%
Health worker	6%	17%
Other worker	6%	9%

Clinicians also report that the multiple governance arrangements can often be a balancing act between what they see as the best for the young person versus what the lead, the community or **headspace** national are requiring. For example, *"the measurement of services that is mandated from **headspace** national does not fit in with the realities of the Kimberly context and is just not relevant or appropriate for the young people who use our service and the issues they face."*

Collaborative Relationships

headspace Kimberly has a strong and consistent consortium that has helped ensure there are positive and constructive relationships with a range of agencies throughout the local area. They are constantly exploring new ways to work with and build relationships with other service providers, through sitting on regional groups, and going out and talking to and meeting with other services. However, as Kimberly is quite a transient population there is high turnover within other health organisations which makes this process more difficult.

The centre sees the potential of **eheadspace** in providing an alternative service option for rural and remote areas and although they promote the service to their clients, especially those who require after hours support or for the more transient clients, limited internet access outside of the larger towns means it's often not a viable option. Five per cent of young people accessing services at **headspace** Kimberly (1 Jan – 30 June 2013) were using **eheadspace** while receiving **headspace** services (versus 4 per cent nationally), 16 per cent have used **eheadspace** previously and 79 per cent have never accessed **eheadspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

Kimberly **headspace** undertake a range of community awareness activities from promotion in schools, conducting group programs, and participating in community events. In the Indigenous community, the centre have focused their community awareness raising on marketing that in order to attend **headspace** *"...you don't have to have a major problem, you don't have to be really sick, you can come in if you've stumped your toe to see the doctor, and that has been a good way of reducing some of the stigma around what it means to be providing mental health services."*

However, the centre also indicates that some of the marketing from **headspace** national is not always helpful as it doesn't speak to their particular clientele or address the issues they are facing and consequently it sometimes has the opposite effect than is intended. *"So they feel that when they see the stuff it just reminds them of what they don't have. The message is about I'm stressed over exams. Well, it's not because it's an exam, I'm stressed over exams because my parents are drunk and they're drinking and I've got no safe place and I've got nothing to eat, so how am I supposed to study because I have got no support?"*

Youth Participation

The centre values the input from young people, but find that practically it's a challenge to keep up momentum and ensure participation is meaningful. **headspace** Kimberly employ a youth engagement officer and have a small youth reference group. More recently they have found that the best strategy for engaging with young people is informally via e-mail, phone, texting and Facebook, and are continually working to identify effective ways to involve young people in the service.

Please note: data contained in this snapshot of the centre in early 2013 were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Parramatta

Location: Parramatta is a western suburb of Sydney in NSW

Lead agency: Uniting Care Mental Health

Round: 3 (Opened in 2012)

Summary:

headspace Parramatta opened in 2012 and is a centre that is continually working on improving its look and feel to ensure a youth friendly environment is maintained. Welcoming and non-judgemental staff is an important practice to the centre and the strong Youth Advisory Group is often involved in the recruitment process to ensure new staff can work effectively with young people. The centre tries to focus on early intervention but having a no wrong door policy means that they work with clients across the spectrum. The centre not only provides a broad range of services, but also facilitates a seamless pathway through the system for young people.

Client Profile (1 Jan – 30 June 2013)*

	Parramatta	National Average
Clients	371	486
Female	63%	64%
Male	36%	36%
A&TSI	2.9%	7.7%
Age: Under 18	44%	46%
Age: 18 or over	56%	54%
LGBTIQ	14.9%	13.8%
Homeless (or at risk)	1.1%	3.1%
Australian Born	87.5%	93%
LOTE	30%	6%

Access to headspace

headspace Parramatta is a colourful centre close to public transport and in a central location. The centre is located near a Westfield shopping mall that assists in ensuring its accessible and visible to young people. The centre is continually working on improving the feel of the space by making the rooms more colourful, putting up young people's artwork, and involving the Youth Advisory Group in creating wall murals.

The centre believes that the personality and attitude of staff is also key in making the centre youth friendly and consequently they have a comprehensive training and induction process on effective communication and engagement with young people. Members of the Youth Advisory Group are also involved in the recruitment process to ensure new staff work well with and can effectively engage young people.

Clinical Characteristics (1 Jan – 30 June 2013)

	Parramatta	National Average	
Young people with a Diagnosis	28%	30%	
SOFAS Score (Ave.)	61.5	65.6	
K10 Score (Ave.)	29	27	
1st Time help seeking	35%	36%	
Stage of Illness	No mental Disorder	4%	15%
	Mild to moderate	37%	39%
	Sub threshold	27%	17%
	Diagnosis/ Remission	32%	29%

headspace Parramatta works from the approach that the young person is at the core of everything that is done at the centre, from what the centre looks like, how they recruit staff, to young people's involvement in guiding and directing their care. Staff are encouraged to work collaboratively with young people in developing care plans to ensure their buy-in and continued engagement with the service.

The centre is working to increase access for young males and they have recently developed a partnership with the local Motor Trades Association (an apprenticeship organisation), who have recognised there are a lot of mental health concerns with their young male workers and **headspace** is now working with that organisation to provide support and to engage some of the young men at risk.

headspace Parramatta is a busy centre and consequently there is often a waiting list for young people to get an appointment. MDS data shows that 16 per cent of clients indicated that they had to wait 'too long' for their appointment and six per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

Treatment and Services

headspace Parramatta provide a broad spectrum of services and given the lead agency is a tertiary mental health service they can facilitate a seamless pathway through the system for young people. The centre have a multidisciplinary team and hold a daily care coordination meeting to discuss the most suitable care for the young people presenting at their centre. The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (0.3FTE)	Psychologist/Clin Psych (1.6FTE)	AOD Worker (0.1FTE)
Receptionist & Administration (0.8FTE)	Social Worker (0.4FTE)	Vocational Worker (0.4FTE)
Clinical Manager, Practice Manager (1.5FTE)		Social Recovery Worker (0.4FTE)
Intake/ youth workers (4.0FTE)		Other (0.2FTE)
Community Engagement/ Liaison (1.0FTE)		
GP (0.2FTE)		

The intake process at **headspace** Parramatta involves an initial risk assessment to make sure the young person is safe before an intake appointment is made with the youth access team. This appointment involves conducting the HEADS assessment and then working with the young person to identify their issues, determine what needs to happen next and develop a management plan. Depending on their symptoms, severity and psychosocial factors the young person will generally be directed into a particular stream of service which dictates to some extent the staff they will work with and their pathway within the centre. The centre are currently in the process of refining this streaming approach to align it to the clinical staging model to ensure that the service young people receive is consistent with their stage of illness.

