



ENVIRONMENTAL SCAN AND INSIGHTS REPORT

for the preparation of a headspace service
model for the Pilbara region of Western Australia

Prepared by:



Anglicare WA acknowledges WA Primary Health Alliance (WAPHA) for providing funding in its role as the operator of the Country WA PHN

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This report was completed by Anglicare WA with input from Pilbara young people, families and service providers and with support from the WA Primary Health Alliance – Country WA Primary Health Network.

Dr Shae Garwood
Senior Research Officer

Jethro Sercombe
Human Centred Design Lead

Philippa Boldy
General Manager Service Strategy

Storyboard comics designed by Stuart Medley and Marian Mullin.

Introduction

In June 2017, Commonwealth funding was allocated to the WA Primary Health Alliance for the design and delivery of a two-year, trial innovative headspace service for the Pilbara. This service is intended to *'flip the headspace model inside out'* by using outreach and technological solutions to provide a headspace mental health service to young people across the Pilbara region.

Anglicare WA was commissioned in July 2017 to undertake a four-month design and planning process for this headspace service, in order to co-design this unique and innovative service response. This Environmental Scan Report forms a critical component of the design process, synthesising insights and information obtained through the community co-design and research components of the design phase, as well as contextualising demographic information on the Pilbara region.

The insights within this report, alongside those which feature in the accompanying Literature Review *into service model approaches to youth mental health issues in regional areas*, will be used to determine the most suitable approach to the delivery of a headspace service for the Pilbara, providing direction for the formulation of the headspace Pilbara service model.

A headspace for the Pilbara

The Pilbara Region of Western Australia is a unique environment; environmentally, economically and socially. As such, the particular mental health and wellbeing needs of young people in the Pilbara region of Western Australia need to be understood in this context.

In considering the delivery of headspace in the Pilbara, it is important to understand the factors which impact upon young people's health and wellbeing, and to identify opportunities for innovation in order to best meet their needs.

The Pilbara region of Western Australia is a large and complex region, with a diverse population situated in larger towns and smaller, remote and very remote communities. The region is well-known for its industry, Aboriginal culture and unique landscapes. This region demonstrates both a high level of need and a significant logistical challenge in providing services given the vast distances between major centres.



The Pilbara is plagued with indicators linked to poor outcomes of young people's well-being, their prevalence in the Region and the gaps in current service delivery. The impact of intergenerational trauma on Aboriginal youth, who make up more than 25% of the target group, has been cited as a major driver of the need for additional, targeted youth mental health capacity in the Region.

Summary



Demographic Summary & Pilbara Context

This report provides background to the formulation of a headspace service model for the Pilbara region of Western Australia.

Based on the principles of Human Centred Design, Anglicare WA have undertaken co-design, consultation and research to uncover important insights for the development of an outreach-based headspace Pilbara service model.

In recent decades, the Pilbara has been transformed by the wealth of the mining industry, creating a unique set of social and economic conditions. The Pilbara is a highly complex region in terms of cultural diversity, industry, wealth, poverty and extreme disadvantage, remoteness of population and high costs.

The design process for this project followed the first five stages of the following:



Insights revealed by the discovery and design stages are detailed within this report, namely:

- Young people have improved rates of access to services when engagement is built on trust and relationship, building with time.
- Extended family, particularly family matriarchs and Elders, play an essential role
- An Aboriginal philosophy must be part of the solution.
- Practical interventions are preferred to structured clinical interventions
- Challenges involved in coordination of services.
- Cost of operating services in the Pilbara
- Challenges associated with delivering 'Pilbara wide' services
- Relationship with the Child and Adolescent Mental Health Service (CAMHS) is essential for headspace.
- Schools are hubs
- Poor identification of mild to moderate mental health issues amongst young people and their families
- Alcohol and Drug Use
- Mental Health as part of a holistic view of health and wellbeing
- Local embedding within other services allows young people to engage 'from a distance'.
- Engagement is with people, not with services.
- Service Responses have to be immediate, or they may not happen at all.
- Low levels of mental health literacy in the wider community, and amongst some community based workers
- The value and challenges of applying a strengths-based approach

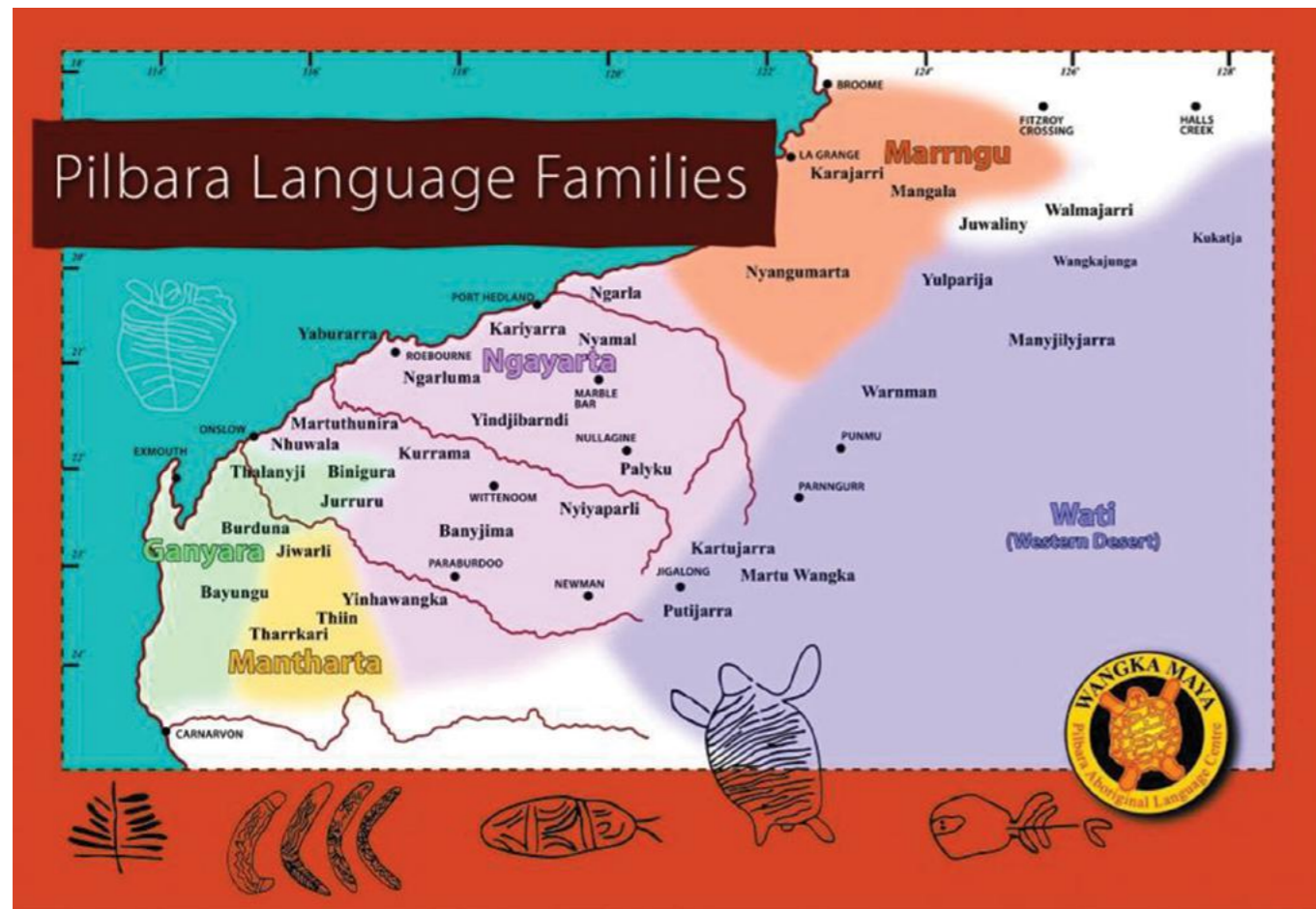
Population

The Pilbara is located in the Northwest of Western Australia and is home to 59,553 people, with the highest concentration of population occurring in the western part of the region, in the towns of Port Hedland and Karratha. Other towns in the region include Roebourne, Dampier, Onslow, Paraburdoo, Tom Price, Wickham, Newman, Marble Bar and Nullagine, with remote communities scattered throughout the eastern part of the region (Australian Bureau of Statistics, 2017).

The Pilbara Region covers 498,000 sq kms or 20% of the WA land mass. The major regional centres of Hedland and Karratha are 232 kms apart and the third largest centre Newman is 611 kms from Karratha and 444 kms from Hedland. The Region is characterised by its remoteness, lack of internal air services requiring travel by road, its high Aboriginal population (16%), mining and related services as its principal employment, a young 'cashed up' mining workforce with easy access to drugs and alcohol contrasting with significant disadvantage, and for many, overcrowded housing, poor access to the education curriculum, food insecurity, domestic violence and high rates of chronic disease.



Source: WA Department of Primary Industries and Regional Development



Source: Wangka Maya Pilbara Language Centre

The percentage of Pilbara population aged between 0-24 (30.4%) is slightly lower than the State figure of 32.6%. The Pilbara youth population aged between 15 and 24 years was 7,060 in 2015 with 2,980 located in the City of Karratha and 2,043 located in the Town of Port Hedland. While Aboriginal males in the 10-24 age group represent 25% of all males in this group, in the 15-19 age group Aboriginal males comprise 50% of all males.

Aboriginal people have inhabited the Pilbara for 50,000 years and continue to make up a substantial part of the population (Cooper, 2017). In 2016, 14% of the population in the Pilbara identified as Indigenous (compared to 3.1% for all of WA), which included 7,704 Aboriginal, 333 Torres Strait Islander and 275 people who identified as both Aboriginal and Torres Strait Islander.

There are 31 language groups in the region of the Pama-Nyungan type, Nyungic or South West Group (Wangka Maya Pilbara Language Centre, 2017). The developed by Wangka Maya Pilbara Language Centre depicts the numerous language groups of the Pilbara.

The largest population centres in the Pilbara are Karratha and Port Hedland. The City of Karratha Local Government Area includes Karratha, Roebourne and surrounding areas. While the overall population has declined by 6% since 2011, the Aboriginal population in the City of Karratha has increased by 39%.

