Mind the Distance:

Findings from a state-wide survey of young people, parents, and professionals regarding non-face-to-face mental health service delivery during and beyond COVID-19

Who we are

Embrace @ Telethon Kids Institute is Western Australia's first research centre devoted to the mental health of children and young people ages 0-25. Led by some of the top mental health researchers in Australia, Embrace aims to find new ways to help children and young people who are experiencing mental health difficulties or are at risk of developing mental illness. We work with service providers, advocates and policy makers who share our passion and focus on prevention and intervention for mental health difficulties in children and young people. Embrace seeks to give children, young people, and communities the tools they need to better cope with challenges they face, be it at home, school, work, or online.

COVID-19 in Western Australia

On 11 March 2020, COVID-19 was declared a global pandemic. In the following weeks, Western Australia imposed a 'soft lockdown', closed state borders, and temporarily shut down schools. Due to the success of these early measures, community transmission of the virus was eliminated in WA by April 11. Despite this, COVID-related restrictions did not ease until 27 April, and the economic, social, and emotional repercussions of these restrictions continues to impact residents across the state.

State-wide mental health services rapidly responded to these restrictions through the quick adoption, implementation, and upscaling of telehealth services. There was also an increase in the use of other non-face-to-face mental health services during and following restrictions, including digital mental health interventions, crisis lines and online supports.

Survey Methodology

In response to these changes, Embrace researchers initiated a state-wide survey to better understand the experiences of accessing, using and/or delivering non-face-to-face mental health services by young people, parents and professionals in the child and youth mental health sector. Prior to survey development, we hosted four separate focus groups with i) young people, ii) parents/carers of children and young people, iii) clinicians and iv) child and youth mental health sector administrators and executives, to inform the survey design.

In partnership with 13 clinical and community organisations across WA, we launched the survey in July 2020 with the aim of recruiting a broad and representative sample. The following participant groups were invited to complete the survey:

- **young people aged 14-25**
- **parents/carers of a child aged 0-25 years**
- **mental health professionals working in the child/youth mental health sector** *(including clinicians who work directly with children and young people, as well as non-clinicians such as administrators, executives, and advocates)*

Participants were asked about their experiences regarding telehealth, crisis phone lines, web chat services and digital mental health interventions, as well as their preferences for future mental health service delivery. An overview of key findings is included in this report. Some results have not been included due to low response rates for specific questions.

Ethics approval for this study was granted by the WA Child and Adolescent Health Service Human Research Ethics Committee (RGS4044).

Suggested citation:

Perry, Y., Strauss, P., Freeman, J. & Lin, A. (2021). Mind the Distance: A survey of West Australian young people, parents, and professionals regarding non-face-to-face mental health service delivery during and beyond COVID-19. Telethon Kids Institute, Perth, Australia.

Acknowledgements:

We would like to thank the young people, parents and professionals who informed the development of the Mind the Distance survey, as well as those who completed it. We would also like to thank our partner organisations for their support of this project. Finally, we would like to acknowledge the expertise and input of all of the Embrace researchers, community partners and interns who contributed to this project.

Community Partners

Starlight Children's Foundation

youthfocus

AnglicareWA

Ability Centre

Lifeline WA

PICYS Perth Inner City Youth Service

Government of Western Australia North Metropolitan Health Service Mental Health

yacwa .ORG.AU

WA Primary Health Alliance Better health, together

phn Perth North, Perth South, Country WA An Australian Government Initiative

Wungening Aboriginal Corporation Healing Aboriginal Peoples: Mind, Body and Spirit

Yorgum Healing Services

Government of Western Australia Child and Adolescent Health Service

WHO COMPLETED THE SURVEY?

