



Caring for Our Port Stephens Youth

Mental Health of Port Stephens Youth

Needs Analysis Study



December 2016

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

This study was commissioned by Caring for Our Port Stephens Youth (COPSY), with funding support from the Hunter New England Central Coast Primary Health Network and in partnership with Port Stephens Council. The study was conducted by a research team from the Centre for Rural and Remote Mental Health, University of Newcastle.

The Port Stephens Local Government Area (LGA) is located in the Hunter region of New South Wales. The youth (12-24 years old) in Port Stephens LGA account for 15.8% (10,138) of the total population. Raymond Terrace and the Tomaree Peninsula are hubs for business, education and administration.

The aim of this project was to build a clearer understanding of the mental health needs and experiences of young people in the Port Stephens LGA, highlight service options and pathways available to service and to derive recommendations to support the mental health needs of young people.

This report outlines the approach taken in investigating the needs of young people including a mixed methodology and community participation framework. Guided by evidence from the literature review, the mixed methods approach enabled the report to be a holistic investigation into the mental health needs of young people, drawing on national, regional and local quantitative data sources as well as adding rich context and meaning by drawing on a plethora of interviews, focus groups, community consultations and workshops. Data were collected from a range of community members including young people (12-24 years of age), parents/carers, service providers, schools and medical practitioners.

Findings highlighted that young people across the Port Stephens LGA experience similar mental health problems to their counterparts across Australia, with the most common being anxiety, depression and alcohol and drug use. Factors associated to these experiences included histories of trauma, violence in the home, family breakdowns and a lack of stable role models. Experiences of stigma and community disengagement (work, school, recreation) also potentially exacerbated poor mental health.

This study drew on a strengths-based approach in order to recognise and add value to the resources within Port Stephens. Some of these strengths included the beauty and joy found in the natural

environment of the Port Stephens LGA such as beaches, rivers and bushlands as well as the sporting and recreating activities that this environment provides. Schools were an identified strength; with a strong commitment to the mental health care of the students, schools and their staff can play an important role in maintaining and enhancing mental health and wellbeing for young people. The other major strength identified was the readiness of the Port Stephens community to address concerns of mental health and young people.

The study found that there are a range of appropriate services available for young people in the Port Stephens LGA (mapped out geographically on page 34) yet there remain challenges in accessing such services. Firstly, schools provided a range of programs and were found to be a pivotal place of support for young people often for direct mental health support but also as safe and secure places for young people. Secondly, online resources were an important service gateway for young people as this allowed anonymity and flexibility. Thirdly, mental health support services included a variety of options across the spectrum from community based options through to more intensive support services. The barriers in accessing these services were predominantly due to transport issues and waiting list time as well as financial costs. Stigma and judgement was an overarching issue that prevented young people from accessing services as well as communicating their own health concerns with peers and family.

Finally, this report makes recommendations for addressing the identified barriers and gaps and adding value to the existing strengths, through the use of a Mental Health Promotion Framework.

In regards to Prevention and Promotion it is recommended that:

- Mental health promotion and prevention initiatives are implemented across sectors that young people interact with;
- Schools and other training organisations implement, and promote initiatives to address mental health;
- Community members including young people are trained as mental health champions;
- Community-based activities that promote positive mental health – cultural, sporting, friendship etc. activities and events that are accessible to diverse young people (must be done in close consultation with young people) and inclusive of families;
- Effective information sharing about strategies, services available and pathways for accessing information and care.

In regards to Early Intervention the following strategies are recommended:

- Accessible, acceptable multi-disciplinary early intervention services for assessment, diagnosis treatment and ongoing care;
- Strong and coordinated response from GPs to address the mental health needs of young people;
- Transport support for young people who need to access more distant services;
- Sectors that young people interact with have the capacity to identify and refer young people at risk;
- Services that young people interact with have clear referral pathways for responding to young people with mental health problems;
- Accessible ehealth interventions are promoted through sectors that interact with young people;
- Peer-based, specialist-supported engagement and support activities for diverse groups of young people.

In regards to Treatment, Care and Recovery the following strategies are recommended:

- A coordinated approach to treatment ongoing care for young people as a partnership between the young person, their families, health teams and other relevant sectors (schools TAFE, employment, sporting);
- Families of young people with a mental health problem are supported in their caring role;
- Training and employment options for young people with a mental illness are available.

In regards to Community Engagement and Governance the following strategies are recommended:

- A community committee, representative of young people and the broader community across the LGA will oversee the implementation of a response to the mental health needs of young people;
- An action plan to address mental health in young people;
- The community committee is active in promoting the importance of addressing a community based response to mental health.

The study concludes that the mental health needs of young people in Port Stephens are not currently being met. While there are many initiatives underway in the Port Stephens LGA to address mental health needs of young people these are often occurring in isolation with limited

coordination across sectors. There is a need for better promotion of existing evidence-based strategies, strengthening existing services and better coordination across the service system. In addition, barriers, in particular travel and cost barriers need to be addressed in order to improve access to treatment. Building on and maintaining the momentum provided by the COPSY and this research project process, will be critical. The community of Port Stephens LGA is ready to work together to address mental health and well-being through coordinated actions.

INTRODUCTION

This study was commissioned by Caring for Our Port Stephens Youth (COPSY), with funding support from the Hunter New England Central Coast Primary Health Network and in partnership with Port Stephens Council. The aim of the study was to build a stronger understanding of the mental health issues experienced by young people in Port Stephens to inform evidence-based recommendations to improve the support and service options available to address these issues. The study was conducted between September to November 2016 by a research team from the Centre for Rural and Remote Mental Health, University of Newcastle.

This report firstly sets the scene for the study, providing an overview of the Port Stephens area. It then reviews key literature related to young people's mental health, to highlight the key features of evidence-based approaches to improving mental health outcomes amongst this group. The report then presents the findings of this study, drawing on the available quantitative data to identify local patterns in mental illness, service use and workforce in Port Stephens, in comparison with other areas. It then draws on qualitative data gathered during the consultation process to present the perspectives of young people, parents and carers, service providers and school representatives regarding the most common and important mental health issues, barriers to accessing support, local strengths and recommendations for improvement. Youth in this review are defined as ages 12-24 years old.

YOUNG PEOPLE IN THE PORT STEPHENS LOCAL GOVERNMENT AREA

The Port Stephens Local Government Area (LGA) is located in the Hunter region of New South Wales, situated near Newcastle and about 170km north of Sydney. The Port Stephens local government area includes the main town centres of Raymond Terrace, Karuah and Nelson Bay with an estimated population of 69,728 persons (Australian Bureau of Statistics 2016).

Youth Demographics

The youth (12-24 years old) in Port Stephens LGA account for 15.8% (10,138) of the total population, with 51% being male and 49% female (Port Stephens Council 2015). Of the 10,138 young people 6.3% identified themselves as Aboriginal and Torres Strait Islander in Port Stephens (6.4% in Raymond Terrace and 3.6% for the wider LGA), (Port Stephens Council 2015) compared with an average of 3.8% of young people identified as Aboriginal and Torres Strait Islander across NSW (Department of Family and Community Services 2016).

Over 6% of young people identified themselves as being from a Culturally and Linguistically Diverse (CALD) background across the Hunter region (Port Stephens Council 2015) compared with the average of 20% of young people being from a CALD background across NSW (Department of Family and Community Services 2016). For family households (17,956), 5,708 identified themselves as couple families with children under 15 and or dependent students and 2,098 identified themselves as one parent families with children under 15 and or dependent students (Australian Bureau of Statistics 2016).

Raymond Terrace and the Tomaree Peninsula are considered the most accessible areas in the LGA, and are hubs for business, education and administration. A high number of youths reside in these areas. In Raymond Terrace 19% of the population are aged 12 to 24 years and in the Tomaree Peninsula 33.3% of young people are aged 12 to 24 years, both above the New South Wales (NSW) average of 16.3% (Port Stephens Council 2015).

In 2011, 4,213 young people in Port Stephens aged 15 to 19 years were engaged in work or study (Australian Bureau of Statistics 2016) and, in 2014, 50% of young people (12-17 years) attended one of three public secondary schools (Hunter River High, Irrawang High and Tomaree High) with approximately 27% of youths attending secondary school outside this LGA (Port Stephens Council 2015). Of the 7,591 young people aged 15 to 24 years, 3,618 young people were identified as being enrolled in an educational institution (Port Stephens Council 2015).

OVERVIEW OF MENTAL HEALTH IN AUSTRALIA

Mental illness can be described as a health condition that affects a person's thinking, behaviour and feelings (The Australian Government 2014). The World Health Organisation defines mental health as 'a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (The World Health Organization 2016). This holistic perspective of mental health sets the foundations for capacity building initiatives that help people obtain their optimal mental health and creating healthy environments.

Mental Health and Young People

For young people specifically, mental health has been described as reaching developmental and emotional milestones, learning healthy social skills and learning how to cope when there are problems. The ability to achieve this is thought to enable children and young people to have a positive

quality of life and be able to function well at home, in school, and in their communities (Centers for Disease Control and Prevention 2016).

A mental health issue or mental health disorder may be present ‘when the thinking, mood or behaviour difficulties a young person experiences are persistent, severe and have a negative impact on their capacity to function at home, at school or among friends and peers’ (MindMatters nd.).

In 2007 in Australia, one in five persons reported that in the previous 12 months they had experienced a mental health disorder (Australian Bureau of Statistics 2008). Findings from the Second National Survey of the Mental Health and Wellbeing of Australian Children and Adolescents, showed that almost one in seven (13.9%) 4 to 17 year olds were assessed as having a mental disorder in the previous 12 months. This survey also found that males (16.3%) were more likely than females (11.5%) to have experienced a mental health disorder (Lawrence 2015).

In the younger age groups, 13.6% of young people aged 4 to 11 years reported experiencing a mental health disorder and 14.4% of young people aged 12 to 17 reported experiencing a mental health disorder, see Table 1 (Lawrence 2015). Older youth (16 to 24 years old) experiencing the highest rates of mental health disorders compared to any other age group (Gulliver, Griffiths et al. 2010). It is now widely recognised that many mental health disorders are first experienced in our younger years (Gulliver, Griffiths et al. 2010).

Table 1: 12-month prevalence of mental disorders among 4-17 year-olds by sex and age group

Disorder	Males 4-11 years (%)	Males 12-17 years (%)	Females 4-11 years (%)	Females 12-17 years (%)	Persons 4-11 years (%)	Persons 12-17 years (%)
Anxiety disorders	7.6	6.3	6.1	7.7	6.9	7.0
Major depressive disorder	1.1	4.3	1.2	5.8	1.1	5.0
Attention Deficit Hyperactivity Disorder	10.9	9.8	5.4	2.7	8.2	6.3
Conduct disorder	2.5	2.6	1.6	1.6	2.0	2.1
Any mental disorder	16.5	15.9	10.6	12.8	13.6	14.4

(Lawrence 2015)

Results of the 2007 National Survey of Mental Health and Wellbeing showed that adolescents were almost three times more likely than children to experience severe impacts associated with a mental disorder, such as a suicide attempt or reduced capacity to function. The prevalence of experiencing a mental disorder in the past 12 months was highest in young adults aged 16-24 and declined with age (Slade, Johnston et al. 2009).

Factors Shaping Young People’s Experiences of Mental Health and Illness

There are a range of risk and protective factors that can influence and predict mental health problems in a young person and these can be categorised as biological, psychological and social factors (Patel 2007). Factors particularly relevant to young people’s experiences of mental health are shown in Table 2 below.

