Orygen

The National Centre of Excellence in Youth Mental Health

Youth Access Clinics: The development of youth services in a rural setting

phn GIPPSLAND

An Australian Government Initiative

Executive Summary

This report presents the results of a project conducted to better understand the barriers and enablers associated with youth specific health service development in Gippsland. The purpose of this project was to inform the development of a new headspace service model to be based in Wonthaggi but intended to provide decentralised services to young people in the region in settings closer to their schools or homes. It was further hoped that this report would provide information useful to future service development and provision in rural areas, both in Gippsland and beyond. This report is one of two reports prepared by Orygen, The National Centre of Excellence in Youth Mental Health for Gippsland Primary Health Network. This report provides a thematic analysis of themes identified though qualitative research and was based on 16 interviews of staff and young people accessing the four Youth Access Clinic (YAC) services in Gippsland.

What the Previous Literature tells us:

Youth residing in Rural Settings are posed with many challenges:

- Limited access to youth friendly services
- Have insufficient financial resources and transportation options
- Limited access specialist services
- Fear stigma and limited confidentiality
- Inexperienced health practitioners
- Minimal bulk-billing and free services
- Limited choice of health practitioner
- Long waiting lists for services

Research has also found services in rural environments struggle with recruiting and retaining youth friendly staff due to limited funding and the potential of compassion fatigue and burnout.

The primary aim of this study was to gain an in-depth understanding of the development of four Youth Access Clinics (YACs) in Gippsland, as well as thoughts, feelings and attitudes of young people accessing these clinics. A secondary aim was to elicit stories surrounding the establishment of each youth clinic located in Leongatha, Foster, Wonthaggi and Korumburra. The sample comprised of 9 female YAC staff members with a mean age of 46.11 years, and 7 young people, 6 females and 1 male, aged between 15-20 years (M = 17.42). Interviews were analysed according to Braun [1] guidelines. QSR NVivo11 aided in the coding and analysis process.

The results identified four main themes: barriers, enablers, future recommendations and introduction of headspace. Themes showed:

- Barriers: limited transportation; parent consent; restricted access to services; limited doctors and counsellors; negative social proximity/stigma; staff recruitment and retention issues; non-youth friendly spaces; limited funding
- Enablers: positive social proximity; community support; bulk-billing drop in services; creation of the consortium; multi-skilled youth friendly staff; mature minor status; funding from Gippsland PHN.
- Recommendations: additional mental health professionals; YAC funded psychologist/mental health nurse; youth friendly spaces with access to mental health first aid courses; increased advertising.

- Headspace: Consult with YAC to gain community knowledge and program delivery expertise; provide additional services and funding to YACs through hub and spoke model; provide services to Phillip Island, Grantville and Mirboo North.

In urban settings services can be developed via a top-down process in which commissioners, policy makers, or other organisations decide on a location and establish a site for a service. This is possible due to population density, high availability of workforce and multiple transport and accessibility options for potential service users. In many urban places, a short commute will guarantee anonymity for an individual thereby circumventing any stigma associated with accessing the service.

On the other hand, the development of a similar service in a rural community faces a different set of circumstances. As a consequence, for services to be successful there is a need for them to have developed with the input and support of the community, to be a part of the community. In essence this entails a bottom-up approach – growing instead of arriving, actively seeking to find ways to overcome stigma, promote availability and openness of the service and at the same time ensure confidentiality. It requires the passion of the truly committed rather than the wage-earning clock watcher.

This report captures the wisdom and learnings of those who have faced this challenge in four locations in South Gippsland. Importantly, it also gives a platform to the voices of young people who have used these services and have clear ideas about what worked for them, what didn't and what wouldn't. As all communities grapple with providing better support for their young people, this report provides great insight into how that might best be addressed in this region, and has some lessons that may be transferrable to other rural locations.

Chapter 1

Youth Access Clinics: The development of youth services in a rural setting

Residing in a rural community poses many challenges for young people. These include a lack of access to community care and professional assistance, insufficient financial resources, fear of stigma, limited confidentiality and, isolation resulting in potential family enmeshment [2-4]. The impact of the above challenges is particularly concerning as it is likely these have a significant influence on service accessibility and a young person's perception of their mental health and its severity. With the increased awareness and prevalence of youth mental health problems in Australia, it is essential for commissioners, researchers and professionals alike to understand the influence of rural stressors on services accessibility and develop new youth focused programs which meet the complex needs of rural adolescents [3, 4]. The current literature review will provide a summary of youth mental health, discuss the complexities of rural stressors on young people and describe best practice models for youth focused support services in rural settings.

The World Health Organisation defines young people as individuals aged between ten and twenty-four years of age [5]. Marked by myriad developmental changes to the body and mind, the successful transition from dependence to independence requires understanding, support and the development of self-awareness and acceptance [6-8] . It is a time where young people are faced with physical, emotional, psychological and biological changes. Unsuccessful navigation of this period of change can lead to poor mental and physical health as well as poor health related behaviours in adulthood [2, 9]. Sitting alongside the rapid physical development of this period, is the relatively slow development of the frontal cortex – the part of the brain that when fully developed evaluates risk, comprehends consequence and allows for wiser decisions to be made. During the development of this area young people are

more likely to participate in high risk behaviours, short-term reward seeking, impulsive (and potentially destructive) decisions, sexual promiscuity and substance abuse [10-12]. Further complicating this developmental period is the potential emergence of mental illnesses such as depression, anxiety, schizophrenia and bipolar disorder [13, 14]. Without a supportive network, inclusive of professional, family and social supports, a young person is at risk of developing a negative sense of self, partaking in self-sabotaging behaviours, suffering from suicidal ideation and/or self-harm, isolating oneself, and continuing this negative cycle into their adult years [3, 10, 15].

In 2015, 1.2 million adolescents died from risk taking behaviours and lack of medical interventions [5]. In Australia in the age group 15-25, the current top causes of death in order are suicide, transport accidents, accidental poisoning (overdoses) and assault [16]. Hodges, O'Brien [17] reported Australia has the highest rate of youth suicide in the world, with the death rate increasing with remoteness. Further compounding these statistics, Hodges, O'Brien [17] found that 14% of young people aged between 12 and 17 years old presented with a mental health condition and this prevalence increased to 27% in individuals aged between 18 and 24. The most prominent mental health conditions in this age group included substance abuse and dependence, depression, anxiety and eating disorders [18-20]. These alarming statistics show the importance of education and early intervention for young people and highlight the need for youth focused and accessible services.

Gulliver, Griffiths [21] study found a reluctance exhibited by youth to access support. In particular, only 18-34% of young people suffering from anxiety and depression accessed help. Additionally these researchers' reported that merely 25% of young people with a mental health diagnosis, aged between 4 and 17 years, accessed support within the last six months. Aisbett, Boyd [15] and Sawyer, Arney [6] also reported as low as 25 % of youth accessed support despite the high prevalence of mental illness exhibited by this age group. Slade,

Johnston [22] further reported gender differences with only 13% of males accessing support compared to 31% of females.

Numerous studies have found that the above risks escalate when young people reside in rural environments [2, 17, 23]. Of note, previous research has found that youth residing in a rural setting have sex at an earlier age; 42-60% of young people consumed alcohol; 40% of youth reported depressive symptoms, with a peak in symptoms occurring at 14-15 years of age; the study also showed an increase in obesity and reduction in physical exercise [2]. The 2017 WHO 'AA-HA!' report confirmed the lack of exercise by stating 4 in 5 young people aged between 11 and 17 years don't exercise and this lack of movement can lead to illnesses such as heart disease and diabetes [24].

Other studies support this notion of rural youth being a greater risk by highlighting higher levels of depression, alcohol and substance abuse, risk taking behaviours, suicidality and self-harm, anxiety, psychiatric disorders, difficulties with stress and coping, school dropout, bullying, isolation, unsafe sex practices, trauma, poverty, single parenthood and teenage pregnancy [3, 15, 25-29]. Chan, Leung [30] further added that alcohol consumption increases with remoteness with 35% of rural youths consuming alcohol compared to only 16.7% of urban youth.

Kilkkinen, Kao-Philpot [31] and Black, Roberts [23] claimed that the increased occurrence of risk taking behaviours, mental health problems and substance abuse in rural settings are the result of delays in help seeking behaviours in rural adolescent. Furthermore research into this area showed that young people often rely on themselves or family/friends for support and this reliance can lead to negative health outcomes, avoidance and minimisation of symptoms, fear of disclosure, enhance secrecy and reinforce the stigma associated with mental illness [32, 33].

The lack of access to services in a rural setting and insular family communication, can consolidate repetitive patterns of negative behaviours which increases the likelihood of a young person displaying mental health problems [34-36]. Lazarus [34] reinforced this statement by arguing coping strategies used by young people are directly related to the supports to which they have access. Thus, social support, both formal (professional) and informal (family, friends) are essential in allowing young people to meet their psychological, practical and informational needs [17, 19, 27].

So how does living in a rural environment impact on service accessibility and the development of youth focused services? Extensive research has been conducted into examining the stressors associated with living in a rural community. In particular, research has focused on difficulties such as geographical isolation, financial hardship, low levels of education and employment opportunities, inadequate resources, limited access to services, stigma, social isolation as well as environmental extremities (fire, drought, flood). All of these stressors have been shown to significantly impact young people and their ability to access support [15, 17, 23].

Boyd, Aisbett [3] reported on young peoples' perspectives of rural barriers to access care. Their study highlighted barriers such as lack of transport, finances (unemployment), confidentiality concerns, lack of knowledge surrounding services available, limited female general practitioners, minimal bulk-billing and free services, inexperienced health care professionals, reduced choice of treating providers and long waiting lists. Other studies showed young people reported concerns surrounding the need for parental consent, embarrassment of parental involvement and feelings of being a burden due to parents working and having limited time [30, 37, 38].

Ervin, Phillips [38] stated that confidentiality and positive social proximity within a rural community are essential to reducing barriers to access services [6, 18]. A young person experiencing negative social proximity can have concerns for confidentiality due to known professionals, neighbours and society members questioning their reason for accessing services, sharing this information, breaching confidentiality and feeling ostracised by the community [6, 15, 38]. Positive social proximity, on the other hand, can be seen as a protective factor for a young person as it aids in the early detection of behaviour change and identification of mental health symptoms [15, 25]. Most studies to date however, report on the negative impact of social proximity and the barriers it causes for a young person when accessing services [2, 6, 38].

Another barrier is the perception that rural doctors are inexperienced in youth mental health problems and the professional's opinion that these patients are too demanding, time consuming, and financially unrewarding [3, 15, 25]. Many rural doctors are isolated from mental health providers which creates another barrier and hence the attendance rates for referrals and initial appointments are low [15, 39, 40]. Furthermore, long waiting lists in rural communities have led to young people feeling isolated and disheartened, thus less likely to access support [41, 42].

In order to address the complexities of service delivery and accessibility for young people residing in a rural community, many service providers have attempted to create flexible, easy to access, free and professional programs. Clarke, Kuosmanen [20] showed that programs need to focus on mental health promotion and prevention with free face-to-face interventions combined with web-based supports. Their study illustrated the successful outcomes of school based promotion/prevention programs which led to improved psychological wellbeing, mental health literacy and help seeking behaviours. Calear, Banfield [43] also recommended and reported on the success of school based multimodal courses. In

their ‘Silence is Deadly’ program, these researchers utilised role models, promoted positive attitudes to seeking help, multimedia presentations and audience interaction aimed at reducing mental health and stigma.

Carnie, Berry [44] also agreed that school-based interventions are necessary, however they also added that teachers are at the youth mental health front line and need to be trained in metal health first aid. They further added that this first aid must be child inclusive. Allison, Roeger [39] also reported that teachers and school counsellors are the first to identify problems and play a crucial role in supporting young people. The development of the CHESS (Child Health Education Support Service) program in South Australia aimed at upskilling teachers and counsellors as well as reducing barriers between schools and mental health services. This program created pathways through CAMHS school support workers who provided consultations and brief therapy, as well as monitored intake processes and waiting lists [39].

Bradley, Deighton [19] discussed the conflict between psychological experts’ and youth opinions on adolescent transitional problems and service development. Using the Participant Action Research (PAR) model, Bradley, Deighton [19] argued that young people are experts in changing their fate and must be involved in service development. Their research brought together marginalised individuals, created a cohesive group which focused on tackling problems in a unified way. This process normalised experiences, reduced health risks and increased social integration. Boyd, Hayes [26] agreed with this youth inclusive notion. Their research reported on the Communities That Care (CTC) and ABCD projects which included the young person’s perspective as well as highlighting the importance of ‘champion professionals’.

Boyd, Hayes [26] found that a number of programs failed when the service lost their champion. Qualified and committed staff are essential in rural communities as young people accessing mental health support often see generic clinicians who learn on the job and have limited qualified supervisors [27, 40]. Fox, Merwin [42] and Degotardi [40] further added that generic clinicians and unqualified staff can lead to misdiagnosis, ineffective treatment and reduced service use. Furthermore, with the shortage of psychiatrists, psychologists, psychiatric nurses and social workers, it is essential that service developers create multidisciplinary teams, professional development opportunities and provide regular supervision from a highly trained youth mental health professional. These staff opportunities can also reduce the risks associated with compassion fatigue, vicarious trauma and burnout [27, 40, 42].

Boyd, Francis [27] conducted a study on young people's perspectives on health professional characteristics. In this study young people reported that non-judgemental, approachable, able to relate to adolescents and easily available are essential qualities for professionals working with youth. They further added that acting too busy and superior reduced a young person's likelihood of accessing support. Boyd, Francis [27] and Groft, Hagen [45] also found that young people did not see general practitioners as helpful or a useful source of help, rather they preferred to be approached by a counsellor or access school-based counselling services.

Although research has shown the success of school-based programs, rural communities have a high rate of school dropout and young people participating in high risk behaviours which render them unable to integrate into a structured school-based program. With concerns surrounding social proximity, youth programs need to consider services for these young people who fall through the gaps. Ervin, Phillips [38] and Aisbett, Boyd [15] recommended that mental health programs should be placed in general health services to

reduce stigma and accessibility problems. Boyd, Aisbett [3] also added the recommendation of satellite and mobile visiting services and tele-psychiatry to reduce accessibility problems.

Hodges, O'Brien [17] and Edwards, Theriault [37] further recommended outreach services based on the needs of young people. In their study they highlighted the importance of working within the community to provide local solutions, however they acknowledge that funding often impacts the programs sustainability. Ervin, Phillips [38] also supported this notion by stating financial constraints often lead to non-youth specific spaces, where the youth program shares facilities with older populations. Unfortunately, their study found that shared space can discourage young people from accessing support.

Thus, research shows that youth focused spaces are essential when considering providing support to young people in rural communities. In particular, services which integrate aspects of the rural environment have been shown to decrease distress and mental health symptoms. Of note, research has found that green environments and blue space directly impact a young person's wellbeing through providing opportunities for social interaction and physical activity [46, 47]. These studies showed that utilising blue and green space reduce anxiety and depression by providing therapeutic environments with calming backgrounds and natural stimuli to relax the brain.

