Youth Mental Health Policy Briefing

A better fit

Improving the access and acceptability of youth mental health services

The acceptability of mental health services to young people, especially for those young people currently not accessing services, needs to be improved if greater service reach and delivery is to be achieved. Many of the issues are not new, but new solutions are needed to increase access to services and improve their acceptability among young people.

Issues

Informed service design

Young people not accessing services need to be reached by researchers and service providers to learn what a relevant and acceptable service would look like to them. Young people also need to be engaged in the design, implementation and evaluation of mental health services to improve the acceptability of services.

New entry points

Acceptable and appropriate mental health care needs to be available to young people at whichever point they access the health system. The 'no wrong door' approach has focused on equipping the wider health service with the skills and knowledge to recognise mental ill-health and facilitate young people's access to services. The next step is to develop in-reach programs in the community and expand outreach services to reach more young people.

Time and place

Young people's preferences for the location of a service, opening times and environment are determinants of service accessibility and acceptability.

Peer workforce

Young people who have an experience of accessing services and receiving treatment for mental ill-health can facilitate the engagement of other young people. The experience of peers can complement the learned expertise of health professionals.

Technology

To realise the potential role of technology in expanding service delivery and reach will require Commonwealth leadership. The existing initiatives of researchers, health professionals, digital developers and services need to be nationally coordinated. Development should be informed by evidence from relevant digital and technology products used by young people (i.e. gaming).

Taking action

The primary actors for leading changes to improve access and acceptability of services are Primary Health Networks, through the commissioning of services, and state and territory health departments who are responsible for specialised mental health services.

Mental health services that appeal

Providing mental health services is not sufficient to ensure interventions are delivered to young people who need them. Services need to be acceptable to young people, including particular population groups which may have additional needs that will shape the design and delivery of an acceptable service. Help-seeking among young people with particular needs is often delayed until crisis point [1]. The World Health Organization (WHO) differentiates between access: being *able* to obtain health services that are available, and acceptability: being *willing* to obtain those services [2]. Young people are less likely to engage with services they do not think fit them or their perceived mental health needs.

The prevalence of mental ill-health among young people is higher than their rates of service access. A 2015 national study found that 65.1 percent of 12–17 year olds with mental disorders had accessed services [3]. An earlier 2007 national study found that less than a quarter of 16-24 year olds (23 percent) with a mental disorder had accessed mental health services [4]. The time gap between these surveys and the different age ranges studied prevent any comparative conclusions and highlight the need for a national survey of 12-24 year olds.

This policy brief examines access and acceptability in terms of barriers young people face accessing mental health services and facilitators that support engagement. Policy opportunities are identified with the aim of improving the ability and willingness of young people to obtain mental health services.

Barriers and facilitators

Barriers need to be identified and steps taken to remove or attenuate them. Facilitating factors need to be strengthened to improve the accessibility and acceptability of mental health services for young people.

Personal

As individuals, young people can face a number of personal barriers when attempting to seek help for their mental health. Some barriers are widely experienced while others may be determined by a young person's particular context or identity. Young people from population groups with particular needs frequently experience multiple personal barriers [5]. Despite past work to reduce stigma and increase awareness and trust, these factors can still present barriers for young people.

Awareness

A lack of awareness of available services has been widely identified as a barrier for young people in Australia [6] and internationally [7]. In Australia, a 2014 national survey found that more than a third (39.3 percent) of adolescents (13–17 years) with a mental disorder were not sure where to get help [3]. Lower levels of service awareness is linked to confidence to seek help [8]. Psychoeducation and mental health literacy have been successful in supporting help-seeking by young people [9,10]. Targeted programs are required to increase awareness among population groups with particular needs.

Trust

Trust is a cornerstone of accessible and acceptable mental health services. Confidentiality, trust, and anonymity were the most frequently reported treatment-related barriers identified by young people from a range of population groups [6]. Concerns about confidentiality are a barrier to access and, correspondingly, a confidential service is seen as improving the acceptability of a service and as a facilitator of young people's access [5].

