

headspace centre young person follow up study

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Executive Summary

This is the first study to examine the longer term impacts for young people receiving services at headspace centres across Australia.

The aim was to determine whether young people experienced and maintained positive change and whether this was attributed to their involvement with a headspace centre. We also wanted to understand why young people stopped attending headspace, their perceptions of their headspace experience, and changes in key outcome measures since they exited the service.

There were 1,916 young people from 106 headspace centres who participated in an online survey that was emailed to them during March 2019. Young people received a survey if they had completed an episode of care between April 2017 and October 2018, attended three or more headspace services (which enabled collection of pre and post outcome scores), received at least one mental health service, and agreed to be followed up. These young people had completed their care, on average, 12 months prior to receiving the survey. The response rate was 9.2 percent.

Overall, the findings showed that the majority of young people had positive outcomes from their time at headspace and attributed these to their headspace experience.

Key findings include:

- Young people were very positive about the impact that headspace services had on their lives, specifically by helping them to better understanding their mental health issues and providing the tools, skills and support to better manage them on a day to day basis.

It's helped me find the tools to manage my off days so I can cope, and when I can't manage, I have tools in place so I don't spiral.

(ACT, female, aged 16)

headspace has provided me with actual step by step tools to help navigate uncomfortable and undesirable situations and feelings.

(WA, male, aged 17)

- The vast majority of young people reported improvements in their mental health literacy, specifically in better understanding their mental health problems (86%), developing the skills to deal with them (80%), and feeling supported in managing them (85%).
 - headspace centre services had helped young people by:
 - significantly reducing their levels of psychological distress and improving their quality of life while engaged in receiving services and, importantly, improving or maintaining these positive changes after exiting – up to two years later
 - reducing the impact of their mental health on their lives (78%), improving their general wellbeing (82%) and helping them to be more hopeful for the future (80%)
 - reducing the impact of mental health issues on their work and study situation through increasing their understanding of the impact of mental health (83%), and building their confidence to better manage their work and study situation in the future (76%)
 - improving social and vocational functioning through a significant reduction in the number of days that young people were unable to carry out most or all of their usual activities at school, study, work or home during the previous two weeks
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The main reasons that young people stopped attending headspace were positive with over a third reporting they decided they were well enough or had achieved their goals; 19 per cent stating reasons that were out of their control, such as they had used all their allocated Mental Health Treatment Plan (MHTP) sessions or were referred elsewhere; and 13 per cent claiming their situation had changed (they had other priorities or they had moved away). Importantly, for those young people who were referred to another service, 91 per cent reported that they had taken up that referral. A small proportion stopped coming to their centre because headspace wasn't working for them (14%).

It is important to note that the study had a number of limitations including a low response rate, evident bias in the young people who chose to respond to the survey invitation such as being more likely to be female and an underrepresentation of key population groups such as Aboriginal and Torres Strait Islander young people, and the data collection procedures associated with some of the measures. Future follow up surveys will attempt to address these limitations.

Overall, the results demonstrate that attending a headspace centre achieves positive outcomes in functional, clinical and wellbeing domains for the majority of young people who have attended for a mental health issue and had at least three sessions. Young people attribute the positive outcomes they have achieved in coping to the support they received and the skills they learned at headspace. They choose not to return mostly because they have attained their goals or circumstances prevent them from returning, including limitations of the 10 session mental health treatment plans. Reductions in psychological distress and days out of role were evident post service and at longer term follow up. Only a small proportion of young people reported that headspace did not work well for them.

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Purpose

The aim of this study was to examine the longer term outcomes for young people attending a headspace centre for mental health issues. We wanted to determine whether young people experienced and maintained positive change, and whether this was attributed to their involvement with the headspace centre. We also aimed to understand why young people stopped attending headspace, their perceptions of their headspace experience, and changes in key outcome measures since they exited the service.

headspace, as part of its commitment to ensuring program effectiveness and undertaking continuous quality improvement, has implemented data collection processes across headspace centres to collect key measures from young people pre, during and post service use. These measures assist headspace to determine the impact of its services on young people's wellbeing and participation in work and study while they are involved with headspace centre services. This follow up study extends this timeframe to examine whether young people maintain or improve their outcomes up to two years after exiting headspace services.

Background

headspace was initiated in 2006 to address the concerning mismatch between the level of need and mental health service use among adolescents and young adults (McGorry, et al., 2007). The National Survey of Mental Health and Wellbeing (NSMHWB) revealed that for young people aged 16–24 years, one in four (26%) experience a clinically relevant mental health problem within any 12 month period, which was the highest prevalence across all age groups (Slade et al., 2009). Of particular concern was the lack of help-seeking by young people, with the NSMHWB reporting that only 13.2% of young men and 31.2% of young women who were experiencing clinically significant symptoms had sought professional help. A more recent study on the mental health of children and adolescents revealed that around one in seven (14.4%) adolescents aged 12–17 experienced a mental disorder and 65 per cent had accessed services (Lawrence, et al., 2015). Consequently, a major treatment gap exists between need and service use during the life stages of adolescence and early adulthood, which is of major concern as this is a time when vulnerability to mental health problems peaks and effective early intervention is critical.

To improve access to mental health care for young people aged 12-25 years, the Australian Government has funded headspace National Youth Mental Health Foundation. Through this initiative, headspace centres have been implemented progressively across Australia, from an initial 10 centres in 2007 to a national network of 110 centres in 2019, spread across metropolitan, regional and rural locations.

headspace centres are highly accessible, youth-friendly, integrated service hubs that provide evidence based interventions and support to young people around their mental health, health and wellbeing needs (Rickwood et al., 2018). The main aim is to improve outcomes for young people by addressing the major barriers to their mental health service use, and enable better access to and engagement in early intervention services that provide holistic and integrated care.

headspace centres are supported by core funding provided by the Australian Government and administered through the Primary Health Networks (PHNs), but also rely heavily on access to the Australian Medical Benefits Scheme. This enables young people accessing headspace services to obtain a Mental Health Treatment Plan (MHTP) from a general practitioner (GP), which enables them to access up to 10 individual and up to 10 group allied mental health services per calendar year. After six allied health services have been received, a review is required by the GP to access a further four services (<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-pat>).

By mid-2019, headspace had supported over 524,000 young people with almost 3 million services. Over the past 12 months (2018/19 financial year) almost 100,000 young people have accessed over 426,000 services from a headspace centre (headspace, 2019). These figures show that headspace centres have been successful in making mental health care more accessible and providing young people with the opportunity to seek help early to mitigate the impacts of mental ill-health at this critical developmental life stage. Young people accessing headspace centres report

high levels of satisfaction with the services provided, and satisfaction increases with continuing engagement (Rickwood, Nicholas, et al., 2015). Over the past 12 months, 87 per cent of young people reported that they were satisfied with the services they received (headspace, 2019).

Previously published data showed that almost two-thirds of young people who access headspace centre services significantly improve in psychological distress and/or social and occupational functioning (Rickwood, Mazzer, et al., 2015). These results only revealed immediate and short term follow up outcomes, however, and it has not been possible to determine whether these outcomes are sustained over the longer term. Given the critical importance of positive mental health for a young person's full participation in society, the current study addresses this knowledge gap by examining longer term outcomes for headspace centre clients.

Aims

The aims of this study were to follow up young people who had exited headspace centre services over the previous two years to examine:

- why they had stopped attending their headspace centre
- their help-seeking experiences since exiting the service
- what changes to their lives they attributed to attending headspace
- their general perception of their headspace experience, and
- changes in key outcome measures (engagement in work and study, quality of life, and psychological distress) from when they commenced at headspace.

Methodology

Procedure

Young people who had exited headspace centre services were contacted via email by headspace National's Research and Evaluation Team and invited to undertake an online survey. Young people who had accessed services at a headspace centre between 1 April 2017 and 31 October 2018 were sent the survey link during March 2019. Young people received a survey if they had:

1. only one episode of care that was completed by 31 October 2018 (i.e. had not accessed headspace centre services since this date and had not had multiple episodes of care prior to that date)
2. attended three or more services at a headspace centre (which enabled collection of pre and post outcome scores)
3. received at least one mental health service (headspace also offers other types of services such as physical health, and engagement and assessment sessions), and
4. consented to be followed-up while they were attending the service (and provided a valid contact email address).

Of the 127,222 young people who had accessed a headspace service during the 18 month period, there were 20,928 (16.4%) who met the study's inclusion criteria (see Appendix 1 for more information on the study population). These young people had completed their care on average 12 months prior to receiving the survey (range = 4 to 23 months, SD=5.6).

The survey was hosted in SurveyMonkey and remained open for three weeks, with two reminder emails sent during this time.

The study received ethics approval through the Melbourne Health Human Research Ethics Committee Quality Assurance process.

Measures

The survey contained a range of standardised and closed response questions to understand why young people had exited headspace and their wellbeing and service use experience subsequently. It also contained one open ended question asking young people to describe how their experience at headspace had helped in their everyday life. Data from the headspace Minimum Data Set (MDS), which is collected routinely while young people are accessing headspace centre services, was used to provide demographic, pre and post service data.

Measures comprised:

- Questions to determine why young people had ended their attendance at headspace and what they had done since, including:
 - their experience of headspace (positive and negative), whether they felt they had completed their treatment, and whether there were other personal reasons for exiting that were independent of the headspace service
 - other service use after leaving headspace
 - self rated perceptions about the impact of headspace services on their mental health literacy, work and study situation, everyday life, and social inclusion
- Changes in key clinical and wellbeing measures:
 - Engagement in education and employment
 - Days out of role – young people were asked how many days in the last two weeks they were unable to carry out most of their usual activities at school study, work or home, and provided with the following options: None; 1–3 days; 4–6 days; 7–9 days; or Most or all days
 - Psychological distress – measured on a scale of 10–50 by the 10-item Kessler Psychological Distress Scale (K10) (Kessler, et al., 2002). K10 scores are grouped into four levels of psychological distress: Low (10–15), Moderate (16–21), High (22–29), and Very High (30–50) (Australian Bureau of Statistics, 2012)
 - Quality of life – measured by MyLifeTracker (MLT), which is a five-item mental health outcome measure to assess quality of life in areas of importance to young people: general wellbeing, day to day activities, relationships with friends, relationships with family, and general coping. The MLT is a self-report measure scored on a sliding scale from 0–100, anchored with a sad face (at zero) to a happy face (at 100) (Kwan, Rickwood, & Telford, 2018)

Participants

Of the 20,928 young people who were emailed an invitation, 4,121 (19.7%) commenced the survey. Of these:

- 1,916 (46%) young people provided data that enabled them to be matched to their headspace MDS data (which includes demographics, services provided, and pre and post service data)
- 2,205 (54%) were unable to be matched due to inadequate/incomplete information to identify them within the headspace MDS¹

The results reported here focus only on the matched sample (n=1,916), to allow for the inclusion of demographic, service and pre and post service data available from the headspace MDS.

Comparative data from all young people attending headspace centres from the sample period (1 April 2017 to 31 October 2018) are used where relevant (N=127,222). These data are drawn from the headspace MDS.

1. This issue has been rectified in redevelopment of the headspace data system that was implemented in mid-2019.

Demographic Characteristics

Young people from 106 of the 110 headspace centres that were operational at the time the study was conducted responded, with an average response rate of 18 respondents per centre (range = 1 to 58, SD=12).

Table 1 presents the demographic characteristics of the participants when first presenting to a headspace centre. This reveals that the survey respondents were primarily female, under the age of 18, and from metropolitan areas. One quarter identified as lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexuality, and gender diverse (LGBTIQ+), and a small proportion were Aboriginal and/or Torres Strait Islander young people.

