

# Young People's Experience at headspace: Evaluation In Focus



May 2022



**headspace**

National Youth Mental Health Foundation

## Summary

- The 'My headspace Experience' (MhE) scale aims to determine young people's ongoing service experience at headspace across the following five domains: willingness to be at headspace, feeling listened to and understood, working on things that are important to them, feeling that things are improving in their lives, and feeling more hopeful for the future.
- Findings were analysed for over 53,000 young people who commenced services at a headspace centre between 1 July 2020 and 30 June 2021.
- The results show that young people's service experiences at headspace were very positive overall (7.6 out of 10) and continued to improve with greater service engagement.
- Young people were most positive about feeling listened to and understood at headspace and least positive about whether things are improving for them, although this increases with greater engagement in services.
- Experiences of males and females were generally comparable, however, there were clear age differences in service experience, with those aged under 18 years reporting significantly lower scores than those aged 18 years or older.
- Notably, there were no significant differences in service experience between young people who identified as Aboriginal and Torres Strait Islander versus those who do not, young people who identified as culturally and linguistically diverse versus those who do not, nor young people who identified as LGBTIQ+ and those who do not.

## Background

headspace centres aim to provide highly accessible, youth-friendly, integrated service hubs that deliver evidence-based interventions and support to young people aged 12–25 years for their mental health, health and wellbeing needs (Rickwood et al., 2019). Since establishment 16 years ago, the headspace national network of centres and online programs has supported more than 700,000 young people. In 2020-21 alone, headspace centres supported 106,536 young Australians with over 440,000 services to strengthen their wellbeing and manage their mental health (headspace National, 2021).

headspace is committed to supporting young people to be mentally healthy and engaged in their communities, and it is critical that the young people who access our services have a positive experience to help them to stay involved and achieve meaningful outcomes. To understand and improve the experience and outcomes for young people who access services, headspace has implemented comprehensive routine data capture and outcome measurement for all young people on a session-by-session basis (Rickwood et al., 2014).

headspace uses three primary outcome measures to explore the range of factors that contribute to young people's mental health and wellbeing, and to better understand the impact of the services they receive:

- Kessler 10 (K10) which measures a young person's self-report of psychological distress (Kessler et al., 2002)
  - MyLifeTracker (MLT) which is a self-reported quality of life measure developed specifically for youth mental health services (Kwan et al., 2018), and
  - Social and Occupational Functional Assessment Scale (SOFAS) which is a clinician rating of current functioning (Goldman et al., 1992).
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A key gap in our data collection has been real-time feedback from young people about their experience of their headspace session, to enable clinicians to adapt and better target the services they are providing to support the young person's engagement in treatment and the outcomes they achieve.

In consultation with the headspace National Youth Reference Group (hY NRG) and headspace clinicians, we developed and introduced a 5-item scale to determine young people's experience of the services they receive. The 'My headspace Experience' (MhE) scale assesses young people's experience of their service session, including whether they felt: motivated, listened to and understood, involved in guiding their treatment, that things have improved in their lives, and more hopeful.

These areas of service experience were identified by young people and headspace clinicians as being important for engagement, satisfaction and achieving outcomes. Routine monitoring of service experience and the implementation of measurement-based care have been shown to improve retention and engagement, client experience, and clinical outcomes (Chiauzzi, 2021).

MhE was implemented in July 2019 and is routinely measured at the beginning of each young person's service session. The responses are made available immediately to clinicians so they can be used to inform, adapt and improve the service that the young person is receiving to better meet their needs.

#### **My headspace Experience scale**

1. How willing are you to be at headspace?
2. Do you feel listened to and understood at headspace?
3. Do you feel that headspace is helping you to work on the issues that are important to you?
4. Do you feel things are improving for you since attending headspace?
5. Do you feel more hopeful for the future since attending headspace?

Young people are asked to rate each item on a 1-10 scale using a slider from a sad emoji 😞 to a happy emoji 😊. Item 1 is asked at each visit and the other items are asked from the second visit onwards.

## **Purpose**

This report describes young people's experience of their headspace sessions as determined via MhE, and investigates what factors affect their experience.

## **Method**

Data for this report were collated from the headspace centre services minimum data set (MDS). Young people's episodes of care were included if their episode commenced between 1 July 2020 and 30 June 2021, was completed at the time of data extraction (8th Feb 2022), and there was at least one response against any of the MhE items. Data were analysed for the first 10 sessions only (because there are very few young people with more than 10 sessions), and only for young people with completed episodes of care.

