



YOUTH ISSUE – BRIEFING

TO: CHIEF MINISTER

DATE: 1 DECEMBER 2014

FROM: EMMA COOPER

TOPIC: MENTAL HEALTH SUPPORT SERVICES IN KATHERINE

RECOMMENDATIONS

It is recommended that the Northern Territory (NT) Government:

1. establish a peak organisation such as Headspace more permanently within the Katherine Region;
2. establish a service that promotes greater awareness of pre-existing organisations and how to access these services; and
3. allocate more funding and resources to early intervention services.

BACKGROUND

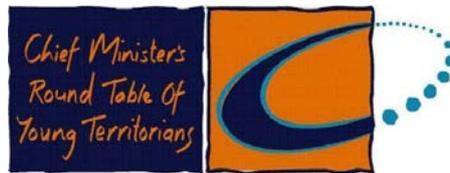
Personal experiences with mental health and wellbeing in the Katherine Region/general observations

Through my professional and volunteer vocations I have developed and nurtured strong relationships with children, their families, colleagues and friends. I have had vast experiences dealing with the fragility of mental health and had involvement with psychiatrists and counsellors and worked alongside these professionals to assist with the support and care of adolescents. Through my involvement I have witnessed the following occurrences;

- panic attacks
- self-harm
- full breakdowns into non-verbal states
- hospitalisation due to self-harm and emotional health.

Why is mental health and wellbeing important?

- Over 70 surveys were completed by young people aged between 12 – 25 years in the Katherine Region and will be discussed later in this briefing.
- Findings of this briefing were informed by community consultation and collaboration with Non-Government Organisation (NGO) service providers in the Katherine Region and interstate.
- Research and analysis of data and reports undertaken within the Territory and nationally were utilised in formulating recommendations.



The research highlighted the ineffectiveness of promotion of the existing services within the Katherine area. When I had my initial meeting with a youth worker who had been working within the Katherine region for a number of years it became apparent that there were many pre-existing services within the Katherine area but community stakeholders such as educational institutions were unaware of their existence.

The initial discussion highlighted a greater need to share information amongst the Katherine community. Since the start of this project, there have been network meetings set up and emails which are sent out to members of the Katherine community in order to promote local events, training, support networks and existing services. These have proven to be a proficient start to enable the short term success of mental health support within the region, but these initiatives are ones that are run by individuals within organisations. If an organisation such as Headspace was to be established within the region it would offer the opportunity for a strategic improvement plan to be implemented and left in place that was not reliant upon the knowledge and professional networking relationships of certain individuals. The population of Katherine is highly transient, resulting in a high turnover of the Katherine community each year.

DISCUSSION

Survey Results

The survey created for this briefing (at Attachment A) was completed by 76 individuals aged between 12 and 25 years (Question 3). The survey asked participants to identify their knowledge of pre-existing organisations that supported mental wellbeing within the Katherine area. The respondents were mainly female (62.1%), almost half identified as Aboriginal or Torres Strait Islander descent (48.7% - Question 2) and the largest group of participants came from the 15-18 years age group (48.7%– Question 3).

The majority of respondents answered that either themselves or someone they knew had previously sought or was seeking support for mental illness (Question 13), this was similar when compared to the Mission Australia Youth Survey (Attachment 3). This Australia wide survey encompasses responses from 14 461 youth respondents. The survey also breaks the statistics and responses down to demonstrate the different states and territories and gender biases. Two-thirds of the surveyed population who took part in the Mission Australia survey identified Mental and Physical Health as an issue they had some concern about (Hosie, et al., 2014, P. 18).

Question 9 required participants to consider pre-existing organisations within the Katherine region offering support and assistance to those experiencing mental illness. Almost fifty percent of the respondents mentioned that they personally or someone they knew had used a service such as Headspace or Wurli either within Katherine or interstate (Question 13).

Almost two thirds of respondents were female, which leads for the survey to be slightly biased, but does not need to be discounted as being valid, as there are still a large enough percentage of male respondents for the results to be a realistic overview of the population (Question 1). A total of 49% of participants identified as being Aboriginal or Torres Strait Islander (Question 2), further providing a holistic overview of Katherine's population and there were between six to sixteen respondents for each age group category, with the majority between the ages of 15-18 years old (49%), and 8% between the ages of 19-21 years old (Question 3). 69% of respondents lived within 10km of their nearest health clinic, with 3% living further than 100km away (Question 4).



When asked if respondents would be comfortable talking to a friend or professional about mental health issues, 75% indicated a rating of 3-5, with 1 being very comfortable, and 5 being highly uncomfortable (Question 5). Only 14% of respondents believed that urban centers did not receive better support for mental health services, whilst the remaining 86% were a close split between unsure and the belief that regions such as Katherine were disadvantaged for these services (Question 8). 74% stated that yes, they would support the creation of a highly recognised and publicly accessible mental health service in Katherine, with 4% indicating no and 22% unsure (Question 9).

Question 10 asked participants to select their preference between; internet counselling, phone counselling and face to face services. 74% chose face to face as a preferred method with the internet second at 26% and phone counselling last at 20% (Question 10).

CONSULTATIONS

Youth Workers

I was contacted shortly after the appointment of my position on the Round Table by a youth worker within the region. We met towards the end of February in order to discuss pre-existing youth projects, organisations, activities and support programs within the Katherine area. She outlined to me the different services we had and when I enquired as to why it had been so difficult for me to make contact with them she mentioned that due to high turnover of the Katherine population, information to assist of access to these services was often lost. It was suggested it was better to focus on the support of the existing organisations, rather than requesting an additional service be established. Another initiative that was suggested was the need for professional networking for these organisations as they were all small and the staff had a high burn out rate.