Table 2: Risk and protective factors related to young people’s mental health

	<u>Risk factors</u>	<u>Protective factors</u>
Biological	<ul style="list-style-type: none"> Exposure to toxins (e.g., tobacco, alcohol) in pregnancy Genetic tendency to psychiatric disorder Head trauma Hypoxia at birth and other birth complications HIV infection Malnutrition Substance abuse 	<ul style="list-style-type: none"> Age-appropriate physical development Good physical health Good intellectual functioning
Psychological	<ul style="list-style-type: none"> Learning disorders Maladaptive personality traits Sexual, physical, emotional abuse and neglect Difficult temperament 	<ul style="list-style-type: none"> Ability to learn from experiences Good self-esteem High level of problem-solving ability Social skills
Social		
Family	<ul style="list-style-type: none"> Inconsistent care-giving Family conflict Poor family discipline Poor family management Death of a family member 	<ul style="list-style-type: none"> Family attachment Opportunities for positive involvement in family Rewards for involvement in family
School	<ul style="list-style-type: none"> Academic failure Failure of schools to provide appropriate environment to support attendance and learning Inadequate or inappropriate provision of education Bullying 	<ul style="list-style-type: none"> Opportunities for involvement in school life Positive reinforcement from academic achievement Identity with school or need for educational attainment
Community	<ul style="list-style-type: none"> Transitions (e.g. urbanisation) Community disorganisation Discrimination and marginalisation Exposure to violence 	<ul style="list-style-type: none"> Connectedness to community Opportunities for leisure Positive cultural experiences Positive role models Rewards for community involvement Connection with community organisations

The exact *causes* of mental illness are unknown. Rather, the complex relationships between risk and factors highlight the importance of broad and holistic approaches to improving mental health outcomes for young people.

Barriers and Enablers to Seeking Help

Young people tend to be reluctant in seeking help for issues related to mental health. Research from Headspace and Orygen has shown that 26 % of young people would not tell anyone about a personal mental health issue and 22 % would be unlikely or very unlikely to discuss it with their doctor, with embarrassment and fear of what others think big factors in this reluctance (Headspace 2016). The National Mental Health Survey in 2007 reported that of the persons aged 4 to 17 years old with a diagnosable mental health disorder, only 25% had used a health service in the 6 months prior to the survey (Lawrence 2015). The survey also found that amongst 16 to 24 year olds, females (40%) tended to use services more than males (27%) (Slade, Johnston et al. 2009).

Gulliver, Griffiths et al. (2010) identified that the following barriers prevent young people from seeking help for mental health concerns and enablers encourage young people to seek help:

Barriers

- Attitudes towards mental illness, including concerns about stigma, confidentiality and trust in sources of help;
- Poor mental health literacy;
- Accessibility issues: cost, travel, time;
- Preference for self-help and self-reliance;
- Perception of provider such as trustworthy, judgemental, confidential;
- Lack of knowledge about mental health services.

Enablers

- Positive past experiences in accessing mental health providers or services;
- Social support or encouragement from others;
- Trust in the provider and their ability to maintain confidentiality;
- Positive relationships with service staff;
- Education and awareness;
- Perceiving the problem as serious;
- Ease of expressing emotion and openness.

Gulliver's (2010) review also highlighted the possible opportunity to connect with young people at the entry point of self-help, drawing on young people's general preference to be self-reliant. Other recommendations included improving young person's mental health literacy and implementing interventions to reduce the stigma associated with mental health (Gulliver, Griffiths et al. 2010).

Supporting Groups of Young People Who Tend to Experience Worse Mental Health Outcomes

Some groups of people tend to experience poorer mental health outcomes than their peers. Geographically isolated, Indigenous young people, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) young people, families of Defence Force members, young people living out of home, young people misusing substances, and early school leavers are all sub groups that have also been identified in research as at risk for mental health issues.

Persons living in rural and remote regions with a mental health condition experience accessibility issues different to those persons living in metropolitan areas. For young people, social visibility, lack of anonymity, a culture of self-reliance, and social stigma of mental illness have been identified as barriers in seeking help for rural adolescents (Boyd, Aisbett et al. 2006, Griffiths, Farrer et al. 2010).

Some groups in the community are historically disadvantaged, notably young Indigenous people, internally displaced people and refugees face greater vulnerability to mental ill-health (Patel 2007). Young Aboriginal people across all areas of health and wellbeing are worse off than their non-Aboriginal counterparts; histories of trauma, dislocation from families and land, violence as well as drug and alcohol use and cultural demise contribute as major influences on health and wellbeing. In Australia, young Aboriginal people face higher rates of suicidality than their non-Aboriginal youth peers, for example young Aboriginal males make up 4% of the population in this age group yet account for 16% of suicide deaths (Dudgeon 2014). Rates of intentional self-harm among young Indigenous people aged 15–24 years are 5.2 times the rate of non-Indigenous young people. Racism, stigma and discrimination are significant challenges faced by young Aboriginal people in Australia which increases their vulnerability to poor mental health as well as preventing opportunities for education and employment. Current funding for dedicated Indigenous mental health programs and services is limited (Dudgeon 2014).

People who identify as LGBTI are those people whose sexual orientation differs from heterosexual, male/female gender and sex norms. While most LGBTI Australians live healthy, happy lives, a disproportionate number experience worse health outcomes than their non-LGBTI peers across a range of areas, in particular mental health and suicidality as well as employment, income levels and particularly poorer outcomes for LGBTI women (Hughes, Szalacha et al. 2010). These poor sociodemographic and health outcomes are found in all age groups of LGBTI people and are among the lowest scores in Australia. Discrimination and exclusion are particularly difficult experiences faced by LGBTI people. Hence, making this demographic group of young people particularly vulnerable and

in need of specialised attention with targeted approaches to enhancing and maintaining mental health and wellbeing (Rosenstreich 2013).

The Deployment Life Study (DLS) a longitudinal study looking at the impact of deployment on military families evaluated outcomes of the quality of marital and parental relationships; psychological, behavioural, and physical health of family members; child well-being; and military integration (or attitudes toward military service) and found that children in the study experienced more emotional difficulties than national samples (Chandra, Lara-Cinisomo et al. 2010). Specialised programs to support Defence families and youth mental health are currently limited particularly at local levels (Chandra, Lara-Cinisomo et al. 2010).

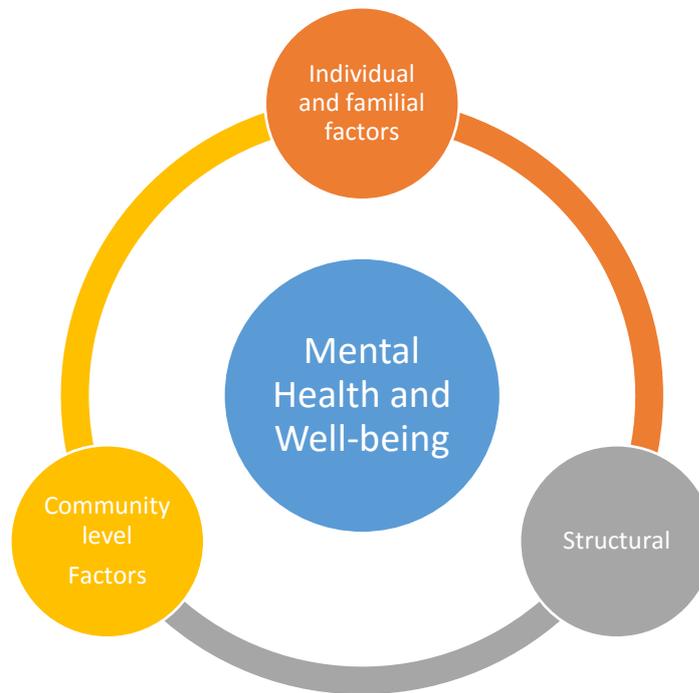
While these sub groups are at greater risk of mental illness it is important to know that a person being 'at risk' does not mean they will experience a mental health problem, but are comparably at a higher risk than their counterparts. Understanding the risk, protective barriers and enabling factors can help identify areas to focus efforts in reducing mental health issues in this age group (MindMatters nd.).

FRAMEWORKS, POLICES AND MODELS FOR MENTAL HEALTH CARE IN AUSTRALIA

Framework for Mental Health and Wellbeing

The promotion of mental health and wellbeing along with the prevention and treatment of mental health disorders are considered best practice in reducing the prevalence of mental health disorders (The World Health Organization 2013). Key frameworks for mental health promotion emphasise holistic approaches to health that focus on addressing individual, community and structural factors, see Figure 1, that are associated with mental health and aim to target interventions across a broad spectrum of mental health care.

Figure 1. Factors Associated with Mental Health and Well-being

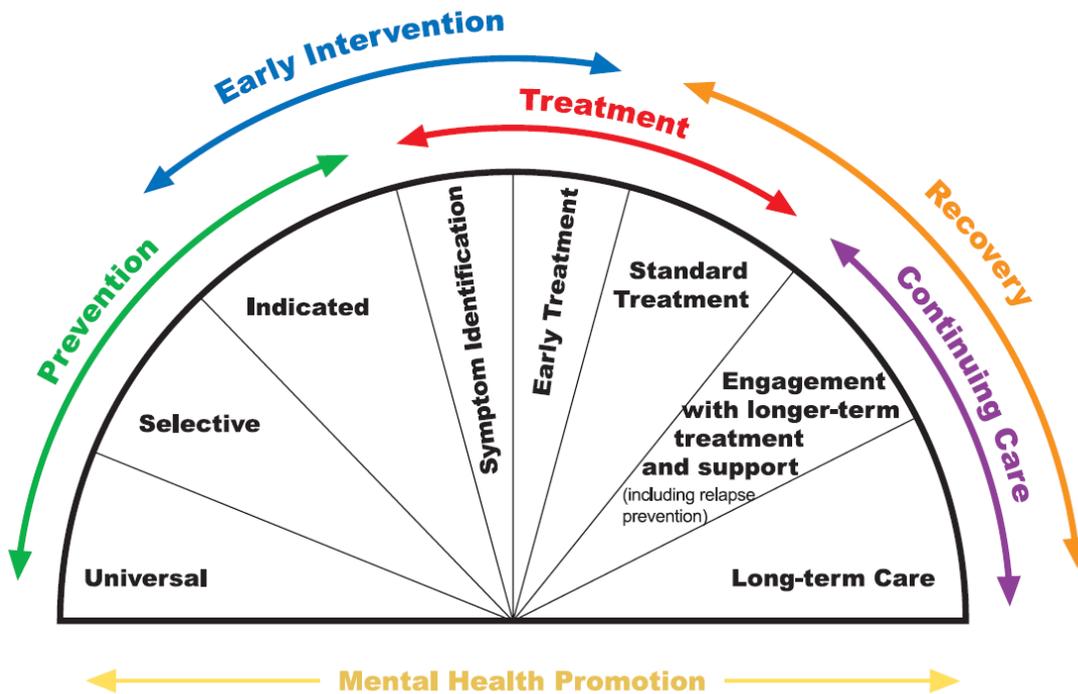


(The World Health Organization 2012)

Conceptual Approaches

A useful model that outlines a broad spectrum of mental health promotion targeted at individuals and populations is that developed by Mrazek PJ and Haggarty RJ (1994) is shown in Figure 2. Initiatives and strategies to prevent the onset or development of mental ill-health and to promote mental health and well-being can target: the whole community (universal); particular groups known to be at higher risk (selected); or individuals at very high risk who may be showing early signs of mental ill-health (indicated). Strategies may aim to lower the severity and duration of an illness through early intervention, including early detection and early treatment. Strategies may also aim to reduce the impact of mental ill-health on a person's life through approaches such as rehabilitation, relapse prevention and access to supports within the community, such as housing, employment, physical health care and social engagement (Mrazek PJ and Haggarty RJ 1994).

Figure 1: Spectrum of Intervention Model



(Mrazek PJ and Haggarty RJ 1994)

Mental Health Prevention and Promotion

Prevention and promotion approaches to mental health are more cost-effective than treatment-only approaches. Investing in prevention and promotion approaches can lead to more efficient use of mental health resources, and has a flow-on effect for a range of services including general health care, drug and alcohol services, education, child and family services, and the justice system.

Prevention initiatives focus on reducing risk factors for mental ill-health and enhancing protective factors. Given that risk and protective factors occur within the context of everyday life prevention initiatives must take place across a range of settings and involve contributions from many different sectors and organisations.

The promotion of mental health and wellbeing seeks to enhance social and emotional wellbeing and quality of life. The promotion of mental health and wellbeing is applicable to all people, including those currently experiencing or recovering from a diagnosed mental illness.

