



**GROW WELL  
LIVE WELL**

# Connection is the Key

**YOUNG PEOPLE'S WELLBEING IN PALMERSTON**

## RESEARCH REPORT

A Grow Well Live Well Action Group collaboration.

Authored by Gretchen Ennis in collaboration with Naomi Brennan, Sally Weir, Damien Mick, Erin Reilly and Ella Delarue. 2 November 2021





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## Acknowledgment of country

Grow Well Live Well acknowledges the Larrakia people as the traditional owners and custodians of Palmerston. We recognise the Larrakia people as having continuing connection to their lands, waters, families and communities.

We also pay our respects to all Aboriginal and Torres Strait Islander people and recognise their rich cultures and their continuing connection to land and water. We pay our respect to their Elders past, present and emerging. It always was and always will be, Aboriginal land.

## Improving young people's wellbeing in Palmerston project

### Introduction

This research report is the final report documenting the results of the Improving the Wellbeing and Mental Health of young people in Palmerston project. This is a collaboration project of Grow Well Live Well, Youth Wellbeing Action Group (YWAG). The report brings together the perspectives of Palmerston's young people and community members with service networks and a review of the existing literature. This report is focused on exploring two interrelated questions:

**What helps young people sustain their social and emotional wellbeing?**

**How can young people's social and emotional wellbeing be strengthened in Palmerston?**

Using a Developmental Systems Theory approach to organise our thinking, the research has explored the risk factors and the protective assets related to young people's social and emotional wellbeing in Palmerston. The barriers and enablers to mental health and wellbeing support in Palmerston have also been examined.

This research provides the evidence needed to inform positive change and improvement in youth mental health and wellbeing in Palmerston. It can guide collective action to effect social and system change.

The report was written by Gretchen Ennis (Useful Projects) in collaboration with Naomi Brennan and Ella Delarue (Grow Well Live Well), Sally Weir, (co-convenor of the Youth Wellbeing Action Group), discussion group facilitators Erin Reily and Damien Mick.





## Report in brief

This report brings together the voices of 133 young people, 32 adult community members, and 38 service network representatives on the topic of young people's social and emotional wellbeing in Palmerston.

This combined wealth of expertise and experience provides a strong understanding of two related topics:

**What protects young people's social and emotional wellbeing in Palmerston, and what might put it at risk.**

**What enables young people to access support for their mental health and wellbeing, and what creates barriers to support.**

Summarising the extensive input of young people, community, and the service network gathered over a three-year period is no easy task, and what you will find in this report is based on work that has been documented in three earlier reports. Visit [www.gwlw.org.au](http://www.gwlw.org.au) to download all related reports if you would like more information on particular aspects of the project. To get started, here are some of the key messages that come through loud and clear.

**133** YOUNG PEOPLE 

**32**  COMMUNITY MEMBERS

**38** SERVICE NETWORK REPRESENTATIVES 



# What we heard from young people

## WHAT **PROTECTS** YOUNG PEOPLE'S WELLBEING IN PALMERSTON?

Connection is the key! From a positive connection to identity, family, school and community, through to a sense of belonging and trust in the broader social systems, young people need supportive, safe, encouraging, inspiring and consistent connections. This includes:

- A strong sense of 'who you are' (identity) and feeling confident and valued as a person.
- A sense of meaning (or spirituality) and connection to your culture, elders or leaders, traditions and rituals.
- A supportive family that strives to meet your social and emotional needs.
- A safe home with consistent access to good food, shelter, and comfort.
- A network of positive friendships.
- Being able to connect with nature and/or country through meaningful activities (camping, walking, sports and recreation, cultural activities involving family and community).
- Access to technology and the online world for information, inspiration, and connection to others.
- Access to great community facilities such as sports grounds, pools, arts and recreation spaces, libraries, markets and other youth-friendly activities, events and spaces; where connection takes place.
- Supportive schools and school-based programs that value young people, their families and community and work with their strengths.
- A community that recognises young people's strengths and links them to adult role models, mentors and leaders.
- Positive options for the future: Knowing you will have a home, safety, good relationships, access to training, study, employment and a wide range of opportunities.