Young People

N = **84**

79% female

14.8% male

6.2% gender diverse/ non-binary

Mean age = **20.5 years** **(range = 14 – 25)**

61.8% heterosexual

31.5% LGBTQIA+

6.6% did not disclose

6.1% Aboriginal or Torres Strait Islander

14.8% from a refugee or migrant background

56% lived with parents

17.9% with a partner

15.5% with other family members

7.3% had been in out of home care

11% had been involved with the police

13.1% in a share house and

11.9% alone

Mean K10 score = **29** (moderate-severe mental disorder)

WHO COMPLETED THE SURVEY?

Parents

N = **68**

95.5%
female

4.5%
male

Mean age =

44.1 years

(range = 28-62)

6.1%
Aboriginal or Torres Strait Islander

22.4%
from a refugee or migrant background

WHO COMPLETED THE SURVEY?

Mental health professionals

N = **167**

81.6%
female

15.8%
male

2.7%
non-binary

79%
worked in a clinical role providing direct mental health services to clients

21%
did not directly provide clinical services (e.g., executive or administrative staff)

Most common roles:
psychologists, social workers, case managers and nurses

Clinician experience:

7.8%	37.5%	18.8%	35.9%
less than 1 year	1-5 years	6-10 years	more than 10 years

91.5%
somewhat or very comfortable with technology

- **36.7%** work in the public sector
- **11.4%** in the private sector
- **51.8%** in non-government sector

Geographic representation of participants across WA

IMPACT OF SOCIAL DISTANCING RESTRICTIONS IN WA

Prior to social distancing:

50%
of young people were studying at TAFE, university, or other tertiary course

41.7%
were working part-time or casually

26.2%
were in high school

14.3%
working full-time

During social distancing:

3.6%
were caring for children or family members

40%
of young people who were working had their hours reduced

15.6%
lost their job

Top 5 most common mental health difficulties experienced by young people:

- depression **(73.2%)**
- generalised anxiety **(68.3%)**
- social anxiety **(58.5%)**
- suicidal thoughts **(53.7%)**
- self-harm **(41.5%)**

64.5%
of young people with mental health difficulties reported that they got worse

53.6%
of parents of children with mental health difficulties

IMPACT OF SOCIAL DISTANCING RESTRICTIONS IN WA

Prior to social distancing:

7.7% of young people used telehealth services

15.4% used crisis phone lines

6.4% used digital mental health programs

15.4% used webchat services

During social distancing:

41% of young people used telehealth services

9% used crisis phone lines

12.8% used digital mental health programs

12.8% used webchat services

13.8% of parents reported they (on behalf of their child) or their child used telehealth services

4.6% reported that their child used digital mental health programs

4.6% reported that their child used crisis phone lines

4.6% reported that their child used webchat services

47.7% of parents reported they (on behalf of their child) or their child used telehealth services

6.2% reported that their child used digital mental health programs

3.1% reported that their child used crisis phone lines

9.2% reported that their child used webchat services

48% of clinicians offered non face to face mental health services

89.1% of clinicians offered non face face mental health services

USE OF TELEHEALTH DURING SOCIAL DISTANCING RESTRICTIONS

80.6%
of young people found telehealth to be somewhat or very helpful

58.4%
parents found telehealth to be somewhat or very helpful for their child

50.6%
of clinicians felt telehealth was helpful for both new and existing clients,

34.9%
only felt it was helpful for existing clients

2.4%
only felt it was helpful for new clients

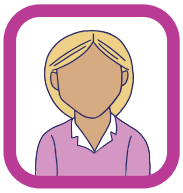
Clinician perspective: which groups of young people are more suited to telehealth?

- Comfortable using technology
- Access to reliable technology and sufficient data
- Less complex mental health presentations
- Comfortable with engaging in online services
- Living in regional/remote areas
- Socially anxious
- Older adolescents and young adults
- Already engaged with services

Clinician perspective: which groups of young people are less suited to telehealth?