City of Karratha, 2016

Total population	21,473, 6% decrease from 2011
	56% male
	44% female
Families	4,821
One parent families	532
Population 10-25 yrs	Total 3,834
	10-14yrs 1,414
	15-19yrs 1,098
	20-24yrs 1,322
Aboriginal population	2,801 (13%), 39% increase from 2011
Households where a non English language is spoken	14% (1,069)
	Yindjibarndi 1.5%
	Tagalog 1.4%
	Filipino 1%
	Mandarin .9%
	Afrikaans .6%
Access to the internet at home	86%
Median weekly income	\$2,626, 8% decrease from 2011

The Town of Port Hedland Local Government Area includes Port Hedland, South Hedland and surrounding areas.

Town of Port Hedland, 2016

Total population	14,469, 4% decrease from 2011
	53% male
	47% female
Families	3,191
One parent families	379
Population 10-25 yrs	Total 2,408
	10-14 yrs 825
	15-19 yrs 685
	20-24 yrs 898
Aboriginal population	2,411 (16%), 8% increase from 2011
Households where a non English language is spoken	16% (883)
	Malay 1.7%
	Tagalog 1.3%
	Filipino .9%
	Nyangumarta .7%
	Afrikaans .7%
Access to the internet at home	81.3%
Median weekly income	\$2,563, 9% increase from 2011

Mental Health and Wellbeing

The WA Health and Wellbeing Surveillance System collects information regarding psychological distress and perceived lack of control, which are both related to mental health and can have adverse effects on health.

Seven per cent (7%) of Pilbara adults reported high or very high psychological distress, while 4% reported lack of control over their life in general (WACHS 2017). Seventeen per cent (17%) of the population over age 16 in the Pilbara have been diagnosed with depression, anxiety, stress-related or other mental health problem in the past 12 months, compared to 14% for the entire state (WACHS 2017).

Pilbara residents access services at a significantly lower proportion than the State including dental, allied health, mental health and alternative health care services. Only 6% of Pilbara residents accessed a mental health care service in the last year (Rural Health West, 2015).

The youth suicide rate in the Pilbara was 21 per 100,000 for males, compared to 20 for the State. The rate of suicide for young women is significantly lower at 3 per 100,000 in the Pilbara and 6 for the State. The rate of suicide of young men is much higher in regional and remote communities than the metro area, but for young women the rate is slightly higher in the metro area (Rural Health West, 2015), indicating that different approaches are needed to prevent suicide among young men and young women.

Indicators of Disadvantage

Socio-Economic Indexes for Areas (SEIFA) measures 16 indicators of disadvantage including income, education levels, overcrowding, single parent households and disability.

The Index has a baseline of 1000. The Pilbara as a whole has a SEIFA score of 1033, however this masks disparities among different parts of the Pilbara. For example, parts of the East Pilbara have a SEIFA score of 430, while others parts of the City of Karratha (formerly the Shire of Roebourne) have a score of 1,136 (ABS, 2012).

The Australian Early Childhood Development Census (AEDC) measures how young children are developing when they first enter school. Five domains are measured including physical health and well being, social competence, emotional maturity, language and cognitive skills, and communication skills. Higher percentages of children in East Pilbara, Roebourne and Port Hedland are developmentally vulnerable than the State average of 11%, and Ashburton has a much lower rate (5%) than the State average. The AEDC domains have been shown to predict health, wellbeing and academic success later in life.

Children vulnerable on 2 or more domains

Area	Percentage of children
East Pilbara	14%
Roebourne	17%
Port Hedland	17%
Ashburton	5%
WA	11%

The rate of births to young mothers (5%) is higher in the Pilbara than the State (3%). For Aboriginal young women, the rate was significantly higher at 20% (Rural Health West, 2015). Young parents often face significant stress that can contribute to mental health problems (Price-Robertson, 2010).

Alcohol and substance abuse contribute to poor physical and mental health outcomes. The Pilbara has a high rate of alcohol consumption with 42% of adults reporting drinking at high risk levels for long term harm, compared to 31% for the whole State (WACHS 2017). Foetal Alcohol Spectrum Disorder (FASD) is a significant issue in regional and remote areas of Western Australia. The prevalence of FASD in WA is 0.26 per 1000 births. The rate of FASD among Aboriginal children is significantly higher (4.08 per 1000) than non-Aboriginal children (0.03 per 1000) (Rural Health West, 2015).



The impact of alcohol and other drugs in the Pilbara

The impact of the effects of alcohol and drugs on health, relationships, the local economy and the criminal justice system across the Pilbara are considerable.

The following sample data, taken from the WA Primary Health Alliance submission to the Commonwealth for a headspace service for the Pilbara summarises this impact:

- The estimated per capita consumption of alcohol in the Pilbara for 2009/10 was 1.4 times the State figure (Western Australia Drug and Alcohol Office 2015)
- The proportion of verified alcohol related Domestic Assault Offences in 2013 were 74.2% compared to the State figure of 45.8%. Alcohol related Non Domestic Assault Offences for the same period were 58.6% compared to the State's 35.8%.
- In 2016, the Town of Port Hedland recorded the highest number of alcohol related offences by those aged 12-25 years in the Pilbara; 57.4 per 10,000 persons compared with City of Karratha at 22.9 per 10,000 persons. (WA Police, ND)
- In 2015-16 the overall Domestic Assault rate for the Pilbara was 1,286.2 compared with the State rate of 817 per 100,000 persons. The Town of Port Hedland recorded the highest rate of domestic violence victims aged between 12-25 in the Pilbara; 72 per 10,000 persons compared with City of Karratha at 46. (WA Police, ND)
- The number of drug offences in the Pilbara more than doubled in five years between 2009 (355 offences) and 2013 (750). The Pilbara rate of drug offences in 2013 was 1,225.69 compared to the State rate of 718.7. (Western Australia Drug and Alcohol Office 2015)
- Drug offences in 2016 in the Town of Port Hedland were slightly higher than the City of Karratha at 31.5 and 30.8 per 10,000 persons respectively). (WA Police)
- Alcohol related hospitalisations in the Pilbara in 2012 were 928.5 per 100,000 persons compared with the State figure of 769.2. (a) Paradoxically the other drug related hospitalisations in the Pilbara for 2012 were lower than the State at 152.8 per 100,000 persons compared with 276.73. (a) Note This data does not include emergency department presentations.

Situational Analysis

The Pilbara context has been summarised below using a PEST Analysis; briefly identifying key political, economic, social and technological factors. In particular, those factors most relevant to young people's health and wellbeing in the region are emphasised.

Political factors

- The Pilbara Region includes several Local Government Areas – the City of Karratha, Shires of Ashburton and East Pilbara and the Town of Port Hedland.
- The Pilbara Cities initiative was established in 2010 to address issues associated with significant growth in the region, with a vision of building the populations of the key centres of Karratha and Port Hedland into cities of 50,000 people, and Newman to 15,000 people by 2035, with other Pilbara towns growing into more attractive, sustainable local communities.
- Post boom, the Pilbara population has decreased in all parts of the Pilbara except Onslow.
- The community of Roebourne has become a focus of Regional Reform in recent years.
- The Aboriginal political system is an important component of social dynamics for Aboriginal communities in the region.
- There are several Aboriginal corporations across Pilbara, and important land ownership claims form a focus.
- Aboriginal people are under-represented in structured formal political positions.
- The region experiences strong influence of key mining companies, which bring substantial wealth and employment opportunities.
- Political and social systems are strongly influenced by the strong presence of mining and mining related activities.
- Key towns in the region can be aligned with particular corporations, based on local industry activity i.e. many of Newman and Port Hedland's residents may identify as residing in a BHP town, whereas many of Karratha and Tom Price residents identify as being part of a Rio setting.
- Identifying and acknowledging Aboriginal traditional owners more contested in some areas of the Pilbara than others.
- There has been recent debate about the possibility of application of cashless welfare cards and their impact upon community in areas of high socio-economic disadvantage.
- The Federal Member is Melissa Price. She is a strong public advocate for the establishment of a headspace service in the region.

Economic Factors

- In recent years, the Pilbara region has followed a pattern of very significant economic growth, followed by a downturn. Economic volatility associated with fluctuations in the value of resources, resulting in boom/bust economic cycles impacting on the local community and its industry.
- The Pilbara demonstrates strong patterns of a two-speed economy, with substantial wealth generated in the region through primary industries, compared with areas of very significant poverty, economic disadvantage and inequality.
- The Pilbara has a heavy reliance on primary industries across a range of extraction types, including iron ore, salt and LNG.
- Influx of funding through the Royalties for Regions program funded new local facilities including community sports facilities in Karratha and Hedland and other substantial infrastructure.
- Many towns in the region experience shortages of housing, with very high demand for housing pushing up the cost of housing. This has resulted in many employers in the social and health industries needing to supply housing as part of salary packages, in order to attract suitable staff to relocate to the region. This pattern has also significantly impacted local support industries such as hospitality and retail, resulting in the construction of key worker housing in some major centres, including South Hedland. A more recent economic downturn has seen a slight reduction in housing pressures in the region.
- Cost of living pressures in the Pilbara are substantial. The median weekly household income has recently fallen in all locations except Onslow. However housing costs, food prices etc remain high.
- Anecdotally it has been reported that there is a strong reliance on corporations to provide for worker's needs. This expectation is reported to extend to the provision of health and social services; the suggestion was made during the consultation for this project that there is frequently a reluctance to have to pay for services, such as counselling supports, resulting in a low supply of private counselling services in the region compared to other regions.
- For many in the Pilbara, there is a strong sense of loyalty to companies (BHP, Rio). Corporations invest substantially in local social, sporting and infrastructure costs.
- Local employers experience difficulties attracting and retaining suitable professional staff, including within specialised social and health occupations.
- There exists a shortfall of commercial accommodation for services, programs and businesses across the region, exacerbated by a tight commercial rental market (Regional Development Australia Pilbara 2012)
- High accommodation, infrastructure and cost of living expenses result in very high operating costs for services and businesses in the region. This is summarised well by the Map and Gap Analysis of Pilbara NGOs conducted in 2012:
"Factors that directly impacted on the cost of not-for-profit service providers doing business in the Pilbara included the general cost of living and housing, the cost of office accommodation, the cost of wages to recruit and retain appropriately skilled and experienced staff, the cost of goods and services, the cost of fuel and transport and the cost of loss of productivity associated with delays in accessing services and travelling between locations. The Regional Price Index (see section 2.3) highlights the significantly higher costs of living for the Pilbara compared to all other regions in Western Australia. Some larger NGOs with multiple funding streams and providing multiple services were subsidising Pilbara services that operated with deficit budgets. Given the tyranny of distance and the cost of accommodation, some organisations found the FIFO service model more cost effective to deliver programs."
(Regional Development Australia Pilbara 2012:28)