## WHAT PUTS YOUNG PEOPLE'S WELLBEING AT **RISK**?

The risks highlight the flip side of the protective assets listed above, with linkages from individual experiences through to local and global scale issues. These include:

- Feelings of self-doubt, not belonging, a lack of confidence and insecurity.
- Struggling with meaning or purpose in life.
- Difficulties in expressing yourself (emotions in particular).
- Family violence and addiction, and unsafe homes.
- Ongoing exposure to 'haters' and bullying (in person and online) and people who are negative about young people in Palmerston.
- School related stress such as pressure around grades, balancing school with working, caring responsibilities and family issues, and difficult relationships with teachers and other staff.
- The negative aspects of the online world (social media and gaming) including celebrity culture and body image, harassment, and bullying.
- A sense of hopelessness and fear about ongoing community and society issues such as crime, violence and poverty.
- Worries about the future in general. This includes a lack of trust in social systems (government, media), and global issues such as climate change and Covid-19.

“ Music holds memories and gets you in touch with your feelings. ”

Youth survey participant (74% of young people surveyed said music made them feel good about themselves).



## WHAT **ENABLES** ACCESS TO SUPPORT WHEN YOUNG PEOPLE NEED IT?

A range of factors enable access to support when young people need it:

- Being able to express your feelings and having trust and confidence in your family and friends to be there when you ask for help.
- Having supportive friends who are there for you and will listen to your worries.
- Having a family with the skills, knowledge, and willingness to help you get formal support.
- Links to supportive schools where young people feel safe, included, and encouraged to turn to staff for assistance.
- Easy access to consistent, reliable, and relatable (non-judgemental, culturally safe and inclusive) services.
- Easy and quick access to a flexible, trauma-informed, well-trained, youth focused mental health service system (with coordinated, multidisciplinary specialist teams when needed).
- Services that acknowledge and support the role of community and family in their work with young people, and are inclusive of family and community in their practice (and are culturally and linguistically diverse).
- Access to generalist/non-labelling youth spaces with staff/mentors who have experienced similar life issues and circumstances and will 'be there' for young people.
- A non-judgemental community and society, where there is no shame or stigma associated with mental health problems.

## WHAT CREATES **BARRIERS** TO YOUNG PEOPLE'S HELP SEEKING?

Stigma about mental health problems is a major barrier, this included fear of labelling and being judged negatively. Other barriers include:

- Difficulties expressing yourself and not knowing if you have a problem.
- Feeling no-one will be able to help you, the problems are too big, or you don't want to worry others.
- Distrust of the service system (maybe things could get worse for your family or community).
- Experiencing discrimination, a lack respect or understanding.
- Not knowing how to access supports, or frustration with waitlists and lack of services.
- A feeling of hopelessness related to community and social issues (crime and violence, climate change, poverty, discrimination).
- Under-resourcing of mental health services and an overstretched, crisis-driven service system.

“ Keeping active is healthy for the brain and body. It trains your mind and strengthens your muscles. ”



Palmerston College student.



## Grow Well Live Well Recommendations

Listening to young people, we heard what needs to change to improve young people's wellbeing in Palmerston. To reach that goal, we recommend for Palmerston community members and service providers work together with young people, their families and friends to:

### **STRENGTHEN SUPPORT AND CONNECTION FOR YOUNG PEOPLE**

Support from family, friends and social groups (sport, interest, activities) is most protective for young people to have good wellbeing. Young people need access and connections to mentors and community leaders that can link them to the people and support they need.

### **REDUCE SCHOOL RELATED STRESS**

Young people identify the main risk to their social and emotional wellbeing is school related stress and worry.

### **BUILD TRUST AND CONNECTION BETWEEN YOUNG PEOPLE AND SERVICES**

Young people and families need easy access to consistent services that are non-judgemental, culturally safe, flexible and trauma-informed. Large risk factor. "Inadequate family income results in other risk factors being present that include a lack of access to high quality education, health care and safe neighbourhoods" (Vimont, 2012, pp. 506-507).

We encourage you to dig deeper into the areas that interest you, and to view this report as a resource to inform and guide actions to support our young people in Palmerston.





# Strong Mind, Heart and body!





# Defining terms and concepts

## WELLBEING

In this report the shorter term 'wellbeing' refers to a broader social and emotional wellbeing. This is a holistic concept that includes mental health and illness, but also embraces the importance of connection to land, culture, spirituality, and ancestry, and how these affect the wellbeing of the individual and the community (Gee et al. 2014).

## MENTAL HEALTH

The World Health Organization (WHO, 2016 n.p.) defines mental health as *"a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."*

## YOUNG PEOPLE

The term 'young people' has been used in this review. Other terms used in the literature include 'adolescent' and 'youth'. While the age range for 'young people' varies, it generally includes 10- to 25-year-old people.

