headspace
National Youth Mental Health Foundation

headspace staff experience of telehealth during COVID-19

July 2020

Executive summary

This report describes the experiences of headspace centre staff moving rapidly to telehealth services as necessitated by the COVID-19 pandemic.

It is part of a three-phase project to understand the impact of the 2020 pandemic on the mental health of young people who have accessed headspace services, their experiences of telehealth and the experience of staff who have provided these services. Participants were 653 headspace staff who had delivered services in April 2020, and who responded to an online survey.

Findings from the project indicate that telehealth works well for many but not all young people, and presents significant potential in terms of the accessibility of headspace services. Telehealth was viewed as an essential component of a service system that offers choice, flexibility and responsiveness to young people.

headspace staff demonstrated excellent capacity to effectively deliver services via telehealth

- The headspace workforce demonstrated considerable dedication to continuing to support young people through flexible service delivery options by transitioning quickly to telehealth in the context of COVID-19 restrictions (see Figure 1). Telehealth services were primarily delivered via phone, and there was also a sharp increase in support delivered through online/video services.
- The vast majority of staff did not report significant practical barriers (with between 87 per cent and 93 per cent indicating they had access to resources they needed most or all of the time).

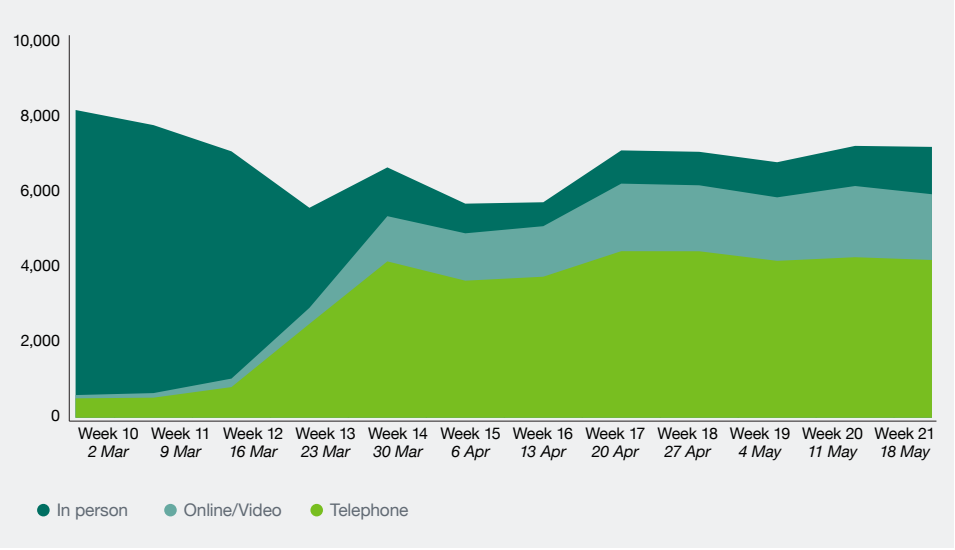

Figure 1.
Occasions of service by service mode, 2 March – 18 May 2020

Staff were able to provide quality services for young people through telehealth

- Even in the context of such a rapid and unplanned transition, under difficult circumstances, headspace staff maintained high quality services for headspace clients and felt confident in their delivery of telehealth services.
- Eighty-nine per cent of staff agreed that telehealth can be an effective way to provide clinical services to young people, and only 3 per cent disagreed. Eighty-eight per cent agreed that most of their clients had been receptive to receiving telehealth services and 72 per cent said they could make therapeutic progress at the same rate as, or more quickly than, in-person services.

  "I'd also make the anecdotal observation that I've had young people in my caseload who I've seen both F2F and over-phone, open up more during the phone call than in-person. I was surprised by this – but it also makes some sense - and there's been research on this. Watzke et al. (2017) argue that telephone therapy for low-intensity mental health can offer more flexibility, can grant more anonymity, and can lead to less hesitation in a patient attempting to gain support. I'd hope that with the evidence we have gained as a service that we 'can' accomplish therapy over the phone, and with the knowledge that there may be even times when it is better suited for a young person (especially due to time factors, anonymity from family, fiscal [saves money on petrol, public transport] and also for those from geographical barriers [live quite far away]) that we as a service may consider the possibility of offering phone-call appointments in some form in the near future post-Covid-19 that would count towards being occasions of service." – Clinician, South Australia
- Sixty-nine per cent of staff agreed that they could do adequate risk assessment using telehealth and 50 per cent agreed that they could do optimal therapeutic work using telehealth.
- Many staff (46%) felt the therapeutic relationship with and progress of their clients was unchanged, although there was a similar proportion who felt the therapeutic experience was negatively impacted by telehealth. A small proportion (one in ten) felt the quality of the therapeutic experience improved.

  "I think it destigmatises the access to counselling intervention which is often conducted in a compartmentalised and 'sterile/clinical' environment. …I think conducting intervention when a client is in their usual environment/s psychosocially can help generalise the therapeutic work to the client's everyday life more effectively. Rather than it be somewhat compartmentalised by a clinical out-of-the-ordinary location for them." – Clinician, Victoria

89%

of staff agreed that telehealth can be an effective way to provide clinical services to young people

88%

of staff agreed that most of their clients had been receptive to receiving telehealth services

Telehealth provides critical choice and flexibility in service provision that is appropriate for many, but not all, young people

- Telehealth was shown to be a valuable service option that provides choice and flexibility for both young people and service providers.
- Staff identified a suite of advantages of telehealth for some young people:
  - **Convenience and accessibility:** particularly for rural or regionally-based young people or young people for whom travel is a disincentive; increased flexibility of scheduling; and young people being able to have a session without having someone take them to the appointment.
  - **Comfort:** clients being able to have their session in the comfort of their own home; reduced stigma as a result of not having to physically attend a centre; and decreased anxiety for certain clients, such as those with social anxiety.
  - **Increased engagement:** clinicians reported that some young people open up more via telehealth, enabling clinicians to gain increased insight.
  - **Efficiency and innovation:** clinicians were able to incorporate new techniques and practices (such as immediate sharing of resources and tools).

"There are advantages for young people where previously, a barrier was not having money for public transport, or they lived remotely on the islands, or they didn't have a parent willing to drive them, or they have anxiety about leaving the house." – Clinician, Queensland

"Often, young people will have to cancel their appointments due to their parents/carer's work schedule. Some young people do not want their parents to know they are accessing services, so now they can access telehealth without relying on their parents/carers providing transport. It also means that for some young people, it only takes an hour out of their day, rather than missing a full half day of school because they travel up to 90 minutes to access the service." – Youth Access Worker, Victoria

- Staff identified different groups of young people who they felt telehealth may be more appropriate for, including: socially anxious young people, young people juggling a lot of work and study commitments, young people who have to travel long distances to get to a service, older cohorts of young people, young people who are highly engaged with technology, and more stable young people who require lower intensity treatment.
- Staff suggested that telehealth services can be less appropriate for young people facing conflict at home; with complex issues, high levels of anxiety, or limited access to technology; some new and younger clients; and young people who are more difficult to engage.

Telehealth service options provide valued flexibility for most staff

- Despite the challenging COVID context and need to adjust rapidly to new and sometimes unfamiliar ways of working, many staff enjoyed using telehealth. Staff noted that, going forward, telehealth services could be provided from either home or office.
- Seventy-four per cent agreed or strongly agreed that they were able to work effectively in a multi-disciplinary team and 78 per cent agreed or strongly agreed that they felt supported to deliver telehealth services to young people.

78%

of staff agreed that they felt supported to deliver telehealth services to young people

74%

of staff agreed that they were able to work effectively in a multi-disciplinary team

"I think we should make it part of what we offer along with in-person services. We are reaching clients who disengaged previously, and I think we should have had this all along. Also, as this is able to be done from home, we should have been offering it all along to support people with work-life balance and flexibility in the workplace especially for women who constitute most of our workers. I see managers being allowed to work from home all the time, but it has rarely been offered to us. Perhaps now it is obvious that staff can be trusted to do this." – Intake Worker, Queensland

"My case noting has become more streamlined and I am more able to review previous notes before commencing sessions. I am better organised and much more efficient." – Youth Wellbeing Worker, Western Australia

- There are advantages and disadvantages for staff working from home and working from the office. Working from home can reduce long commuting times and provide good work/life balance when needed. Working from the office, however, better supports multi-disciplinary team work and contributes to work satisfaction, particularly through contact with colleagues and peers (63 per cent of staff delivering telehealth agreed that they feel less connected to their work colleagues and peers).
- For some staff, the transition (in the context of having to make rapid change) was not as positive, primarily due to lack of appropriate space, poor internet, and work-life balance issues (such as children being at home). These challenges might be ameliorated as staff become more familiar with telehealth and adapt to change over the longer term.