- English as a second language or language difficulties
- Self-conscious about their appearance
- Difficulties with self-expression
- Traits of autism or ADHD
- Experiences of trauma and/or suicidality/risk
- Unsafe or chaotic home environments
- Home environments with limited privacy

KEY BARRIERS TO TELEHEALTH ACCESS AND USE DURING SOCIAL DISTANCING RESTRICTIONS:

Young People		Parents
		
35.5%	I didn't think the clinician would be able to get a complete sense of how my child was doing over telehealth	56.5%
	My internet was unreliable or too slow	39.1%
	The sound/picture quality was not good	34.8%
35.5%	I didn't think telehealth would be as useful as face-to-face therapy	34.8%
	My child's problems are too complex or severe to discuss through telehealth	21.7%
35.5%	I felt less comfortable expressing my emotions on a computer or phone	21.7%
32.3%	I didn't have a private space where I felt comfortable doing telehealth	
32.3%	I found it hard to relate to the clinician through telehealth	
32.3%	I found it difficult to get into the right head space at home	

‘I think if I am somewhere in person, I am more likely to open up, an online situation would mean I may pretend to be fine and get away with it.’ (Female, 22)

‘It takes a long time for the child to build a rapport and trust, so consistency and familiarity is important, hard to do in a non-face-to-face way.’ (Parent)

‘I find making eye contact and sitting still very difficult. Telehealth psychology allowed me to go for a walk while having therapy and more able to open up because I couldn’t see the therapist.’ (Genderqueer, 24)

‘The hyperactivity of my child was heightened due to the use of an iPad & all the distractions that wouldn’t otherwise be had in an office.’ (Parent)

‘Whilst it didn’t stop me from using Telehealth, I was and still am nervous about doing it in my house where I can’t really avoid my family members potentially overhearing me, and I also had an appointment that was difficult to complete because of bad internet connection. I prefer face to face.’ (Female, 21)

KEY BENEFITS OF TELEHEALTH DURING SOCIAL DISTANCING RESTRICTIONS:

Young People	WHAT MADE IT EASIER TO USE TELEHEALTH DURING SOCIAL DISTANCING RESTRICTIONS?	Parents
		
80.6%	I didn't need to travel	82.6%
29%	It was cheaper or free compared to face-to-face appointments	43.5%
41.9%	I already knew the clinician so moving to telehealth was easy	43.5%
25.8%	The clinician gave me confidence that telehealth would be as effective as face-to-face therapy	30.4%
29%	It was easier to get an appointment	26.1%
29%	I/my child found telehealth less intimidating than meeting with someone face-to-face	26.1%
25.8%	I felt more comfortable in my own space	26.1%

“‘We loved it. Being disabled as well makes it harder to get out in the community and have to find people to take her. This way we get the help we need, and I am able to be at the appointment if needed and my daughter feels more at home with her sensory items and special things during the appointment.’ (Parent)”

“‘Overall, it was more affordable and still just as beneficial to me, if not more beneficial because I didn’t have to leave my home.’ (Female, 25)”

“‘Being able to see someone from my own home is the only reason I’m able to go out to seek even more help now. I was completely stuck at home and couldn’t leave my house for any sort of help. If the pandemic didn’t happen, I would still be stuck in my bedroom 24/7 and I would be in a lot worse of a condition. Being able to get that help from home basically saved my life.’ (Male, 17)”

“‘We have fought for years to get my son mental health treatment at home - however it did not exist prior to COVID - COVID changed the system for the better for us as we now have access, even though it is much harder than face to face therapy.’ (Parent)”

KEY BARRIERS TO TELEHEALTH DELIVERY DURING SOCIAL DISTANCING RESTRICTIONS: CLINICIANS

73.8%
Clients had unstable internet/ phone connection

58.3%
Clients preferred to delay or pause treatment during social distancing

56%
Some clients were less engaged with the service

56%
I had difficulties picking up on non-verbal cues

52.4%
I was concerned about privacy issues

52.4%
I found it harder to connect with my clients in telehealth sessions

50%
I had difficulties with clients getting distracted

48.8%
Clients didn't have a phone/ tablet/computer

46.4%
It is harder to create a therapeutic alliance or healing relationship via telehealth

