

young people's experience of telehealth during COVID-19

July 2020



Executive summary

This report describes the experience of young people who accessed headspace services during the COVID-19 pandemic, in particular their experience of telehealth supports.

It is part of a three-phase project to understand the impact of the 2020 pandemic on the mental health of young people who have accessed headspace services, their experiences of telehealth and the experience of staff who have provided these services. In May 2020, 1,205 young people who had received support via telehealth completed a survey the day after they received a headspace service. Of these, 59 per cent received support by telephone and 41 per cent by video. Findings indicate that telehealth works well for many but not all young people, and presents significant potential in terms of the accessibility of headspace services. Telehealth is an essential component of a service system that offers choice, flexibility and responsiveness to young people.

Young people overwhelmingly reported having a positive experience with headspace

- Young people overwhelmingly had a positive experience with headspace during COVID restrictions and at a time when service delivery had transitioned from mostly in-person to mostly via telehealth (see Figure 1). Ninety-four per cent of those who received services via telehealth agreed or strongly agreed that they had a positive experience with headspace and 78 per cent agreed or strongly agreed that the mode of service they received was suitable for their needs.
- More than half of participants indicated that their experience was better or much better than expected.

“I really respect headspace adapting to the COVID situation. The online/ telephone support has been a solution that works pretty well. The lack of travel is pretty great, plus it’s a lot more convenient. As a full time student it makes it a lot easier to fit into my schedule.” – Female, 18

94%

of those who received services via telehealth agreed that they had a positive experience with headspace

78%

agreed that the mode of service they received was suitable for their needs

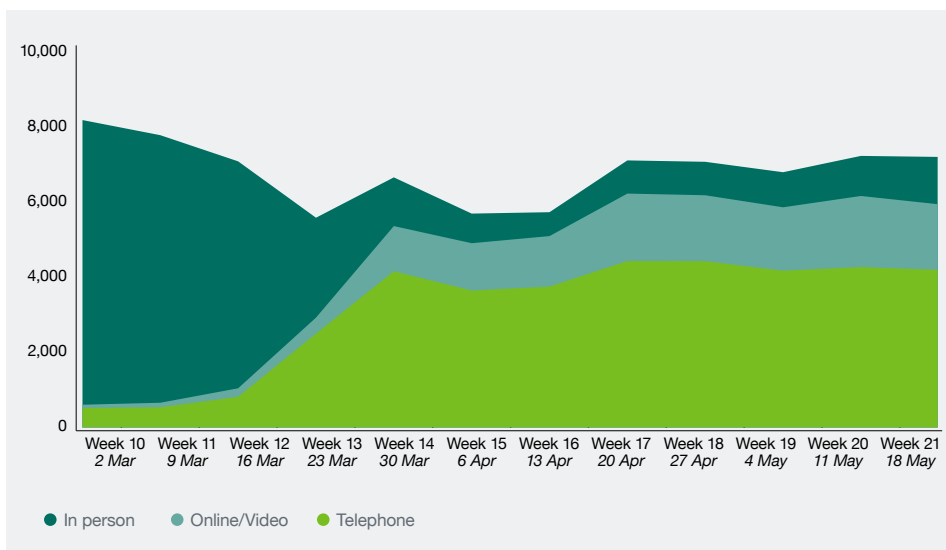


Figure 1. Occasions of service by service mode, 2 March – 18 May 2020

Young people reported high levels of connection to their clinician

Encouragingly, young people felt able to build a connection with their clinician and talk about their issues. Eighty-nine per cent agreed or strongly agreed that they felt able to build a connection with the headspace staff member who was supporting them, 79 per cent agreed or strongly agreed that there was enough time in the session to get through what they wanted to, and 76 per cent agreed or strongly agreed that they felt comfortable talking about their personal issues in the setting they were in.

Young people value the convenience, accessibility and comfort of telehealth, and for some this modality is preferable to in-person support

Young people reported a number of advantages of telehealth, including convenience and comfort. For many, telehealth represented a way to fit their help-seeking into their busy lives. One in 10 young people reported that there was nothing they did not like about telehealth support.

“I like that [over] the phone I can be in the comfort of my own home and familiar surroundings.” – Male, 16

“By using online services it avoids most of the overthinking I’d have if it was in-person, such as how I look and whether I appear awkward, etc. I also like not having to worry about the distance and such as I usually have to rush from school in order to make it and require my sister to pick me up as my parents are unaware of these services.” – Female, 16

“I can read a book at home before and have a cup of tea whilst I’m talking with my psychologist.” – Male, 23

“Honestly nothing, I prefer this method. Only downside would be not being able to do general physical tests, blood pressure etc. which wasn’t necessary for my appointment this time.” – Female, 25

Telehealth works well for many young people, but not everyone. In-person services delivered by headspace centres remain a highly valued asset.

- While 71 per cent of young people agreed that they were not concerned about privacy, some young people indicated that they did not have an appropriate (safe and private) space at home to conduct their session.
- Young people also identified some disadvantages of telehealth, including that the interpersonal connection can be more challenging via telehealth, and some experienced both technical and non-technical disruptions such as interruptions from family members.
- Many young people place a high value on the in-person support delivered by headspace centres, and this option remains essential for some young people’s help-seeking. The safety and comfort of headspace centres appears to be an important part of the experience for many young people.

“I prefer going to an environment that feels like a safe space rather than being surrounded by my own personal issues. My home environment adds to my emotions.” – Female, 23



“The lack of travel is pretty great, plus it’s a lot more convenient. As a full time student it makes it a lot easier to fit into my schedule.”

Female, 23

Young people who had received a telehealth service were more likely to indicate they would do so again in the future

- Half of all young people surveyed indicated that they would like to use telehealth in the future, with young people showing a preference for the specific modality they had experienced during their session with headspace: 65 per cent of young people who had their session by telephone indicated they would be likely to use phone support in the future (compared to 34% of young people who had their session by video), and 71 per cent of young people who had their session by video indicated that they would be likely to use video support in the future (compared to 35% of young people who had a session by telephone).
- This suggests that with increased exposure to this option of support, more young people may be open to accessing telehealth in the future, particularly if it were in the context of tailored service delivery.

“It’s easier to access (minimal to no travel) and I don’t have to tell anyone that’s what I’m doing.” – Male, 22

Telehealth support in the future could provide a critical avenue to increase access for young people who face geographic and other travel barriers

The geographic profile of young people in Australia means that there will always be geographic barriers to in-person services. Telehealth presents an opportunity to bridge that gap and allow more young people to seek the help they need in a timely manner.