MBS supported telehealth services are strongly supported as a critical future service offering

- The vast majority of headspace staff who provided telehealth services supported the continued inclusion of these services as part of the suite of service offerings for young people, with three-quarters (74%) agreeing that they would like to continue to provide telehealth services to young people post COVID-19.

"I think it's demonstrated that choice is best practice and very important." – Community Engagement Team Leader, SA

These findings demonstrate that telehealth can be an effective option for many young people, and has significant potential in terms of overcoming geographical accessibility barriers. The promising results from this project are particularly encouraging given that many clinicians and clients had to rapidly transition to the new arrangements, and many were working in new ways for the first time. Telehealth will not be the best option in every case, and it is imperative that young people can access a health system that provides choice, so young people can access the full suite of services that they need and that are suited to their circumstances. These findings should inform future service planning in the context of providing clients with a mix of service offerings according to their circumstances and preferences.

74%

of staff would like to continue to provide telehealth services to young people post COVID-19

"I think we should make it part of what we offer along with in-person services. We are reaching clients who disengaged previously, and I think we should have had this all along."

Intake Worker, Queensland

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Purpose

This report describes the experiences of headspace centre staff moving rapidly to telehealth services as necessitated by the COVID-19 pandemic. It is part of a three-phase project to understand the impact of the 2020 pandemic on the mental health of young people who have accessed headspace services, their experiences of telehealth and the experience of staff who have provided these services. The project aims to inform headspace about the impact of COVID-required practice and service changes and to identify lessons for future service delivery.

The three-phase project to understand the impact of the 2020 pandemic comprises:

Project 1	headspace centre services-based staff experiences of delivering telehealth services
Project 2	Young people's experiences of telehealth services
Project 3	The impact of COVID-19 on headspace clients

This report presents findings from project 1, which aimed to understand staff experiences of delivering telehealth services.

Background

headspace centre services (including centres, satellites and outposts)[1] aim to create highly accessible, youth-friendly, integrated service hubs that provide evidence-based interventions and support to young people aged 12–25 years with their mental health, health and wellbeing needs (Rickwood et al., 2018). headspace centres offer an enhanced primary mental healthcare service platform prioritising young people who present with mild to moderate mental health concerns. The headspace service model is a national network of more than 110 headspace services operating across metropolitan, regional and rural areas of Australia, along with a range of satellites, outreach and other supports. In 2018-19, headspace centres provided over 426,000 services and supported almost 100,000 young Australians to strengthen their wellbeing and manage their mental health (headspace, 2019). Prior to March 2020, services delivered across headspace centres, were almost entirely delivered in-person.

On 11th March 2020, the World Health Organisation declared COVID-19 a global pandemic. Consequently, from early March 2020, headspace centres started to shift services from predominantly in-person services delivered at a centre to a combination of telehealth (via phone or video), online, and in-person (where able to adhere to physical distancing requirements). This resulted in a rapid shift in the mode of service delivery: by the start of April 2020 the proportion of headspace services nationally that were delivered in-person reduced from 93 per cent to 13 per cent; services provided over the telephone increased from 6 per cent to 64 per cent; and those provided online increased from 1 per cent to 23 per cent (see Figure 1).[2]

These changes varied across the country dependent on the number of cases of COVID-19 and State and Territory restrictions. In South Australia, New South Wales, Victoria and Western Australia, more than 90 per cent of services were delivered via telehealth; while in the Northern Territory, most services continued to be provided in-person.

For many years, telehealth has been considered a useful option for increasing access to services for people in regional, rural and remote areas, or in instances where a particular service provider was not available at the location of usual service. However, prior to COVID-19, telehealth services were only available for limited medical and tele-psychiatry services where the client could not access in-person care, thus uptake for mental health support was relatively low, with only 66,000 visits to psychiatrists in Australia in 2018-19 being by telehealth (Hickie and Duckett, 2020). Critically, prior to COVID-19 allied health providers, who make up the majority of the headspace clinical workforce, could not provide services through telehealth and receive a MBS rebate (Allied Professions Australia, 2020), which is likely to have been a contributing factor to the low uptake of telehealth for mental health support prior to the provision of financial support as a result of COVID-19.

1. For the purposes of this report, headspace centres include all headspace centre services including centres, satellites and outposts, but not broader programs and services such as eheadspace.
2. Figures are valid as of 27th May 2020.

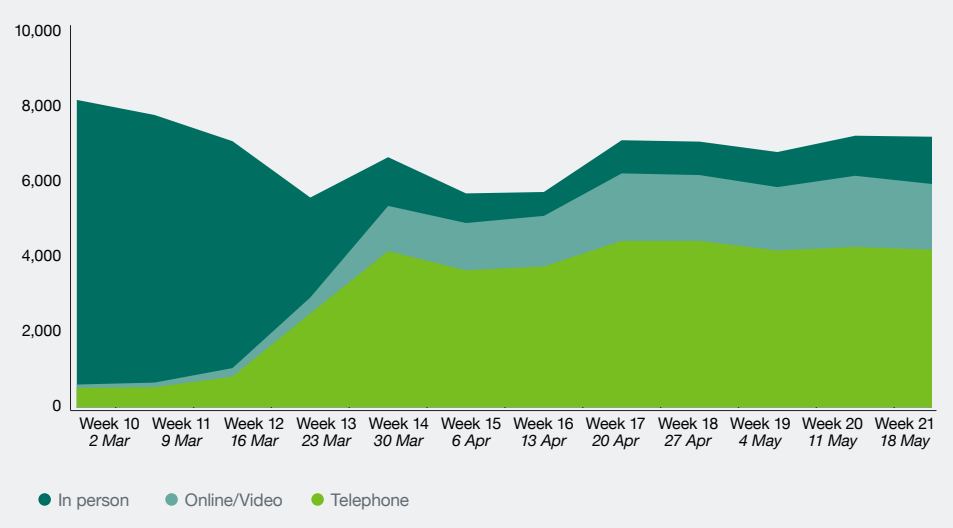


Figure 1.
Occasions of service by service mode, 2 March – 18 May 2020

When the Federal Government enabled telehealth services to be financially supported by Medicare in late March 2020 (Grattan, 2020), there was the rapid transition of most of the headspace centre service network to provide alternative means of delivering services, which enabled clinicians to continue to provide support to young people during this uncertain time. With so many health and mental health services moving to new modes of delivery, it is important to explore the experience of these services from both a user and service provider perspective.

Aims

The aim of this project was to understand the impact of shifting headspace services to telehealth for headspace centre staff, including their experiences of delivering services using different modalities. Specifically, the project explored:

- the experience of staff in adjusting to the change in service delivery due to COVID-19
- perspectives on the strengths and weaknesses of telehealth services in effectively supporting and engaging young people.

Methods

Procedure

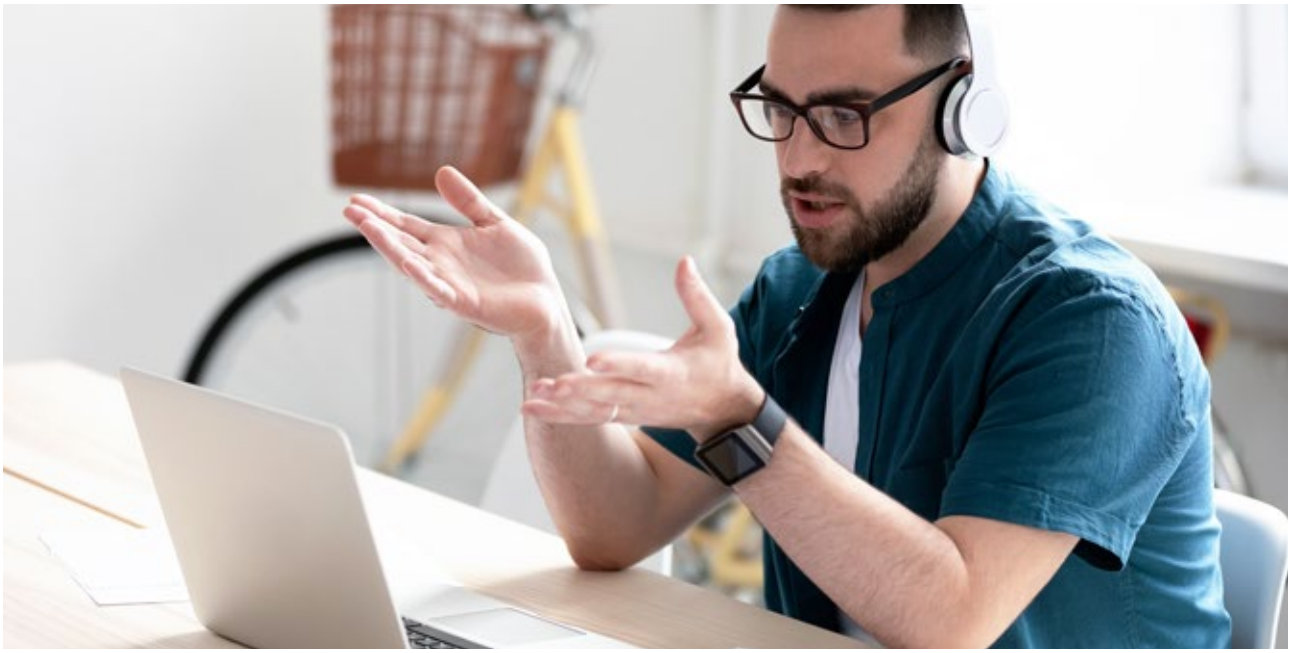
All headspace centre staff who had provided a service during April 2020 were invited to participate in an online survey about their experience of providing telehealth services during this time. The survey was hosted in SurveyMonkey and remained open for two weeks, from 6 May to 20 May, and two reminders were sent during this time.