Compared to the characteristics of all young people presenting to headspace centres nationally during the sample period, survey participants were more likely to be female (70% versus 60%), less likely to be male (28% versus 38%), and equally likely to be gender diverse (2%). Consistent with the demographic makeup of all headspace clients nationally, the average age of study participants was 17.6 years (SD=3.5).

More study participants identified as LGBTIQ+ than nationally (25% versus 22%) and fewer participants identified as Aboriginal or Torres Strait Islander (4.6% versus 8.6% nationally). Participants were also more likely to be from metropolitan areas than all headspace clients (71% cent versus 63% nationally).

Survey participants reported more stable accommodation than all young people accessing headspace nationally, with 96 per cent reporting they had somewhere secure to live (versus 90%). While four per cent of participants reported that accommodation was an issue for them, none were homeless or at risk of being homeless (compared with 8.0% and 1.6% of all headspace clients, respectively).

Table 1. Demographic characteristics of survey participants

Demographic characteristics	Females	Males	Gender Diverse	All
Total	1346 (70.3%)	529 (27.6%)	41 (2.1%)	1916
12 – 14	276 (20.5%)	120 (22.7%)	9 (22.0%)	405 (21.1%)
15 – 17	473 (35.1%)	143 (27.0%)	10 (24.4%)	626 (32.7%)
18 – 20	281 (20.9%)	127 (24.0%)	8 (19.5%)	416 (21.7%)
21 – 23	255 (18.9%)	100 (18.9%)	10 (24.4%)	365 (19.1%)
24 – 25	61 (4.5%)	39 (7.4%)	4 (9.8%)	104 (5.4%)
Is Indigenous	69 (5.1%)	17 (3.2%)	2 (4.9%)	88 (4.6%)
Is Not Indigenous	1277 (94.9%)	512 (96.8%)	39 (95.1%)	1828 (95.4%)
Is LGBTIQ+	344 (26.7%)	76 (15.1%)	41 (100.0%)	461 (25.2%)
Is Not LGBTIQ+	943 (73.3%)	428 (84.9%)	0 (0.0%)	1371 (74.8%)
Metro	949 (70.5%)	373 (70.5%)	30 (73.2%)	1352 (70.6%)
Non Metro	397 (29.5%)	156 (29.5%)	11 (26.8%)	564 (29.4%)

Table 2 presents participants' level of engagement in work and study when first presenting to a headspace centre, showing that the majority were engaged in study or some level of work (89%). However, almost a quarter (24%) of participants were looking for work and six per cent were not engaged in any employment, education or training (NEET). By comparison, young people presenting to headspace centres nationally during the sample period were less likely to be studying (70%), working (37%) and more likely to be NEET (11%) than the survey participants.

Almost two thirds (65%) reported at least some days over the previous two weeks that they were unable to carry out most of their usual activities at school, study, work or home, with 16 per cent reporting that this was seven or more days. These results are similar to the national headspace results, where 64 per cent of young people reported there were at least some days in the previous two weeks that they were unable to carry out most of their usual activities and almost one in five (18%) reported this was more than seven days.

Table 2. Work and study participation of survey participants.

Work and Study Participation		Females	Males	All
Studying	Yes	1038 (77.2%)	389 (73.7%)	1427 (76.2%)
	No	306 (22.8%)	139 (26.3%)	445 (23.8%)
Employed	Yes: Full-time	77 (5.7%)	55 (10.4%)	132 (7.1%)
	Yes: Part-time	157 (11.7%)	47 (8.9%)	204 (10.9%)
	Yes: Casually	378 (28.1%)	109 (20.6%)	487 (26%)
	No: Looking for full-time work	38 (2.8%)	31 (5.9%)	69 (3.7%)
	No: Looking for part-time work	147 (10.9%)	38 (7.2%)	185 (9.9%)
	No: Looking for casual work	133 (9.9%)	58 (11%)	191 (10.2%)
	No: Not in the labour force and not looking for work	414 (30.8%)	190 (36%)	604 (32.3%)
NEET Status	Not in the Labour Force	55 (4.1%)	23 (4.4%)	78 (4.2%)
	NEET	73 (5.4%)	41 (7.8%)	114 (6.1%)
	Partially Engaged	120 (8.9%)	41 (7.8%)	161 (8.6%)
	Full time Work or Study	1096 (81.5%)	423 (80.1%)	1519 (81.1%)
Days out of role (Number of days in the last 2 weeks)	1-3 days	451 (35.9%)	150 (31%)	601 (34.5%)
	4-6 days	200 (15.9%)	58 (12%)	258 (14.8%)
	7-9 days	69 (5.5%)	27 (5.6%)	96 (5.5%)
	Most or all days	129 (10.3%)	53 (11%)	182 (10.4%)
	None	409 (32.5%)	196 (40.5%)	605 (34.7%)

Notes: Due to low numbers the work and study status of Gender Diverse young people has not been displayed.

Clinical characteristics

Overall, 83 per cent of participants reported high or very high levels of psychological distress on the Kessler Psychological Distress Scale (K10), when first presenting to a headspace centre (see Figure 1). Gender differences were evident, with males (M = 27.5, SD = 7.9) reporting significantly less psychological distress on average than females (M = 30.4, SD = 8.4), $t(1871) = 6.903, p < .001$. Young people participating in the study presented with greater levels of psychological distress than young people presenting to headspace centres nationally during this period, whereby 75 per cent of the national sample reported high or very high levels of distress, although similar gender differences were observed.

Figure 1. Levels of psychological distress of survey participants, by gender.

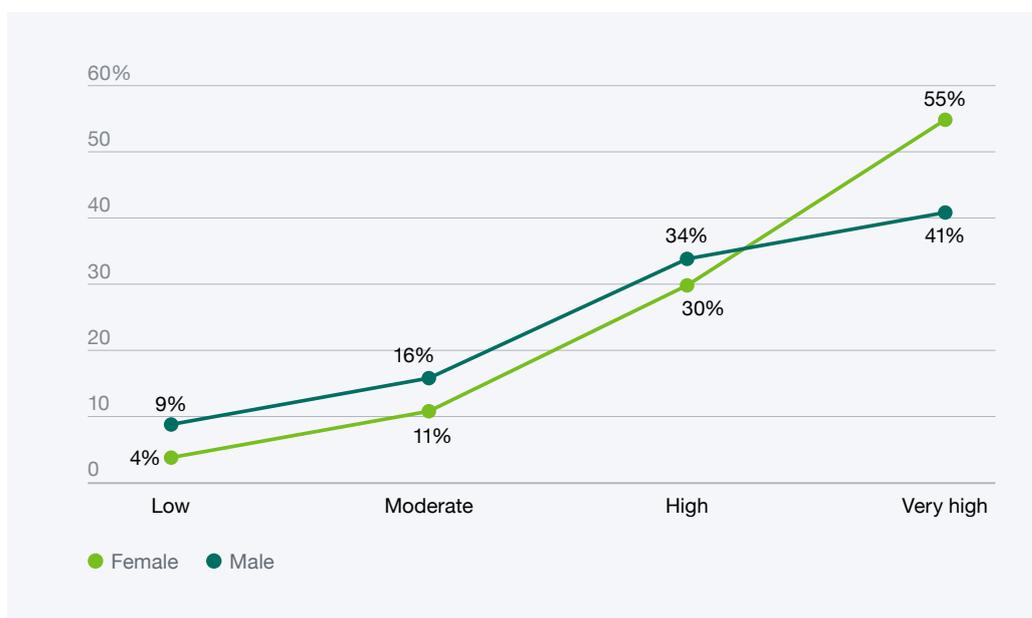
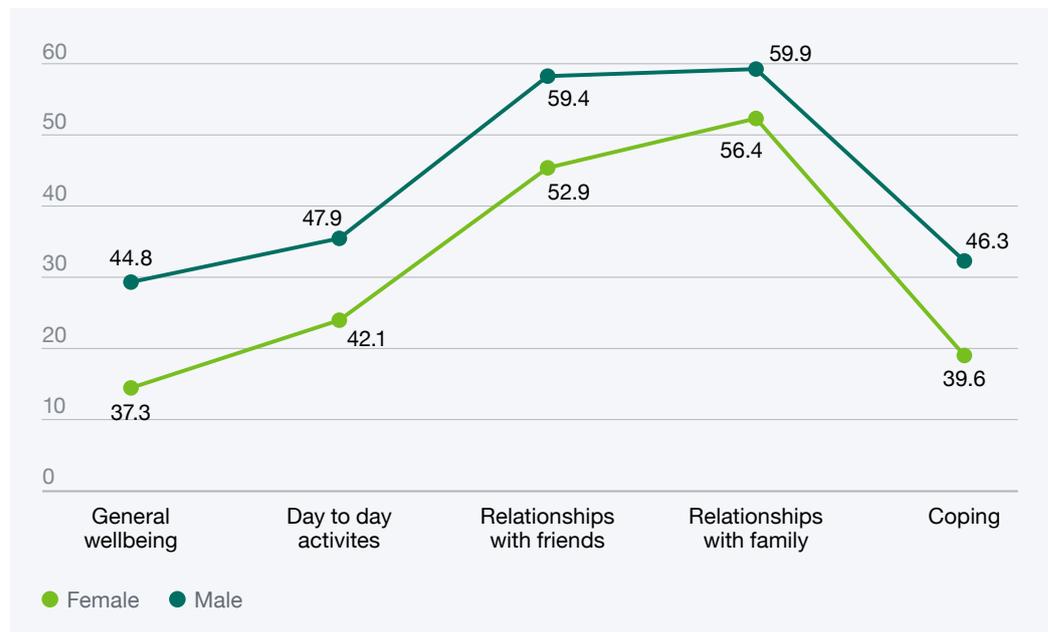


Figure 2 displays levels of quality of life of participants when first presenting to a headspace centre, measured by MyLifeTracker (MLT). While all survey participants, on average, reported low levels of quality of life, averaging 47 across all items and less than 60 across each domain, this was more evident for females (M = 45.6, SD = 17.3) who reported significantly lower quality of life than males (M = 51.7, SD = 19.1), $t(886.98) = 6.289, p < .001$. Participants in the study presented to headspace with slightly lower quality of life than all young people presenting to headspace during this period (an average of 47 versus 49 on MLT). Similar differences were observed across genders.

Figure 2. MLT ratings on quality of life of survey participants, by gender



Sample bias

Overall, the demographic comparison of survey participants and all headspace clients revealed some bias in the survey participants, as expected in such follow up surveys. Survey participants were more likely to be female, LGBTIQ+, living in metropolitan areas, in stable accommodation, more engaged in work and study, and not Indigenous. Clinically, survey participants had higher psychological distress when they first presented to headspace for services and slightly lower quality of life. These differences reflect the survey sample selection processes, particularly that the sample was derived from young people who attended three or more services, including at least one mental health service.

