

The Australian National Youth Mental Health Foundation: Demographic data from headspace Gosford

Abstract

Objective: Despite the high prevalence of mental health problems for young Australians, many do not have ready access to treatment or are reluctant to seek help. Until recently there was a tendency for young Australians to fall between the gap of Child and Adolescent Mental Health Services and Adult Mental Health Services, and this has contributed to low rates of service use for young people. In 2006, the Australian Government sought to redress this gap in service delivery with its establishment of the Australian National Youth Mental Health Foundation, headspace. This paper presents demographic data collected at headspace Gosford over a 5.5 year period.

Conclusion: The data presented indicates that headspace Gosford has been successful in improving early access to mental health treatment for young people on the Central Coast, in particular for young people aged 14-18. Headspace Gosford has attracted young people of both sexes, with a higher proportion of females. The majority of young people access headspace for mental health problems, predominantly depression and anxiety, however, a significant proportion report physical health or alcohol and drug related reasons. The likelihood of these referral reasons is informed by gender and age.

Keywords: demographic data, young people, service access, headspace

Approximately 25% of young Australians aged 12-25 experience mental health problems and mental illness¹. A rich body of evidence shows that the onset of mental illness is most likely to occur in late adolescence and early adulthood, with almost half of all mental health illnesses beginning before age 14^{2,3}. If left untreated, these mental illnesses become more severe and may become chronic⁴.

Even though young Australians have a high prevalence of mental health problems, and carry 55% of the burden of disease for mental illness across the lifespan⁵, they are least likely to access mental health services^{6,7}. Despite effective treatments, there are long delays between first onset of symptoms and when people seek and receive treatment.

Low uptake in service use can be attributed to some inadequacy of existing services to meet the needs of young people aged 12-25⁸; this is an issue that, in more recent years, the Government has sought to address. Up until recently, mental health systems followed a traditional model of care (i.e., paediatric versus adult), and there was a tendency for young Australians to fall between the gap of Child and Adolescent Mental Health Services and Adult Mental Health Services^{3,9,10}. To redress this gap, in 2006, the Federal Government responded by establishing the National Youth Mental Health Foundation called headspace. Headspace was created in response to the recognition that existing health systems needed to be more accessible and effective for young people with mental health and substance use disorders¹¹.

Headspace is a network of enhanced primary care services for young people aged 12-25 with mild to moderate mental health problems and provides an entry point for young people to access a broad range of services available in their local community. Key areas of the headspace model include primary health, mental health, alcohol and drug use, and social and vocational support. The headspace initiative seeks to fundamentally change the way mental health services are delivered to young people across Australia, and is committed to improving the mental health, social wellbeing and economic participation of young Australians¹¹. Headspace centres have been established in each state and territory across Australia; there are currently 55 headspace centres operating across Australia with a further 15 getting ready to open their doors in early 2014.

In 2007, Children and Young People's Mental Health (CYPMH) on the Central Coast in New South Wales was successful in gaining (on behalf of a local Consortium) one of the first ten National grants to establish a headspace site (headspace Gosford, formerly called headspace Central Coast). CYPMH is a tertiary mental health service for young people with moderate to severe mental health problems, and is the lead agency for headspace Gosford. CYPMH and headspace Gosford are co-located and provide an integrated service model incorporating primary, secondary and tertiary mental health care for young people at one site. Primary health care is provided through onsite GPs and targets young people with either no mental health problems or mild mental health problems. Secondary mental health care (for young people with mild to moderate mental health problems) is provided through Private Allied Health staff at headspace. Tertiary mental health care is provided by CYPMH, who focus on young people with moderate to severe mental health problems and mental illness.

The co-location of headspace Gosford and CYPMH as a 'one stop youth mental health shop' with one entry point ensures that young people accessing headspace Gosford receive the care they need and if required can be easily transferred to CYPMH. An integrated service system that is easily accessible ensures that young people are less likely to fall between the gaps and receive a seamless and timely response to their complex needs. Through its integration with a tertiary mental health service, headspace Gosford offers young people a direct pathway to continuing care if required; in this sense, the headspace Gosford service model is unique in that it was one of the first to use this integrated approach.

Headspace Gosford opened its doors in April 2008. The current paper presents demographic data collected at headspace Gosford over a 5.5 year period, since its inception in April 2008 and September 2013.

Methods

The headspace Gosford data (currently collected utilising Mastercare, previously Mental Health Assessment Generation and Information Collection (MHAGIC)) was examined. The dataset comprised information on 7110 young people who had accessed headspace Gosford between April 2008 and September 2013.