Developing trust is a challenge for mental health services as there is often no pre-existing relationship with a young person. Young people attending headspace for the first time reported wanting to trust the therapist they saw more than they expected they would be able to [11]. Providing information about psychological treatment and endorsement from people who have received the treatment previously (see peer workforce section on page 7) has been found to increase openness to early intervention services (among all patients not just young people) [12].

Among young people from culturally and linguistically diverse communities, positive perceptions of a health professional's expertise increased confidence in help-seeking [13]. Among refugee communities, distrust of services can be ameliorated by demonstrating a political understanding of a refugee's experience in their home country and settlement country [14]. If an interpreter is needed to work with a young person, however, establishing trust and confidentiality may be made more difficult [14].

Stigma

Stigma continues to be a barrier to help-seeking among young people [10]. Personal experiences of stigma include misconceptions about mental ill-health and available services, and fears a young person may hold about getting help.

While stigma is a common barrier, different groups of young people can experience particular forms of stigma. Sexuality diverse young people have identified fear of harassment for who they are and of being misunderstood [6]. Young people experiencing homelessness are reluctant to seek help through mainstream services which they perceive as 'judgemental and unsympathetic' to their situation and needs [1]. For Aboriginal and Torres Strait Islander young people and those from culturally and linguistically diverse communities, an experience of stigma can be compounded by a sense of community shame [5]. A reliance on informal community networks to address health issues among culturally and linguistically diverse communities can also contribute to experiences of stigma [13].

The specific needs of particular population groups require more sophisticated investigations of what is required to reduce their experiences of stigma. Nuanced campaigns need to be developed and implemented with the particular groups of young people they are intended to support.

Self-reliance

A preference for self-reliance is generally considered a barrier to help-seeking [10] but can also act as a facilitator. As young people mature through adolescence into early adulthood, greater autonomy and independence can increase their belief that they should be able to handle their own problems and make their own decisions – including not seeking help for their mental ill-health [15]. A quarter (24.5 percent) of adolescents with a mental disorder reported they did not access services because they preferred to handle it themselves or with informal support from family and friends [3]. While this is a barrier, it also presents an opportunity for family and friends to encourage a young person to seek help.

Taking control of one's life can have a positive influence on how a young person approaches experiences of mental ill-health [7]. Increased self-reliance is a driver of access to online mental health services, highlighting the need to tailor services to ensure they are acceptable to young people [16]. Self-reliance can also increase the acceptability of self-help forms of treatment. Age appropriate targeting of services and interventions is needed to reduce the barrier self-reliance can present [16].

Structural

A variety of structural barriers can make accessing mental health services difficult for young people. There are policy opportunities to enhance structural facilitators through reforms to existing services and new initiatives to strengthen circles of support, improve service design and develop workforce capacity.

Circles of support

The potential circles of support around young people need to be enlisted to support young people at risk of or experiencing mental ill-health. Positive support from family, friends and non-health professionals has been found to be an important facilitator of access to mental health services [10, 17]. Proactive initiatives by services through these circles of support (in-reach) may facilitate the step from informal support to help-seeking.

Family

Families can play an important role in facilitating help-seeking by younger people, many of whom still live at home. Families can also advocate for better services on behalf of their young person. Reliance on informal support may, however, also be a barrier to access. For Aboriginal and Torres Strait Islander young people, the strength of the relationship they had with their family or community was a factor in determining whether their involvement supported or hindered access to mental health services [5]. Refugee young people have identified avoiding informal support options through a concern for not burdening their parents with their problems [18]. A failure by parents to differentiate between mental ill-health and 'normal but difficult' behaviour expected in young people can potentially negate the benefits of informal support for a young person [17]. The level of mental health literacy present in a family will determine the level of support they may be able to provide and whether their role is a barrier or enabler.