Findings

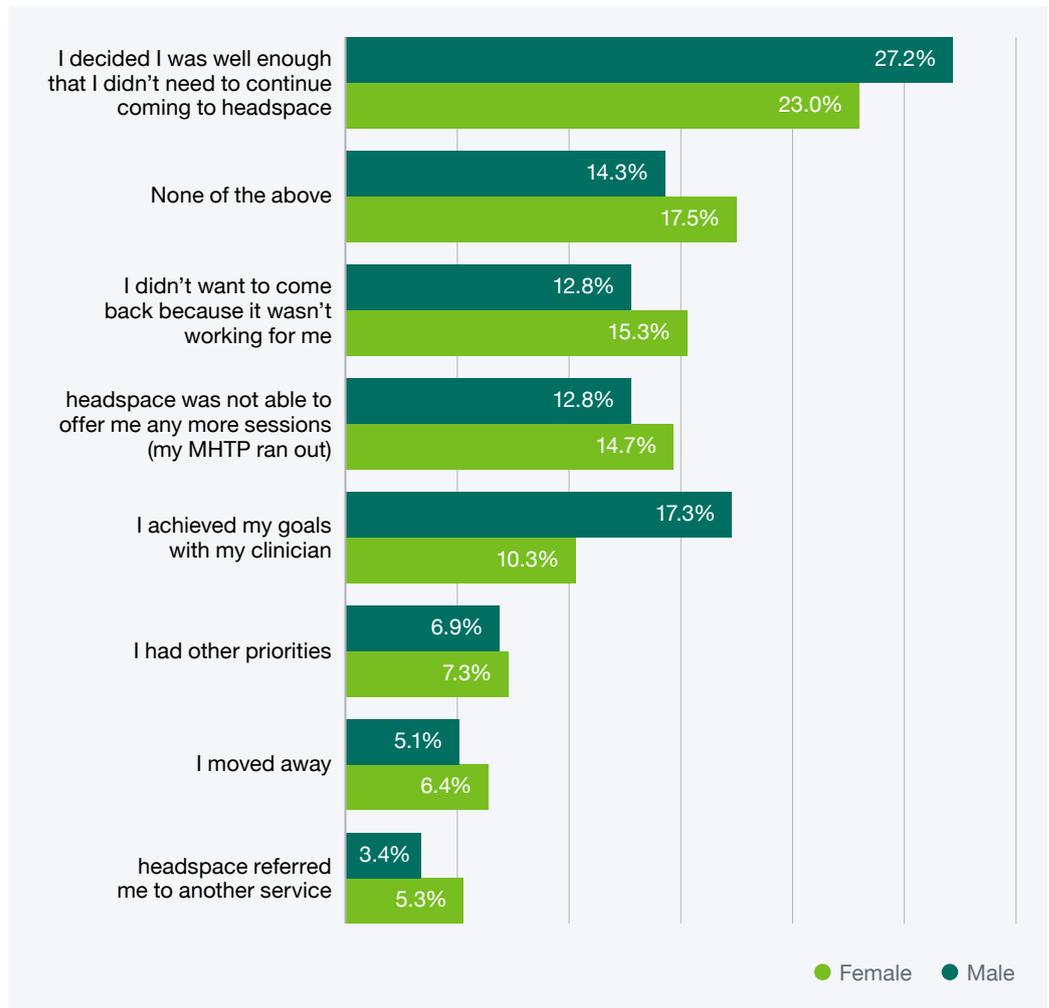
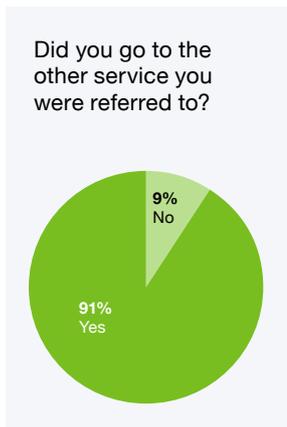
Why young people stopped coming to headspace

Participants were asked to identify why they stopped attending headspace services and were provided a range of options about their experience of headspace (both positive and negative), whether they felt they had completed their treatment, and whether there were more personal reasons for exiting that were not related to the headspace service. Figure 3 shows the main reason young people stopped coming to headspace, by gender.

There were 36 per cent who reported that they had stopped coming to headspace for positive reasons, either because they decided they were well enough (24%) or had achieved their goals (12%). There were 14 per cent who had used all their allocated Mental Health Treatment Plan (MHTP) sessions and couldn't return. Another 14 per cent felt headspace wasn't working for them. A smaller proportion (13%) left for personal reasons that included having other priorities (7%) or they had moved away (6%).

A gender difference was evident, with males significantly more likely to report that they had achieved their goals than females (17% vs 10%, $\chi^2(1, N = 1708) = 14.97, p < .001$).

Figure 3. Reasons why young people stopped accessing headspace services, by gender.

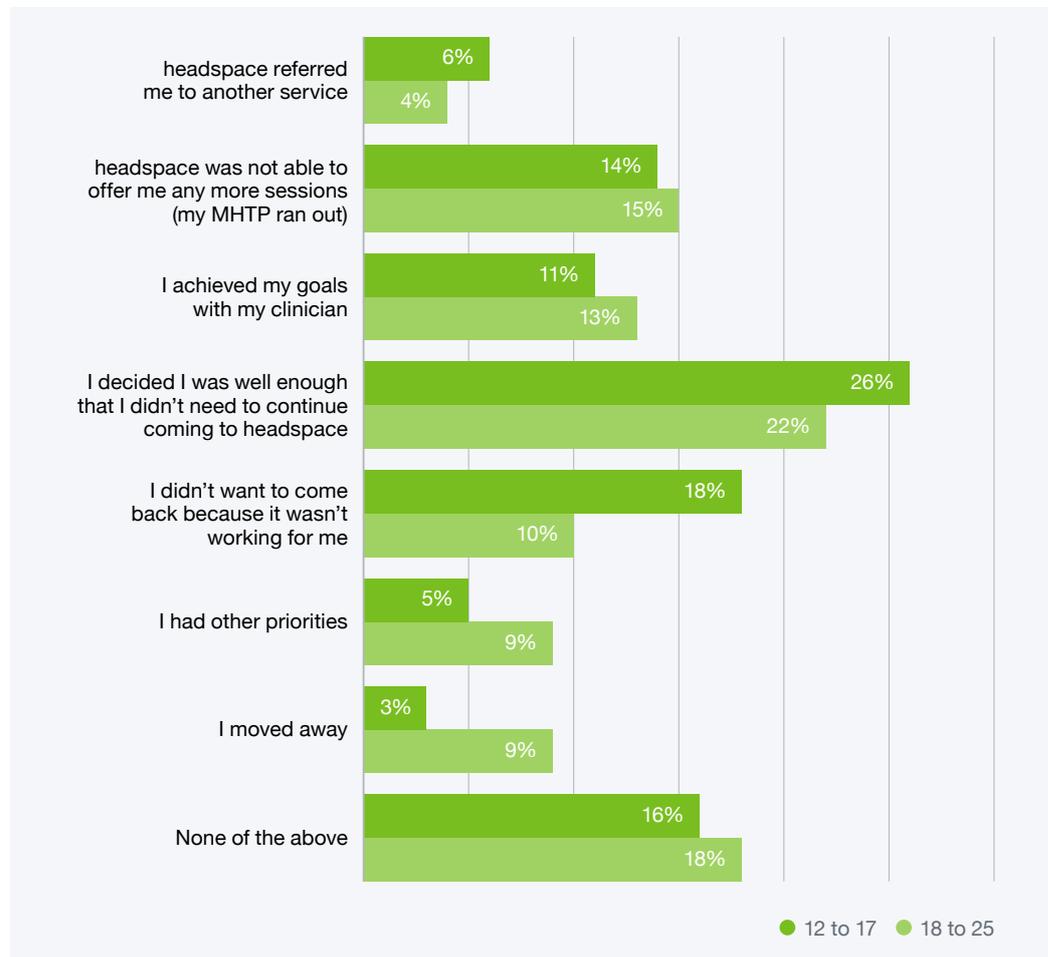


Five percent of participants (n = 88) reported they had left as they had been referred to another service. Notably, 91 per cent of these young people reported they had taken up that referral. There were no significant differences across groups (gender, Aboriginal and/or Torres Strait Islander, LGBTIQ+, or rurality), in terms of whether they were more likely to take up a referral or not.

Figure 4 outlines the reasons why participants stopped coming to headspace by age group (under 18 years, 18 years and over). Age group differences were observed across a number of response options, with those aged 18 or above significantly less likely to report they left headspace as it wasn't working for them ($X^2(4, N = 1746) = 26.550, p < .001$), and more likely to report they left headspace as they had moved away ($X^2(4, N = 1746) = 30.612, p < .001$).

Analysis of more detailed age breakdowns revealed that those aged 18–20 years were more likely to report that they left headspace as they had other priorities ($X^2(4, N = 1746) = 14.287, p < .01$), and 24–25 year olds were significantly more likely to report they left as they had completed their Mental Health Treatment Plan (MHTP) and therefore headspace couldn't offer them any more MBS-funded sessions ($X^2(4, N = 1746) = 19.134, p < .01$).

Figure 4. Reasons why young people stopped accessing headspace services, by age group.



Further analysis of demographic groups identified some key differences in why young people had stopped attending headspace. While responses from young people who lived in metropolitan versus non-metropolitan areas were comparable across most items (refer Table 3), those who lived in metropolitan areas were significantly more likely to report that headspace was not able to offer them any more sessions (16% versus 10%), ($X^2(1, N = 1746) = 12.63, p < .001$).

Comparison between young people who identified as LGBTIQ+ and those who do not, highlighted considerable differences. Specifically, participants who identified as LGBTIQ+ were significantly *more* likely to report the following reasons for leaving the service:

- headspace referred them to another service (7.3% versus 4.3%) ($X^2(1, N = 1671) = 5.02, p < .05$)
- headspace was not able to offer them any more sessions (21% versus 12%) ($X^2(1, N = 1671) = 18.05, p < .001$)

Young people who identify as LGBTIQ+ were also significantly *less* likely to report the following as their reason for leaving the service:

- I achieved my goals with my clinician (7.7% versus 13%) ($X^2(1, N = 1671) = 9.03, p < .01$)
- I decided I was well enough that I didn't need to continue coming to headspace (17% versus 27%) ($X^2(1, N = 1671) = 14.17, p < .001$)
- I didn't want to come back because it wasn't working for me (11% versus 15%) ($X^2(1, N = 1671) = 4.2, p < .05$)

These results indicate that young people who identify as LGBTIQ+ were more likely to leave the service due to factors that were outside of their control, had used all their sessions or were referred elsewhere, rather than as a conscious choice. Notably, participants who identified as LGBTIQ+ received significantly more sessions ($M = 9.5$, $SD = 8.6$) than those who did not identify ($M = 8.5$, $SD = 7.00$), $t(678.29) = 2.517$, $p < .05$ (a trend that is also evident in the national MDS).

The number of participants who identified as Aboriginal or Torres Strait Islander was low, accounting for less than five per cent of the sample. While generally the differences across response options were not significant, Aboriginal and Torres Strait Islander young people were significantly more likely to select 'None of the above' as the reason they stopped accessing headspace (26% versus 16%). This was, however, based on a very small number of participants, but suggests there are other reasons not captured in this survey affecting service access for Aboriginal and Torres Strait Islander young people. Further targeted research is planned to better understand the experiences of Aboriginal and Torres Strait Islander young people.

Table 3. Reason why young people stopped accessing headspace services, by priority groups.