With the complexities surrounding the successful transition into adulthood and the barriers to access care in rural environments, the aim of the present study is to gain an in-depth understanding of the development of Youth Access Clinics (YACs) in a rural setting as well as thoughts, feelings and attitudes of young people accessing these clinics. A secondary aim is to elicit stories surrounding the establishment of each youth access clinic located in Leongatha, Foster, Korumburra and Wonthaggi. The study will seek to identify the barriers and enablers of establishing youth focused clinics and identify local and non-local factors that

either contributed to or impacted on the success of the YACs. The research will further aim to capture the experience of young people in relation to the care provided at the YACs. The following section describes the structure of each YAC clinic and the reasons for creating youth specific programs.

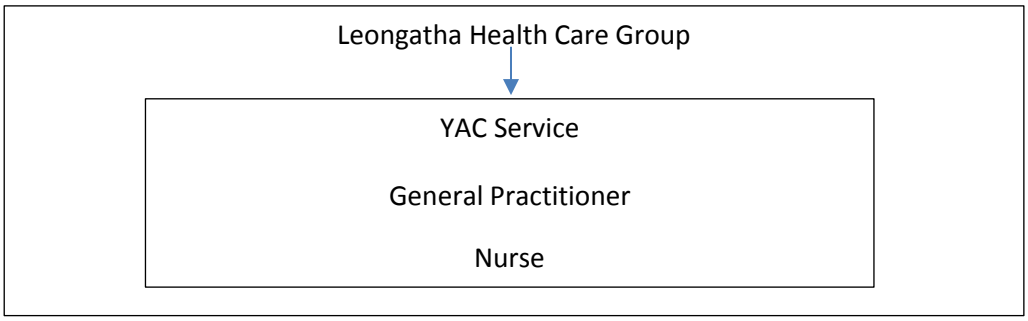
Leongatha

Leongatha Health Care Group, Gippsland Southern Health Services and Student Support Service (Department of Education) identified the lack of services available for young people and a need for youth specific services in Leongatha. Previously, the Leongatha Health Group provided a general practitioner to the local high school, however this service was not successful due to the non-youth friendly approach of the practitioner. A regular meeting was held to develop an understanding of local youth needs and from this Dr de Gooyer and Ms Mewett began to research and identify youth friendly environments. Through the dedication and hard work of Dr de Gooyer and Ms Mewett and the generosity of a local businessman who donated the use of offices, the Leongatha YAC clinic was created. Going beyond her role as a nurse, Ms Mewett and her associates renovated the office which was donated to them. The good will of local businesses and charities donated equipment and furniture to help set up the YAC. Businesses such as Retrovision, Lions, Rotary, local banks, St Vinnies and the hospital all helped create a comfortable and youth friendly space for YAC through their donations. The Leongatha Health Care Group significantly contributed to the success of the YAC by employing Ms Mewett and Dr de Gooyer to run the program. The convenient location of the YAC allowed not only school aged children to attend but also encouraged access to those disengaged or not enrolled at school. Separating the YAC clinic from

Leongatha Health Care Group aimed to reduce stigma and negative social proximity for young people.

The YAC program attempted to integrate a variety of health professionals such as psychologists, mental health professionals and drug and alcohol counsellors to provide a holistic service. However, given funding constraints and limited professionals, these services were not sustainable. Hence, the main services provided by the Leongatha YAC were nursing and general medical practice. A decision was made to transfer the YAC clinic to the main building of the Leongatha Health Care group due to safety risks for staff and clients, lack of disability access and hygiene issues for procedures. With the funding from Gippsland Primary Health Network this program has been able to continue and provide services to young people. Figure 1 provides a diagram of the Leongatha YAC service:

Figure 1.



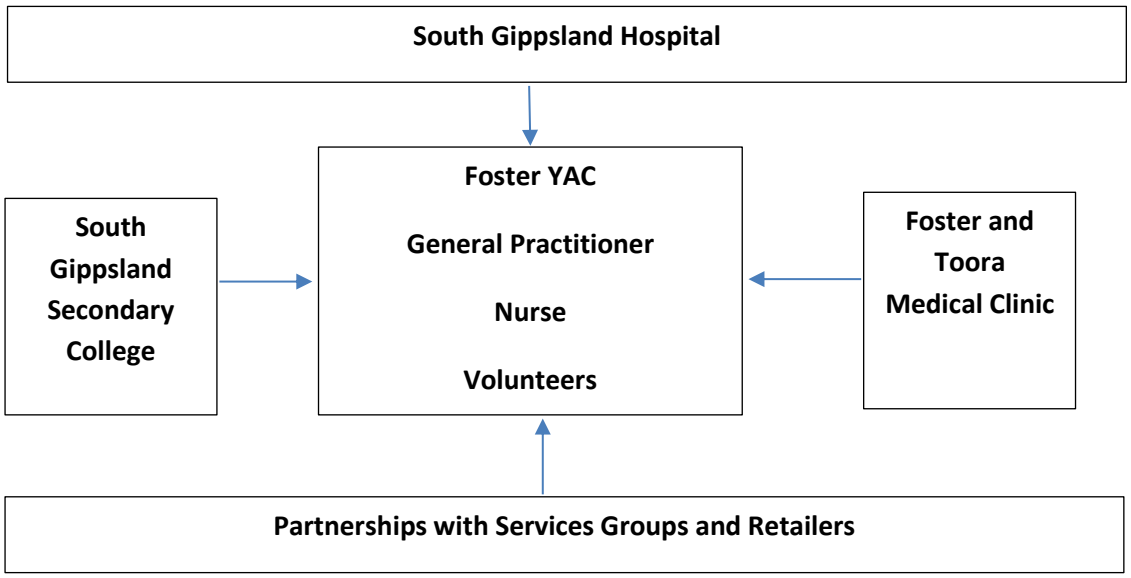
Foster

The Foster YAC was formed after a number of young people committed suicide in the local area and the community identified a gap in youth services. In order to address this problem a working group was formed which comprised of doctors', the hospital, community house, general community members and young people. The working group brainstormed a service model which highlighted a neutral space for YAC within the Town Hall. This location was independent, close to town and allowed access for all young people. Doctors from the medical clinic partnered with the community health centre and the local hospital to

supply equipment for the program. Other organisations such as the Bendigo Bank, the Yanakie Camp Draft, The Rotary Club, and Lions also provided generous donations to help fund the YAC set up. The continued partnership between the medical clinic, South Gippsland Hospital, Foster secondary college and the general community helped identify funding opportunities to promote the sustainability of the YAC. As funding continued to be an issue, a partnership between Foster YAC and Leongatha YAC formed which focused on gathering data to help obtain ongoing funding. This data helped gain funding from the Gippsland Primary Health Network and the identified the need for headspace in Gippsland South Coast. The Foster YAC currently provides a youth nurse, general practitioner and community volunteers to help support the young people in their area.

Figure 2, shows the service set-up of the Foster YAC.

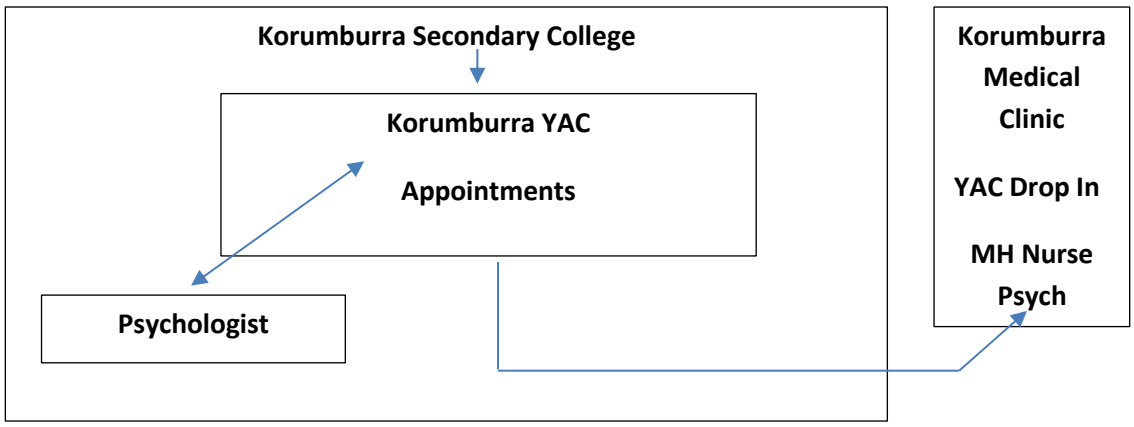
Figure 2.



Korumburra

Korumburra YAC was formed after identifying a need for a youth specific service in their area and the service model was developed after discussions with shire and the other YACs in Wonthaggi, Foster and Leongatha. The success of this clinic was dependent on a general practitioner and a nurse who showed interest in youth health and a commitment to providing an easy to access service. The Korumburra YAC initially started in the main medical clinic, however only a few young people accessed the service. In order to address low attendance rates, the YAC staff met with the Korumburra Secondary School to discuss a 'pass out system' where young people were allowed to leave school and attend the clinic. Due to confidentiality problems and parental consent, the school invited the YAC program to run from the school grounds. This integration of the YAC into the secondary school proved to be a success. In order to allow individual's disengaged from the education system to access the YAC, the program continued to run for a few hours per week at the medical clinic. The Korumburra YAC currently provides a general practitioner and a nurse to the school. Funding from community donations and the Gippsland Primary Health Network have allowed this program to succeed. Figure 3 show a diagram of the Korumburra YAC.

Figure 3

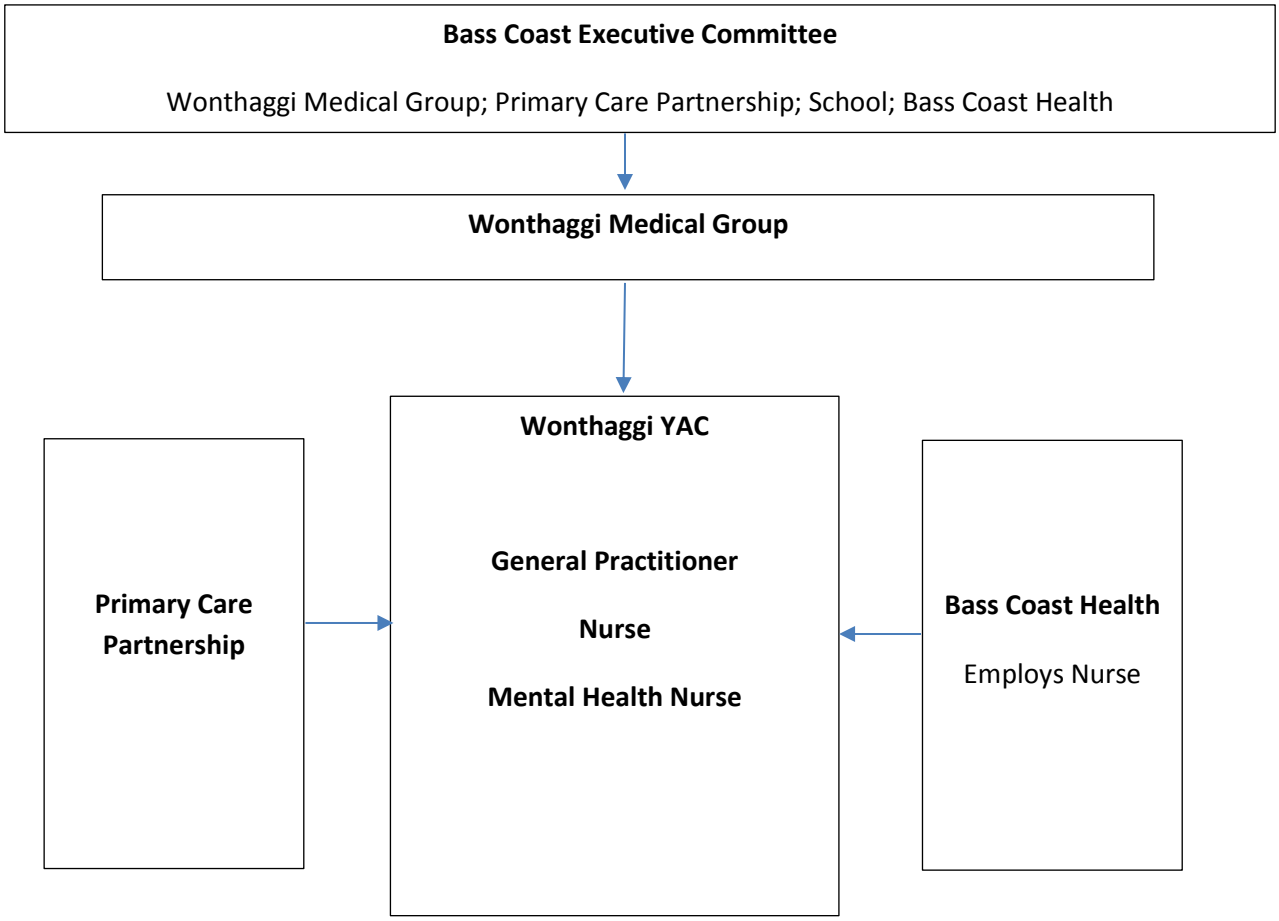


Wonthaggi

Wonthaggi initially developed a youth clinic approximately 10 years ago. Although staffed by a youth friendly nurse, the clinic struggled to employ a general practitioner who was willing to work within the clinic due to inconsistent income. Sadly this clinic closed down as a result of funding issues, an inability to attract the right staff and low attendance rate of young people. Recently, Wonthaggi Medical Group was approached by the Primary Care Partnership (PCP) who wanted to re-open a youth clinic.

Staff at the medical group explained that funding was a significant barrier to providing services and attracting staff, however if this could be addressed they would be happy to re-open a youth clinic. Regular meetings were held and the decision was made to have the youth clinic at the medical centre due to the clinic having appropriate facilities. The Wonthaggi Medical group donated reception, rooms and equipment in order to get the program running. With the support of community donations and funding from the Gippsland Primary Health Network, the youth clinic was able to become sustainable.

Figure 4:



Development of the YAC Consortium

Although Leongatha and Foster had formed an alliance to gather data to demonstrate the need for youth services, it was the funding from Gippsland Primary Health Network which facilitated the creation of the YAC consortium. The aim of the consortium was to share knowledge and resources, enhance risk management, attract funding on a larger scale, provide a common logo, web site and frame of reference as well as collecting data from each of the youth clinics. The YAC consortium is made up of partnerships between the four YACs based in Foster, Korumburra, Wonthaggi and Leongatha, the Department of Education, South Coast Primary Care Partnership and the Gippsland Primary Health Network.