The information entered into this database includes demographic information, information pertaining referral source, reasons for referral and presenting issues. This information is obtained using an intake form that is completed at the point of referral by the referrer (most commonly the young person themselves), or by headspace staff in discussion with the young person face to face or over the phone. Clinical information such as presenting issues is entered into this database by a headspace clinician following consultation.

All new referral data was extracted from Mastercare and entered into SPSS for descriptive analysis. Chi-Square test was used to test for differences between gender and age in terms of reasons for accessing headspace. As this data is collected in a health setting, there were variable rates of missing data. In the questionnaire young people are able to select more than one response option so therefore percentages do not add up to 100.

Results

7110 young people accessed headspace Gosford between April 2008 and September 2013. This averages to 1293 young people per year. The number of young people has been more or less spread evenly across the 5.5 years, with a slight increase each year. Headspace Gosford has an average of 15,632 occasions of service each year, which means that young people have an average of 12 occasions of service.

The vast majority of young people were either referred by a family member, friend or neighbour (37.5%), or self-referred (32%). Others were referred from schools (6.8%),

public hospitals (6.1%), or welfare agency/youth services (5.1%). The remaining were referred from law enforcement agencies, employment agencies, or other health services.

More than half of the young people were female (56%), and this pattern was evident across the whole age group, and has remained more or less the same across the 5.5 year period (2008-2013).

The majority of young people are 'younger' adolescents. Sixty four per cent of young people were aged between 12-17, and 35.1% aged between 18-25. The remaining 0.9 % were either 11 or 26. The most common ages, in order of prevalence, are 16 (13.5%), 15 (13.4%), 17 (12.9%), 14 (11.7%) and 18 (8.7%).

Ten per cent of young people accessing the service identify as Aboriginal and/or Torres Strait Islander. In terms of cultural heritage, the vast majority describe themselves as either Australian (85.1%), or Australian Aboriginal (8.4%).

The majority of young people describe themselves as single (92.6%). The remaining are either de-facto, married or separated. The vast majority of young people live with parents, stepparents and/or siblings (65.7%), others live with friends (8.8%), relatives (6.7%), a spouse/partner (4.8%), communally (3.6%), alone or with their children (3.8%), or with foster parents (1.1%). The remaining is missing data.

The majority of headspace users attend primary or secondary education (45%). Others attend TAFE/Tertiary education/training (6.6%), are employed full time, part time or casually (11.4%), or are seeking employment (16.8%). The remaining are school aged young people not attending school, or older young people who list 'home duties' or 'other' as their primary role.

A high proportion of headspace users receive financial assistance. It is hard to estimate the exact proportion as this information is missing for 10% of clients. However, 57.7% receive no benefits; the remaining 32.3% receive financial support such as unemployment benefit (10.2%), a disability and support pension (5.7%), sickness support (0.4%) or other (16.4%). The vast majority of those accessing benefits are 18 or older.

Upon referral to headspace Gosford the young person or referrer (if not self-referred) is asked which of the following categories best describe the reason for referring: Reasons related to Mental Health, Drug and Alcohol, Physical Health, Vocational, or Other. The most common reason for selecting other are homelessness, financial reasons or relationships problems and when the young person is referred by their school 'other' is commonly selected as the referral reason. When it is unclear why the young person is accessing headspace, and an assessment to establish this is required, a category labelled 'Assessment' can be selected.

Mental health is the most common referral reason selected by almost three quarters of young people. As outlined in table 1, this is followed by physical health, alcohol and drug, assessment, other and vocational reasons. Males are more likely than females to select mental health, alcohol and drugs, or vocational reasons as the reason for referral. Females are more likely than males to access headspace for

reasons related to physical health. Young people aged 18-25 are more likely to report alcohol and drugs and physical health as primary reasons for accessing headspace Gosford than young people aged 12-17. Young people aged 12-17 are more likely to report vocational issues as a referral reason than 'older' young people.

Table I: Referral reasons per gender or age group

The most common presenting issues include, in order of prevalence, depressive symptoms (26.1%), anxiety problems (23.3%), stress related issues (not otherwise specified) (10.8%), behavioural problems (7.3%), suicidal thoughts/behaviour (6.6%), difficulties with personal relationships (3.8%), conflict in home environment (2.9%), and cannabis use (2.4%).

Discussion and Conclusion

This paper provides a description of the demographic data of young people presenting at headspace Gosford.

The high rate of self-referrals and referrals through family, friends or neighbours is remarkable, but this is consistent with findings from other headspace centres.