Community

The connections between a mental health service and the community in which it is located can facilitate pathways from informal support to help-seeking. The literature shows that community support facilitates help-seeking by young people and their families [13] and in the United Kingdom better community connection was identified as integral to reforms to improve access by young people [19]. Among culturally and linguistically diverse populations, community leaders can play a role in establishing trust in mental health services [14]. The interconnection between community and family support demonstrates the role informal support can play in facilitating access to mental health services.

Education

Education settings are well placed to facilitate young people's access to mental health services. Two-fifths (40.5 percent) of parents and carers reported that school-based staff identified their young person's possible need for help with an emotional or behavioural problem [3]. There is the potential for schools to play a larger role in making mental health services accessible [20, 21]. At a tertiary level universities often develop their own protocols for referrals and service pathways which services can find difficult to work with [22]. Having systems in place that include a named contact person in community mental health services could strengthen the support offered to students. Such a structural facilitator can be achieved within existing systems and resourcing [20]. Primary Health Networks should take a lead in facilitating partnerships between education and community mental health services.

The potential opportunity to link students with services is reliant on initiatives being acceptable to young people. The underuse of existing programs and high rates of stigma are barriers to young people seeking help through school-based programs [21]. In Australia, only 14.2 percent of students (14–17 years) had accessed a school-based service for emotional or behavioural problems [3]. There is evidence that stigma remains an issue for university students with many concealing their mental ill-health [22]. Mental health services provided in an educational setting have to be acceptable to young people. Involving students in the design, implementation and evaluation of services would likely increase acceptability and access.

Service design

How a service is designed can present both barriers and facilitators. Many of the potential barriers (i.e. links between services, sufficient consultation time, training and support of health professionals, and service flexibility) have been known for some time [23]. While service capacity and funding is a primary determinant of some barriers, novel designs and innovation have the potential to remove other barriers and enhance enablers.

Waiting and service times

More than a quarter (28.8 percent) of adolescents with a mental disorder identified not being able to get an appointment as a barrier to seeking or receiving further help [3]. Minimal waiting time for an appointment, the availability of appointments at convenient times and capacity for walk-in appointments were among the most endorsed attributes of an acceptable early intervention mental health service by young people [12]. Young people accessing headspace services more readily identified shorter waiting times as a facilitator while long wait times were identified as a barrier [5].

The likelihood of a young person not showing up to an appointment has been found to increase by approximately three percent per day they had to wait (in the first week). The likelihood also increased the older they were (six percent per

year older) [24]. More than a third (37.4 percent) of young people attending headspace had to wait one to two weeks for an appointment (2013-14), with the length of delay dependent upon the type of practitioner to be seen [25]. In state and territory-funded Child and Adolescent (or Youth) Mental Health Services, capacity restraints contribute to the time young people have to wait [26] with wide variance in waiting times evident [27]. In England, it was determined that additional funding would be necessary if waiting times comparable to physical health services were to be achieved [20].

Restricted hours of operation (i.e. 9–5) are also a barrier to access and contribute to a less acceptable service. Three-in-10 (31.7 percent) young people report that having to take time off study or work to attend a health service would be a barrier, one that increases with age [28]. Extended or convenient opening hours, that enable young people (and their support people) to attend services around other life commitments, will likely reduce barriers and increase service appeal. Convenient times include being open in the evening and on weekends. Such a measure will only be successful if sufficient services are also available during these times – otherwise waiting times would undermine the benefits of convenient hours.

Cost

More than three-in-10 Australian adolescents (32.9 percent) with a mental disorder report that not being able to afford mental health services is a barrier to seeking or receiving further help [3]. Access to free or minimal cost healthcare is the single most important consideration for young people from a range of population groups with additional needs [1, 13, 29]. Free or minimal cost services need to promote this feature to reduce the potential barrier of perceived service costs.