The centre tries to focus on early intervention but having a no wrong door policy means that they work with clients across the spectrum, “...a young person doesn't know if they're at the pointy end or if they're at that mild to moderate end”. However, if a service provider is referring a young person and they're at that more acute stage then staff work to educate that provider that **headspace** isn't the best place for those clients and offer them some alternatives.

Service Profile (1 Jan – 30 June 2013)*			
		Parramatta	National Average
Total Service Occasions		1205	1590
Ave. Number of Visits		3.2	3.3
Service Type			
	Mental Health	66%	56.4%
	Engagement and Assessment	25%	25.6%
	Physical Health	<1%	3.8%
	Vocational	2.2%	1.0%
	AOD	1.8%	1.7%
	Other	2.6%	6.2%
	Missing	2.7%	5.3%
Funding			
	MBS	67%	52.9%
	headspace Grant	27%	26.4%
	ATAPS	1.2%	7.2%
	RPHS	0%	1.6%
	In-kind	3.6%	2.6%
	MHNI	0%	2.8%
	Other	1.2%	6.5%

“If a young person walks in we'd always see them, we'd always go through the assessment and then try and help navigate the system for them.”

The physical health stream is an area that **headspace** Parramatta are still developing and it has only been recently that they have recruited two part-time GPs. Although the centre is working toward one FTE GP position, they know this will be difficult in their area where there is a shortage of GPs.

“...it's brilliant, having a GP on site in terms of the support and the additional work that happens through the private practice model.”

The alcohol and other drug (AoD) stream is provided through collocated AoD services which provide a number of appointments for **headspace** clients each week. There are also a number of AoD service providers on the consortium who provide additional referral pathways. However, the centre finds that often young people are quite resistant to link with external AoD services, and are more likely to take up services offered in-house.

The vocational stream is provided by another consortium member who provide services on-site a couple of days a week. *“...they’ve actually done some really good work around finding employment for young people but they’ve also been willing to be incredibly flexible around what they will do with that young person so they’ve really embraced the whole model of **headspace** very well.”*

The centre has identified a number of target groups where services could be enhanced or better directed, including: the LGBTIQ population, the local Indigenous population, and the large homeless population in the area.

Governance

*“I think we’ve been really lucky because we’ve got a very supportive lead agency that sees **headspace** as just one of their services.”* The relationship is very positive and the lead is heavily involved in the running of the centre, including contributing to the clinical procedures and the clinical governance framework. The lead also offer a range of other complementary services which enables the delivery of seamless services.

The relationship between **headspace** National Office and the lead agency has improved in a range of ways over the years as communication has been enhanced. Having specific staff in National to work with and assist new centres during the establishment phase has been very beneficial to that communication.

Referral Pathways (1 Jan – 30 June 2013)		
Influenced to come to headspace by:	Parramatta	National Average
Family or friends	43%	47%
Self	25%	27%
Health worker	22%	17%
Other worker	10%	9%

The centre highlighted emerging challenges with this relationship as hNO, intentionally or otherwise, seek more control over centre functioning and reduce the level of contact and information provided directly to the lead agencies.

Collaborative Relationships

headspace Parramatta report that partnerships and collaborative relationships that they have developed with local agencies and services have been essential to facilitate the provision of an effective service and to provide supported and seamless referrals for young people. Additionally, the established partnerships that Uniting Care Mental Health have within the Western Sydney community have been very beneficial to the effective establishment and running of the centre.

headspace Parramatta is very supportive of the **headspace** approach and regularly promotes it as an option to young people at their centre and also receive a number of referrals from **headspace**. Staff find that it’s really helpful when used in conjunction with some of the work that they’re doing with the young person and find it’s a great option to give to parents who say their child needs help but is not willing to come into the centre.

MDS data indicated that three per cent of young people accessing services at **headspace** Parramatta (1 Jan – 30 June 2013) were using **headspace** while receiving **headspace** services (versus four per cent nationally), 19 per cent have used **headspace** previously and 78 per cent have never accessed **headspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

headspace Parramatta undertake a broad range of community awareness activities with schools, other service providers and they also sit on a number of local committees. The centre has also found that wide representation and commitment of the consortium members has been key in raising community awareness and developing comprehensive referral pathways.

The lead agency for **headspace** Parramatta runs three **headspace** sites across Western Sydney which has enabled them to establish a community development team that services the whole area. This approach has meant that the centre has greater scope to effectively engage with the wider community where there are a large number of schools and diverse communities. Parramatta is quite a multicultural area and so the staff attend multicultural inter-agency meetings and they have recently held a multicultural festival to try and increase the awareness of **headspace** in those communities and with the services that work in them.

Youth Participation

The centre have always had an active Youth Advisory Group (YAG) and the participation of the young people has been essential in developing a youth friendly space. The centre’s YAG is a formal group of 10 members who meet monthly and are paid for their time. The centre has chosen to pay the members to demonstrate that they value their contribution and they also find this helps to maintain the commitment and motivation of the members.

The YAG is involved in the centre in a variety of ways including: representing **headspace** at community events; involvement in the recruitment of new staff; informing the centre on how it can be more youth friendly; and around the development of the centre policy and procedures. *“... we take it really seriously. Everything that we roll out goes through them first.”*

headspace Southport

Location: Southport is a metropolitan location on the Gold Coast, Queensland (pop: 28,000)

Lead agency: General Practice Gold Coast¹ / Lives Lived Well

Round: 2 (Opened in 2007)

Summary:

headspace Southport is a very busy centre that opened in 2008 and approaches its practice with a structured medical/ clinical model while maintaining a friendly and welcoming youth-friendly environment. The Youth Advisory Council is an important component for the centre, and advice is sought on a regular basis. In addition, young people are encouraged to provide input into their own individual health care plan. Of the four core service streams, mental and physical health are the strongest, the vocation and alcohol and other drug (AoD) streams could be enhanced. The centre would like to attract more clients from marginalised groups such culturally and linguistically diverse (CALD) and young men.