Evidence-based Approaches for Community Mental Health and Well-being

Many communities in Australia and internationally have recognised the need to work together to improve mental health and well-being. There are a number of strategies which demonstrate evidence for positive impact on mental health and well-being in the community, such as the ACT, BELONG, COMMIT model of mental health promotion (Donovan, James et al. 2006, Jalleh, Donovan et al. 2007). The recognition of respectful partnerships across different sectors of the community is key to successful mental health promotion which aims to:

- Involve community members in physical, mental, spiritual and social activity - **ACT**
- Ensure a sense of belonging by keeping connected to friends and family, involvement in groups, or joining in local community activities – **BELONG**
- Enable community members to be involved in activities that provide meaning and purpose in life, such as advocating for a cause, volunteering, learning a new skill, or setting challenging goals. - **COMMIT**

Schools

Schools are an important setting for mental health promotion and support interventions. Whole-school approaches with a mental health focus that are implemented over the long term have been shown to be more effective than brief mental illness prevention programs (Wells, Barlow et al. 2003). There is evidence that schools, and in particular school counsellors, are an important first step for young people in accessing mental health support, with young people reporting the importance of school-based helpers being caring, non-judgmental, genuine, young and being able to maintain confidentiality (Boyd, Aisbett et al. 2006).

Online

Young people are among the highest users of online resources to support mental health and the internet is an important source of information for young people, with one study showing that 30.8% of young people who reported experiencing a mental health problem in the previous five years had used the internet as a source of information (Burns, Davenport et al. 2010). An Australian study found that young people aged 12 to 20 years were the main users of online resources to support mental health and that reasons for using the service were related to depression, anxiety and relationship problems. This study concluded that web-based resources can be beneficial in helping young people access mental health support earlier and is an important part of the stepped care continuum. (Rickwood, Webb et al. 2016).

There is growing evidence that internet-based prevention and treatment programs are equally as effective as face-to-face interventions in improving outcomes related to anxiety and depression (Bennett, Reynolds et al. 2010, Burns, Davenport et al. 2010, Calear and Christensen 2010, Griffiths, Farrer et al. 2010).

Advantages of online modes of service delivery are that it can be a useful first step, supports young people's self-reliance, is easily accessible to many young people, is low cost and is timely as users can access help when it is needed most. Disadvantages and barriers to accessing online support include challenges associated with online security and safety, poor internet access, costs of internet access and computer illiteracy, and potential for social isolation.

Australian Mental Health Policy Reforms

Australia's National Mental Health Strategy aims to:

- Promote the mental health of the Australian community.
- Where possible, prevent the development of mental disorder.
- Reduce the impact of mental disorders on individuals, families and the community.
- Assure the rights of people with mental illness.

(The Australian Government 2014)

The development of the Fifth National Mental Health Plan is underway, which will set mental health priorities and action areas for the next five years and builds upon the review of Mental Health Programmes and Services (The Australian Government 2016). The review recommended a major shift in the way services are planned and delivered, advocating a stepped care approach which supports people moving between different levels of coordinated care and support according to their health and needs at a particular time to mental health. The Review also called to "shift the pendulum in Commonwealth expenditure away from acute illness and crisis towards primary prevention, early intervention and a continuous pathway to recovery" (Department of Health 2015).

Key policy reforms directly relating to child and youth mental health included the need to improve the integration of services and to improve targeting and equity in program delivery for children and youth, which should be supported by:

- Consolidating school-based programmes with more effective linkages to related services;

- Improving the integration of Headspace with other services at a regional level including primary mental health care services, state child and adolescent services and alcohol and other drug services;
- Reviewing the approach to provision of services to young people with severe mental illness: expand the early intervention focus beyond early psychosis and offer better integration at a regional level. (Department of Health 2015)

Effective Approaches to Mental Health and Well-being in Australia

Mental health literacy refers to knowledge and beliefs that help people recognise, manage and prevent mental disorders. Interventions and activities such as mental health first aid training, school-based mental health promotion programs, such as Mind Matters and MAKINGtheLINK and whole-of-community campaigns such as ACT BELONG COMMIT and public campaigns led by beyondblue have been shown to improve mental health literacy (Jorm 2012).

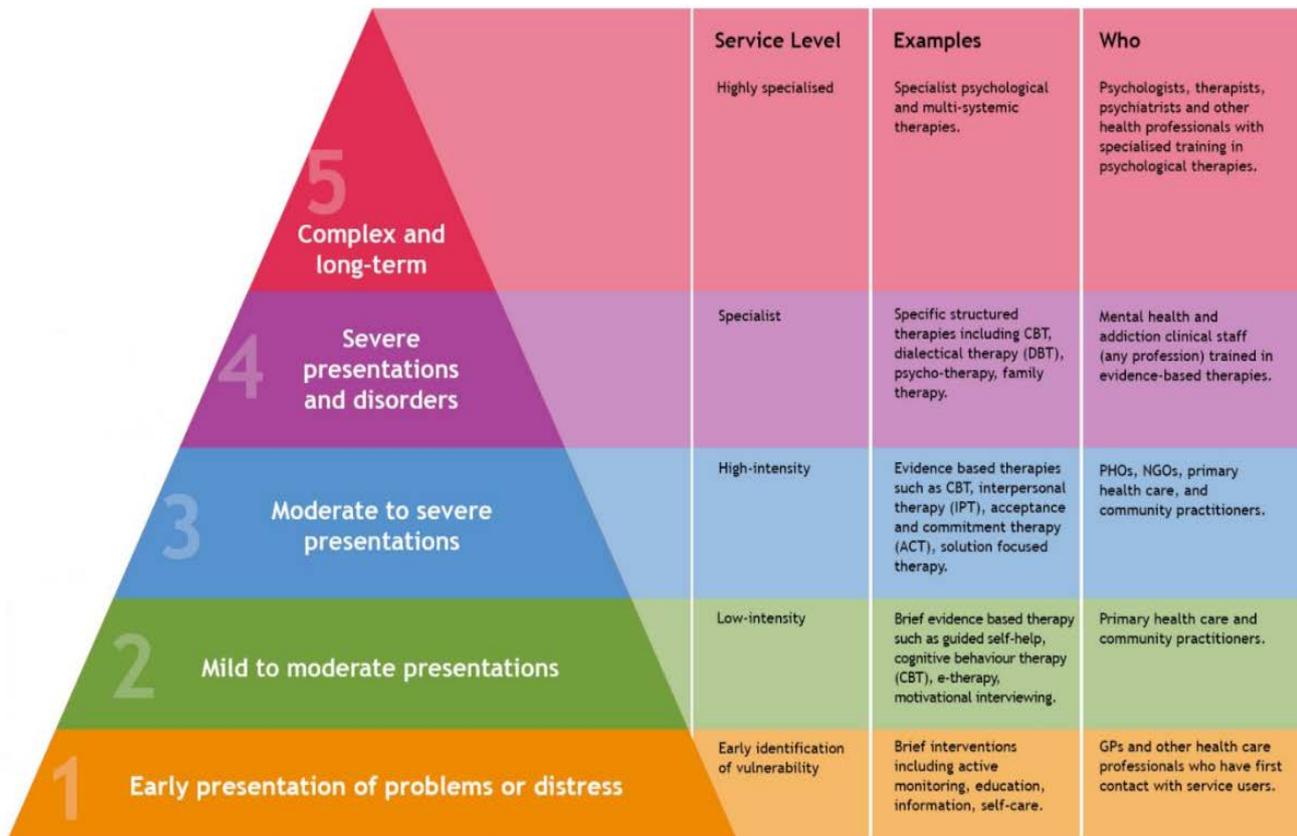
Online interventions have been shown to have potential as an early intervention tool, with potential to support treatment for people experiencing mild to moderate symptoms. In Australia resources such as ReachOut.com, eHeadspace, The Black Dog Institute, Lifeline, Kidshelpline, Mindspot, MoodGYM, and eCouch have been developed by the non-government and university sectors to support access to mental health information, support and treatment (Burns 2014). The recent review of Australia's mental health services and programs discussed the development of a new, accessible digital mental health gateway for mental health consumers, possibly as a first point of service (Department of Health 2015).

Reforms to Australian youth mental health services have highlighted the importance of integrated and coordinated approaches to the delivery of services across the spectrum, but particularly within treatment. Evidence suggests that models and strategies which bring together a range of mental health services and multidisciplinary teams proved to be an effective way of providing quality mental health care (Kinchin, Tsey et al. 2015). Integrated care in youth mental health was associated with improvements in the quality of care, access to services, medical expenses and parenting strategies. Headspace centres, which are funded by the Australian Government, offer a model of integrated care where young people can access support related to mental health, physical health, drug and alcohol use and social and vocational participation. The model entails a lead agency working with local partner organisations to draw together different areas of expertise within the one space. Evaluation of Headspace centres has shown that they provide an accessible service for diverse young people, and

engagement with Headspace is associated with improved outcomes for young people in relation to psychological distress and suicidal ideation (Hilferty 2015).

Stepped care, has been another key focus in current Australian mental health reform. While the application of stepped care models varies, the basic concept entails having levels of care that a consumer enters into with progress regularly monitored to allow for movement between the levels and steps as needed, see Figure 3 (Van Straten, Hill et al. 2015). Typically stepped care starts with the lowest intensity treatments first (dependent on needs) such as self-help, the next step may be a consultation with a primary health care professional such as a General Practitioner (GP), the next step a clinical health professional such as a psychologist or psychiatrist, with the highest intensity step being an inpatient treatment centre (Van Straten, Hill et al. 2015). Importantly, stepped care requires a coordinated, regularly-monitored and structured approach to moving through the various interventions and services available.

Figure 3. Example of a Step up Step Down Approach to Mental Health Care



(Te Pou o te Whakaaro Nui nd.)

SUCCESSFUL COMPONENTS OF YOUTH MENTAL HEALTH SERVICES

Drawing on the evidence above, key characteristics of effective mental health treatment and services are those that:

- Integrate and coordinate care across organisations and disciplines;
- Provide early intervention programs and services;
- Address the desire for self-reliance, perhaps involving the provision of online self-help resources;
- Promote increased mental health literacy;
- Offer accessible and engaging treatments;
- Provide empirically supported psychological treatments; and
- Provide a stepped care approach.

Further, key characteristics of effective mental health treatment and services specifically for young people include:

- Services need to be specialised for young people, recognising the important developmental changes in this age group;
- Family is integral in the treatment and understanding of a mental health diagnosis and consideration needs to be given to a person's particular family context. Services need to engage families to reduce the risk of families discontinuing treatment;
- Schools are an important and common setting for mental health promotion and support;
- Care needs to be integrated, with good coordination and seamless transitions across different services.

(Hoagwood, Burns et al. 2001, Patel 2007, Gulliver, Griffiths et al. 2010, Kinchin, Tsey et al. 2015, Kendall, Makover et al. 2016)

AIMS OF THE STUDY

Project Aims

This study aimed to build a stronger understanding of the mental health issues experienced by young people in Port Stephens in order to inform evidence-based recommendations to improve the support and service options available to address these issues.

Recruitment of Participants

Participant groups targeted in this study included young people, parents and carers of young people who had experienced mental health concerns, providers of services related to young people's mental health and representatives of school communities.

Recruitment was mainly undertaken through a targeted method of directly contacting (via email and/or phone) relevant services, schools and groups. This approach also drew on a snowballing recruitment method whereby those contacted suggested other key informants. An online recruitment process also was undertaken, via a social media advertisement targeted to the relevant age group of young people in the Port Stephens LGA.

Importantly, the researchers themselves were advocates for the study and attended several community events such as the Raymond Terrace Community Connect Day, Port Stephens Youth Advisory Panel meetings, and Port Stephens Community Interagency meeting. Information about the study was also distributed to members of the Port Stephens Youth Interagency group. Two public workshops were held, where community members and service providers were invited to give

feedback about the findings and also invited to take part in interviews. A news story in the Port Stephens Examiner newspaper also provided an opportunity for recruitment and awareness of the project.

METHODS

Quantitative

Statistical Data

Data for the quantitative analysis were obtained from various sources, including the Public Health Information Development Unit (PHIDU) at Torrens University (Public Health Information Development Unit 2016), the Health Workforce Data available from the Department of Health (The Australian Government 2015), HealthStats (HealthStats NSW), and the Australian Bureau of Statistics. Local data for Port Stephens was compared to available data for Newcastle, Maitland, and the New South Wales average. Newcastle and Maitland were used as comparators in the quantitative analyses due to their proximity to Port Stephens only. The characteristics of these areas are quite diverse and differences in service availability are to be expected. In most cases data was available only for residents aged 18 and over. Youth-specific data was used where available. Data was generally available in the form of age-standardised rates; age standardisation allows data from different geographical regions to be compared when the age profiles of each region are different. It is important to note that since data were obtained from multiple sources, minor variations may occur due to different data collection or analysis methods.