MBS supported telehealth services provide a valuable service offering for headspace clients

- The advantages of telehealth outlined by young people, and the overwhelmingly positive experience reported by those who received services via telehealth, provide strong support for offering MBS supported telehealth as part of the headspace service mix.
- Given that the current project was undertaken in a context where young people (and clinicians) were mostly not given a choice of modality, there are likely opportunities to improve the user experience and effectiveness of telehealth through further tailoring and targeting to particular groups of young people. Going forward, choice and flexibility will be critical to ensuring young people receive the most appropriate mode of support for their needs and circumstances.

headspace clients reported an overwhelmingly positive experience of telehealth and, while this mode of support will not replace in-person services and will not suit every client, it presents a valuable mechanism to bridge accessibility gaps and provide choice and flexibility to young people and clinicians. If telehealth continues to be provided as a funded option for young people to access through the MBS, headspace centres will be able to tailor their approach to ensure the most appropriate type of support for the diverse needs of the young people that they support. These findings will inform future service planning in the context of providing young people with a mix of service offerings according to their circumstances and preferences. They also inform potential hybrid approaches, as in-person services are able to resume; headspace wants to retain the positive outcomes of telehealth provision and the significant accessibility gains this modality presents.

71%

of young people who had their session by video indicated that they would be likely to use video support in the future

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Purpose

This report describes headspace clients' experience of services during the initial months of the COVID-19 pandemic, in particular their experience of telehealth support. It is part of a three-phase project to understand the impact of the 2020 pandemic on the mental health of young people who have accessed headspace services, their experiences of telehealth and the experience of staff who have provided these services. The project aims to inform headspace about the impact of COVID-required practice and service changes and to identify lessons for future service delivery.

The three-phase project to understand the impact of the 2020 pandemic comprises:

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| Project 1 | headspace centre services-based staff experiences of and perspectives on delivering telehealth services |
| Project 2 | Young people's experiences of telehealth services |
| Project 3 | The impact of COVID-19 on headspace clients |
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This report presents findings from Project 2, examining the impact of shifting headspace services to telehealth on young people's experience of and satisfaction with services.



Background

headspace centre services (including centres, satellites and outposts)¹ aim to create highly accessible, youth-friendly, integrated service hubs that provide evidence-based interventions and support to young people 12–25 years with their mental health, health and wellbeing needs (Rickwood et al., 2018). headspace centres offer an enhanced primary mental healthcare service platform prioritising young people who present with mild to moderate mental health concerns. The headspace service model is a national network of more than 110 headspace centres operating across metropolitan, regional and rural areas of Australia, along with a range of satellites, outreach and other supports. In 2018-19, headspace centres provided over 426,000 services and supported almost 100,000 young Australians to strengthen their wellbeing and manage their mental health (headspace, 2019). Prior to March 2020, services delivered across headspace centres were almost entirely delivered in-person.

On 11th March 2020 the World Health Organisation declared COVID-19 a global pandemic. Consequently, from early March 2020, headspace centres started to shift services from predominantly in-person services delivered at a centre to a combination of telehealth (via phone or video), online, and in-person (where able to adhere to physical distancing requirements). This resulted in a rapid shift in the mode of service delivery: by the start of April 2020 the proportion of headspace services nationally that were delivered in-person reduced from 93 per cent to 13 per cent; services provided over the telephone increased from 6 per cent to 64 per cent; and those provided online increased from 1 per cent to 23 per cent (See Figure 1)².

These changes varied across the country dependent on the number of cases of COVID-19 and State and Territory restrictions: in SA, NSW, VIC and WA, more than 90 per cent of services were delivered via telehealth; while in the Northern Territory, most services continued to be provided in-person.

By the start of April 2020 the proportion of headspace services nationally that were delivered in-person reduced from 93% to 14%; services provided over the telephone increased from 6% to 64%; and those provided online increased from 1% to 23%.

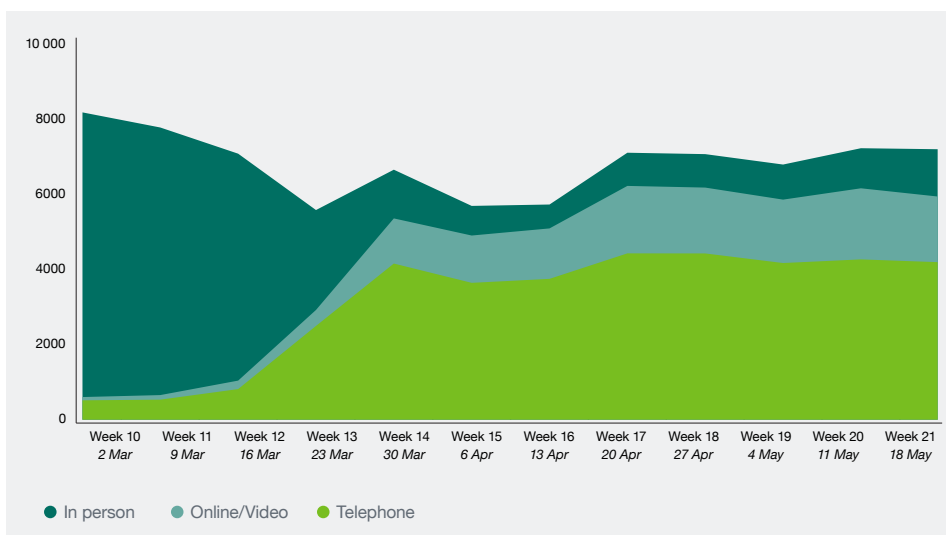


Figure 1. Occasions of service by service mode, 2 March – 18 May 2020

1. For the purposes of this report, headspace centres include all headspace centre services including centres, satellites and outposts, but not broader programs and services such as eheadspace.
2. Figures are valid as of 27th May 2020.

For many years, telehealth has been considered a useful option for increasing access to services for people in regional, rural and remote areas, or in instances where a particular service provider was not available at the location of usual service. However, prior to COVID-19, telehealth services subsidised by Medicare were only available for limited medical and tele-psychiatry services where the client could not access in-person care, thus uptake for mental health was relatively low, with only 66,000 visits to psychiatrists in Australia in 2018-19 being by telehealth. (Hickie and Duckett, 2020). Critically, prior to COVID-19 allied health providers, who make up the majority of the headspace clinical workforce, could not provide services through telehealth and receive a Medicare rebate (Allied Professions Australia, 2020).

When the Federal Government enabled telehealth services to be financially supported by Medicare in late March 2020 (Grattan, 2020), there was the rapid transition of most of the headspace centre service network to provide alternative means of delivering services, which enabled clinicians to continue to provide support to young people during this uncertain time. With so many health and mental health services moving to new modes of delivery, it is important to explore the experience of these services from both a user and service provider perspective.

Aims

The aim of this project was to understand the impact of shifting headspace services to telehealth on young people's experience of and satisfaction with their care, specifically exploring:

- perspectives on the strengths and weaknesses of telehealth services
- satisfaction with telehealth services and its impact on service experience and engagement.