Client Profile (1 Jan – 30 June 2013)*		
	Southport	National Average
Clients	882	486
Female	61%	64%
Male	37%	36%
A&TSI	4.3%	7.7%
Age: Under 18	50%	46%
Age: 18 or over	50%	54%
LGBTIQ	13%	13.8%
Homeless (or at risk)	1.9%	3.1%
Australian Born	86%	93%
LOTE	4%	6%

Access to headspace

headspace Southport work from a predominantly medical/ clinical model of service and as such have set up their centre to look and feel more like a doctor's surgery than a drop-in centre. The centre have taken this approach as they want young people and referring agencies to know that **headspace** is a professional environment with qualified and competent staff and they believe the look of the centre is an important aspect in achieving this.

Young people reported that although the centre does look like a medical centre it was still friendly, welcoming, and different to other services they have accessed. The Youth Advisory Council have recently undertaken an audit of the centre and a number of changes have been implemented to make the centre more youth friendly, including: introducing bright colours; adding flags on the walls from different countries; putting up a chalk board where people can write their thoughts; displaying young people's artwork; and adding a welcome sign in different languages.

Clinical Characteristics (1 Jan – 30 June 2013)			
		Southport	National Average
Diagnosis recorded		24%	30%
SOFAS Score (Ave.)		66.7	65.6
K10 Score (Ave.)		27	27
1st Time help seeking		39%	36%
Stage of Illness	No mental Disorder	10%	15%
	Mild to moderate	48%	39%
	Sub threshold	20%	17%
	Diagnosis/ Remission	22%	29%

headspace Southport encourage youth participation in the functioning and look of the centre but also at the individual care level where young people are involved in directing the care they receive. During the intake and assessment process, staff work with the young person to identify what they want to work on and what will work best for them. **headspace** Southport reports that this approach helps young people engage, feel in control and take more responsibility for their own care; as well as being a real point of difference with **headspace** compared to other mental health services.

"We are for the young person, about the young person, not about the service".

headspace Southport receives 10-12 new referrals a day and the wait time for an initial assessment is usually between 5-10 days, although it can be longer for a GP appointment. MDS data shows that 16 per cent of clients indicated that they had to wait 'too long' for their appointment and five per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

¹ At the time of the snapshot the lead agent was General Practice Gold Coast. The current lead agent is Lives Lived Well.

Treatment and Services

headspace Southport offer a medical model of service that includes the full range of **headspace** services. The breakdown of staff at the centre is as follows:

headspace	Private practitioners	Other
Manager(0.8FTE)	GP (0.8FTE)	Manager (0.2FTE)
Receptionist & Admin (2.0FTE)	Psychologists (4.2FTE)	Receptionist & Admin (1.5FTE)
Practice Manager (0.8FTE)	Psychiatrist (0.1FTE)	Practice Manager (0.2FTE)
Clinical Manager, Intake workers (5.8FTE)	ATAPS Suicide Prevention (In kind) (1.0FTE)	Mental Health Team (2.6FTE)
Community Engagement (1.0FTE)		Vocational worker (In kind)(0.2FTE)

The intake process at **headspace** Southport involves the young person, or their family, making an appointment for an intake assessment, which can be done over the phone or face-to-face. Dependent on the outcome of the assessment and what the young person wants to work on they will be assigned to a relevant staff member.

Service Profile (1 Jan – 30 June 2013)*			
		Southport	National Average
	Total Service Occasions	3288	1590
	Ave. Number of Visits	3.7	3.3
Service Type	Mental Health	68.5%	56.4%
	Engagement and Assessment	18%	25.6%
	Physical Health	<1%	3.8%
	Vocational	<1%	1.0%
	AOD	<1%	1.7%
	Other	6%	6.2%
	Missing	6.2%	5.3%
Funding	MBS	74%	52.9%
	headspace Grant	10%	26.4%
	ATAPS	11%	7.2%
	RPHS	0%	1.6%
	In-kind	<1%	2.6%
	MHNI	1.3%	2.8%
	Other	3%	6.5%

Although the centre tries to keep to early intervention, the medical approach and the desire to provide an open door policy and not be just another service that says ‘no, we can’t help you’, makes this focus difficult. Where the young person is identified as being too complex they will be referred to another service, which for many young people can be frustrating as they may have been sitting on the waiting list for two weeks to just find out they are not appropriate for the service.

Although the centre offers the four service core streams, the physical and mental health components are their strengths. The centre has a pool of psychologists and a part-time psychiatrist to provide the mental health component of the model. The GPs play a key role in the centre and are available to young people regardless of their issues *“...if they’ve got a physical health problem or they want a sexual health check done or they want a referral to another service, they can still use the GP services.”* The GPs effectively engage with young people and provide long appointments to allow the young person time to talk about their issues. This primary care pathway allows the GPs to identify developing issues and intervene early in a young person’s mental health.

A vocational worker, funded through the Commonwealth vocational service CRS, comes in once a week to provide this component. However, often a young person is engaged with another vocational service provider or does not fit elements of the criteria, which can be a stumbling block for some who would otherwise benefit from continuing assistance in this area.

Alcohol and other drug services is one component where additional focus is required. *“Certainly of the four, drug and alcohol is something we do not have many specialised practitioners here, we have one practitioner who is and we have one intake worker who has an interest, and we have a manager who has that kind of background, but we don’t have a coordinated approach to drug and alcohol.”*

In addition to the core stream of services, **headspace** Southport reports that one of the centre’s strengths is engaging young people through group programs, such as the disordered eating program, or educational programs on cyber-bullying and self-esteem. These programs allow young people to come to the centre and see what it’s like in an informal manner before they access more direct services.

Areas identified by the centre where they would like to enhance or improve their services include: access to interpreter services for CALD young people; more group programs aimed specifically at bullying or young men; and having outreach and youth workers available so staff could work with young people outside of the centre and engage with young people in a less clinical manner.

