



Increasing demand in youth mental health

A rising tide of need

April 2019



headspace

National Youth Mental Health Foundation

Executive Summary

With young people seeking help at an unprecedented rate and rising levels of complexity and acuity, it is increasingly evident that headspace centres are experiencing major challenges in meeting the demand for services and that wait times are growing. Long wait times are a major barrier to help-seeking for young people and their families, so it is critical to better understand the factors affecting wait times at centres.

The waiting period that follows the initial steps of help-seeking is understood to be a period of high risk for young people. To offset potential risk and keep young people engaged, headspace centres employ a range of concurrent strategies to ensure young people are supported while waiting for services. This includes interim activities such as group programs (mindfulness, social recovery, trans-diagnostic therapeutic groups), brief intervention therapy, phone check ins, drop in sessions, peer support activities and provision of self-help information and resources. Strategies to help reduce the wait time include: monitoring cancellations to maximise attendance from wait lists, referrals to alternative services and using clinical student placements to increase capacity.

In response to growing demand for services, headspace National undertook a national survey of headspace Centre Managers in late 2018. The survey aimed to better understand the frontline view of the level of demand and the key factors that were perceived to affect wait times at centres. All Centre Managers of headspace centres open at the time of the survey were invited to participate and all responded (a total of 103 centres).

The data was collected on a confidential basis as part of our ongoing approach to service improvement and it revealed a series of underlying systemic issues that are affecting wait times across the headspace network.

Almost 90% of centres reported that wait times were a major concern. Centres experienced different wait times for intake, first therapy and second therapy sessions, with the average wait being 10.5 days for intake, 25.5 days for first therapy session and 12.2 days for the second therapy session.

There was considerable variation across the centre network and no clear trends of particular centre characteristics being associated with longer wait times. Wait times were noted by almost 80% of centres to be worse at some times of year, including the start of school and university terms, periods leading up to examinations, and generally the second half of the year. Just under half the centres noted that there were times of year when wait times were less of an issue, and these were school holidays and the very beginning of each year.

For the majority of centres, access was responsive to young people's presentations, with those presenting with higher risk, distress, need or acuity being prioritised. Other groups were also prioritised in many centres, including young people from priority population groups.

Several key factors were reported to influence wait times, but the main one, reported by almost 90% of centres, was workforce availability. In addition to general staff shortages for mental health clinicians, recruiting General Practitioners and private practitioners was especially challenging. This was attributed to current funding models that lead to uncompetitive salaries and issues with staff recruitment and retention.

The physical setting of centres was perceived as a limitation to meeting service demand by more than half the centres, with the need to relocate to a new site reported by one-fifth of centres and expanding to occupy more space within the current site by another fifth. Only one-third of centres reported that the size and layout of the centre was sufficient to meet demand.

The results of the headspace survey confirmed the high and growing level of demand. Most headspace centres are struggling to meet this demand within their current resources due to a range of underlying systemic issues that are affecting wait times. There is clearly an urgent need to address the wait times and unmet need of young people seeking to access mental health services in Australia. headspace has identified six key actions (see page 11) that would make a difference and help headspace centres to meet the growing demand for their service.

Introduction

The mental health of young people

Mental health is the number one issue of concern for young people in Australia today and our latest research shows that one third of young Australians (32%) report high to very high levels of psychological distress, which is more than treble the rate in 2007 (9%).

Mental illness risk increases as adolescents age, becoming most prevalent in the older teen years, and the risk is even greater in young women and priority groups such as Aboriginal and Torres Strait Islander and LGBTIQ+ young people.

Rates of psychological distress are highest among younger females (38% compared to 26% of young men), and 18–21 year olds are reporting the highest levels (38% compared to 20% of 12–14 year olds).

headspace is a trusted service of choice for thousands of young people

- 76% of young people are aware of headspace.¹
- 85% of young people are likely to recommend headspace.¹
- 86% are satisfied with the service they received from a headspace centre.²
- 83% are satisfied with the service they received from eheadspace.²

Young people accessing mental health services

Increasing numbers of young people are accessing mental health services in Australia. A significant portion of young people are turning to headspace for help through headspace centres or online and phone counselling support service, eheadspace. There has been considerable growth in headspace service use over the past five years. By 30 June 2018, headspace had supported over 450,000 young people with over 2.5 million services.

