

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

What did the project aim to do?

COVID-19 was declared a global pandemic on 11 March 2020. In the following weeks, Western Australia experienced a 'soft lockdown' that saw schools temporarily close, state borders shut down and interstate travellers ordered to self-isolate on arrival. Gatherings of more than two people were also banned and everyone was encouraged to stay at home.

Community transmission of COVID-19 was eliminated in WA by 11 April 2020 and COVID-19 restrictions began to ease on 27 April, though some were maintained for years after they were put in place. State-wide mental health services rapidly responded to the restrictions by quickly adopting ways of delivering their service remotely; for example, using telephone calls or online video call platforms. The delivery of healthcare and health information services using these kinds of remote technology is called 'telehealth'.

Embrace @ Telethon Kids Institute aimed to better understand the experience of using non-face-to-face mental health services (including telehealth services, digital mental health programs, helpline and webchat services) during this period, from the perspectives of young people, parents, carers and mental health professionals in WA. To do this, the team developed and conducted a survey that could be completed by people across the state.

All stages of the project, including the stakeholder advisory groups and survey dissemination, took place online.



Who took part? What did they do?

To inform the design of the survey, stakeholder advisory groups of WA residents were held with:

1. Young people aged 14-25 years
2. Parents/carers of infants, children and young people aged 0-25 years
3. Clinicians
4. Child and youth mental health sector administrators and executives

In total, 84 young people, 68 parents and 167 mental health professionals completed the survey. The majority of mental health professionals had 1-5 years of experience and were mainly psychologists, social workers, case managers and nurses. More information about the survey participants is presented in the table on this page.

Most participants were from the Perth metropolitan area in WA. Other participants came from the Peel region, the South-west, the Kimberley, the Pilbara, the Mid-West, the Wheatbelt and Goldfields-Esperance in WA.

Young People	
Mean age	20.5 years
Gender (%)	
Female	17.9
Male	14.8
Non-binary	6.2
Background (%)	
Aboriginal or Torres Strait Islander	6.1
Refugee or migrant	14.8
Sexual orientation (%)	
Heterosexual	61.8
LGBTQIA+	31.5
Did not disclose	6.6
Parents	
Mean age	44.1 years
Gender	
Female	95.5
Male	4.5
Background	
Aboriginal or Torres Strait Islander	6.1
Refugee or migrant	22.4
Mental health professionals	
Gender	
Female	81.6
Male	15.8
Non-binary	2.7
Sector	
Public	36.7
Private	11.4
Non-government	51.8

What were the results?

Experiences of using telehealth services during social distancing restrictions

The majority of young people who experienced mental health difficulties reported that these got worse during social distancing restrictions.

More young people used telehealth services, digital mental health programs and webchat services during the social distancing restrictions compared to before the restrictions. Similar trends were reported by parents using the services on behalf of their child. In addition, before the restrictions, less than half of the mental health professionals who participated in the survey offered non face-to-face mental health services, compared to almost 90% during the restrictions.

Around a third of mental health professionals felt that telehealth services were only helpful for existing clients, as the therapeutic relationship had already been established in person. It was also noted that certain characteristics may result in a client being less suited to telehealth services (language difficulties, traits of autism or ADHD, unsafe home environments or self-consciousness about their appearance, for example). Other clients may be more suited to telehealth services, such as those that live in regional or remote areas, have access to reliable technology, have less complex mental health presentations or are socially anxious.

The views of mental health professionals were similar to the reflections from parents and young people. Over a third of young people and over half of parents were concerned that clinicians would not be able to get a 'complete sense' of how they/their child were doing via telehealth. Other barriers to telehealth services included the complexity of the problems being experienced, lack of privacy at home, technology issues and a general sense that it was harder to relate to clinicians or get into the 'right head space' when using remote services at home. On the other hand, some parents and young people preferred telehealth services. For example, they felt more comfortable in their own space and found services easier to access and more affordable.

Future mental health service delivery

A higher proportion of young people felt that they would not use telehealth services in the future, compared to the proportion young people who reported that they were likely to do so. This trend was reversed among parents; a greater proportion of parents felt that they were likely to use telehealth services for their child in the future, compared to those that were unlikely to do so.

While parents and young people differed in their views on using telehealth services again, they were similar in their preference for a mix of face-to-face and non-face-to-face mental health support in the future: a small majority of both groups felt that this blended approach would be their preference. When asked about whether only face-to-face or non-face-to-face services would be preferable, a clear inclination towards only face-to-face services was reported by both young people and parents.

Overall, the findings of this project indicate that mental health services should continue to offer face-to-face services to their clients. This should include 'blended' options to suit the needs of the young person (and parents/carers, if applicable). A clear need for investment in reliable internet connection across WA is evident, alongside service improvements to expand and improve digital service platforms in consultation with young people and parents.

What next?

The findings of this project may be useful to inform service planning and improvements to mental health services.

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