Location and environment

Recognition of the need to provide services in accessible and acceptable locations requires balancing visibility (to aid awareness) with sufficient distance from places young people frequent to allow discreet access (increased acceptability). For young people living in regional and remote areas, the need to travel long distances is a barrier [6]. The majority of young people attending a headspace centre live within a 10-kilometre radius of the centre [30].

The physical environment of a mental health service is also a determining factor of the acceptability of a service for many young people. An indication of what young people desire is evident in features identified through engagement in the design development of the new Orygen, the National Centre of Excellence in Youth Mental Health, building. Factors included:

- avoiding overly bright or bold colours,
- the use of fluorescent lighting;
- having an open layout, avoiding a clinical feel;
- a fun and relaxed environment, but not overtly youth friendly; and
- neutral consultation rooms, with natural light and a range of furniture combinations available.

Achieving an acceptable environment within the limits of available property options (i.e. office spaces, existing medical facilities) in a preferred location can present a challenge. While service providers may be inclined to fall back on more standard health service models, the acceptability of a service for young people must remain a priority. Sufficient capital grants for refurbishment of physical spaces are required to ensure an acceptable outcome is achieved.

Co-locating mental health services with other health or youth services has been identified as a facilitator by young people [5]. However, a decision to co-locate a mental health service to improve access would have to consider the potential for increasing barriers related to service acceptability, including the environment, confidentially and awareness.

New points of entry

To achieve increased access to mental health services new points of entry are required alongside existing pathways. In-reach into areas of youth participation (i.e. school, clubs) and outreach through other services for young people (i.e. homelessness services) will expand the points of entry available to young people.

Teachers, sports coaches, music instructors and similar leadership roles can have a direct role in supporting young people's mental health. Research has shown that school teachers more frequently perform activities that support young people's mental health [31]. There is the potential to expand in-reach pathways by providing training and support to extracurricular leaders to perform a similar role.

Outreach clinics can facilitate new entry points where connections with young people already exist. An outreach clinic is a satellite mental health service set up within another service or activity for young people. For example, a trial outreach clinic within a supported accommodation service for young people (16–21 years) was successful in increasing access to mental health services [32]. Outreach clinics have been identified as a facilitator by Aboriginal and Torres Strait Islander young people, young people accessing alcohol and other drug services via headspace, and young people experiencing homelessness [5].

Technology

Online and digital platforms are seen by many, including government, as the most promising avenue for overcoming some access and acceptability barriers (i.e. stigma, location of services) for young people [16]. A 2015 survey found that three-in-10 adolescents (29.9 percent) with a mental disorder had used some form of online service for their emotional or behavioural problem in the past 12 months [3]. While technology promises to reduce some barriers to access and provide an acceptable service option, there are issues with the transition from knowledge-seeking to help-seeking among some groups of young people.

While the reach of eheadspace extends beyond that of physical headspace centres, this reach is not universal with particular population groups having proportionally lower access rates [30]. For example, the provision of online services was expected to increase access by young men; however, only half of the young men who seek information online go on to seek help online [30, 33]. The rate at which information about mental health is sought online is not extending to help-seeking for all users. Development of online service pathways needs to consider how young people will be guided to services appropriate to their need [16]. If the potential of technology is to be realised, more attention is required in designing applications for particular population groups.

Coordination of the research and development of technology-based services and treatments is required. For example, the Norwegian government has stated that one organisation (the Norwegian Centre for E-health Research at the University of Tromsø) should have complete overview of e-health. The acceptability of digital services will also be enhanced by engaging young people and developers with experience in producing youth-oriented products (i.e. gaming) in the development, implementation and evaluation of technology-based services.

The development of technology-based services needs to be in addition to existing services, not a replacement, if increased access is to be achieved and, therefore, additional funding is required.

Referrals

A referral provides a formal pathway between primary or general health services and mental health services. This pathway needs to be enabled through 'warm' referrals in which practitioners discuss the referral to reduce the risk of a young person not making the transition between services. headspace guidelines include a role for staff to follow up referrals to check that a young person received the service they were referred to [34].