Through consultations with two other youth service providers in town who ran youth programs it became apparent that although these programs were running and specifically focused towards the pastoral support of youth within the region, it was not widely known how to access them. The services offered also had Indigenous youth as the target audience who, in my professional experience, were the youth who were already receiving support and this could sometimes lead to the other youth feeling uncomfortable accessing help.

Families

Through my profession as a teacher it was easy for me to consult with families as I already had professional relationships with them. Before I started this project I had many emotional discussions and experiences with different families as they struggled to support the emotional and mental wellbeing of their child/ren. It was hard not being able to provide the families with more information as to how to access services, leading them to have to travel to Darwin and use phone counselling services for their child. As I met more people from different organisations I was able to suggest contacts in Katherine for them to talk to.

Schools

My role as a teacher enabled me to provide connections for community organisations to come into schools, develop programs and to offer further support. These connections also opened schools up to organisations to run initiatives such as: a group for girls focused on promoting self-esteem and well-being, a community radio program and future collaborative projects such as assisting for work ready and school retention.



Mission Australia

I was able to get in contact with Mission Australia and had a contact that assisted me with my research, giving me access to statistics and reports to greater inform my research.

Youth

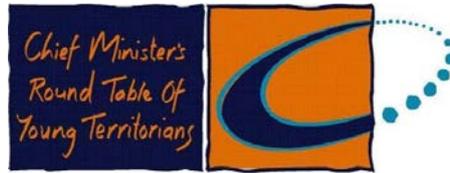
As this project was focused on the youth of the region there were multiple consultations undertaken between young people and myself. This happened through school times and also through the local YMCA and other community organisations and events such as National Youth Week, workplaces and Katherine Scout Group. During this year a travelling Headspace service has been set up for the Katherine area. I found that many of the youth I spoke with who were not of Indigenous background felt uncomfortable accessing this service as it was largely targeted to issues that were more apparent in the Indigenous communities.

DATA AND RESEARCH

The 2013 Mission Australia Youth Issues Survey provides a basis for this report as it is a comprehensive overview which uses responses from 14 461 youth respondents across Australia. The survey also breaks the statistics and responses down to demonstrate the different states and territories and gender biases. As well as this study, various research papers, sociological and psychological studies provide for a more comprehensive view of the issues. An alarming 48% of respondents to the survey conducted for this briefing indicated that they had personally or knew of someone who had received assistance for mental health issues. Although concern of mental health was lower overall in the Mission Australia survey, at 22.9%, it was still the second biggest area of concern for youth in the territory and the sixth highest rating topic, Australia wide (Mission Australia, 2013).

The survey I conducted for this briefing highlighted the following statistics;

- There were between six to sixteen respondents for each age group category, with the majority in the 15-18 year old age group (49%), and 8% within the 19-21 year group.
- 69% of respondents lived within 10km of their nearest health clinic, with 3% living more than 100km away.
- When asked if they would be comfortable talking to a friend or professional about mental health issues, 75% of respondents indicated a rating of 3-5, with one being very comfortable, and 5 being highly uncomfortable.
- Only 14% of respondents believed that urban centers did not receive better support for mental and sexual health services, whilst the remaining 86% were a close split between unsure and the belief that regions such as Katherine were disadvantaged for these services.
- 74% stated that yes, they would support the creation of a highly recognised and publicly accessible mental health service in Katherine, with 4% indicating no and 22% were unsure.
- Question 10 asked participants to select their preference between; internet counselling, phone counselling and face to face services. 74% chose face to face as a preferred method with the internet second at 26% and phone counselling least preferred at 20%.



- An alarming 42% of individuals indicated that they did not know whether there were existing mental health services that were accessible within the Katherine region.
- 46% of people surveyed answered yes to personally accessing or knowing someone who had accessed mental health services prior, or were still accessing these services.

The recognition that approximately half of Australia's population will receive support for mental health issues at some stage during their life-time has been widely acknowledged by a range of different researchers and surveys as discussed throughout this report. Through research it has been discovered that the 12-25 year old age group is more likely to experience mental illness with the statistics of those experiencing mental illness declining in accordance with age (Burgess, et al., 2009).

The estimated cost to the Australian economy over the next fifteen years in the area of mental health is approximately nine billion dollars and in 2013 Australia spent at least 13.8 billion dollars on direct health expenditure in the area of mental health by the Medibank Private/Nous Group Review of Expenditure (Hosie, et al., 2014). This figure is alarmingly huge and emphasises the significance and commanding influence the issue of mental health is monopolising on Australian society. In the 2008-09 budget, the NT Government allocated \$35.2 million to support mental health services, with an additional \$12.7 million over three years (2008-09 NT Government Budget Department of Health and Families, as cited in NT Mental Health Coalition, 2009).

The current health system is not able to support this magnitude of need in the Australian community which is the major contributing factor to the extremity of the projected financial figures as previously mentioned. To prepare and scaffold support in order to cope with these projected figures, workplaces are developing and adopting initiatives to support the mental wellbeing of their workers (EASA, 2014). Australia as a nation is moving towards becoming a greater global player in the global community and to be able to compete with the more powerful, better resourced nations such as America and China the Australian economy has to be strong and Australian citizens will have to prove their worth on the global stage. The NT Government's 'Developing the North' initiative focuses upon the need to build up the existing population, individuals and the skill set of NT residents to push the Territory as forerunners to join the global market.

Programs such as 'Heads Up' by Beyondblue indirectly influence youth as their parents receive better support for mental wellbeing in their workplaces and are therefore not only more productive workers, but are more capable of supporting the mental wellbeing of their families (EASA, 2014). 'Stepped care' (Coyle, D & G. Doherty, 2005) is a program being used in Europe; it defines the different levels of mental health and outlines the level of support required at each stage. Governments and organisations are able to look at such models in order to best inform their planning and implementation to support sustainable growth.