Why did you stop coming to headspace?	Sexuality		Indigenous Status		Rurality		Total
	LGBTIQ+	Non LGBTIQ+	Indigenous	Non Indigenous	Metro	Non Metro	
headspace referred me to another service	31* (7%)	54 (4%)	2 (2%)	85 (5%)	70 (6%)	17 (3%)	87 (5%)
headspace was not able to offer me any more sessions	89** (21%)	153 (12%)	9 (11%)	241 (15%)	201** (16%)	49 (10%)	250 (14%)
I achieved my goals with my clinician	33* (8%)	166 (13%)	6 (7%)	204 (12%)	149 (12%)	61 (12%)	210 (12%)
I decided I was well enough that I didn't need to continue coming to headspace	74** (17%)	330 (27%)	22 (26%)	398 (24%)	284 (23%)	136 (27%)	420 (24%)
I didn't want to come back because it wasn't working for me	48* (11%)	192 (15%)	13 (15%)	240 (14%)	180 (15%)	73 (14%)	253 (15%)
I had other priorities	38 (9%)	83 (7%)	5 (6%)	118 (7%)	84 (7%)	39 (8%)	123 (7%)
I moved away	31 (7%)	72 (6%)	6 (7%)	102 (6%)	68 (6%)	40 (8%)	108 (6%)
None of the above	83 (19%)	194 (16%)	22** (26%)	273 (16%)	199 (16%)	96 (19%)	295 (17%)
Total	427	1244	85	1661	1235	511	1746

Notes: * $p < .05$, ** $p < .001$. Not all young people had a sexuality recorded

The average number of visits to a headspace centre for survey participants was 8.8 (SD=7.3, range=3 to 127, median=7). This was greater than that for all young people presenting to headspace centres nationally during the sample period (M=5.5, SD=7.1, range=1 to 285, median=3). This is not surprising given the study's inclusion criteria that a participant must have attended at least three sessions and was, therefore, likely to have been relatively engaged with the service.

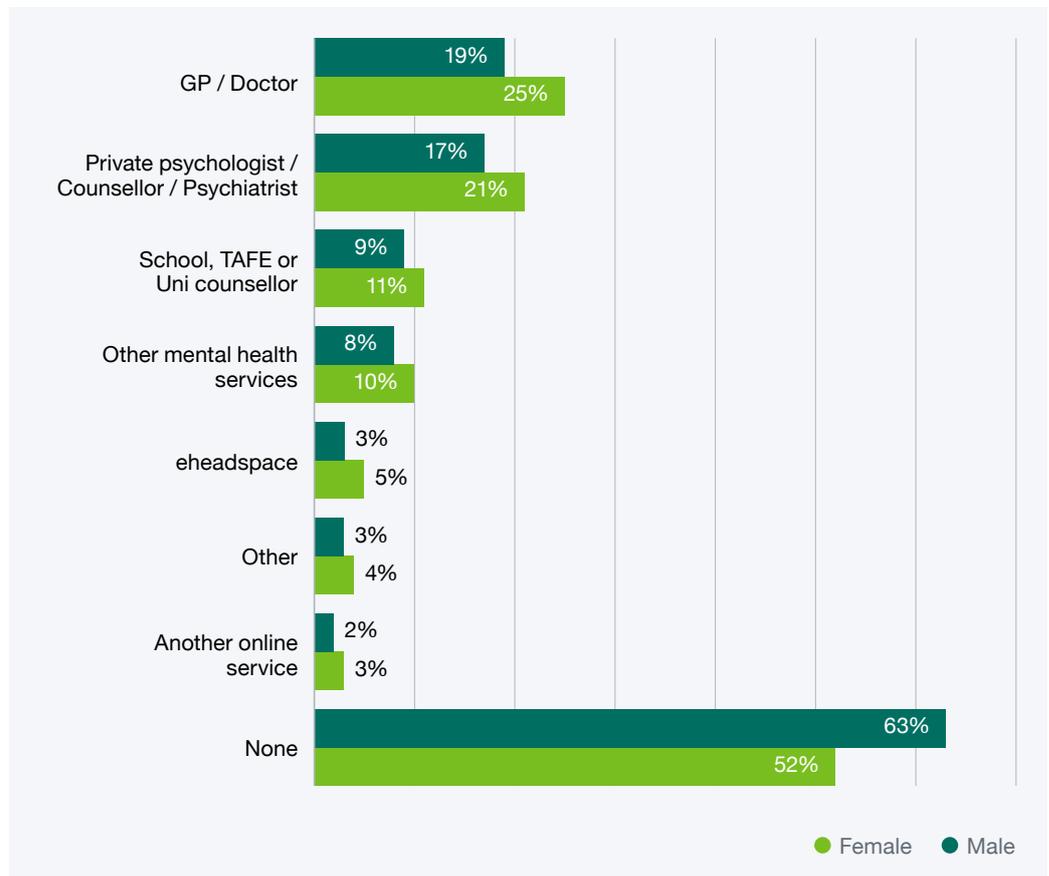
The number of times a young person visited a headspace centre was associated with the following reasons why they had stopped receiving services:

- *headspace was not able to offer me any more sessions* - young people who identified this as their main reason for not returning to headspace had a significantly higher number of visits (M=12.3, SD=10.6) versus those who didn't (M=8.2, SD=6.7; t(1744)=7.99, p < .001)
- *I didn't want to come back because it wasn't working for me* - young people who identified this as their main reason for not returning to headspace had a significantly lower number of visits (M=6.4, SD=4.6) versus those who didn't (M=9.2, SD=7.8; t(1744)=-5.54, p < .001)

Other services accessed

Almost half (n=791, 45%) of participants had accessed another service for a mental health issue since leaving headspace. Figure 5 indicates that young women were much more likely to have accessed other services versus young men (48% versus 37%). The most common service young people had accessed was a GP (23%), followed by a private psychologist/ counsellor or psychiatrist (20%), a school counsellor (10%) or another mental health service (9%). Of the young people who had accessed other services, 43% had accessed two or more services.

Figure 5. Other services accessed for mental health issues since leaving headspace



Note: young people could select all services types that they had accessed hence the total proportions are >100%.

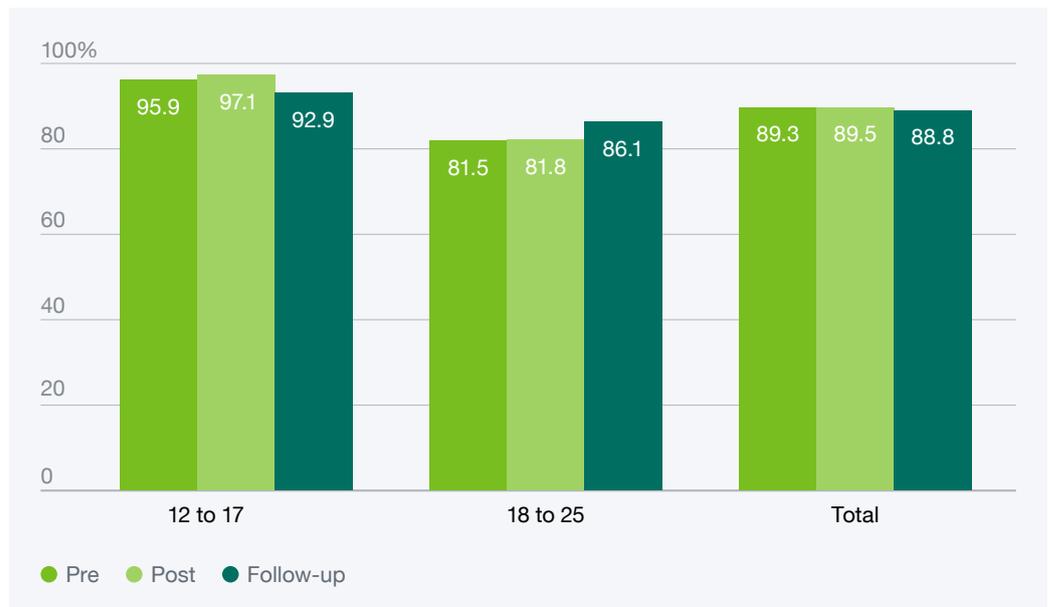
Follow up outcomes

Engagement in work and study

Almost nine out of every 10 young people (89%) who completed the follow up survey were engaged in some form of education and/or employment when they commenced services at headspace. Figure 6 highlights that these results remained stable over time, with 89 per cent engaged when they completed their services and the same proportion engaged at follow up.

There was some variation across age groups with young people aged 12–17, who would be expected to be at school, reporting much higher levels of engagement in work and or study pre service, post service and at follow up compared to 18–25 year olds. While at headspace (between pre and post service), the engagement levels of young people aged 12–17 years remained stable, and decreased somewhat at follow up (93%). This decrease is likely due to some of these young people finishing school prior to follow up. On average, the 18–25 year olds maintained their level of engagement in work and study while at headspace and a higher proportion was engaged at follow up.

Figure 6. Change in level of engagement with education and employment.



Days out of role

Young people were asked how many days in the last two weeks they were unable to carry out most of their usual activities at school study, work or home. Table 4 shows the movement of young people pre service, post service and at follow up. There was a clear increase in the number of young people reporting no days out of role, from 35 per cent pre service to 42 per cent at follow up. Positively, young people reporting that they were not able to conduct their usual activities for seven days or more reduced from 16 to 11 per cent at follow up.

Table 4. Days out of role, pre service, post service and at follow up.

Days out of role	Pre	Post	Follow up
None	34.7%	38.8%	42.1%
1–3 days	34.5%	37.6%	36.4%
4–6 days	15.0%	13.9%	10.4%
7–9 days	5.6%	4.0%	4.1%
Most or all days	10.3%	5.7%	7.1%

To better understand change over time across age and gender groups, an average days out of role measure was derived using the midpoint of the days out of role categories (eg, 1–3 days = 2, 4–6 days = 5 etc.). A repeated measures analysis of variance (ANOVA) was conducted to compare mean scores over three time points (pre service, post service, and at follow up). The means and standard deviations are presented in Table 5. There was a significant difference in scores over time with a small effect size (Wilks Lambda = .97, $F(2, 1359) = 20.28$, $p < .001$, partial eta squared = 0.029). Post hoc tests using the Bonferroni correction revealed a significant decrease in mean number of days out of role between pre ($M = 3.1$ days) and post service ($M = 2.43$ days). There was a non-significant decrease in days out of role from post service ($M = 2.43$ days) to the follow-up survey ($M = 2.38$ days). This shows that improvements achieved while receiving headspace services was maintained after leaving the service.

Table 5. Average days out of role pre service, post service and at follow up by gender.

		N	Mean days	Standard Deviation
Pre	Male	365	2.88	3.82
	Female	997	3.17	3.66
	Total	1362	3.10	3.70
Post	Male	365	2.26	3.22
	Female	997	2.49	3.06
	Total	1362	2.43	3.10
Follow up	Male	365	1.82	2.98
	Female	997	2.59	3.37
	Total	1362	2.38	3.29

The average number of days out of role differed by gender with young women achieving a significant reduction in the number of days while at headspace, that was maintained at follow up. Young males reported fewer days out of role post service and continued to improve significantly after leaving the service (see Figure 7).