Governance

The centre raised a number of limitations with the existing governance arrangements, including the conflicting direction and focus of **headspace** national, the lead agency, and the consortium. "They don't always align which can make it difficult for staff to know who to listen to and often they just want to get on and do the job of engaging and working with young people in the best way they can, and sometimes the existing arrangements make this difficult."

Referral Pathways (1 Jan – 30 June 2013)		
Influenced to come to headspace by:	Southport	National Average
Family or friends	50%	47%
Self-referred	27%	27%
Health worker	14%	17%
Other worker	9%	9%

Although there have been some issues with the consortium arrangements, the centre are currently working to engage and involve their partners in the service in a meaningful way. The centre feel that it is important that the role of these partners in guiding the direction of the centre and overcoming service gaps is clarified to ensure their input is valuable to the work of **headspace**.

Collaborative Relationships

The centre has developed strong relationships with other organisations to ensure they can provide a comprehensive service, including the Gold Coast City Council, the Gold Coast Youth Service (a homelessness service), YHES House (youth health and education service), and Ohama for Youth (an education support program). Additionally, they have a strong working relationship with the child and youth mental health services, who once a month will sit in on the centre's case review meeting to provide extra input into how the staff can effectively manage some of their more high risk clients.

headspace Southport report that they refer to and promote **eheadspace** to their clients and understand the value in being able to provide young people with another option that they can access out of hours or if they are just not ready to talk about some things face-to-face.

*"I promote it as well as a bit of a soft entry approach and whenever I do talks in schools I say: if talking to someone face-to-face is a big hard, you could go on **eheadspace** and chat to someone first and then maybe, when you feel you're a little bit more confident, you can link in with us and that's a face-to-face option, which I think would work really well."*

Five per cent of young people accessing services at **headspace** Southport (1 Jan – 30 June 2013) were using **headspace** while receiving **headspace** services (versus four per cent nationally), 17 per cent have used **eheadspace** previously and 77 per cent have never accessed **eheadspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

The centre report that given they've been operational for five years they are very well-known in the community and amongst young people. Consequently the centre usually receives 10 to 12 new referrals a day.

headspace Southport employ a community development worker who undertakes the community awareness activities of the centre, which include: promotional activities in schools; managing the centre's Facebook page; chairing the Gold Coast Youth Network; and putting on community events, such as the World Suicide Prevention Day ('Check It Fest'). The centre also produce a bimonthly newsletter that goes out to services they work with and all the local schools to outline what's been happening at **headspace** and provide information on any new groups coming up.

Youth Participation

headspace Southport have a Youth Advisory Council (YAC) which has been up and running for almost a year and staff believe their input into the centre has been invaluable in making the centre more comfortable and youth friendly.

The centre tries to provide a range of opportunities for the YAC to be involved from centre audits, developing the centre's youth participation policy, sitting on local committees, to helping with promotional activities, such as attending school visits. Young people are also involved in the interview panels for any new staff. Although staff admit that the work in coordinating the group and keeping them engaged is quite onerous, they believe it's worth it for the impact that the group has on the feel and running of the centre.

Please note: data contained in this paper were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

headspace Warwick

Location: Warwick is a Regional town in Queensland (pop: 13,000)

Lead agency: RHealth

Round: 2 (Opened in 2008)

Summary:

headspace Warwick opened in 2008 and is led by RHealth. The centre seeks ongoing advice from young people to ensure the centre and the services are youth-friendly, suitable and engaging. Friendly and welcoming staff is an important factor to the centre and new members participate in training to ensure they are open and non-judgemental toward young people. In terms of service treatment, **headspace** Warwick provides a holistic service approach and of the four core service streams, mental and physical health are the strongest, followed by alcohol and other drug (AoD), yet the vocation stream could be strengthened. The centre works with other key service providers in the community on joint projects as well as raising the profile of **headspace**.

Client Profile (1 Jan – 30 June 2013)*		
	Warwick	National Average
Clients	361	486
Female	58%	64%
Male	40%	36%
A&TSI	13.7%	7.7%
Age: Under 18	52%	46%
Age: 18 or over	48%	54%
LGBTIQ	11.2%	13.8%
Homeless (or at risk)	1.7%	3.1%
Australian Born	96%	93%
LOTE	2%	6%

Access to headspace

Young people have always had a high level of participation in the running of **headspace** Warwick and the centre staff work hard to engage them effectively and meaningfully. When **headspace** Warwick was setting up its new premises in 2012, the centre's Youth Advisory Group (YAG) was involved in the planning and development process. Staff now report that the new location is easily accessible, visible to young people, and the building is an open and colourful space that young people feel comfortable in.

headspace Warwick promote and facilitate service access by ensuring that young people have a single entry point to the mental health system. The centre manages this through strong coordination and relationships with a broad number of local services. *"It's service coordination as well, at a single entry point, and I think that's critical to the success for young people because if you don't get them at the first go you'll often lose them altogether."*

Clinical Characteristics (1 Jan – 30 June 2013)

		Warwick	National Average
Diagnosis recorded		27%	30%
SOFAS Score (Ave.)		64.7	65.6
K10 Score (Ave.)		24	27
1st Time help seeking		42%	36%
Stage of Illness	No mental Disorder	22%	15%
	Mild to moderate	30%	39%
	Sub threshold	18%	17%
	Diagnosis/ Remission	30%	29%

The centre has a comprehensive orientation and training plan for all new staff to ensure they are open, friendly and non-judgemental of young people. The centre works from a youth centred approach and involve young people in directing and informing their treatment goals and pathway through the centre.

"we have good professionals there who ... are balancing all the time to make sure that the young people are being looked after in the safest possible way and their voices are still being heard."

One barrier to access at **headspace** Warwick is the lack of public transport and to try and overcome this to some extent the centre provides taxi vouchers and makes appointments flexible.

MDS data show that nine per cent of clients indicated that they had to wait 'too long' for their appointment and five per cent had to wait more than four weeks (compared to national results of 16 per cent and seven per cent respectively).