OVERVIEW OF FINDINGS

This study highlighted a gap not in the services which already existed within Katherine, but in the knowledge of the availability of how to access these services and which are the most effective. As of current there is no blanket organisation which individuals can go to in order to receive assistance or to be referred to an appropriate place to receive assistance. Therefore, members of the Katherine community are not getting access to the level of assistance they require (Attachment 2).



NT GOVERNMENT POLICIES

Framing the Future

This briefing links with two of the four objectives of *Framing the Future*. The first link is to 'Confident Culture' as part of a culture that focuses on healthy, active and enjoyable lifestyle. The second link is to 'Strong Society', through a society that values an individual's right to freedom and ensures everyone has the same access to opportunities and resources to make a contribution to, and participate in, society and the economy.

NT Youth Participation Framework

This briefing also aligns to the wellbeing goal under the *NT Youth Participation Framework* 2014-17; that young Territorians lead safe, healthy and happy lives by making positive lifestyle choices.

CONCLUSION/SUMMARY

Katherine's population is a highly transient one, and youth workers and counsellors are in areas that are of high stress which in turn leads to a high turnover of staff. Almost half of the respondents to the survey undertaken for this briefing indicated they did not know how to access support which further highlights the need for structure in the transient population in the region.

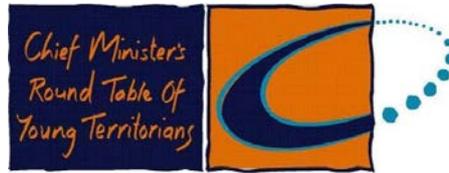
Consultancy through secure internet chat services is a financially viable option to accommodate for the small but scattered NT population but it cannot completely replace face to face consultation as demonstrated in Question 10. A means to accommodate both of these options would be through setting up a general centre within the Katherine township where young people can access internet counselling regularly but have scheduled face to face consultations when they travel into town (Hosie, et al., 2014).

As a result of the extensive consultations, surveys undertaken and research findings this briefing recommends that the NT Government:

1. establish a peak organisation such as Headspace more permanently within the Katherine Region;
2. establish a service that promotes greater awareness of pre-existing organisations and how to access these; and
3. allocate more funding and resources to early intervention services.

EMMA COOPER

2014 CHIEF MINISTER'S ROUND TABLE OF YOUNG TERRITORIANS



Attachment 1 – Survey Template

**MENTAL HEALTH SERVICES IN KATHERINE
SURVEY**

Emma Cooper is a member of the 2014 Chief Minister’s Round Table of Young Territorians (Round Table) and is investigating Mental Health Services in the Katherine Region. Your comments will remain anonymous and will be used for the purpose of data collection. Emma would really appreciate your help with her project. Please complete and submit this survey by 29/07/2012.

1. What is your gender?

2. Are you of Aboriginal or Torres Strait Islander origin? Yes No

3. How old are you? 15-18 years 18-21 years 21-25 years

4. How far do you live from your nearest community health clinic?
 0-10km 10-20km 20-50km 20-100km more than 100km

5. How comfortable would you be dealing with and talking about mental health issues for yourself or a friend with another person/professional? (5 is the highest).
 1 2 3 4 5

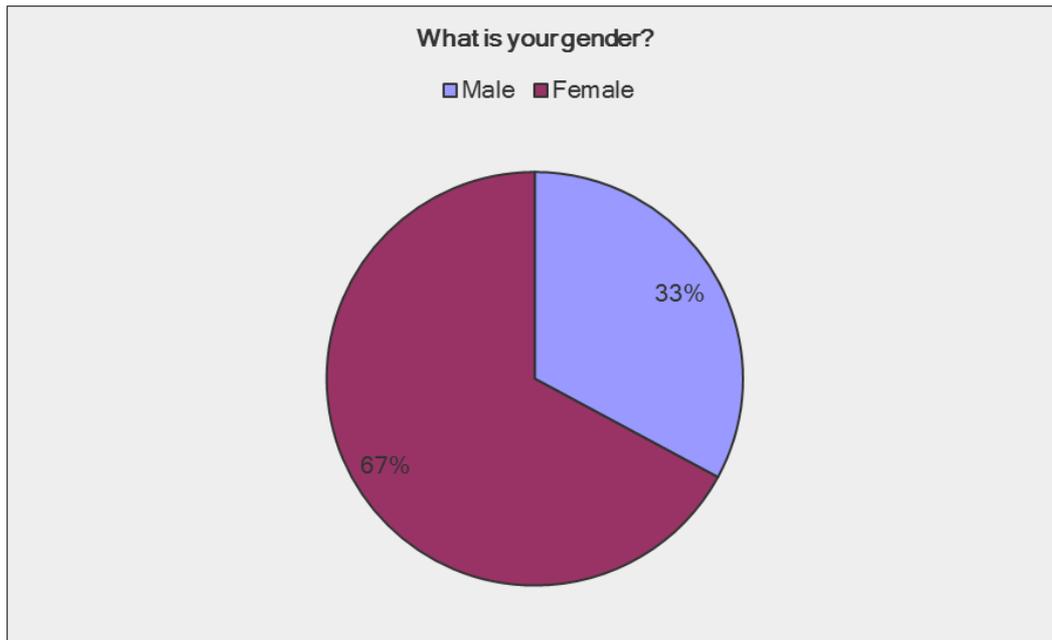
6. What do you think would help make these issues easier to talk about or deal with?
.....
.....