Direct quotes of young people's service experiences included in the results are taken from the headspace Centre Young Person Follow-up Study (headspace, 2019).



## Participants

The final sample included 53,032 young people's episodes of care. Demographic characteristics are displayed in Table 1. These show that the participants were primarily female (64%), under the age of 18 years (58%) and from metropolitan areas (57%). More than one quarter of participants identified as lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexuality (LGBTIQ+), 8.5 per cent as Aboriginal and/or Torres Strait Islander, and 9.5 per cent as culturally and linguistically diverse. The demographic characteristics of the sample were generally similar to those of all young people receiving services at a headspace centre during the study period. The only exceptions were that fewer study participants compared with all headspace centre clients identified as being from a culturally and linguistically diverse background (9.5% versus 12%) or were living in a metropolitan location (57% versus 61%).

The average number of sessions (visits) during these 53,032 episodes was 4.5 (SD=4.3). One quarter of all episodes involved one session, 40 per cent had 2-4 sessions, 27 per cent had 5-10 sessions, and the remaining eight per cent had more than 10 sessions.

**Table 1.** Demographic characteristics of study participants

Demographic Characteristics	Females	Males	Gender Diverse	All
Total N	33903	17421	1594	52918
12-14 years	9472 (27.9%)	4721 (27.1%)	504 (31.6%)	14697 (27.8%)
15-17 years	10598 (31.3%)	5047 (29%)	487 (30.6%)	16132 (30.5%)
18-20 years	7113 (21%)	3693 (21.2%)	332 (20.8%)	11138 (21%)
21-23 years	5267 (15.5%)	3028 (17.4%)	208 (13%)	8503 (16.1%)
24-25 years	1430 (4.2%)	918 (5.3%)	63 (4%)	2411 (4.6%)
Is Indigenous	2870 (8.5%)	1547 (8.9%)	92 (5.8%)	4509 (8.5%)
Is Not Indigenous	31010 (91.5%)	15855 (91.1%)	1501 (94.2%)	48366 (91.5%)
Is culturally and linguistically diverse	3376 (10%)	1537 (8.8%)	127 (8%)	5040 (9.5%)
Is Not culturally and linguistically diverse	30485 (90%)	15854 (91.2%)	1465 (92%)	47804 (90.5%)
Is LGBTIQ+	8854 (29.3%)	2172 (13.9%)	1594 (100%)	12620 (26.6%)
Is Not LGBTIQ+	21339 (70.7%)	13493 (86.1%)	0 (0%)	34832 (73.4%)
Metro	19512 (57.6%)	9674 (55.5%)	1043 (65.4%)	30229 (57.1%)
Non-Metro	14391 (42.4%)	7747 (44.5%)	551 (34.6%)	22689 (42.9%)

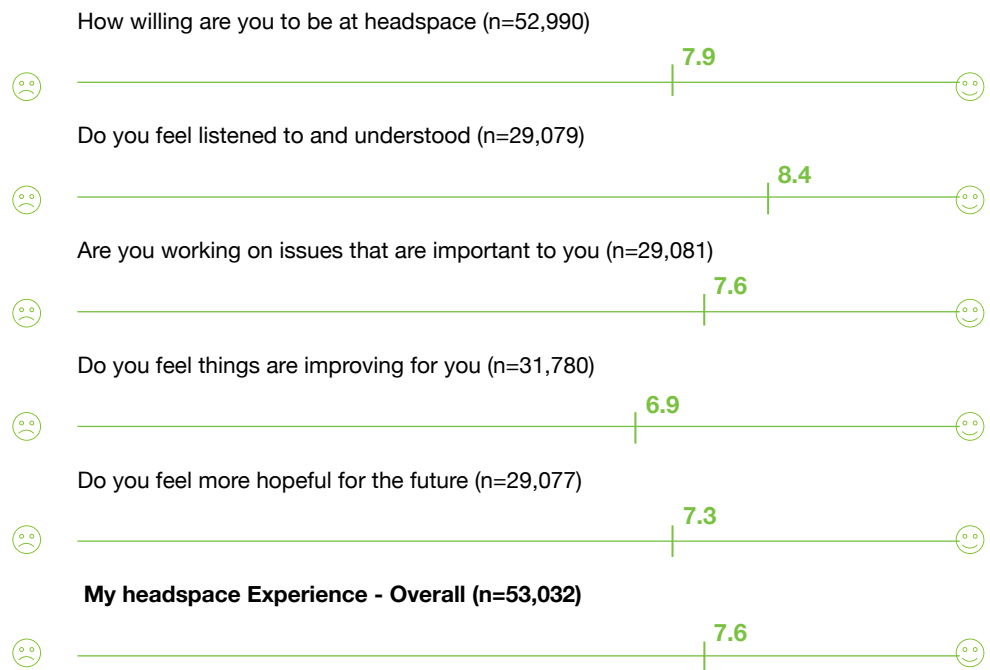
Note: Total N's provided in this table vary slightly from the final sample of 53,032 due to missing demographic data for some young people.