44%
Clients didn't have enough minutes or data for telehealth

40.5%
It is difficult to manage risk via telehealth

KEY BENEFITS OF TELEHEALTH DELIVERY DURING SOCIAL DISTANCING RESTRICTIONS: CLINICIANS

69%
It was a more accessible option for some clients

44%
It was helpful to see the client in their own space

42.9%
There was more flexibility in the time and length of sessions

36.9%
It was useful for additional "check-ins" between appointments

33.3%
Clients were more likely to attend

29.8%
It was easier for other family members to join the session

29.8%
It was a comfortable transition for existing clients

29.8%
It was helpful to see the parent/child interaction in their own space

CLINICIAN EXPERIENCES OF TELEHEALTH DELIVERY DURING SOCIAL DISTANCING

57.9% of clinicians reported that telehealth appointments were typically shorter than face-to-face sessions

63.5% clinicians reported that telehealth appointments remained at a similar frequency to face-to-face sessions

66.3% of clinicians who offered telehealth reported feeling fairly or very confident in their ability to deliver telehealth

26.9% completed training provided by their organisation

42.3% of clinicians completed telehealth training on their own

35.9% reported that no training was offered by their organisation

12.8% felt they did not require training

“‘No additional training required but we actually need to have the technology to provide and deliver a service this way. Unfortunately, my experience was that these communication difficulties were known about and largely ignored by the wider organisation.’ (Mental Health Nurse)”

“‘I found it simple to adapt to telehealth. We had one peer support session around use of telehealth and found this was enough to feel confident and get going.’ (Social Worker/ Clinical Lead)”

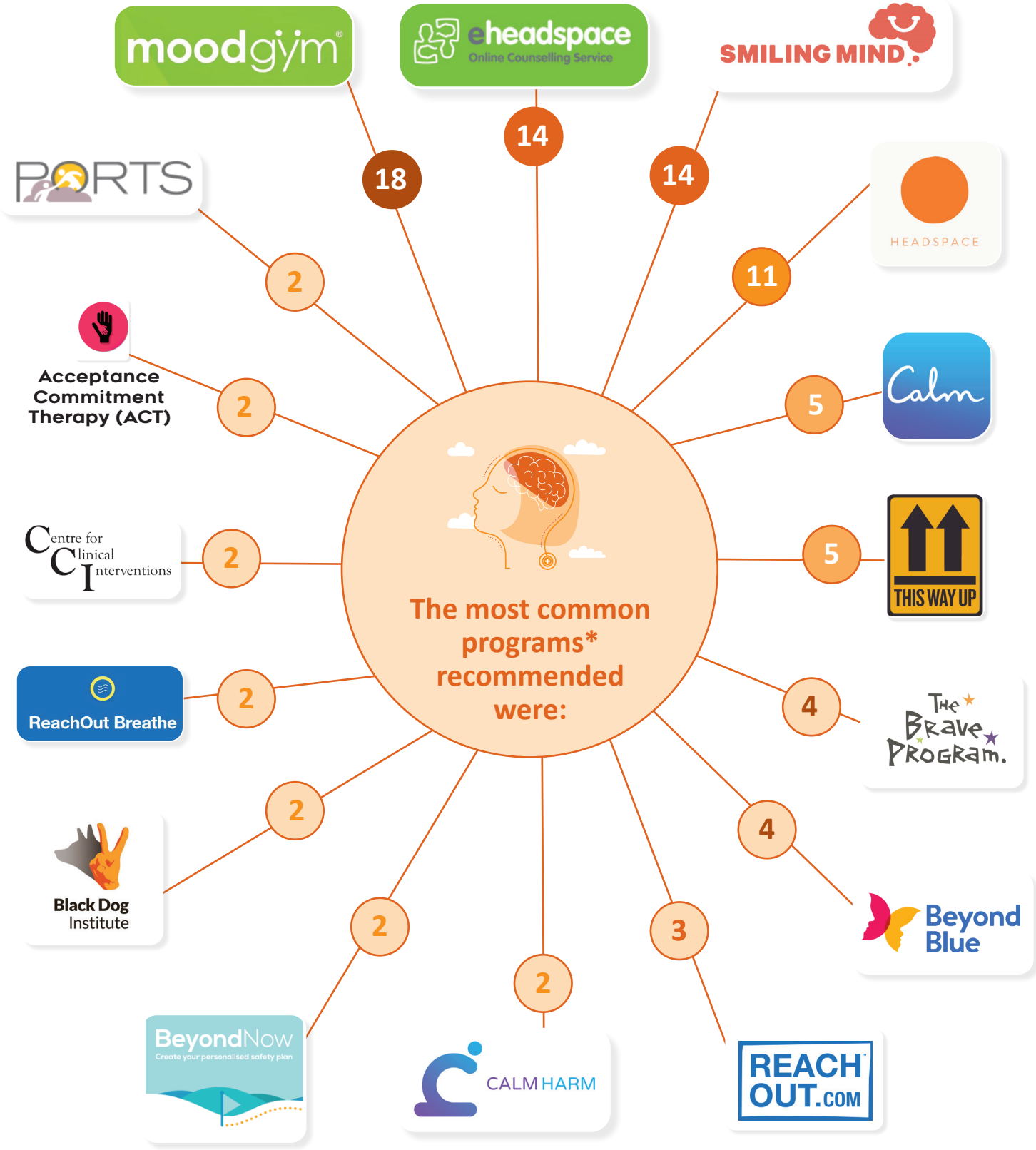
“‘More extensive training on engaging, building rapport, assessment, and psychoeducation, and using therapeutic tools over the phone/ video call.’ (Youth Counsellor/ Intake Worker)”