Methods

Procedure

All young people who received an occasion of service from headspace from 6 to 20 May 2020 were invited to receive a short survey the day after their session. Young people who opted-in to receive the survey received a text or email (dependent on contact details provided) with a link to the online survey. The survey was hosted in SurveyMonkey and remained open for four days to give clients sufficient time to complete their responses following their session. Young people who completed the survey were given the option to go into a draw to win one of ten \$50 Visa/Mastercard gift vouchers.

The study received ethics approval through the Melbourne Health Human Research Ethics Committee Quality Assurance process (Reference: QA2020082).

Measures

The survey questions asked young people about their experience of the service they had received, including strengths and weaknesses of the different modalities, and their future help-seeking preferences, focusing on:

- how and where they had accessed headspace support (i.e. by phone, video or in-person; at their home, at a centre, outside or somewhere else)
- their overall experience of the service they had received, including whether it was better or worse than expected
- their experience of the platform they had used, including the strengths and weaknesses of each mode
- their experience of the therapeutic process, including how comfortable they felt discussing their issues in the setting they were in
- their future help-seeking preferences and how likely they would be to access support in the future in-person, by phone or by video.

Data from the headspace Minimum Data Set (MDS), which is collected routinely while young people are accessing headspace centre services, was used to provide demographic and service-related data.

Participants

Of the 7,621 young people who received a headspace service during the data collection period, 3,620 opted in to receive the survey, provided a valid email address or telephone number, and were sent a copy of the survey. Completed surveys were received for 1,434 young people (a response rate of 40%) and of these, 1,348 could be matched to their headspace MDS data for further demographic analysis. Given the aim of the project was to focus on young people's experience of telehealth, data from telehealth clients was analysed separately and clients who had received a service in-person (n=143) were removed from the sample. The sample for this project was 1,205 young people.

Thirty per cent of respondents were from New South Wales and the ACT, 25 per cent were from Queensland and 21 per cent were from Victoria (see Figure 2). Sixty-four per cent were from major cities, and 36 per cent were from non-metropolitan areas.

According to matched data from young people's headspace profile, more than three-quarters of respondents were female (76% - see Figure 2). Additionally, headspace profile data indicates that 34 per cent of respondents were LGBTIQ+, 6 per cent were Aboriginal and/or Torres Strait Islander young people, and 11 per cent were from culturally or linguistically diverse backgrounds.

Almost three-quarters of respondents received services under the category of 'Mental health – Psychological intervention' (see Figure 3). It should be noted that information on 'Main service provided' in the headspace MDS was missing for 16 per cent (189) of respondents. Eight per cent of young people were on visit 1 of their first episode of care (meaning this was their first ever session with headspace).

Compared to all young people who received services during the survey period, survey participants were significantly more likely to be older (62% of respondents were 18 or over, versus 52% of all young people who received services during the research period), female (76% versus 66%), and identify as LGBTIQ+ (37% versus 29%).

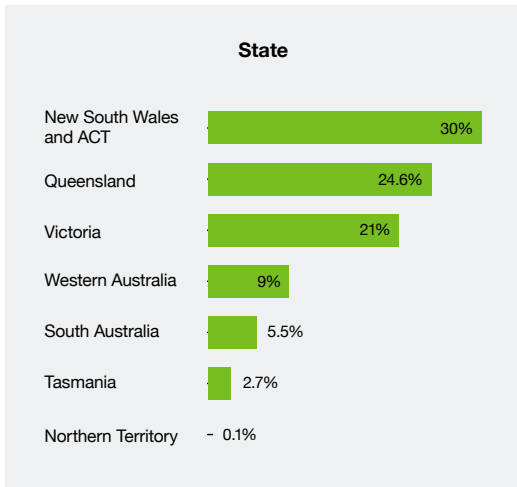
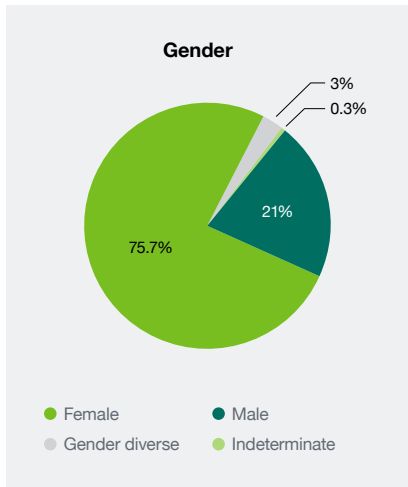


Figure 2.
Participant demographics
(n=1,205)

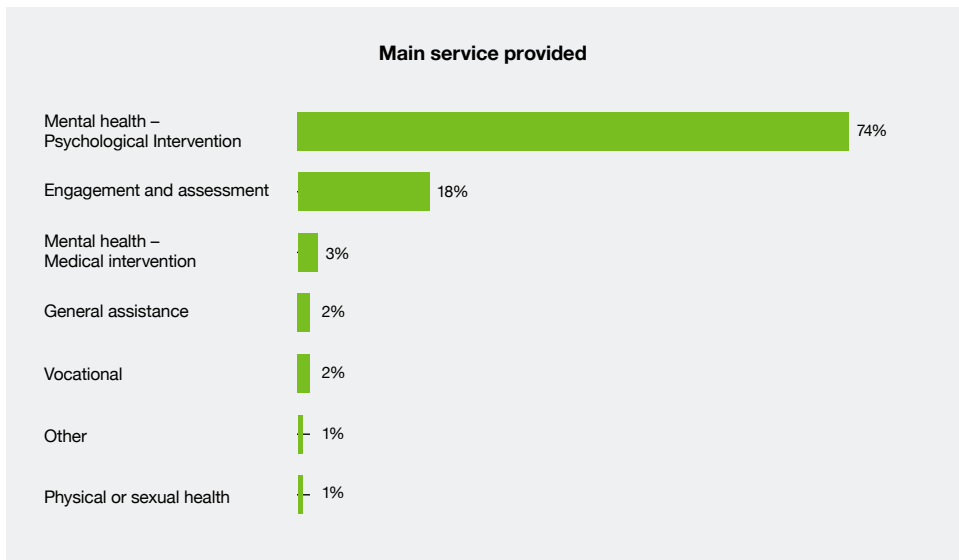


Figure 3.
Main service provided
(n=1,016)

Findings

The data analysis approaches undertaken are described in Appendix A.

Service preference and modality

Over half (59%) of telehealth clients received their session by telephone (see Figure 4). When asked whether they were given a choice about whether they had their session in-person at a centre, by phone or by video, around half (53%) of telehealth clients were given a choice. Forty per cent indicated that they would have preferred to receive support in-person at a centre. Most participants attended their session at home (85%), using their mobile phone (70%) or laptop/tablet (28%).