Qualitative

Interview and Focus Groups

Participants were invited to take part in an interview or a focus group, with interview and focus group guides developed for young people and parents/carers and another for service providers and school representatives. The interview and focus group instruments asked participants about their understanding of the mental health needs of young people in Port Stephens, the services available and the access pathways as well as perceived barriers or enablers to access. Interviews were conducted in person or by telephone, depending on the preference of the participant. Focus groups were conducted in person. Field notes were taken by the interviewer as a record. This component examines the diverse perspectives of those involved in giving, receiving or referring to mental health services.

Online Social Media Strategy and Survey

An online social media strategy was employed to engage young people in this research and to complement the face-face interview/focus groups. This method was particularly useful during the period of this study which fell in school holidays and consequently created a window of time that was more difficult to speak with young people. The social media strategy included boosting an advertisement to young people 13-24 in the Port Stephens LGA through Facebook to access the online survey. The online survey was a brief and amended version of the interview schedule described above. This survey enabled participants to qualitatively respond to the questions with an open-ended response. The survey was also administered to young people at two schools and the Raymond Terrace Community Connect Day, to allow the gathering of data from a large number of young people at one time and to recognise that some young people were more comfortable with this anonymous method of response.

Thematic Analysis

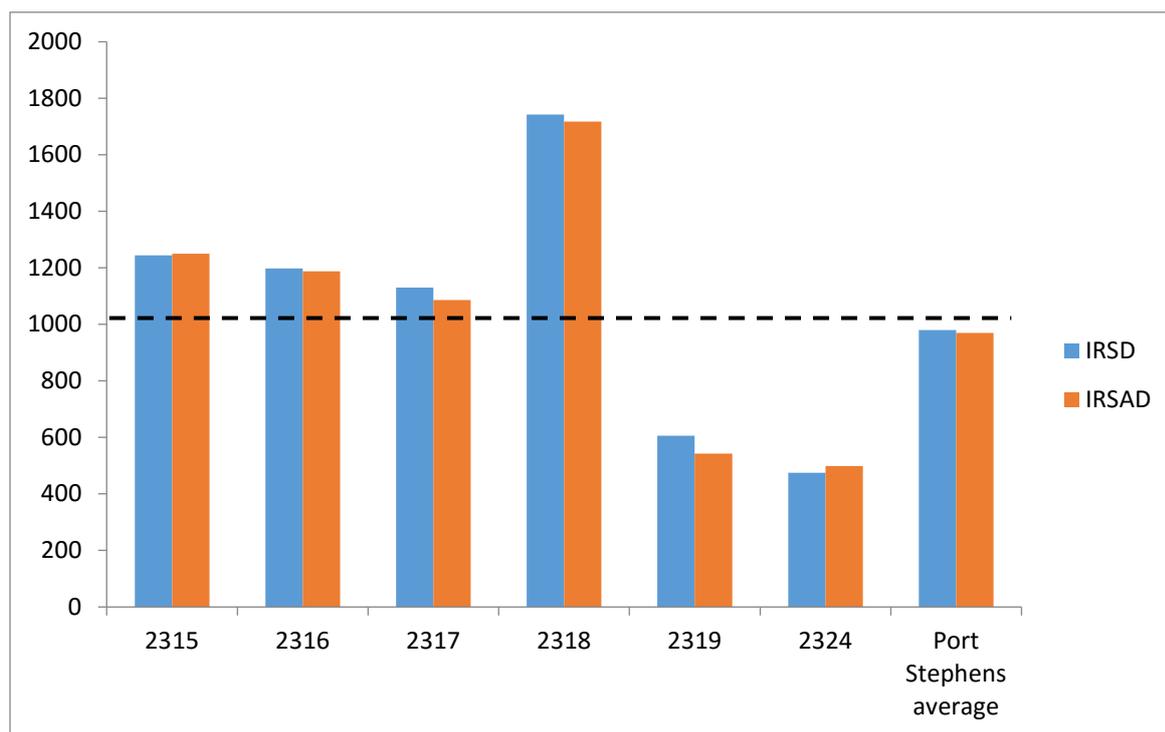
A modified thematic analysis was applied to identify common themes within the qualitative dataset. This method of analysis enabled the researchers to identify common experiences, less common experiences, pinpoint and record patterns of needs and barriers to receiving mental health care in Port Stephens. These themes then allowed descriptions to be made about the overall data collected and the needs identified by those involved.

QUANTITATIVE FINDINGS

Port Stephens's Health

The Australian Government produces indices of socio-economic wellbeing based on a range of Census characteristics. These include the Index of Relative Socio-economic Disadvantage (IRSD), and the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD). These indices are used for purposes such as determining areas that require funding and services, and to conduct research into the relationship between socio-economic disadvantage and various health and educational outcomes. The disadvantage scores for Port Stephens are displayed below by postcode, with the New South Wales average score shown in black, see Figure 4. This graph displays the diversity of the Port Stephens LGA, with some areas such as Nelson Bay, Corlette, Anna Bay, Salamander Bay and Medowie scoring equal to or above the state average, while other areas such as Raymond Terrace, Karuah, Mallabula and Lemon Tree Passage scored well below the state average, indicating considerable disadvantage in these areas (The Hunter New England Central Coast Primary Health Network 2015).

Figure 4. Port Stephens disadvantage scores by postcode



(Australian Bureau of Statistics 2013)

In relation to mental and behavioural problems in the Port Stephens, Newcastle and Maitland regions, data collected between 2011 and 2013 show that all three regions experienced higher rates than the state of New South Wales for mental and behavioural problems, with Port Stephens having the highest as seen in Table 3 (Public Health Information Development Unit 2016).

Table 3: Estimated population with mental and behavioural problems.

Location	Overall (%)	Males (%)	Females (%)
Port Stephens	14.4	13.4	15.4
Newcastle	14.2	13.5	14.9
Maitland	14.1	11.7	16.5
New South Wales State	13.1	11.9	14.4

Estimated population, aged 18 years and over, age standardised rates.(Public Health Information Development Unit 2016)

This data also showed that these regions experienced slightly different levels of psychological distress. Based on the Kessler 10 Psychological Distress Scale (K10), the age-standardised proportion of residents reporting high or very high psychological distress was 11.6% in Port Stephens, compared with 11.4% in Newcastle, 10.5% in Maitland, and 10.5% in New South Wales overall (Public Health Information Development Unit 2016). In addition a total of 15.2% of people aged 15 years and over rated themselves with fair or poor self-assessed health in Port Stephens, compared with 14.7% in Newcastle, 14.4% in Maitland, and 14.3% in New South Wales overall (Public Health Information Development Unit 2016).

Table 4 shows comparisons of the Port Stephens, Newcastle and Maitland regions in relation to mental health hospitalisations between 2013 and 2014. Port Stephens residents had comparable rates of hospitalisation for depression, to both Newcastle and Maitland. The rates of hospitalisation for anxiety and stress, drug and alcohol use, and intention self-harm were slightly higher in Port Stephens than in Maitland. It is important to note that for the 2013-2014 data collection period, the Australian Institute of Health and Welfare reports that regional PHN areas had higher rates of mental health hospitalisations than metropolitan PHN areas across Australia. Across all LGAs in the Hunter New England Central Coast PHN, rates of mental health hospitalisations were consistently higher than the national average, with very few exceptions.

Table 4: Mental Health Hospitalisations 2013-14 per 100,000 population

Mental Health Condition	Port Stephens	Newcastle	Maitland	National
Depression	164	158	159	115
Anxiety & stress	224	204	202	148
Drug & alcohol	227	309	200	168
Intentional self-harm	223	246	187	150
All mental health	1,055	1,235	972	911

(Primary Health Care Network 2016)

Suicide rates for the Hunter and New England District in 2013 were 11.8, compared to the rest of the New South Wales state at 8.5 per 100,000 (HealthStats NSW).

Health Services in Port Stephens

Table 5. Workforce Rates

Practitioner	Port Stephens	Newcastle	Maitland	NSW	National
General Practitioners	95.3	128.6	92.0	113	112.4
Specialist Practitioners	13.9	345.5	97.6	123.1	120.3
Psychologists	97	264.0	232.7	244.0	231.4

Rates per 100,000 people (Public Health Information Development Unit 2016)

As shown in Table 5 above, Port Stephens has lower rates of health and mental health practitioners than the New South Wales average. It is important to note that these figures reflect practitioners based in the local area only, and do not account for those who may travel from Newcastle or other locations to do outreach in the Port Stephens area. For example, while no psychiatrists are based in Port Stephens, an outreach psychiatrist from Newcastle travels to Port Stephens once a fortnight. This data does also not indicate the workload of practitioners (i.e. full-time or part-time employment). In Australia over 80% of psychologists and 87+% of psychiatrists are based in major cities, with only 12% and 9% respectively based in inner regional areas such as Port Stephens (Australian Institute of Health and Welfare 2013, Australian Institute of Health and Welfare 2016). Despite the lower rates of services based in the local Port Stephens area, Table 5 below shows that usage rates of mental health services for Port Stephens residents is reasonable, indicating that many are able to make use of outreach services or travel to other locations to receive mental health care.

Table 6 shows rates of service use under the Better Access initiative, an initiative of the Australian Government to increase access to mental health services by providing Medicare rebates for patients with selected mental health problems. Patients are required to obtain a Mental Health Care plan from their GP or a psychiatrist to be eligible for these rebates. The Better Access initiative aims to improve treatment and management of mental illness within the community, and applies to services provided GPs, psychiatrists, psychologists, social workers and occupational therapists. Utilisation of this initiative is shown in Table 5 for Port Stephens, Newcastle, Maitland, and New South Wales overall.

Table 6: Better Access Program usage per health professional and region.

Location	Preparation of Mental Health Care Plan by GPs	Psychiatrists	General Psychologists	Clinical Psychologists	Social Workers	Occupational Therapists
Port Stephens	9,500.2	326.9	6,233.8	2,697.1	516.8	48.0
Newcastle	11,010.9	508.6	9,424.0	6,202.9	671.1	59.0
Maitland	8,771.1	334.6	6,560.0	5,193.0	226.8	97.3
New South Wales (total)	8,222.3	554.3	8,695.0	4,864.7	732.9	182.7
New South Wales (excluding major cities)	8,408.8	389.0	7,901.2	3,052.1	726.7	52.8

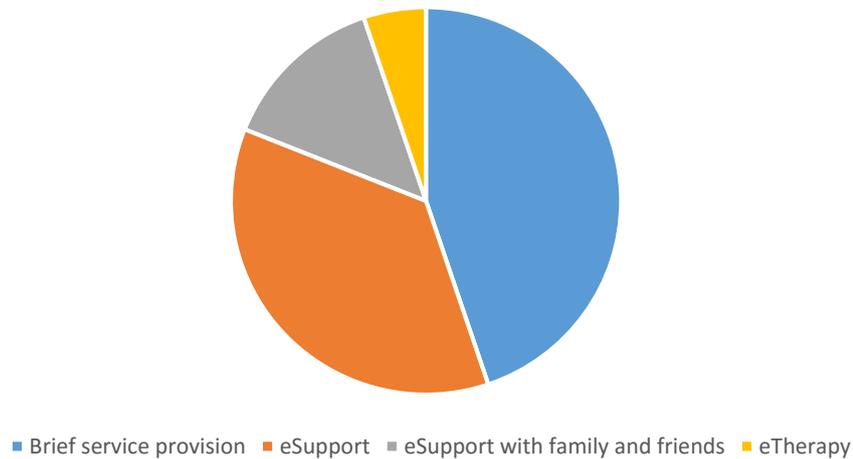
Data from 2009-2010, Age standardised rates per 100,000. (Public Health Information Development Unit 2016)

Port Stephens residents received a higher rate of Mental Health Care plans than the New South Wales average. These were most commonly used to access general psychologists, with 6,233.8 per 100,000. This equates to 3,907 claims for general psychologist sessions under the Better Access initiative. This was followed by clinical psychologists with 2,697.1 per 100,000, or 1,679 sessions. The use of psychiatrists among Port Stephens residents was similar to Maitland, and comparable with the state average for non-metropolitan New South Wales, indicating that although there are no psychiatry services based in the Port Stephens area, residents are often still able to access them when needed. It is interesting to note that while Port Stephens residents had fewer contacts with clinical psychologists than Maitland residents, they were far more likely to access a social worker than Maitland residents, reflecting the important role and availability of social workers in the Port Stephens community.