## Results

### Experience

Young people coming to headspace generally have a positive service experience (see Figure 1). Young people reported an average of 7.6/10 across the 5 MhE items over all sessions. They were most positive about feeling listened to and understood (8.4/10), followed by willingness to be at headspace (7.9/10), working on things that are important to them (7.6/10), and feeling more hopeful for the future (7.3/10). They were least positive regarding whether things are improving for them (6.9/10), although ratings for this question improve substantially over the first few sessions that a young person attends (see Figure 2).

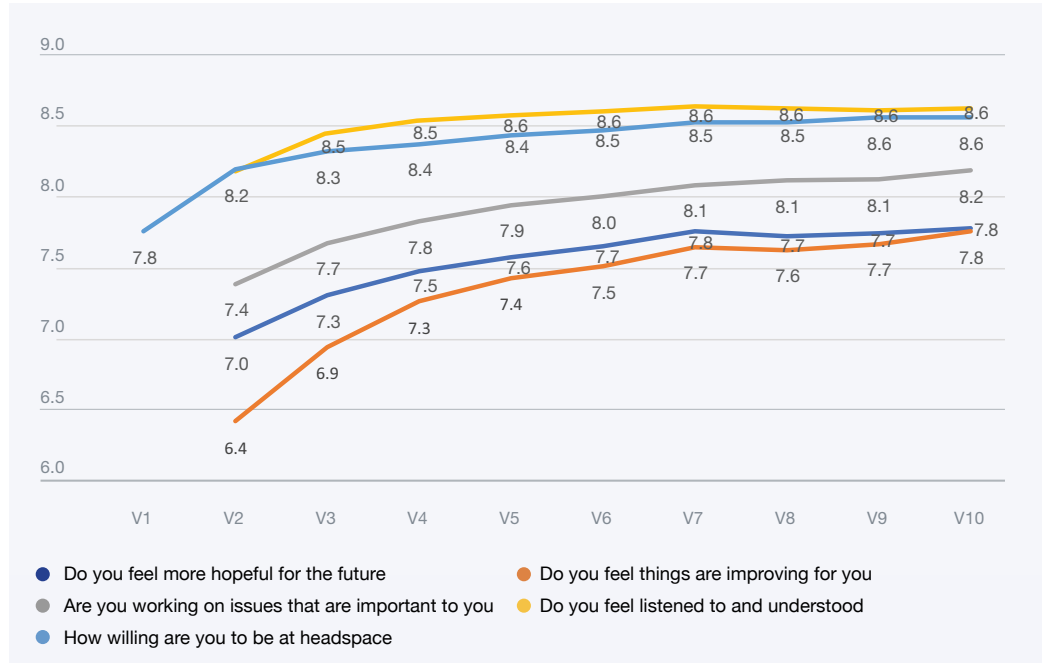
**Figure 1.** Average MhE scores for all episodes commencing during 2021FY (Session 1-10)



### Change over the episode of care

The average scores for each of the 5 MhE items across the first 10 sessions of a young person's episode of care are shown in Figure 2, revealing that the greater number of sessions a young person receives results in a more positive service experience. The greatest improvement is evident between the first two time points for all items, and the results continue to improve or stabilise with a greater number of sessions. Young people report the highest scores for feeling listened to and understood at headspace—which starts high (8.2/10) and remains high across the episode of care. Although young people report the lowest scores for the item about whether things are improving for them (6.4/10), this item shows the greatest increase between sessions 2 and 4, and continues to increase with more engagement in services.