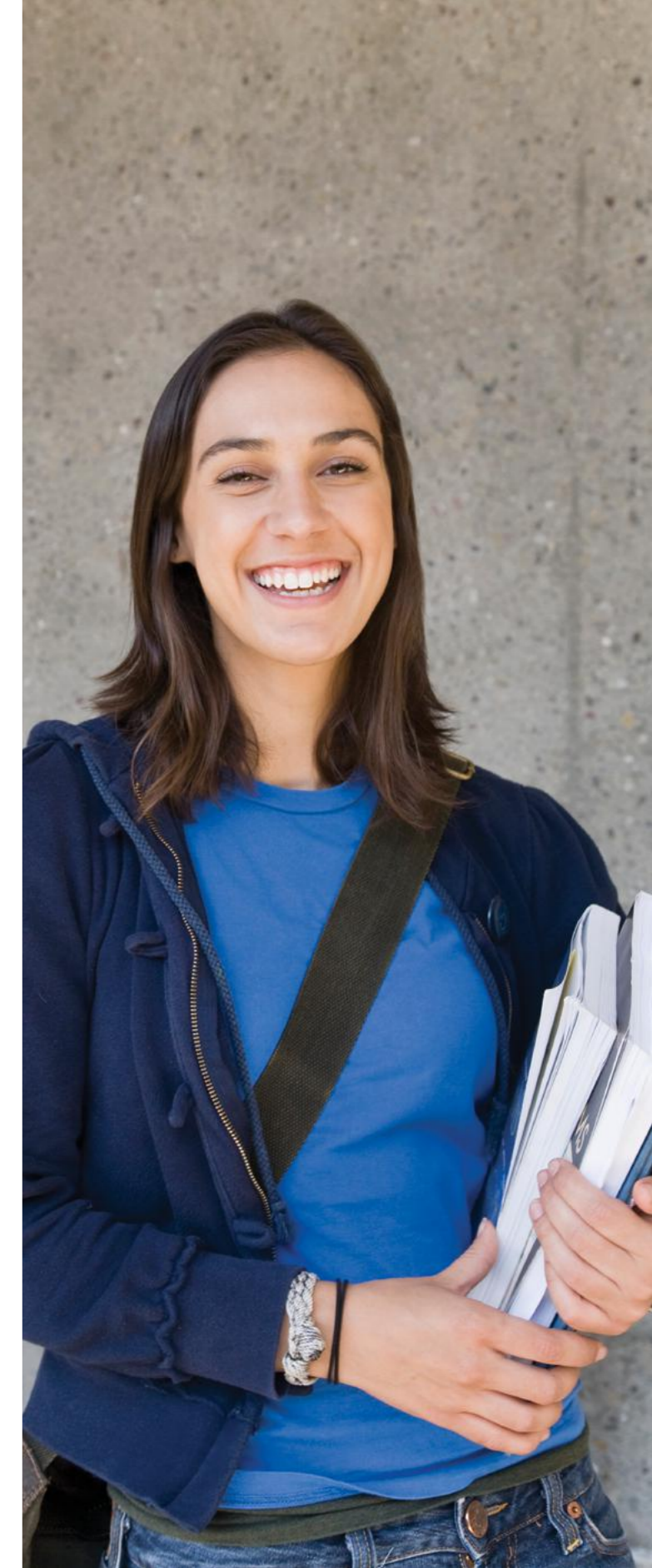
Social Factors

"The Pilbara Region is characterised by regional, remote and very remote communities; poor health outcomes for Aboriginal people (Closing the Gap), especially the impact of intergenerational trauma on Aboriginal youth; high prevalence of domestic assault and interpersonal violence; high rates of alcohol and drug consumption; and, a two tiered economy comprising of significant disadvantage (food insecurity, overcrowding, family domestic violence, poor access to education and high rates of chronic disease." (WAPHA 2017)

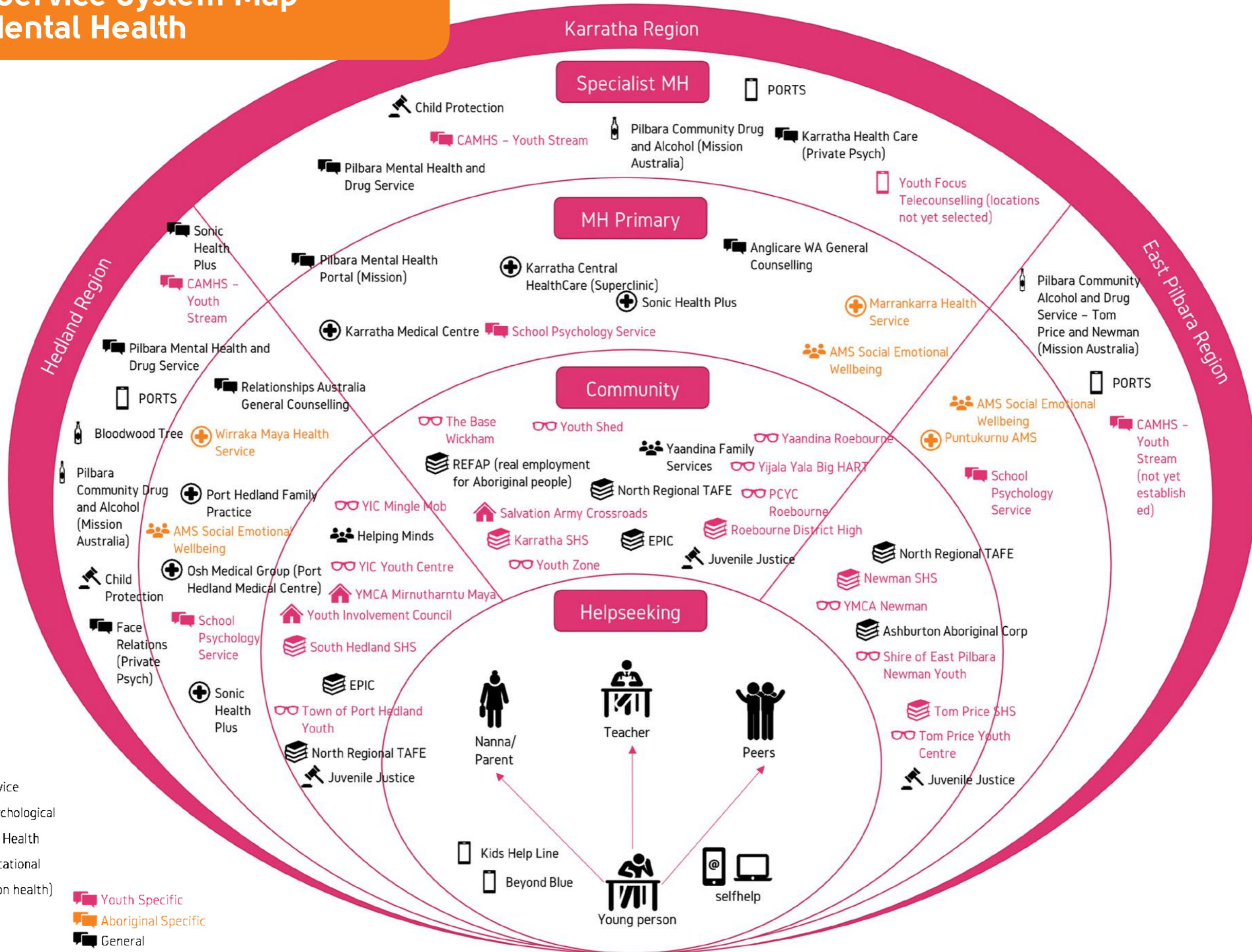
- The Pilbara region has a rich Aboriginal cultural heritage, with 31 Aboriginal cultural and language groups.
- In the past 5 years, the number of children in the region has risen in all locations except Onslow.
- Over 65s have increased as a ratio of the total in all the locations except Paraburdoo.
- In remote and very remote communities, populations often fluctuate for cultural reasons (e.g. lore time), community events, funerals in other places etc.
- Larger town centres are frequented by residents of remote and very remote communities, often camping in the perimeter of towns such as Newman and South Hedland. Temporary relocation to centres in this pattern may be due to accessing services in town or visiting with relatives and friends.
- In many communities, the importance of the role of Aboriginal Elders is recognised. Elders play an important role in leadership to Aboriginal communities and families, often acting as custodians of local culture and language.
- The difficulties associated with attracting and retaining specialist staffing, including in the health and social services is well recognised. The social impact of this trend involves high levels of transience and mobility amongst professional workforces, with many staff moving in and out of the region within 18 months-2 years. Personal relationships required for effective coordination and collaboration of services are hampered as a result.
- Many parts of the Pilbara recognise the role of Aboriginal cultural lore. The term 'lore' refers to the customs and stories Aboriginal people learn from the Dreamtime. Aboriginal lore is passed on through the generations through songs, stories. In some area of the Pilbara, Lore or Law time has implications for restricting travel within the region across certain lands.
- The Pilbara region experiences high rates of participation in sporting clubs and organised sporting activities.
- Some areas of the Pilbara experience very high levels of socio-economic disadvantage, with issues such as alcohol related health problems, Foetal Alcohol Spectrum Disorder, child protection concerns, high rates of mental health issues, high levels of crime and violence. Negative perceptions of some communities have developed where they become known for social problems. For example, Roebourne has recently featured in National media as a result of serious social issues.
- Fly in/fly out mining shifts and 12-hour shifts, particularly in the mining industry, cause some dislocation of social trends, with many of these personnel having limited involvement in the social and community life of the areas in which they reside whilst in the Pilbara. This trend also produces a lack of 'belonging' or commitment to local community.

Technological Factors

- Access to reliable Information Communication Technology (ICT) has been noted as a concern to service providers in the Pilbara Region (Regional Development Australia Pilbara 2012).
- Internet speeds and mobile coverage varies widely across the Region, and can be experienced as unreliable in many areas.
- Remote health provisions, such as tele-health, are familiar to many in the Pilbara Region, with health specialists being made available to Pilbara residents from major Pilbara centres or from Perth via video conferencing.
- The use of smart phones is widespread, including amongst Elders and younger people. During the research phase of this project, few people reported using their personal smart phone to seek support via online services, however many reported extensive use of social media in addition to phone calls and text messages.
- Internet access available through Community Resource Centres, however in more remotes areas, internet is not as frequently set up in peoples' homes.