The study received ethics approval through the Melbourne Health Human Research Ethics Committee Quality Assurance process (Reference: QA2020082).

Measures

The survey questions asked staff their experiences of delivering services using different telehealth modalities and their perspectives on the strengths and weaknesses of telehealth, including questions about:

- how and where they had delivered services (i.e. by phone, video or in-person; at their home or at a centre)
- their experience of providing services via telehealth, including practical considerations
- their perspectives on clients' experiences of receiving services and whether there had been an increase in clients not attending scheduled sessions
- their perspectives on the therapeutic relationship and process while delivering services via telehealth
- advantages and disadvantages of telehealth, and whether there are particular groups of young people for whom telehealth is more or less appropriate
- their overall work satisfaction and confidence delivering telehealth services, and
- their experience of clinical supervision and support.



Participants

Of the 1,901 staff who were emailed the survey link, 653 (34%) commenced the survey, and there were 592 complete questionnaires (31%). For questions relating to telehealth, responses were analysed for all staff who indicated that they had delivered telehealth for headspace in the past month (n=637). Respondents came from all states and territories (see Figure 2), with strong representation from respondents from non-metropolitan areas (39% of respondents were from inner regional, outer regional or remote areas and 61% were from metropolitan areas). The profile of respondents was broadly representative of the geographic profile of all headspace service providers (when analysed by state and territory and rurality) who were invited to participate in the survey.

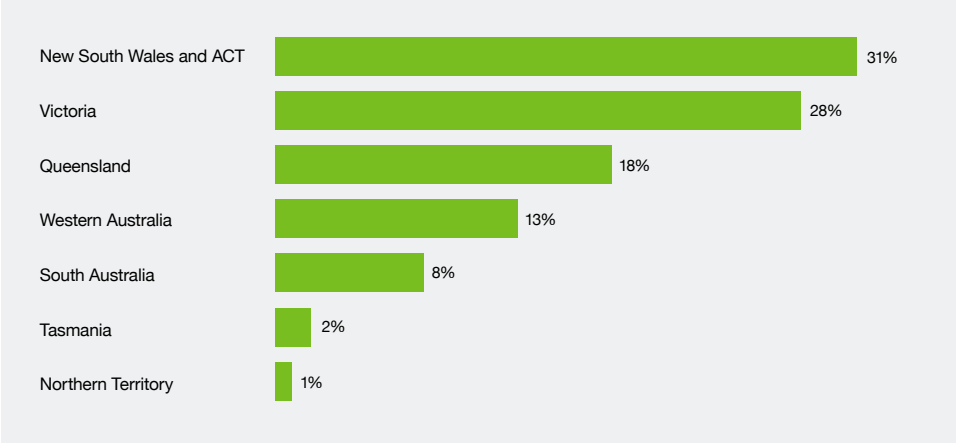


Figure 2.
Survey respondents by state or territory (n=628)

Of staff who responded to the survey, 57 per cent were in a clinical role (including psychologists, social workers, occupational therapists, counsellors, clinical leads, alcohol and other drugs workers, and family therapists). See Table 1 for a full breakdown of survey respondents' roles.

headspace Role	Frequency	Percent
Allied Mental Health (Includes: Psychologists, Social Workers, Occupational Therapists, Mental Health Nurses)	289	46%
Intake or Youth Worker (Includes: Counsellor, Intake Worker ,Youth Workers, Welfare Workers, Care Coordinators, Social and Emotional Wellbeing Worker)	154	25%
GP (Includes: GPs, Psychiatrists, Registrars)	37	6%
Vocational Worker	32	5%
Clinical Leader (Includes: Clinical lead, headspace Early Psychosis Program Clinical Director)	29	5%
Alcohol and other Drugs Worker	11	2%
Admin (Includes: Centre Manager, Practice Manager, Operations Manager)	10	2%
Nurse (excludes Mental Health Nurses)	5	1%
Other (Includes: Aboriginal and Torres Strait Islander Health Worker, Aboriginal and Torres Strait Islander Community Engagement Officer, Administrative Officer, CCT Family worker (not peer), Community Engagement/Awareness Officer, Community Engagement Team Leader, Dietician, Family Therapist, Family Peer Worker, In-kind support, Intern, headspace Early Psychosis Program Operations Manager, headspace Early Psychosis Program Group Worker, headspace Early Psychosis Program Team Leader, Student, Youth Peer Worker)	60	10%
Total	627	100%

Table 1.
Survey respondents by role

Findings

The data analysis approaches undertaken are described in Appendix A.

Work location and modality

Staff were asked about their work location and modality of service provision, to better understand the context in which staff were providing support to young people. While many staff indicated that they were working completely from home (45%), over half indicated that they were working either partly or completely from a headspace centre (52%) (see Table 2). A very small proportion of staff described other options for their work location, most of which were other medical, health or community service locations.

Table 2.
Work location (n=628)

Where are you currently working?	Percent
Completely from home	45%
Completely from headspace centre	27%
Partly from home and partly from headspace centre	25%
Other (please specify)	3%
Total	100%

Staff were also asked what their predominant delivery mode was when engaging with young people before COVID-19 and currently, with the results displayed in Table 3. This reveals the dramatic shift in services with the vast majority (87%) of staff indicating that prior to COVID-19 they predominantly provided services in-person at a headspace centre, versus 6 per cent currently. These data are consistent with data presented in Figure 1 which shows that the majority of services provided to headspace clients in April and May 2020 were by telephone.

Table 3.
Predominant service mode (prior to COVID-19 and currently)(n=628)

Predominant service mode	Prior to Covid-19	April 2020
In-person at centre	87%	6%
In-person outside of centre (e.g. outreach)	7%	0.3%
Telephone (i.e. audio only)	3%	54%
Online / Video conferencing (e.g. Zoom, Microsoft teams, Health Direct)	1%	36%
Other (please specify)	2%	4%

The majority of staff providing online services were utilising Zoom (42%), Health Direct (29%), or Microsoft teams (13%). The remaining staff (16%) were using a variety of other software, including Attend Anywhere, Skype, Lifesize, or WebEx.

Adequacy of work environment

When asked about their work environment, the majority of respondents indicated that they had access (most or all of the time) to the appropriate physical space (87%), privacy (90%), technical equipment (93%), internet/Wifi (93%), and administrative support (88%) that they needed to deliver telehealth most or all of the time (See Table 4).

One in ten (10%) indicated they did not have sufficient privacy and 13 per cent indicated that they rarely, or only some of the time, had appropriate physical space to work from home (e.g. a home office), which reveals that a small proportion did not have an ideal environment to work from home space (such as a dedicated room).

Table 4.
Availability of resources to deliver telehealth (n=637)

	Rarely	Some of the time	Most of the time	All of the time
I have appropriate physical space to work from home (e.g. a home office)	4%	9%	18%	69%
I have sufficient privacy to work effectively (i.e. no interruptions)	3%	7%	26%	64%
I have access to all technical devices necessary to deliver session using video/telephone mode	2%	5%	14%	79%
I have adequate access to internet/ Wi-Fi	2%	6%	20%	73%
I am able to access the administrative support I need	2%	10%	25%	63%

Effects on clients and therapeutic relationship

Staff were asked about the effect of telehealth on the therapeutic experience. Almost half of all participants felt their therapeutic relationship and the young person's therapeutic progress were about the same using telehealth, as compared to previously in-person. A similar proportion reported their therapeutic relationship and the young person's therapeutic progress were worse (44% and 45% respectively). Around one in 10 respondents felt their therapeutic relationship and the young person's therapeutic progress was better using telehealth (see Figure 3).