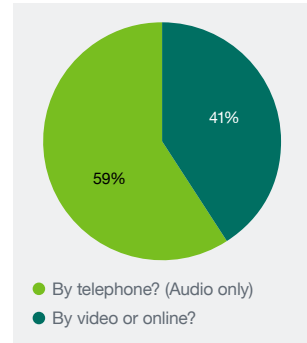


Figure 4. Was your session mostly... (n=1,205)

Overall experience

Young people overwhelmingly reported having a positive experience, with 94 per cent agreeing or strongly agreeing that they had a positive experience with headspace and 78 per cent reporting that the mode of service they received was suitable for their needs (see Figure 5). Only 7 per cent disagreed or strongly disagreed that the mode of service was suitable for their needs.

Consistent with findings above that suggest that the vast majority of young people overall had a positive experience, results indicate that for many their experience with headspace was better than they expected. As illustrated by Figure 6, more than half (54%) of all young people indicated that their experience was better or much better than expected, and only 3 per cent indicated that it was worse or much worse than expected.

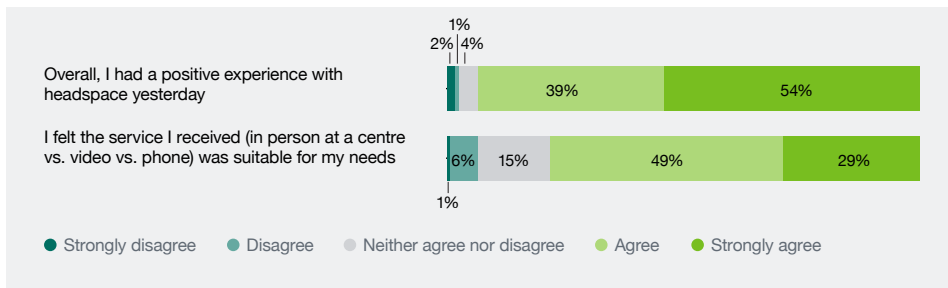


Figure 5. Overall experience with headspace (n=1,205)
Note: Percentages may not total 100 due to rounding

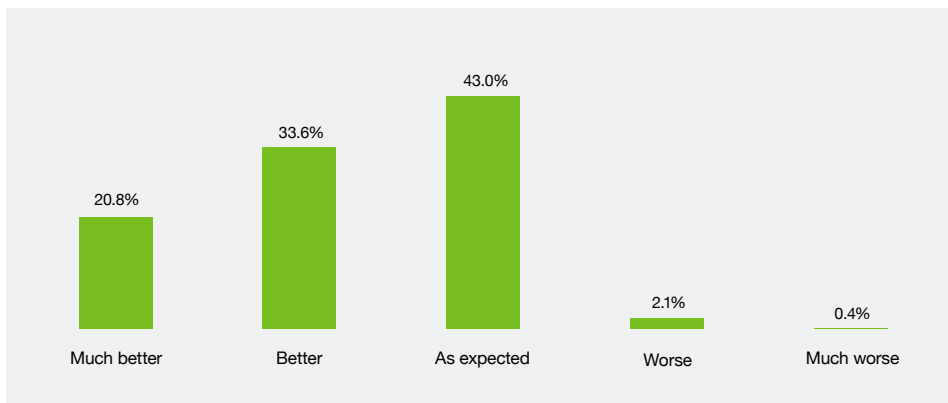


Figure 6. Overall, was your experience with headspace yesterday better or worse than you expected? (n=1,163)

Therapeutic process

Young people were asked questions about the therapeutic process and, again, responses were very positive (see Figure 7). In particular, 76 per cent agreed or strongly agreed that they felt comfortable talking about their personal issues in the setting they were in, 79 per cent agreed or strongly agreed that there was enough time in the session to get through what they wanted to, and 89 per cent agreed or strongly agreed that they felt able to build a connection with the headspace staff member who was supporting them. One in five (20%) agreed or strongly agreed that they found it difficult to explain their situation.

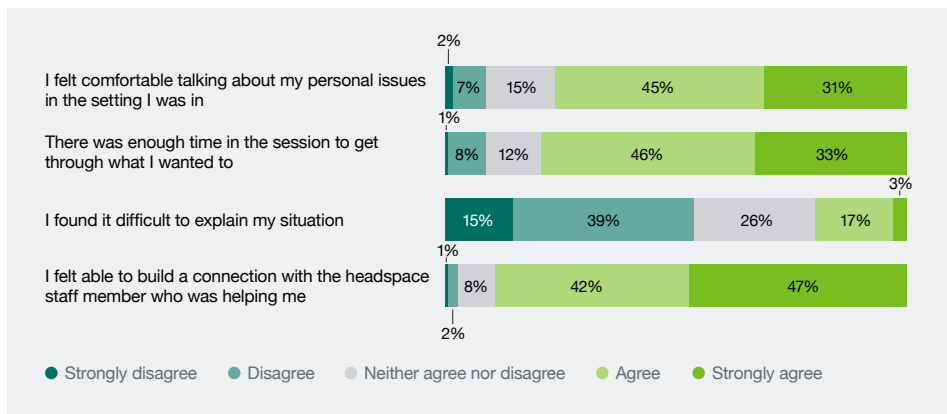


Figure 7. Therapeutic process (n=1,205)

Convenience, safety and privacy

Young people were asked questions about convenience, safety and privacy (see Figure 8). Most agreed or strongly agreed that they were able to get an appointment in a timely way (92%), that it was convenient to attend their session at the location that they were in (85%), and that they felt safe in the setting they were in (88%). Almost three-quarters (71%) also agreed or strongly agreed that they were not concerned about privacy during their session.

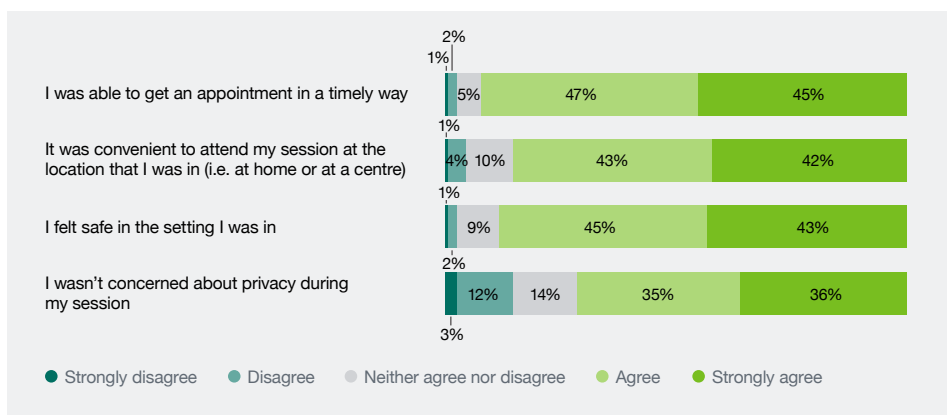


Figure 8. Convenience, safety and privacy (n=1,205)

Strengths and weaknesses of telehealth

Young people were asked about a range of practical considerations, including potential strengths and weaknesses of telehealth.

The overwhelming majority of participants indicated that they had access to the technology resources that they needed, with 96 per cent agreeing or strongly agreeing that they had enough mobile phone or internet data for the session, and 95 per cent agreeing or strongly agreeing that they had access to any equipment that they needed (see Figure 9).