“‘When there are problems and if technology fails what steps to take. Difficult without an IT person to consult with.’ (Psychologist)”

“‘Self-care needed by therapists to manage sensory demands and energy requirements of delivering Telehealth services.’ (Occupational Therapist)”

DIGITAL MENTAL HEALTH PROGRAMS

57.8% of clinicians recommended digital mental health programs to their clients



Note: Some of these recommendations include informational websites or digital mental health services.

FUTURE MENTAL HEALTH SERVICE DELIVERY: YOUNG PEOPLE AND PARENTS

Likelihood of using non-face-to-face services in the future

32.9%
of young people reported they were somewhat or very likely to use telehealth in the future

41.4%
were somewhat unlikely or not at all likely to use telehealth in the future

54.2%
of parents reported they were somewhat or very likely to use or recommend telehealth for their child in the future

25.4%
reported they were somewhat unlikely or not at all likely to use or recommend telehealth for their children in the future

18.8%
of young people reported they were somewhat or very likely to use crisis phone lines in the future

57.9%
were somewhat unlikely or not at all likely to use crisis phone lines in the future

41.7%
of parents reported they were somewhat or very likely to use or recommend crisis phone lines for their child in the future

25%
reported they were somewhat unlikely or not at all likely to use or recommend crisis phone lines for their children in the future

25.7%
of young people reported they were somewhat or very likely to use web chat services in the future

35.6%
of parents reported they were somewhat or very likely to use or recommend web chat services for their child in the future

37.3%
reported they were somewhat unlikely or not at all likely to use or recommend web chat services for their children in the future

25.7%
of young people reported they were somewhat or very likely to use digital mental health programs in the future

41.5%
were somewhat unlikely or not at all likely to use digital mental health programs in the future

38.5%
of parents reported they were somewhat or very likely to use or recommend digital mental health programs for their child in the future

33.9%
reported they were somewhat unlikely or not at all likely to use or recommend digital mental health programs for their children in the future