Treatment and Service

headspace Warwick provide a holistic and multidisciplinary care approach. They aim to provide young people with access to the four core streams of the **headspace** model, but highlight that being in a rural area there are many challenges to achieving this, primarily regarding workforce issues. The breakdown of staff at the centres is as follows:

headspace	Private practitioners	Other
Manager (0.5FTE)	GP (.07FTE)	Registrar (.08FTE)
Receptionist & Admin (1.0FTE)	Psychologists/ Clinical Psychologists (1.1FTE)	AOD worker (.09FTE)
Clinical Manager, Intake workers (2.3FTE)	Psychiatrists (.04FTE)	Vocational worker (.02FTE)
Community Youth Engagement (.5FTE)		Family therapist (.1FTE)
Psychologists/ Clinical Psychologists (.5FTE)		Dietician (.08FTE)
Social Worker (.5FTE)		

The approach taken in this centre is mapped out in a comprehensive Clinical Governance Manual that charts the entire clinical process and provides staff with formalised and consistent procedures to follow in engagement, treatment, follow-up, and closure of client cases.

headspace Warwick have historically taken a medical approach to service to enable access to MBS funds. However, the centre are now investigating how they can incorporate a youth work aspect to assist in engaging young people for whom the structured approach of six to ten sessions of clinical treatment doesn't work, or who are not ready for that pathway.

The centre employs care coordinators who undertake the intake process, make appointments, follow-up with the young person during their care, and generally make sure they are happy with the service they are receiving or address any issues. *"If the young person has not turned up for an appointment, the care coordinator's role is to ring up and go: mate, what's happening?"*

Service Profile (1 Jan – 30 June 2013)			
		Warwick	National Average
Total Service Occasions		1270	1590
Ave. Number of Visits		3.5	3.3
Service Type	Mental Health	63%	56.4%
	Engagement and Assessment	17.5%	25.6%
	Physical Health	3.8%	3.8%
	Vocational	<1%	1.0%
	AOD	3.6%	1.7%
	Other	11%	6.2%
	Missing	<1%	5.3%
Funding	MBS	39%	52.9%
	headspace Grant	43%	26.4%
	ATAPS	0%	7.2%
	RPHS	12%	1.6%
	In-kind	2.5%	2.6%
	MHNI	<1%	2.8%
	Other	3%	6.5%

The mental health stream is well covered through the medically orientated approach and the physical health stream is provided, to some extent, through a sessional centre-based GP. However, given the GP only works in the centre 3-4 hours a week, which has not been sufficient to cater for all physical health requirements, the centre have developed a shared care model with local GPs. This model involves a formalised relationship and referral pathway in and out of the centre. This shared care approach has provided additional access to GPs where required, while also giving young people the option of continuing their relationship with their existing GP, or seeing the in-house GP.

Drug Arm provide an alcohol and other drug (AoD) worker who comes into the centre once a week to offer that stream. The vocational service is an area the centre reports they have had difficulty to get up and running. Although they used to have a part-time worker from the local TAFE, recent government cuts to the education sector have meant they have lost that position. The centre are working closely with other local organisations who provide vocational services and local employment agencies to try and ensure they can provide access to these services when required.

There are a number of areas where the centre would like to enhance their services and ensure they can effectively meet the needs of young people in their local area, including enhancing their ability to provide social recovery support, providing additional group programs, creating access to more GP hours, and employing an Indigenous care coordinator or an Indigenous health worker.

Governance

The centre has a strong working relationship with the lead agency, RHealth, who have implemented effective communication and reporting pathways to ensure a clear understanding of the governance processes and arrangements. RHealth have a strong belief in the local ownership and management of the centre and have effectively translated **headspace** National Office requirements into relevant and practical operational policies, and also provide tangible assistance to support the centre in implementing these. The centre highlighted that the commitment to continuous quality improvement of the lead has ensured feedback from service users and staff is collected and used to improve the work that they do and how the centre functions.

Referral Pathways (1 Jan – 30 June 2013)

Influenced to come to headspace by:	Warwick	National Average
Family or friends	50%	47%
Self-referred	23%	27%
Health worker	13%	17%
Other worker	14%	9%

headspace Warwick report that the governance arrangements and direction from **headspace** National are generally positive and the centre appreciates the resources, webinars and training material received to aid them in their work. However, centre staff believe additional flexibility is required in some aspects of the model and level of direction from National Office to take into account the differences between rural and metro sites and the specific issues faced by each.

Collaborative Relationships

headspace Warwick have well established relationships with other local youth services and providers developed through ongoing community awareness activities and an active local youth network. The centre have learnt that given the large number of services available in town the key to providing a seamless pathway for young people is not duplicating services but facilitating service coordination, which is only possible through strong relationships. One area this has been demonstrated is through the shared care model they have developed with local GPs.

Staff report that **eheadspace** has a lot of potential in supporting clients in remote areas but given it hasn't been advertised, the centre don't usually promote it to young people. Staff also highlighted that **eheadspace** needs to be better integrated with the centres so staff are aware when young people are accessing their services, and communication links between the services could also be improved.

Four per cent of young people accessing services at **headspace** Warwick (1 Jan – 30 June 2013) were using **eheadspace** while receiving **headspace** services (versus four per cent nationally), 17 per cent have used **eheadspace** previously and 79 per cent have never accessed **eheadspace** (versus national figures of 20 and 76 per cent respectively).

Community Awareness

The centre report that they have seen approximately 1,600 individual young people since opening and given there's only 5,400 in the 12 to 25 age group in the area they believe they are well engaged in the community. The staff undertake a broad range of activities to raise awareness of **headspace** including: liaising with local schools and GPs; advertising across a range of mediums; attending and participating in community events; and the manager also regularly speaks on community radio. *"There's a **headspace** half hour that I do on community radio where obviously we talk about **headspace** but we talk about youth issues and I interview people from local organisations and stuff like that to help promote our brand and what we do."*

The staff identified that there is some stigma associated with going to **headspace** in the area and they have worked hard to reduce this through community awareness campaigns and mental health promotion, *"...trying to normalise health issues, talking with young people about how mental health issues are like any other health issue ... but it is very hard in a rural community."*

Youth Participation

The centre has always had an active youth advisory group and have recently employed a youth engagement officer to coordinate the group and their activities. The group meet monthly and assist the centre by providing feedback into the general running of the centre; advice to staff and management on operational decisions; advice on the buildings look and feel, particularly in the development of the new site, and participating in promotional and community events. *"I just think that their involvement is huge and we would never come up with those sorts of ideas just on our own."*

Please note: data contained in this paper were taken from the **headspace MDS which commenced in January 2013. Initial implementation issues may have impacted on the quality of the data and consequently centre activity may not be fully represented.*

V. Summary Framework of Centre Best Practice

The following section summarises the elements considered to indicate Best Practice for **headspace** centres. It is based on a combination of the information on best practice frameworks from the background literature review integrated with the findings from the results of the interviews, case studies and workshops.