Method

Design

Participants engaged in individual face-to-face or phone-based semi-structured interviews [48]. Interviews were conducted to obtain information pertaining to participant knowledge, perspectives and experiences [49].

Thematic analysis was utilised to identify important and consistent themes in the data derived through the consultation process. The data analysis was conducted in six phases as outlined by Braun [1]. These phases include, familiarisation with the data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report.

Sample and Setting

Purposive sampling was utilised to select participants with a wide range of backgrounds and experiences [1]. Despite many theorists disagreeing on the adequate sample size needed for purposive samples, their common goal for this sample size is data saturation [50]. Guest, Bunce [50] researched operationalized data saturation and concluded a sample size of 10 encapsulates between 73-92% of all possible thematic discovery, and 94-97% of common themes. In light of this, the current sample size of 16 participants exceeds Guest, Bunce [50] recommendations for data saturation.

Staff: In total 9 female YAC staff members took part in the semi structured interview process. Interviews were conducted individually, either face-to-face or via the telephone. Staff participants were current and former YAC employees who were identified by the YAC consortium and the researcher. These participants volunteered to be part of the study. The YAC consortium highlighted these participants as having an in-depth knowledge of the

development and journey of their particular YAC. The staff participants were aged between 37-54 years of age, with the mean age being 46.11 years.

Young people: A total of 7 young people, 6 females and 1 male, were interviewed. Semi-structured interviews were conducted either face-to-face or via the telephone. These young people were identified by YAC employees and volunteered to be part of the study. Young people were aged between 15-20 years with a mean age of 17.42 years. The young people were either accessing or had accessed the YAC in their local region. The young people interviewed had previously expressed an interest to YAC employees to participate in research and community education activities.

Procedure

Ethics approval was obtained from the Melbourne Health Human Research Ethics Committee (Appendix A). This approval was provided to each YAC clinic. As stated above participants were identified by the YAC consortium. Participants and parents (if under 18 years) read the plain language statement and signed the informed consent form. All young people who took part in the interview process were reimbursed with a $30 gift voucher for their participation.

Interviews

Participants were interviewed by the researcher either face-to-face or via the telephone. Interviews took between 30-90 minutes to complete. The semi-structured interview questionnaires (Appendices B and C) were developed in partnership with the YAC consortium and the researchers. Questions were based on identifying themes associated with providing services to young people in a rural setting [15, 25, 42]. Interviews were audio-recorded and transcribed verbatim.

Analysis

Interviews were analysed according to Braun and Clarke (2006) guidelines. QSR NVivo 11 aided coding and analysis processes. Data familiarisation was achieved through conducting, transcribing, transcription checking, reading and summarising interviews. Raw data was placed into initial codes. Frequent or significant initial codes were grouped into meaningful categories and placed in themes. Thematic maps were used to highlight relationships between themes [1]. Theme importance was based on the prevalence of codes within and across interviews, and relevance to research aims [50]. All interviews were rechecked to validate the final themes [50].

Quality checks

Regular supervision meetings and discussions with the YAC consortium ensured transparency and rigour of data analysis. A reflexivity journal was maintained throughout the research process, documenting observations, reflections, decisions and processes.

Results

Key Findings

Four main themes were identified, with two of these themes having seven sub-themes. Theme one was 'Barriers': This theme summarised perspectives of young people and staff surrounding barriers to access services. The theme was divided into seven sub-themes which include environmental barriers, service barriers, client barriers, staff barriers, building barriers, school and financial barriers. Theme two was 'Enablers': This theme captured the perception of young people and staff on enablers to access services. The theme was also divided into seven sub-themes which include environmental, service, client, staff, building, school and financial barriers. Theme three was 'Future Directions for YAC': This theme

contains recommendations from both staff and young people for future improvements to enhance the YAC service. Theme four was the introduction of headspace and is divided into two sub categories: positive experiences and negative experiences.

Barriers

Environmental Barriers

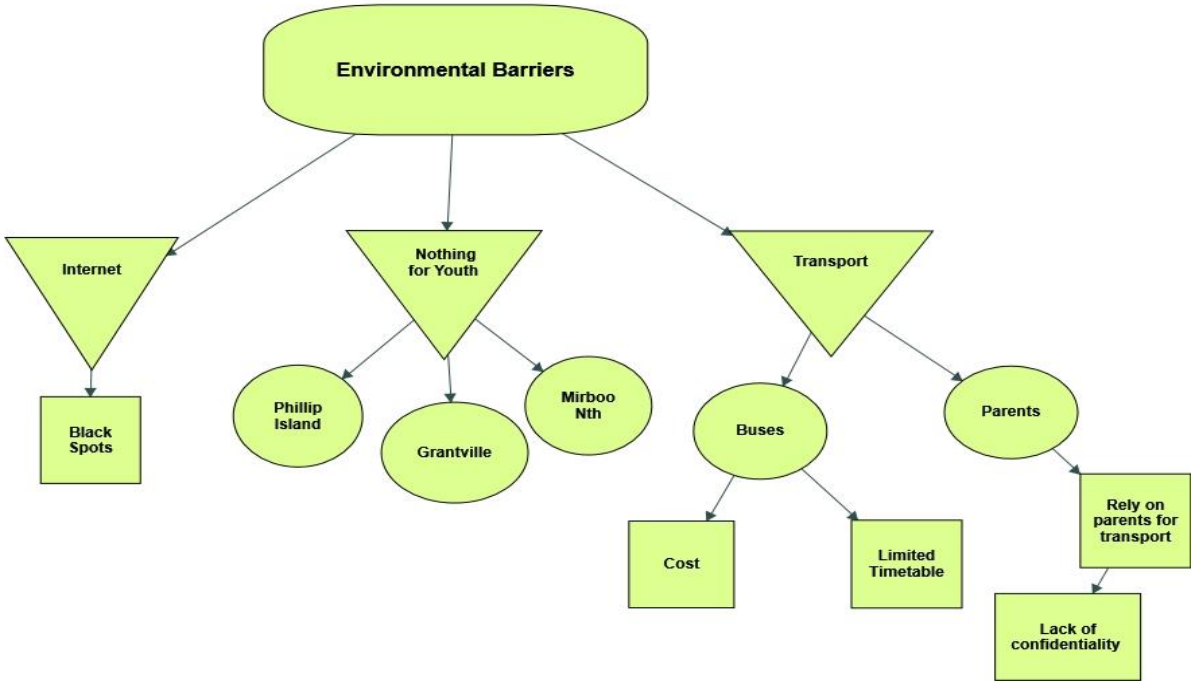
The main theme highlighted by staff was the lack of services for young people in the South Gippsland area. For example, *"...not very many services to support them"* and *"... the service provision, a lot comes from the Valley and they don't actually outreach over here".* This lack of services was further supported by staff stressing the need for a local service which is *"geographically feasible"* for young people to attend. A number of staff expressed concerns over the lack of professional help for young people with *"... you end up carrying these more pointy end patients and you feel shit because they're not getting the right care that they need and you know that if you were in the city they would be".* They further stated that isolation *"... makes it very difficult for them to get to services like, say if we needed them to get to CASA".* Further compounding the geographical isolation is the reliance of young people on public transport to access services. This is particularly concerning as buses run on strict time tables and *"...if they are not seen by that time they would have to leave without being seen"*. Another concern with transport was the high costs associated with travel and the complexities of bus routes. The lack of transport options also created complications as *"... a lot of them didn't want to seek support in their own town"*, it also created a dependence on parents for transport, which reduced confidentiality of service access, and young people being stranded if they missed their bus home.

Other barriers highlighted in Figure 5 are lack of services in areas such as Phillip Island, Mirboo North and Grantsville. Internet black spots and lack of mobile reception also

created barriers for service delivery and accessibility. For example, *"…internet access is kind of like a black spot there, bit of a dead spot so it falls in and out with mobiles and everything so its, its not an ideal spot".*

Young people also agreed with the above environmental barriers, in particular statements such as *"I didn't have time after school there, but I'm like 15 minutes from Wonthaggi so it was kind of like if I was to come after school I would have to get home and then get driven so it's not as convenient"* and *" at the end of the day so you have to be really mindful of the buses if you're taking the bus",* showed that young people are experiencing and are mindful of transport issues. Figure 5, summarises environmental barriers to services.

Figure 5: Environmental Barriers



Service Barriers

A number of young people reported limited opening hours as being a significant barrier to accessing services. In particular, comments such as *"…cos I've just been frustrated*

that it's only open one day a week", "…nothing's open after school, everything closes at 5" and *"…if there was more time then definitely all of the kids would be able to be seen like if it opened at recess"* show the importance of the YAC service being available and flexible in order to meet a young person's schedule. Furthermore, the reduced opening hours can impact on a young person's ability to access the program. Comments highlighting this include *"…There was quite a big wait when you came in and sometimes they couldn't get around to you"* and *"…It was sad. They do, kind of, look around like who needs it the most right now, they have to prioritise just because there's not as many people"*. Young people also reported feeling frustrated at the doctor being held up at the hospital, which significantly impacted on their likelihood of getting an appointment.

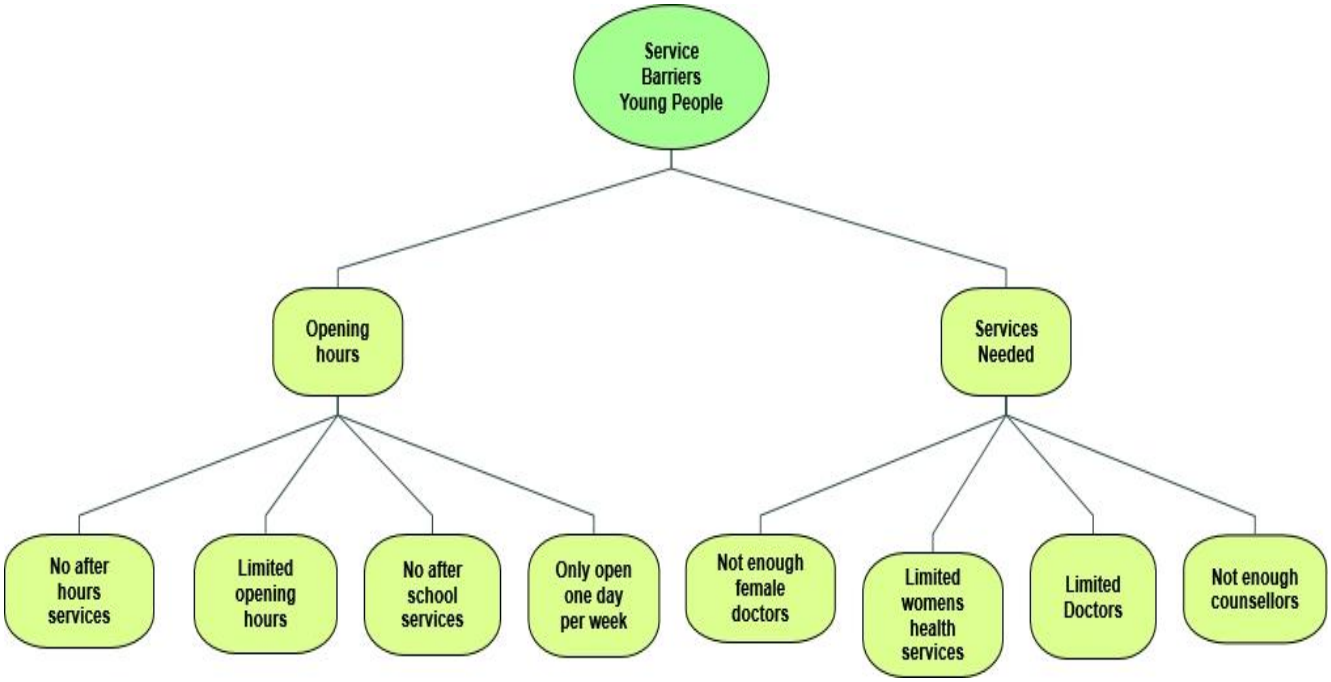
Staff also commented on the limited opening hours and the need to be flexible, however statements such as "*Opening from 12.30 to 4.30. We were really strict on that because I had to go and pick the kids up"* highlighted the conflicting responsibilities of YAC professionals. This conflicting responsibility and the likelihood of a young person not being seen, needs to be addressed as one young person stated that *"accidentally skipping it or not being able to do it was like honestly crippling sometimes when things were really bad so it is definitely so important and it is such a safe space".*

Other service barriers highlighted were the lack of general practitioners, counsellors and women doctors. One young person stated *"If there's one thing I can complain about the YAC is they probably need more counsellors there."* Another young person commented "*The waiting time could be a negative depends how you look at it and just not enough doctors".* Furthermore, the lack of specific mental health services in South Gippsland has led to young people traveling up to two hours every fortnight for treatment. Staff also agreed on the lack of mental health services by stating *"mothers can't take their child to a psychiatrist and they*

absolutely need it because we don't have this visiting ones, we don't have public ones".

Figure 6 provides a summary of young peoples' perspectives on service barriers.

Figure 6: Service Barriers Young People



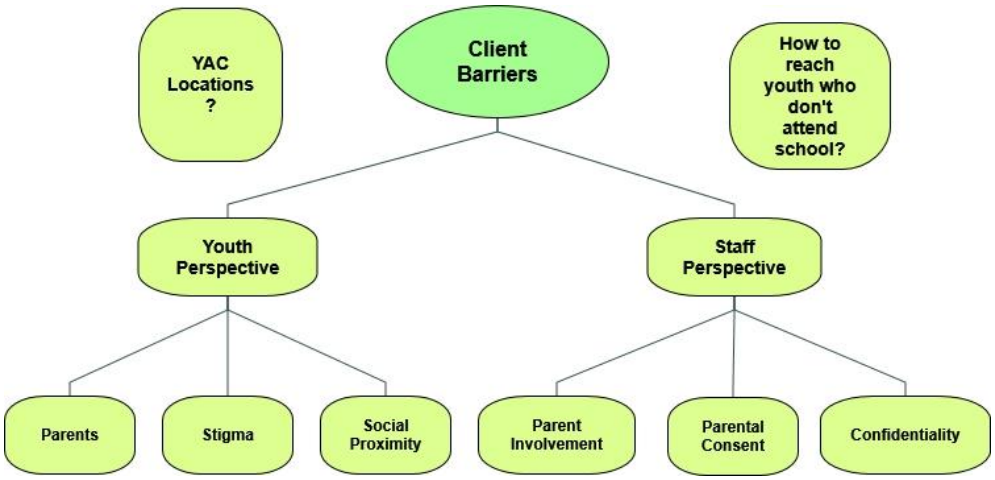
Client Barriers

A number of client barriers were identified by both young people and staff. Three themes were highlighted: Parent involvement/consent, Stigma, and Social Proximity. Young people were concerned about their reliance on parents to approve their access to the YACs. One young person stated *"younger people generally are relying on other people like their parents to organise appointment"*. This reliance on parents created significant barriers to accessing care, as young people felt *"kids weren't able to go there because they had to get signed permission from their parents and that was something that was really hard to do"* and *"if kids didn't want their parents to know that they were going because parents can actively stop them"*. They further stated "*Definitely having that consent thing was something that was really limiting for a lot of kids".*

Staff also identified parents as a significant barrier for young people accessing YAC. In particular a number of staff highlighted the need for *"risk management around a parent not being happy about their child going to youth clinic, writing a letter and how we responded to that".* They further discussed concerns surrounding parents' misunderstandings of confidentiality with *"one parent wanting to know what we discussed and letting them know that it's confidential".* One staff member described the complexities of dealing with caregivers stating *"every time we do a script for an oral contraceptive pill, the grandfather would find it and throw it away"*. This worker stated she was concerned as this caregiver's behaviour placed the young person at risk.