Figure 7. Average days out of role pre service, post service and at follow up, by gender

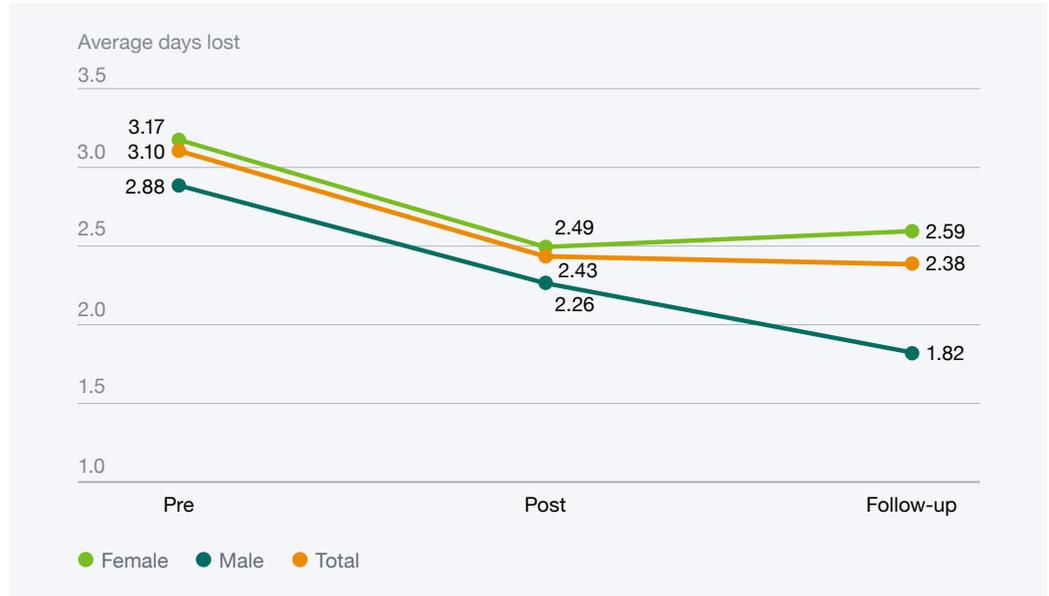
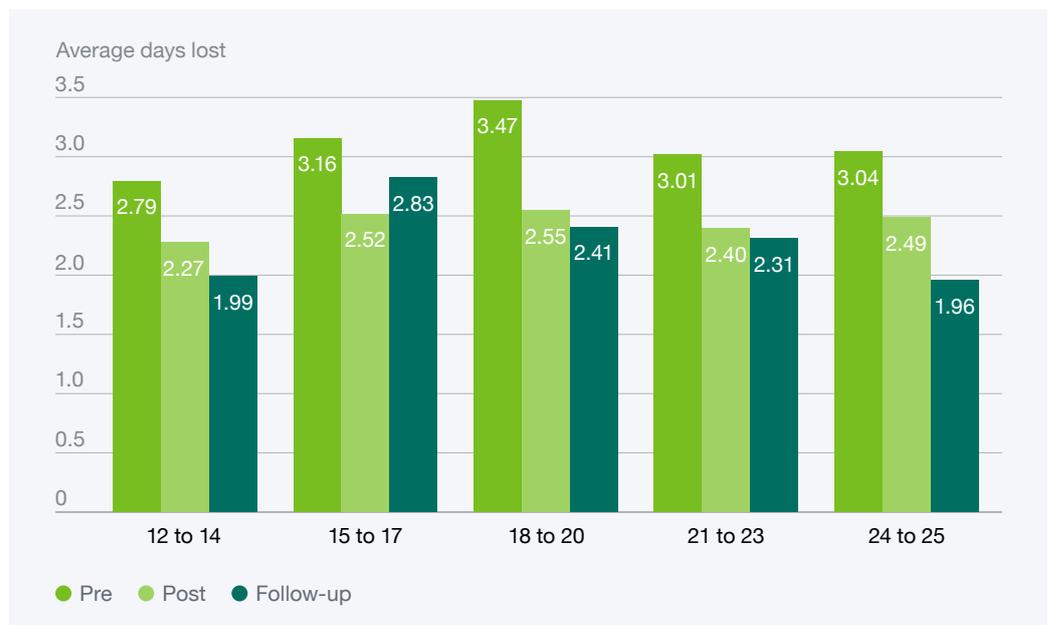


Figure 8 displays the average days out of role pre service, post service and at follow up by age groups. While all age groups recorded fewer days out of role post service, the 15–17 year olds and the 18–20 year olds were the only groups that achieved a significant decrease. All age groups either maintained or continued to reduce the number of days out of role after leaving headspace (although the differences were not significant), with the exception of the 15–17 year olds who reported a slight increase in days out of role at follow up compared with post service.

Figure 8. Average days out of role pre service, post service and at follow up, by age group.



Psychological distress

The K10 was used to assess change in young people's levels of psychological distress as an indicator of clinical outcomes. A repeated measures ANOVA was conducted to compare mean K10 scores over three time points (pre, post and follow up survey).

The means and standard deviations are presented in Table 6. There was a significant difference in scores over time with a large effect size (Wilks Lambda = .76, $F(2, 1696) = 264.8$, $p < .001$, partial eta squared = 0.24). Post hoc tests using the Bonferroni correction revealed a significant decrease in mean K10 between pre ($M = 29.6$) and post service ($M = 26$), ($p < .001$), and between post service and the follow up survey ($M = 24.5$), ($p < .001$). This reveals that young people achieved positive clinical outcomes while at headspace and these improvements continued once leaving headspace.

Table 6. K10 average scores pre service, post service and at follow up, by gender.

		N	Mean	Standard Deviation
Pre	Male	461	27.67	8.21
	Female	1238	30.35	7.86
	Total	1699	29.63	8.05
Post	Male	461	24.18	8.73
	Female	1238	26.61	8.89
	Total	1699	25.95	8.91
Follow up	Male	461	21.86	8.84
	Female	1238	25.42	9.46
	Total	1699	24.45	9.42

The K10 results indicated clear gender differences with young men reporting lower levels of psychological distress at each time point. Improvements were similar across genders, however, with both male and females reducing psychological distress on average by approximately 3.7 points between their pre and post scores. While the changes were small, males reported almost twice the reduction in psychological distress between their post score and the follow up survey (2.3 points) than females (1.2 points) and both were significant ($p < .001$). The total change in K10 scores from pre service to follow up was 5.8 points for males and 4.9 points for females.

Figure 9. K10 scores pre service, post service and at follow up, by gender.

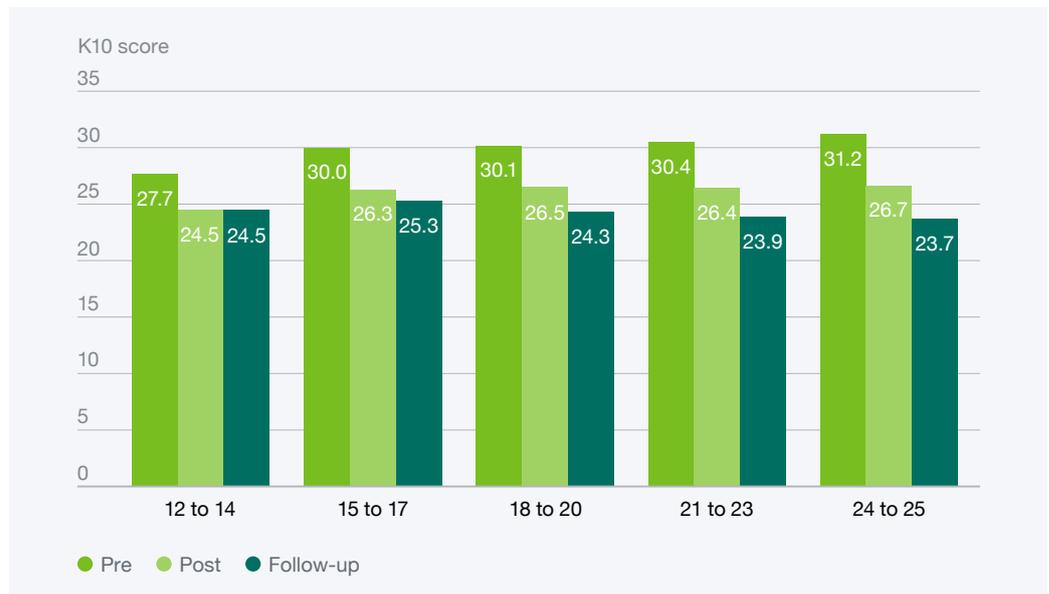


Figure 10 displays the pre service, post service and follow up K10 scores by age groups. There was a statistically significant difference in K10 scores across the age groups ($F(4, 1731) = 3.02, p < .05$), however the effect size was very small (partial eta squared = .007).

All age groups recorded a significant decrease in K10 scores while at headspace (between pre and post service) and most age groups also reported continued improvement after leaving headspace, with the exception of 12–14 year olds who, on average, maintained their reduction in psychological distress at the follow up survey ($p = .943$).

While 24–25 year olds reported the highest levels of psychological distress on intake to the headspace centre they also reported the greatest change and lowest levels of distress at the follow up survey.

Figure 10. K10 scores pre service, post service and at follow up, by age group.



MyLifeTracker (MLT)

MLT was used to assess young people's quality of life outcomes across five domains important to young people: general well being, day to day activities, relationships with friends, relationships with family, and general coping. A repeated measures ANOVA was conducted to compare mean MLT scores over three time points (pre service, post service, and at follow up). The means and standard deviations are presented in Table 7. There was a significant difference in scores over time with a large effect size (Wilks Lambda = .73, $F(2, 1604) = 302.95$, $p < .001$, partial eta squared = 0.27). Post hoc tests using the Bonferroni correction revealed a significant increase in mean MLT rating between pre ($M = 47.0$) and post service ($M = 58.7$), ($p < .001$). There was only a slight increase in MLT scores from post service ($M = 58.7$) to the follow up survey ($M = 59.4$), which was not significant ($p = .190$). This reveals that improvements achieved while attending headspace centre services were maintained after leaving headspace.

The MLT results indicated clear gender differences with young women reporting a lower level of quality of life across all domains pre service, post service and when followed up. Improvements were similar across genders with both males and females increasing their MLT ratings on average by approximately 12 points between pre and post service. While not significant, males also reported a slight improvement between their post service score and follow up (2.1 points), whereas females scores on average were maintained (see Table 7).

Table 7. MLT average scores pre service, post service and at follow up, by gender.

		N	Mean	Standard Deviation
Pre	Male	433	51.6	18.6
	Female	1174	45.3	17
	Total	1607	47	17.7
Post	Male	433	63.4	20.8
	Female	1174	56.9	20.5
	Total	1607	58.7	20.8
Follow up	Male	433	65.5	22.4
	Female	1174	57.2	23.1
	Total	1607	59.4	23.2

Figure 11 displays the pre service, post service and follow up scores for each of the five domains within the MLT (general wellbeing, day to day activities, relationships with friends, relationships with family, and how the young person is coping with life). While there was a significant difference from pre to post service across all domains, the greatest impact was achieved in how young people report they are coping, their general wellbeing, and their participation in day to day activities (which increased 16.2, 15.6, and 12 points respectively). These were the domains that they were lower in at service commencement. Young people's general wellbeing and their relationship with their family were the domains in which they continued to improve once they left headspace (increasing 3.3 and 2.9 points respectively).

Figure 11. MLT scores pre service, post service and at follow up, by MLT domain.