The summary framework is presented in Figure 1. The framework is organised hierarchically with four overarching key outcome areas: Accessibility, Acceptability, Appropriateness and Sustainability. Under each outcome area are specific objectives to be achieved.

Proposed indicators of effective implementation for each objective are listed in Table 1 for each objective under each outcome area.

The intent of this summary framework is to inform the development of self-assessment tools, performance indicators and standards to assist **headspace** centres to consistently and effectively implement the **headspace** model.

Figure 1. Summary framework of elements considered to indicate Best Practice for headspace centres

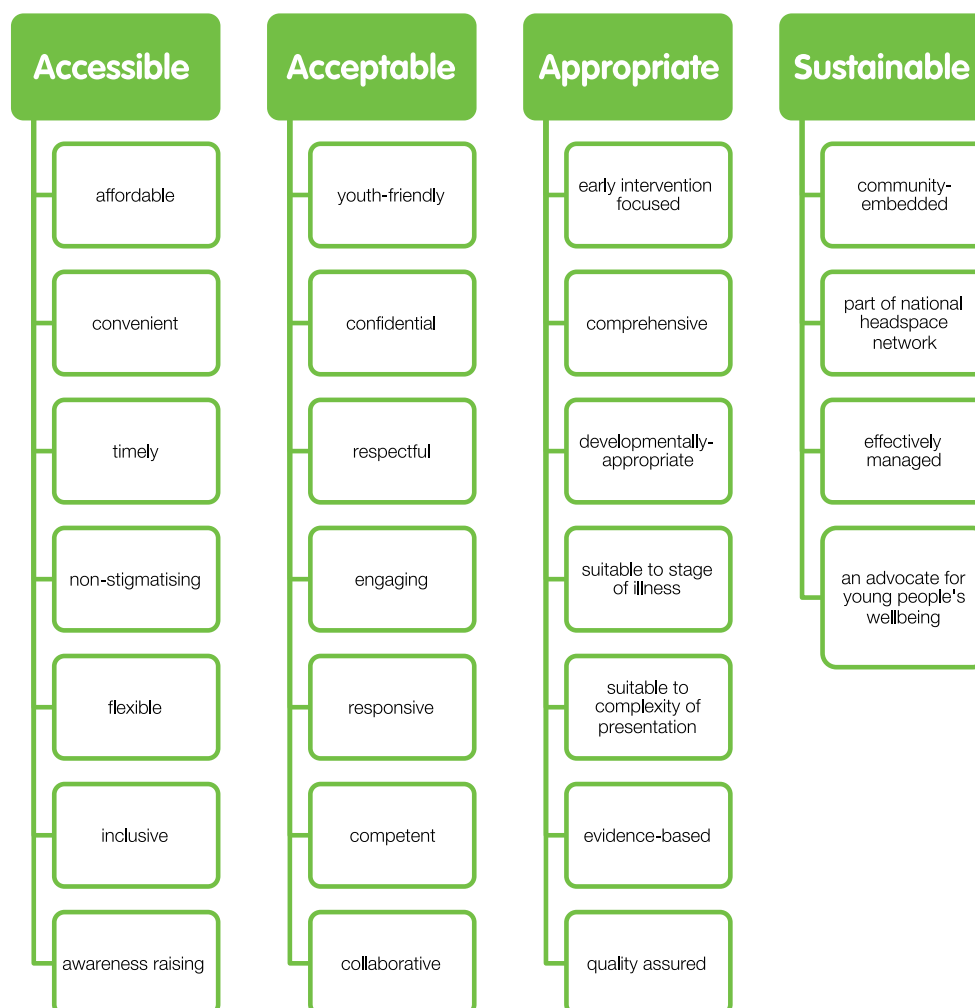


Table 1. Best Practice Framework – Key outcome areas, objectives and implementation indicators

A. Accessible

headspace centres are accessible to all young people aged 12-25, by being:

1. Affordable

- a. Services are provided at no or minimal cost
- b. Young people are informed and supported to obtain a Medicare card and other forms of financial access to the services they need

2. Convenient

- a. Centre is set-up in a location that is easy for young people to access, close to public transport
- b. Centre is open at times that suit young people's lifestyles, including in the evenings and weekends
- c. Centre provides support for young people with specific access difficulties (i.e. through transport vouchers, outreach)
- d. Centre is accessible via any type of referral and self-referral is encouraged
- e. Centre provides one point of access to all relevant youth services by being a portal for young people to access all the services they need through: **headspace** services, collocated services, referral to outside services, and advice and information

3. Timely

- a. Services aim to see young people within a week for their first appointment
- b. Waiting times are kept to a minimum
- c. Support is provided to young people waiting to access a centre through integration of **eheadspace** and other relevant resources, including self-help resources

4. Non-stigmatising

- a. Centre can be accessed confidentially, ensuring privacy and minimising stigma
- b. Centre provides general health services to reduce stigma and provide a 'soft entry' point to mental health services

5. Flexible

- a. Services are provided in ways that meet the social and cultural needs of young people within the local community, including out-of-centre appointments, online service provision and group programs
- b. Multiple entry points are available through general health, mental health and other intake practices

6. Inclusive

- a. Centre is accessible to young people across the entire age range from 12 to 25 and from all population groups, including those with disabilities, from Aboriginal and Torres Strait Islander backgrounds, from diverse cultural and linguistic groups, from all gender and sexual orientations, and with specific risk factors
- b. Centre identifies, prioritises and addresses local community access issues
- c. Centre is accessible to family and friends
- d. Centre prioritises the ongoing input and feedback of young people, family and friends, and local community representatives regarding accessibility