Young people also discussed concerns for negative social proximity with friend's parents being in the YAC waiting room and feeling restricted for example, *"I'm not going to go and grab it while my friend's mum is just sitting there".* They further added concerns for negative social proximity through gossip *"Like it's not that people necessarily feel uncomfortable, like they don't want to go, it's just stopping themselves from other people thinking things or making up things that could be going on"*. Stigma was also a concern for young people with *"I know some friends have found it awkward when they've gone in and they know people in there and they are obviously uncomfortable about going in themselves. It's like are they thinking "what am I here for?"* Figure 7, provides a summary of client barriers highlighted by both young people and staff. Of note young people posed the question of how to find the YACs due to minimal signage and staff highlighted concerns surrounding accessibility gaps for young people not attending school.

Figure 7: Client Barriers



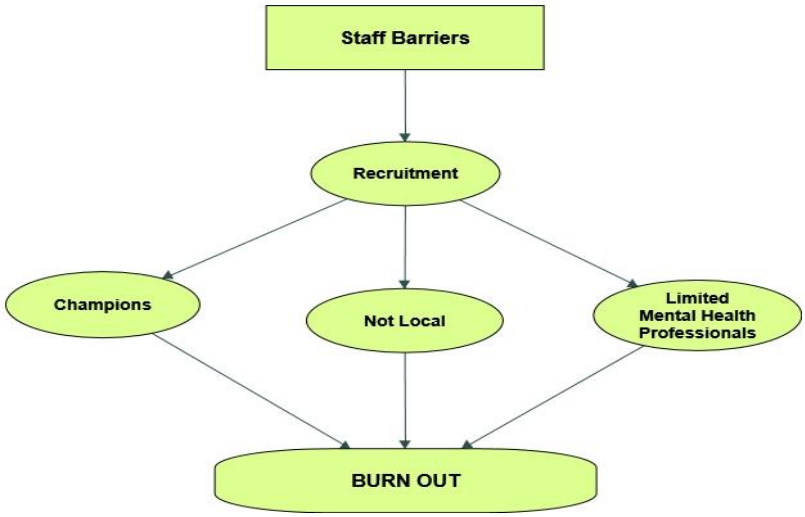
Staff Barriers

The recruitment and retention of champions was a significant barrier across all YACs. Comments such as *"concept of a youth clinic but nobody was really prepared to devote themselves to it"; "could not get a champion, couldn't get anyone"* and *"a good GP because there's no point setting up without one",* all highlight barriers with recruitment of champions and the direct impact this barrier has on the clinic's success.

Non-youth friendly staff were also identified as barriers with *"fuelled with issues around privacy and difficulties around that and he'd turn up and then kids wouldn't turn up and it was just problematic".* Youth friendly practitioners were seen as being "*passionate for youth health"* and a general preference for middle aged female practitioners was identified through comments such as *"It has because we started off with the male GP and that probably wasn't very successful even though he did good with kids and that a lot of them didn't talk to him as much as they do…"* the female doctor. *He's in his 60s and* the female doctor was in her *early 40s"* and *"I think it's great to have a male there but I think having a female there, especially for the sexual health stuff and a lot of disclosed assaults*".

A number of staff highlighted the high potential for burnout. Comments included *"Like you end up doing the role of not just GP but counsellor, social worker, advocate which is all part of our brief but you don't get remunerated for that"* and *"It's all very system based. You end up carrying these kids and I think what that creates is a sort of dependence on the service, dependence on two people in the service and you feel ridiculously pressured. It's horrible".* Other factors that led to burnout in staff were *"their GPs come in and out. So a lot of them are part-time that come in and out from Melbourne so they didn't have that sense of community"* and limited services to refer to and lack of mental health professionals i.e. *"few psychologists who deal with youth health. Most of them, like, yeah, I won't name names, sorry, that's she is quite good but she's fully booked"* and *"trained mental health nurses or trained psychologists that are particularly good with young people will be difficult to find".* Figure 8, summarises the staff barriers and problems associated with recruitment and burnout.

Figure 8: Staff Barriers

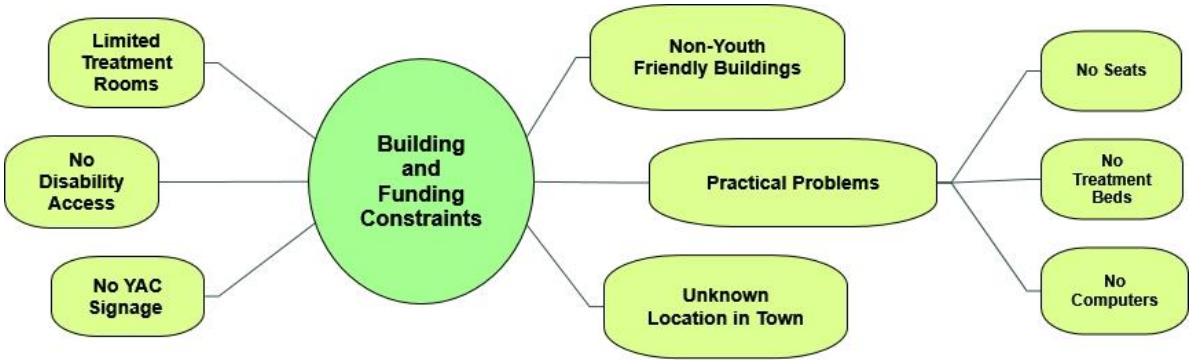


Building Barriers

Due to funding constraints across all YACs, each clinic has had to be innovative and resourceful with their clinic setup. Although young people liked the idea of no signage for the YAC, it posed many obstacles for young people when trying to access the service. For example, young people stated *"A lot of people don't know it's there 'cos it's in kind of a weird spot in town"* and identified that it was hard to find "*like it doesn't say 'YAC', it's just a little building".* Despite this one young person identified the potential benefit of not having a sign by saying "*I suppose people do go there for the confidentiality and the feeling that no one knows that they're going there"*.

A number of YACs have had to change locations due to issues around *"accessibility basically so anyone with any disabilities weren't able to access the youth clinic, we only had stair access and also safety"* and closing down of premises, *"one of the barriers that we've just faced is the fact that the location was closing and we had to find a new one".* Other barriers faced by YACs are the limited treatment rooms, for example "*we don't have enough treatment rooms like private spaces in terms of really nice private spaces so a lot of kids are disclosing stuff in basically what is a storage cupboard".* Practical problems such as limited funding for resources such as chairs, treatment tables and computers were also highlighted as building barriers. Figure 9, shows the building barriers highlighted by young people and staff.

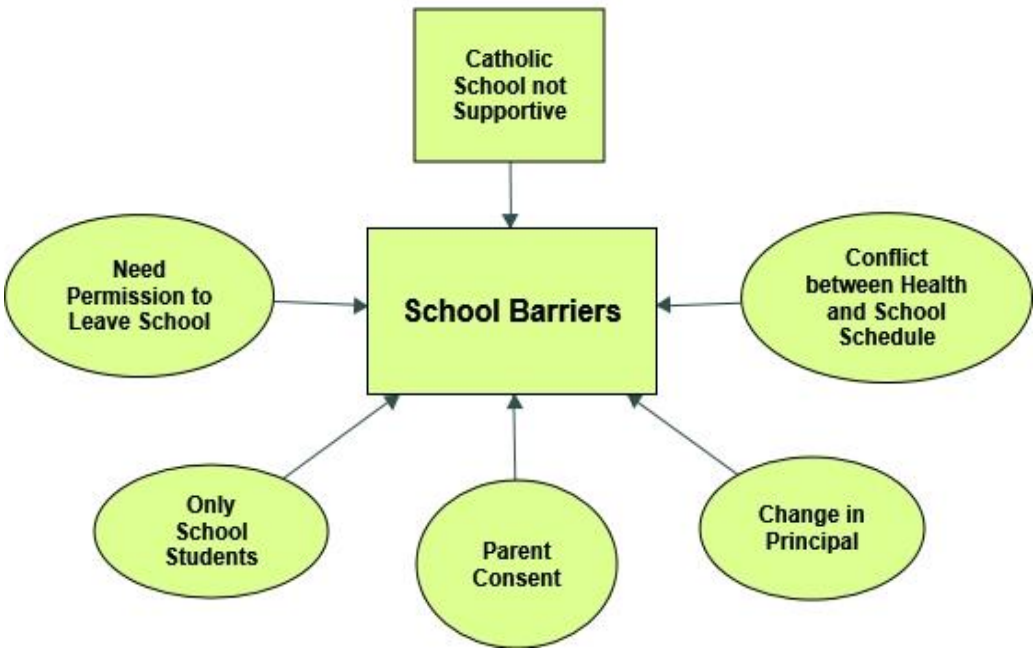
Figure 9: Building Barriers and Funding Constraints



School Barriers

Although the partnership between YACs and local schools have shown to be successful, a number of problems continue to arise due to *"challenges with the school in terms of the principal was always in support but some of the teachers felt it was conflicting with the school curriculum in terms of they were leaving school to attend the clinic"* and problems associated with "*different privacy policies between the schools and the health sector. That's probably been the hardest obstacle"*. Despite these ongoing problems, staff continue to work closely with schools in order to address access issues, for example *"I do a lot of work with the school, getting permission for the kids to leave"*. Young people also complained about schools not advertising the YAC service through comments such as *"there's literally not much advertising at all in, at our school, which sucks"* and *"I went to Mary McKillop so we didn't really get information at a catholic school"*. Figure 10 summaries school barriers.

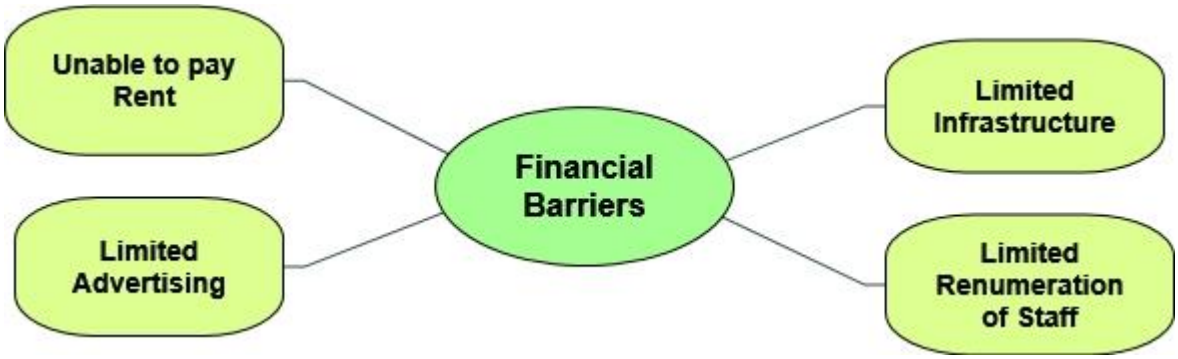
Figure 10: School Barriers



Financial Barriers

Funding was one of the most common barriers identified by both staff and young people. Staff highlighted concerns such as *"creating the clinic was how are we going to finance it",* and focused on funding problems such as *"like where are we going to set up, so premises and the infrastructure that went around that, like IT getting a bigger modem in".* Another concern recognised by both staff and young people was the lack of funding for continued advertising. Comments such as "*Could help heaps of young people if they know about it"; "mainly just lack of advertising"* and "*if there's enough advertising people will go there no matter where it is"* illustrated this need for advertising and funding. Staff also stated that the lack of funding contributed to their ability to remunerate staff and recruit champions. Figure 11 provides a summary of financial barriers.

Figure 11: Impact of Financial Barriers



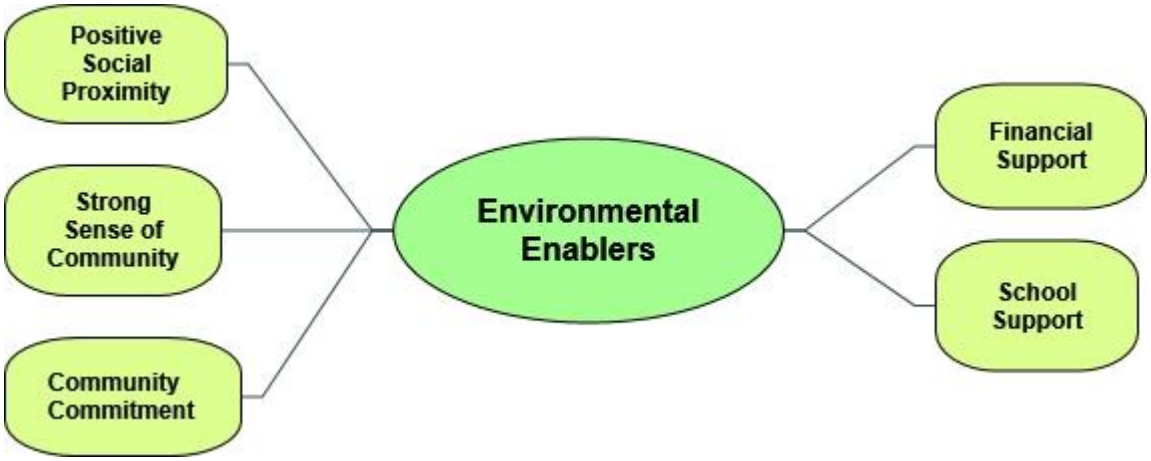
Enablers

Environmental Enablers Built on Community

A strong sense of community has been identified as essential to the success of YAC programs. Environmental enablers such as community support, positive social proximity, donations and financial support all aided in the survival of the programs. Staff stated *"rural communities are very good at embracing", "entire community is quite supportive" and "It*

was really just a community type of thing, everyone pitched in". These comments highlight the essential partnership between communities and service providers. A positive example of the YAC and community coming together is illustrated by *"Once in 2016 I think I went into talk to the school, year 10, so they accommodated for that to happen and when 2016 there was a flooding here we didn't have a place to run our youth clinic in, we were doing it in the school".* Through statements such as *"I think the main thing that appeals is that it's right near us",* young people identified the importance of centralised location of YACs and not having to travel to access a youth service. Figure 12, shows environmental enablers identified by staff and young people.