**Figure 2.** Average MhE scores by session (visit) for all episodes commencing during 2021FY (Session 1-10)



My counsellor listened and provided insight as to what the problems could be and how to act in response. (WA, Gender Diverse, aged 22)

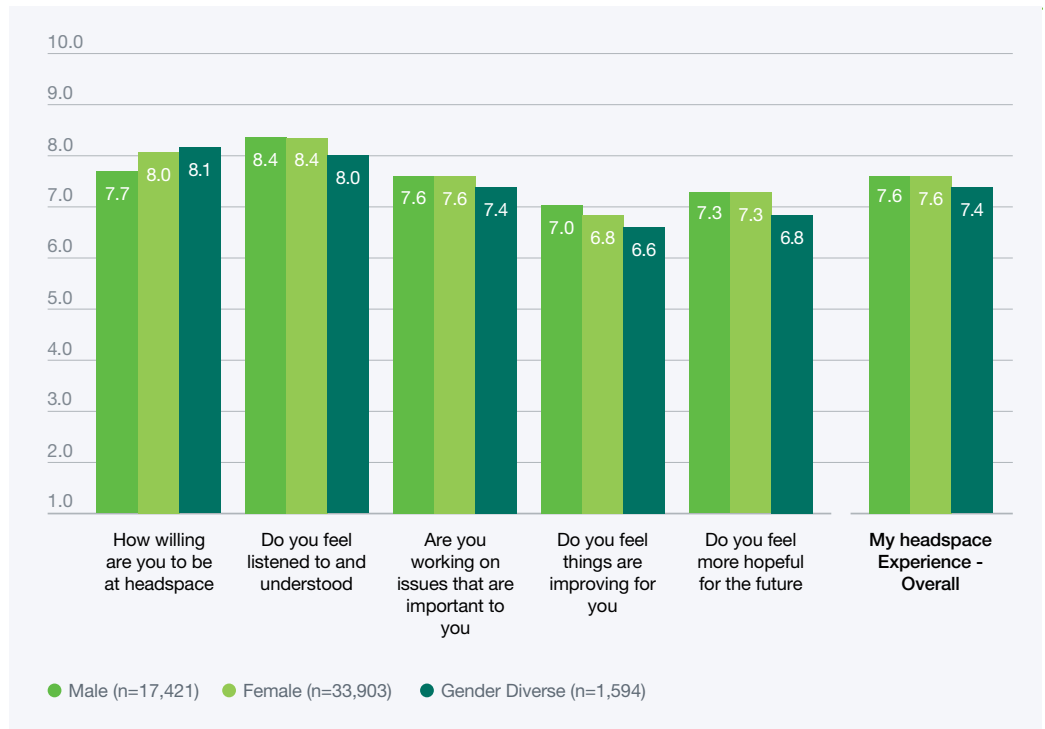
It was helpful because I was able to be helped and people who understood me were able to help (QLD, Male, aged 13)

To talk to someone that was helpful and understood what I was going through (VIC, Male, aged 16)

**Gender**

The responses for males and females were generally comparable, with only very small or no differences in means (see Figure 3). Gender diverse young people, however, reported a less positive experience across all items except for willingness to be at headspace, where they were the most positive. Although these differences were statistically significant ( $p < .01$ ) (except for gender diverse versus females for the willingness item), the effect sizes were very small, indicating that gender did not explain much of the variance in the item responses.

**Figure 3.** Average MhE scores by gender for all episodes commencing during 2021FY (Session 1-10)



**Age**

There were clear age differences, with those aged under 18 years reporting significantly lower scores than those aged 18 years or older ( $p < .001$ ,  $d = 0.4$ ). As displayed in Figure 4, this trend is evident across all items, with the greatest age difference for willingness to be at headspace, which was significantly lower for the younger age group, with a medium-sized effect ( $p < .001$ ,  $d = 0.6$ ). The greater willingness to be at headspace of young adults compared with adolescents was evident for all the modalities of service delivery—telephone, online and in-person (see Figure 6).