7. Awareness raising

- a. Centre actively promotes service awareness and access within the local community
- b. Centre engages in national promotional activities as directed by hNO

B. Acceptable
headspace centres provide services that are accepted by all young people aged 12-25, by being:

1. Youth-friendly

- a. The reception area is open, bright, colourful, relaxed and safe for all young people
- b. The physical environment is colourful, vibrant and non-clinical throughout the centre
- c. Staff are friendly, welcoming, non-judgemental and provide a personalised response to young people
- d. Multiple entry points are available through initial contact with different types of service providers, including health workers and youth workers
- e. Young people are involved in the development, implementation, review and evaluation of centre activities, including through the establishment and maintenance of a Youth Advisory Group with dedicated staff and resource support

2. Confidential

- a. Confidentiality, consent and privacy for young people are prioritised and consistently applied and promoted
- b. Confidentiality, consent and privacy are clearly communicated and implemented for young people in age-appropriate ways
- c. Confidentiality, consent and privacy are clearly communicated and implemented for family and friends
- d. The inclusion of family and friends is prioritised and clearly negotiated as appropriate with each young person

3. Respectful

- a. Services are tailored to a young person's individual needs and goals
- b. All communication is developmentally, socially and culturally appropriate
- c. Centre actively promotes inclusivity, tolerance and acceptance of diversity

4. Engaging

- a. Centre prioritises addressing the young person's reasons for presentation
- b. Young people are supported to engage with and attend services through ongoing communication and assertive follow-up

5. Responsive

- a. Aboriginal and Torres Strait Islander young people have input into the services in their communities
- b. Community input is incorporated as relevant within the development, implementation, review and evaluation of centre activities
- c. The views of family and friends are incorporated as relevant within the development, implementation, review and evaluation of centre activities

6. Competent

- a. Centre staff are appropriately trained and credentialed
- b. Centre staff provide safe, including culturally safe, professional services
- c. Centre staff engage in ongoing professional development to ensure the highest level of skills

7. Collaborative

- a. Centre shares information within and between services in appropriate ways to ensure continuity of care and that young people do not need to retell their story
- b. Centre has strong relationships with other local service providers and provides warm referrals to other services and follows up to ensure that young people have received the referred service

C. Appropriate

headspace centres provide services that are appropriate for young people aged 12-25, by being:

1. Early intervention focused

- a. Centre prioritises providing services to young people at-risk and in the early stages of development of mental health problems

2. Comprehensive

- a. Centre provides services that address all four core streams of service delivery: mental health, physical health (including sexual health), alcohol and other drug problems, and social and vocational support
- b. Assessments are holistic and identify all a young person's needs to ensure young people receive all the services they require
- c. Centre ensures access to all the services young people require through direct service provision, colocation, partnerships and collaboration to ensure appropriate care pathways are available

3. Developmentally-appropriate

- a. Centre staff are aware of the major developmental changes that occur between 12 and 25 years and ensure age-appropriate responses across the entire age range
- b. Young people are involved in their own care planning in age-appropriate ways
- c. The essential role of family is recognised and relevant therapeutic interventions are provided
- d. Centre provides information and support for family and friends

4. Suitable to stage of illness

- a. Assessments determine stage of illness
- b. Services are tailored to stage of illness
- c. Centre has strong working relationships with other local service providers, in particular the acute and tertiary mental health services, to ensure early access to appropriate care for young people with more acute or severe conditions that cannot be adequately managed by the **headspace** centre

5. Suitable to complexity of presentation

- a. Assessments determine level of complexity, in terms of co-morbidities and psychosocial risk factors
- b. Care plans address risk factors and co-morbidities
- c. Homelessness, or risk of homelessness, is recognised as a major risk factor and care plans address this issue
- d. Centre has appropriate pathways of care through referral and service plans for young people with complex or unique needs that are not able to be addressed by the **headspace** centre services

6. Evidence-based

- a. Centre actively engages in a nationally coordinated continuous collaborative learning network
- b. Centre staff continually update practice according to advances in evidence
- c. Centre provides services that are the most appropriate and effective according to current evidence and practice guidelines
- d. Centre contributes to the development of evidence by active engagement in and promotion of relevant research and data collection

7. Quality-assured

- a. Centre has strong clinical governance
- b. Centre has a continuous and ongoing quality improvement process
- c. Centre collects, reports and monitors data on quality, including risk
- d. Centre maintains appropriate accreditation and certification

D. Sustainable

headspace centres are governed and managed to ensure ongoing provision of a valued and viable community service and resource for young people aged 12-25, by being:

1. Community-embedded

- a. Centre has strong local community support and is key part of local community
- b. Centre has well-developed and effective partnerships with key local agencies through Consortium arrangements
- c. Centre has effective partnerships with key local agencies through committees and other bodies, such as the Clinical Governance Committee
- d. Centre has effective and appropriate colocated service arrangements
- e. Centre has well-established and effective referral pathways with other relevant local services

2. Integrated within national headspace network

- a. Centre identifies primarily as part of the **headspace** national network
- b. Centre management is fully aligned and compliant with hNO policies and procedures
- c. Information is provided as required to hNO for monitoring and reporting
- d. Centre integrates with and supports other **headspace** services, such as **eheadspace** and **headspace** School Support
- e. Centre supports national promotional campaigns and programs

3. Effectively managed

- a. Centre has effective clinical governance and risk management
- b. Centre has effective financial management
- c. Centre has effective human resource management
- d. Centre has effective Information Technology management
- e. Centre maintains financial viability by drawing on multiple funding streams, including MBS and other health funding, in-kind arrangements, internships and placements

4. An advocate for young people's wellbeing

- a. Centre is committed to continuous learning and quality improvement to improve health and wellbeing outcomes for young people
- b. Centre contributes to promotion of **headspace** as the leading voice for youth mental health
- c. Centre is committed to engaging in activities that advocate for and promote youth mental health and wellbeing in general