## RISK FACTORS

Risk factors can be thought of as "those characteristics, variables, or hazards that, if present for a given individual, make it more likely that this individual, rather than someone selected at random from the general population, will develop a disorder" (Mrazek and Haggerty 1994, p. 120). Risk factors are associated with negative outcomes (the higher the risk factor, the worse the expected outcome). In young people, risk factors are often thought about in terms of behaviours, but also "include demographic features of the individual, neighbourhoods and communities, as well as behaviours manifested within various levels of the ecological system". Economic deprivation is a large risk factor. "Inadequate family income results in other risk factors being present that include a lack of access to high quality education, health care and safe neighbourhoods" (Vimont, 2012, pp. 506-507).

## PROTECTIVE FACTORS (or assets)

In this report we have used both terms 'assets' and 'protective factors' – often interchangeably. This is because there is more debate about protective factors than there is with risk factors. Protective factors are mostly conceptualized as *"variables that reduce the risk for a negative outcome associated with a risk factor"* (Magnusson and Stattin 1998). Protective factors are things that *"reduce the chances of problem behaviour occurring while in the presence of risk factors. If a protective factor is present the risk should be smaller, and conversely, if the protective factor is missing the risk should be greater"*. If there are no risk factors at all, the protective factors don't appear to provide any additional benefits to a young person or community (Vimont, 2012, p. 507). The idea of an 'asset' as something valuable, strengthening and important in a young person's life is explained further below.

## DEVELOPMENTAL SYSTEMS THEORY – an assets approach

Because protective factors may only be useful if there are risk factors present, it could be more useful to think in terms of 'youth developmental assets' that are good for all, not only young people with high risk factors. This argument is made by Vimont (2012, p.507) where he states that resilience can be thought of as *"maintenance of positive adjustment using positive factors to minimize the threats of risk factors."* Vimont points out that: *"Assets, however, exist independent from risk factors. This understanding provides for the universal application of youth developmental assets rather than being targeted only to those adolescents viewed as at-risk and in need of protective factors"*.



## Background to the research project

**GWLW Action Group involves community members and service providers including NT PHN (Primary Health Network), Somerville Community Services, the Department of the Chief Minister and Cabinet Youth Program Coordinator, Save the Children, Australian Red Cross NT, Team Health and headspace Darwin and supported by the GWLW Backbone Team.**

**A mini lab of collaboration partners began working to design a detailed approach to consult with young people in Palmerston about youth mental health.**

The research was facilitated and funded by Palmerston's collective impact initiative, Grow Well Live Well (GWLW). GWLW brings the Palmerston community and local services together to work as a team to support children, young people and their families. The project emerged from the GWLW Youth Wellbeing Action Group (YWAG), which works towards improving youth mental health in Palmerston (a key action area identified in the GWLW Community Action Plan). GWLW Action groups bring community members, the GWLW Backbone Team, and the service system together to contribute their time, expertise, and experiences to develop and implement strategies for positive change. The purpose of this Action Group is to support a service system for children, young people and families that is accessible, coordinated, responsive to community needs and has no gaps.

In April 2019 the YWAG Action Group commenced a collaborative project titled Contribute, Collect and Communicate - Improving outcomes in youth mental health in Palmerston. The project is based on Participatory Action Research ideas and collective, self-reflective inquiry. Using the NT PHN's Quadruple Aim Outcome Framework, the Youth Wellbeing Action Group hosted a series of key informant workshops and community consultations from July 2019. When asked their views on the best way for young people to share their voice about mental health and wellbeing the majority of respondents felt group conversations and on-line participation would be the best methods.

From July 2020, GWLW held Palmerston based service network consultation forums gathering information about youth mental health across four different service networks: youth, early childhood, culturally and linguistically diverse (CALD) and disability. A total of 38 people participated in six consultation forums, sharing local community knowledge and experiences, to improve the mental health and wellbeing of young people in Palmerston.


In September 2020 GWLW hosted a Co-Design Workshop, bringing together 13 co-design partners from 12 agencies and government partners across eight sectors: expanding the youth mental health collaboration partners to 65 in that period. Workshop participants reviewed the network consultation data focusing on the quadrant 'improve the consumer experience for young people (and their families)'. Review and reflection of the data generated creative thinking, drawing out suggestions to inform the youth consultation framework, with four key recommendations: a research and theory logic, an outcome-based survey approach, focused youth groups and a flexible multi-pronged survey method.