Pilbara Service System Map – Youth Mental Health



headspace Pilbara Design Process

Project Launch

The headspace design process began with defining the boundaries of the design process and understanding the brief for design in this context. The following considerations formed the basis of this Design Phase.

Target User Group

headspace targets young people with mild to moderate mental health presentations, and for this project, in a rural and remote context. Given the project's role as an innovative trial site, and with an understanding of the Social Inclusion Model Development Study from headspace, the team understood that whilst a Pilbara based headspace would need to be available to a wide group of young people, part of the purpose of the trial would be the exploration of successful models of engaging Aboriginal young people in mental health supports.

In Design processes, the concept of an 'extreme user' is described (<http://www.designkit.org/methods/45>). The concept is that if a service is designed for the needs of an extreme user, then is likely to better meet the needs of other users. So for this purpose, the Design process was focused on the service needs of Aboriginal young people as a way to create an effective service provision for all young people.

Service Delivery Vehicle

The Design teams brief was to redesign the headspace service delivery vehicle away from centre based provision, to an outreach modality. A headspace 'without buildings'. As the team explored this idea, there was a realisation that for headspace, the building facilitated a number of components of the service model. The Design process would need to consider the following components:

- **Outreach modality** – which modality of outreach would need to be utilised? Pop-up clinics, outreach to homes, virtual modalities as examples.
- **Collaborative model** – the headspace consortium in centres relies on collocation as the primary motivator and driver of collaboration and care coordination. What could replace that? How would data work in that context?
- **Location** – the centre model chooses a specific single location. How would an outreach based approach deliver service to a population of 50,000 in an area the size of Spain?
- **Governance** – alongside the Location and Collaborative model, the governance of a headspace centre relies on a single location. How would a Youth Reference Group and/or Family Reference Group operate across distance.
- **Staffing structure** – what staffing model would facilitate solutions to the above?

Discovery

Literature Review

Joyce Lewis-Affleck from Eudamonia Consulting was supported by Dr Shae Garwood Anglicare WA's Senior Research Officer to examine existing research and publications to develop a critical analysis of approaches to indigenous wellbeing and the engagement of hard

to reach populations. The review focused on service delivery models and strategies in the mental health space and beyond, from local, national, and international contexts. The finalised literature review should be read in conjunction with this insights report.

Figure 1: Exploring potential outreach modalities



Practice Visits

Anglicare WA staff connected with a range of headspace providers in rural, and/or indigenous contexts to discover lessons learned through practice experience. This included visits to:

- headspace Albany: lead agency – Youth Focus
- headspace Broome: lead agency – Kimberley Aboriginal Medical Services Council
- headspace Darwin: lead agency – Anglicare NT
- headspace Kalgoorlie: lead agency – Hope Community Services
- headspace Midland: lead agency – Youth Focus
- headspace Rockingham: lead agency – 360 Health + Community

Pilbara Sector Interviews

The project saw wide engagement with local service providers in the Pilbara through interviews, engagement activities and Co-Design processes. Throughout this Design phase, data gained from each of the engagements fed into the process. It is worth noting that time limited the engagement to Karratha, Roebourne, Port Hedland, South Hedland and Wickham, with continued engagement planned for further afield in the late stages of Design.

Figure 2: Literature Review Feedback

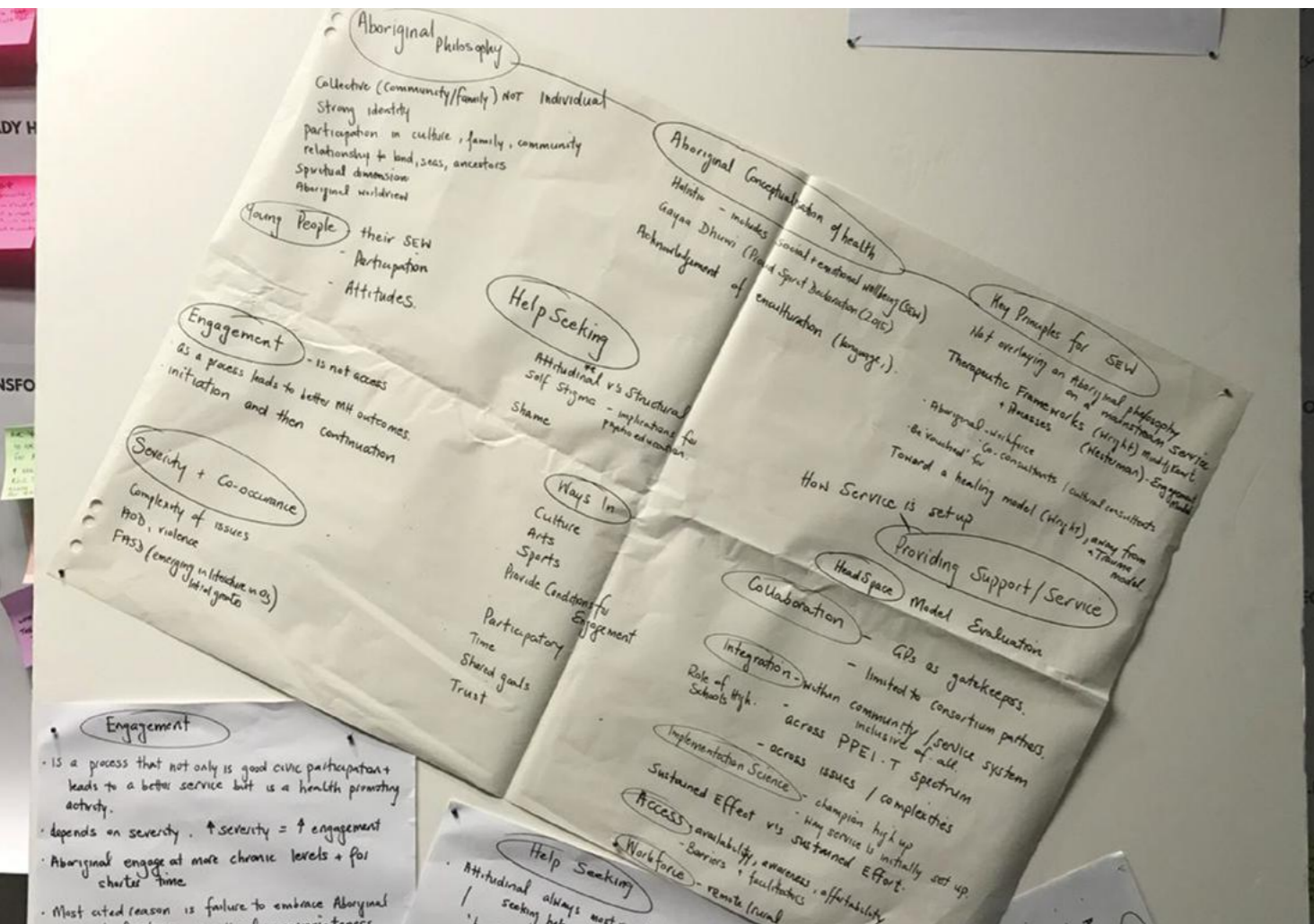


Figure 3: Yijala Yala - Big HART Roebourne

Formal interviews by a local researcher were conducted with 11 services (20 staff total):

- Wirraka Maya Health Service Aboriginal Corporation
- Yaandina Youth Centre – Roebourne
- PCYC (Police & Community Youth Centre) – Roebourne.
- Salvation Army Crossroads Youth Crisis Accommodation – Karratha
- Mission Australia AOD Counselling – Karratha
- EPIC, Empowering People in Communities – Karratha
- CAMHS – Karratha and Port Hedland
- YIC, Youth Involvement Council – Port Hedland
- Bloodwood Tree – Port Hedland
- Mirnutharntu Maya YMCA – Port Hedland
- Department of Youth Justice – Port Hedland

Other engagement meetings were held on an individual basis with an additional range of local service providers:

- Anglicare WA Karratha team – Karratha
- Bloodwood tree – Hedland
- Child and Adolescent Mental Health (Pilbara Mental Health and Drug Service) – Pilbara wide
- City of Karratha
- EPIC – Pilbara wide
- Hedland Senior High School – South Hedland
- Helping Minds – South Hedland
- Karratha Senior High School - Karratha
- Mawarnkarra Health Service (AMS) – Roebourne
- Mental Health Professionals Network meeting
- Mission Australia – Pilbara Wide
- Pilbara Mental Health and Drug Service – Karratha
- Pilbara Mental Health and Drug Service – Pilbara wide
- Salvation Army Crisis Accommodation Program – Karratha
- WA Primary Health Alliance - Karratha
- WA Primary Health Alliance (PHN) – Regional Manager Pilbara wide
- Yaandina – Roebourne
- Yijala Yala – BigHART Arts Project – Roebourne
- Youth Focus – Perth based telecounselling
- Youth Involvement Council Inc – South Hedland



Figure 4: Solutions to key challenges

Pilbara Young Person and Family Interviews

In-Depth Interviews were conducted by local Anglicare WA staff and a local consultant. This included direct interviews with young people from the Pilbara, their experiences with local service provision and its connection to mental health and other aspects of their lives (see interview schedule at Appendix 1). The target user group for this project proved difficult to engage in-depth Interviews over this short time period, with high levels of trust required before disclosure.

Overall, 5 individual interviews with young people were conducted during the project and with 3 family members. 5 interviews is considered to be meaningful in design research, as relatively few new insights will be discovered after interviewing the 6th user. https://socthesis.fas.harvard.edu/files/socseniorthesis/files/questetal06_how_many_interviews_are_enough.pdf

In order to supplement the limited number of individual interviews with young people and family members, co-design processes later in the design process were reconfigured to scaffold the data, utilising some other methods including focus group processes, and card sorting techniques.



Figure 5: Business Origami Technique for Journey Mapping

Co-design

Co-design workshops were held with the local sector, families and young people from the 21st to 23rd of August 2017. These involved a variety of methods to engage community in providing feedback on the critical issues relevant to operating this provision. Sector workshops focused on system mapping and finding the key pain points and design opportunities in the existing system, and invitations to the sessions were distributed widely to primary health, youth, mental health and vocational service providers. Young person and family workshops focused on brand recognition of headspace and the service modalities most likely to engage.