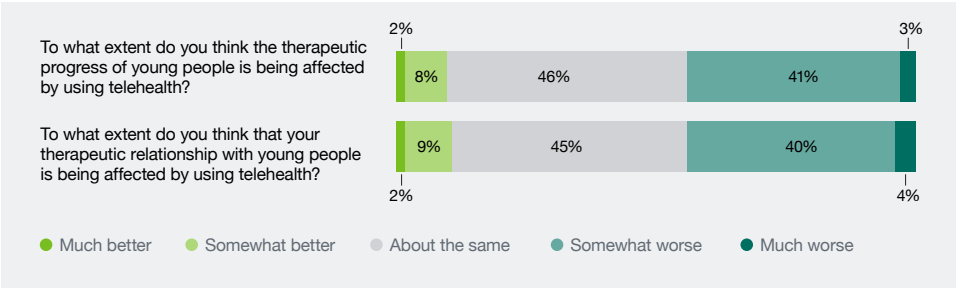


Figure 3.
Therapeutic relationship and progress (n=596)
Percentages may not total 100 due to rounding

Figure 4 indicates that staff generally had a positive perception of telehealth and saw it as an effective approach for engaging and working with young people, with 74 per cent agreeing or strongly agreeing that they would like to continue to provide telehealth services to young people post COVID-19, 89 per cent agreeing or strongly agreeing that telehealth can be an effective way to provide clinical services to young people, and 88 per cent agreeing or strongly agreeing that most of their clients had been receptive to telehealth.

Over half (54%) agreed that telehealth services can be as effective in engaging young people as in-person services, however, over a quarter (26%) disagreed or strongly disagreed with this statement.

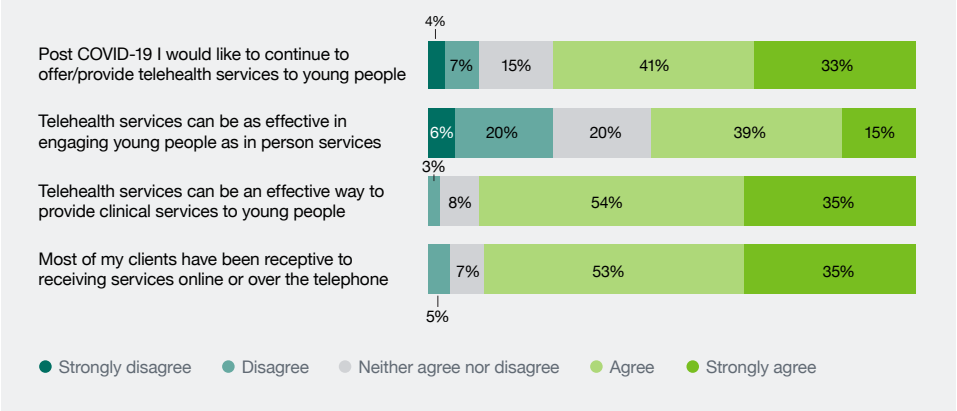


Figure 4.
General experience and perceptions of telehealth (n=595)

When staff were asked whether their sessions had been longer or shorter on average (Figure 5) and the pace of therapeutic progress (Figure 6) using telehealth, most felt that their experience had been about the same as when providing in-person support. However, many felt that on average their sessions had been shorter (43%), and they were making therapeutic progress more slowly (28%), compared to in-person sessions. Twelve per cent felt they could make therapeutic progress more quickly using telehealth.

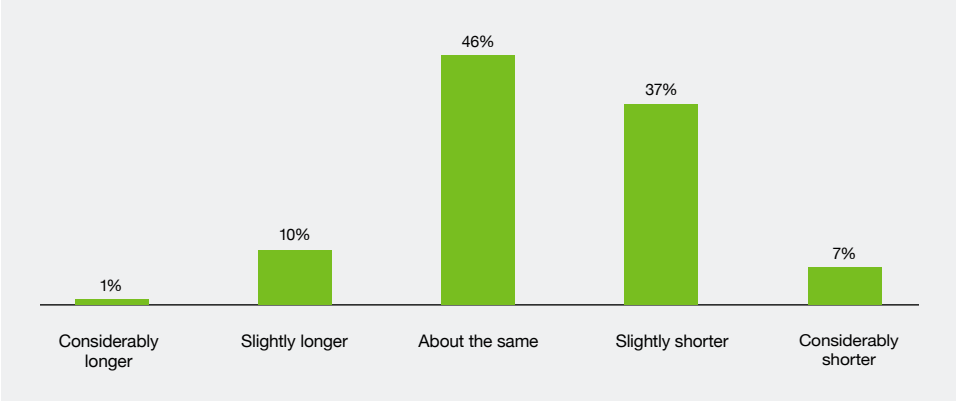


Figure 5.
Average length of telehealth sessions (n=570)
Percentages may not total 100 due to rounding

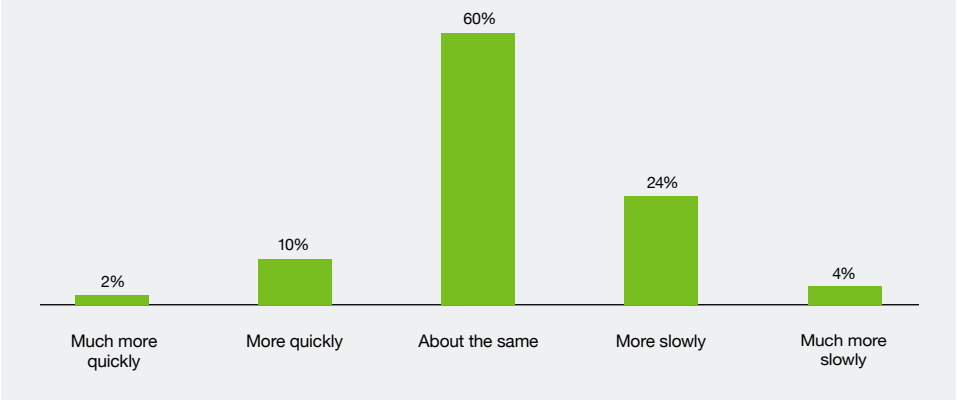


Figure 6.
Pace of therapeutic progress using telehealth (n=570)

Client cancellations and non-attendance

Staff were asked about client attendance, including their perspectives on reasons for non-attendance. When asked to compare their experience during COVID-19 to an average before COVID-19, there were mixed responses: 41 per cent indicated that slightly or considerably fewer clients had cancelled or not attended, while 30 per cent indicated that slightly or considerably more clients had cancelled or not attended (Figure 7).

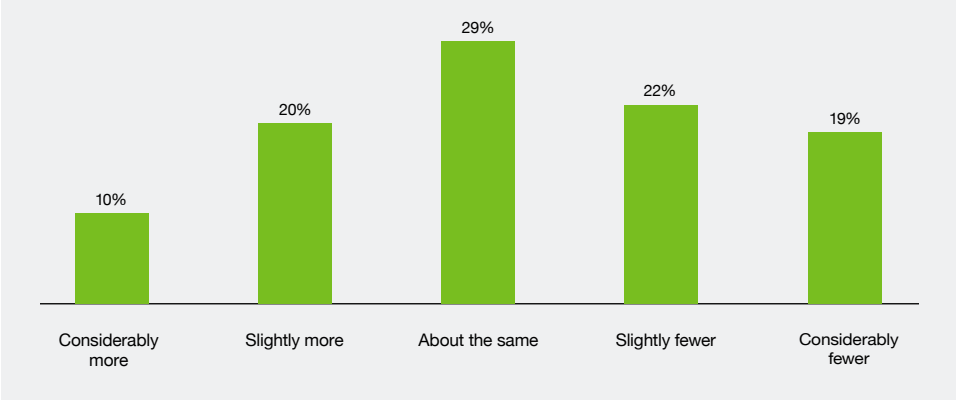


Figure 7.
Young people cancelling or not attending their sessions during COVID (n=582)

Staff were also asked to indicate what they felt the main reasons were for young people cancelling or not attending sessions. Almost half (46%) of responses were related in some way to the mode or location of delivery (such as anxiety about speaking on the phone or online) or a COVID-19 related consideration (such as COVID-19 physical distancing). COVID-19 and telehealth related reasons are highlighted in green in Figure 8.

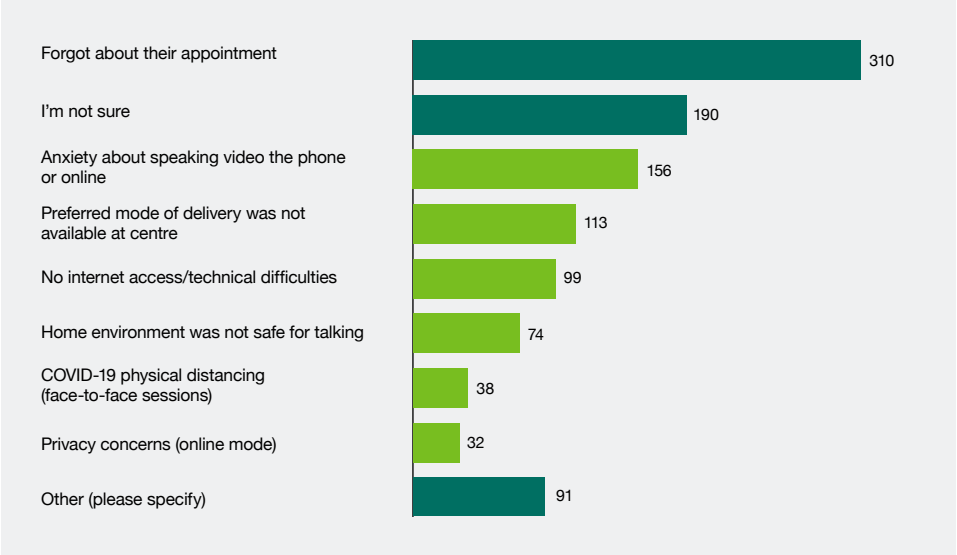


Figure 8.
Main reasons for young people cancelling or not attending (Please select all that apply)

Experience delivering telehealth

As evident in Figure 9, staff generally agreed that they felt confident in delivering telehealth services (82%), felt they were able to do an adequate risk assessment (69%), and 50 per cent agreed that they could do optimal therapeutic work using online and telephone. While most staff (54%) neither agreed nor disagreed that their counselling had improved by using telehealth, a small proportion felt it had (15%).