**Figure 4.** Average MhE scores by age group for all episodes commencing during 2021FY (Session 1-10)

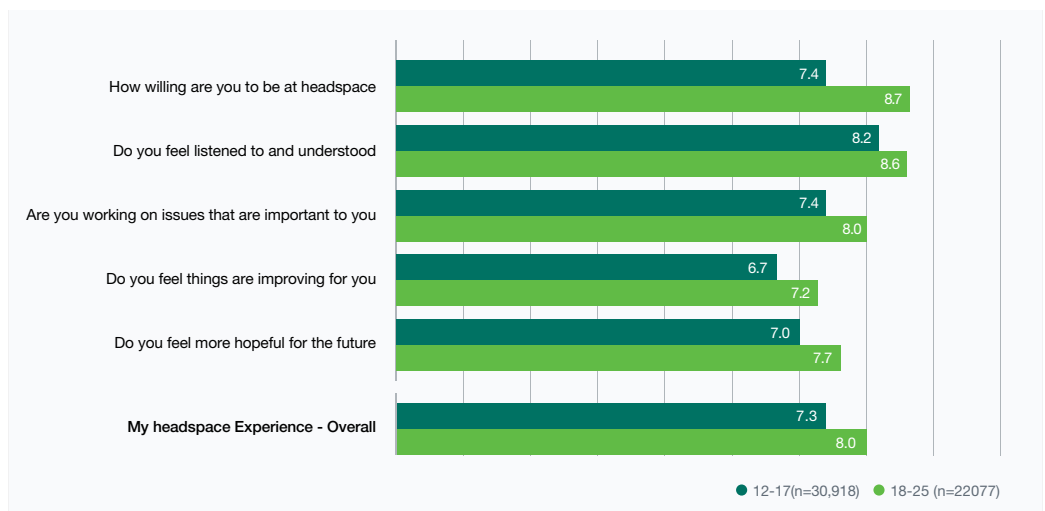
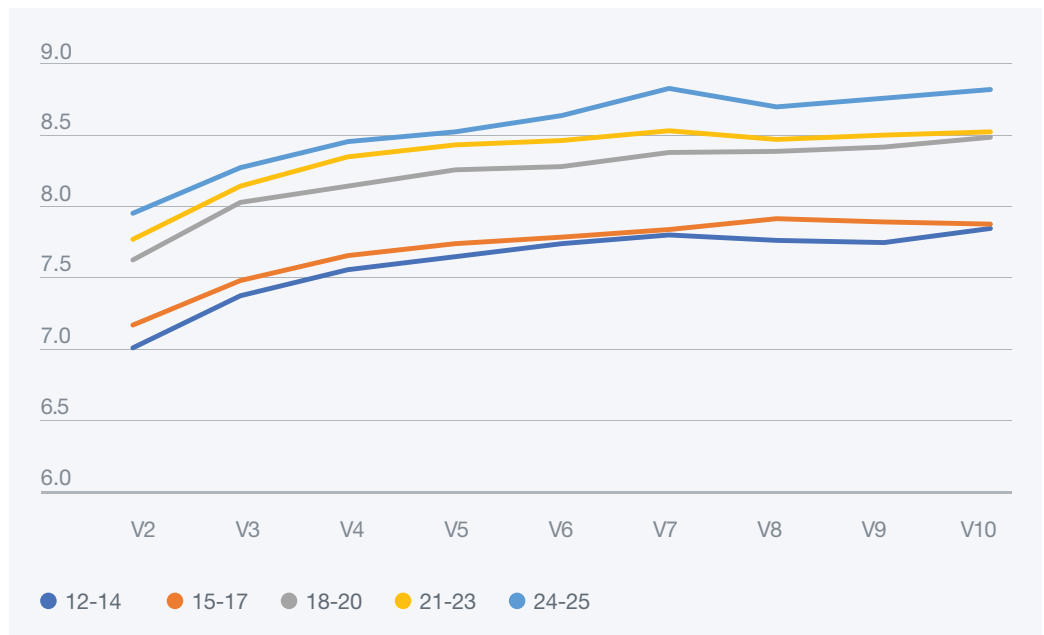


Figure 5 shows that the age differences were generally consistent over sessions, with improvements in average scores for all age groups by session, and the greatest improvement evident from session 2 to session 3.