While almost four in ten (38%) young people who received telehealth services liked that they could attend a session without their parents knowing, many were ambivalent with 52 per cent providing a neutral response to this statement. Additionally, while 60 per cent liked that they didn't have to travel to attend their appointment, many were also neutral (29%). When asked about potential weaknesses of telehealth, approximately one quarter of young people reported experiencing technical (22%) or non-technical disruptions (26%) and a very small proportion found accessing services on the phone or online difficult (5%), see Figure 10.

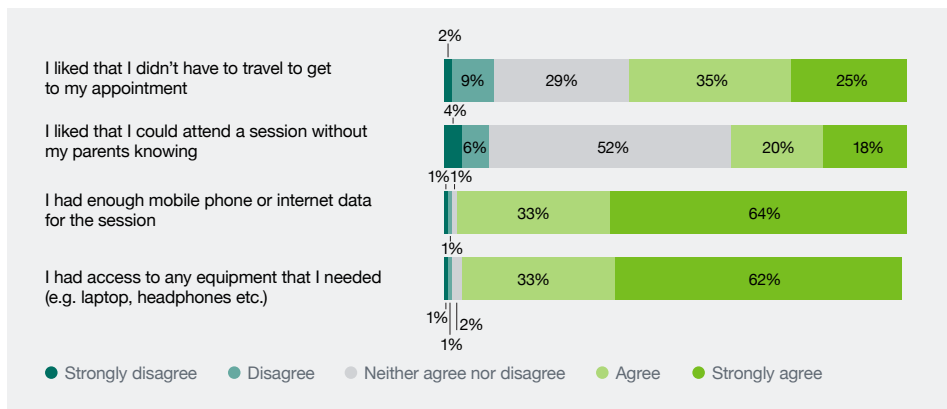


Figure 9. Potential strengths of, and enablers to, telehealth support (n=1,163)
Note: Percentages may not total 100 due to rounding

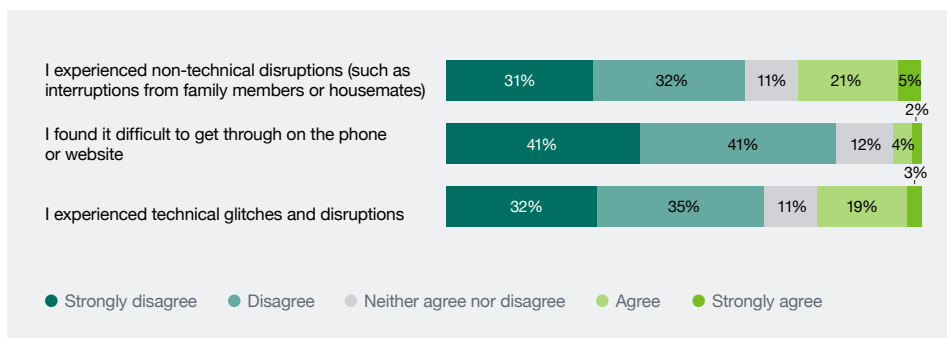


Figure 10. Potential weaknesses of telehealth support (n=1,163)

Future help-seeking preferences

To examine future help-seeking preferences, young people were asked how likely they would be to use different modes of support if they needed support from headspace in the future and all options were available. As illustrated by Figure 11, young people showed a preference for in-person support, with 90 per cent of young people giving high response ratings (7 or above on a scale of 1 to 10 of likelihood). However, half of all respondents also indicated they would be likely to use telehealth support in the future, with 50 per cent indicating that they would be likely to use video support and 52 per cent indicating that they would be likely to use telephone support. Around a quarter of respondents indicated that they would be unlikely (rating of 4 or below) to use video (26%) or telephone support (23%) in the future if they needed support from headspace.

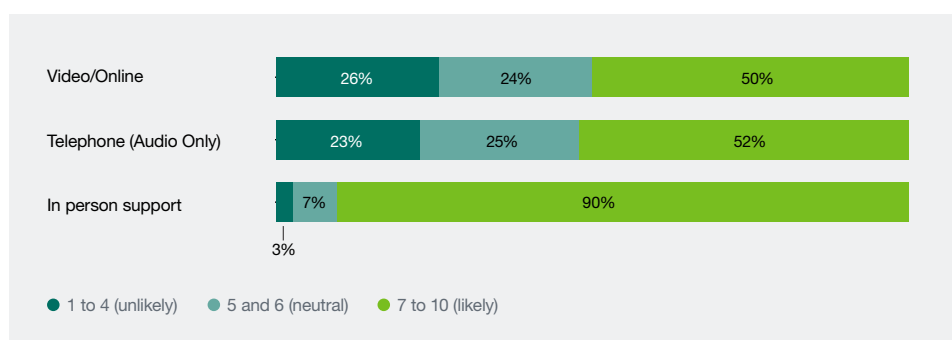


Figure 11. Likelihood of using different modalities of support in the future (n=1,163)

Familiarity with the mode clearly had an impact, with young people who had their session by video being significantly more likely to prefer video support in the future ($U=91252$, $p<0.001$; $d_{\text{cohen}}=0.81$), and young people who had their session by phone being significantly more likely to prefer phone support in the future ($U=97221$, $p<0.001$; $d_{\text{cohen}}=0.74$). Sixty-five per cent of young people who had their session by telephone indicated they would be likely to use phone support in the future (compared to 34% of young people who had their session by video), and 71 per cent of young people who had their session by video indicated that they would be likely to use video support in the future (compared to 35% of young people who had a session by telephone) (see Table 1).

	Likelihood of using phone support in the future		Likelihood of using video in the future	
	Telephone clients	Video clients	Telephone clients	Video clients
1 to 4 (unlikely)	13%	38%	38%	9%
5 and 6 (neutral)	22%	28%	27%	20%
7 to 10 (likely)	65%	34%	35%	71%

Table 1. Likelihood of using different modalities of support in the future, video vs. telephone clients (n=1,163)

Client perspectives on advantages and disadvantages of telehealth

Young people were asked to indicate their perspectives on the advantages and disadvantages of receiving support by telehealth compared to in-person clinical services, and a number of themes arose from these open-ended questions. Of the 1,205 young people who responded to the survey, 83 per cent (n=995) provided a comment to this question. Each of the key themes are discussed below and ordered according to their frequency.