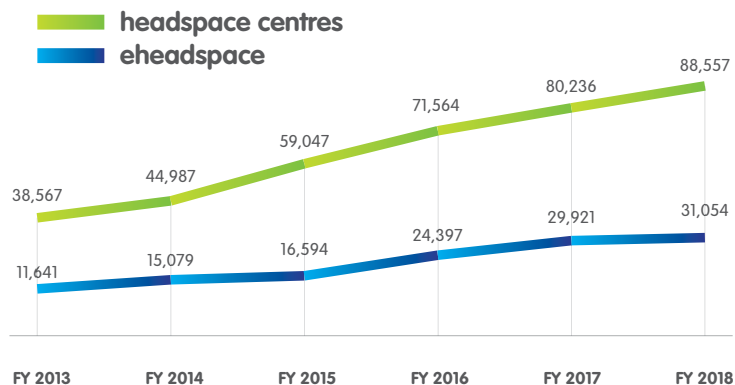


Figure 1 Number of young people accessing headspace services (centres and eheadspace), by financial year

About the survey

In response to growing demand for services, headspace National undertook a national survey of headspace Centre Managers in late 2018. The survey aimed to help us understand the frontline view of the level of demand and the key factors that were perceived to affect wait times at centres. All Centre Managers of headspace centres open at the time of the survey were invited to participate and all responded (a total of 103 centres). The data was collected on a confidential basis as part of our ongoing approach to service improvement and it revealed a series of underlying systemic issues that are affecting wait times across the headspace network.

¹ headspace brand health survey, October 2018

² headspace data, June 2018

Findings: Participation and wait times

Participating centres

At the time of the survey, there were 103 headspace centres that were fully operational.

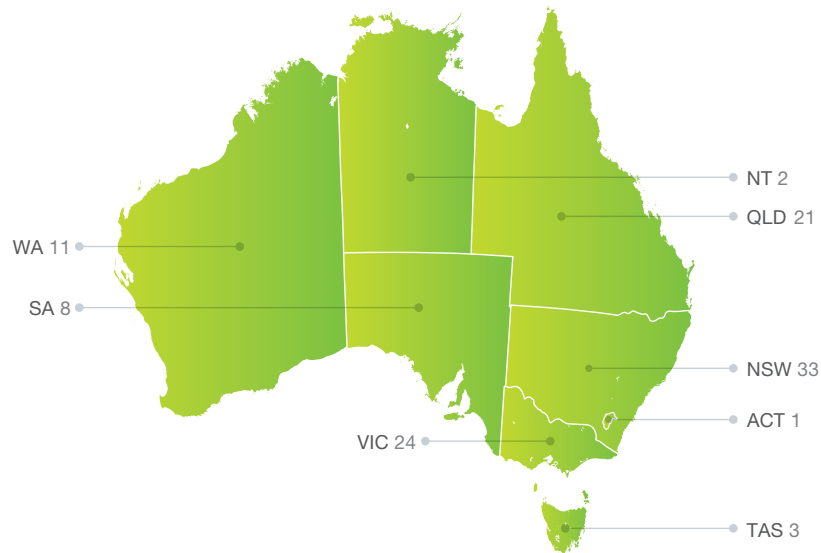


Figure 2 Participating centres by state and territory

Participating centres by rurality

Over half the headspace centres are categorised as major cities of Australia with the remainder being inner regional, outer regional and remote.