Youth involvement

Active involvement of young people in the design, assessment and provision of health services has been identified by the WHO as a characteristic of an acceptable service [35]. Youth involvement was identified as the number one action to improve access and acceptability of youth mental health services in the United Kingdom [36] and is a central feature of ACCESS Open Minds, a five-year Canadian research project involving young people and families, which aims to improve youth mental health care [37]. Orygen, the National Centre of Excellence in Youth Mental Health's Youth Advisory Council is developing a service accreditation toolkit to support service providers to engage young people in the design, implementation and evaluation of mental health services.

To maximise the potential improvement of service acceptability through youth involvement, research is required that identifies and engages young people who do not seek help or who quickly disengage from services to better understand what a more acceptable and accessible service would look like.

Workforce capacity

Workforce professionalism, communication and competency underpin how acceptable young people find mental health services. Five out of eight domains of an acceptable service identified by young people in Australia relate to the health workforce (staff attitude, communication, medical competency, guideline-driven care and youth involvement in health care) [38]. Orygen's Youth Advisory Council and staff are coordinating a Youth Educator Program in which young people with a lived experience work with Orygen to design and deliver workforce training and development content informed by their experiences.

Attitudes and competency

Respectful, supportive, honest, trustworthy and friendly are attitudes young people associate with quality care. Young people also consider information provision (clarity; the amount of information provided) and active listening skills when judging a clinician's communication abilities [38]. Confidence in the competency of treatment providers is a facilitator of access and acceptability of care. Recognising the importance of communication, the New South Wales health department has developed plans to build workforce capacity through training in facilitator skills, youth friendly services and gender and cultural sensitivity [28].

Workforce competency will affect the quality of service delivered and the experiences of young people receiving care. A fear that one's needs would not be met is a barrier widely identified by young people [6]. A study of young people's experiences of headspace services found they had lower expectations of the competency of clinicians than they hoped to receive, with no significant change in perception following treatment [11]. Training and resources for communication with young people with particular needs, such as skills in the language and approach to use with sexuality diverse young people and different cultural groups, are required.

Appropriate and sensitive

Respect for the diversity of young people and how the workforce responds to an individual will shape how acceptable they find a service. Increased sensitivity toward a young person and appropriate engagement can help reduce personal barriers such as stigma and distrust. Accredited training in appropriate practices and understanding is available to ensure workforce capacity.

Involving young people in the development and implementation of training in the appropriateness and sensitivity of services will refine the level of understanding among the workforce and increase the acceptability of services they will be capable of providing. Appropriate practices also extend to the physical environment where simple gestures (i.e. artwork, posters) can help young people to feel acknowledged and valued.

Peer workforce

Young people with a lived experience, including help-seeking and receiving treatment, can facilitate other young people's engagement, making a service more accessible and acceptable. For young people from particular population groups, peer support workers can provide support sensitive to their experiences and needs. For example the National LGBTI Health Alliance *Mental Health and Suicide Prevention Strategy* identifies a need for the establishment, development and growth of peer-led programs [39]. A role for young people themselves in the provision of health services is explicitly stated as a characteristic of an accessible health service by the WHO [35]. A review of young people's access to mental health services in England concluded that extending the use of peer support networks would improve access and could be implemented within existing systems and resourcing [20]. Peer workforce targets and funding are required to facilitate the development of this opportunity.

Opportunities

Opportunities exist to further reduce personal barriers to mental health services and improve the acceptability of services through structural changes to enhance circles of support, improve service design and develop workforce capacity. Engaging young people in the design, implementation and evaluation of services will maximise the accessibility and acceptability of mental health services.

In many cases these opportunities are available directly to Primary Health Networks through their responsibility for commissioning mental health services. State and territory-funded specialist services are also in a position to improve services for young people by adopting relevant opportunities identified below. The implementation of some opportunities will require leadership from the Commonwealth Department of Health.