Preferences for future mental health service delivery

53.6%
of young people would prefer to receive a mix of face-to-face and non-face-to-face mental health support for their child in the future

54.2%
of parents would prefer to receive a mix of face-to-face and non-face-to-face mental health support for their child in the future

85.3%
of clinicians would prefer to deliver a combination of face-to-face and non-face-to-face mental health support in the future

42%
of young people

and

42.4%
of parents

would prefer face to face support for their child only

4.3%
of young people

and

3.4%
of parents

would prefer non-face-to-face support only for their child

11.8%
of clinicians would prefer to deliver face to face mental health support only

0%
clinicians would prefer to deliver non-face-to-face support only

‘On days when we are tired and stressed, we can zoom... on days when he needs to get out and the break helps me too, we can attend in person.’ (Parent)

‘I think a mix is important and takes the pressure off and allows breaks.’ (Female, age not provided)

‘Appointments, travel, work, study & family commitments make it challenging to always attend face to face. Having options and a combination is helpful.’ (Parent)

FUTURE MENTAL HEALTH SERVICE DELIVERY: CLINICIANS

Benefits of non-face-to-face service delivery

> ‘I like that it’s [telehealth] an option and I think it should stay an option to make therapy more accessible to people.’ (Clinical Psychologist)

> ‘While my preference is face to face counselling, having now provided telehealth counselling, I can see how it is a good option to have for particular clients – whether they be disengaged clients who lack access to transport, or clients who have issues leaving the house, due to social anxiety.’ (Mental Health Clinician)

> ‘MBS didn’t fund Telehealth for allied health, so it wasn’t used prior to COVID. Having the option of phone and screen to screen appointments has reduced DNAs [did not attends]. Especially where access to transport is an issue (frequent issue locally).’ (Occupational Therapist)

Barriers to non-face-to-face service delivery

> ‘I noticed that not all young people are adept or even like technology. Their response was varied, and highly individual.’ (Case Manager)

> ‘The frustrations we encountered with internet drop out was really frustrating and challenging and added to our stress levels and the stress levels of the clients. In one call, it was not unusual to have the screen freeze/pixilate up to 5 times, the audio to disappear – often at times when you are trying to discuss self-harm or suicide risk.’ (Clinical Psychologist)

Need for flexible and individualised service delivery options

> ‘Overall, it was a positive experience. I would like to see the option of telehealth to be provided ongoing, as for some young people I did find it increased their therapeutic engagement. For majority, they do prefer face to face. It would be great to provide all options so young people can choose what is most comfortable for them to access support.’ (Social Worker/Clinical Lead)

> ‘It can be great for some young people and terrible for others.’ (Case Worker)

> ‘Useful only as a last resort alternative. Safe only for established clients that are stable and lower risk.’ (Clinical Psychologist)

PARTICIPANT RECOMMENDATIONS FOR FUTURE MENTAL HEALTH SERVICE DELIVERY

Keep non-face-to-face services as an option

> ‘Just that this should be an ongoing option even as we move into the later stages of COVID-19.’ (Genderqueer, 24)

> ‘I think that keeping telehealth appointments as a permanent option will allow better access to mental health patients’ futures. It was incredible how many families we came across in a similar situation and every one of us had zero access to the right help (with a psychologist or psychiatrist) that now have appropriate access via telehealth.’ (Parent)

Improve technology support

> ‘Totally reliable internet links. I’d like turning on a VC [video call] to be as simple and predictable as turning on a tap and getting water.’ (Psychiatrist)

> ‘Having iPads/laptops available for young people to borrow or purchase cheaply.’ (Case Manager)

> ‘Better internet connection at clinics to support telehealth. I had to use my own phone and my own data to access a reliable connection.’ (Senior Clinical Psychologist)

> ‘Being able to provide families with data and tablets in order to connect with our most vulnerable families.’ (Case Manager)

