



The importance and benefits of youth participation in mental health settings from the perspective of the headspace Gosford Youth Alliance in Australia [☆]



Dominiek Coates ¹, Deborah Howe ^{*}

Central Coast Health District, Children and Young People's Mental Health, Prevention, Promotion and Early Intervention, Suite 1, Level 2, Gateway Centre, 237 Mann Street, Gosford, NSW 2250, Australia

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ABSTRACT

Objectives: Young people's participation in decision making that affects them is increasingly recognised and valued as a right. Youth participation in mental health settings is fundamental to service design and delivery, and is beneficial for the young people as well as the organisation. Headspace recognises the many benefits of youth participation with its national and local youth participation initiatives. In 2013, headspace Gosford in Australia established its current youth participation model, called the Youth Alliance (YA), consisting of 12 young people. These young people contribute ideas and opinions around service design and delivery, and participate in a range of activities.

Method: This paper presents the findings of a focus group conducted with the YA immediately following recruitment. All 12 young people participated in a two hour focus group which sought to identify the key reasons these young people joined the YA, and what they hope to achieve in their capacity of YA consultants.

Results: The two main reasons participants joined the YA are to help 'overcome barriers to help seeking and ensure young people get the support they need' and 'to build confidence, social skills and make new friends'. The barriers to help seeking identified by the participants are consistent with those outlined in the literature.

Conclusion: Youth participation in youth mental health settings is beneficial to young people as well as organisations and the community, and it is crucial that strategies are put in place to increase youth participation. The ways in which these young people perceive their participation as beneficial to themselves as well as the organisation and the community is the focus of this paper.

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1. Introduction

Young people's participation in decision making that affects them has become widely valued and respected as a right. Increasingly, youth participation in mental health settings is recognised as fundamental to service design and delivery (Monson & Thurley, 2011; Muir, Powell, & McDermott, 2012; Wong, Zimmerman, & Parker, 2010).

The aim of youth participation is to empower and engage young people around issues that are relevant to them. Participation may take on a variety of forms, but includes the contribution of ideas, opinions and feedback to an organisation, and participation in a range of activities. Effective youth participation ensures that young people are included

as active valued members of a team and not just engaged in a passive capacity or given token roles (Checkoway, 2011).

Youth participation is beneficial for both the individual and the organisation. Youth participation is beneficial for the young person as it facilitates the development of social skills and self-esteem (Checkoway, 2011; Head, 2011), and has been found to be pivotal to recovery from mental health issues (Laws, 1998). Youth participation allows for young people to gain skills and a sense of empowerment and make healthy connections with positive role models (Mokwena, 2006; Revans, 2009). Young people who engage in meaningful youth participation often have an enhanced sense of belonging and feelings of being valued, which can contribute to positive mental health (Oliver, Collin, Burns, & Nicholas, 2006). Specific to mental health settings, youth participation enhances mental health literacy, which in turn protects against the further development or onset of mental health issues (Edwards, Wood, Davies, & Edwards, 2012). Youth participation is also beneficial to organisations as young people are creative and can draw on their personal experiences to make valuable contributions (Gray, 2002). They can help make services more responsive and accessible to young people and challenge existing presumptions about what

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^{*} Corresponding author. Tel.: +61 2 4328 7332; fax: +61 2 4304 7800.

E-mail addresses: Dominiek.Coates@health.nsw.gov.au (D. Coates),

Deborah.Howe@health.nsw.gov.au (D. Howe).

¹ Tel.: +61 2 4328 7332; fax: +61 2 4304 7800.

young people need, and in turn increase service credibility (Mokwena, 2006; Revans, 2009).

Headspace recognises youth participation as fundamental to the delivery of quality services for young people with its national and local youth participation initiatives. Headspace is Australia's National Youth Mental Health Foundation. Headspace offers services to young people aged 12–25 years who may be experiencing mental health and/or drug and alcohol issues. Headspace provides young people with meaningful opportunities to directly participate and collaborate with its services and encourages the development of new and innovative models of youth participation within headspace platforms.

In 2013 headspace Gosford on the Central Coast in New South Wales (NSW), Australia, re-established its youth participation model, called the Youth Alliance (YA), which had ceased in 2009 (for an overview of the previous model see Howe, Batchelor and Bochynska (2011)). Headspace Gosford is under the governance of Children and Young People's Mental Health (CYPMH) which is a service of the Central Coast Local Health District (CCLHD). Headspace Gosford re-developed its youth participation model, informed by both the lessons learned from the previous YA (2007–2009) (Howe et al., 2011) and an in-depth review of the literature (Checkoway, 2011; Hart, 1992; James, 2007; Muir et al., 2009; Oliver et al., 2006; Shier, 2001; Treseder, 1997). The current model of participation has a variety of levels of participation, so that the degree to which young people participate can vary depending on the projects and the availability or interest level of the young people. While the implementation of the YA is still in its early stages, thus far these young people have attended a number of YA meetings and have been involved in a number of community awareness and fundraising events. As the YA becomes fully implemented, YA consultants are expected to attend monthly meetings, participate in community awareness events, be available for consultation by the service as required, be involved in focus groups and consultations that direct local services, and develop and/or participate in projects.