Figure 12: Environmental Enablers



Service Enablers

Young people identified a number of service enablers, which included, *"free access for services is great, easy really, it's just so accessible"* and *"it's all bulk billed just got to go to the welfare co-ordinator, get a pass to sign you up and then just come down and see them".* They further addressed concerns around stigma by highlighting *"There isn't or shouldn't necessarily be a stigma around it, it's really convenient that you don't have to book an appointment, you just come in and it's there, it's private, it's confidential, you've got your*

own room so you're not sitting out in front of everyone and everyone's there for a similar reason".

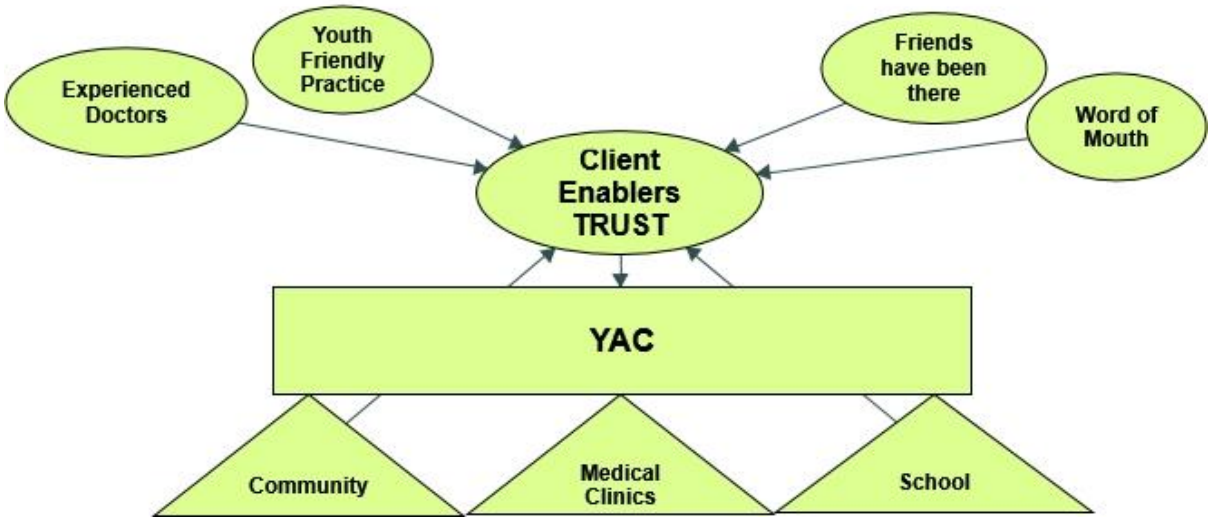
The most common service enabler identified by staff was receiving funding from the Gippsland Primary Health Network (Gippsland PHN). Statements such as *"We run on the sniff of an oily rag out there, you know, we, it doesn't cost us a lot to run but this has given us a chance to boost up"* and *"it's easier because I have found that I can legitimately say I am being paid for this amount of time from primary health network for YAC and feel like the clinic isn't subsiding me anymore"*. This funding is essential as the YACs have previously relied on the good will of the clinics, community and staff members. For example *"health professional is passionate and they are willing to put in their own personal time, you know, they're things that not everyone can do or will do".* Another service enabler identified was the creation of the consortium and forming of partnerships between each YAC program, the Gippsland PHN, the Department of Education and the Primary Care Partnership.

Client Enablers

Word of mouth appeared to be essential in aiding young people to attend YACs. One young person identified *"I know friends had mentioned it to me probably, mum had mentioned it to me but yeah a friend had gone previously and 'cos I mentioned it I was like saying "I've actually gone, like mum mentioned it" and like "yeah it's fine" and I was "OK when is it?".* Another enabler was the youth friendly perspective of YAC professionals, for example, *"Whereas with the youth people, you sit down, you spoke about, I don't know, they would ask me just anything, like just having a general conversation of what's been going on, or weekend or anything and it's just like "OK" and that's normal, you just have your conversation and then they might write stuff down but they're also talking to you as well."*

This youth friendly approach and partnerships between YAC, schools and the wider community, built trust in young people to access and feel safe at YAC. A staff member stated "*cos kids are trusting that it's a service that they, is there and they can go to and it is growing now so just community support would have been one of them and, I think, and definitely support from the GP service and the school in sending young people to the service and also providing that medical support".* This trust is shown in young people comments such as *"It was there when I probably needed it"* and *"I think it's 'cos we're just grateful for the service".* Figure 13, demonstrates the client enablers and the development of trust in the service.

Figure 13: Client Enablers Built on Trust



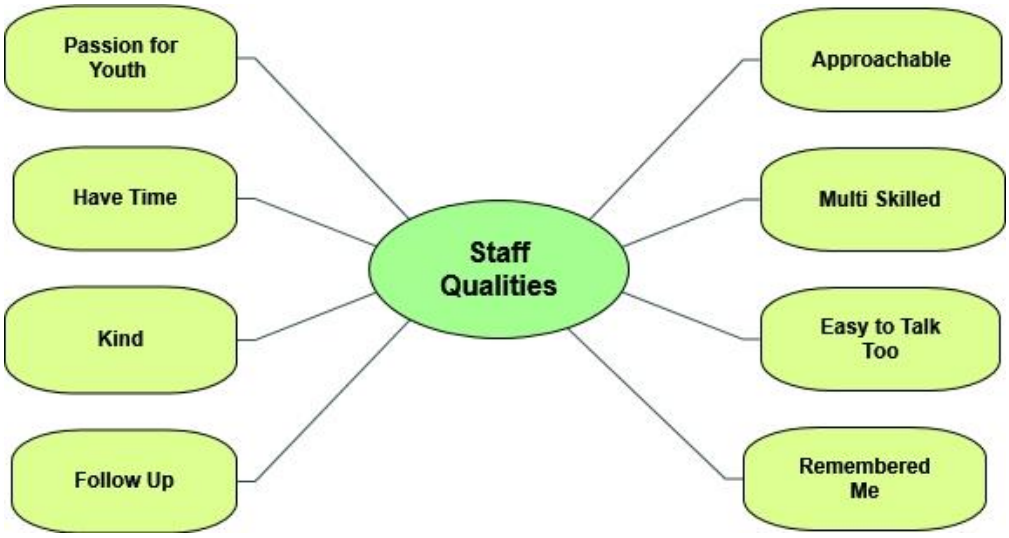
Staff Enablers

Staff qualities and approach to young people were extremely important in the success of the YACs. Staff commented that *"we had a real passion for working there"* and *"We were*

dedicated, we really wanted to see it up and running and once we got it up and running we were, I was bamboozled with the amount of young people that were accessing it". Shared goals and commitment were also important as *"everybody has the same vision and really wants to see the hard work that's already been achieved to continue in a new model of care".* Partnerships and teamwork were also identified as essential in sharing knowledge and information. For example, success was created from "*stakeholders coming together as a group and having a champion GP"* and *"key stakeholder knowing the right people, local knowledge, ground up approach, just building those relationships".*

From the young persons' perspective, the following qualities were essential: *"my GP doubled up as everything"; "she referred me to different people and eventually got to the right one"; "one of the doctors there and she actually was beautiful, really easy to talk to and it didn't feel wrong at all. I'd still talk to her now if I had anything"* and *" they actually sat with you and spoke about an array of things too other than just what was going on which was nice".* These comments show the importance of staff being approachable, nonjudgmental and making time for the young person. Figure 14, summaries staff qualities from a youth perspective.

Figure 14: Staff Enablers Built on Qualities



Building Enablers

Although each YAC has a unique setup with some offering their services from separate locations, some providing services in schools, and others attached to the larger medical clinics, each YAC site had a number of enablers which helped young people access the YAC. Staff stated that "*neutral location has huge advantages and the kids have also that they don't want to shift"*. They also highlighted that *"we were able to set up our space separate from the clinics and it worked really, really well".* Other staff of a YAC that operates out of the main medical clinic, identified solutions to concerns with lack of access to needed equipment i.e. *"if you found you needed something we've got a whole clinic just on the other side of the door. If you're in a building up there and you find you don't have something, you can't do what you need to do*". Other staff members highlighted the safety created from working within the school as *"they can have this smaller room where they can just come in and there is only kids from school".*

Young people did not provide a preference for a service model. However the following statements help provide insight into their perception of enablers: *"made it easier was like a two minute walk from there, so I'm nice and close and it was a lot easier to access it instead of me going to like Leongatha to access doctor*"; *"the building was pretty good, it was near to everything so you could walk out, there were toilets close, you could walk out easily and have some time to yourself*" and *" it was really nice, water and fruit and sandwiches, like you could make sandwiches".* Hence, these statements highlight the importance of convenient location and welcoming atmosphere of YACs.

School Enablers Built on Support

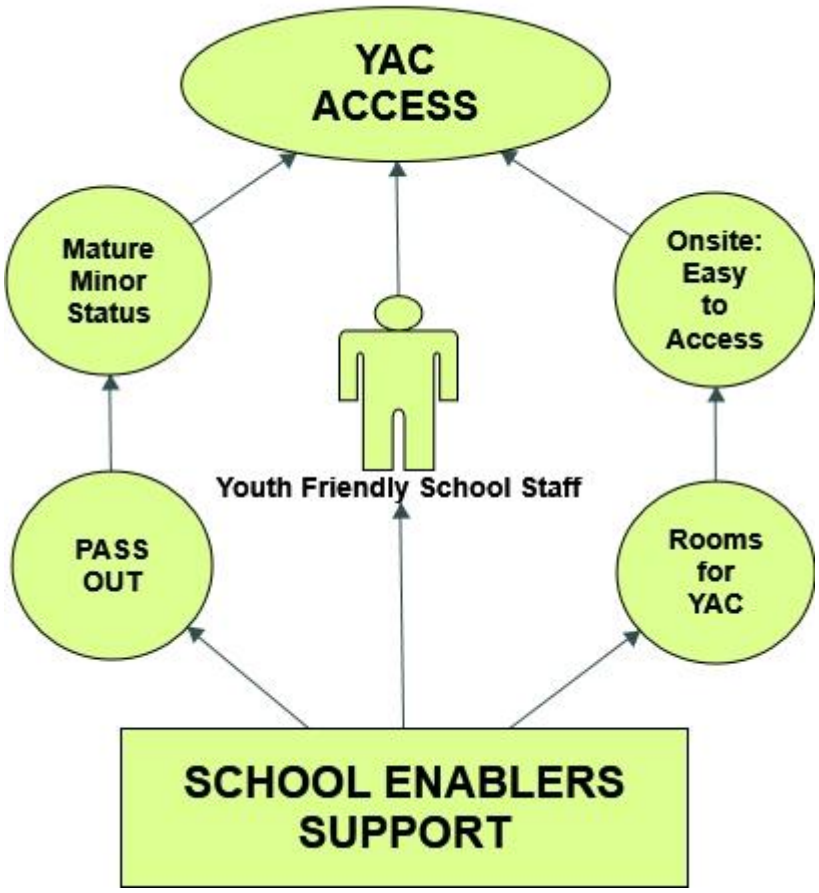
Whether the YAC was located within or separate from the school, school support was an essential in supporting young people to access YAC. School passes to attend YAC aided in reducing barriers and stigma. For example when YAC is separate to the school a young person commented: *"I mean being able to have a pass out and when it's actually for a reason like that, it doesn't make it as awkward"*. When the YAC was located within the school, staff believed that this reduced barriers as *"they're on site, they don't have to go anywhere*" and *"a lot of young people have mental illnesses and it's easier to talk to people inside the school.'* Support for school-based program has been shown through *"the school has assisted us, we've now moved into a bit better room with a bigger area for the kids to come"*.

Formation of partnerships between schools and YACs occurred as a result of hard work, dedication and follow up from YAC staff. To achieve this, staff stated *"we did a lot of the promotion within schools"* and "*we've worked on the school on that and the school have worked with the Education Department and now we've got it that anyone under 15 they notify the parents but we don't have to discuss the consultation with the parents and parents can come along to it"*. Hence through agreements with schools the following process in now in place *"year 10 or mature minors and above can actually just get a pass out and come down to the service and this kind of agreement with the school".* This process has shown to be successful as *"we have the three schools on board with kids being allowed to have pass outs and actually being helped to get to the YAC, so we've got good support".*

Another important enabler within schools, is the identification of a key worker based at the school to help identify young people in need. One YAC clinic highlighted the importance of this by saying *"now help is through the school office, who has a fabulous*

worker and she has a really good rapport and relationship with the students and she identifies some kids who need the help as well because they'll go to her". Figure 15, identifies key outcomes of school support.

Figure 15: School Enablers



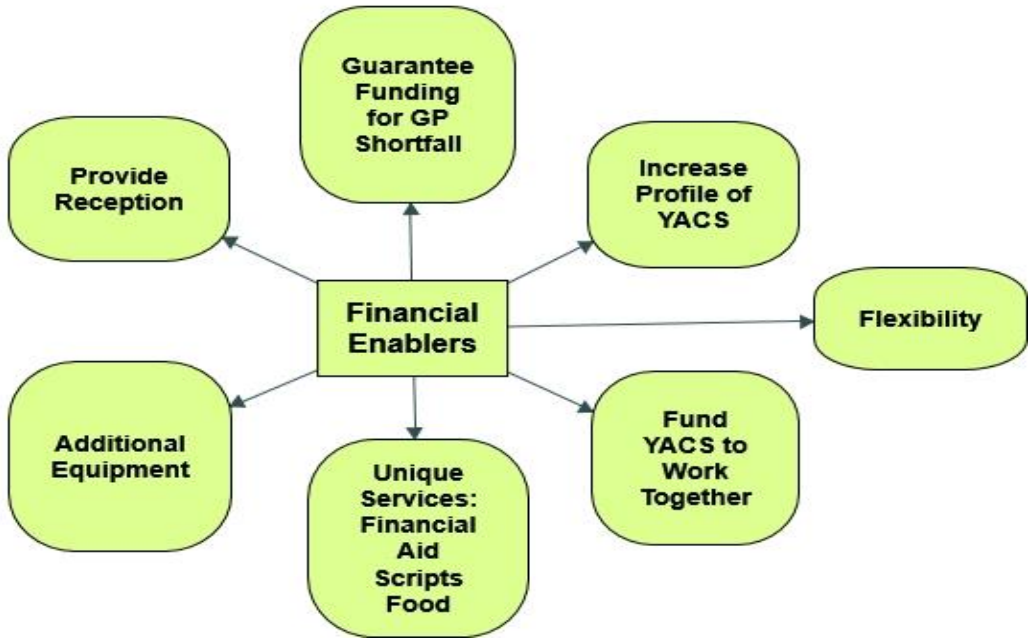
Financial Enablers

Each YAC agreed that funding was important for the continuation of YAC services. Their overall *"goal was to try and get continual funding"*. Funding from organisations such as the Gippsland PHN, Leongatha Health Care, Bass Coast Health and the Wonthaggi Medical Clinic helped achieve the goal of service continuation. Comments such as *"Gippsland PHN*

funding was absolutely instrumental in just trying to lift the profile but also just to get everyone to work together", it allowed the YAC services be *"able to buy additional equipment and stuff",* and "*provide reception"* illustrates this. Prior to the Gippsland PHN funding, financial support from medical clinics and Bass Coast Health *"guaranteed a shortfall for the doctor's day. So if they didn't have a certain amount of kids in then they'd cover that cost"*.