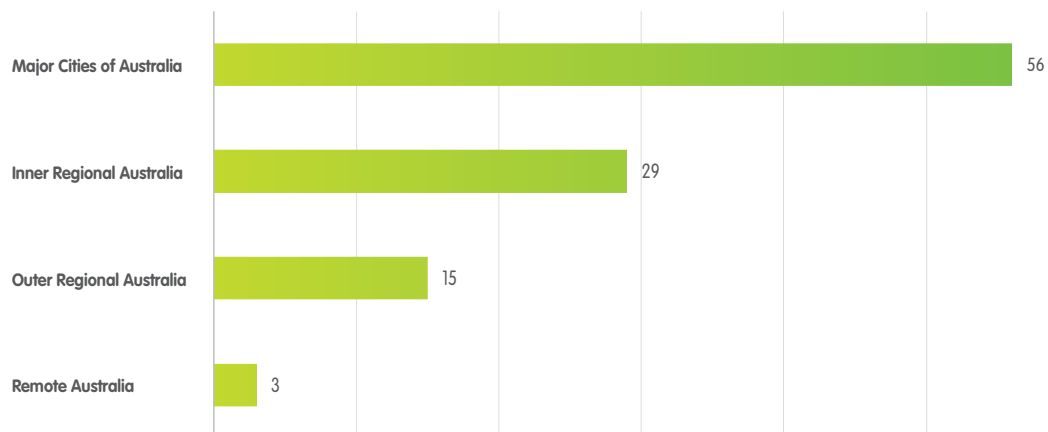


Figure 3 Participating centres by rurality

Prevalence of wait time concern

Almost 90% of headspace centres reported that wait times were a major concern.

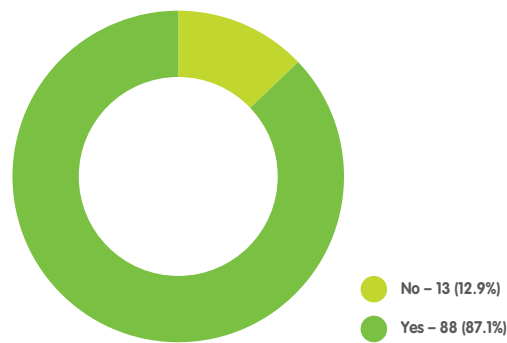


Figure 4 Percentage of centres where wait times are a major concern

When are wait times at their worst

It was reported by 80 centres that they experience a surge in demand at the beginning of university semesters and high school terms, during university/school examinations, and in the second half of the year.

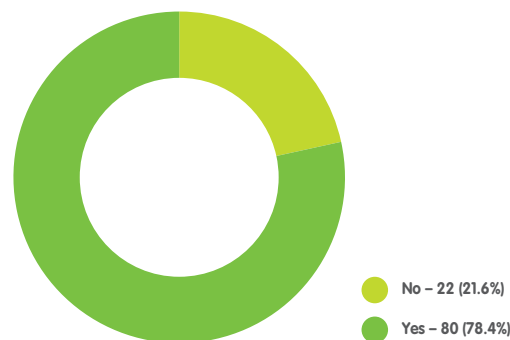


Figure 5 Percentage of centres where wait times are worse at certain times of the year

When are wait times less of a problem

Just under half the centres noted that there were times of year when wait times were less of a problem, and these were school holidays and the very beginning of each year.

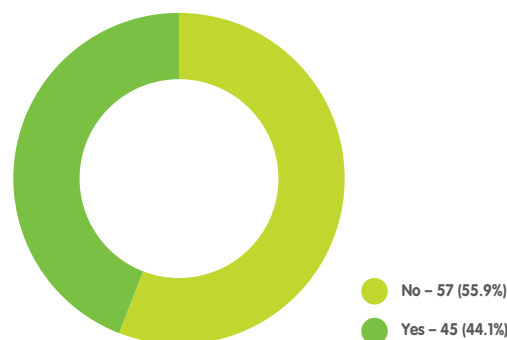


Figure 6 Percentage of centres reporting periods when wait times were less of a problem

Average wait time for all centres

The average wait times for young people across centres range depended on the type of session.