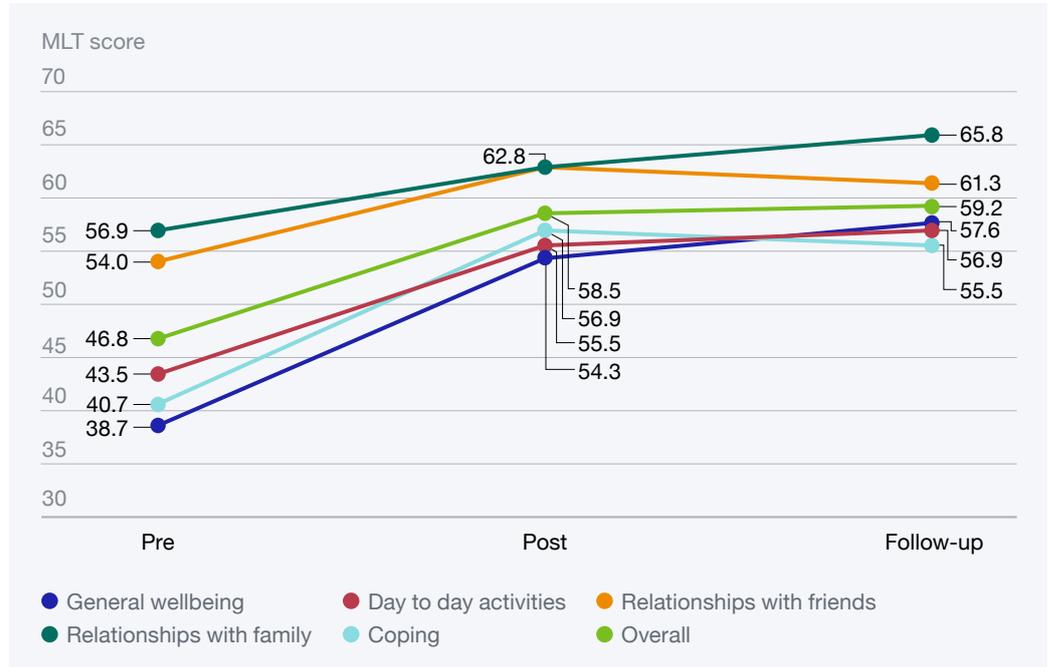
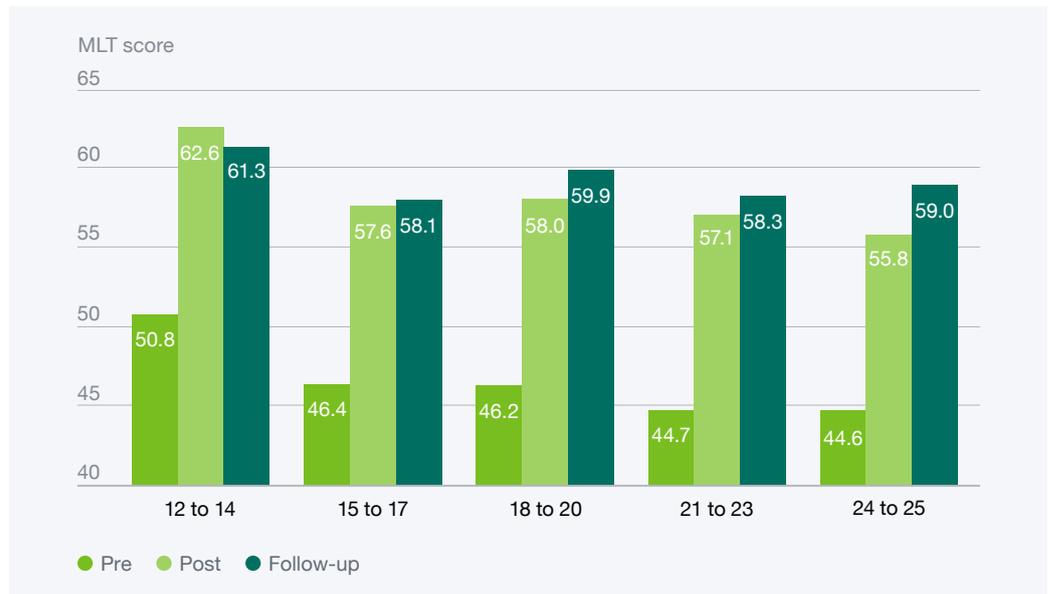


Figure 12 displays the pre service, post service and follow up MLT scores by age groups. There was a statistically significant main effect for age ($F(4, 1638) = 4.54, p < .01$), however, the effect size was small (partial eta squared = .01). All age groups achieved significant increases in MLT scores, overall and across all domains while at headspace (pre and post service) ($p < .001$). Improvement in the general wellbeing and relationships with family domains continued after leaving headspace for all age groups ($p < .01$), with the exception of general wellbeing for 12–14 year olds where there was no significant change.

Figure 12. MLT scores pre service, post service and at follow up, by age group.



How headspace helped

Young people were asked how headspace had helped them across four key domains including their mental health literacy, everyday life, work and study situation, and social participation.

Figure 13 reveals the extent to which the support participants received from headspace impacted on their mental health literacy, specifically whether they better understood their mental health issues, gained skills to deal with them, and felt supported in managing them. Most participants (84%) reported that headspace had positively impacted their mental health literacy. The greatest impact reported was the participant’s ability to better understand their mental health problems (86%).

Figure 13. Level of agreement with the impact of headspace on young people’s mental health literacy.

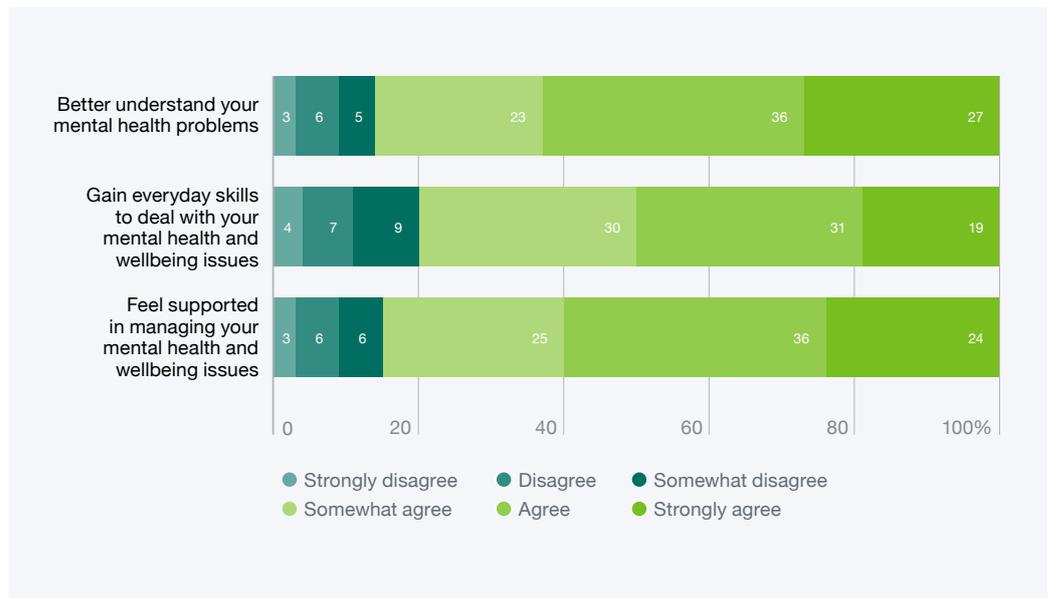


Figure 14 reveals the extent to which the support participants received from headspace impacted on their work and study situation, specifically whether they better understood the impact of their mental health issues, and whether they could reduce its impact and feel more confident in managing their work and study situation in the future.

Almost eight of every 10 participants (78%) reported that headspace had positively impacted on their work and study situation. The greatest impact was reported in the participant’s ability to better understand the impact that their mental health and wellbeing issues had on their work and study situation (83%).

Figure 14. Level of agreement with the impact of headspace on young people’s work and study situation.

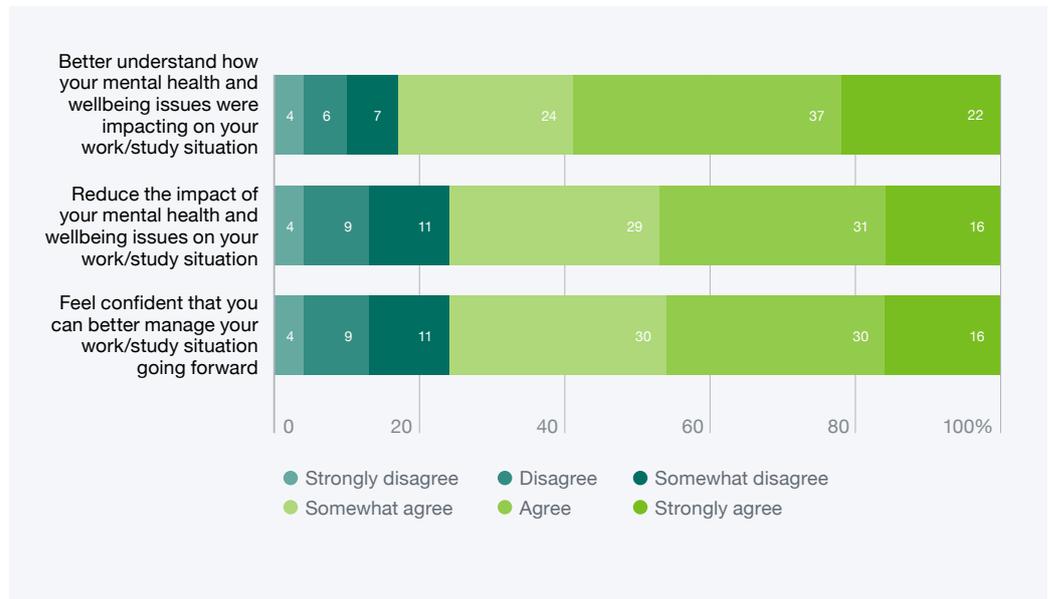


Figure 15 reveals the extent to which the support participants received from headspace impacted on their everyday lives, specifically whether headspace had helped them to reduce the impact of their mental health issues on their life, had improved their general wellbeing, and helped them to be more confident and more hopeful for the future.

Most participants (78%) reported that headspace had positively impacted on their life in general. The greatest impact was reported in improvements to participants’ general wellbeing (82%), followed by young people reporting headspace had helped them feel more hopeful for the future (80%).

Figure 15. Level of agreement with the impact of headspace on young people’s everyday life.

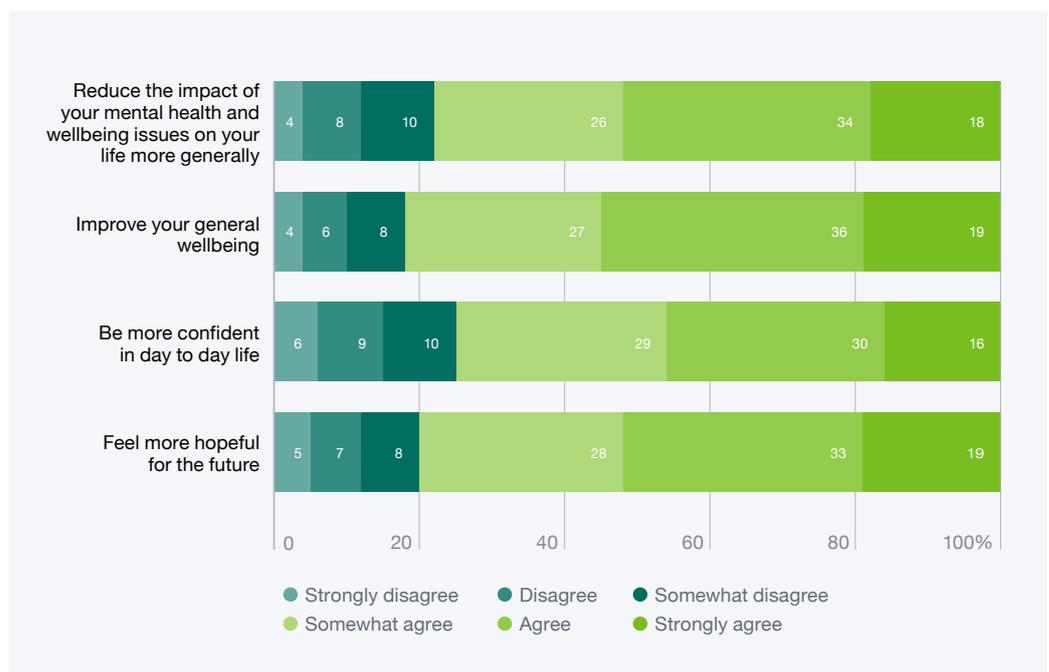
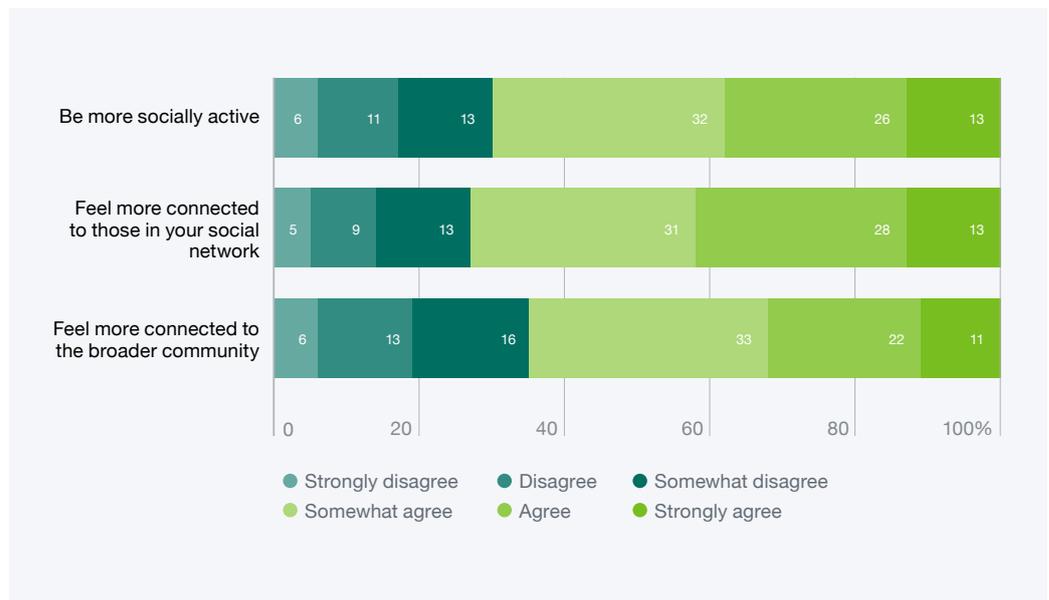