Another enabler for YAC services is the innovative use of funding which has made these programs unique. For example, community donations allowed the following services to be provided, "*So, if you do a script, like kids were not able to get it but we later on got the funding where we can use, say there was a youth clinic we can put in a youth clinic account so they can get it"* and *"financially if we have one patient who needed food and wasn't having enough to, you know, they use this money to, an emergency support".* Figure 16, shows the benefits of ongoing funding.

Figure 16: Financial Enablers/Benefits



Future Recommendations

Future recommendations include practical ideas which can be easily implemented into the daily YAC practice as well as identification of future service needs.

Service Recommendations

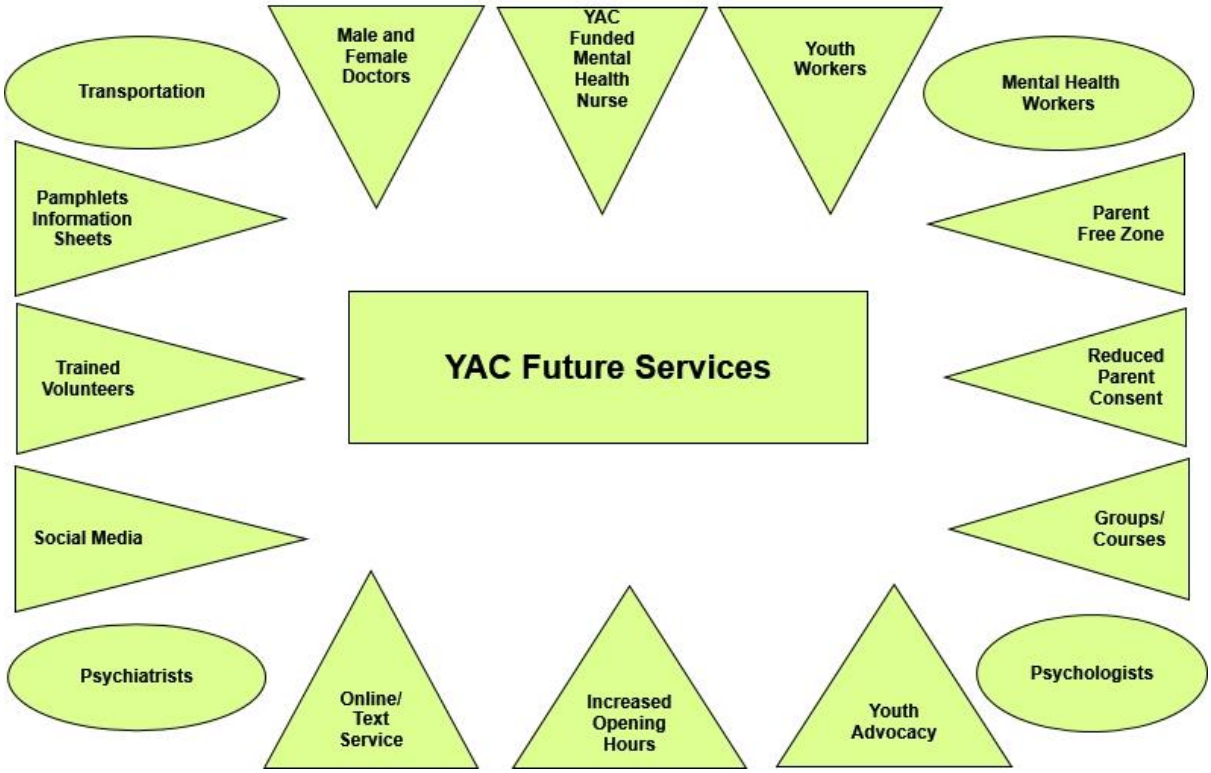
Future service recommendations included providing a *"centre that full of services for young people so there's youth workers, transportation for people to access services, mental health available for young people that need it when they need it rather than having to wait"*. This service would include *"an accessible psychiatrist locally", "telehealth"* and *"psychologists"*. Staff further recommended *"if we were able to get a mental health nurse or something like that, could they come to Korumburra one day, they go to Leongatha or Wonthaggi another day or half in the morning and half in the afternoon"* and a "*permanent psychologist who comes, you know, specifically for our clinic and a mental health nurse attached to our clinic with dedicated hours to our clinic".* Another recommendation from staff included *"I think a male and a female GP working at the same time"*.

The aim of these recommendations is to be *"able to help more people"* and "*add in another day of service",* however to do this YACs "*would need to expand that role as well and get more volunteers on board".* In order to provide a quality service, one staff member stated *"we would like to, our volunteers actually work very hard and we want to provide them with training"*. Although volunteers are an asset to YACs, staff members consistently highlighted the need for appropriately trained staff. Comments such as "w*e've got somebody coming on with ATAPS but they're not a psychologist, not a completely trained psychologist",* shows the need for appropriately trained staff in rural areas.

When speaking about future services, young people provided not only practical recommendations but also ideas for future services. Ideas such as mobile services, use of social media, YAC mobile number to text to help accessibility, pupil advocates for YAC, group programs, longer opening hours and more days, parent free zones, reduce parent consent, more clinicians, psychologists and youth advocacy programs. These recommendations were illustrated by *"maybe they could do some sort of mobile services or anything just keeping it, I found it really hard to find the times and different things online so once they build their advertisements on social media or online with that, and it's like this is open and this is where it is, this is when you can access it, even having a number to text to like 'is it open?' or 'is it really busy?', 'can I put my name down and I'll come in?' just so you know that you're going to get seen"* and "*there's a lot of stigma around that but if the year 12 students say 'oh I've been to the YAC, the YAC is really helpful, you should go to the YAC if you need help*".

Young people also made unique service recommendations such as providing *"small courses, something like 'How to Help Your Friend' if they're having an anxiety attack"*. They also highlighted the need for YAC staff to take the initiative to automatically provide pamphlets when a young person brings up a topic, for example *"you can read up on the different types of different contraception's or safe sex or respectful relationships, anything just that they know once you've mentioned that you're wanting to go on the pill"*. Figure 17, provides a summary of the above service recommendations.

Figure 13: Service Recommendations



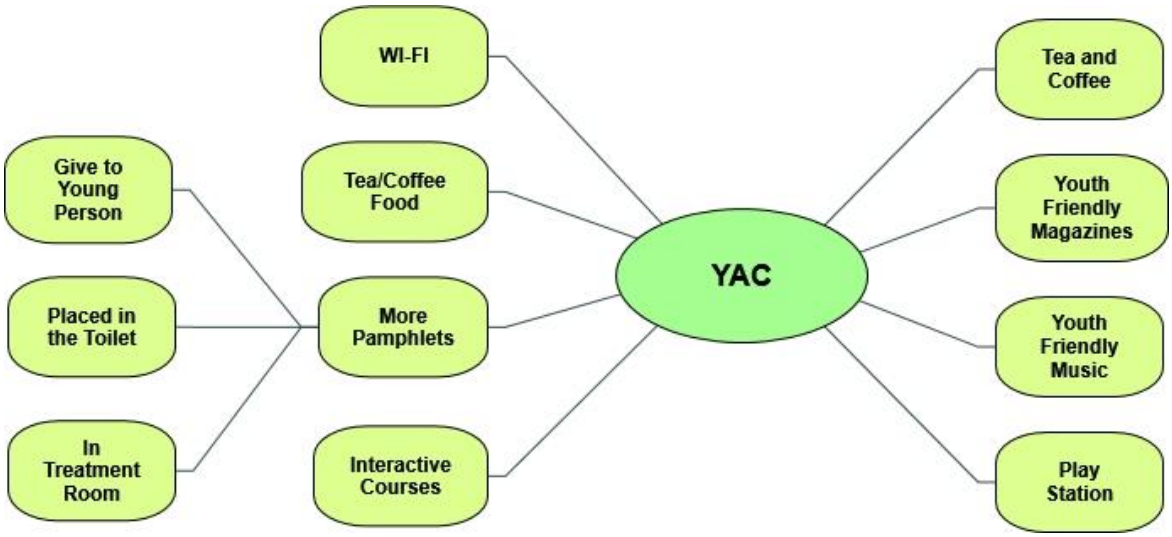
Building Recommendations

Although young people all reported being happy with their YAC space, staff highlighted the need for permanent youth friendly locations. The following comments illustrate this, *"its own space where you don't have to set up and pack up, it eventually owns its own space and is a creative space for young people to go to, so more of a hub like space that stays as it is so it can have more ownership for young people over it"* and *"permanent space that was warm and welcoming and inviting and safe and to see that we had increased our hours and/or our days and the number of practitioners engaged working in the clinic".* Staff also identified the needs for YAC services to setup in places such as Phillip Island and Mirboo North.

Young people provided the following recommendations for the YAC buildings: WiFi, tea and coffee, food, better magazines, wide variety of pamphlets, youth friendly music and interactive services such as courses. In particular one young person stated "*play Station and heard that there's music playing and their friends there, so they just kind of sit around waiting to be seen, but if there was something interactive, like people could learn how to help other people while they're waiting to be seen".*

Stigma and embarrassment were identified as barriers to accessing pamphlets due to their location within the YAC. Suggestions such as the following provide ways to reduce these barriers: "*Even different pamphlets of the most common things that people either don't know about or people need to know about, about different STIs and that so if they're going on the pill"*; "*when you walked in there, if you give this a read while you're waiting and I'll call you when you're ready and it's like everyone else is like kind of, you may want to read it already but it's like they've put you in the position that's not awkward";* and *"if it was either in the toilets, in the room whatever it gives them the option to not feel as uncomfortable. It's probably more likely that people will take them I think".* Figure 18, summarises young people's building recommendations.

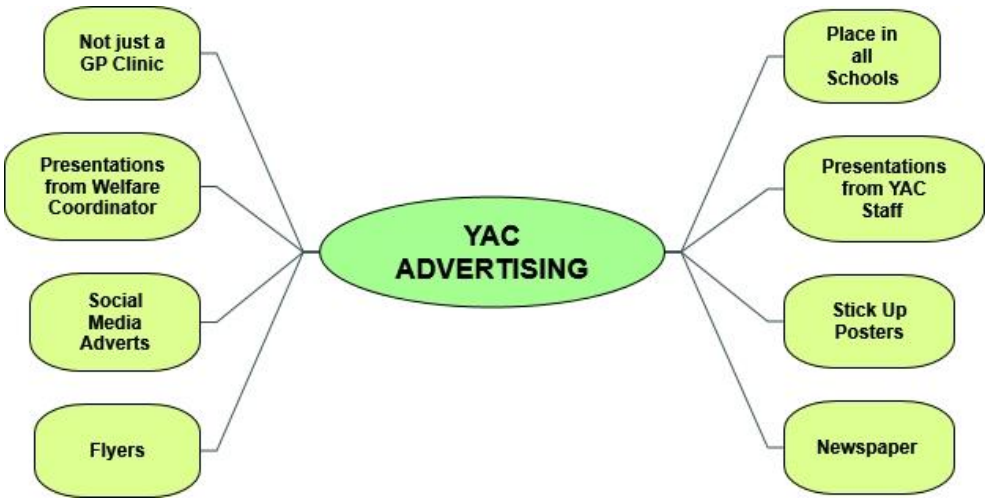
Figure 18: Youth Recommendations



Advertising Recommendations

Young people often complained about the lack of advertising and information surrounding the YAC service. Importantly young people felt that YAC should be promoted as a youth clinic and "*not a normal GP".* They further stated that "*advertising at all in, at our school".* This way "*everyone knows about it and they've got the option to go because it's so normally spoken about and it's advertised, it's just normalised and it's advertised everywhere".* Utilising resources such as the school "*Welfare co-ordinator"* and YAC staff to present to schools increased young people's knowledge of the program. For example *"Bonnie came and spoke to us, spoke to the whole school about it".* Other advertising recommendations made by young people and staff included, *"stick up posters", " flyers", "advertising in the media release in the local paper"* and through social media. Staff members recommended the use of social media to inform young people of YAC as "s*ocial media is massive these days so for young people, there isn't many people that would be at school that wouldn't have a social media account".* Figure 19 shows recommendations for advertising YAC programs.

Figure 19: Advertising



Headspace

As headspace will soon open in Wonthaggi, YAC staff members are hoping for "*lots of support,"* and *"have a headspace centre that's outreaching all over the place"*. It is hoped by YAC staff that the introduction of headspace will provide *"additional services*". In particular "*it would be great to have headspace working with us as well and to be able to keep funding the clinic. That's probably a big thing in the long term is to have it staff efficient and funded".* YAC staff are hoping for headspace to provide a *"hub and spoke type thing and hopefully they can get it right so that it does really reflect what's going on in these small communities, but that was always the idea and that's what appealed to headspace, its uniqueness and the real, like, actual meaningful rural out-reach".*

Positives for Headspace

There are a number of positive recommendations for the introduction of headspace. The main theme which emerged from both young people and staff was the potential for headspace to outreach to the YAC clinics. Staff identified some complications associated with this outreach and believed it *"has to be a joint thing"* for "*if Headspace outreach, then this is where there will have to be a bit of give and take, they can't outreach to all the clinics if all the clinics are on the one day".* Despite these complications, staff believe "*if it's funded and open every day, then the clinics should all be able to refer young people to them outside of their services",* thus showing the potential of positive partnerships between YACs and headspace.

Staff identified the need for mental health services in rural areas as paramount and they *"are hoping with headspace being here would be better, but, yeah, so those that need psychiatrist's help"* and *"we're hopeful we can get more provision from headspace in that*

area and to be able to partner with them". Essentially, as one staff member eloquently stated "*I think they need us and we need them".*

Headspace's ability to work with YACs and incorporate their community knowledge is extremely important for the success of any youth programs. A YAC member stated if "*there's succession planning in place and it's not left to the same people to do the same things, money,"* and *"headspace is flexible enough to incorporate and appreciate what's been done on the ground and what's actually worked and why it's worked in these communities".* Furthermore another staff member stated "*I would hope that under this headspace banner or whatever banner it would be under that it would be working seamlessly and I do think the one advantage that we have is that we've got a critical mass of people doing this stuff and it would be great to see that they can continue on working in the adolescent area".*

Negatives for Headspace

The importance of consultation and working in partnership was a common concern for YAC staff as the financial strength of headspace has the potential to directly impact their services. Concerned comments such as *"they said they were going to consult and they haven't to date"* and "*so I think headspace as a brand have a lot of say in what they do and I don't know if they're going to listen to the local people"* indicates the need for headspace to work closely with the YAC consortium. This partnership can ease concerns such as *"I don't want to be eaten up by headspace"* and *"I'd be really disappointed if we did then have a competitor going against us under headspace".* Other concerns were expressed around branding and losing the YAC name for example *"but I'm not having big branding and having people walking in their clinic thinking that's what this now is".* Staff also warned that not providing an outreach model will lead to the failure of headspace. Staff stated *"so the*

danger is if they don't outreach either it will fall over because Wonthaggi, the population of Wonthaggi is not enough to sustain it".