Advantages

Convenience

- Convenience of having a session from home
- No travel time or expenses
- Easier to schedule appointments
- Appreciation for telehealth during COVID-19 restrictions

Comfort

- Feeling more comfortable at home
- Able to be more vulnerable and share feelings in a discrete context
- Decreased anxiety
- Receiving the same level of support regardless of modality

Disadvantages

Barriers to interpersonal connection

- Lack of personal connection
- Lack of non-verbal cues
- Apprehension about speaking on the phone
- Inability to be vulnerable/share feelings

Privacy and safety issues

- Interruptions from family members
- Lack of private space
- Lack of safety at home

Technical and non-technical disruptions

- Technical glitches
- Distractions and disruptions

Social isolation and preference for headspace service environment

- Preferring the headspace centre environment
- No opportunity to leave the house/experience social interaction

Figure 12.
Summary of advantages and disadvantages of telehealth

Advantages of telehealth

Convenience

A third of young people who provided comments (33%) noted that convenience and easy access were the main advantages of telehealth services. Being able to stay at home and have flexibility with their appointment time enabled increased accessibility for many young people. Young people appreciated the reduced time and costs associated with travelling to the centre. A smaller proportion of young people also expressed appreciation for the opportunity to continue with headspace services during the COVID-19 restrictions.

"The freedom to have an appointment at any time that works for me."
– Female, 20

"It is convenient. My last appointment started as I was just getting out the car from a trip I had just had, so it was nice to just be able to do stuff while I was having therapy." – Female, 20

"I suppose sometimes it just feels a little more personal when there is face to face contact but under the circumstances I'm [in] the online has been great and wonderful that we can continue to have the sessions in this stressful time." – Male, 12

"I don't have to travel to the centre so it works better with my schedule. I can also do earlier sessions which are easier for me." – Female, 20

"It's easier to access (minimal to no travel) and I don't have to tell anyone that's what I'm doing." – Male, 22

"Telephone support makes it easier to get counselling as I don't have to travel and spend money." – Female, 20

"I really respect headspace adapting to the COVID situation. The online/ telephone support has been a solution that works pretty well. The lack of travel is pretty great, plus it's a lot more convenient. As a full time student it makes it a lot easier to fit into my schedule." – Female, 18



"It's easier to access (minimal to no travel) and I don't have to tell anyone that's what I'm doing."

Female, 20



"I don't have to travel to the centre so it works better with my schedule. I can also do earlier sessions which are easier for me."

Female, 20



Comfort

One in four (26%) young people who provided comments reported that being able to have a session in the comfort of their own home was one of the main advantages of telehealth services. Young people who mentioned this advantage noted that being in their own environment provided them with more comfort, and some felt like they could better connect with their therapist by sharing their personal environment. For some young people, being in a comfortable environment enabled them to open up more to their therapist, disclose more personal information, or become more vulnerable. Others reported experiencing less anxiety, as they did not have to worry about body image issues, missing their appointment, feeling awkward, or they generally felt more relaxed during their session. Importantly, some commented that they felt they received the same level of support and connection as they would in an in-person session.

“When I can do it from my room, I feel more comfortable than being in a room with someone. I think that I feel more comfortable, I can talk better.”
– Female, 14

“That I don’t have to travel, and I can show my therapist my home. She was able to meet my cat too!” – Female, 25

“I like that [over] the phone I can be in the comfort of my own home and familiar surroundings.” – Male, 16

“As I said above, it helps a bit with my anxiety. I can sit in my bedroom for the session (if my partner isn’t resting) or my parent’s room, and have more personal soothing stims for when I talk about things that I really don’t like talking about – i.e. my cats and my teddy bear are here haha.”
– Female, 22

“I felt it was easier to say the more difficult things, felt a little less awkward saying it over the phone rather than face to face.” – Gender diverse, 20

“I felt that it was easier not having to travel or make eye contact or get there early. I also started to cry during the phone session and I found it easier to feel that feeling rather than push it down and be socially acceptable by not crying in public. On the phone I just cried. And that was good.” – Female, 24

“I can read a book at home before and have a cup of tea whilst I’m talking with my psychologist.” – Male, 23

“Was convenient and easy and didn’t have to go anywhere, as well as the fact that I didn’t feel like I was annoying anyone with my nervous fidgeting, and I just felt more comfortable talking about my problems to someone who couldn’t see me.” – Female, 16

“By using online services it avoids most of the overthinking I’d have if it was in person, such as how I look and whether I appear awkward, etc. I also like not having to worry about the distance and such as I usually have to rush from school in order to make it and require my sister to pick me up as my parents are unaware of these services.” – Female, 16

“It feels less daunting and nervous compared to physically going in the office.” – Female, 24



“I felt it was easier to say the more difficult things, felt a little less awkward saying it over the phone rather than face to face.”

Gender diverse, 20



“It feels less daunting and nervous compared to physically going in the office.”

Female, 24

Disadvantages of telehealth

Interestingly, when specifically asked about the disadvantages of telehealth compared to in-person services, one in 10 respondents who provided comments indicated that there was ‘nothing’ they disliked about the telehealth sessions and some expressed a preference for telehealth.

“Honestly nothing, I prefer this method. Only downside would be not being able to do general physical tests, blood pressure etc. which wasn’t necessary for my appointment this time.” – Female, 25

Barriers to interpersonal connection

The most prevalent disadvantage identified by young people was barriers to interpersonal connection, with 30 per cent of young people who commented identifying this theme. These respondents indicated their session was a bit less personal than an in-person service, or that their experience lacked some connection. They also highlighted the lack of non-verbal communication impacted their connectedness to the therapist or caused them to feel unsettled or anxious. Consequently, the lack of connectedness left some young people feeling more apprehensive about sharing their feelings or being vulnerable, and some reported they found it more difficult to convey their feelings and emotions and felt the flow of the conversation was disrupted. Some young people described their session as ‘rushed, slow, awkward or exhausting’. Some also reported feeling hesitant to share their information due to confidentiality issues, as they feared someone in their environment might overhear their conversation, and this finding closely relates to the following theme of privacy and safety issues.

“I have my appts via telephone as zoom calls make me feel uncomfortable. I feel having phone appts still don’t give the ability to build a relationship/connection with my therapist which I think I need to be able to engage in therapy fully.” – Female, 17

“I get phone anxiety so it’s a bit stressful and my parents know about every appointment because I do my appointments in my car.” – Male, 18

“It’s harder to express how I’m feeling over the phone.” – Female, 18

“When I share my experiences or what’s weighing me down, I feel as though I’m not able to connect with what I’m sharing and feel the emotions of it as I would if talking in person.” – Female, 16

“More difficult to get through everything that I want to talk about. Phone call sessions feel a little rushed sometimes.” – Female, 19

“I wasn’t able to express myself to the fullest using a mobile phone. As well as not being able to see my counsellor’s reaction or response to my situation.” – Female, 25



“I wasn’t able to express myself to the fullest using a mobile phone. As well as not being able to see my counsellor’s reaction or response to my situation.”

Female, 25



“Honestly nothing, I prefer this method. Only downside would be not being able to do general physical tests, blood pressure etc. which wasn’t necessary for my appointment this time.”