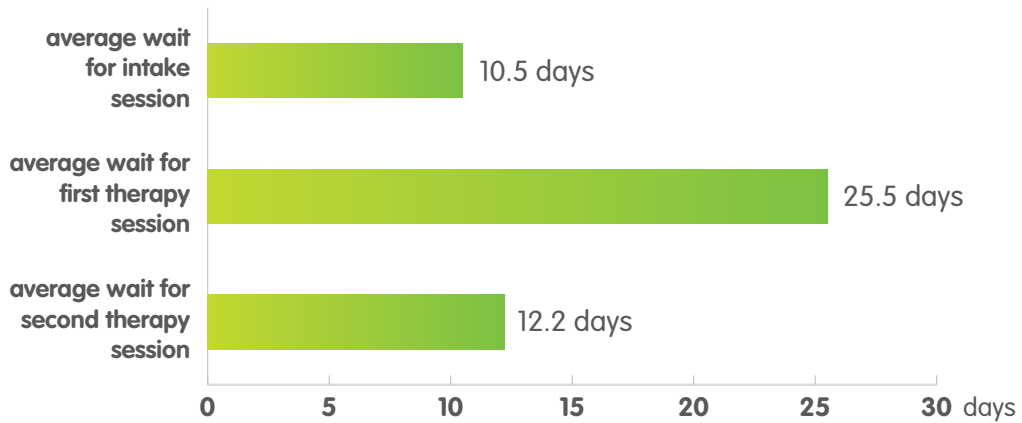


Figure 7 Average wait times for young people across all headspace centres

Average wait time for regional and remote centres

The average wait time for regional and remote centres showed minor variations.

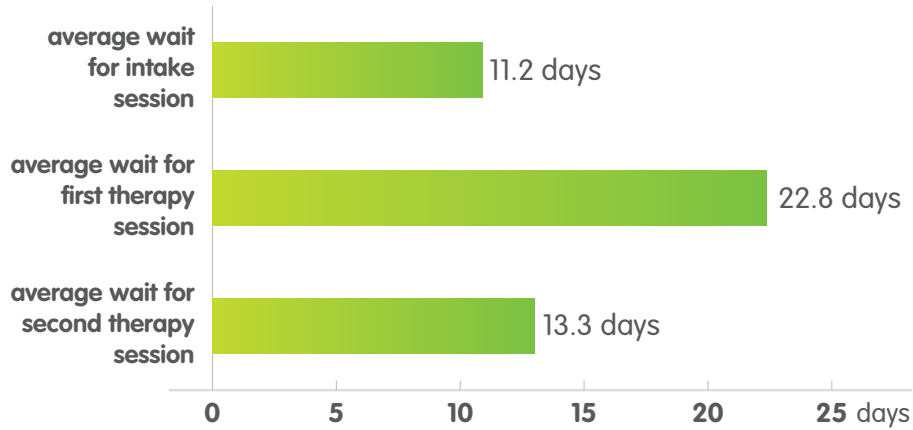


Figure 8 Average wait times for regional or remote headspace centres



Findings: Factors affecting wait times

Workforce

The main factor influencing wait times at centres is workforce capacity, with 89 centres reporting that workforce limitations affect their ability to meet demand. Almost half of the centres (46) highlight a need for increased funding to specifically increase the centre's current workforce.

Moreover, a large number of centres reported that a lack of GPs was a major barrier to providing timely services when Mental Health Treatment Plans are necessary. Notably, 27 headspace centres do not have any on-site access to a GP. Difficulties recruiting psychiatrists, mental health accredited social workers, occupational therapists, and mental health trained nurses were also noted.

Key reasons for the challenges around workforce recruitment included: instability of the funding model, lack of job security, problems with the suitability and qualifications of applicants, salary competition from external organisations, and an inability to provide general incentives for employment (e.g. professional development/training).

Quotes from centres

As part of the survey, centres told us the following.

"Obtaining practitioners is the most difficult aspect of the recruiting in this centre. This can be attributed partly to location but also to the structure of session payments and arrangements. If there was a more stable payment structure – this would be a big help to solving the demand issues."



Metro Centre



"Private provider positions are severely difficult to recruit. Where recruitment has occurred it has not been for a lengthy period and they move on either to their own practice or salaried positions in other organisations."

Regional Centre

"The major issue impacting our workforce is the short contract time and the fact that funding contracts are not renewed in a timely manner - this destabilises the workforce - because of this I find it hard to recruit and retain staff and contractors. The other key issue is that there are less and less MBS funded professionals who will work for no gap or will work when there is a steady rate of cancellations and do not arrive appointments."