References

- AHMAC National Mental Health Working Group. (2002). National Practice Standards for the Mental Health Workforce: Australian Government Department of Health.
- Ambresin, A. E., Bennett, K., Patton, G. C., Sancu, L. A., & Sawyer, S. M. (2013). Assessment of youth-friendly health care: a systematic review of indicators drawn from young people's perspectives. *J Adolesc Health, 52*(6), 670-681. doi: 10.1016/j.jadohealth.2012.12.014
- Amnesty International. (2003). Mental Illness The Neglected Quarter. <http://www.amnesty.ie>
- Barry, K. J. (2007). Collective inquiry: understanding the essence of best practice construction in mental health. *J Psychiatr Ment Health Nurs, 14*(6), 558-565. doi: 10.1111/j.1365-2850.2007.01128.x
- Carroll, S., Hides, L., Catania, L., Mathias, S., Greenwood-Smith, C., & Lubman, D. (2009). Integrated cognitive behaviour therapy for co-occurring substance misuse and major depression: lessons from a youth mental health service. *Australas Psychiatry, 17*(5), 365-370. doi: 10.1080/10398560902912544
- Drake, R. E., Mercer-McFadden, C., Mueser, K. T., McHugo, G. J., & Bond, G. R. (1998). Review of integrated mental health and substance abuse treatment for patients with dual disorders. *Schizophr Bull, 24*(4), 589-608.
- Flannery, F., Adams, D., & O'Connor, N. (2011). A community mental health service delivery model: integrating the evidence base within existing clinical models. *Australas Psychiatry, 19*(1), 49-55. doi: 10.3109/10398562.2010.539220
- Hamann, J., Cohen, R., Leucht, S., Busch, R., & Kissling, W. (2007). Shared decision making and long-term outcome in schizophrenia treatment. *J Clin Psychiatry, 68*(7), 992-997.
- Hamann, J., Langer, B., Winkler, V., Busch, R., Cohen, R., Leucht, S., & Kissling, W. (2006). Shared decision making for in-patients with schizophrenia. *Acta Psychiatr Scand, 114*(4), 265-273. doi: 10.1111/j.1600-0447.2006.00798.x
- Hill, M. K., Pawsey, M., Cutler, A., Holt, J. L., & Goldfeld, S. R. (2011). Consensus standards for the care of children and adolescents in Australian health services. *Med J Aust, 194*(2), 78-82.
- Kai, J., & Crosland, A. (2001). Perspectives of people with enduring mental ill health from a community-based qualitative study. *Br J Gen Pract, 51*(470), 730-736.
- Kang, M., Bernard, D., Usherwood, T., Quine, S., Alperstein, G., Kerr-Roubicek, H., . . . Bennett, D. L. (2006). Towards better practice in primary health care settings for young people. *Health Promot J Austr, 17*(2), 139-144.
- Lee, Stuart, Keating, Charlotte, de Castella, Anthony, & Kulkarni, Jayashri. (2010). Fitting Together the Pieces: Collaborative Care Models for Adults with Severe and Persistent Mental Illness: National Advisory Council on Mental Health.
- Loh, A., Simon, D., Wills, C. E., Kriston, L., Niebling, W., & Harter, M. (2007). The effects of a shared decision-making intervention in primary care of depression: a cluster-randomized controlled trial. *Patient Educ Couns, 67*(3), 324-332. doi: 10.1016/j.pec.2007.03.023
- McIntyre, Peter. (2002). Adolescent Friendly Health Services: An Agenda for Change. Oxford, UK: World Health Organisation.
- Mental Health Commission. (2010). Mental Health 2020: Making it personal and everybody's business: Government of Western Australia Mental Health Commission.
- McGinn, T., Guyatt, G., Cook, R., Korenstein, D., & Meade, M. O. (2008). Measuring agreement beyond chance. In G. Guyatt, R. Drummond, M. O. Meade & D. J. Cook (Eds.), JAMA evidence. Users' Guides to the Medical Literature. A manual for evidence-based clinical practice. (2nd ed.). New York: McGraw-Hill.
- Minkoff, K., & Cline, C. A. (2004). Developing Welcoming Systems for Individuals with Co-Occurring Disorders: The Role of the Comprehensive Continuous Integrated System of Care Model. *Journal of Dual Diagnosis, 1*(1), 65-89.
- Ng, C., Fraser, J., Goding, M., Paroissien, D., & Ryan, B. (2013). Partnerships for community mental health in the Asia-Pacific: principles and best-practice models across different sectors. *Australas Psychiatry, 21*(1), 38-45. doi: 10.1177/1039856212465348
- Orygen Youth Health Research Centre. (2011). Models of collaborative care for children and youth (0-25 years): Prepared for the National Advisory Council on Mental Health and the Commonwealth Department of Health and Ageing
- Paul, G. L. (1967). Strategy of outcome research in psychotherapy. *Journal of Consulting Psychology, 31*, 109-118.
- Perleth, M., Jakubowski, E., & Busse, R. (2001). What is 'best practice' in health care? State of the art and perspectives in improving the effectiveness and efficiency of the European health care systems. *Health Policy, 56*(3), 235-250.
- Siponen, U., & Valimaki, M. (2003). Patients' satisfaction with outpatient psychiatric care. *J Psychiatr Ment Health Nurs, 10*(2), 129-135.
- Takemura, Y., & Kanda, K. (2003). How Japanese nurses provide care: a practice based on continuously knowing the patient. *J Adv Nurs, 42*(3), 252-259.
- Weersing, V. R., Rozenman, M., & Gonzalez, A. (2009). Core components of therapy in youth: do we know what to disseminate? *Behav Modif, 33*(1), 24-47. doi: 10.1177/0145445508322629
- Woltmann, E. M., Wilkniss, S. M., Teachout, A., McHugo, G. J., & Drake, R. E. (2011). Trial of an electronic decision support system to facilitate shared decision making in community mental health. *Psychiatr Serv, 62*(1), 54-60. doi: 10.1176/appi.ps.62.1.54



headspace

National Youth Mental Health Foundation

Level 2, South Tower
485 La Trobe Street, Melbourne VIC 3000

Tel +61 3 9027 0100 Fax +61 3 9027 0199

headspace.org.au