7. Where would you go for help with a mental health issue?
.....
.....

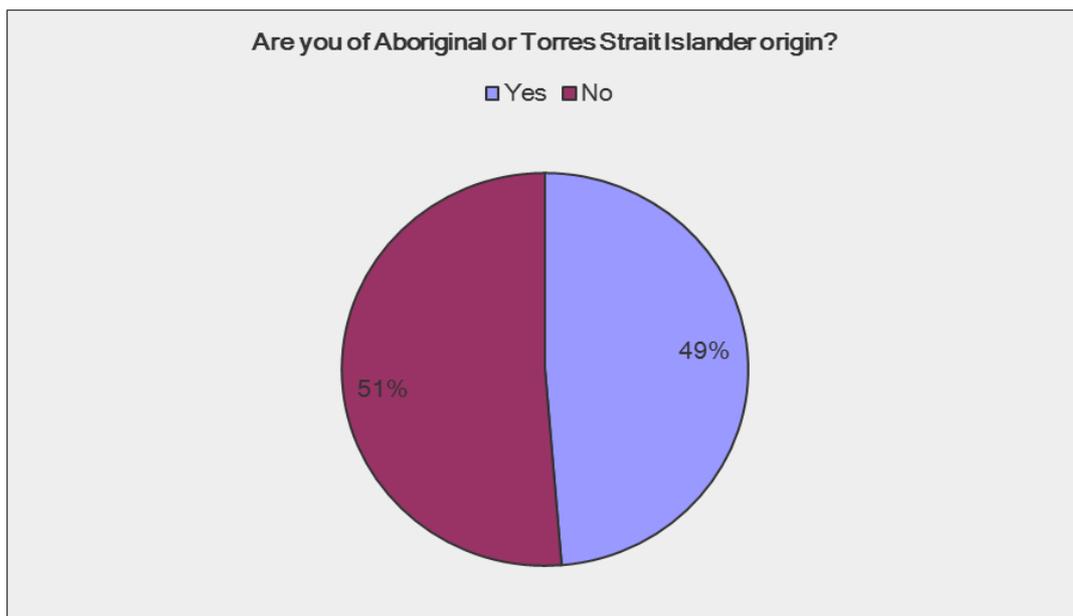


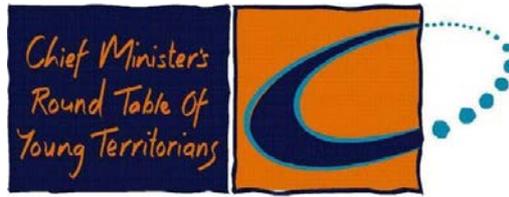
Attachment 2 – Survey Results

Question 1

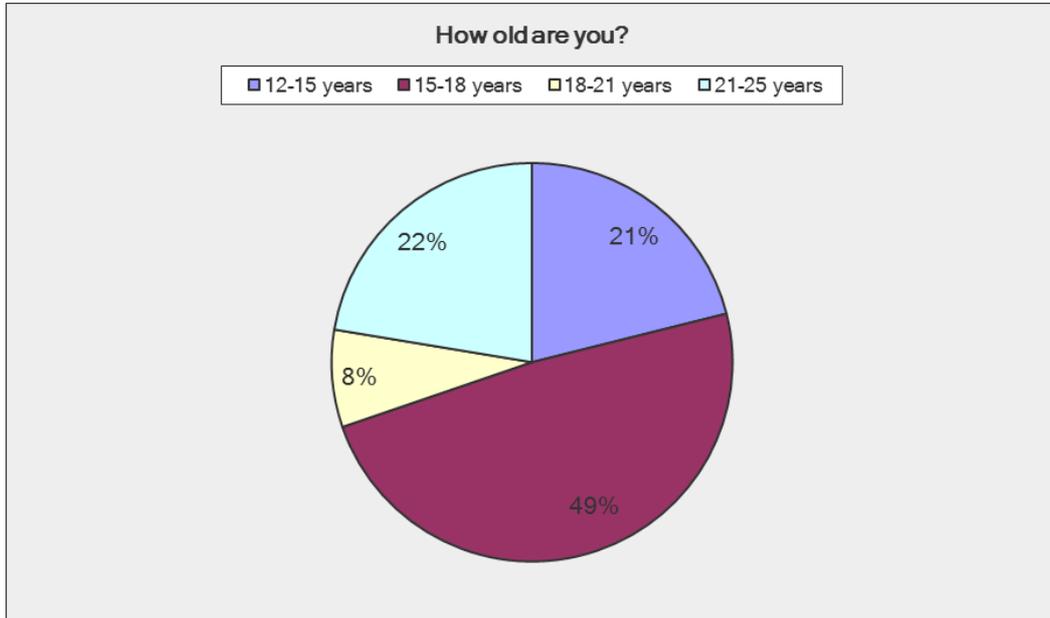


Question 2

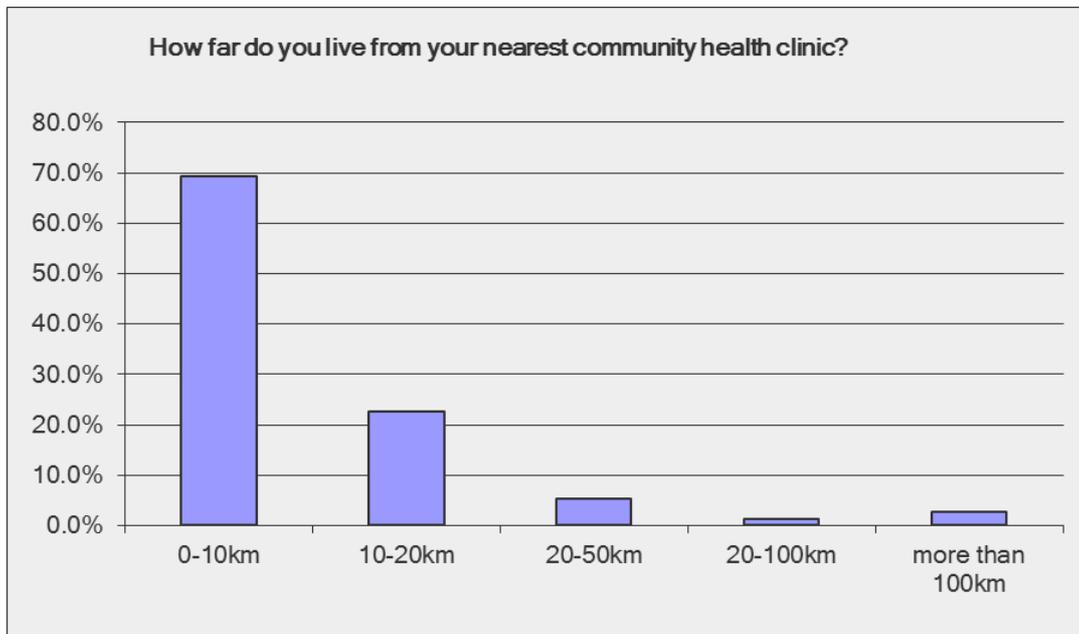


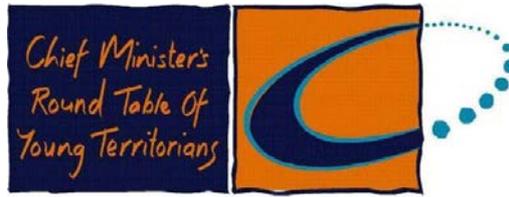


Question 3

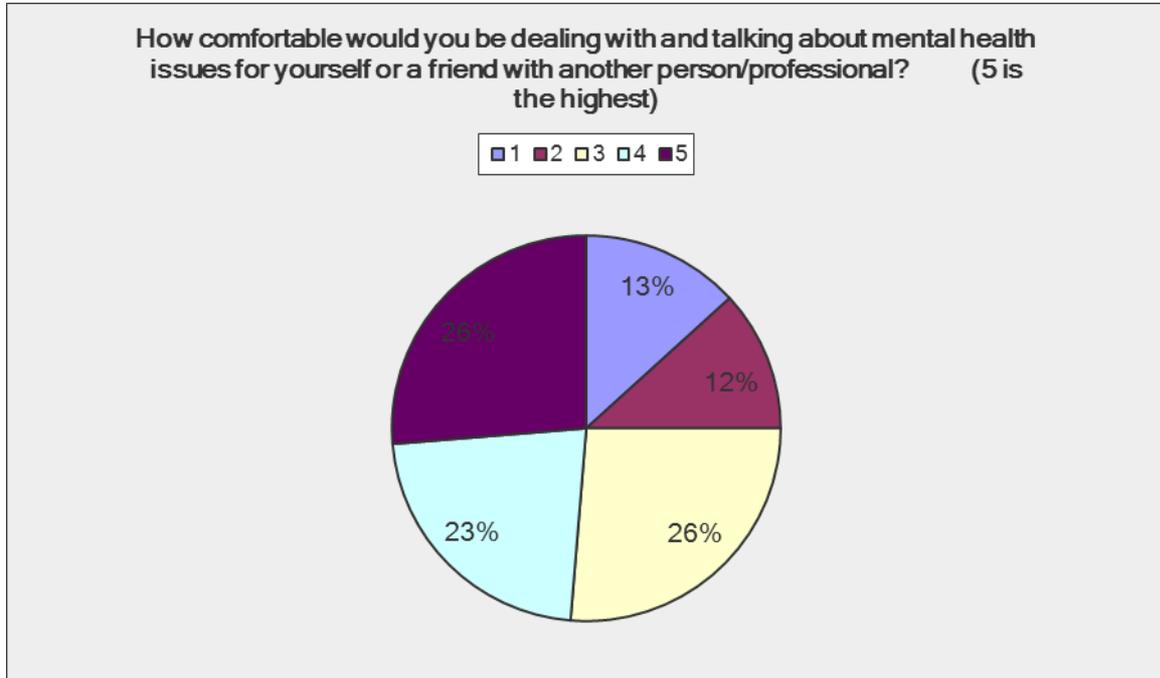


Question 4





Question 5





Question 6 – What do you think would help make these issues easier to talk about or deal with?

Having a doctor of the same gender as the patient.
For people to come into schools to talk more about what happens about it
Talk to someone about it
Talking to people that have gone through the same things as you.
Talking to people you trust
Nothing...I hate talking about my problems
I don't know
Have center for people with mental issues
Comfortable space
More advertising on what is available in Katherine
Rephrasing the term mental health
Doing activities while talking about it
Talking about it to someone you feel comfortable with
Talking with someone I know
Tell some one
Health info school
Support groups
Some body close or some body you know
On the internet would be easier knowing the worker
Don't know
Knew the walker or service
Not having as much stigma attached to mental services
If youth could see someone they done 4 know and talk about problems in a safe and private place
Someone that I know
Not having as much stigma attached to mental services
Shy or shame better to know the person
Ok
YMCA
Talk about it with someone you feel confident with
Younrek same sex person
Knowing the person
Confident bullying programs
Trust for knowing the service and what they do
More clinic verities to school