Pilbara Sector

Sector workshops were attended by a diverse group of stakeholders, local community service providers, local government representatives, mental health clinicians and health system representatives. During sector workshops, service providers were given a scenario of a young person and asked to map the service system and that young person's experience through it. This utilised the 'Business Origami' method, a three dimensional table top journey mapping technique. After identifying the system and journey, service providers were asked to identify those parts of the journey that were most problematic, those parts that were operating successfully, and where a headspace service would have a role to play.

Each group utilised that data to select the two most relevant challenges and come up with ideas for the design team to consider over the course of prototyping.

Sector Workshops attended by:

Karratha – 13 attendees

- Child Protection and Family Support
- City of Karratha
- Mawarnkarra Health Service
- Mission Australia
- Pilbara Mental Health & Drug Service, Psychiatry
- Rural Health West
- WA Centre for Rural Health
- WA Country Health Service-Pilbara Population Health Service
- WA Primary Health Alliance
- YMCA

South Hedland – 15 attendees

- Bloodwood Tree
- Child Protection and Family Support
- Mission Australia
- Town of Port Hedland
- WA Primary Health Alliance
- Wirraka Maya Aboriginal Medical Service
- YMCA - Mirnutharntu Maya
- Youth Involvement Council

Pilbara Co-design Workshops Young People, Families and Elders

Structured workshops proved ineffectual in engaging young people and families in co-design activities. For young people, the team embedded in local youth service provision and engaged young people during drop in sessions. For families and elders, an unstructured group interview format was used.

Sessions were held in Roebourne and South Hedland. In both sessions, the design team first offered examples of headspace branding and yarn safe materials to see if brand recognition had penetrated in the Pilbara. Broader conversation was then directed through the use of a 'card sort' activity which pictured 12 types of potential mental health service provision, depicting outreach models, distance models and centre based options. These proved very successful in engaging potential service users in discussion around relative merits. Responses showed clear agreement on the most successful methods.

- Roebourne workshop (Yaandina) – 8 young people, 7 family members (including elders)
- Hedland workshop (Youth Involvement Council) – 12 young people, 3 family members (including elders)

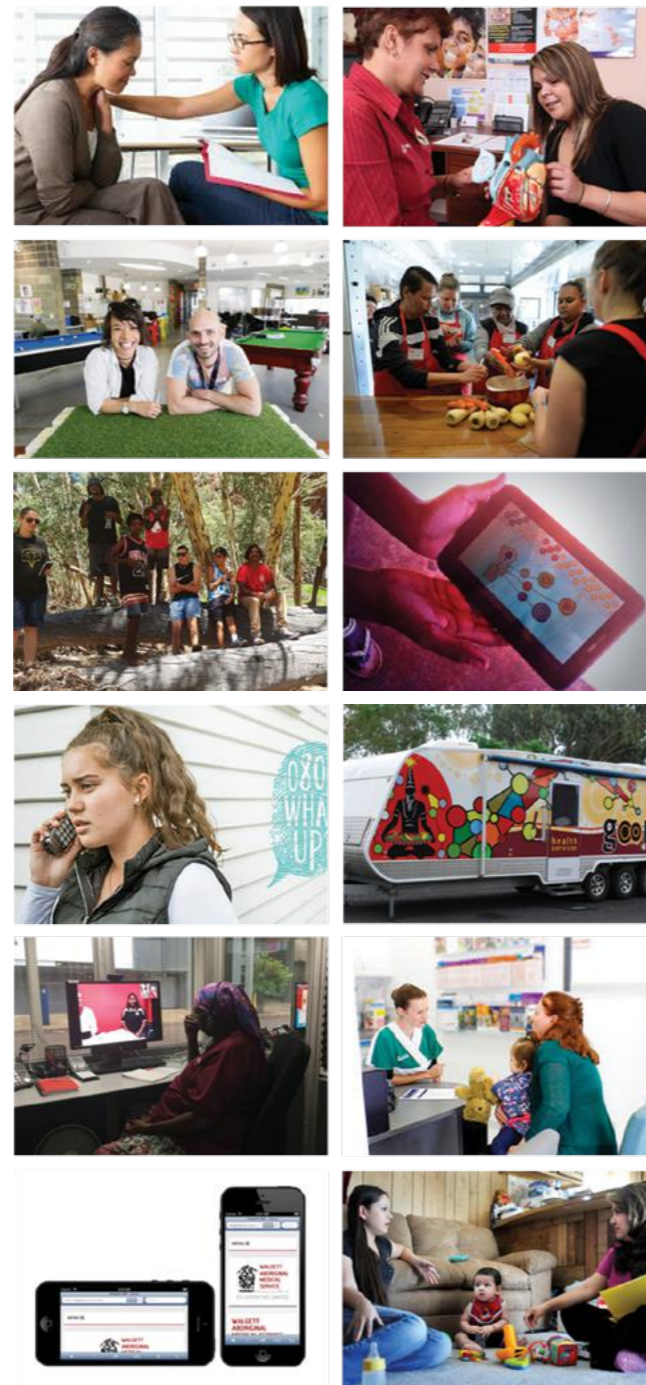


Figure 6: Card sort service options



Figure 7: Card sort sample feedback

Data Synthesis and Model Development

The data gathered through all of the above methods was brought together in a Data Synthesis workshop on the 25th August 2017. The workshop included the Design team, Jane Forward (Consultant representing WAPHA), Sarah Halatutavaha (Local Pilbara Consultant), Joyce Lewis-Affleck (Literature Review) and Anglicare WA staff members with a long history in providing outreach based youth support services, mental health supports and headspace experience.

The workshop heard reports from co-design, literature review, in-depth interviews and synthesised the data into key design insights – those insights that would provide the most important principles for service design.

The team then produced a number of potential options for service models, detailing how a young person would engage with that service provision. The Design team selected those ideas with the most potential to take forward into Prototyping, and developed a draft service model.



Figure 8: Data synthesis and model development workshop

Prototype and Test

Service Prototype Cartoons

The draft service model was converted into 5 customer journeys, a narrative of a young person's connection with this potential service model. These narratives were provided to Dr Stuart Medley, a Perth based

design academic and comic maker to develop into storyboards that young people and local sector players could experience in order to provide feedback.

Figure 9: Sample storyboard describing service journeys



THIS IS SAM. SAM IS 16 AND LATELY HAS BEEN HAVING LOTS OF ARGUMENTS AT HOME.



SAM ISN'T SLEEPING VERY WELL, AND IT'S STARTING TO MAKE GOING TO SCHOOL HARD.



SAM'S FAVOURITE TEACHER IS MS SMITH IN STUDENT SERVICES. SAM HAS KNOWN MS SMITH FOR AGES AND DECIDES TO TALK TO MS SMITH ABOUT THE PROBLEMS THEY ARE HAVING. MS SMITH LISTENS AND KNOWS OF A PROGRAM THAT MIGHT HELP. SAM CAN TALK TO A COUNSELLOR FROM PERTH ON AN IPAD.



MS SMITH ARRANGES EVERYTHING. ON TUESDAY SAM HAS A FREE PERIOD AND GOES TO STUDENT SERVICES WHERE THERE IS A SPARE OFFICE. THE IPAD IS ALL SET UP AND READY. MS SMITH SHOWS SAM HOW TO USE IT.



SAM TALKS TO THE COUNSELLOR FROM PERTH AND GETS SOME ADVICE ABOUT HOW TO SLEEP BETTER. SAM AGREES TO TALK TO THE COUNSELLOR AGAIN IN A COUPLE OF WEEKS.



NANNA LOOKS AFTER EVERYONE. IF YOU ARE EVER FEELING LIKE YOU HAVE NOWHERE TO GO, YOU CAN ALWAYS GO TO NANNA'S HOUSE.



ASH HAS BEEN AT NANNA'S A LOT LATELY. HE FEELS LIKE HIS HEAD IS ALL OVER THE PLACE.



NANNA IS WORRIED THAT SHE DOESN'T KNOW THE RIGHT THING TO SAY, SO SHE CALLS KAREN FROM HEADSPACE WHO CAN GIVE HER ADVICE ON THE PHONE.



KAREN HELPS NANNA TO KNOW WHAT TO SAY TO ASH, AND WHO ELSE CAN HELP.



DAISY HAS NOTICED A NEW STICKER HAS POPPED UP ON JACKIE'S OFFICE IN THE YOUTH CENTRE. JACKIE IS THE YOUTH WORKER WHO HAS BEEN THERE THE LONGEST.



THE STICKER MEANS THAT JACKIE IS THE RIGHT PERSON TO TALK TO IF YOU ARE STRUGGLING WITH LIFE, AND FEELING SAD OR ANXIOUS.



DAISY HAS BEEN GETTING QUIETER AND QUIETER (EVEN THOUGH SHE USED TO BE THE LIFE OF THE PARTY). SO DAISY DECIDES TO TELL JACKIE.



JACKIE ASKS IF SHE CAN CALL SOMEONE ELSE FOR ADVICE. DAISY SAYS THAT WOULD BE OK, SO JACKIE MAKES THE CALL AND TALKS TO KAREN FROM HEADSPACE IN KARRATHA.



THEY GET SOME GOOD ADVICE ABOUT WHERE TO GO FOR HELP AND JACKIE HELPS DAISY TO MAKE AN APPOINTMENT WITH THE LOCAL DOCTOR.



JORDAN REALLY LIKED WORKING WITH AARON FROM HEADSPACE. AARON ASKED IF JORDAN WANTED TO CONNECT WITH OTHER YOUNG PEOPLE WHO ALSO WORK WITH HEADSPACE AND BECOME A YOUTH LEADER.



THE YOUTH LEADERS ARE FROM ALL OVER THE PILBARA. JORDAN JOINS THE FACEBOOK GROUP WHERE THEY ALL TALK ABOUT PROJECTS AND HOW HEADSPACE COULD WORK BETTER.



AFTER A COUPLE OF MONTHS, THE HEADSPACE TEAM ORGANISE A CAMP TO MEET THE OTHERS FACE TO FACE. HERE THEY WORK ON PLANS FOR THE FUTURE.