Female, 25

Privacy and safety issues

Concerns over lack of privacy was the second most prevalent disadvantage identified by young people (mentioned by approximately 15% of young people who provided comments). Young people who mentioned this issue reported that they did not have an appropriate space to disclose private information at home and that they feared people in their home environment (e.g. parents, siblings, housemates, and partners) might overhear their conversation. Some young people reflected that their home environment was not conducive for therapy, as they would be interrupted by their family members or friends, or they found it difficult to remain engaged and focused. Some young people expressed that they did not consider their home to be a safe space.

“All of my other appointments in the years have been face to face, I feel a little unsafe talking about my problems when I’m out the front of my house and my neighbours are out too, face to face also makes me feel safe when I want to cry as we are in a room and it’s only 2 people.” – Female, 19

“There is a lack of intimacy, I think it’s easier to express compassion and felt understood and listened to in person. The lack of these things made the online session a little less impactful, it was additionally easier to get distracted and lose focus.” – Male, 20

“At a headspace centre I don’t have to worry about privacy or potential interruptions, whereas, having remote appointments this is something I have had to consider (I’ve been undertaking appointments in my parked car out the front of my house in order to have privacy).” – Female, 21

“I prefer going to an environment that feels like a safe space rather than being surrounded by my own personal issues. My home environment adds to my emotions.” – Female, 23

“I can’t think as well as I would like, I find it difficult to stay focused and engaged in conversation.” – Female, 16

Technical and non-technical disruptions

When asked about disadvantages of telehealth, one in 10 young people who commented mentioned technology issues, such as problems with reception, their microphone, or visual tools that were part of the therapeutic process.

“It was cut short there was about 30 min of tech difficulty on headspace’s end... call ended abruptly and I was left feeling strange as there was no closure to the call.” – Male, 23

“It’s difficult to use visuals (drawn diagrams, lists) to illustrate a concept during a telephone session. Also, sometimes it’s easier to communicate in person as there are more cues.” – Female, 21

“I don’t like the echo. Sometimes its hard of hearing the person on the other side of the call. Also, I find that you can have distractions around you. I prefer being face to face as its a solid hour with no interruptions/distractions and I can see the other persons body language. It feels more human if you get what I mean.” – Male, 24

“Audio being unclear/difficult to understand at times, and I have anxiety about phone calls and prefer to speak face to face.” – Gender diverse, 19

“Sometimes there is some awkwardness or delay when talking online, and I suppose it’s a bit more interactive when in person.” – Female, 21



“Audio being unclear/difficult to understand at times, and I have anxiety about phone calls and prefer to speak face to face.”

Gender diverse, 19

Social isolation and preference for headspace service environment

In reflecting on what they did not like about telehealth compared with in-person support, a small number of young people mentioned how much they enjoyed the comfort of headspace centres as they perceive them to be safe space or a place to ‘escape’ from their worries. For some, not having the opportunity to attend the headspace centre created a sense of isolation or a disruption to their regular routine.

“I feel more comfortable and less lonely having the company when going into the headspace centre unlike telephone calls.” – Female, 20

“I’m stuck at home most of the week with no friends or work so I enjoy talking to a real person.” – Male, 24

“I prefer going to an environment that feels like a safe space rather than being surrounded by my own personal issues. My home environment adds to my emotions.” – Female, 23

“I just don’t love doing it in my own house. If I go to the centre, I can do my session and then leave the negativity behind, if I do it on my house I feel I can’t talk properly due to housemates and don’t enjoy feeling like the negativity follows me and lingers.” – Female, 23



“I prefer going to an environment that feels like a safe space rather than being surrounded by my own personal issues. My home environment adds to my emotions.”

Female, 23



Discussion

Summary of main findings

The findings from this user experience project indicate that young people overwhelmingly had a positive experience with headspace during COVID restrictions and at a time when most service delivery occurred via telehealth. Most young people who received a telehealth service reported a positive experience with headspace (94%), felt that the mode of service was suitable for their needs (78%), and more than half indicated that their experience was better or much better than expected (54%).

Encouragingly, young people who received telehealth services felt able to build a connection with their clinician and talk about their issues. Most felt they were able to build a connection with the headspace staff member who was helping them (89%), that there was enough time in the session to get through what they wanted to (79%), and felt comfortable talking about their personal issues in the setting they were in (76%).

Young people also reported a number of practical advantages of telehealth, including that they could access their appointment in a timely way (92%), that it was convenient to attend their session at the location they were in (85%), and that they didn't have to travel to attend their session (60%). The qualitative data supported these findings with many young people highlighting convenience and comfort as the main advantages of telehealth. While young people overwhelmingly indicated that they had access to the technology resources they needed, such as mobile phone or internet data (96% agreement) and equipment (95% agreement), some indicated that they did not have an appropriate (safe and private) space at home to conduct their session. However 71 per cent of telehealth clients still agreed that they were not concerned about privacy.

While young people highlighted many strengths of telehealth services, they also identified a number of challenges, including interpersonal communication being more difficult, privacy issues when having a session from home, and technical disruptions and glitches. Furthermore, young people who had previously received an in-person service were equally as positive about the in-person services they had received. These young people reflected positively on the strength and safety of the headspace centre environment and the privacy it afforded them.

When asked about future help-seeking intentions it was clear that the in-person service offering was an important feature of headspace and many young people indicated that they would like to use that modality (90%). Despite this, half of all young people surveyed also indicated that they would like to use telehealth in the future. In particular, young people who had attended their session via video were significantly more likely to indicate that they would use video support again in the future, and young people who had attended their session by phone were significantly more likely to indicate they would use phone support again in the future. Sixty-five per cent of young people who had their session by telephone indicated they would be likely to use phone support in the future (compared to 34% of young people who had their session by video), and 71 per cent of young people who had their session by video indicated that they would be likely to use video support in the future (compared to 35% of young people who had a session by telephone).

94%

of young people who received a telehealth service reported a positive experience with headspace

89%

felt they were able to build a connection with the headspace staff member who was helping them

71%

of young people who had their session by video indicated that they would be likely to use video support in the future

Limitations

The results need to be interpreted in the context of the limitations of the study and methodology. While the response rate for the survey was high (40%), particularly given that lower response rates are typical in web based surveys (Manfreda, Bosnjak, Berzelak, Haas and Vehovar, 2008), there was bias in the study population in ways that make it not fully representative of the national headspace client group. This is common in survey research as particular characteristics make people more likely to opt-in to undertake surveys, but should be kept in mind when interpreting the results. In particular, males were under-represented, and older and LGBTIQ+ young people were over-represented in the sample. It may be worth further exploring the experience of telehealth for young males in the future. There were also nine centres from which no young people responded to the survey.

Furthermore, this project only includes the experiences of young people who chose to (and were able to) access services during the COVID-19 pandemic, and does not include perspectives from young people who chose not to access services (either because they did not want to receive a telehealth service or were unable or unwilling to seek support in-person during restrictions). It is possible that some young people chose not to engage with telehealth because they didn't have adequate access to phone or internet, and the extent to which this is the case could be a focus for future research.