**Figure 5.** Average MhE scores by session (visit) and age group for all episodes commencing during 2021FY (Session 1-10)



My time there helped me work through the hopelessness I was experiencing as a result of traumatic life experiences and gave me a new perspective, I now thrive in the environments I am exploring. (VIC, Male, aged 20)

After talking to them (headspace clinicians) I felt a lot happier and more hopeful. talking about my issue felt like they were lifting weights off my shoulders. (QLD, Female, aged 13)

My experience at Headspace helped me to feel more comfortable in myself and dealing with my mental health issues, and helped me to understand that there was hope for me in having a future (NSW, Female, aged 21)

#### Other demographic characteristics

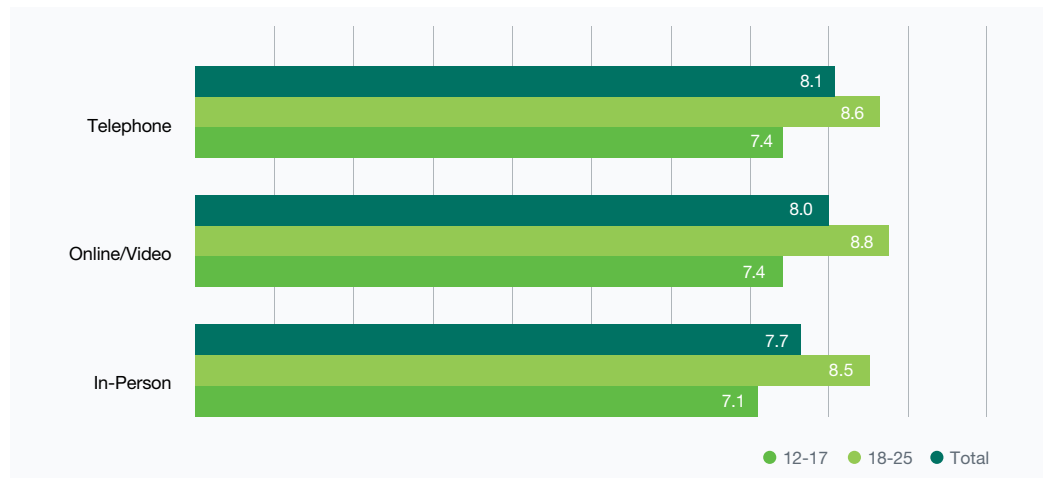
Comparing demographic groups, there were no significant differences or patterns for any individual MhE item or the total score between young people who identified as Aboriginal and Torres Strait Islander versus those who do not, young people who identified as culturally and linguistically diverse versus those who do not, nor young people who identified as LGBTIQ+ and those who do not. There were also no clear trends evident showing differences between jurisdictions, including state/territory-based differences or rural/metro comparisons.



### Mode of service delivery

Young people who accessed services via telehealth (telephone and online/video) were slightly more willing to be at headspace at session 1 (see Figure 6); there was a significant difference between telehealth and the in-person mode, although the effect was small ( $p < .001$ ,  $d = 0.2$ ). This trend of greater willingness to be at headspace being more strongly associated with telehealth continued throughout the episode of care. Figure 6 shows that the age difference in willingness to be at headspace is evident for all modalities.

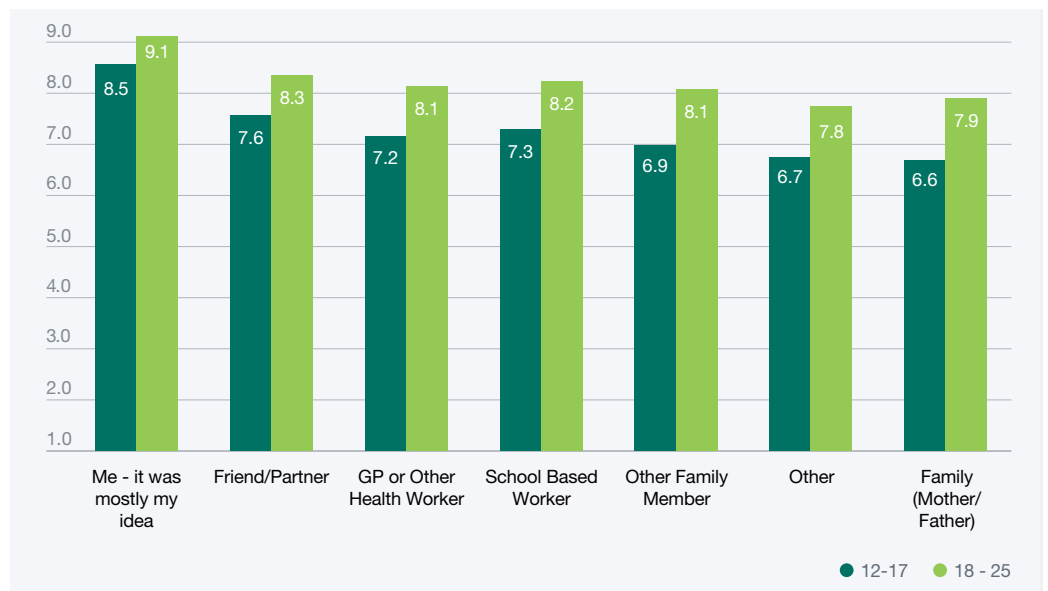
Figure 6. Average level of willingness to be at headspace on Session 1 by service mode and age 2021FY