Private no one around
Knowing the workers and what is available
Know what is available and were
Over the phone
N/A
Someone through school
It's ok
If you knew who knows about it.
I know most of the counsellors and are afraid they'd dob
Just



Having a fun night while also talking with others about yourself.
Past experience
Non-judgmental people
Qualified experienced staff to talk with. People who can speak my language and not have strong foreign accent which I can't understand or they can't understand me.
Have a doctor the same gender as your self
Going to places like YMCA where we feel welcome. I go there to talk with Tammy and Chantal but I can use online counseling there too. I hate going most places like gov centre. They look at me funny in judging ways
Knowing where to go for help and understanding what services were provided.
If there wasn't such a negative attitude towards it
Ensure everyone "willint to" talks about their own issues openly and share experiences, others will know they are not alone
I don't know
I don't know
Level of confidentiality in rural/remote towns lack of professional understanding in mental health roles
Nothing
To talk about it
Unsure
Tell someone
Unsure
Nothing
Family and someone I know really well
If we had more places to reach to
I am not sure. I feel like mental health is a taboo topic and not regularly discussed. I don't like talking to family about mental health. When I felt comfortable talking to a health professional I don't feel like they took me seriously.
Have more indigenous professional for the indigenous clients.
Knowing it was secret and not going to be shared
Counseling



Question 7 – Where would you go for help with a mental health issue?