Data from Headspace in Newcastle and Maitland found that approximately 3.5% of young people accessing the Newcastle service come from Port Stephens and approximately 8% of young people accessing the Maitland service come from Port Stephens. These young people present with a range of issues including depression, anxiety, anger, stress, suicide, relationships, home conflict, and alcohol and drugs which is consistent with national findings on presentations of mental illness (Headspace National Youth Mental Health Foundation 2016).

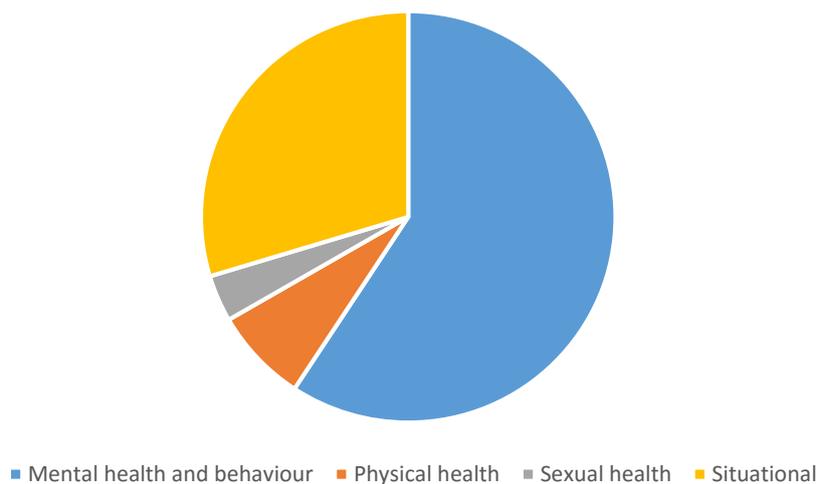
Between July 2015 and November 2016 a total of forty-six young people from Port Stephens accessed eHeadspace, utilizing a range of eHeadspace support services, see Figure 5. The most common services used were brief service provision and eSupport.

Figure 5: eHeadspace service usage.



The reasons for service use varied, as shown in Figure 6. The most common reason was for mental health and behavior, which was reported by over half of young people using this service.

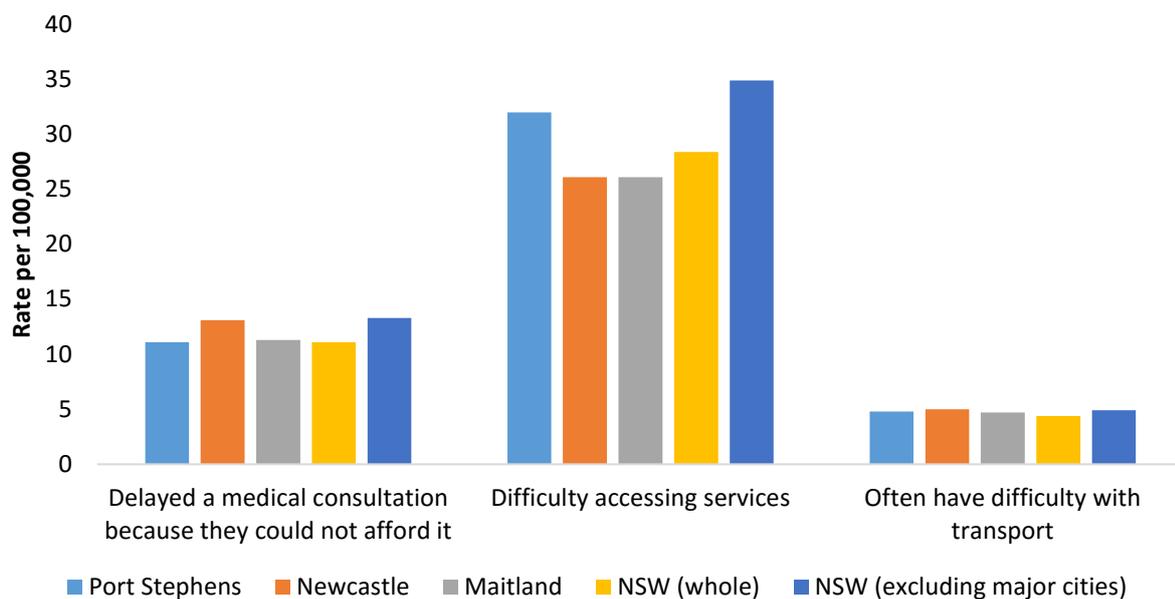
Figure 6: Reason for using eHeadspace.



Barriers to Service Use

In Port Stephens, 11.1 people per 100,000 reported that they had delayed a medical consultation because they could not afford it, compared with 13.3 per 100,000 in non-metropolitan New South Wales, see Figure 7. In addition, 32.0 per 100,000 people in Port Stephens reported difficulty accessing services, and 4.8 per 100,000 reported often having difficulty with transport, compared with 34.9 per 100,000 and 4.9 per 100,000 respectively in non-metropolitan New South Wales, see Figure 7. This suggests that in terms of these barriers to service use, Port Stephens residents were comparable or better than other non-metropolitan residents of New South Wales.

Figure 7: Reasons for delayed medical attention.



QUALITATIVE FINDINGS

Community Participation

A total of 224 people took part in consultations including:

- Representatives of 30 services/groups/programs, comprising: 7 psychologists, 5 managers, 9 counsellors and/or social workers, 3 general practitioners, 16 other categories including project officers, youth workers, police, nurse, support workers and volunteers (note that multiple people contributed from the one service in some situations so the total number of individuals is higher than the total number of services).
- Representatives of 5 schools: 19 people
- 6 parents and carers

- 27 young people - interviews/focus groups discussions
- 132 young people completed surveys

In addition, 46 people (some of whom also took part in interviews or focus groups) attended the two community workshops, comprising representatives of all of the above categories, with service providers and community members the main groups in attendance.

All transcripts and field notes from the community consultation were analysed as described above. The findings from the thematic analyses demonstrated that the participants were able to articulate and express their concerns and interests regarding youth mental health, including the needs, barriers and enablers of mental health for young people in the Port Stephens community.

Young people described mental health as:

“[mental health] means how you feel in your head about what’s going on around you...” [Young person]

“Keeping your brain healthy” [Young person]

“Mental health means mental stability” [Young person]

Participants also felt that often they were able to identify if someone they knew was experiencing a mental health concern:

“You can tell there are problems when some looks down and unhappy, they are sensitive to things, or it might be about specific thoughts” [Young person]

Signs of problems are not being usual self, shutting everyone out, upset, always tired and don’t want to do anything [Young person]

Yet, young people also mentioned that people often would try to hide any distress or even exaggerate it in an effort to mask their true feelings:

“It’s hard to tell because people cover it up” [Young person]

“I’m more depressed than you are” [Young person]

“People hide behind humour” [Young person]

THE MENTAL HEALTH OF YOUNG PEOPLE IN PORT STEPHENS

Mental Health Needs of Young People

The issues experienced by young people in Port Stephens reflect the main issues facing young people nationally. Key issues reported by service providers, parents/carers and young people include:

- Depression and anxiety were the most common mental health issues for young people.
- There were peaks in stress and anxiety during senior school exam periods and transition into high schools.
- Bullying was strongly associated with mental health concerns, where young people had been bullied because of their existing mental health issues or where bullying had contributed to, or worsened young people's poor mental health.
- Alcohol and other drug use was strongly associated with mental health concerns, where drug and alcohol use either contributed to worse mental health outcomes for young people, or where young people tried to cope with issues such as a family breakdown, boredom or poor mental health through use of alcohol and other drugs.

“Staff witness a lot of self-medicating with marijuana or alcohol among their students.” [Teacher]

They are seeing anxiety, depression and dual diagnosis (mental health issues, alcohol and other drug issues). The mental health workers are also trained Alcohol and Other Drug workers. Ice use in particular seems to be increasing. Many more women are presenting for help with ice use, the men tend to ask for help less. [Service provider]

Factors Associated with Mental Health Problems

Participants reported the following as the main factors that shape young people's experiences of mental health and mental illness in Port Stephens:

- Associations between mental distress and difficulties in young people's home lives:
 - Trauma
 - Violence in the home
 - Drug and alcohol use
 - Family breakdowns
 - Complex family arrangements
 - Insecure housing
 - Lack of stable role model

- Young people with diagnoses of long-term mental illness are socially isolated and traveling out of their home areas to access services exacerbates anxiety and stress.
- Lack of engagement in meaningful education, work, social and recreation activities
- Young people and parents/carers report fear about telling people their stories.
- Distrust about services where the young person may be unsure what to expect or fear 'getting in trouble' (such as for drug use or parenting).
- Continuity of care is an issue, particularly when young people are required to tell and re-tell their experience several times.
- Over-reliance on use of social media and other technologies for communication and activities
- Stigma associated with mental illness:
 - Stigma associated with accessing mental health support
 - Stigma amongst families or in the household about mental illness
 - Stigma amongst peers and, in particular, embarrassment about accessing school counselling support for fear of peers finding out.

Many problems arise out of trauma for individual or family trauma –symptoms arise out of negative traumatic experiences and families’ inability to manage the trauma. [School Counsellor]

Mental health issues are common among clients – for some people their disability is related to mental illness, for others they may experience depression and anxiety as a result of an injury or event that relates to their difficulties finding work. [Employment agency]

There are limited things for young people to do, especially if they’re not into sports [Parent]

Fear of people finding out – people will think something is wrong with you [Young person]

**“You get teased for seeking help – friends would rather you go and have a cone than get help.”
[Young person]**

MENTAL HEALTH SERVICES AND PROGRAMS

Spectrum of Services Available within, and to, Port Stephens

Services located in, and available to, young people in the Port Stephens area have been categorised per the spectrum of interventions model, Figure 8, to reflect the availability and gaps in services shown in Table 7.

Figure 8: Spectrum of Intervention Model

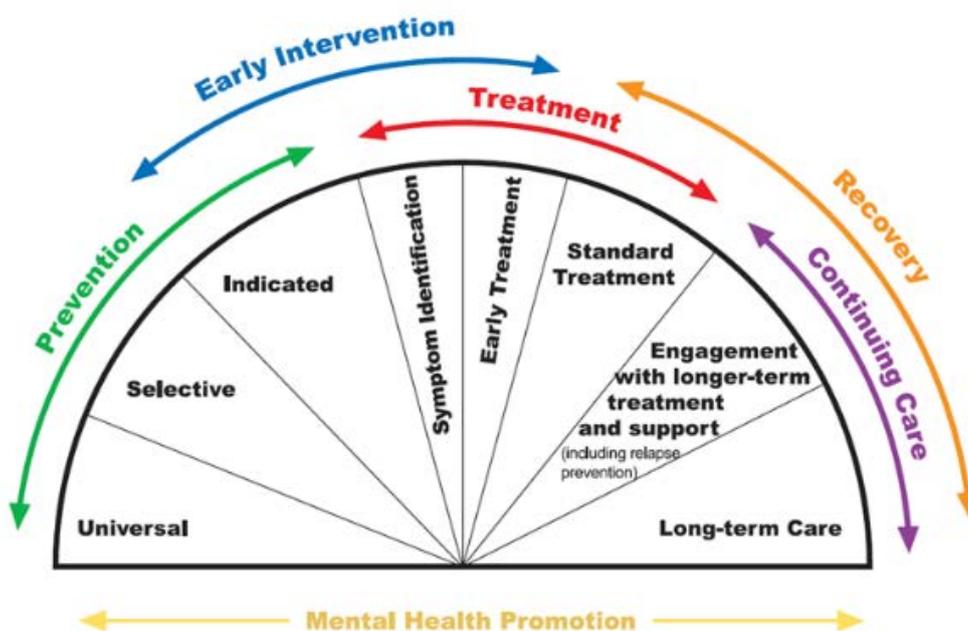


Table 7: Services and programs available to, and within, Port Stephens

KEY: *=Youth-specific service Red=Available to residents of Port Stephens, but located outside the LGA

