



Young people's experience of mental health services

Update Report

Youth Mental Health Consultation Project

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For more information please contact:

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Background

In 2015, staff from the University of South Australia and Health Consumers Alliance started talking with young people (12-25) about their experiences of using mental health services in South Australia. The goal was to make recommendations on how to build a mental health system that was better suited to the needs of young people.

The purpose of this report is to provide an update for the young people and organisational partners who participated in these discussions.

Who has participated?

Since July 2015, the project has conducted 5 focus groups with 23 participants. Partnering organisations have included Local Health Networks, community sector organisations and High Schools. Participation has included young people from a variety of age ranges, and country/ city residences, and cultural backgrounds. We are still recruiting for the project and would like to hear from more Aboriginal young people and people with experience of being in the care of the Minister.

We have heard many stories from participants about what has worked and not worked for them. Participants also provided many suggestions and ideas for how services could be better designed or promoted, for instance to school communities. Following is a summary of key themes and understandings from the project so far.

What makes young people decide to get help?

- Young people work out that they need help in different ways. Some directly contact services when their distress becomes too much – others decide to seek help when they are encouraged and supported by their friends who know what to do. Parents may or may not play a key role in initiating and accessing help. It depends how well they understand mental health issues and service pathways.
- Student Counsellors can provide a key role in identifying young people in distress, providing support and helping to arrange appointments. It is important for Student Counsellors to be well trained in mental health and to be clear about privacy and confidentiality with students.
- There are many influences shaping the decision of young people to attend early appointments. Some of these are about stigma, uncertainty and fear about what will happen

at a service, or what being diagnosed will mean, whether they will be judged by clinicians or by parents, friends and family.

What services have young people used?

- School/ Student Counsellors, GP's and Psychologists were mostly used by participants. Overall, there were a wide range of services used. These also included Headspace, youth health services, non-government mental health services, hospital units and emergency departments.

What experiences put young people off from getting services?

- Within a service, the effective engagement skills of both administration staff and therapists help young people feel comfortable and welcome. There are many subtle ways young people are put off. Sometimes they don't feel they are understood, or don't connect with the therapist. Sometimes, therapists go too fast with questions, or produce an overwhelming work plan, or 'go through the motions'. Sometimes administrative staff are not understanding about appointment cancellations and attendance issues.
- Young people talk about the time it often takes to get a clear understanding of their mental health issues. The diagnosis needs to make sense and fit their experience. Diagnostic language can be a barrier. In hospitals, clinicians need to spend adequate time with their clients.

What makes young people stick with a particular service?

- Young consumers stay with providers when the intervention works, or when clinicians provide another tool or strategy when one isn't working. They also need to feel confident in the knowledge and skills of the therapist. Young people pick up on genuine care, appreciating follow up calls, emails and texts between appointments, or being able to call when needed, or home visits.
- Different interventions are useful for different people. Young people reported positive and negative outcomes from medication, mindfulness and Cognitive Behavioural Therapy. Groups, activities and arts based practices should be offered, with in therapeutic settings and in school communities. Care needs to be personalised.

- It takes time to get results for significant mental health issues. Young people want more than 12 sessions within a Mental Health Care Plan. This limit becomes a continuity of care issue where young people may have to wait for long periods to access the subsidised service.

What ideas did young people have about how mental health services could be better designed?

There are many ways services can be located, designed and delivered to be easier for young people to access and stay connected with. Here are some suggestions provided by participants:

- More promotion in schools and connection of services to school, like Doctors on Campus
- Being able to book appointments online – or skype based appointments.
- No waiting lists, or more drop in models for getting help when you need it
- Making appointments in less clinical settings- more ordinary and homely places
- Locate services in easy to reach locations, regional centres and the city
- Locate services on the main street but have a side street opening for people who are sensitive to internalised stigma
- Be clear about privacy, information sharing and limits of confidentiality - seek permission or advise when involving parents
- Use less stigmatising and negative language e.g. 'personality disorder'
- Have understanding and kind administration staff
- Ensure both doctors and nurses spend time engaging us in hospital care
- Don't make us feel guilty for missing appointments
- Have more sessions on the Mental Health Care Plans – private fees are too high and a barrier
- Better follow up if you've been in hospital, have everything in place – provide support, with General Practitioners (GP's) involved, for 6 months
- Provide continuity of care – minimise having to change therapists when its going well – someone who know you and is a key contact
- Consider multi service models, like the Shine SA model, which can attend to physical and mental health needs and has spaces designed for young people
- Have the option of home visits – if home is a comfortable place for a service

- Make communication between appointments – phone calls, emails or texts
- Provide short term safe houses for young people when there is stress at home
- School communities need to be consistent in understanding and supporting us – not just in mental health week
- Use the web to provide public feedback on good clinicians and what their special skills are – ‘Rate your Psychologist’
- Provide more information everywhere – about what will happen when we go to a service
- Provide information the right way – explain in person not just give you a pamphlet.
- Provide activities and support groups at school – not just talking groups but ones integrated with activities

Next steps in this project

Recruitment is still open for our project. You are welcome to tell your friends about the project to see if they are interested in sharing their perspectives in a group discussion or individually. After we have completed our recruitment, we will be ready to finish the full report. This will have quotes and more detailed experiences that have been shared by our participants.

The researchers would like to thank all participants for their participation and support of the project so far. If you have any comments about this update or would like to get in touch, please contact Mark, Lindsey or Gareth on the numbers/ emails below.

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