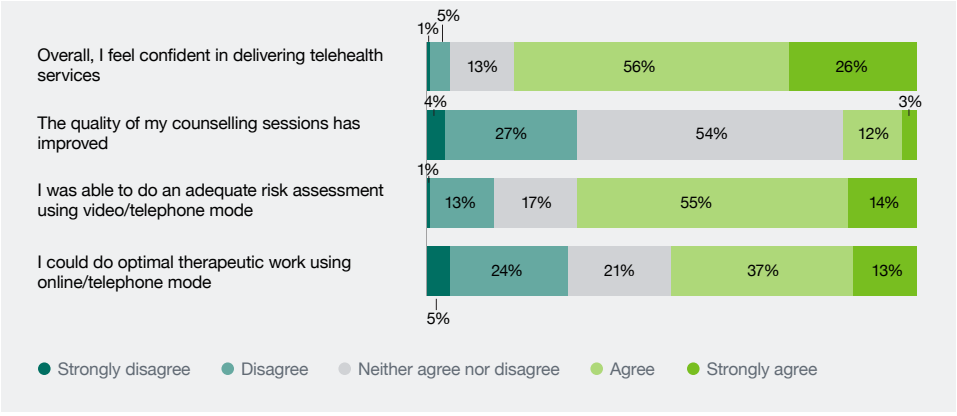


Figure 9.
Experience of delivering telehealth (positive) (n=563)

When asked about potential challenges of delivering services by telehealth, most respondents (80%) disagreed or were neutral to the statement 'I feel less confident counselling young people', although there were one in five who did feel less confident (Figure 10). Almost a third of staff agreed or strongly agreed that clinical work takes longer using online/telephone modes of service delivery compared to in-person, however 44 per cent disagreed or strongly disagreed. Many staff reported an impact on their connection to their team, and almost two-thirds (63%) agreed or strongly agreed that they felt less connected to their work colleagues and peers. While most disagreed or were neutral that it was challenging providing telehealth services as part of a multi-disciplinary team (59%), the remaining 41 per cent agreed or strongly agreed that it was challenging to provide telehealth services as part of a multi-disciplinary team.

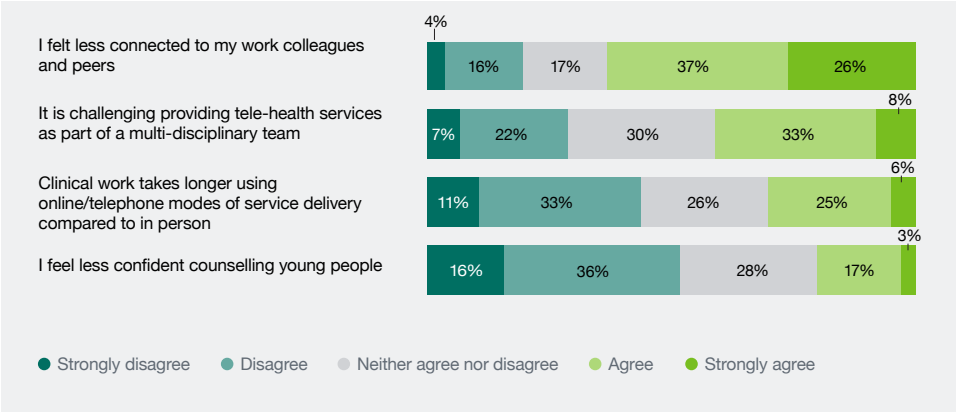


Figure 10.
Experience of delivering telehealth (negative) (n=563)

Figure 11 displays the extent to which staff felt their work satisfaction had been affected by utilising telehealth. Most respondents (42%) reported no difference, but about one third (35%) reported worse work satisfaction. Open-ended comments for this question indicated that for those who had a better experience of telehealth, it helped them to have more work/life balance and they felt it was better for some clients. Those with a worse experience of telehealth found the therapeutic relationship more difficult, missed having in-person contact, and missed contact with their colleagues and peers. Some suggested that the transition to telehealth had been initially hard, but they had adapted and their experience was more positive now.

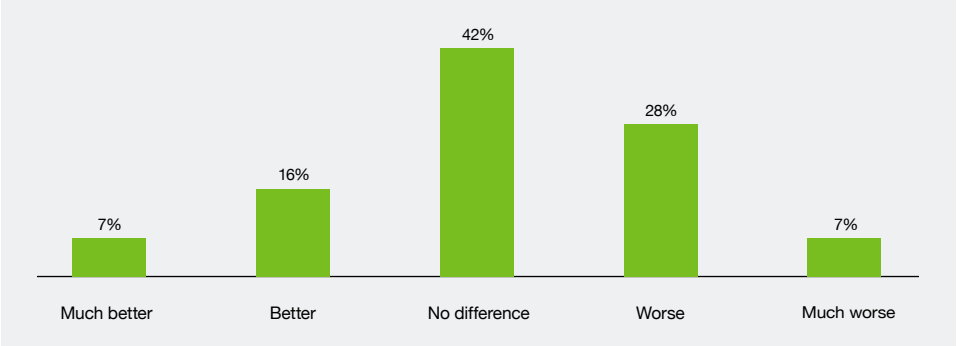


Figure 11.
Work satisfaction using telehealth (n=449)

Supervision, support and teamwork

When asked about supervision, support and working in a multi-disciplinary team, staff were mostly positive in their responses. As displayed in Figure 12, three quarters (74%) agreed or strongly agreed that they were able to work effectively in a multi-disciplinary team and 78 per cent agreed or strongly agreed that they felt supported to deliver telehealth services to young people. Although still positive, responses to questions about supervision were more mixed with larger numbers of neutral responses, in particular regarding external supervision. It is likely that many staff do not receive external supervision, and some staff may not receive clinical supervision if they are not delivering clinical services.

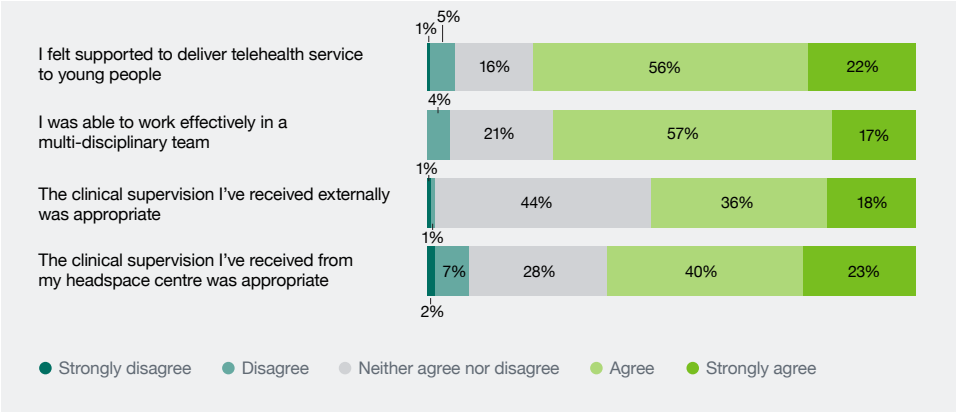


Figure 12.
Supervision, support and teamwork (n=576)

Advantages and disadvantages of telehealth

Staff were asked their perspectives on the advantages and disadvantages of young people receiving support by telehealth compared to in-person clinical services, and a number of themes were derived from these open-ended questions. Of the 637 staff who responded to the survey, 88 per cent (n=558) provided qualitative feedback on the advantages or disadvantages of telehealth. Key themes are shown in Figure 13. Notably, a number of themes were reported as both advantages and disadvantages of telehealth, specifically: engagement, the ability to conduct an accurate assessment, safety, and client anxiety talking over the phone.