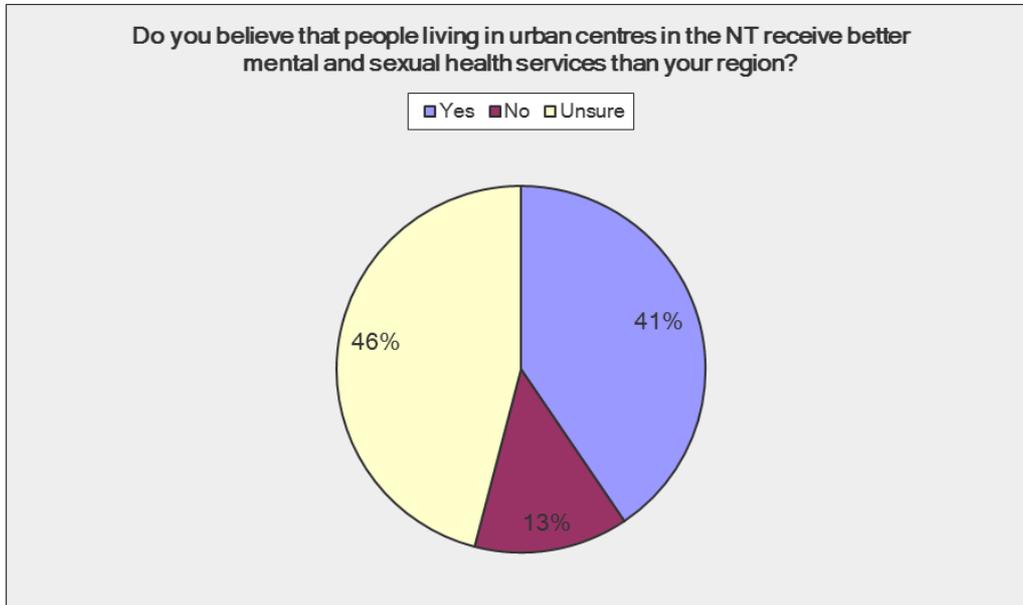
The Katherine hospital
My friends and family
Friend or family
Team Health, Katherine.
Family or local gp
My bedroom
I don't know
People walo take care of people mental issues
Hospital/GP
Friends and doctors
The internet
YMCA or government center
My parents YMCA friends teachers
YMCA
Family
Mental health clinic doctor
Doctor
Visit a family member or somebody very trustful
Anglicare, teacher, parents
Cousins family
School, YMCA
Don't know new to town
I would talk to friends and family
Dunno
Don't know new to town
Family
Clinic
YMCA
YMCA, police
Doctors, school
Parent and friends
Parents
Friend
My clinic
YMCA
Wurli family hospital
Goverment centre hospital family
YMCA
Hospital
Wurli
School office
The doctors or parents/close friends
Nowhere, sleep it off
Properly mum and dad first
To my closest friend.



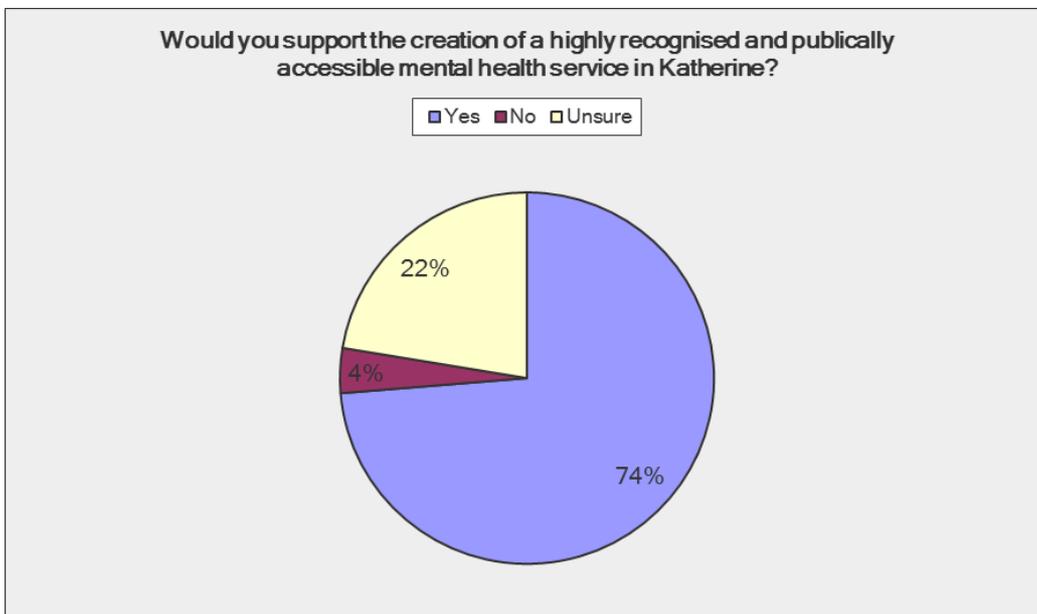
Arkham asylum
PHaMs or KMH
Wurli cause they understand
I would go to my mum and she would take me to where ever I needed to go
YMCA
Councilor, beyond blue, headspace
GP
doctor
my mum
I don't know
Strongbala/wurli or doctors
My mum
To lose weight
Unsure
Family
Unsure
Home
Parents and councilors
Counseling
Mum and Dad
I am not sure. I guess I would call beyond blue if I felt like I needed help
Wurli Wurlinjang Health Service
Don't know
Seek family advice then go from there