JORDAN COMES BACK FROM CAMP AND RUNS AN EVENT ABOUT MENTAL HEALTH AT HIS FOOTBALL CLUB.



JORDAN HAS SEEN THE NEW HEADSPACE WORKER AARON AROUND SCHOOL.



JORDAN GOES ON ONE OF THE FISHING TRIPS THAT AARON ARRANGES. DURING THE FISHING TRIP SOME OF THE BOYS TALK ABOUT WHAT FEELING DEPRESSED LOOKS LIKE.



THE NEXT DAY AT SCHOOL JORDAN GOES TO FIND AARON AND TELLS HIM THAT HE HAS BEEN FEELING REALLY SAD SINCE HE BROKE UP WITH HIS GIRLFRIEND.



AARON TAKES JORDAN TO PLAY BASKETBALL AND THEY TALK ABOUT EVERYTHING.



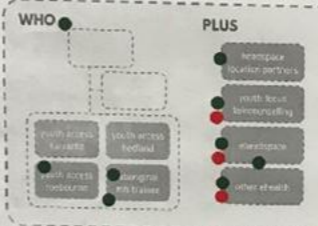
AARON HAS SOME GOOD IDEAS ABOUT WAYS THAT JORDAN CAN DEAL WITH THE SITUATION AND HIS FEELINGS. JORDAN DECIDES TO TRY SOME OF THOSE IDEAS OUT.

EMBEDDED YOUTH ACCESS

Workers embedded in schools and youth centres with the freedom for outreach to homes and locations where older cohorts frequent.

DETAILS

- Relationships built over time through small number of set locations.
- Practical engagement activity and by local presence
- Half the day in schools, half the day in community spaces
- Clinical support through:
 - Responsive, brief intervention clinical models for the hard to reach
 - Facilitating pathways to other clinical supports, particularly step up and down with CAMHS
 - Engaging and training young people in the use of e-health resources



YOUNG PERSON'S EXPERIENCE



JORDAN HAS SEEN THE NEW HEADSPACE WORKER AARON AROUND SCHOOL.
 JORDAN GOES ON ONE OF THE FISHING TRIPS THAT AARON ARRANGES. DURING THE FISHING TRIP SOME OF THE BOYS TALK ABOUT WHAT FEELING DEPRESSED LOOKS LIKE.
 THE NEXT DAY AT SCHOOL JORDAN GOES TO FIND AARON AND TELLS HIM THAT HE HAS BEEN FEELING REALLY SAD SINCE HE BROKE UP WITH HIS GIRLFRIEND.
 AARON TAKES JORDAN TO PLAY BASKETBALL AND THEY TALK ABOUT EVERYTHING.
 AARON HAS SOME GOOD IDEAS ABOUT WAYS THAT JORDAN CAN DEAL WITH THE SITUATION AND HIS FEELINGS. JORDAN DECIDES TO TRY SOME OF THOSE IDEAS OUT.

Figure 10: Sector feedback on prototype

Sector Consultation and Prototyping Workshops

In order to test the prototype service model, a further two sector workshops were held on the 19th and 20th of September 2017. Utilising pre-prepared canvases, these workshops asked service providers to consider the 5 components of the service model, and assess both the viability and impact of those components. They were also asked to detail the questions that the prototype raised for them that would need to be answered, and practical ideas for improving the model's viability and impact.

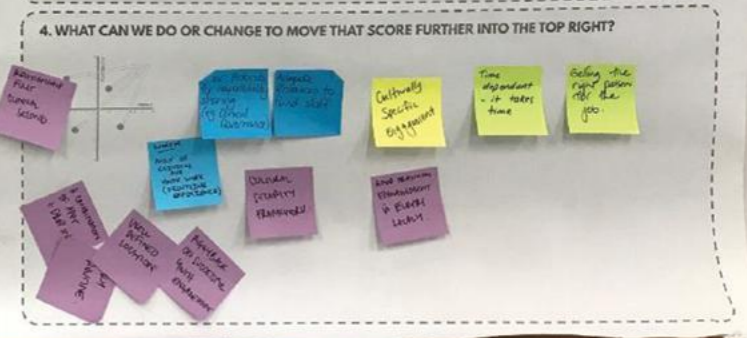
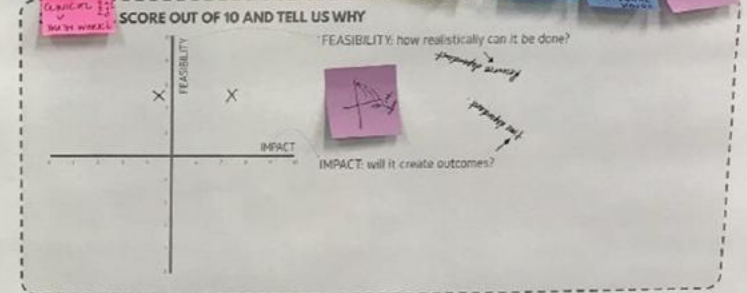
Sector Workshops attended by:

Karratha – 16 attendees

City of Karratha

- Mawarnkara Health Service
- Pilbara Mental Health and Drug Service
- Pilbara Regional Education Office (School Psychologist)
- Rural Health West
- Tambrey Primary School
- WA Country Health Service Pilbara
- WA Primary Health Alliance
- Yaandina
- YMCA

EMBEDDED YOUTH ACCESS



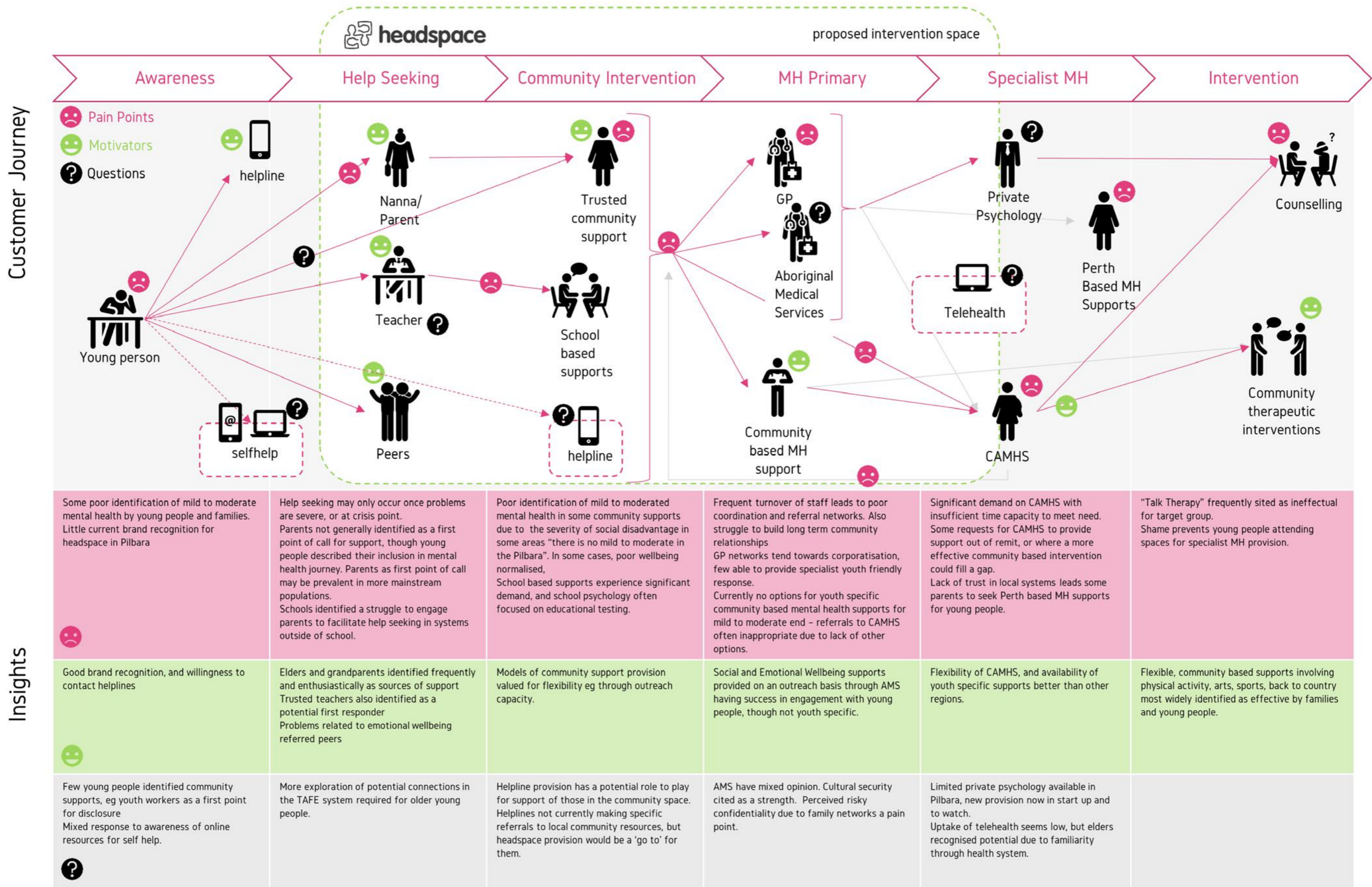
South Hedland – 16 attendees

- Bloodwood Tree
- Helping Minds
- Mission Australia Integrated AOD & Mental Health Service
- Pilbara Mental Health and Drug Service
- Town of Port Hedland
- WA Primary Health Alliance
- Wirraka Maya
- YMCA – Mirnutharntu Maya
- Youth Involvement Council

Young Person Feedback

In order to gain the best possible feedback the team enlisted the support of local youth and community service providers to obtain responses from those that attended their services. This included the Youth Involvement Council and the Wirraka Maya Aboriginal Medical Health Centre Social and Emotional Wellbeing Service in South Hedland, Yaandina from Roebourne and Karratha Youth Services. Focus groups were then held with the workers who conducted the research to understand the feedback that young people provided.

Pilbara Customer Journey Insights



Key Insights

Young people have improved rates of access to services when engagement is built on trust and relationship, building with time.

"When people are coming and going – you can't trust strangers"
– Female Elder, Hedland.

"Its important to speak with the same person every time so as not to repeat myself. Able to let my guard down, more inclined to seek help as opposed to seeing several different people. If it was a different person every time would cause me to bottle up and not be honest."
– Young person, Karratha

A strong theme of insights from consultation and design with young people, family members and sector stakeholders was the importance of relationship and trust.