A number of complaints were made by young people in relation to headspace. It is important that these complaints are heard and incorporated into the service development of headspace in Wonthaggi. Young people stated "*it kind of felt a bit rushed and weird and stuff", "I went there and I hated it*", "*it just stressed me out"*, "*it just didn't kind of feel like professional", "it felt like really kiddish*", and "*everything was really bright".* One young person added to this and requested headspace use the following colours *"Yeah, greens, oranges maybe, oranges and reds are my favourites"*.

Another concern young people identified was feeling intimidated to enter headspace due to *"people outside just kind of, like sitting there smoking".* They further stated *"I felt really weird walking into there, especially as it's in a main street kind of thing"* and *"really intimidating when I went there. Like so overwhelming".* Young people also stated that the intake process of headspace *"just confuses me" and "I didn't know who I was going to see, that's what frustrated me".* They highlighted further frustration surrounding intake explanation from staff as it was unclear, for example being told "*on this IPad fill out this form and that took like five minutes and then, you know, you wait and they tell you what's happening and then they had so many names"*. Young people also showed a preference for a 'drop in' service model with statements like *"yeah, like you kind of got to have appointments there, whereas here you just walk in like "I need to see a doctor".*

Discussion

The aim of the present study was to gain an in-depth understanding of the development of Youth Access Clinics in a rural setting as well as thoughts, feelings and

attitudes of young people accessing these clinics. A secondary aim was to elicit stories surrounding the establishment of each youth access clinic located in Leongatha, Foster, Korumburra and Wonthaggi. The study also aimed to identify the barriers and enablers of establishing youth focused clinics and identify local and non-local factors that either contributed to or impacted on the success of the YACs. These aims were achieved through the key themes identifying a number of barriers and enablers to service delivery and accessibility, providing future recommendations for the YAC programs and feedback pertaining to the introduction of headspace to Wonthaggi. The following provides a summary of the key findings.

Key Findings

Barriers

- Environmental barriers included limited transportation options, internet blackspots and limited youth programs in towns such as Phillip Island, Grantville and Mirboo North.
- Service barriers comprised of restricted YAC opening hours, limited doctors (especially female) and counsellors.
- Client barriers included fear of stigma and negative social proximity, concerns for parent consent, involvement and confidentiality.
- Staff barriers comprised of recruitment and retention issues, limited champions, non-local service providers and limited mental health professionals.
- Building barriers consisted of non-youth friendly buildings, limited treatment rooms and equipment, no YAC signage and unknown locations in town, and limited disability access.

- School barriers included non-supportive schools, reliance on principals' support for YAC program, conflict between health and school schedule, program for school kids only, need for caregiver consent and permission required to leave school grounds.
- Financial barriers impacted the programs' ability to pay rent, remunerate staff, advertise and put in required infrastructure to run a youth service.

Enablers

- Environmental enablers included positive social proximity, strong sense of community, financial donations and school support.
- Service enablers comprised of bulkbilling services, no appointments needed, confidential and private, funding from Gippsland PHN and the creation of the consortium.
- Client enablers consisted of support from school, medical clinics and the community, building of trust through youth friendly practitioners, experienced doctors, knowing someone who attended YAC and word of mouth.
- Staff enablers included the practitioner being multi-skilled, approachable, easy to talk to, positive rapport, passion for youth, follow-up and make time for the young person.
- Building enablers: No preference was identified for onsite or offsite programs, as long as the building was private, confidential, youth friendly space, convenient location and welcoming atmosphere.
- School enablers included pass outs to attend YACs, mature minor status, youth friendly school staff and support from the school through providing rooms for service delivery.

- Financial enablers included funding from Gippsland PHN and other organisation to help subsidise income shortfalls, provide reception, additional equipment, create the YAC consortium and increase profile of YACs.

Future Recommendations

- Service recommendations included additional mental health professionals, doctors (male and female), trained volunteers, youth workers, YAC funded psychologists and Mental Health Nurse, psychiatrists and youth advocacy programs. Other recommendations highlighted were reduced parent consent, groups/courses, transportation support and increased opening hours.
- Building recommendations consisted of youth friendly space with youth magazines, parent free zone, music, food, tea and coffee, PlayStation and Wi-Fi. Young people also requested more pamphlets in the bathroom and treatment rooms as well as interactive courses while they wait for appointments.
- Advertising recommendations included stick up posters, advertising in the newspaper and on social media, information placed within the school, YAC and school staff presentations, flyers. Young people requested that this advertising highlight that the YAC is not just a GP clinic.

Headspace Recommendations

- Consult with the YAC consortium and incorporate the YACs community knowledge and program delivery expertise.
- Provide outreach to YAC clinics and other areas such as Phillip Island, Grantville and Mirboo North.
- Work in partnership with the YACs and offer additional services to young people.

- Continue to fund and support the YAC programs and provide a “hub and spoke” delivery model.
- Continue to use and promote the ‘YAC’ logo as it is known and trusted within the community.
- Reduce accessibility problems through a ‘drop in’ service which is safe, easy to access and in a convenient location. Staff to prevent young people from loitering in front of the building and clearly explain the intake process and how long it will be until they see a clinician.
- Provide an environment which is youth friendly, “not bright and kiddish” and incorporate a variety of colours such green, orange and red.

The current study’s finding that a number of barriers influence young people’s ability to attend youth services in a rural setting is consistent with previous research. Boyd, Aisbett [3] highlighted barriers such as lack of transport, finances, confidentiality concerns, limited female doctors, minimal free services, inexperienced health practitioners, long waiting lists and limited choice of practitioner. These barriers were reflected in the current study with participants expressing concerns around transport, strict bus timetables, geographical isolation and the reliance on caregivers for transport. In particular, young people felt restricted by the bus timetable and would often miss out on appointments due to the potential of being stranded if they missed the bus. Similar to Boyd, Aisbett [3], young people and staff expressed concerns surrounding the high cost of travel and complicated bus routes which create barriers to accessing services. The current study showed that the transport barriers led to young people relying on their parents for transportation. This is concerning as previous research has found that the reliance on parents can lead to young people feeling embarrassed, concerned about confidentiality, and fears of being a burden [30, 37, 38]. Thus the lack of

transportation has been shown to be a significant barrier to a young person accessing services in a rural environment.

The study also identified the environmental barrier of mobile and internet blackspots. This barrier reduced YACs ability to provide services such as tele-psychiatry and made it more difficult for young people to access web-based support. These blackspots can prevent rural programs such as the YACs from following Clarke, Kuosmanen [20] model of best practice which included health promotion and prevention with face-to-face and web-based supports. It also creates barriers for young people accessing tele-psychiatry, which was recommended by Boyd, Aisbett [3] as a solution to accessibility problems with specialists. The blackspots illustrate the need for psychiatrists and mental health professionals to outreach to rural towns such as Foster as well as utilise other means of service advertising and not relying solely on social media. Reliance on internet-based programs in a rural setting can disadvantage young people and prevent them accessing specialist services needed.

Service barriers such as inexperienced health professionals, long waiting lists, and limited female general practitioners and counsellors have been extensively reported in previous research [3, 15, 25]. The present study is consistent with previous research with both young people and staff highlighting the need for more female doctors, psychologists and counsellors. With the high rates of mental health amongst youths in rural settings, unqualified or generic staff place young people at risk of disengagement from services, misdiagnosis and ineffective treatments [17, 40, 42]. Furthermore, without the integration of multidisciplinary teams with youth specific training and supervision in rural settings, young people will continue to be subjected to a sub-standard service. The integration of mental health nurses, psychologists, social workers and psychiatrists can create trust and service accessibility for young people as well as reduce the community perception of unqualified staff in rural settings [3, 25]. Similar to Boyd, Aisbett [3], young people in the current study were frustrated with

long waiting periods and the potential of not being seen by a YAC professional. As a way to counteract this barrier both YAC staff and young people recommended an increase in YAC opening hours to reduce waiting times. In particular recommendations such as longer opening hours during school time would allow more young people to be seen as well as reduce the transportation barrier. Obtaining the funding to both develop a broader rural youth mental health workforce and fund longer opening hours is an area in which all stakeholders can be advocating.

Stigma, negative social proximity and concerns surrounding confidentiality and parent involvement can directly impact on a young person's safety to access services [15, 38]. Consistent with previous research, the study highlighted young people were afraid of gossip, feeling intimidated and restricted by friend's parents being in the YAC waiting room. Sawyer, Arney [6] and Ervin, Phillips [38] argued that potential negative social proximity, such as seeing a parent in the waiting room can lead to a young person refusing the service and feeling ostracised by the community. These theorists also suggested negative social proximity can lead to a young person fearing being questioned by a known acquaintance, having concerns for them breaching of confidentiality and sharing of their personal information [15, 25]. Furthermore, the stigma and potential gossip from known associates can reinforce client barriers and often act as an inhibitor for young people accessing care. In order to address this barrier Ervin, Phillips [38] and Aisbett, Boyd [15] believed that youth specific programs should be run through general health services to reduce the potential negative social proximity and stigma.

Despite this recommendation to place youth programs in general health services, Aisbett, Boyd [15] and Boyd, Hayes [26] argued that the success of these programs is dependent on the employment of 'Champion' professionals. Without qualified and committed professionals, innovative services such as the YACs are likely to fail [26, 40]. The current

study highlighted the struggle associated with employment and retention of champion and trained staff. Similar to Aisbett, Boyd [15] and Boyd, Aisbett [3], YAC staff identified problems with professionals not willing to commit to youth programs due to it being financially unrewarding, time consuming and leading to vicarious trauma through holding high risk clients with limited supports. Other staff barriers which led to vicarious trauma and burnout were the employment of urban staff outreaching to rural communities and non-youth trained or friendly professionals.

Another barrier identified in the current study was non-specific youth spaces. Consistent with past research, shared space with older communities and limited treatment rooms can lead to negative social proximity, reduced confidentiality and can discourage young people from attending youth clinics [17, 38]. Some YACs attempted to address this shared space by working within school environments. Although previous research has found this approach to be successful, problems such as non-supportive principals and schools, conflict between health and school schedule, and the Department of Education's requirement for parental consent can significantly impact the continuation and accessibility of the YAC service [43, 44]. It is also important to note that school based programs do not provide services to young people who are disengaged from the school sector, these interventions can further act as a barrier to accessing services for disengaged youth [15, 38].

Youth service models which promoted bulk-billing and free services to young people created a short-fall in remuneration of staff and directly impacted on a service's ability to sustain itself [15, 17, 39, 40]. With funding being the main barrier reported in the current study, YAC programs relied on donations and goodwill from the medical clinics and passionate staff. As stated above remuneration of staff, paying rent, advertising, promoting YACs and obtaining required infrastructure were significant barriers to providing services. Ervin, Phillips [38] also proposed that financial constraints affect the location and

performance of a service and can lead to youth programs sharing space with older generations, which, as stated above creates other barriers.

Although a number of barriers have been highlighted in the study, there are a number of enablers which helped enhance the services provided and a young person's ability to access YACs. With lack of funding significantly restricting services provided, the positive social proximity and financial support of the Gippsland rural communities and positive relationships with schools allowed the YAC programs to overcome these barriers. Aisbett, Boyd [15] and Hodges, O'Brien [17] highlighted that this positive social proximity builds trust for the service and can lead to early detection of mental illness. Furthermore, funding from the Gippsland PHN and other donating organisations, helped YACs fulfil the need for bulk-billing and free services for young people, subsidise staff income shortfalls, provide reception and fund additional equipment [3, 17]. The current study also highlighted service enablers which included, being able to access a service without an appointment and feeling safe to access the program as it was perceived as private and confidential. These opinions further support the notion of trust and positive social proximity to YACs as well as addressing the issue of long waiting lists and providers being seen as unavailable [3, 15, 17]. The creation of the YAC consortium also enhanced safety and trust within the community by creating partnerships between each YAC, Gippsland PHN, Department of Education and the Primary Care Partnership to create consistencies between YACs, integrate local knowledge and share resources.

The current study also found that the partnerships between the schools, medical clinics and the community allowed young people to feel safe and able to access YACs. Allison, Roeger [39] supported these findings by asserting that partnerships are essential in reducing barriers for young people to access services. The present study showed that young people were able to gain knowledge of YACs and services available through staff presenting

at schools and being encouraged by welfare officers to attend. Groft, Hagen [45] believed that providing young people with knowledge surrounding services reduced barriers as young people preferred to be approached by professionals before accessing care. Young people also highlighted enablers such as word of mouth, youth friendly practitioners and knowing someone who attended. These enablers helped reduce stigma and fears of negative proximity as well as reduce concerns for inexperienced and non-youth friendly health professionals [6, 15, 38].

Experienced staff with a youth friendly approach were shown by the current study and past research as the essential ingredient to providing successful youth programs [15, 26, 27]. Similar to Boyd, Francis [27], the present research found that staff who were multi-skilled, approachable, easy to talk to, followed up and were able to build positive rapport, enhanced attendance rates of young people accessing YACs. The staff characteristics stated in this study were also associated with Boyd, Hayes [26] notion of 'champions', who were youth friendly, qualified and committed staff.

The location of YAC services whether onsite or separate from schools were not reported as a dominant theme in the current study. As each YAC was created through community consultations, each clinic provided a local solution which fitted the needs of young people residing in their communities. Hodges, O'Brien [17] and Edwards, Theriault [37] believed that working with the community to provide local solutions is essential in creating sustainable and successful programs. Young people in the current study felt that spaces which were youth friendly, private, confidential, convenient and provided a welcoming atmosphere helped enable them to access the service despite the program's location. This perspective is in contrast with Ervin, Phillips [38] and Aisbett, Boyd [15] recommendations to place youth services within general health services to reduce accessibility problems. These recommendations were aimed at reducing the service gap

between school leavers and attenders. The above discrepancy suggests the co-location of YACs in schools as well as in medical and/or community centres would allow service accessibility for all young people in rural environments. This model is currently being utilised by the Korumburra YAC and has shown to be a successful model, however the Foster YAC has also proven that an independent YAC that works in partnerships with schools can also be effective.