Policy actions

Opportunity	Mechanism
Policy	
Guidelines for engaging young people in the design, implementation and evaluation of services should be developed and followed by primary and specialised mental health services. Youth involvement should be made a requirement of tenders for youth mental health services commissioned by Primary Health Networks and the focus of a review of existing state and territory-funded Child and Adolescent (or Youth) Mental Health Services.	Primary Health Networks, state and territory health services, service providers, and young people.
Communication channels need to be established between education providers and mental health services. A defined partner role and named staff person is required in each organisation. This structural facilitator can be implemented within a short timeframe and without additional funding.	Primary Health Networks, service providers, education departments and peak bodies representing education providers.
Digital mental health services require coordinated validation, implementation and fidelity. Specific funding for digital mental health services is required and should be in addition to existing funding for face-to-face services.	Australian Government.
Peer workforce targets for youth mental health services be set and allocated funding; made a requirement of youth mental health services commissioned by Primary Health Networks and the focus of a review of existing state and territory-funded Child and Adolescent (or Youth) Mental Health Services and reported annually.	Primary Health Networks and state and territory governments.
Services	
Service orientation and fact sheets on the role and responsibilities of the health professional being seen by a young person and the rights and responsibilities of a young person as a client/patient be provided.	Service providers, professional bodies.
Opening times that suit young people (and their families or carers) are required. The provision of sufficient sessions with a range of health professionals on weekends and until 9 pm weekdays should be a requirement of commissioned youth mental health services. Child and Adolescent (or Youth) Mental Health Services should provide sufficient sessions with a range of health professionals on weekends and until 9 pm weekdays. The potential to provide incentives through the Medicare Benefit Schedule to facilitate expanded service provision be investigated.	Primary Health Networks. State and territory governments. Australian Government.
Capital grants need to be made based on the necessary work required to design and fit-out an appropriate physical environment for mental health services for young people.	Primary Health Networks, state and territory governments.
Trial sites for service in-reach for culturally diverse populations should be conducted and evaluated. Trials would include a program of focused engagement, training and resource provision for community leaders, teachers, and other extracurricular roles involved with young people, families and community groups. Primary Health Networks should have a coordinating role in these trials and young people should be engaged in the development, implementation and evaluation of the trials.	Service providers, Primary Health Networks and young people.

Opportunity	Mechanism
Trial sites for youth mental health outreach approaches where difficult to reach young people are already engaged by other services (e.g. homelessness services) should be conducted and evaluated. Child and Adolescent (or Youth) Mental Health Services should have a coordinating role in these trials and young people should be engaged in the development, implementation and evaluation of the trials.	State and territory health departments and service providers.
Referral pathways need to be established in primary and specialised mental health services. A defined role and named staff person is required to facilitate referral pathways between services. This facilitator role can be implemented within a short timeframe and without additional funding.	Primary Health Networks, primary health services and state and territory mental health services.
Cultural and diversity awareness training needs to be implemented across the mental health workforce. The involvement of young people should be incorporated in the development and implementation of curricula for health students and professional development for health practitioners. Professional bodies should make cultural and diversity awareness training a requisite component of continuing professional development.	Professional bodies, young people and Orygen, the National Centre of Excellence in Youth Mental Health.
Research	
Young people who do not seek help or who quickly disengage from services (both digital and face-to-face) should be identified and interviewed to better understand barriers to service access and potential facilitators of more acceptable services.	National Health and Medical Research Council
Mental health data (including prevalence, help-seeking and treatment engagement) for young people aged 12-24 years is inconsistent and needs updating. Two opportunities to strengthen this data are:	
• a dedicated survey of this target age group to determine levels of engagement and explore the role of barriers and facilitators for different sub-groups.	Australian Institute of Health and Welfare.
• over-sample young people in the next National Survey of Mental Health and Wellbeing and report data for the 12-24 year age group.	Australian Bureau of Statistics.

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