Rapport with young people is built with time and trust, particularly with Aboriginal young people who may be distrustful of service providers. Building the kind of relationships with young people that lead to successful clinical and therapeutic interventions takes time, and requires engagement with young people in informal settings.

The development of safe, trusting working relationships with service providers was identified as an essential element of successful clinical intervention. It was noted that the time-consuming nature of this form of relationship building may not demonstrate the kind of clinical outcomes that might be seen in traditional appointment-based clinical settings.

Those who provided input to co-design emphasized that there are a range of existing local trusted people within Pilbara services, many of whom are in a position to broker engagement with young people. Youth Workers and Social and Emotional Wellbeing Workers were highlighted in particular.

This importance of trust was highlighted in an interview with a young person, L who indicated that the important trusting relationships with family members resulted in family being the first people that she would approach to resolve issues. Secondly, trusted service providers were identified as those to whom L would approach for assistance – citing one local youth service in particular, L indicated "I choose them because I trust them". L and another interviewee, T both emphasized that they would only turn to local service providers where a trusting relationship had been built.

Individual service providers also emphasized the important role of relationship building during individual interviews. Many of the references to the importance of trust building were linked to the importance of engaging effectively with Aboriginal young people and their families, where cultural differences and barriers need to be addressed and trust built in order for effective service engagement to occur.

Co-design workshops also revealed the importance of the 'vouching' or recommending service providers between community members. During co-design sessions, elders and young people were observed to recommend individual personnel of local service providers to one another. This endorsement of the trustworthiness of individual service providers forms a key element of the trust and relationship building required for effective engagement and intervention.

These insight raises some important questions about the suitability and effectiveness of traditional forms of referral to service providers. How can headspace leverage local trusted people in the community to engage more effectively with young people and families? What does this mean for traditional forms of referral as a basis for service engagement – to headspace or from headspace to other providers?

These themes are consistent with reported patterns within headspace Centres in other locations; where headspace Centres place an increased emphasis of slow, time-consuming quality relationship building, numbers of young people assisted by the Centre are lower.



Extended family, particularly family matriarchs and Elders, play an essential role

"I tried to hang myself (aged 10) mum took me to my uncle, he tried to do it to himself, had a yarn with him, he just told me it's not worth it think of others, I've never tried again."

"My Nan knows pretty much everything. Knows all the right things to say just to make you feel way better."
– Young person, Karratha

A further consistent message about the wellbeing needs of young people in the Pilbara is the essential and central role that 'Nanna's' take in supporting and nurturing young people, particularly Aboriginal young people, within Pilbara communities.

"Try to work with the family to connection with the young person, the 'sick person' trusts their family"

"If I didn't take in my three grandkids, they would be living on the streets"
– Female Elders, Hedland & Roebourne

"When we showed them the cartoon with the Nanna, the kids 'lit up'"
– Youth Worker, Hedland

Those fulfilling these roles for their families were amongst those consulted. Many indicated that they understood the important role that they played, and that at times they failed to understand the mental health needs of the young people in their families.

"We don't know the right thing to say, and if we say the wrong thing, then it might make things worse"
– Female Elder, Hedland

An Aboriginal philosophy must be part of the solution.

This insight suggests that headspace Pilbara should ensure that service models incorporate Aboriginal mental health beliefs and practices. In addition, include elements practices and systems for working within Aboriginal culture and beliefs. Some of these approaches are outlined in the accompanying Literature Review prepared for this project.

Many interviews, and all co-design workshops also highlighted the significant importance of 'getting it right' with local Aboriginal communities across the region. This importance is emphasized by the over-representation of Aboriginal young people in mental ill-health and suicide statistics, and the wide ranging social impacts of colonization and intergenerational poverty. Effectiveness of delivery for headspace Pilbara should be in part assessed by the service's ability to connect with Aboriginal young people and their families, and to produce positive outcomes in mental health and associated indicators.



Practical interventions are preferred to structured clinical interventions

Co-design workshops and interviews with young people, families and service providers revealed that many young people in the Pilbara region are likely to respond more positively to practical interventions, such as activity based programming rather than 'talk-based' clinical interventions. Consultations revealed strong interest in the role of arts, sport and cultural activities as forms of intervention. This is consistent with the findings of the accompanying Literature Review.

This insight is based on an understanding that, as well as being perceived as a less-threatening vehicle for engagement, increased involvement in civic participation has links to improved mental health outcomes.

"Need to take Mental Health clients out bush for the day"
– Female Elder, Roebourne

"Getting out bush, out of town is good. You can talk about problems, see things differently when you not living in it"
– Young adult, Hedland

Examples of activity-based clinical interventions provided were:

- Dance
- Music
- Drumbeat
- Sport
- Art, such as painting
- Connection to traditional culture, such as Language.
- Using 'country' as a setting (camps, outings etc).

Challenges involved in coordination of services.

The Pilbara region is a vast geographical area, with many specialist service providers operating in single towns, and a small number of larger service providers delivering services across a multiple town centres in the region.

Challenges within the local economic and social context result in difficulties in recruitment of qualified, specialist staff across a range of disciplines. In addition, many employers experience high rates of staff turn-over as personnel move in and out of the region, or take up opportunities presented by moving between employers. A substantial proportion of the community and health sector's employees have moved to the region for employment, rather than having a life-long connection to community. The high expense and limited supply of housing has also compounded the challenges of recruitment and retention.

High turnover of staff, difficulties in recruitment and a high proportion of relatively inexperienced personnel presents substantial challenges for local community and health service provision. As a result of these patterns, workers can lack knowledge about other local services and their staff, which can result in disjointed referral and service connectedness.

Maintaining current local networks with healthy relationships between personnel from different organisations requires a substantial investment of time for all service providers. Limited resources, combined with high staff turn-over within services that are in high demand can restrict the time available to new personnel to establish their local networks and the essential relationships with other service providers required to ensure smooth referral and customer journey between services.

A number of local networks exist within the towns of the Pilbara, bringing together service providers in a range of service types, including in youth services, vocational services, mental health and primary health.

Co-design participants identified these network meetings as being beneficial, although some highlighted the challenges involved in prioritizing meetings in the face of competing demands. Some networks have overcome this challenge by scheduling network gatherings after work hours, and incentivizing attendance through the quality of catering and venues. It was also identified that the competition that exists between some network members can inhibit the ability to translate cooperation beyond meetings into practice for the benefit of young people.

Participants in workshops and consultation sessions for the design of headspace Pilbara indicated that coordination of services is further inhibited by local sector politics, including mistrust between organisations and competitive funding environments. It was also noted that competition for limited resources has more recently been amplified by a reduction in the amount of community philanthropy being invested by local resources companies as a result of the downturn in resources industries.

Mapping of customer journeys during co-design workshops also revealed a substantial gap in services focusing on mild to moderate mental health issues for young people. As well as resulting in inappropriate referrals being directed to CAMHS, the inability to ensure step-up/step-down responses can result in many young people becoming 'lost' in the local service system.

Community sector representatives involved in co-design did not appear to identify a role for the community sector in mental health supports for those young people with mild to moderate mental health issues, beyond health promotion activities. As well as the addition of the clinical service provision provided by headspace Clinicians, further development of the knowledge, skills and confidence of the community sector to respond to mild to moderate mental health concerns may assist to address this issue in the region.

One organization also highlighted an issue of maintaining contact with their clients as a result of the highly transient lifestyles of many community members, constantly changing contact details and client lack of interest in follow-up contact with service providers. A lack of follow-up in this example also disrupts the customer journey, preventing smooth referral and case coordination.

A further complicating factor in the coordination of services exists in the particular community of Roebourne at present. As a result of a recent Police Operation identifying extensive child sexual abuse in the community, quick-response investment in additional services and new personnel has been implemented in several areas of community service delivery. This pattern may continue as abuse is substantiated, responses agreed and perpetrators prosecuted. Some service stakeholders expressed the view that this highlighted a particularly important area of need for the headspace service in the Pilbara, whilst others expressed concern that a large number of new service personnel moving into the area was creating challenges with service engagement amongst young people in the community, making headspace better placed to invest services elsewhere.

Cost of operating services in the Pilbara

Throughout consultation and design, the issue of the high cost of service delivery in the Pilbara was highlighted. These high operating costs are impacted by:

- the cost of living (the Regional Price index evidences the higher costs of living in this region compared to others),
- the cost of housing,
- the high rental expenses in office accommodation,
- cost of the need for higher wages and allowances,
- the additional costs involved in training staff who may require additional skills development,
- the cost of goods and services and
- the very high costs involved in travel, including motor vehicle maintenance.

Challenges associated with delivering 'Pilbara wide' services

Service stakeholders consistently expressed concern about the possibility of modelling a headspace service on a region-wide basis. These concerns included:

- Precedent for 'Pilbara-wide' services actually only operating in the larger centres of Karratha and Hedland (in some cases providing low-levels of outreach to other areas of the Pilbara).
- The cost associated with travel around the region, and the fact that headspace Pilbara funding is unlikely to extend to locating personnel in all major centres, combined with the unarguably high levels of need for a headspace service for young people in all areas of the Pilbara. Many stakeholders posed the question – "How are you going to choose where to locate?"
- The high number of remote Aboriginal communities and other mining-based communities, many of which are located a number of hours drive from the nearest town centre.
- The vast area which is the Western Desert component of the Pilbara region (far East Pilbara).
- The perceived lack of effectiveness in tele-based servicing, and the importance of in-person relationship building for effective mental health service engagement.
- Concern that scheduled in-person travelling outreach to outer centres and communities (as is common for health clinics in remote communities) prevents service responsiveness – i.e. clinics or visits may not occur when service response is most needed.

Relationship with the Child and Adolescent Mental Health Service (CAMHS) is essential for headspace.

The Child and Adolescent Mental Health Service (CAMHS) operates across the Pilbara region, and recently has incorporated 'Youth Stream' clinician roles, supporting young people 15-25 years in Hedland and Karratha. Part of the WA Country Health Service, CAMHS provides a critical clinical mental health service to children and young people. Interviews and workshops revealed a view that CAMHS is currently over-relied upon as a referral option, with mental health concerns at all levels referred to CAMHS, despite the fact that the service indicates that it has a "top 3% acute" mandate.