Advantages

Convenience and accessibility

- Access/convenience (especially for rural/remote young people)
- Travel time and cost
- Flexibility with scheduling appointments
- No need for an accompanying person

Comfort

- Comfort and safety of home environment
- Confidentiality/ reduced stigma
- Reduced anxiety

Engagement

- Young people disclosing more/ opening up more
- Allowing for additional assessment

Efficiency and innovation

- Sharing electronic resources
- Support for telehealth as an ongoing option

Disadvantages

Technology access and disruptions

- Clients from disadvantaged backgrounds or who have limited access to technology
- Technology interruptions

Safety and privacy

- Home environment not always safe
- Privacy issues
- Inability to respond in critical situation / assess risk / assist with physical needs
- headspace centres as the 'safe space'

Low interpersonal connection

- Barriers to therapeutic alliance (building rapport, comprehensive case overview)
- Lack of non-verbal communication clues
- Some clients have anxiety with using telehealth
- Distraction issues
- Social isolation

Figure 13.
Summary of advantages and disadvantages of telehealth

Advantages of telehealth

Convenience and accessibility

Approximately 40 per cent of staff who provided comments noted convenience and accessibility as important advantages of headspace of telehealth, in particular the lack of travel required and associated time and cost savings, as well as enabling access for young people who do not live close to a headspace service (in particular young people from regional areas). Respondents also noted the ability for younger clients to attend a session without having to rely on someone else to transport them. Survey respondents suggested that this contributed to more flexibility in scheduling options, as having an online session from home and not having to travel meant that young people were able to more easily schedule their appointment around their work, study and other commitments. Some also commented that there were benefits to telehealth in terms of managing risk for young people in crisis, whereby they might be more likely to attend a session that they otherwise would have missed because of the travel required. While there were mixed results (presented earlier) around whether or not cancellations and lack of attendance was better or worse using telehealth, some staff did comment that this flexibility lead to reduced cancellations.

"There are advantages for young people where previously, a barrier was not having money for public transport, or they lived remotely on the islands, or they didn't have a parent willing to drive them, or they have anxiety about leaving the house." – Clinician, Queensland

"Often, young people will have to cancel their appointments due to their parents/carer's work schedule. Some young people do not want their parents to know they are accessing services, so now they can access telehealth without relying on their parents/carers providing transport. It also means that for some young people, it only takes an hour out of their day, rather than missing a full half day of school because they travel up to 90 minutes to access the service." – Youth Access Worker, Victoria

"Young people may forget appointments, however usually always have their phone available. In one situation where a client was at risk, they would have not attended their session as they were around 100Km's away, the telephone support offered engagement without them being in attendance at the centre, when they needed immediate support." – Intake Worker, Victoria

Comfort

Approximately 33 per cent of staff who provided comments mentioned the comfort and safety that a telehealth service provides for their clients. They noted that young people's home environment can be more comfortable and safe than a service location, and that telehealth could be particularly suitable for those clients who might find in-person services to be more confronting. Further, respondents expressed that not attending the centre physically can address the stigma associated with being seen at the centre for those clients who are concerned about their confidentiality. Respondents also frequently commented that telehealth services reduce anxiety for some young people, particularly for those who are experiencing social anxiety. Some also suggested this mode to be suitable for clients with specific needs (e.g. OCD, ASD, AOD brief interventions).

"Some young people respond really well to the initial appointment being over telehealth, for some it has been an anxiety reducing introduction to the service." – Intake Worker, Queensland

"My interactions with clients are predominantly short AOD assessments and targeted brief intervention which are suited to this mode of delivery." – Alcohol and Other Drugs Worker, Queensland

"I think it destigmatises the access to counselling intervention which is often conducted in a compartmentalised and 'sterile/clinical' environment. … I think conducting intervention when a client is in their usual environment/s psychosocially can help generalise the therapeutic work to the client's everyday life more effectively. Rather than it be somewhat compartmentalised by a clinical out-of-the-ordinary location for them." – Clinician, Victoria

"Some YPs [young people] engage better via telehealth, e.g. with social anxiety/ phobia, ASD or those that are less organised in being able to get to a centre at a certain time." – Clinician, Western Australia

Engagement

Another common theme identified by approximately 25 per cent of staff who provided comments related to engagement, specifically that some young people feel more comfortable to open up via telehealth and it can create opportunities for a more comprehensive assessment, although staff highlighted this was dependent on individual cases. Staff also reported that telehealth allowed for more regular contact with the clients and, for some clients, it increased their engagement as they were able to share their experiences more openly and it enabled the service provider to gain more insight about their home environment. Some practitioners felt that this enabled them to conduct a more accurate assessment.

"I'd also make the anecdotal observation that I've had young people in my caseload who I've seen both F2F and over-phone, open up more during the phone call than in-person. I was surprised by this – but it also makes some sense - and there's been research on this. Watzke et al. (2017) argue that telephone therapy for low-intensity mental health can offer more flexibility, can grant more anonymity, and can lead to less hesitation in a patient attempting to gain support. I'd hope that with the evidence we have gained as a service that we 'can' accomplish therapy over the phone, and with the knowledge that there may be even times when it is better suited for a young person (especially due to time factors, anonymity from family, fiscal [saves money on petrol, public transport] and also for those from geographical barriers [live quite far away]) that we as a service may consider the possibility of offering phone-call appointments in some form in the near future post-Covid-19 that would count towards being occasions of service." – Clinician, South Australia

"I think they are more able to talk about difficult/embarrassing topics when they don't see me." – Clinician, Western Australia

"Some young people find it easier to disclose confidential information via telephone." – Clinician, New South Wales

"Many young people are quite comfortable with communicating via technology whereas they might struggle with social contact. I have been able to have more consistent regular communications with some yp via telehealth who wouldn't engage as often if they were having in-person appointments due to time constraints." – Vocational Worker, New South Wales

"Having a telephone appt also allows the clinician to 'chase up' the patient who would have otherwise not attended their appointment as they forgot it was booked." – Medical staff, Tasmania

"The therapist can gain additional information from observation in the home environment which would not be available when a YP [young person] attends the centre and gives a verbal account of their situation."
– Intern/Student Placement, Western Australia

Efficiency and innovation

A few staff identified opportunities for efficiency and innovation in embedding telehealth into their practice, including finding innovative ways to facilitate the session, such as immediate sharing of resources and tools. In addition, some staff highlighted they would like to integrate telehealth into regular practice in the future, although some expressed it requires a unique skill set to incorporate effectively.

"Some like that as a clinician I can quickly search for a new resource that would be helpful in the session and immediately send it through to them, which can't happen in-person." – Clinician, Victoria

"Creative ways to integrate therapeutic approaches and tools." – Youth Access Worker, NSW

"I do believe that telephone work is reliant on the clinician. Having very highly developed relational skills. This is not about qualifications - it's about how the clinician is able to relate. This requires a capacity to be able to talk both casually in a "chat" format as well as the capacity to trust themselves to go deeply into the therapeutic work. As there are no visuals the therapist needs to check in regularly with the young person to ascertain where they are at emotionally as the session and work progresses." – Family Therapist, NSW

"I think it's demonstrated that choice is best practice and very important." – Community Engagement Team Leader, SA

Disadvantages of telehealth

Technology access and disruptions

One of the predominant themes that emerged regarding the disadvantages of telehealth included technology access and disruptions (with approximately 40 per cent of staff who provided comments mentioning this theme). Staff commented that not all young people have access to the required devices, reliable internet, mobile data, or other resources associated with telephone and internet use. Staff reported problems with technology, such as unreliable and slow connections, which can be disruptive to the session, and this was particularly applicable for those located in rural communities. They highlighted that having telehealth as the single option available limits access for young people from more disadvantaged backgrounds.

"If young person does not have access to internet or phone, however, they are able to come into headspace centre to access this." – Clinician, NSW

"Connectivity issues and lag can disrupt the flow of the session." – Clinician, Victoria

"More difficult to be attuned and provide accurate empathy e.g. one time the pixels of the video were so blurry that I couldn't see a client crying quietly until they reached for a tissue. Connection problems common and disrupt sessions." – Clinician, Victoria

Safety and privacy

Another highly prevalent theme emerging from staff responses was concern over young people's safety and privacy. It was frequently noted that young people do not always live in a safe environment, and in those instances they experience difficulties in finding a safe space in which to have their session. In addition, respondents reported that many young people were concerned about being overheard by family members or other people in their current living arrangements and therefore felt reluctant to share information. Some staff also talked about feeling unable to assist young people in crisis or at-risk situations requiring more involved intervention or support. Some practitioners noted experiencing difficulties with assessing risks or making an appropriate diagnosis using telehealth; for example, for young people with eating disorders or AOD issues. Staff expressed that by attending the headspace centre these risks can be minimised, as the centre provides a safe community space where staff can assist young people with their additional needs.