Figure 16 reveals the extent to which the support participants received from headspace impacted on their social participation, specifically whether headspace had helped them to be more socially active, feel more connected to their social network, and feel more connected to the broader community.

Although the results in this domain were the lowest across all four domains, almost seven in 10 (69%) still reported that headspace had a positive impact on their level of social participation. Participants were most positive about the fact that headspace had helped them to feel more connected to those in their social network (72%), and somewhat less positive about feeling more connected to their broader community (66%).

Figure 16. Level of agreement with the impact of headspace on young people's social participation.



Gender differences were evident across all items, with young males reporting a higher level of agreement in all outcome areas. While the gender differences were statistically significant, they were of very small magnitude. Overall, Table 8 shows that both males and females reported that headspace had the greatest impact on their mental health literacy, helping them to better understand their mental health problems, feel supported, and understand how mental health issues impacted on their work and study situation. Similarly, both males and females reported the least impact on social participation outcomes, although the majority still reported feeling more connected to the broader community and their social network, and being more socially active.

Table 8. Mean scores against all outcome areas, by gender.

To what extent did the support you received from headspace help you to:	Females, Mean (SD)	Males, Mean (SD)	t
Better understand your mental health problems	4.56 (1.27)	4.88 (1.15)	-4.98**
Feel supported in managing your mental health and wellbeing issues	4.50 (1.27)	4.81 (1.15)	-4.88**
Gain everyday skills to deal with your mental health and wellbeing issues	4.29 (1.30)	4.50 (1.26)	-2.93
Better understand how your mental health and wellbeing issues were impacting on your work/study situation	4.43 (1.31)	4.70 (1.17)	-4.08**
Feel confident that you can better manage your work/study situation going forward	4.14 (1.35)	4.40 (1.24)	-3.69**
Reduce the impact of your mental health and wellbeing issues on your work/study situation	4.11 (1.35)	4.43 (1.26)	-4.40**
Reduce the impact of your mental health and wellbeing issues on your life more generally	4.22 (1.34)	4.54 (1.25)	-4.45**
Feel more hopeful for the future	4.30 (1.32)	4.60 (1.24)	-4.14**
Improve your general wellbeing	4.36 (1.29)	4.61 (1.21)	-3.71**
Be more confident in day to day life	4.08 (1.41)	4.38 (1.30)	-3.87**
Feel more connected to those in your social network	4.01 (1.34)	4.24 (1.30)	-3.08
Feel more connected to the broader community	3.81 (1.34)	4.01 (1.36)	-2.71
Be more socially active	3.95 (1.37)	4.13 (1.35)	-2.42

Note: Scale ranges from 1–6 with higher scores indicating greater agreement, **p<.001.

How headspace has helped young people in their day to day lives

The final open ended question in the survey asked young people to describe how their experience at headspace had helped them in their day to day life. Written responses were provided by 45 per cent of participants (n=860). These were analysed using NVivo software to identify key themes across the responses. Of the total survey participants, 36 per cent provided a positive comment highlighting that headspace had helped them in some way, which comprised 81 percent of those who gave a qualitative response.

Through content analysis, the positive responses were grouped into six main themes. These were: headspace had been there when they needed it; headspace helped them to seek the help they needed; headspace provided the tools to better manage their mental health and emotions; and headspace had helped them recover, feel more confident and optimistic about the future. Each of the key themes are discussed below and ordered according to their frequency. The proportion of young people who mentioned each theme as a contributor in their recovery is also listed.

Provided the support when I needed it

The fact that headspace had been available when needed was the most common response as to how headspace had helped young people. More than a third (34%) of all positive responses mentioned that getting the help they needed when they needed it was key to their improvement. Aspects of the support provided by headspace that were appreciated by young people were its accessibility when they needed guidance and someone to talk to, the regularity of headspace appointments to work through things, and the non-judgmental listening provided by headspace clinicians.

It helped me through the tough times I was going through at the time.

(NSW, female, aged 16)

headspace helped me work through the issues I had at the time and was a pivotal tool in my recovery.

(QLD, male, aged 24)

headspace provided me with an outlet for my emotions and helped me cope with everything that I was going through at the time. I was able to cope better knowing I had someone to talk to and offer guidance. Often times, headspace appointments were the reason I kept going.

(QLD, female, aged 17)

At the time it felt good to talk to someone and not risk being judged or criticised.

(NSW, male, aged 23)

headspace helped me to see its ok for me to ask for help and talk about my feelings.

(VIC, female, aged 12)

Provided the tools and skills to self-manage my mental health issues

The second most common theme mentioned in more than a quarter (27%) of positive responses highlighted how headspace had provided tools and helped young people to develop skills to better manage their own mental health issues on a day to day basis. Young people commented that their experience with headspace had helped them to gain more awareness and acceptance of themselves to become better at self care and to put strategies in place to prepare for emotions and situations that could be overwhelming in the future.

headspace helped me to develop skills in coping with everyday stress and negative feelings. It taught me ways to cope with being overwhelmed and to recognise how I am feeling so that I can work on this before it becomes a larger issue.

(NSW, female, aged 22)

Going to headspace was literally a turning point in my life... I can barely describe the change in my day to day thinking and mental health. Yes I still have bad days, but it's just that: a bad day. Tomorrow is another one. And the fact that I learnt to do this self sufficiently. I went from trying to [take my own life] and being an absolute emotional mess with no hope to just enjoying every day and being at peace.

(QLD, female, aged 23)

It definitely helped me gain a little more self-awareness and understanding of what I was feeling in certain situations and how I could manage it.

(QLD, female, aged 19)

It's helped me find the tools to manage my off days so I can cope, and when I can't manage, I have tools in place so I don't spiral.

(ACT, female, aged 16)

headspace has provided me with actual step by step tools to help navigate uncomfortable and undesirable situations and feelings.

(WA, male, aged 17)

Provided the help I needed to recover

A similar proportion of responses (27%) highlighted the impact that headspace and their service providers had on their recovery. Young people commented on the positive impact that visiting headspace had on their recovery from depression, anxiety and difficulties functioning day to day. For these young people, headspace was seen as life saving and helped young people back to productive and promising lives involving study, travel and employment.

Before I went to headspace I was so depressed I couldn't function. My therapist helped me reduce alcoholism, self-harm, control suicidal ideation and insomnia and work through trauma. Without headspace I wouldn't have my life at all.

(NSW, female, aged 19)

I was at a point where I couldn't manage getting through a day. headspace offered a lifeline for me in giving me somewhere that I could come once a week to prioritise my own well being and pay attention to the issues that were dragging me down, discussing them with an experienced social worker. I am so thankful that headspace was there and was so instantaneously accessible, it really saved my life.

(QLD, female, aged 24)

My experience at headspace has helped me greatly in my day to day life. I feel happier and everyday tasks don't feel like a chore.

(QLD, male, aged 16)

I'm doing really well, much much better than I was before attending headspace and finding the right medications with my doctor...I have considerably less lows in my depression and reduced the amount of panic attacks to rarely. I am very grateful for my time at headspace.

(NSW, female, aged 24)

Provided me with confidence

One in 10 young people described that their experience at headspace had helped them to build their confidence, to become more confident in themselves and to have more resilience in facing life's challenges.

headspace allowed me to develop my inner confidence and stop letting the little things get in my head and ricochet around, and to see the bigger picture.

(QLD, male, aged 17)

To have the confidence to achieve closer to my potential and do the things I want.

(NSW, male, aged 23)

Time spent at headspace has giving me confidence to face everyday life and its everyday challenge.

(WA, female, aged 16)

headspace helped me realise that I was capable of more than I thought I could do. I think that talking to someone really helped me and gave me the confidence that I needed.

(QLD, female, aged 15)

Helped me to manage my emotions

A smaller proportion of responses (5%) highlighted how headspace had helped young people specifically to manage their emotions. These comments were about headspace equipping young people with the tools to cope with emotions, particularly when those emotions or situations felt overwhelming.

Tools given to me at headspace allowed me to be able to sort through my emotions on a day to day basis and rationally decide how to deal with those emotions.

(QLD, female, aged 17)

headspace had helped me with coping with my emotions when under stress and hopelessness.

(QLD, male, aged 12)

It has helped me to move through the emotions and try to change my state when I am feeling anxious or overwhelmed.

(NSW, female, aged 22)

Helped me to be more positive and optimistic

Similarly, four per cent of responses highlighted that the key impact for some young people was that the services they had received had helped them to become more positive and optimistic for the future, in relation to their recovery and life in general.

Overall headspace helped me think about life with a more positive mind set.

(QLD, female, aged 20)

headspace honestly transformed my outlook on life to be so much (more) positive and optimistic. Not just the lessons I learn whilst attending, but just knowing that something existed that aimed to help people struggling badly like I was meant the world at times.

(NSW, male, aged 21)

After each session it helps clear my head and make me optimistic and positive about improving.

(VIC, male, aged 16)

Negative comments

Of the total participants, 8.7 per cent reported a negative experience, comprising 19 percent of the young people who provided a qualitative response to this question. Most of these young people reported that headspace didn't work for them or didn't give them the support they needed at the time. Some stated that they didn't connect or communicate well with their service provider and a similar small number did not feel listened to or have their issues appropriately acknowledged. Some young people noted that changing practitioners was problematic and several noted that the wait times were too long or appointment times inconvenient.

Didn't provide support they needed:

Provided an opportunity to speak openly with a mental health professional to alleviate some anxiety, however my condition was too severe for the services available at headspace to be of use.

(VIC, female, aged 23)

Knowing I had people to talk to rather than bottling up however in the end i feel like I had to move on and wasn't having the same effect as it did at the start. That's not to say that the people at headspace aren't lovely people it just wasn't working for me.

(NSW, female, aged 16)

Didn't connect with service provider:

I liked the people at the [headspace centre]. But I just felt the counsellor didn't really understand me or my family.

(VIC, male, aged 15)

I really had trouble understanding and connecting with my psychologist.