Metro Centre

Support from a dedicated phone or online service

Almost two-thirds (n=63) of centres surveyed agreed that support from a dedicated phone or online service (i.e. eheadspace) could help to manage waitlist and/or ongoing demand. Open-text responses emphasised the importance of having interim support services while young people wait for a service.

Phone/online services were seen to improve the level of engagement with young people, complement existing services and offset potential risk. Other benefits included: providing a soft entry approach to headspace services, providing vital handover information to centres for intake sessions, reducing barriers to accessing centres, and generally assisting young people to manage expectations of centre visits. This continuity of care was thought to greatly assist practitioners in providing the most relevant and appropriate service to the young person.

In terms of the practicalities of these digital services, several Centre Managers noted the importance of integrating these services into current clinical practice and also potentially incorporating peer moderation. The need to investigate the effectiveness of online mental health service provision was also mentioned.

Quotes from centres



"If young people with lower level anxiety/stress/situational mental health periods could book into online/phone counselling session it could assist our wait times and help to ensure they do not increase in stage of illness/ability to cope."

Metro Centre

"Yes this would be very useful as the extra workload on the intake team to offset the risks and support young people whilst waiting is impacting on their capacity to achieve other workload responsibilities within appropriate timeframes."

Metro Centre



"Specifically it would benefit a response to young people that live rural to the centre and may not have transport options given their age. It could also be part of our demand management strategy where a young person is advised to contact a phone service such as eheadspace so we do not need to invest in a Youth Mental Health Worker devoted to respond and manage the demand management."

Regional Centre)

"Having a specific person they could work with in an ongoing way whilst waiting for ongoing support may be beneficial and also provide better information for the practitioner before starting sessions."

Metro Centre



Mental Health Treatment Plans

Most (n=71) centres reported that obtaining a Mental Health Treatment Plan (MHTP) from a General Practitioner (GP) causes delay for young people.

The open text responses revealed a variety of reasons for such delays. Obtaining a MHTP is dependent on access to a GP, either through an on-site GP at the headspace centre or a GP from an external service provider, including those that young people are already linked with. Delays occur from when young people make an appointment, then have to attend a session with their GP, and then headspace has to receive the MHTP. This additional step in requiring access to a GP for those not in possession of a MHTP, causes a disruption in momentum in help-seeking. In some cases this had led to disengagement with headspace and the referral not progressing.

A large number of centres reported that the lack of GPs was a major barrier to providing timely services when MHTPs are necessary. Notably, 27% of headspace centres do not have any on-site access to a GP.

There was often confusion about whether the young person met the criteria for mental health services and what they were entitled to in terms of MBS sessions, particularly if the young person had been to multiple GPs and had received more than one MHTP. Delays then occurred due to the need to clarify the young person's MBS entitlements. Centre Managers also noted instances of GPs being reluctant to send the necessary documentation to headspace. Other causes of delays related to the interactions needed with a GP, including cultural and linguistic challenges in obtaining an accurate and appropriate MHTP.

Quotes from centres



"Young people can lose momentum in their help seeking. Some of our ambivalent young people disconnect from the service at this step. Some GP's delay the process for this occurring."

Metro Centre

"There are times when young people do not re-engage with us because of the mental health treatment plan. We try to link with our existing GPs, but understandably a young people may already be linked to [their own] GP and time taken to get a MHTP from their GP may cause delays."



"For some young people it appears that this step is a significant barrier despite our attempts to follow up. For some GPs there is also an issue, that they do not believe the young person meets criteria for [an MHTP]. There may also be times when the young person has visited a number of GPs that there is confusion of where the MHTP is up to and what the young people is entitled to."

Metro Centre



"When a young people accesses an offsite GP for an MHTP there can be a delay from when the young person/family made the referral to when they see the GP and then when they send the MHTP to the centre. There can also be a reluctance from some GP practices to forward the MHTP to the centre on the family's behalf."