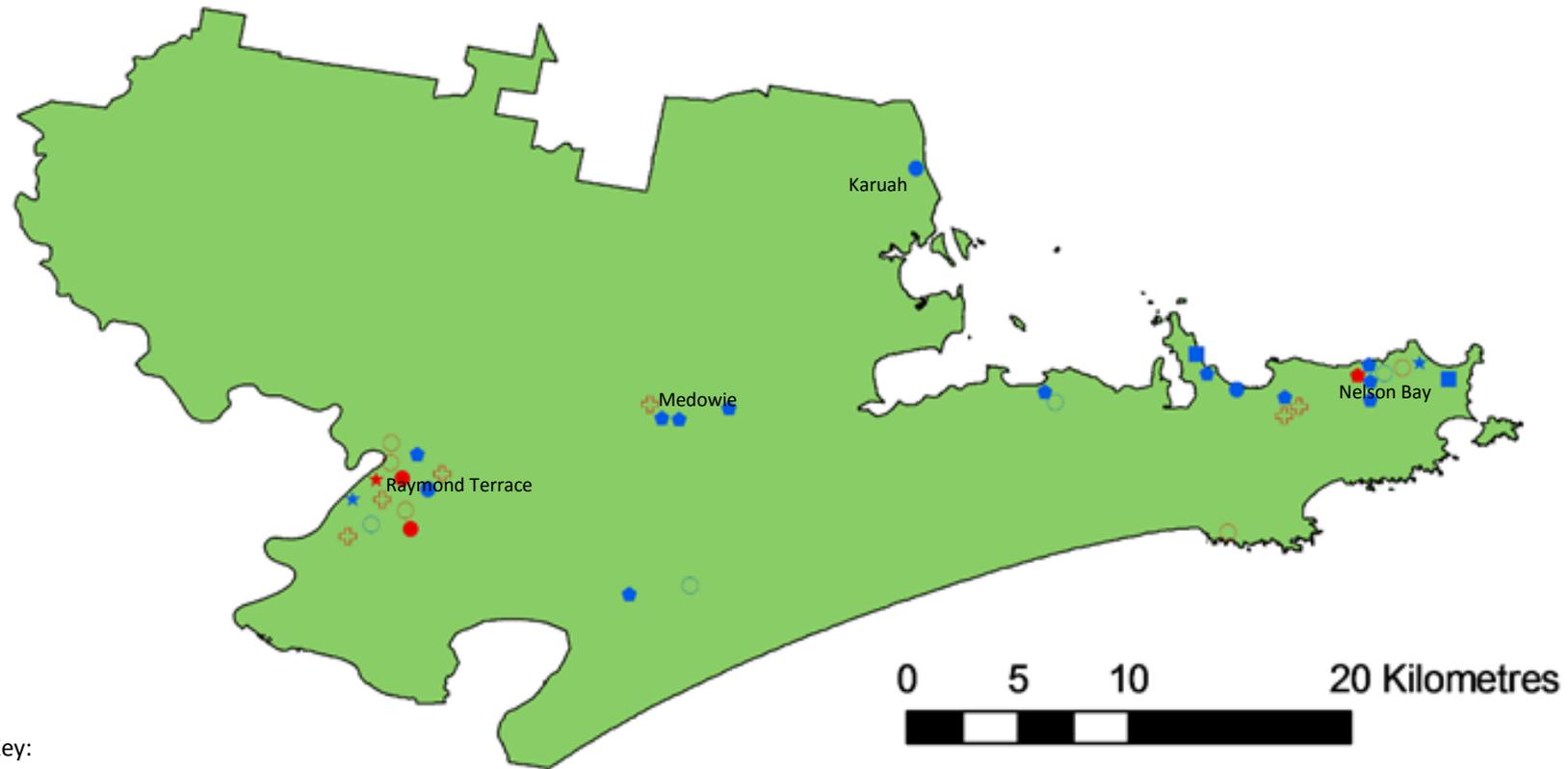
Mental health promotion	Prevention	Early intervention	Treatment	Continuing care	Recovery
	GPs (referral for Mental Health Treatment Plans/Better Access, Access to Psychological Services (ATAPS))				
Lifeline: School-based programs available (not taken up in Port Stephens yet), Suicide prevention training programs (ASIST, safeTALK), public awareness campaigns			Private counselling and psychology services: Stand-alone and co-located at some medical centres		Personal Helpers and Mentors (PHaMS) (Benevolent Society)
*Headspace (Community development)			Headspace: Maitland and Newcastle		Hunter Partners In Recovery (Wesley Mission)
CAMHS youth mental health project			Public health services: Child and Adolescent Mental Health Services (CAMHS) (1 day per week in Raymond Terrace), Adult Mental Health Services , Community Mental Health Teams. Referral via NSW Mental Health Line.		
Community groups: Port Stephens Suicide Prevention Network, *COPSY, *TYCA, Schizophrenia Fellowship, ARAFMI		*Early Intervention and Placement Prevention Program (PSFaNS) + other homelessness and family support programs			Community groups: PS Suicide Prevention Network, Schizophrenia Fellowship, ARAFMI
PS Youth Advisory Panel	The Deck youth drop-in centre (PSFaNS)				
	Child and Family Wellbeing Program (Benevolent Society)				
Support groups for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) young people – Headspace					
Culturally appropriate support and services for Aboriginal and Torres Strait Islander young people (Wahroonga Aboriginal Corporation, Worimi LALC, Awabakal – outreach to Karuah and clinic coming to Raymond Terrace)			Services for Aboriginal and Torres Strait Islander young people (* Wiyiliin Ta/ CAMHS in partnership with Awabakal), Aboriginal MH position with Headspace Newcastle, Ungoороо Aboriginal Corporation outreach from Headspace Maitland		
		*School-based counsellors and psychologists			
School-based activities include: PDHPE, grief, mindfulness, and resilience programs, Mind Matters, mental health strategy	Recreation, vocational and social activities: *sports clubs, *youth groups, *PCYC, *scouts and guides				
Online resources: *Youth beyondblue, *Reach Out, *eHeadspace			Online tools include eCouch, Moodgym, Mindspot		
	Telephone services: Beyondblue, *Lifeline, *Kidshelpline		NSW Mental Health Line		

In addition to the services and programs indicated on Table 6 above, a broad variety of services, strategies, organisations and programs provide resources and support related to the factors that shape young people’s mental health and wellbeing. Some of these include:

- Youth and Community Interagency collaboration and information sharing groups
- Community Transport Port Stephens
- Education providers: Schools, TAFE, Alesco
- Support groups for young parents such as The Village (WEA)
- Disability support services such as Ability Links
- National Disability Insurance Scheme
- Hunter New England Local Health District
- Hunter New England Central Coast Primary Health Network
- Port Stephens Council (including their Youth Strategy, online service directory and MyLink)
- Neighbourhood Centres
- Domestic violence, housing, sexual assault, finance, emergency relief support services
- Employment agencies such as Castle Personnel
- Support to Defence families

There are some key services, such as Headspace and Child and Adolescent Mental Health Services (CAMHS) located outside the Port Stephens area, but which service young people in Port Stephens. The spread of services based *within* Port Stephens is demonstrated on the map below. It illustrates that most services are located within the two centres of Raymond Terrace and Nelson Bay, with more private psychology services located in the Peninsula area and more community-based services located in the Raymond Terrace area, see Figure 9.

Figure 9: Map of services by type and location



Key:

- Community organisation, Mental health-specific, Not youth-specific
- Community organisation, Mental health-specific, Youth-specific
- Community organisation, Not mental health-specific, Not youth-specific
- Community organisation, Not mental health-specific, Youth-specific
- Other counselling, Mental health-specific, Not youth-specific
- Private psychologists, Mental health-specific, Not youth-specific
- Private psychologists, Mental health-specific, Youth-specific
- ★ Public health, Mental health-specific, Not youth-specific
- ★ Public health, Mental health-specific, Youth-specific
- ⊞ School, Not mental health-specific, Youth-specific

Note: Scale of distance between services in Nelson Bay and Raymond Terrace has been modified to ensure each service is visible on the map (services are closer together than they appear).

As indicated, there are few youth, specific mental health services in the area, but there are a range of general mental health services and general youth services.

Many young people noted the importance of online resources and eHeadspace was commonly reported as a helpful source, particularly as young people could 'chat' with a worker late at night on this service and they could seek help anonymously. However, there were barriers to accessing online resources and help, with some parents/carers and school representatives noting that young people found this difficult due to literacy challenges (and literacy challenges of parents) and because young people's safety and wellbeing was often compromised online, with issues such as online bullying and privacy real concerns.

Online resources are more likely to be used by young people, but may be counter-productive as they are not teaching them to do the very thing they are not good at, which is connecting with people.

[Youth worker]

Pathways to Care and Support

Most of the services operating within the promotion, prevention, early intervention and treatment spheres are accessible by self-referral or referral by a family member or worker. Treatment and continuing care services, however, tend to be accessible via more structured pathways, as follows:

- Private services (such as counselling) may be accessed on a fee-for-service basis.
- Through the Better Access program (a 'Mental Health Treatment Plan'), a person can be eligible for up to 10 sessions with an eligible provider (a Medicare registered allied health professional, usually a psychologist or clinical social worker in the private sector or at Headspace). A Medicare rebate is provided through this scheme. Some providers will bulk-bill, but for others there is a 'gap' between actual cost of the service set by the provider and the Medicare rebate.
- Through the Access To Allied Psychological Services (ATAPS) program, a person can be eligible for up to 12 funded sessions with an eligible provider. In Port Stephens Hunter Primary Care and Primary Health Care Nursing are the providers for this service.
- It is usually a General Practitioner (GP) who will identify that a person needs mental health support and who will initiate a Mental Health Treatment Plan and refer a person to a service through the Better Access or ATAPS program.

- Access to services within the public system, particularly Child and Adolescent Mental Health Services (CAMHS), is administered through the NSW Mental Health Line. This line provides a 'triage' system, to refer people to the most appropriate service.
- Headspace services are predominantly funded through the Australian government (administered by the Primary Health Network) and services are provided free or at low cost. Young people can self-refer, be referred by a family member, worker, GP, or via eHeadspace.

BARRIERS

The service mapping information above indicates that there is a range of private, public and community-based services and programs across the spectrum available to support young people's mental health in the Port Stephens area. However, accessing the available support can be problematic and participants in this study identified multiple barriers to accessing help. There was a high level of consistency in the barriers reported by service providers, parents/carers, young people and school representatives. Young people tended to emphasise barriers related to stigma, distrust of services and transport. The main barriers reported are described below.

Transport

Participants across all groups identified that transport was a problem for young people accessing services within Port Stephens and, in particular, accessing services located in Maitland or Newcastle. The cost of transport was seen as a barrier, with even the cost of public transport problematic for young people on low incomes or without an independent income. The time required for travel was difficult for people. Trips within Port Stephens or to Newcastle or Maitland often require multiple bus transfers and can take a number of hours including the return trip. There were limited numbers of buses available, meaning that young people may need to wait for hours to return home after traveling for an appointment.

In addition to these structural issues, many young people and parents reported that travel by public transport tended to increase young people's anxiety and that visiting different towns was frightening for some young people.

Those parents and carers who were able to drive their children to appointments noted that this often meant having to take time away from their own work and often incurred substantial costs. Parents

and carers also noted that the car travel was often a stressful time for young people, before and after appointments.

Young people are generally really scared to catch the bus to Raymond Terrace, so going to High School can be difficult. Going into 'the Terrace' is often something that makes young people fearful.
[Service provider].

"If it's out of town I won't do it" [Young person]

Costs of Services: Private Sector

Given the limited options for free specialised youth mental health care in Port Stephens, the private sector is an important provider. However, even where a young person is on a Mental Health Treatment Plan and eligible for services with a Medicare rebate, the actual out-of-pocket expense is generally around \$20 to \$30 (at minimum) per session, with many young people accessing up to 10 sessions. There are also some counselling services delivered by workers who are not eligible as Medicare providers, and therefore which do not attract a Medicare rebate.