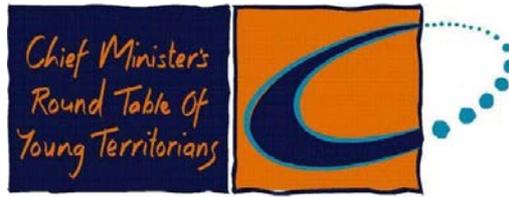


Question 8

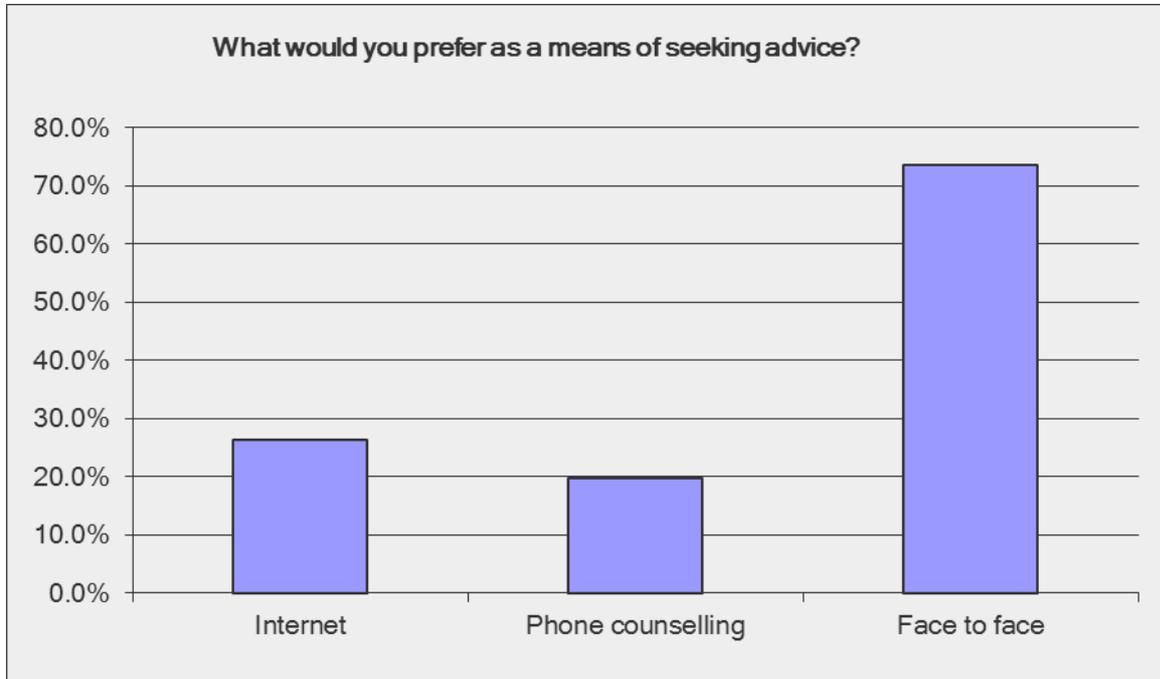


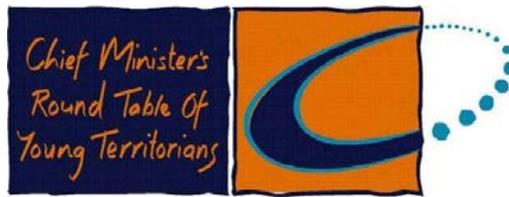
Question 9





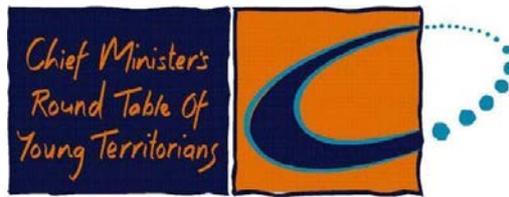
Question 10





Question 11 – What organisations do you know of that provide help for mental health?

The hospital I think, physcologists
Teen health or the internet
Unsure
Team Health, Katherine. Wirli Wirli.
Beyondblue
My parents
IDK
YMCA school
YMCA school
Mental health hospital red cross
Kids helpline
YMCA police
Somerville goverment YMCA
YMCA wirli school
Somerville
Mental health dept
Doctor
Hospital, doctor, clinic wirli
Anglicare
YMCA wirli
WMCA
Young mums support group but dont know of any in Katherine
I don't know and in Katherine akk i no is helpline hotline
Clinic
Young mums suport grove but dont know of any in katheren
YMCA Anglicare
Clinic. School
None apart from YMCA
YMCA, wirli, Mission Australia and School
None
School counselor and YMCA
YMCA
Catholic Care don't know any others
Clinic upsets to school
Wurli goobinji
As previous
As previous
YMCA
No
Wurli
Hospital. gorge clinic
The local doctors
Beyondblue
Somerville
Tindal Teens



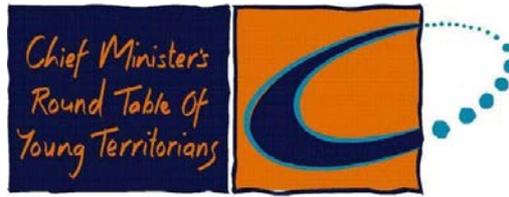
Arkham asylum
Australian Red Cross and KMH
Wurli Health Service, Well Being Unit.
NT Mental Health (Government) Wurli
I'm not sure of any
YMCA
Headspace lifeline beyond blue
Katherine mental health. Wurli wurlinjang. Catholic care. Beyond blue. Sane.
doctors, health workers, coverment centre
Wurli
Kintore clinic
Beyondblue catholiccare lifewithoutbarriers
Not sure
Unsure
Counseling, docors, family and friends
Kids helpline
Kids help line
Unsure
Not sure
Wurli-Wurlinjang Health Service Beyond Blue Katherine Mental Health Services
Wurli, Red cross, Somerville
Don't know
Young Carers (Although this is for people under 18)

Question 12 – Are any of these services in Katherine?