Metro Centre

Physical setting of centre

For greater than half (n=60) of the centres it was reported that the physical setting of their centre (size, layout) limited capacity to meet demand. The limitations on physical space and number of consultation rooms meant centres were restricted in engaging additional workforce, such as private practitioners, co-located staff and student placements. Physical settings also restricted the ability to offer group programs.



Figure 9 Percentage of centres reporting that the physical setting of their centre limited capacity to meet demand

Physical setting restrictions

Only one-third of centres said size and layout of the centre was sufficient to meet demand.

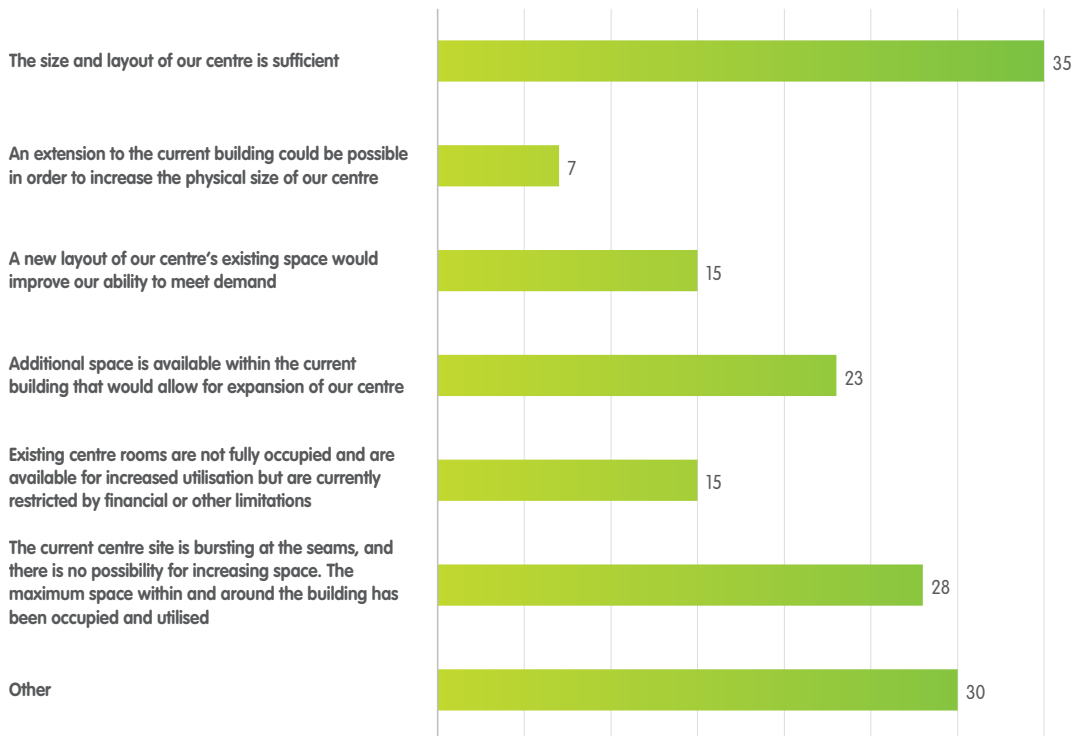


Figure 10 Physical setting restrictions of headspace centres

Physical setting improvements to reduce wait times

One-fifth of centres said they would need to relocate their centre to a new site, expand to occupy more space within the current site, and/or redesign the layout of their existing space to improve wait times.