In August 2013, the new headspace Gosford YA was formed, consisting of 12 YA consultants. This followed a recruitment process which included advertising, information sessions and written applications. Young people aged 16–25 who live on the Central Coast, NSW, and are passionate about youth mental health were invited to complete an application form outlining their reasons for wanting to become a YA consultant. The recruitment focussed on ensuring young people from diverse backgrounds including those from minority and marginalised populations were recruited. Thirty eight applications were received of which 21 young people were identified as from minority groups, CYPMH and headspace users and those who self-identify as having personal experience with mental health issues and invited to a "meet & greet". The remaining applicants were predominantly psychology students wishing to gain work experience in mental health; providing they did not report personal experience with mental health they were excluded. The "meet and greet" served as an exercise to measure motivation and allowed for initial attrition. Eighteen applicants attended, all of which were invited to be part of the YA in a voluntary capacity and given vouchers for their participation. Thirteen accepted the invitation, of which 12 have continued to form the current YA. Efforts were made to gain feedback from those young people who were invited to participate but declined participation or failed to show up. The majority of these young people were hard to contact and failed to return follow-up calls; the few young people that were contacted commented that they had "*decided to do something else instead*".

Of these 12 young people, 7 are females and 5 males, ages range from 15 to 23 (mean age of 18.9), ten live with their parents and two live in a refuge. Nine young people are at school, TAFE or University, two are employed and one is looking for employment. Eight have a current mental health problem and four have had mental health issues in the past. One person has no current or previous personal experience with mental illness, but is a carer of a parent with a mental illness. Diagnoses include anxiety, depression, post-traumatic stress disorder, eating

disorder, and borderline personality disorder (some participants had multiple diagnoses). Nine have a family member with mental health problems. Seven YA consultants currently, or have previously, accessed mental health services. The objective of engaging a diverse group of young people who have personal experience with mental illness was met.

This paper presents the findings of a focus group conducted with the YA immediately following recruitment which sought to identify the key reasons these young people joined the YA and what they hope to achieve in their capacity of YA consultants.

2. Methodology

All 12 young people participated in a 2 hour focus group in September 2013, shortly after commencement of the project. The focus group was conducted onsite by the research officer at CYPMH who was previously unknown to the participants. The focus group was part of the ongoing evaluation of this project.

Questions focussed on the young people's expectation of the YA, why they had joined and what they would like to achieve. Even though the researcher had prepared a list of topics, the majority of the questions were answered naturally throughout the 'focus group conversation'. The focus group was carried out in a manner that allows the young people to freely express their opinions without pressure (Lambarth, 2002).

The focus group was recorded and transcribed verbatim. The transcript was coded with 'NVivo' to identify key themes.

Approval for this study was received by the Hunter New England Human Research Ethics Committee of Hunter New England Local Health District. All participants were provided with an information statement and consent form. Participants were assured of their anonymity and that participation or their decision not to participate will not in any way impact on their involvement with the YA or headspace. Each participant was given a \$40 voucher for their participation.

3. Findings

Analysis identified a number of reasons the young people joined the YA, and ways in which they perceive their participation as beneficial to themselves as well as headspace and the community.

The key reason these young people joined the YA is because they are passionate about youth mental health. They believe that young people continue to experience significant barriers to help seeking, barriers which they are hoping to help overcome in their capacity of YA consultants. This suggestion that young people experience barriers to help seeking and do not receive the support they need is supported by the literature (Reavley, Cvetkovski, Jorm, & Lubman, 2010). Research shows that up to 71% of adolescents with a diagnosable mental disorder do not receive professional help, and even when adolescents' parents report that they believe treatment is required, nearly half do not receive help (Sawyer et al., 2000).

From the perspective of the YA consultants the most significant barriers to help seeking for young people is the stigma associated with mental health problems; poor mental health literacy in schools and at home; insufficient visibility and acceptability of youth mental health services; fear of disappointing parents; and the strong desire in young people to be perceived as 'normal' and to 'fit in'. Analysis of the focus group identified key ways in which the YA consultants hope to help overcome these barriers.

While these young people are committed to making a difference for other young people, they recognise that participation also holds personal benefits. The most common 'personal' reasons for joining the YA were the opportunity to make like-minded friends, build social skills and networks in a safe way and learn to better support their peers. In addition, a number of young people commented that being part of the YA is "*a good way to build new skills and work experience, and it looks great on a*

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