Waiting Periods

The high demand for a limited number of services means that there are often waiting periods to get an appointment, particularly for providers such as psychologists. For Headspace services the waiting period tends to be between three to eight weeks, although intake workers and others on the multidisciplinary teams maintain contact during that time. Community-based services and private psychology services reported waiting periods between one week up to three months. Where treatment is intensive and complex workers may need to spend longer working with young people (and families) which exacerbates waiting times. Schools reported that there are not enough school counselling hours available for the numbers of students and demand.

Reluctance to Access Services

In addition to the structural barriers to accessing services, there are a number of factors that make young people reluctant to seek help or engage with formal services. Young people and parents/carers reported that young people are often fearful about telling people their stories. Some young people reported that they have a sense of distrust or concern that there will be negative consequences for

talking to others about their issues. For example, young parents worry about their parenting capacity being judged or young people worry about getting in to trouble for illicit drug use.

The lack of 'continuity of care' contributed to young people's reluctance to use services. Where young people were referred between a high number of services with little coordination or information sharing across those services young people became frustrated and upset by constantly 'retelling' their story.

Stigma

Participants across all groups reported that there is still a perception of stigma associated with getting help for mental health issues. Young people reported that they didn't really like people to know about mental health issues they were experiencing and that, in particular, it was reported that many young were reluctant to access school-based counsellors due to embarrassment and shame that their peers would know.

Cost is also a problem – some services are so expensive. [Parent/carer]

“A short, sharp intervention doesn't work when you are working with complexity.” [Service provider]

“What do you do after you've gotten help? You need to keep going forward from counselling.” [Young person]

Low confidence, hard to walk in to somewhere and start telling them your problems [Young person]

It's hard to talk to new people every time and re tell the story [Young person]

“If you get labelled with a mental health issue you can get picked on.” [Young person]

STRENGTHS

Participants in the consultations reported some important strengths about their communities and about living in Port Stephens. Frequently reported strengths which were considered to support good mental health include:

The Natural Environment (bushland and beaches)

Some service providers saw real opportunities to deliver interventions that use the natural environment, incorporating activities such as bushwalking and photography and drawing connections between environmental health and mental health. Many young people noted that they really value the natural elements of their home, particularly the beaches and the bushland.

Sport and Recreation

Some young people considered that being part of sport or recreation groups was really important to their mental health and that this was really important to their happiness and wellbeing. It should also be noted that some young people noted a reluctance to join these types of activities. Many parents and service providers considered that Port Stephens has strong sporting clubs in particular, which can be positive for young people's wellbeing.

Local Services Available to Help and Support

Despite concerns reported about a lack of services, service providers and parents/carers noted that the local services that are available are very helpful and felt that engagement with local, caring services is positive for young people's mental health, and for family wellbeing.

Schools

Local high schools have a strong commitment to addressing the mental health of students. All local high schools are implementing a range of programs. The schools are very aware of their role in supporting the mental health of young people and, also, ensuring linkages and referrals to support services. Most schools run a range of initiatives including resilience programs, Mental Health First Aid and provide counselling and support for students in need.

Growing Recognition by the Community about the Importance of Mental Health

Despite concerns about ongoing stigma associated with mental health issues, many participants, particularly parents/carers and service providers, felt that there was growing recognition within the community about the importance of mental health and an increasing willingness for people to talk about issues related to mental health. School representatives reported increasing awareness and action within the school communities regarding the importance of mental health.

Young people

Young people described a range of ways that they act as advocates and supporters in relation to their own and their peers' mental health and wellbeing. This included being a good friend and listener,

encouraging peers to seek help, participating in advisory groups and public forums, using tools such as public art to advocate for social change, and being role models to each other.

“Young people don’t need money to do activities like fishing and they will often stick together because it is a small and fairly isolated community. It’s safe for young people to roam the area.”

[Service provider]

“People in communities can make a difference, it doesn’t always have to be about services.” [Project worker]

“You live in beautiful Nelson Bay but there are no services, not even a space where you can talk.”

[Parent/carer]

Getting help is important, it’s part of “making sure that she’s healthy, safe and prepared for what comes next.” [Parent]

GAPS

Based on analysis of the services available and data gathered through the consultation and workshop activities, the following key gaps in services have been identified, which inform the discussion and recommendations for action:

- Lack of information about available services, with parents/carers and young people struggling to identify which services to access and how to access them (although it should be noted that Headspace was well known amongst participants in the consultations). Schools noted the need for better understanding of available services including psychologists for referral;
- Opportunities for more promotion and awareness to reduce stigma and promote positive mental health at the community level;
- Need for improved ‘continuity of care’ with coordination of services and ability for young people to transition between early intervention through to recovery services.
- Limited social and recreation opportunities for young people, particularly for those people who may be socially isolated and those young people who are reluctant to take part in mainstream team sports;
- Lack of affordable, reliable and timely transport options;

- Limited availability of specialist workers and limited access to specialists for assessment, diagnosis and treatment;
- Few resources available to support innovative outreach models. For example, counselling provided by phone or online is not eligible for a Medicare rebate and travel for home visits or to rural locations adds time and costs to service delivery;
- Young people who wish to access support groups specifically related to diverse sexuality can currently only do so outside the Port Stephens area (or online);
- There are limited options for culturally specific mental health support services in Port Stephens. For Aboriginal young people in particular, groups such as Worimi Local Aboriginal Land Council and Wahroonga Aboriginal Corporation offer culturally appropriate support and resources, but not specifically related to mental health and Awabakal outreach services support mental health, but not specifically related to young people.
- There are opportunities for improved linkages and coordination across school, government, community and private sectors. Interagency groups are going some way to addressing this, but there continues to be limited interaction and information sharing across different sectors.

“You don’t get help unless you bawl your eyes out. Unless you’re in crisis they don’t care. But even then there’s no clear path.” [Young person]

“Team sport can be good for some people but it can also be hell.” [Young person]

**“Young people are struggling with their identity... There is nothing in the area for LGBTI youth.”
[Young person]**

DISCUSSION

This research project aimed to build a stronger understanding of the mental health issues experienced by young people in Port Stephens to inform evidence-based recommendations to improve the support and service options available to address these issues.

The research project was commissioned by COPSy, a community group committed to addressing the mental health needs of young people. Their commitment reflects a willingness in the community to address mental health. Community readiness assessment is the degree to which a community is willing and prepared to take action on an issue (Stanley 2014). Knowing the level of community readiness can

help a community move forward and be more successful in its efforts to change in a variety of ways (Stanley 2014). There are nine stages in community readiness as described in Figure 10.

Figure 10: Stages of Community Readiness



The community consultation process did not aim to identify the stage of readiness for the Port Stephens LGA in addressing mental health and well-being. Led by COPS, the strong involvement in this research project across all sectors of the Port Stephens LGA demonstrate that the community acknowledges the importance of the mental health of young people and the need for the community to work together on this issue.

Reflecting the evidence, there is a recognition by stakeholders that a coordinated and multi-pronged approach, supported by communication and strong partnerships will be the foundation of positive mental health and well-being in the Port Stephens LGA.

FRAMEWORKS FOR COMMUNITY BASED MENTAL HEALTH AND WELLBEING

The findings of this study and evidence about effective strategies suggest a need for a broad spectrum of interventions across many settings. The recommendations developed from the findings reflect the principles for promoting mental health and well-being and are informed by conceptual approaches that have been applied across settings and from prevention to continuing care.

Principles for Promoting Mental Health and Well-Being

Based on evidence for mental health promotion and informed by effective public health approaches for a range of health issues the following principles were recommended to the community committee. These principles informed the analysis of the common themes and aim to guide the development of strategies for the community plan. The principles suggest that strategies selected should:

- Focus on **population health** approaches
- Be **evidence-based** or **theoretically informed**
- Apply **multiple and sustainable strategies**
- Focus on **risk and protective factors**
- Ensure options for **early intervention**

- Provide **clear pathways to appropriate and accessible services**
- Provide **support for families**
- Be **targeted and tailored** to specific groups include specific cultural and age groups
- Build **capacity of services** to promote mental health and well-being
- Adopt **effective governance and evaluation**

The principles and frameworks have guided the recommendations which result from the findings of the study. These will be made in 4 areas:

- Prevention and Promotion
- Early Intervention
- Treatment, Care and Recovery
- Community Engagement and Governance

The recommendations are also made in the context of “the ideal world” with suggested actions to progress to achieving the ideal. The research team recognises that harnessing community resources will be challenging with steps needed to achieve the ideal.

MENTAL HEALTH NEEDS OF YOUNG PEOPLE

The mental health needs of young people in the Port Stephens LGA reflected the common mental health conditions experienced by many young people in Australia. Anxiety, depression and substance abuse were identified as the most common problems experienced by young people in the area.

The factors associated with mental health problems in young people in the Port Stephens LGA also reflected the national experience. Factors such as trauma, family breakdown and complex living arrangements were commonly reported.

A key differentiating factor for young people with mental illness in the Port Stephens LGA especially compared with metropolitan regions was access to services. The access barriers included travel, waiting times and costs of services. Poor access to services results in limited engagement with early intervention services and also hampers treatment for those young people with the less common mental illnesses who require continuing care. Early and accurate diagnosis of mental illness is critical for effective treatment with psychiatrists playing a key role. Like most regional areas there are no full-time psychiatrists in the Port Stephens LGA, with young people needing to travel to Newcastle or Maitland for this service.

Further compounding access problems was the young people and service providers lack of knowledge of relevant services and the range of strategies being implemented across the area. The findings indicate there are a range of services in the Port Stephens LGA but also indicates, like most regional areas in Australia that the numbers of health professionals are lower when compared to metropolitan areas.

Stigma about mental illness also acts as a barrier to access to services for young people. The findings suggest that like in most communities, stigma around mental illness exists in the LGA. For young people stigma plays a role in the likelihood of them identifying that they are having mental health problems and in seeking help. Young people also face barriers because of the stigma their parents have about mental illness and accessing services. In this way parents may not support young people in accessing needed help.

PREVENTION AND PROMOTION

There are many sectors in the community that young people interact with. Education and training organisations, cultural and sporting groups as well as youth specific agencies all have a role to play in the mental health of young people in the Port Stephens LGA. Schools are already implementing many programs to address the mental health needs of their students. There is opportunity to strengthen the role of all sectors that interact with youth, in particular to increase the capacity of those people who work or volunteer in these sectors to identify young people with mental health problems and refer to appropriate services within the scope of their roles.

In line with the improved capacity in sectors in the community that young people interact with, there are also opportunities to promote mental health and well-being during the events that occur in the area. Ensuring that events for young people include a focus on mental health and well-being is potentially a role for the Port Stephens Council because of their role in often having oversight of such events.

There are many programs, services and initiatives in place or in development in the Port Stephens LGA. However, one of the key barriers to addressing mental health and well-being was the lack of awareness of the range of programs, services and initiatives in place. Providing a framework for coordinating and communicating these initiatives will provide a foundation for future improvements.

Prevention and Promotion Recommendations

In the ideal world...	Actions Needed
Mental health promotion and prevention initiatives are implemented across sectors that young people interact with	<p>Ensure cultural and sporting clubs commit to, and undertake mental health promotion and prevention initiatives for their members</p> <p>Encourage cultural and sporting clubs to develop their own mental health strategies</p>
Schools and other training organisations implement, and promote initiatives to address mental health	Advocate for schools and other training organisations to develop and implement a mental health strategy which includes a range of initiatives to promote mental health and well-being, address the risk factors associated with mental health, and support help-seeking in young people, drawing on existing resources and partnerships with specialist agencies where possible
Community members including young people are trained as mental health champions	<p>Enhance the capacity of community members and young people to respond to youth mental health concerns</p> <p>Implement evidence-based mental health training initiatives for young people and other community members with appropriate specialist support and risk management</p>
Community-based activities that promote positive mental health – cultural, sporting, friendship etc. activities and events that are accessible to diverse young people (must be done in	Seek commitment and actions from local cultural, sporting, and friendship groups to support diversity in young people

In the ideal world...	Actions Needed
close consultation with young people) and inclusive of families.	Advocate for a commitment from council to ensure funded or supported organisations have a commitment to promoting diversity
Effective information sharing about strategies, services available and pathways for accessing information and care	Share web-based or physical service directory and clear information about referral pathways across service providers, community members and schools

EARLY INTERVENTION

Early interventions that aim to delay or prevent the onset of such disorders have been proven to be effective for young people (Patel et al). Early intervention is not just a responsibility for the health sector. To optimize effectiveness early intervention applies to all sectors with which youth engage.