Yes
Teen health
Unsure
No, my mum is.
Yes
Yes
No
Not that i no off
Yes
Yes via phone
Yes
Yes
Yeah
Yes
Don't know
No
Good birdi



Don't know
Yes
Yes
Yes
Yes
Not a clue
Yes
No
Yes
Yes
The Doctors I guess
Nah
Yes
Sort of...Tindal
Nope, Gotham
Yes
Salvation army, Mission Australia, Red Cross
I don't know
Yep and we can contact YMCA at night too which is good. They come see me and my friends when we need someone to talk to but they help talk to my family too
Anglicare
Yes but limited set vices
Yes
Yes
Not sure
idk
Not sure
Unsure
Yes
Yes
No
Ynsure
Catholic health
Yes
Yes
Don't know
Yes, there is a young carers facility in Katherine



Question 13 - Have you or has someone you know used any of these before?

Yes
No
Yes.
No
Nope
No
No
No
No
Yes
Yes
No
No
Nah
Yes Mum
Yes
Yes
Yes
No
Yes
Yes
Maybe
No
No
Unsure
Yes
Yes
No
No
Yes
Yeah
No
Yes
The joker
Yes
No
Yes
No
Yes
Yes
Yes
Yes
Yep
Not sure
No
No

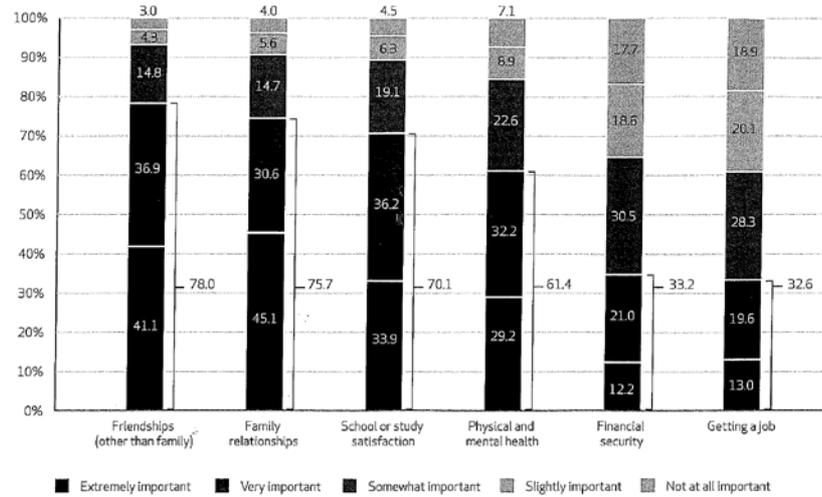


No
No
Yes
Yes
Not sure
No
Yes



Attachment 3 – Mission Australia Survey

Figure 1.4: What young people value



Note: Items were ranked by summing over responses for *extremely important* and *very important* for each item.

Gender differences

Consistent with last year's findings, *friendships* and *family relationships* were again ranked as the two most highly valued items by both males and females, as shown in Table 1.6. However, a greater proportion of female respondents highly valued *friendships* and *family relationships* than their male counterparts. The third most valued item by both males and females this year was *school or study satisfaction*. This is consistent with the 2012 results for females, whereas males in 2012 valued *physical and mental health* more highly.

- *Friendships* were highly valued by 82.6% of females (*extremely important*: 46.6%; *very important*: 36.0%) compared with 71.2% of males (*extremely important*: 33.1%; *very important*: 38.1%).
- *Family relationships* were highly valued by 80.2% of females (*extremely important*: 50.6%; *very important*: 29.6%) compared with 69.2% of males (*extremely important*: 37.0%; *very important*: 32.2%).
- 77.4% of females highly valued *school or study satisfaction* (*extremely important*: 39.8%; *very important*: 37.6%) compared with 59.6% of males (*extremely important*: 25.4%; *very important*: 34.2%).
- *Physical and mental health* was highly valued by around two thirds of all females (*extremely important*: 31.2%; *very important*: 33.4%) and by over half of all males (*extremely important*: 26.3%; *very important*: 30.4%).



References

- Burgess, P. et al., 2009. *The Mental Health of Australians 2: Report of the 2007 National Survey of Mental Health and Wellbeing*, Canberra: Commonwealth of Australia.
- EASA, 2014. *Investing in Mental Health: Supporting Business Leaders to Find Effective Workplace Mental Health Strategies*. *Take it Easy*, August, pp. 1-6.
- Hosie, A. et al., 2014. *Crossroads: Rethinking the Australian Mental Health System*, s.l.: Inspire Foundation.
- Mission Australia, 2013. *Youth Survey 2013*, s.l.: Mission Australia.
- Northern Territory Mental Health Coalition, 2009. *Research Summary to be included in Men's Health Senate Select Committee*, Darwin: Senate Select Committee on Men's Health.

Suggested Readings

- Australian Government, Department of Health – National Mental Health Strategy.
<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-strat>
- Australian Government Department of Health and Ageing– The Mental Health of Australians.
[http://www.health.gov.au/internet/main/publishing.nsf/Content/A24556C814804A99CA257BF0001CAC45/\\$File/mhaust2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/A24556C814804A99CA257BF0001CAC45/$File/mhaust2.pdf)
- Australian Government Department of Health and Ageing – Mental Health Service in Rural and Remote Areas Program evaluation.
[http://www.health.gov.au/internet/main/publishing.nsf/Content/3E902EE0AE59B800CA257BF0001ACE0B/\\$File/mhsrraev.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/3E902EE0AE59B800CA257BF0001ACE0B/$File/mhsrraev.pdf)