Implications for headspace

Importantly, the context of this project meant that the majority of young people were not given a choice about what modality they received their service by, and it would be worth repeating this survey again in the future if telehealth remains an option for young people in a context of service choice and flexibility. Nevertheless, some key messages are evident that have implications for headspace services going forward.

Telehealth services were well received by young people and presented a critical service option under restrictive conditions

- The vast majority of young people had a positive experience with headspace, regardless of their mode of support, which is a testament to the high quality support provided by the headspace workforce. Young people appreciated being able to receive support under the restricted COVID-19 conditions.

Young people who had received a telehealth service were more likely to indicate they would do so again in the future

- Half of all young people surveyed indicated that they would like to use telehealth in the future, with young people showing a preference for the specific modality they had experienced during their session with headspace. This suggests that with increased exposure to this option of support, more young people may be open to accessing telehealth in the future, particularly if it were in the context of tailored service delivery.

Young people liked the convenience, flexibility and comfort of telehealth support, and for some this modality was preferable to in-person support

- One in ten young people reported that there was nothing they did not like about telehealth support, and young people outlined a range of practical and accessibility related strengths of telehealth. It may be that these strengths present opportunities to engage young people who may otherwise not have engaged with headspace.

Telehealth services were well received by young people and presented a critical service option under restrictive conditions.

Telehealth support in the future could provide a critical avenue to increase access for young people who face geographic and other travel barriers

- The geographic profile of young people in Australia means that there will always be geographic barriers to in-person services, for those in rural and remote areas, as well as transport and timing barriers for those in metropolitan areas. Telehealth presents an opportunity to bridge these gaps and allow more young people to seek the support they need in a timely manner.

Telehealth works well for many young people, but not everyone. In-person services delivered by headspace centres remain a highly valued asset.

- While 71 per cent of young people agreed that they were not concerned about privacy, some young people indicated that they did not have an appropriate (safe and private) space at home to conduct their session.
- Young people also identified some disadvantages of telehealth, including that the interpersonal connection can be more challenging via telehealth, and some experienced both technical and non-technical disruptions such as interruptions from family members.
- Many young people placed a high value on the in-person support delivered by headspace centres, and this option remains essential for some young people's help-seeking. The safety and comfort of headspace centres appears to be an important part of the experience for many young people.

MBS supported telehealth services provide a valuable service offering for headspace clients

- The advantages of telehealth outlined by young people and the overwhelmingly positive experience reported by those who received services via telehealth in this project provide strong support for offering MBS supported telehealth as part of the headspace service mix in the future.
- Given that the current project was undertaken in a context where young people (and clinicians) were mostly not given a choice of modality, there are likely opportunities to improve the user experience and effectiveness of telehealth through further tailoring and targeting to particular groups of young people. Going forward, choice and flexibility will be critical to ensuring young people receive the most appropriate mode of support for their needs and circumstances.

Conclusion

headspace clients reported an overwhelmingly positive experience of telehealth, and while this mode of support will not replace in-person services and will not suit every young person, it presents a critical option to bridge accessibility gaps and provide choice and flexibility to young people and clinicians. If telehealth continues to be provided as a funded option for young people to access through the MBS, headspace centres will be able to tailor their approach to ensure the most appropriate type of support for the diverse needs of the young people that they support. These findings will inform future service planning in the context of providing young people with a mix of service offerings according to their circumstances and preferences. They also inform potential hybrid approaches as in-person services begin to resume; headspace wants to retain the positive outcomes of telehealth provision and the significant accessibility gains this modality presents.

If telehealth continues to be provided as a funded option for young people to access through the MBS, headspace centres will be able to tailor their approach to ensure the most appropriate type of support.

References

1. Rickwood, D.J., Paraskakis, M., Quin, D., Hobbs, N., Ryall, V., Trethowan, J., & McGorry, P.D. (2018). Australia's innovation in youth mental health care: The headspace centre model. *Early Intervention in Psychiatry*, 13(1), 159-166 <https://doi.org/10.1111/eip.12740>
2. headspace (2019). headspace year in review 2018-19. Retrieved from <https://headspace.org.au/assets/HSP029-Year-in-Review-FA02.B-DIGITAL.pdf>.
3. Australian Government (2020). Telehealth. Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/e-health-telehealth>
4. Grattan, M. (2020). All Australians will be able to access telehealth under new \$1.1 billion coronavirus program. *The Conversation*, Retrieved from <https://theconversation.com/all-australians-will-be-able-to-access-telehealth-under-new-1-1-billion-coronavirus-program-134987>.
5. Hickie, I., & Duckett, S. (2020). Coronavirus has boosted telehealth care in mental health, so let's keep it up. *The Conversation*, Retrieved from <https://theconversation.com/coronavirus-has-boosted-telehealth-care-in-mental-health-so-lets-keep-it-up-137381>.
6. Allied Health Professions Australia (2020). Medicare COVID-19 telehealth items now include allied health. Retrieved from <https://ahpa.com.au/news-events/expansion-medicare-covid-19-telehealth-items-include-allied-health/>
7. Thorne, S. (2020). The Great Saturation Debate: What the "S Word" Means and Doesn't Mean in Qualitative Research Reporting. *Canadian Journal of Nursing Research*, 52(1), 3-5. <https://doi.org/10.1177/0844562119898554>
8. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
9. Manfreda, K. L., Bosnjak, M., Berzelak, J., Haas, I., & Vehovar, V. (2008). Web surveys versus other survey modes. *International Journal of Market Research*, 50, 79-84. <https://doi.org/10.1177/147078530805000107>

Appendix A: Approach to analysis

The survey asked a range of fixed response questions and two open-ended questions. Responses were received from 105 centres, with a range of 1 to 44 responses per centre (M=12.8, SD 9.7). There were 9 centres with no responses.

Quantitative data were analysed using SPSS, using descriptives and inferential statistics. All participants who commenced the survey (and had received a telehealth service) were included in the results, so the sample size varies by analysis due to variation in how many participants answered particular questions. Significance tests were undertaken to examine whether there were any differences in the answers to the questions according to demographics and service modality. Given the large sample size and high power, significance was set at $p < .001$ and effect sizes at .30 and above to prevent reporting of reliable but trivial differences.

Qualitative responses were analysed using a Thematic Analysis (Braun and Clarke, 2008) approach. Microsoft Excel was utilised to document initial codes and emerging key themes across the responses. Due to the large volume of the data and data saturation, a combination of techniques were used to capture the main themes for each topic representatively. Saturation is a widely accepted methodological technique in qualitative research (Thorne, 2020) and occurs when no additional information is being found within the data, rendering further analysis unnecessary. In this survey, data saturation was reached quickly as participants provided consistent responses. Therefore, about half (n=590) of the overall responses (n=995) were coded using inductive techniques, while the remaining data were examined and only coded if new codes/themes emerged.



headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.



headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.



headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.

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