"Sometimes it can be difficult to gauge if the young person is alone and safe to talk especially if they have parents who want to be involved. Despite asking the young person there have been times where a parent has interjected into a session." – Youth Access Worker, Western Australia

"For some young people phone sessions are dangerous as their parent or caregiver is part of the issue in their house and the potential for them to overhear conversations is too high, causing the young person to disengage." – Youth Access Worker, Western Australia

"Risk can also play a factor in that if they are on-site and there needs to be an ambulance called you are able to stay in the space with the young person compared to if they are on video or phone telehealth they can terminate and not respond if you attempt to contact them." – Clinician, NSW

"There is no sense of being part of a wider community of young people, which is part of coming in to the headspace office." – Family Therapist, New South Wales

Low interpersonal connection

Low interpersonal connection was another prominent theme, with approximately 30 per cent of staff who provided comments mentioning this as a disadvantage of telehealth. Staff frequently commented on difficulties with building rapport, connection and trust with young people; challenges with conducting case overviews; and disruption to the flow of conversation. Many expressed that the lack of nonverbal communication cues makes the session more challenging to facilitate and to assess young people's needs. Some practitioners noted their therapeutic alliance was at times negatively impacted by the telehealth. In addition, while some respondents identified that certain clients find talking over the phone less anxiety provoking, others suggested that for many clients they may experience more anxiety talking over the phone. Staff also highlighted that they were facing issues with engagement and interruptions in instances where clients have difficulty staying focused on the session, because they were facing many environmental distractions (e.g. texting, phone, interruption from family members). Another potential disadvantage associated with telehealth identified by staff was the young person losing their opportunity to 'get out' of the house, which in some instances may be part of their therapeutic strategy. Instead, they might be experiencing further social isolation.

"It can be more challenging to make the person feel valued, safe and central to the process - all very much able to be offered in a face-to-face setting." – Youth Worker Case Manager, Victoria

"The 'energy' of the session is different and has caused some anxiety for young people who prefer the physical presence of the clinician." – Clinician, Victoria

"For those who have anxiety around telehealth/per in-person contact, there has been a drop off." – Community Engagement/Awareness Officer, NSW

"They miss out on the challenge of having to attend and endure social interactions - develop commitment, rapport and engagement skills - face to face interpersonal relationship skill building - can aid in avoidant coping." – Youth Access Worker, NSW

Appropriateness of telehealth for specific groups of young people

The themes presented above demonstrate the diversity of client needs. To explore this more, staff were asked whether there were specific groups of young people that they found telehealth services to be more appropriate for, and whether there were specific groups of young people that they found it more difficult to provide telehealth services to. The top responses to these questions are presented below and sorted according to prominence:

Young people for whom telehealth may be more appropriate for include:

- Young people with work and study commitments
- Socially anxious young people
- Older cohorts of young people
- Young people facing access barriers (long distance, rural, transport)
- High functioning / more stable young people and young people requiring low intensity treatment
- Young people who are highly engaged / familiar with technology.

Young people for whom telehealth may be more difficult include:

- Young people with conflictual family / home environment
- Younger clients
- Complex cases / vulnerable / at-risk young people
- Young people with anxiety
- Young people with limited access to technology
- Some new clients.

Changes to practice

The respondents were asked what main changes they made to their practice in transitioning to telehealth, as well as what innovative and effective approaches they adapted to engage young people when providing telehealth services. The top responses to these questions are presented below.

Changes to practice

Around one-third of staff reported not experiencing major changes to their practice, as they did not find this mode of delivery particularly different. Some staff reported that they felt more productive due to the minimised travel time, while others reported an increase in time spent on administration. Nevertheless, many staff positively embraced the change to working from home and the balance they felt they could achieve, including:

- Increase in online correspondence
- Personal changes (working from home, present children, using own resources, personal self-care)
- Creative online resources (apps such as This Way Up, cards, games)
- Flexible arrangements (more breaks, shorter or longer sessions)
- Adaptations to therapeutic work/practices.

"No impact. I deliver evidence based CBT interventions the same way I would in-person. Its easier to share important materials and give the clients supportive material." – Clinician, NSW

"More time to do administrative work less time used having to travel for both YP [young person] and clinicians. More time available for clinicians to focus on training opportunities." – Clinician, Victoria

"I am now taking more responsibility for admin tasks i.e. arranging with client when to book in next appointment [...]. Admin time is already VERY scarce so this has created more time being needed by the clinician." – Clinician, Queensland

"My case noting has become more streamlined and I am more able to review previous notes before commencing sessions. I am better organised and much more efficient." – Youth Wellbeing Worker, Western Australia

"I am in a much better 'head space' as I have more time for self-care - not having to get ready, drive, parking etc. which leaves me much more space for being totally engaged with the young person and the tasks I need to complete for the day. Engagement with clients is EXCELLENT!!!!!" – Intake Worker, Victoria

Innovative approaches

Staff reported using a range of resources and innovations specific to working online such as sharing screens, online whiteboard features, YouTube videos, and online games. Staff also indicated that they were adapting their approaches by focusing on relational skills, facial expression and incorporating humour or home resources (e.g. pets) in order to build rapport. Innovative approaches included:

- Adapting clinical approaches (online resources, email, games, videos)
- Incorporating of headspace social media
- Changes to practice and administration (SMS, email reminders)
- Service delivery innovation (online groups)

"I think the most important thing is very strong relational skills … being able to go from informal banter to deep, introspective work. Ability to utilise humour is also very important when not working face to face." – Family Therapist, NSW

"We have found that when staff members are featured in social media posts, we get more engagement so our centre has been very active on social media promoting challenges, headspace National, local events and other things of interest to young people. We have realised that showing who we are breaks down barriers so we are utilising ourselves and have created a new and valuable resource." – Counsellor, Victoria

"All our previously paper-based forms were shift to digital (I was able to assist with this), and so any assessment, consent form, referral form, or general notes, have been completed using a word-document and saving as a PDF. I really hope we can continue to do this... to think that we're not paperless in 2020 or at least trying to be is a joke to what science fiction thought would have been possible - perhaps I'm just venting that hoverboards aren't a thing already!" – Clinician, South Australia

Resources and support from headspace

Staff were asked whether there were specific resources (from headspace National or any other organisation) that they had found useful, and the most frequent included:

- headspace National COVID-19 resources
- headspace National telehealth guidelines
- Resources from external organisations, such as APS Telehealth Guidelines, Mental Health Professionals Network, Lead Agency resources, Orygen, Black Dog Institute, Beyond Blue and other applications such as This Way Up
- headspace National weekly updates (e.g. meetings, emails, centre bulletin, webinars)
- Staff support (e.g. administration, coordinators, peers, IT services)
- Physical resources, such as headphones and laptops.

Staff were also asked what additional supports and resources they needed to effectively support their clients using telehealth, and most frequent responses included:

- E-health/ telehealth platforms
- More training opportunities
- Support and staff supervision
- Physical resources to support their work from home environment (including furniture, lighting and IT).

"Invites to attend COVID webinar was really helpful initially in giving a clear message of providing support in a difficult time and accurate and clear info about COVID infection rates and how to stay safe. hs website info like staying healthy during COVID. The regular hsN bulletins with links and resources has also been useful when talking to young people and families, and sending these directly to them." – Clinician, Western Australia

"As a centre we prepared fairly early for telehealth and I found that there were very limited resources, so the APS guidelines were very helpful. By the time other organisations - headspace AASW etc provided these resources we were already delivering services via telehealth. However our lead agency has provided a daily bulletin to all staff which has also kept us up to date with resources and updates internal guidelines." – Clinical Lead, Tasmania

"E-health platform for delivering therapeutic interventions to young people online that can be accessed by the clinician and young person which includes automatic crisis referrals for after hours contact when needed." – Clinical Lead, New South Wales

"I think that more training should have or should be made available. I had no experience in this field. I am learning as I go which I feel presents risk to my clients, and myself." – Intake Worker, Victoria

Staff were given the opportunity to provide additional comments at the end of the survey, and many of these exemplified the breadth of opinions held by survey respondents. Some staff were keen to reiterate the strength of in-person services, while many others were advocating for telehealth and working from home to be integrated into their service offering and work life going forward. Many staff talked of the importance of having a suite of service offerings for young people and the flexibility to tailor their approach for clients.

"I think we should make it part of what we offer along with in-person services. We are reaching clients who disengaged previously, and I think we should have had this all along. Also, as this is able to be done from home, we should have been offering it all along to support people with work-life balance and flexibility in the workplace especially for women who constitute most of our workers. I see managers being allowed to work from home all the time, but it has rarely been offered to us. Perhaps now it is obvious that staff can be trusted to do this." – Intake Worker, Queensland

"I am all for telehealth. I have seen it benefit many young people and it is a very efficient way of working. That said, it can only be part of our suite of services. There are so many young people, almost exclusively Indigenous, that I cannot reach without the freedom and flexibility to visit their home, or find them at the skate-park/basketball court etc. To be a truly inclusive organisation we cannot forget these young people and their different requirement/barriers to engagement. Outreach work needs as much expansion focus as telehealth if we want to work with our most vulnerable young people." – Youth Wellbeing Worker, Western Australia

"I probably sound overly critical I think telehealth is great and definitely better than nothing, but there are some important aspects of face to face that can't be replicated. I would like to have the ongoing option for telehealth and face to face in future to increase flexibility of engagement depending on the client and the circumstances." – Clinician, Victoria

Discussion

Summary of main findings

With the restrictions required to manage the impact of COVID-19, headspace staff transitioned rapidly to providing telehealth to clients and, by April 2020, 87 per cent of services were being provided by telephone or video. The vast majority of staff did not report experiencing significant practical barriers in this transition, with between 87 per cent and 93 per cent indicating they had access to the appropriate physical space, privacy and resources they needed to effectively deliver telehealth services. Additionally, 82 per cent of respondents agreed that they felt confident in delivering telehealth services and 88 per cent felt that most of their clients were receptive to receiving their services online or over the phone.