CAMHS local clinicians are experienced and highly knowledgeable about children and young people's wellbeing in the Pilbara region. Assessment, intake and referral clinical pathways are well-developed and service models structured and high-functioning. For headspace Pilbara to be effective integrating into the local service system, relationship and integration with CAMHS is essential.

This insight highlights the importance of involving CAMHS in the headspace Pilbara consortium, in whatever form this takes, and the opportunity to consider integrated activities such as integrated or connected intake and assessment processes.

The establishment of the Youth Stream of CAMHS in this region is an opportunity for headspace Pilbara, as the target age range of the Youth Stream aligns with the headspace upper target age range. Youth Stream clinicians are currently based in Hedland and Karratha, with plans for expansion into Newman and Tom Price.

Schools are hubs

Local service stakeholders involved in the service design process consistently highlighted the centrality of schools to young people's lives in the region. The Pilbara region has numerous primary schools, and six larger high schools (in addition to high schooling within some remote community schools) namely:

- Hedland Senior High School, South Hedland
- Karratha Senior High School
- Newman Senior High School
- Roebourne District High School
- St Lukes College, Karratha
- Tom Price Senior High School



Due to their high levels of engagement with young people of school age, educational settings provide an opportunity to normalize help-seeking for mental health. Schools provide an opportunity for effective engagement with young people, and they are also settings which provide young people with trusted adults in their lives.

"Outside of my family, I'd talk to my old teacher from School...I trust her because she makes me laugh if I'm sad...I have a bond with her"

– Female, South Hedland, Crisis Accommodation

It was also identified that schools have an enormous amount of pressure placed upon them to respond to a wide range of young people's social and emotional needs, and that these pressures are particularly great in geographical areas of high socio-economic disadvantage. For this reason, it was identified that schools need to be well connected to local service providers, in order to ensure that the right supports are put in place for students in need.

"All the drama happens at School"

– Male, South Hedland, YIC

Workshops in schools, the embedding of headspace project staff within school settings and provision of support to school staff to up-skill in mental health knowledge and skills were all cited as opportunities for headspace Pilbara.

"I talked to my year coordinator, I blocked everyone else out"

– Male, South Hedland, YIC

Poor identification of mild to moderate mental health issues amongst young people and their families

An important insight gained from local community members was the frequent pattern of poor identification of mental health issues, when in the form of mild to moderate presentations. This was observed to be a particular pattern in areas of the Pilbara where there exist extreme socio-economic issues of disadvantage and social health determinants, such as:

- High suicide rates
- Alcohol and drug use
- Community and family violence
- Involvement in crime
- Isolation, including limited access to services
- Unemployment
- Homelessness and over-crowding
- Physical disability, such as fetal alcohol syndrome disorder
- High teenage pregnancy rates
- Low school attendance and early school leaving.

Some of those consulted observed that many young people in the region experience normalisation of poor social and emotional wellbeing, resulting in limited ability to recognize mild to moderate mental health issues in self or others as problematic, and subsequent low rates of help-seeking.



Instead, it was observed that many young people and their families present late to services for assistance, and are unlikely to seek help unless mental health issues have escalated, are more severe or acute, resulting in contact with Police or Hospital Emergency Departments. Many young people enter treatment or counselling as a result of the insistence of someone else, such as a close family member or friend.

This pattern was linked to a possible perception held by young people of the ineffectiveness of early engagement with service supports. Primarily, this appeared to be an issue of stigma, where young people in less acute states of mental illness were unwilling to seek help due to the negative perceptions of others.

In addition, there is a lack of available community based mental health services, particularly for mild to moderate mental health issues.

Alcohol and Drug Use

Alcohol and drug use was singled out as a particular concern to young people, families and stakeholders. The complex and interrelated problems associated with alcohol and drug use across the region in communities were identified as limitations to the provision of effective mental health and wellbeing services for young people in the Pilbara. (Regional Development Australia Pilbara 2012)

This insight has reinforced the importance of close alignment and involvement of Alcohol and Other Drug services in the headspace Pilbara consortium, as well as those services working in the interrelated issues of family and domestic violence, physical health and wellbeing and child protection.

Mental Health as part of a holistic view of health and wellbeing

Interviews and workshops revealed that it doesn't make sense to many community members to single out mental health from the 'whole self'. This belief is reinforced for the Aboriginal community in particular, where cultural understandings of health involve body, spirit, language, land as well as mind. This insight suggests good alignment with headspace's priorities to integrate primary health, vocational supports and alcohol and other drug services within a headspace mental health approach.

In addition, it was emphasized by the Elders consulted in co-design that the health of whole family / whole community can be just as important as the health of the individual.

Local embedding within other services allows young people to engage 'from a distance'.

Participants in co-design workshops and interviews highlighted the importance of developing familiarity with headspace staff over time. The issue of stigma associated with help-seeking was also highlighted. These issues pointed to the value of young people being able to engage with headspace workers in a less direct-manner, through embedding service provision and clinical interventions within services that experience a strong positive reputation with young people.

In particular, schools, youth centers as well as social and emotional wellbeing services were identified as important opportunities for embedding of headspace personnel.

From an Aboriginal cultural perspective, it was also identified that many Aboriginal young people will need the opportunity to observe headspace personnel, prior to engaging with them. One local service provider commented that she had invested substantial time "being seen" at community events such as the football or local culture and arts events, in order to develop trust with local Aboriginal community members.

This approach was highlighted in the 2012 Map & Gap Analysis: Pilbara Non Government Organisations:

"Gaps were identified as community based services provided in other regions and the inadequate level of service provided in the Pilbara. Given the complexity of mental health issues that some mainstream and targeted services deal with on a daily basis, the availability of qualified, experienced mental health workers who could be embedded in existing organisations and services was also identified as a gap."

(Regional Development Australia Pilbara 2012:33)

Input in co-design with sector stakeholders, young people and families all made reference to the importance of linking the headspace service operations in the Pilbara to the current services and facilities in the region. Both South Hedland and Karratha have recently constructed youth facilities that are well equipped and the services highly regarded by young people and their families. Those managing these facilities have indicated a willingness to accommodate the service, resource sharing and care and referral pathways. Additionally, Pilbara Police, Pilbara Mental Health and Drug Service and the Department of Education have all given commitment to WAPHA to their collaboration in referral pathways and supporting integration with existing youth programs. (WAPHA, 2017)

Engagement is with people, not with services.

This insight relates to the earlier theme of trust-building. An observation was made that staff involved in the headspace Pilbara project will not be able to simply rely on the reputation of their service in order to gain local credibility and establish service access. Instead, the importance of the personal connection between personnel and young people and their families was highlighted as being more important in ensuring effective service engagement, and important to ensure that headspace Pilbara is trusted and accepted by the wider community.

This insight also highlights the importance of the reputation of headspace Pilbara through the demonstration of solid cultural competence through an understanding of local Aboriginal culture, community, language and families.

The common practice of vouching or recommending of service providers between community members, to establish the trustworthiness of personnel reinforces this view. One stakeholder commented how important it is to community members to receive a recommendation about a service provider from someone they trust.

Service Responses have to be immediate, or they may not happen at all.

"When you ask for help, need to do it straight away...you can do the paperwork later" – Female Elder, South Hedland

Feedback suggested that young people will often need to overcome issues of shame in order to approach a service provider for assistance.

Elders reported that, if they or a family members were to seek assistance from a service provider and did not immediately receive the service response that is required, they would be unlikely to return in future.

This insight suggests the need to ensure that headspace Pilbara establish highly responsive approaches to young people and their families, on the assumption that the opportunity to provide a clinical service response may only present on a single occasion.

Further issues raised by this insight include the problematic effect that a waiting list may have on service engagement, and the alienating impact of multi-stage assessment processes, which result in clinical interventions occurring sometime after an initial approach by a young person or family member. Clinical pathways involving intake and assessment in the headspace Pilbara project will need to take account of the importance of this dynamic.

A further insight on this same theme suggests that single-session or brief interventions are likely to occur frequently. headspace research revealed that a high proportion of those young people who access headspace services in Australia are likely to engage with headspace on no more than two occasions. This insight suggests that for a headspace service in the Pilbara to be successful, consideration should be given the emphasis on effective forms of brief intervention as part of clinical practice in order to cater for the needs of young people, where they may not be willing to engage on more than one occasion.

Low levels of mental health literacy in the wider community, and amongst some community based workers

Interviews with local existing mental health services revealed the view that community based service providers in the Pilbara region experience significant gaps in mental health knowledge, skills and literacy. This view was supported by the concern that young people are regularly referred to acute mental health services for issues that, in the view of these acute service providers, could be handled by the community based service provider themselves. An example to illustrate this concern was the routine referral of young people experiencing all levels of suicide ideation to the Child and Adolescent Mental Health Service (CAMHS). CAMHS practitioners observed that, in many cases, suicide risk assessment and safety planning could be conducted by youth, community and health services without the involvement of CAMHS, should those services be equipped with the necessary clinical assessment and safety planning tools.

This insight suggests that there is an important role for headspace Pilbara in equipping and supporting local service providers to improve their responses to mental health issues, where it is appropriate to do so, rather than relying on referral to acute mental health service providers. Examples of this type of support could take the form of professional development and training, case consultation and service development support.

Consultation also revealed the difficulties associated with low levels of identification of mild to moderate mental health issues, by both family and by service providers. Highly complex social challenges were observed to result in the normalization of anxiety, depression and other forms of mild to moderate mental health issues, meaning that help seeking often does not occur until issues become acute. Perception that there is a lack of services for mild to moderate mental health issues may be amplified by the patterns of engagement with service providers occurring more frequently at a stage of more acute illness – help seeking by people experiencing mild to moderate mental health concerns is rare.

The value and challenges of applying a strengths-based approach

A holistic approach to good mental health would be complimented by a strengths-based approach to clinical intervention. This approach is challenging to apply in the context of more extreme social problems in the region. During co-design workshops and during interviews, deep concern was expressed for some Pilbara communities which experience extreme levels of socio-economic disadvantage, and the difficulties associated with attempting to focus on the strengths of individuals and communities in the face of such complex challenges.

This tension was illustrated by one community's arts-based program, which emphasises local strength of culture and art as part of its work with community. Staff in this project expressed the view that this strengths-based approach was rare, and that in the context of regular negative media coverage of the communities' problems, it was difficult to highlight the positive aspects of local community and traditional life, which is particularly well illustrated within positive culture, language and arts.



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