Key to early intervention strategies are identification of early signs of mental health problems, including risk factors, with appropriate referral to enable accurate diagnosis and if necessary treatment. For early intervention to be effective, the capacity of sectors that engage with youth to identify mental health problems and risk factors early on, needs to be enhanced. This then needs to be supported by referral pathways which enable youth to access care.

There are a number of models for early intervention for youth mental health services. Headspace is one such model. Headspace aims to promote and support early intervention for young people with mental and substance use disorders (McGorry et al). By providing services as a one-stop-shop for young people, Headspace is an accessible, more specialised, multidisciplinary model. It also provides training and professional support to GPS, school counsellors, and other health professionals and service providers working with young people. As well as providing services for young people it also aims to improve community awareness of youth mental health to encourage help-seeking and knowledge about youth mental health. The model has proven to be effective in major metropolitan areas where recruitment and retention of specialist multi-disciplinary mental health clinicians is not

as problematic as in rural and remote areas. Its effectiveness in rural and remote areas has not as yet been tested.

There is strong support in the Port Stephens LGA for the establishment of Headspace in the area. Headspace is currently located in the cities of Newcastle, and Maitland, requiring up to an hours travel to access the services. However, given the common and strong views from the consultation that transport is a significant barrier to accessing a range of mental health services, their location suggests it not ideal for young people in the area. Headspace in these two cities also provides outreach to the Port Stephens LGA to provide mental health promotion activities and to support school communities to prepare for, respond to, and recover from suicide.

The Headspace model is predicated on the establishment of a multi-disciplinary team of health professionals including psychiatrists, GPs, psychologists, social workers and nurses. Recruitment and retention of these professionals in most regional areas in Australia is difficult. For clinical and professional reasons these health service providers are more likely to be based where there is a critical mass of their disciplinary colleagues. With Headspace services located in Newcastle and Maitland, and with the population of the Port Stephens LGA and proximity to these centres it is unlikely that a stand-alone Headspace would be able to recruit the professionals needed to operate successfully. For these reasons the likelihood of a stand-alone Headspace for the Port Stephens area is not high, however, the model it represents – a one stop shop providing multi-disciplinary mental health services for young people could be provided in some form for young people. The community is in a position to advocate for the establishment of Headspace or other options providing the one-stop shop approach as a stand-alone service, an outreach model or a combination of both. This would require commitment from a range of services, in particular the HNE Health Mental Health services and the PHN.

eHeadspace, an online and telephone service that supports young people and their families going through a tough time is also available to young people. The evidence in this report indicates that young people from the Port Stephens LGA do access the services at these sites.

The role of GPs in young people's mental health is critical in early diagnosis, treatment and referral where necessary (Rickwood, Deane et al. 2005). However it is widely recognised that the capacity of general practice in addressing mental health problems need strengthening.(Rickwood, Deane et al. 2005). The findings in this study show that GPs are seen as key, and are frequently viewed as the first point of contact for young people. Teachers, school counsellors and other youth professionals

commonly refer young people to their GP for mental health problems. One of the most significant barriers for GPs is however the lack of mental health services in the Port Stephens LGA to refer young people to if the problem needs more intensive or specialised support.

Young people interact with a range of settings in any community. Schools and training organisations, employment agencies, sporting and cultural clubs, and youth groups all have a role to play in mental health promotion, prevention and early intervention. In many communities enhancing the capacity of staff and volunteers in these sectors is pivotal to the mental health of young people. Supporting staff and volunteers to do this within their role is a key strategy for addressing the mental health needs of young people. Indeed, schools in the LGA have demonstrated their role in this by implementing a range of initiatives for staff to support the mental health needs of young people.

Evidence-based e-health interventions have been shown to be effective in providing accessible and acceptable support for young people experiencing mental health problems. Young people have demonstrated willingness to access these sites for support. However, access is reliant on people's awareness of the sites to maximise access.

The findings of the research show that the key barriers to mental health services for young people are transport and cost. Overcoming these barriers will be a necessary component of any community mental health action plan in the area. Utilising existing services which address these barriers such as community transport options is likely to be a more efficient approach than establishing an additional service.

Early Intervention Recommendations

In the ideal world...	Actions Needed
<p>Accessible, acceptable multi-disciplinary early intervention services for assessment, diagnosis, treatment, support and ongoing care</p>	<p>Ensure clear care pathways for referral to specialist services for young people are available and accessible</p> <p>Advocate for the establishment of one-stop shop service models for young people in the Peninsula and Raymond Terrace. The preferred site would be in an existing facility, with outreach and co-location of other youth support specific services including culturally appropriate services.</p> <p>Investigate options for a brokerage fund to help young people pay 'the gap' for private services which are locally available or to increase the capacity of community services. Brokerage funds to support better transport options may be explored in partnership with a group such as Community Transport Port Stephens</p>
<p>Strong and coordinated response from GPs to address the mental health needs of young people</p>	<p>Strengthen the capacity of GPs to provide evidence based mental health care and, in particular, early intervention for young people</p>
<p>Sectors that young people interact with have the capacity to identify and refer young people at risk</p>	<p>Seek a commitment from employment, cultural, education and training, and sporting organisations to be trained in identifying and appropriately responding and referring to young people at risk</p>

Services that young people interact with have clear referral pathways for responding to young people with mental health problems	Advocate for employment, cultural, education and training and sporting organisations are trained in service options and referral pathways for young people with mental health problems
Accessible ehealth interventions are promoted through sectors that interact with young people	Include information on evidence-based ehealth tools in service directories
Peer-based, specialist-supported engagement and support activities for diverse groups of young people	Encourage the establishment of or access to support groups and facilitated peer-based activities for diverse groups of young people, including LGBTI young people, and young people who are socially isolated
Transport support for young people who need to access more distant services	Work with providers such as Community Transport to support improved resourcing (and awareness of) locally available transport support options

TREATMENT, CARE AND RECOVERY

Internationally and in Australia, access to mental health services for young people are low demonstrating a significant gap between needs and utilisation (Australian Bureau of Statistics 2008, Gronholm, Ford et al. 2015). This is of particular importance for young people given the evidence regarding early intervention for prevention and management of mental illness (McGorry, Purcell et al. 2007).

It is now widely recognised that mental health services for young people need to be fully integrated with other service systems, notably education, employment, housing and justice, to ensure a seamless coverage of mental health care from puberty to mature adulthood. However, many mental health services are not integrated with transition between services presenting additional barriers to young people (Mala et al). This has resulted in recognition of the need for strategic and operational partnerships across the service spectrum for young people (Howe et al). Opportunities for strengthening partnerships across the service spectrum are a key finding of the study.

Having the necessary skills and knowledge to provide evidence-based interventions across the spectrum of prevention, early intervention and clinical management, regardless of their professional background are essential for all professionals working with young people with mental health problems. As important, in order to achieve ‘youth friendly services”, is ensuring the attitudes of professionals who support respectful partnerships between the young person, their family and the professionals. Young people in this study identified that some services are not accessible in part because of the attitudes of professionals to young people. A key feature of mental health services for all people and, in particular, young people should be in ensuring that professionals are trained in the knowledge and skills and in attitudes to maximise participation in services.

Caregivers including families and parents play an important role in enabling access to mental health services for young people. This has implications for ensuring they are supported in their role as a caregiver for a young person experiencing mental health problems. It requires mental health services to recognise and respect the key role of caregivers and support them in this role. Findings from this study indicate that the respect by mental health professionals for the role of parents as carers of young people with a mental illness could be strengthened.

The findings also identified that some caregivers display stigma towards mental health and mental health services. This is in line with evidence which indicates that stigmatising behaviours of caregivers and others influenced young people’s service use (Gronholm, Ford et al. 2015). These findings indicate the needs for ensuring stigma related to mental health is addressed across all sectors of the community.

Work is important to the mental health and wellbeing of individuals as it provides opportunities to develop self-efficacy and self-esteem as well economic security and a sense of social contribution and inclusion (Lloyd 2007). For a range of reasons employment options for young people with mental health problems have meant lower workforce participation compared with other young people (Lloyd 2007). The challenges of employment options for young people experiencing a mental illness was raised by people consulted in this study. Supported education, training and employment are key to maximising employment opportunities for young people with a mental illness, with this support being provided in the context of an integrated system.

Treatment, Care and Recovery Recommendations

In the ideal world...	Actions Needed
A coordinated approach to treatment ongoing care for young people as a partnership between the young person, their families, health teams and other relevant sectors (schools TAFE, employment, sporting)	<p>Ensure clear care pathways for referral to specialist services are available for young people</p> <p>Advocate for the establishment of outreach services as one-stop shop for young people in the Peninsula and Raymond Terrace in existing facility with a range of other support services</p> <p>Seek a commitment from health care providers to work with young person, their families, health teams and other relevant sectors (schools TAFE, employment, sporting) as part of ongoing care</p>
Families of young people with a mental health problem are supported in their caring role	Advocate for the case management role for health professionals involved in the care of young people to include family support
Training and employment options for young people with a mental illness are available	Make Information about local training and employment options for young people with a mental illness available for all community organisations

COMMUNITY ENGAGEMENT AND GOVERNANCE

Reflecting the evidence, there is a recognition by stakeholders that a coordinated and multi-pronged approach, supported by communication and strong partnerships will be the foundation of positive mental health and well-being in the Port Stephens LGA. There is no single solution to mental health problems in young people. Expectations that a single service solution response such as Headspace alone could address the mental health needs of young people are likely to result in missed opportunities for young people.

The community of Port Stephens has demonstrated a commitment to addressing mental health of young people. COPSYS in driving the needs assessment have been community leaders to ensure that there is a more coordinated response to mental health. The participation in the consultations reflects that commitment exists across the LGA. Indeed, there are a number of community groups, albeit with differences in function, roles and memberships, that have a commitment to mental health of the community including young people. Harnessing the commitment and passion of those involved in these community groups, while still acknowledging their differentiating roles is likely to results in more commitment to and investment in meeting the needs of young people in the LGA.

Guided by the recommendations of this report and building on the partnerships that exist, the development of a community action plan is likely to drive community responses. It is also likely to be the foundation for advocating for better service access. The development of the plan can also instigate commitment from a range of partners to act in this important area of young people's health.

Key to the success of future action will be ensuring young people and their families are involved. The lack of involvement of young people in existing groups was raised as concern by a number of people and in particular young people. Their involvement is in line with evidence that establishing youth participation in governance, planning and implementation of strategies and services is key to success (Howe, Batchelor et al. 2014). Without this involvement it is likely that changes which meet the needs of young people will not be implemented. This will require changes in existing community groups and in the governance arrangements to progress the recommendations of this report.

Community Engagement and Governance Recommendations

In the ideal world...	Actions Needed
A community committee, representative of young people and the broader community will oversee the implementation of a response to the mental health needs of young people	<p>Establish a committee representative of the community, across the LGA, including a mental health practitioner and local young people</p> <p>Support community members to strengthen their understanding of mental health and evidence based approaches to responding to mental health</p>
An action plan to address mental health in young people	Develop, implement and monitor an community action plan to address mental health for young people in the Port Stephens LGA
The community committee is active in promoting the importance of addressing a community based response to mental health	Ensure effective communication and partnerships across the existing community groups , complementing each other’s strengths to promote initiatives in mental health

CONCLUSION

The mental health needs of young people in Port Stephens are not currently being met. There are many initiatives underway in the Port Stephens LGA to address mental health needs of young people. However, these are often occurring in isolation with limited coordination across sectors. There is a range of evidence-based initiatives to support the mental health needs of young people. There is not the need for creating new strategies and responses. Rather there is a need for better promotion of existing evidence-based strategies, strengthening existing services and better coordination across the service system. In addition, access barriers, in particular travel and cost barriers are limiting access to treatment.

Building on and maintaining the momentum provided by the COPS Y and this research project process, will be critical. The community of Port Stephens LGA is ready to work together to address mental health and well-being through coordinated actions.

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