### Influence to attend

Figure 7 shows young people's willingness to be at headspace based on the main person who influenced them to attend. Young people who reported that it was mostly their own idea to come to headspace were the most willing to be at headspace (8.9/10), whereas those who were influenced by their parents were the least willing (6.8/10). These differences had a large effect statistically ( $p < .001$ ,  $n = 13$ ).

Figure 7. Average level of willingness to be at headspace on Session 1 by who most strongly influenced them to attend by age 2021FY



## Implications

### Experience

Young people's service experiences were very positive overall, and this was evident across all five items. The most positively rated item was **feeling listened to and understood**. Scores on this item were high at session 2, and stayed high, continuing to increase slightly. This is a key aim of headspace services, and it is validating that this aim is being shown to be met by these young people's responses. Research confirms that feeling listened to, understood and not judged are essential to engaging young people in mental health services (Rickwood, 2022). headspace services are clearly tracking well in listening and conveying to the young person that they understand their needs—critical elements of effective youth mental health care.

**Willingness to attend** headspace is high and increases with ongoing service engagement.

This is the only item that is measured at visit 1, when the young person first attends. Usually this first session is an assessment session, and young people are shown to come into headspace willingly. For those who further engage, their willingness increases.

Not surprisingly, young people who reported it was mostly their own idea to come to headspace were the most willing to attend, whereas those who were most influenced by their parents were the least willing. Adolescents aged 12-17 years influenced by their parents had the lowest willingness scores. Motivation to attend is important for engagement, although mental health care is often instigated by parents for younger people and this is the dominant influence for adolescents (Rickwood, Mazzer et al., 2015). The lower willingness of younger people attending headspace needs to be recognised and extra effort needs to be put into understanding and supporting their motivation. It is also necessary to inform, involve and encourage families to appropriately support their young person's help seeking and service engagement.

Crucially, young people reported that they were **working on issues that are important to them**, and their ratings for this item increased across their episode of care. These results reflect the youth-centred approach taken in headspace centre services to involve young people in identifying treatment goals and in guiding decisions about service direction and focus. This can include a focus on shared decision making where the young person is empowered to inform their treatment based on their own unique needs, preferences and values, and aligned with current evidence (Orygen, 2016). These results highlight that headspace is performing well on this essential component of the therapeutic alliance between a young person and their clinician, which is critical for ensuring engagement and achieving outcomes (Karver et al., 2018).

Young people generally **feel more hopeful for the future** as their episode of care progresses, although scores on this item were lower than some of the other items. Hope has been shown to be a major correlate of young people's mental health and wellbeing and can be one of the first targets for therapeutic change (Dowling & Rickwood, 2016). It is also a key aspect of young people's mental health service expectations (Watsford et al., 2013). Hope is seen as an active therapeutic component for brief interventions (Courtnage, 2020) and, given that young people on average attend headspace for fewer than five sessions, a focus on instilling and improving hope is a critical early therapeutic achievement.

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The least well-rated service experience item was **feeling that things are improving**, although this item was still quite positively rated with an average score of just under 7/10. Notably, feelings of improvement increased with greater engagement in services. These findings are consistent with prior headspace results from young people's voluntary service satisfaction ratings, which show that satisfaction was lowest for satisfaction with outcomes. This is as expected when a young person has attended only a few sessions; but, importantly, satisfaction with outcomes increases with further visits (Rickwood et al., 2015). Nevertheless, achieving meaningful change for young people is an ongoing challenge, particularly within the short period of time that young people typically engage with headspace services, averaging 4.5 sessions. A focus on improving outcomes through brief intervention approaches is critical. It is also critical to ensure that young people have realistic expectations of the outcomes of their service experience, while still emphasising optimism and hope for the future (Watsford & Rickwood, 2013).