Staff generally agreed that they were able to do an adequate risk assessment utilising telehealth (69%), and half agreed that they could do optimal therapeutic work using online and telephone modes. Staff provided somewhat mixed reviews about the impacts of telehealth on the therapeutic relationship and advancing the young person's therapeutic progress. While almost half of all participants felt their therapeutic relationship and the young person's therapeutic progress was about the same using telehealth, a similar proportion reported their therapeutic relationship and the young person's therapeutic progress was worse (44% and 45% respectively). A small proportion (one in ten) felt the quality of the therapeutic experience improved. There were 72 per cent who said they could make therapeutic progress at the same rate as, or more quickly than, in-person; although just over one quarter (28%) felt therapeutic progress was slower when compared to in-person support.

Overall, staff were very positive about providing telehealth services with 89 per cent agreeing that telehealth can be an effective way to provide clinical services to young people and 74 per cent stating that they would like to continue to provide telehealth services post COVID-19.

Remote working impacted mostly on participants' work satisfaction and how connected they felt to their teams. Almost two thirds (63%) reported feeling less connected to their work colleagues, 41 per cent felt that it was challenging providing telehealth services as part of a multidisciplinary team, and a third (35%) reported that their work satisfaction was worse when delivering telehealth. However, three quarters (74%) of respondents agreed that despite the challenges they were able to work effectively in a multi-disciplinary team and 78 per cent agreed that they felt supported by their centre to deliver telehealth services.

Staff identified a number of advantages and disadvantages for young people receiving support via telehealth. The main advantages reported were convenience and accessibility, comfort, increased engagement, and efficiency and innovation. The main disadvantages identified were technology access and disruptions, safety and privacy, and low interpersonal connection.

Staff identified different groups of young people who they felt telehealth may be more appropriate for, including socially anxious young people, young people juggling a lot of work and study commitments, young people who have to travel long distances to get to a service, older cohorts of young people, young people who are highly engaged with technology, and more stable young people who require lower intensity treatment. They also identified young people for whom telehealth may be more challenging, including young people facing conflict at home, younger clients, complex or vulnerable young people, young people with high levels of anxiety, young people with limited access to technology, and some new clients.

Limitations

The results need to be interpreted in the context of the limitations of the study and its methodology. The response rate for the survey was 34 per cent, although, given that lower response rates are typical in web-based surveys (Manfreda, Bosnjak, Berzelak, Haas and Vehovar, 2008) this could be considered to be a reasonable response rate for an online survey. Furthermore, the respondent profile was broadly representative of the geographic profile of all headspace service providers (when analysed by state and territory and rurality) who were invited to participate in the survey. Regardless, the survey may have been less likely to elicit responses from staff who were struggling to adjust to telehealth and the demands on their workloads, which may mean the results present a more positive picture of telehealth than is representative of the experience of all headspace staff. Additionally, while the survey captured a diversity of roles and experiences for headspace staff, some questions were more suited to staff delivering therapeutic interventions by telehealth and may have been less relevant for intake, assessment, operational, and administrative staff.

The limited number and nature of the questions may also have missed important aspects of telehealth delivery, although the inclusion of open-ended questions gave respondents the option for additional comments.

Finally, the survey was undertaken at a particular point in time, over a brief two-week period in mid-May 2020, and when the transition to telehealth had been in place for only five or six weeks; different experiences over time are inevitable.

Implications for headspace

This staff survey was conducted in the exceptionally limited service environment of COVID-19, the conditions of which resulted in telehealth being rapidly deployed and offered to young people mostly without any choice or flexibility. Nevertheless, some key messages are evident that have implications for headspace services going forward.

headspace staff demonstrated excellent capacity to effectively deliver services via telehealth

- The headspace workforce demonstrated considerable dedication to continuing to support young people through flexible service delivery options by transitioning quickly to telehealth in the context of COVID-19 restrictions. Most centres undertook the transition within a two-week period.
- Most staff felt well-supported by their centre, headspace National, and other organisations and felt they were equipped with the information and resources to provide telehealth services. A minority of staff had challenges in providing telehealth from their home environment, primarily due to lack of appropriate space, poor internet, and work-life balance issues (such as children being at home).

Staff were able to provide quality services for young people through telehealth

- Even in the context of such a rapid and unplanned transition, under difficult circumstances, headspace staff maintained high quality services for most headspace clients and felt confident in their delivery of telehealth services.
- Many staff felt the therapeutic alliance with and progress of their clients was unchanged, although there was a similar proportion who felt the therapeutic experience was negatively impacted by telehealth. A small proportion felt the quality of the therapeutic experience improved.

Telehealth provides critical choice and flexibility in service provision that is appropriate for many, but not all, young people

- headspace staff reported that telehealth was a convenient and accessible option that was effective for many young people, particularly those who were juggling work and study commitments, socially anxious, had less complex issues, were comfortable with and had access to technology, and who had difficulties travelling to in-person services.
- Telehealth services can be less appropriate for young people facing conflict at home; with complex issues, high levels of anxiety, or limited access to technology; some new and younger clients; and young people who are more difficult to engage.
- Telehealth was shown to be a valuable service option that provides choice and flexibility for both young people and service providers.

Telehealth service options provide valued flexibility for most staff

- Staff noted that, going forward, telehealth services could be provided from either home or office.
- There are advantages and disadvantages for staff working from home and working from the office. Working from home can reduce long commuting times and provide good work/life balance when needed. Working from the office, however, better supports multi-disciplinary team work, and contributes to work satisfaction particularly through contact with colleagues and peers.

MBS supported telehealth services are strongly supported as a critical future service offering

- The vast majority of headspace staff who provided telehealth services supported the continued inclusion of these services as part of the suite of service offerings for young people.

Conclusion

Telehealth has been shown to be a valuable part of a suite of service offerings for young people, but ultimately choice and flexibility (for both young person and service provider) are critical. This project demonstrated that telehealth can be an effective option for many young people, and has significant potential in terms of overcoming geographical, time and transport accessibility barriers. The promising results from this project are particularly encouraging given that clinicians and clients had to rapidly transition to the new arrangements, and many were working in new ways for the first time. Telehealth will not be the best option in every case, and it is imperative that young people can access a health system that provides choice, so young people can access the full suite of services they need and that are suited to their circumstances.

These findings will inform future service planning in the context of providing clients with a mix of service offerings according to their circumstances and preferences. They also inform potential hybrid approaches as in-person services begin to resume; headspace wants to retain the positive outcomes of telehealth provision and working from home. The next sub-project in this series will examine clients' perspectives as users of telehealth, which will provide an important complement to this report with the addition of young people's views.

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Appendix A: Analysis

The staff survey asked a range of open-ended and fixed response questions. Given the survey's focus on telehealth, all participants were asked if they had provided a telehealth service in the last month at the beginning of the survey. If the participant selected 'no' then they were advised there were no further questions and they exited the survey. Sixteen (3%) participants had not provided telehealth services and did not continue to the rest of the questions.

Quantitative data were analysed using SPSS, using descriptives and inferential statistics. All participants who commenced the survey were included in the results, so the sample size varies by analysis due to variation in how many participants answered particular questions. Significance tests were undertaken to examine whether there were any differences in the answers to the questions according to state/territory, rurality, and role. Given the large sample size and high power, significance was set at $p<.001$ and effect sizes at .30 and above to prevent reporting of reliable but trivial differences.

Qualitative responses were analysed using a Thematic Analysis (Braune and Clarke, 2008) approach. Microsoft Excel and NVivo were utilised to document initial codes and emerging key themes across the responses. Due to the large volume of the data and data saturation, a combination of techniques was used to capture the main themes for each topic representatively. Saturation is a widely accepted methodological technique in qualitative research (Thorne, 2020) and occurs when no additional information is being found within the data, rendering further analysis unnecessary. In this survey, data saturation was highly prevalent as participating staff provided consistently related responses. Where possible, 50 per cent of the responses were coded using inductive techniques, while the remaining data was examined and only coded if new codes/themes emerged. The main themes for each of the open-ended questions were then cross-validated in NVivo through a frequency search, to establish how often each respondent mentioned a keyword associated with the specific theme.


headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.

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