Without the support of schools many young people would not have access to services such as YACs. The current study highlighted that school 'pass outs' to attend YACs and mature minor status helped young people remove barriers such as parental involvement and consent. Previous research such as Chan, Leung [30] and Edwards, Theriault [37] showed that young people had significant concerns with parental involvement, confidentiality and feeling embarrassed. YAC staff also identified the importance of advocates within the school, as these school staff members aid in the identification of young people in need and help facilitate pathways to accessing YACs. Allison, Roeger [39] agreed with this notion by stating teachers and counsellors are the first to identify problems and play a crucial role in supporting young people. Carnie, Berry [44] also supported that school staff and teachers were in the mental health front line, however further recommended these professionals need to be trained in Mental Health First Aid which is child inclusive.

The current research highlighted a number of recommendations for the YAC service. These recommendations were divided into three categories: service, building and advertising. Following Boyd, Aisbett [3] and Aisbett, Boyd [15], the current study also highlighted the need for additional mental health practitioners to create youth friendly and multidisciplinary teams. The addition of these workers is aimed at reducing the rural barriers of limited choice of practitioners, unskilled workforce and waiting lists [3, 15, 25]. The recommendation of a YAC employed psychologist and mental health nurse to be shared amongst each clinic,

specifically addresses the widely reported barriers of long waiting lists and the inability of external providers to ensure timely treatment for young people [41, 42]. As the adolescent brain is impulsive and often reactive, a YAC employed psychologist would be able to provide early intervention and on the spot treatment for these young people, thus potentially reducing high risk and potentially fatal decisions made by young people [17, 19, 51].

Discussions should be held between parents, Department of Education, school and YACs to create further agreements surrounding parental consent for YAC services. The current study and previous research showed that young people under 16 were less likely to attend youth services due to parent involvement [30, 37, 38]. Ideas such as generic parent consent forms for young people to access YAC as well as parent information evenings to help increase understanding of the service would allow the barrier of parental consent to be addressed. Funding for transport and longer opening hours which work around the bus schedule and school hours would also help reduce the need for parent involvement [38].

The YAC environment is extremely important as young people are often required to wait around for appointments. As stated by Ervin, Phillips [38] non-youth specific spaces discouraged young people from attending youth services. Hence, the recommendations of a drop in, parent free zone, WiFi, music, magazines, food, tea and coffee and a PlayStation should be considered. Integrating research from Bezold, Banay [46]and Nutsford, Pearson [47] which provided evidence for therapeutic colours such as green and blue, would allow for the YACs to provide a youth space which has therapeutic benefits and not considered "kiddish". The idea of YACs running short-courses focusing on psychoeducation and support, can further enhance early detection of mental illness and allow young people to be a part of change. Using the Participant Action Research model, which acknowledged that young people are experts in their own fate, would allow young people to create courses which are youth specific and relevant to their community [19, 26].

Promoting awareness of the YAC program is essential as it will increase accessibility to the service as well as enhance attendance rate. The use of multimedia (internet, newspaper, social media, flyers) and teacher/YAC staff presentations would allow young people to gain knowledge of the service and increase awareness through word of mouth. These recommendations are aimed at reducing stigma, negative proximity, as well as reassuring young people that the YAC services are free, confidential and safe [6, 15, 38].

The above recommendations should be implemented not only by YACs but also integrated into the new Wonthaggi headspace. Partnerships between these programs would allow for a service model which is locally driven and incorporates the expertise and community knowledge already held by the YAC services [17]. Headspace should consider funding psychologists, mental health nurses and psychiatrists who work directly with YACs and provide outreach to each clinic. This will provide additional services needed, help create the hub and spoke model recommended by YACs as well as reduce compassion fatigue and burnout of staff [40, 42]. It is extremely important that the YAC logo continues to be represented in the Gippsland region, as this logo represents a community driven program which is safe and has positive social proximity. With the negative associations reported in the current study by young people with the headspace brand, headspace should only provide an outreach service to YACs and help fund and increase the already successful YAC programs.

Given that the introduction of headspace into Wonthaggi is in its early stages, future research could explore the integration of this program focusing on the enablers and barriers associated with the partnership between headspace and YACs. This research can capture information pertaining to the essential ingredients needed to successfully integrate new service models into rural settings. As previous research has highlighted the importance of working with the community to provide local solutions, this research could provide a detailed description of the transference and integration of local knowledge into the new headspace

[17, 37]. Furthermore, future research could compare YAC data collected before and after the opening of headspace to provide an independent pre and post measure for the success of the new headspace in Wonthaggi. This research can offer valuable information comparing YAC services to the new headspace model and each services ability to meet rural youth needs. Thus, providing funding organisations with recommendations surrounding future service planning.

As the present study is based in Gippsland South Coast, the findings may not be generalisable to other rural communities. Future research could compare YAC service models with other rural services in order to enhance the generalisability of these findings. Another limitation of the current study could be the female dominated sample which comprised of 15 females and 1 male. This high prevalence of females may have impacted on data saturation as the male perspective was underrepresented [1, 50]. Hence, future research could also investigate the male perspectives from both young people attending and staff working within YACs. Despite these limitations, the current study's sample size of 16, exceeds Guest, Bunce [50] recommendation of 10 subjects to capture 73-92% of all possible thematic discovery and 94-97% of common themes.

Consistent with previous research, the current study has identified a number of barriers and enablers to services accessibility for young people residing in rural communities. Barriers included transport, negative social proximity, parent consent, limited services, funding and recruitment of staff [3, 15, 25]. Enablers identified in the present study included community support, bulk billing services, funding from GPHN, creation of the consortium, youth friendly practitioners and service locations, trust, and positive partnerships with schools [3, 17]. With funding being highlighted by YACs as the number one barrier and enabler to service delivery, ongoing funding is essential to aid the continuation of these successful community driven programs.

The need for youth friendly multidisciplinary teams has been widely reported and the integration of headspace into Wonthaggi can allow YACs the financial support to develop these multi-skilled teams, directly addressing the limited availability of mental health practitioners in rural settings [40, 42]. Although the funding for headspace may allow remuneration of practitioners working with youth, successfully addressing the continued problems associated with recruiting and availability of highly trained staff is yet to be seen. Past research has clearly identified the need for 'Champion' staff members who are dedicated to working with young people [26, 40]. Obtaining these champions often defines the success of the service and without appropriately trained professionals, young people in rural setting are likely to continue to receive sub-standard services which can lead to misdiagnosis, ineffective treatment and reduced service use [40, 42].

An interesting finding of the current study was the recommendation of courses to be held by YACs allowing young people to increase their knowledge of mental health first aid and act as a support system and early detection for friends exhibiting mental health symptoms. Carnie, Berry [44] identified teachers as part of the youth mental health front line, however the current study poses an interesting concept of placing young people on this frontline and hence need to be trained in mental health first aid. As adolescence is defined as moving from dependence to independence, the reliance on friends for support and assurance is increasingly evident and funding towards educating young people in mental health first aid is essential to ensure this support system is providing accurate and appropriate assistance [8, 10].

In conclusion, the YAC programs in Gippsland have shown to provide innovative youth friendly services which are community specific and able to address the local needs of youth residing in Gippsland South Coast. The successful integration of headspace into the South Coast region will be dependent on its ability to work in partnership with the already

successful YAC services. Providing additional outreach services to YACs would allow each program to address youth needs as well as build trust amongst the community for the new headspace model and brand. Complementary services will directly address the limited access to specialists in rural areas and offer alternative programs for young people. This is important as YACs have limited opening hours and the support of headspace can provide additional service at a more convenient time for young people. Additionally, funding support from headspace to increase YACs opening hours, would allow for the continuation of YAC services and provide support to young people who are unable to travel to Wonthaggi for headspace support. Given the vast area which makes up Gippsland South Coast, the success of a new service model will likely depend on learning from what has already worked in some of the many small communities in this region. Beyond learning, further success and uptake of new service offerings will be enhanced through working with the YAC consortia which has developed from community need, with community support and which has added positively to the social capital of each community.

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Appendix A

Ethics Approval

Subject: Ethics Application 1750770

Dear Prof Killackey

I am pleased to advise that the Psychology Health and Applied Sciences Human Ethics Sub-Committee has approved the following Project:

Project Title: Youth Access Clinics: The development of youth services in a rural setting
Researchers: Ms M Shearer, Prof E J Killackey, Dr K Allott, Mr M Hamilton, Mrs E Dolan
Ethics ID: 1750770

The Project has been approved for the period: 13-Feb-2018 to 31-Dec-2018

A signed letter confirming this approval will be forwarded to you shortly.

It is your responsibility to ensure that all people associated with the Project are made aware of what has actually been approved.

Research projects are normally approved to 31 December of the year of approval. Projects may be renewed yearly for up to a total of five years upon receipt of a satisfactory annual report. If a project is to continue beyond five years a new application will normally need to be submitted.

Please note that the following conditions apply to your approval. Failure to abide by these conditions may result in suspension or discontinuation of approval and/or disciplinary action.

(a) Limit of Approval: Approval is limited strictly to the research as submitted in your Project application.

(b) Variation to Project: Any subsequent variations or modifications you might wish to make to the Project must be notified formally to the Human Ethics Sub-Committee for further consideration and approval. If the Sub-Committee considers that the proposed changes are significant, you may be required to submit a new application for approval of the revised Project.

(c) Incidents or adverse effects: Researchers must report immediately to the Sub-Committee anything which might affect the ethical acceptance of the protocol including adverse effects on participants or unforeseen events that might affect continued ethical acceptability of the Project. Failure to do so may result in suspension or cancellation of approval.

(d) Monitoring: All projects are subject to monitoring at any time by the Human Research Ethics Committee.

(e) Annual Report: Please be aware that the Human Research Ethics Committee requires that researchers submit an annual report on each of their projects at the end of the year, or at the conclusion of a project if it continues for less than this time. Failure to submit an annual report will mean that ethics approval will lapse.

(f) Auditing: All projects may be subject to audit by members of the Sub-Committee.

If you have any queries on these matters, or require additional information, please contact me using the details below.

Please quote the ethics ID number and the title of the Project in any future correspondence.

On behalf of the Sub-Committee I wish you well in your research.

Mr Anthony Callahan
Secretary, Psychology Health and Applied Sciences HESC
Phone: 8344 2067, Email: t.callahan@unimelb.edu.au

Appendix B

Interview Questions Staff

Staff Interview Protocol

Date: **Time:**

Demographic Information

Can you please tell me:

- Your name
- Your age
- Qualifications
- Role within YAC
- How long you have been working with YAC?

Where did it all begin?

To start off with, can you please tell me a bit about what led to the creation of your YAC service? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- Who were the founders of the clinic?
- How did they identify the need for the YAC?
- How did the idea become reality? What were the obstacles and enablers, how were these dealt with or harnessed?
- How did it survive? What challenges were faced over time and how were these overcome?
- "Is the YAC important to your area? Why do you think this?" What was available before YAC?
- What was the aim of YAC?
- What is unique about your YAC?
- Who were the desired consumers of YAC
- Organisational Structure of your YAC and staff member's names?
- Has this structure changed over the journey of the YAC, if so what changed and why?

How did YAC consortium develop?

Can you please tell me about how your independent youth services became part of the YAC consortium? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- Where did the idea of a consortium come from?
- Who is part of the consortium?
- What was the purpose/goals of creating the YAC consortium?
- What has helped in the creation of the YAC consortium?
- What has negatively impacted on the creation of the YAC consortium?
- What helps keep the YAC consortium moving forward?

Barriers and Enablers to your YAC

I'd also be interested in hearing about the things that help or hinder the success of your YAC. Can you please tell me a bit about that? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- What makes it easier for your YAC to run its service?
- What makes it harder for your YAC to run its service?
- What issues do you feel impact young people from accessing YAC?
- Are there any environmental factors which influence your YACs ability to run its service?
- Has your YAC had to change or restructure its service in order to adapt to barriers or consumer needs?
- Are there any competitors to your YAC?
- Please comment on Strengths, Weaknesses, Threats and Opportunities for YAC.

Staffing

We know sometimes it is hard to recruit mental health/medical professionals in a rural area. Can you please tell me a bit about how you have recruited and employed members of your YAC? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- Please discuss the recruitment process of your YAC
- What professionals are you employing i.e. social worker, MH nurse, GP etc.?

- Do you struggle with recruiting any particular clinician from any field? Why? What re the barriers?
- Do you utilise volunteers within your YAC? If so in what role?
- What personal attributes/skills are desired from staff?
- What referral destinations are available and what would be desirable. How easy is it to access specialist psychiatry/psychology etc? What impact does this have on providers/ young people?

YAC Goals

To finish off, I would be interested in hearing about where to from here. Can you please tell me a bit about your goals for YAC? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- What do you want your YAC to look like in the future?
- What do you see your YAC doing in 2 years' time?
- What do you see your YAC doing in 5 years' time?
- What do you see your YAC doing in 10 years' time?
- What services would help your YAC achieve these future goals?

The following are examples of probes that will be used throughout the interview:

- Can you please tell me a bit more about that
- What does/would that look/be like for you
- What is an example of that

At the conclusion of the interview, researcher will thank the participant, ask them if they have any questions, final comments, or anything else they think is important for the researcher to know. If not all questions were covered, the participant will be asked if they are willing to attend a second interview.

Appendix C

Interview Questions Youth

Youth Interview Protocol

Date: **Time:**

Demographic Information

Can you please tell me?

- Your name
- Your age
- Education:
- Year level completed, i.e. Year 10 certificate

What is the YAC service?

To start off with, can you please tell me a bit about what you understand about the YAC service? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- Where are the clinics?
- What is the purpose of YAC?
- Is YAC important in your area? If so, why? If not why?
- What was available before YAC?
- How did you hear about YAC?
- What services are provided by your YAC?
- Why would you or other young people access services from YAC?
- Would you recommend YAC to friends/family? If so Why? If Not Why?

Barriers and Enablers to your YAC

I'd also be interested in hearing about the things that help or hinder you from accessing services from YAC. Can you please tell me a bit about that? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- What makes it easier for you to access YAC?
- What makes it harder for you to access YAC?

- What services would you like your YAC to offer?
- What services are needed and not currently offered by YAC?
- Where else would you go to access services similar to YAC?
- What are the benefits of having YAC in your area?
- What are the negatives of having YAC in your area?
- What improvements/changes are needed to YAC?

YAC Goals

Can you please tell me a bit about your ideas for YAC? (Below are examples of questions that will be used as probing/prompting for further information, as necessary).

- What do you want your YAC to look like in the future?
- What does your YAC need?
- What do you see your YAC doing in 2 years' time i.e. services, locations?
- What do you see your YAC doing in 5 years' time?
- What do you see your YAC doing in 10 years' time?
- What services would help your YAC achieve these future goals?

The following are examples of probes that will be used throughout the interview:

- Can you please tell me a bit more about that
- What does/would that look/be like for you
- What is an example of that

At the conclusion of the interview, researcher will thank the participant, ask them if they have any questions, final comments, or anything else they think is important for the researcher to know. If not all questions were covered, the participant will be asked if they are willing to attend a second interview.