Not surprisingly, young people's experience becomes more positive with ongoing service use. This may be because experience improves as young people become more engaged and familiar with their treatment program, or it could be that more engaged young people continue in treatment, or a combination of both. With one-quarter of young people attending only once, and half attending no more than four sessions, better understanding of the characteristics and needs of those who continue and discontinue with headspace services remains a critical focus (Seidler et al., 2020).

### **Equity**

Importantly, young people's headspace experience was consistently positive and did not vary across most demographic characteristics—including whether young people are female or male, Aboriginal and Torres Strait Islander or not, culturally and linguistically diverse or not, LGBTIQ+ or not, or living in a rural or metro area. Equity of service experience for all young people regardless of background, demographic characteristics or identity is foundational to headspace and it is encouraging to see that the results from MhE reflect this priority (Rickwood, Telford et al., 2015).

There were differences by age, however, with adolescents aged 12-17 years reporting lower scores on all five items compared with young adults aged 18 years and over. The biggest disparity was how willing adolescents were to be at headspace, with a 14.4 percent difference in average scores from the young adults. This is consistent with research finding that younger people may face additional barriers to engagement and outcomes are more difficult to attain (de Haan et al., 2013). Working in a developmentally appropriate way that includes implementing different types of engagement approaches is required for the younger headspace cohort. Supporting parents to know how to help their adolescent engage is also critical.

Young people who are gender diverse had slightly less positive scores than males and females, except for willingness to be at headspace—where they scored the highest. It should be noted that these differences were slight, ranging from 2.2 percent (working on issues important to you) to 5.6 percent (feel more hopeful for the future), albeit significant. These results highlight that more can be done to support this priority group and ensure they have a positive experience at headspace.

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## Future directions

This is the first analysis of the MhE data, and these results provide important insights into young people's experience of their headspace sessions that can be used to inform service improvement. Inevitably, though, the results raise further questions. Firstly, it would be of interest to know how well accepted the MhE scale was by young people; although it was co-developed with a small group of young people, we need to know how it is perceived more broadly by the large and diverse group of young people accessing headspace services. This includes knowing whether it comprehensively, albeit briefly, captures the key components of their session experience, and how they experience their clinician discussing their responses with them.

It is also important to know how clinicians perceive and use the measure. This includes to what extent clinicians review young people's responses, find them useful, and how they integrate them into their clinical practice. We need to know if the measure supports discussions with young people about their experience and needs, and whether clinicians use the information to adapt their practice through measurement-based care.

Notably, the unique circumstances in which these results were collected add important context that needs further exploration. The global COVID-19 pandemic has had enormous implications for service demand, service access, and how services have been delivered across headspace centres during this period. While the current results are positive, it will be important to understand the ongoing implications of increasing demand and telehealth service approaches on young people's experience.

In future analyses, we plan to compare the MhE responses against established headspace client outcome measures to determine whether headspace session experiences relate to increased engagement and better outcomes. Comparative session experience results from other similar services will also be sought to help benchmark those of headspace clients.

## Conclusion

The positive service experiences of young people at headspace revealed in this study are particularly salient given the challenging time period in which the data were collected. The results are from a 12-month period during the full impact of the COVID-19 pandemic. This was a time of major upheaval for headspace centres, including recent rapid transition to online service delivery that had not been previously undertaken. Despite the considerable pressures that service providers were under to meet high and growing service demand in the context of ongoing stress and uncertainty, for most young people their experience at headspace was a positive one.

headspace staff are committed to ensuring that young people have a positive experience of help-seeking through feeling listened to, understood and involved in guiding their treatment, and that they leave the service feeling more hopeful and that things have improved in their lives. The current results provide good evidence that such a positive experience is being realised for most young people accessing headspace, including some key priority groups. headspace will continue to monitor young people's experience—striving to ensure that the positive experiences shown here are maintained and that experiences are improved over time for those young people whose experience is not optimal.

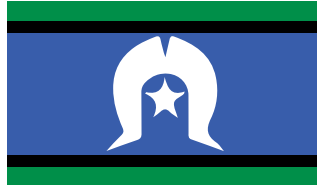
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headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our 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.

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