More than half of the young people who accessed headspace Gosford were female. This pattern remains consistent across age categories as well as the 5.5 year period. This is consistent with findings reported from some other headspace centres ^{8, 12}. Recent findings published by Rickwood, Telford ¹² from the national headspace dataset comprising of 55 centres and 21,274 clients found that 63.7% of clients are female. Nonetheless, some headspace centres report slightly higher numbers of male than female service users ¹³.

Headspace Gosford attracts significantly more young people aged 12-17 (64%) than young people aged 18-25 (35.1%). This varies quite significantly from the national headspace figures reported by Rickwood, Telford ¹² of 46% for 12-17 years olds and 54% for 18-25 year olds. It is possible that headspace Gosford attracts lower numbers of young people aged 18-25 years than the national average as headspace Gosford is under the governance of CYPMH. While CYPMH currently operates as a Youth Mental Health service for young people aged 12-24, prior to 2006, CYPMH predominantly operated as a Child and Adolescent Mental Health Service (CAMHS) (12-18) and early psychosis service (18-24). The CAMHS' origin of CYPMH might explain the relative under servicing of young people aged 18-25.

However, the lower number of young people aged 18-25 at headspace Gosford is consistent with findings reported by Patulny, Muir ⁸ from 2008-09 headspace data. In a review of headspace Patulny, Muir ⁸ concluded that while headspace has been successful at attracting 'younger' young people it has been less successful at increasing service access for 'older' young people. Similarly, Jorm, Wright ¹⁴ found that 'younger' young Australians are more likely to seek help for mental health issues than 'older' young people. This help seeking pattern is not consistent with prevalence rates; older young people are twice as likely as younger young people to have a mental illness (12% versus 27%) ¹.

Headspace Gosford appears to attract a high number of Indigenous young people. Ten per cent of young people accessing headspace identify as Aboriginal and/or Torres Strait Islander. As only 5% of young people aged 15-24 and 3% of the general population on the Central Coast are Indigenous ¹⁵, this suggests that headspace Gosford is successful at attracting a high percentage of Indigenous youth. This is consistent with finding from other headspace centres; for example, Patulny, Muir ⁸ reports that 9.5% of young people accessing headspace are Indigenous, and Rickwood, Telford ¹² report 7.7% as Indigenous.

While many clients are engaged in education, the findings from headspace Gosford are lower than the national average. While school attendance is comparable (45% at headspace Gosford and 46.7% nationally ¹²), only 6.6% of headspace Gosford users attend higher education versus 21% nationally. Furthermore, amongst those aged 18-25, 32.1% were not engaged in employment, education nor training which is higher than the nationally average for headspace users of 29%, and the population average of 27.3% ¹².

A high proportion of headspace users receive financial assistance. Scott, Hermens ¹³ report that 24.9% of headspace users in Western and inner Sydney receive financial assistance, which is lower than the 32.2% reported in this study. The higher percentage of headspace Gosford users who receive financial support can be attributed to the high levels of unemployment on the Central Coast. The youth unemployment rate on the Central Coast (15 - 24 year olds) is relatively high (15.3%) compared to State (11.5%) and National rates (10.3%) ¹⁵.

The high prevalence of depressive symptoms and anxiety problems in headspace Gosford users is consistent with common diagnoses reported by other headspace services ^{12, 13} and the high prevalence of anxiety and depression reported by young people generally ².

The headspace Gosford service data presented in this paper indicates that a well-designed youth mental health service that is youth friendly and easily accessible can attract large numbers of young people. We believe that the success of headspace Gosford can be, at least in part, attributed to its colocation with CYPMH as an integrated 'one stop youth mental health shop' where young people can access three levels of mental health care at one site. Having a single entry point from which primary, secondary and tertiary mental health care services can be accessed ensures that young people are not faced with a 'wrong' door and receive the services they need.

Despite the overall success of headspace Gosford, more needs to be done to attract young people aged 18-25. 'Older' young people are at great risk of developing mental health problems, and more needs to be done to ensure they seek and receive the help they need.

Table I: Referral reasons per gender or age group

	All clients %	Female % n=3983	Male % n=3126	M/F Sig <i>p</i>	12-17 years % n=4551	18-25 years % n=2499	Younger/ Older Sig <i>p</i>
Mental health	74.5	73.4	76	.015**	74.1	75.4	.239
Alcohol/drugs	10.4	6.5	15.4	.000*	15.6	7.7	.000*
Physical health	24.9	29.1	19.5	.000*	27.6	23.4	.000*
Vocational	3.3	2.7	4.1	.001*	3.9	2.4	.001*
Other	5.9	5.4	6.4	.74***	6.4	4.9	.012**
Assessment	9	8.6	9.5	.210	10	6.9	.000*

*CI=99%, **CI=95%, ***CI=90%

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