(QLD, female, aged 23)

Inconsistency of practitioners:

When I was going to headspace it seemed like every week I had a different person who asked me the exact same question as the person before. I wasn't getting the help I needed.

(QLD, female, aged 17)

My first counsellor was great but she relocated. My second counsellor was not, so I decided to leave headspace. Having the right connection with one's counsellor is critical.

(NSW, female, aged 12)

Wait times were too long or appointments not convenient:

It didn't help I couldn't get in half the time I couldn't get an appointment. Not enough staff or the times you wanted me to go I was at school.

(VIC, male, aged 13)

Discussion and conclusions

This is the first study to examine the longer term impacts for young people receiving services at headspace centres across Australia. The aim was to determine whether young people experienced and maintained positive change and whether this was attributed to their involvement with a headspace centre. We also wanted to understand why young people stopped attending headspace, their perceptions of their headspace experience, and changes in key outcome measures since they exited the service.

Participants were 1,916 young people who met the selection criteria and responded to an online survey that was emailed to them. These young people had attended a headspace centre between April 2017 and October 2018, had received at least three services during their episode of care, had received at least one mental health service, and had consented to be followed-up. Of the 127,222 young people who accessed a headspace centre during the study selection period, there were 20,928 who were eligible to participate in the study, and the final sample comprised a 9.2 per cent response rate.

Survey participants were compared with all the young people who had attended a headspace centre during the study selection period. This revealed that the survey respondents were more likely to be female, LGBTIQ+, living in metropolitan areas, in stable accommodation, more engaged in work and study, and not Aboriginal or Torres Strait Islander. Clinically, survey participants had higher psychological distress scores when they first presented to headspace for services and very slightly lower quality of life scores. This most likely reflects that the study sample was drawn only from clients who attended for three or more services including at least one mental health service, whereas the national sample comprises young people who have attended for non-mental health services and who attend for fewer services overall.

Summary of main findings

Overall, young people were very positive about the impact that headspace services had on their lives. Most reported improvements in mental health literacy, specifically in better understanding their mental health problems (86%), developing the skills to deal with them (80%), and feeling supported in managing them (85%). These results were supported by written comments where young people highlighted that a key factor in achieving positive outcomes was that headspace had provided them with tools and helped them to develop skills to better manage their own mental health issues on a day to day basis.

Changes in the key outcomes measures of psychological distress (K10) and quality of life (MLT) supported these findings, with young people significantly improving on these measures from pre service to post service and again at follow up for the K10. This revealed that attending headspace had a positive impact on outcomes while young people were engaged in receiving services and, importantly, that these positive changes were improved or maintained after exiting. This supports previous research showing that the majority of young people achieve positive outcomes, but substantially extends to up to two years the three month follow up period that had previously been analysed (Rickwood, Mazzer, et al., 2015).

The reasons endorsed for how headspace had helped showed that most young people reported that the support they received from headspace had helped them to reduce the impact of their mental health issues on their life (78%), had improved their general wellbeing (82%), and helped them to be more confident (75%) and more hopeful for the future (80%). There were also positive impacts on social participation, specifically the extent to which headspace had helped them to be more socially active (70%) and feel more connected to their social network (72%).

Approximately 80 per cent reported positive impacts on their work and study situation, highlighting that the services they had received had helped them to better understand how their mental health issues were impacting on their work and study (83%), how to reduce those

impacts (76%), and building the confidence to better manage their work and study situation in the future (76%). Most young people in the study were actively engaged in work and study when they commenced at headspace (almost 90%), and this proportion was maintained post service and at follow up, with a slight improvement at follow up in vocational participation for the young adults and a slight decline for adolescents (likely to be those finishing school).

Improvements in social and vocational functioning were further evident in a reduction in days out of role, or the number of days that young people were unable to carry out most or all of their usual activities at school, study, work or home during the previous two weeks. There was an increase in young people who reported three days or less out of role between their pre and post service scores (from 69% to 76%), and a further increase when completing the follow up survey (from 76% to 79%). Further analysis revealed a significant decrease in the average number of days out of role from 3.1 days pre service to 2.43 days post service, and a further decrease to 2.38 days at follow up. Given the critical importance of social and vocational attainments at this time of life, these are particularly valuable outcomes.

While the vast majority of young people reported a positive experience at headspace and attributed many of their functional, clinical and wellbeing changes to that experience, there was a small proportion (8.7% of the total sample) who reported a negative service experience. Through qualitative feedback these young people generally felt that the service didn't give them the support they needed or just didn't work for them. Some reported that they didn't connect with the practitioner they saw, did not feel listened to, or had to change practitioners, and a few found the wait and appointment times inconvenient.

The findings revealed that the main reasons that young people stopped attending headspace were positive, however, with over a third reporting they decided they were well enough or had achieved their goals; 19 per cent stating reasons that were out of their control, such as they had used all their allocated MHTP sessions or were referred elsewhere; and 13 per cent claiming their situation had changed (they had other priorities or they had moved away). Importantly, for those young people who were referred to another service, 91 per cent reported that they had taken up that referral.

Only a small proportion stopped coming to their centre because headspace wasn't working for them (14%). This was more likely to be reported by adolescents aged 12–17 years compared with the young adults aged 18–25 years (18% versus 10%). This age group difference may be partly attributable to the adolescents being more likely to attend headspace due to the influence of their family, whereas the young adults are most likely to be self-motivated. This developmental trend is clearly evident in the national headspace data (Rickwood, Mazzer, & Telford, 2015) and was similarly present in the results for the study sample.

Almost half of all the young people (45%) had accessed other services for mental health issues since completing their services at headspace, most commonly seeing a GP (23%) or a private psychologist/counsellor or psychiatrist (20%). Those most likely to indicate they had accessed other services included young people that headspace could not offer any more sessions as their MHTP had run out and those who reported headspace wasn't working for them. The inadequacy of the limited 10 session in a calendar year MHTP, and the need for greater capacity for headspace centres to provide services for young people with more complex and enduring issues, are acknowledged as current challenges for the headspace centre model (Orygen & headspace, 2019).

Limitations

As with all research, these results must be interpreted in the light of the limitations of the study. Foremost, the response rate was low, although this is typical in mail out and web based surveys (Manfreda, et al., 2008). Being unable able to match more than half of the survey respondents to their MDS service data was an additional cause of attrition that further reduced the follow up sample size. This technical issue will be rectified in future follow up surveys. The study population was also biased in ways that made it not fully representative of the national headspace client group. This is inevitable in voluntary follow up studies as particular characteristics make people more likely to respond to and complete invitations to undertake surveys, but should be kept in mind when interpreting the results. In particular, young people who are Aboriginal and Torres Strait Islander were underrepresented in the sample, and a targeted research project is required to better understand their experience of headspace and its impact on their longer term outcomes.

Another key limitation is that there was considerable variation in the follow up timing. Young people had completed their attendance at headspace between four and 23 months prior to receiving the survey, which introduces variability in the length of follow up. headspace aims to repeat the survey with a new cohort of young people on a regular basis, which will assist in reducing the variation in the length of follow up in future surveys. Approaches to improve response rates and the engagement of young people in future surveys will also be explored.

There were also limitations regarding how some of the measures were collected. In particular, as the K10 is not collected at every occasion of service, the post service measure may not have been assessed at the last service for all young people. Further, the data collection procedures for headspace centre clients mean that assessments are undertaken prior to young people attending their service session, while they are in the waiting room, rather than at the completion of their session. This may attenuate some of the change scores because the post service measures are not assessed after the completion of the episode of care.

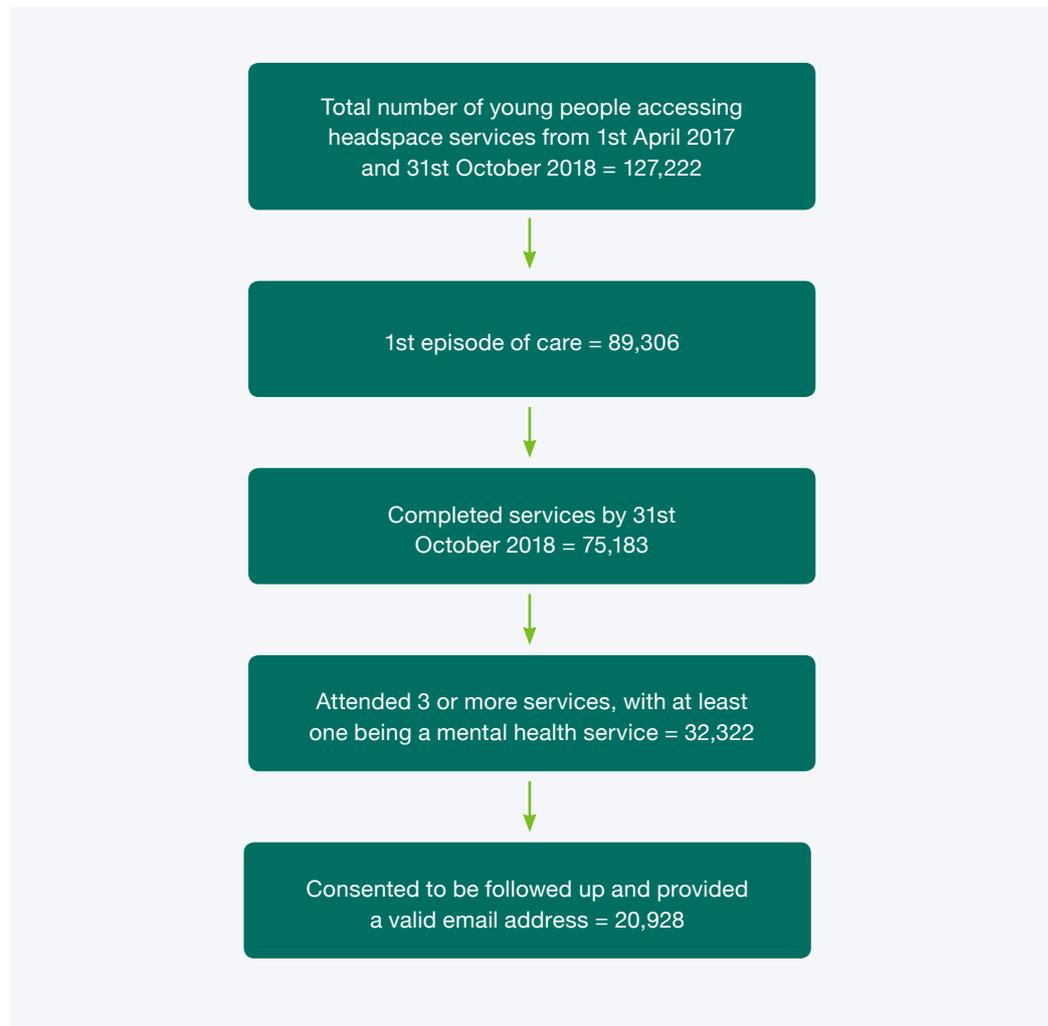
Conclusion

The results demonstrate that attending a headspace centre achieves positive outcomes in functional, clinical and wellbeing domains for the majority of young people who have attended for a mental health issue and had at least three service sessions. Young people attribute the positive outcomes they have achieved in coping to the support they received and the skills they learned at headspace. They choose not to return mostly because they have attained their goals or circumstances prevent them from returning, including limitations of the 10 session MHTP. Reductions in psychological distress and days out of role, and improvements in quality of life, were evident post service and generally maintained or improved at longer term follow up. Only a small proportion of young people reported that headspace did not work well for them. Overall, this first study into the longer term outcomes for headspace centre clients reveals a positive impact for the vast majority of young people attending headspace.

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Figure 17. Inclusion criteria determining study population





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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