> ‘Improved functionality that would allow sharing of documents. Integrate video with text functions etc. Generally better facilities in all clinic rooms.’ (Clinical Psychologist)

> ‘Greater training for staff and guidance on how to use therapeutic tools through this different medium. Greater resources for young people/carers to use e.g., having a phone they can use for the session/safe private spaces to communicate if they don’t have access to this kind of environment anywhere else/other access to technology.’ (Youth Counsellor/Intake Worker)

> ‘Quicker access to clinician support on the e-counselling web pages, particularly when in crisis. A video chat option would be good. Peer support chats facilitated by clinicians could be useful.’ (Youth Worker)

“ ‘Have crisis professional counselling with video available.’ (Male, 21)

“ ‘Have a way that kids can access without so many links and passwords needing to be remembered.’ (Parent)

Improve service accessibility

“ ‘One stop triage hub for all services.’ (Parent)

“ ‘LARGE gap in services available for young people who are 17, as they are no longer considered a child but not yet considered an adult and was one of the major hurdle that we had to try and overcome to get some assistance.’ (Parent)

“ ‘I wasn’t aware what was out there. It’s not out there to see. When I was searching not many non F2F options came up that weren’t just phone based.’ (Parent)

“ ‘Difficulty to regulate/navigate through who is reputable/recommended searching online – I would always want a professional recommendation and to be confident in the credentialing, accreditation and standards of the organisation/provider.’ (Parent)

Adapt and evolve future mental health service design

“ ‘Young people can engage more and be empowered by co-developing ways of supporting them in creative and sustainable deliveries.’ (Case Manager)

“ ‘A simple app designed exclusively for mental health that can connect from each registered facility, from each state that can be accessed in remote areas. By selecting the state, area, mental health facility, therapist. It could allow young people to book appointments online with any therapist and they could select face-to-face or via video call. Video call is via a secured network. Before and after each video call the client is requested to participate in a survey on how they are feeling. The therapist could send weekly mindfulness exercises (examples) attached to the client at the end of the client’s survey along with some links that are provided by the app that contain mindfulness meditation exercises.’ (Female, 22)

“ ‘Maybe having more private spaces people can go locally. So even if local libraries had private study rooms that could also be used for other things such as this, so that if people aren’t comfortable at home, they have other options.’ (Female, 19)

RESEARCHER RECOMMENDATIONS FOR FUTURE MENTAL HEALTH SERVICE DELIVERY

Continue to offer both **face-to-face and non-face-to-face service options** in the future to meet the needs of young people and their families.

Facilitate **flexible service delivery (including the option of blended face-to-face and non-face-to-face support)** to ensure young people and their families receive personalised care.

Ensure that **reliable internet is accessible and affordable to all people across WA,** including those in rural and remote regions.

Consider **funding models that support telehealth delivery** (e.g., reducing client costs associated with internet access and data usage).

Invest in **service improvements to expand and enhance platforms that facilitate digital service delivery.**

Offer **training to clinical staff** on how to maximise therapeutic alliance, manage safety concerns, and troubleshoot common technological issues when using telehealth.

Consult with a wide range of West Australian parents and young people around how to best meet their specific needs via a blended service delivery model.

Conclusion

Overall, the findings from this survey suggest that young people, parents, and clinicians would like to see a blended, flexible service delivery model consisting of both face-to-face and non-face-to-face options. Non-face-to-face service delivery was considered appealing due to factors such as the comfort of accessing care from home, the ease of scheduling appointments around other commitments, and being able to access additional support in between face-to-face appointments. Difficulties with technology were cited as key barrier for some. However, these difficulties could be overcome through developing infrastructure adept at meeting the needs of this service model, to improve accessibility and ease of use for both the clinician and the client. These findings are especially pertinent in the context of WA, as a well-resourced, blended model of care would improve the reach of services to clients living in rural and remote regions, as well as tailoring care to the needs of clients in metropolitan areas.