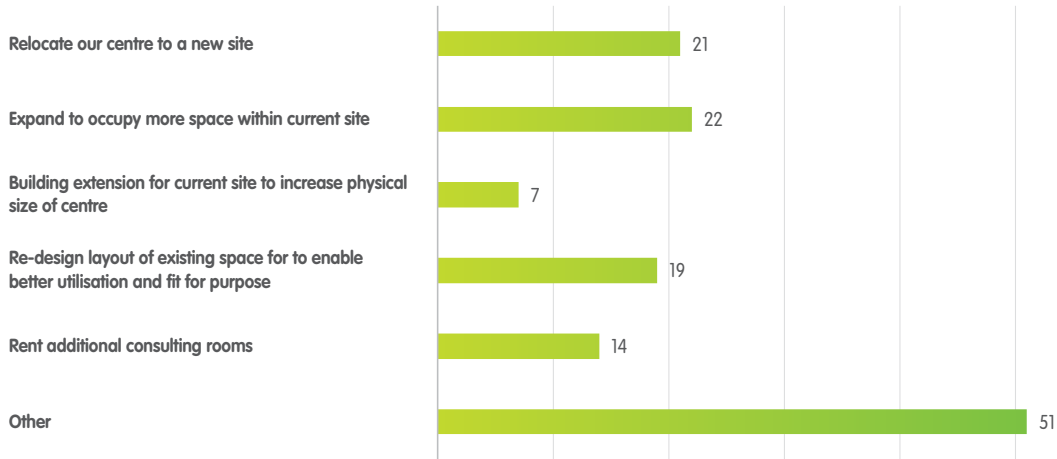


Figure 11 Recommendations for physical setting to improve wait times

Quotes from centres



"With over 20% increase in referrals per year, we have grown substantially in staffing and activity levels since inception, primarily related to increasing numbers of co-located partners and private clinicians, as the reputation of the headspace model grows. We are now at capacity in terms of space, meaning that at times clients are needing to be seen in the manager's office or the clinic's examination rooms that are not designed for therapy consultations, and lead to less efficiency of non-clinical staff needing to find alternate workspaces."

Metro Centre



Same day walk-in or drop-in sessions

Centre Managers were asked whether their centre offers same day walk-in or drop-in sessions, and 85 centres offered this method. Such sessions were attended to mostly by Intake Officers, Clinical Lead staff or Youth Access Clinicians.

Attending to such young people entailed a brief screen and/or risk assessment where an intake appointment is then scheduled.

Although the majority of headspace centres offer this service, open-text comments highlighted that such service provision is not widely advertised or promoted, and the availability of walk-in/drop-in sessions was very much dependent on the availability of staff.

Supporting young people who are on a wait list

To offset potential risk and keep young people engaged, headspace centres reported that they employ a range of concurrent strategies to ensure young people are supported while waiting for services, such as:

- phone check ins
- group programs (mindfulness, social recovery, trans-diagnostic therapeutic groups)
- peer support activities
- brief intervention therapy modules to engage young people between their intake and first sessions
- walk in and drop in sessions
- provision of self-help information and resources.

Other strategies to help reduce the wait times include:

- monitoring cancellations to maximise attendance from wait lists
- referrals to alternative services
- arranging student placements to increase staffing capacity
- quickly filling workforce vacancies.



The way forward: addressing wait times

It is a positive trend that more young people are seeking help for their mental health problems. This suggests that the stigma of seeking help is being reduced and that young people are more prepared to reach out for the care they need. There are, however, also more young people in need, as evidenced by the high levels of psychological distress reported by a growing proportion of young people across Australia. Increased help-seeking and greater need are translating into more demand for headspace services.

The results of the headspace survey confirmed the high and growing level of demand. Most headspace centres are struggling to meet this demand within their current resources due to a range of underlying systemic issues that are affecting wait times. There is clearly an urgent need to address the wait times and the unmet need of young people seeking to access mental health services in Australia.

We have identified six key actions that would make a difference and help headspace centres to meet the growing demand for their services.

Six key actions to meet demand for services

- 1** New investment in recurrent core funding for the existing headspace centre network to provide increased clinical workforce capacity to meet the growing needs of young people across Australia.
- 2** Capital investment in existing headspace centres to fund relocation to larger facilities or expansions/fit-outs to enable centres to employ more staff and see more young people.
- 3** Build on previous government investment in headspace digital and technology platforms. This will improve continuity of care achieved through new innovative team based collaborative service models between young people, headspace online and centre-based face-to-face supports.
- 4** Augmenting the existing headspace platform to provide better care for young people with more severe and complex conditions (the missing middle).
- 5** Primary Health Networks having longer term contract arrangements in place. This will greatly assist the recruitment and retention of staff required to keep wait times down.
- 6** Implement quality improvement initiatives to increase headspace centre and regional capacity to improve access to the right service, and ensure that more young people receive timely and quality support.





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