A mini lab of collaboration partners began working to design a detailed approach to consult with young people in Palmerston about youth mental health. Partnering with Griffith University, the GWLW Backbone Team (with the support of local researcher, report author, Gretchen Ennis) sought to explore current youth mental health social provision in Palmerston, and to understand the system journey including its strengths, challenges, and barriers.

A literature review was completed to contextualize the issues. The themes and patterns identified guided the next phase of the research which was to engage with young people and community using a web-based questionnaire and youth discussion groups. Research instruments (web-based survey and discussion guides) were developed collaboratively with the Grow Well Live, Strengthening Service Delivery Team, the Youth Consultation Co-Design Team and Useful Projects. Data gathering was carried out from July to September 2021, with analysis completed in October 2021.

Each of these elements has been brought together to inform this report.





Palmerston young  
volunteers supporting  
ChangeFest NT 21

## The 4 components of the research

This research report focuses on exploring two interrelated questions:

- What helps young people sustain their social and emotional wellbeing?
- How can young people's social and emotional wellbeing be strengthened in Palmerston?

Using a developmental systems theory approach to inform our thinking, the research aims to explore and understand:

- The risk factors and protective assets related to young people's social and emotional wellbeing in Palmerston
- The barriers and enablers to mental health and wellbeing support in Palmerston

To achieve these aims, four interrelated research components were completed:

### 1. SERVICE NETWORK CONSULTATIONS

GWLW held service network consultation forums from July 2020, with 38 people participating in six consultation forums. The consultations focused on the question: "What would a great mental health system for young people in Palmerston look like in five years time?" Data was analysed using the NT Primary Health Networks Quadruple Aim Framework, and later, after the literature review and some thinking about theory, re-analysed using a developmental systems theory lens.

### 2. LITERATURE REVIEW

A narrative review method was used to explore over 50 journal articles and government reports in March 2021. It was used to identify patterns and trends in the literature (which included research, theory and critique) so that a general understanding of the topic area could be gained. It was not a systematic review which seeks to include all available literature (such an undertaking was beyond the scope of this project). We wanted to understand what was already known about how young people maintain wellbeing in general terms. Four focus questions were formed, based on an initial exploration of relevant theory.

- What builds mental health and wellbeing in young people?
- What negatively impacts young people's wellbeing?
- What enables young people to access mental health support?
- What are the barriers to accessing support?

**What helps young people sustain their social and emotional wellbeing?**

**How can young people's social and emotional wellbeing be strengthened in Palmerston?**

**8 DISCUSSION GROUPS** 

**65 YOUNG PEOPLE PARTICIPATED** 

100 

**PEOPLE COMPLETED THE  
PALMERSTON COMMUNITY  
SURVEY**

### 3. DISCUSSION GROUPS WITH YOUNG PEOPLE

Eight discussion groups were held between 20 July and 15 September 2021. 65 young people participated in the groups which ranged in size from three to 15 young people. The groups explored the protective assets and risk factors for young people's wellbeing in Palmerston, as well as the barriers and enablers to accessing help when it is needed.

A wide range of youth focused activities, services and programs in Palmerston were invited to participate in Youth Wellbeing Discussions. The aim was to engage a diverse group of young people, including potentially 'hard to reach' young people who may not usually get to express their views.

Damien Mick from IBC Community Services, and Erin Reilly from Akaperte Consulting facilitated the discussion groups. Both Damien and Erin are local Indigenous facilitators, with strong links to the community and professional expertise in working with young people.

### 4. COMMUNITY SURVEY

100 people completed the Palmerston community survey including 68 young people (under 26 years old). The survey explored views about the risk factors and the protective assets in young people's lives and the enablers and barriers to help when it's needed. The survey was available in both paper format and online from 12 July to 20 August 2021. It was promoted via a poster in public places across Palmerston, at Palmerston's Friday Night Markets and through Grow Well Live Well's community and service networks. Three young people were engaged as 'survey ambassadors', who promoted the survey through their networks.

## Strengths and Limitations of the research

This research project has evolved in an organic way since 2019. The collaborative focus and participatory methods are the great strength of the research, ensuring input and participation from diverse stakeholders in a range of different ways. Collaboration has meant engagement with many parts of the service system, as well as community members, leaders and young people who are not always easy to reach. Collaboration has also meant coming to a consensus about the research focus, methods, data gathering and analysis, and ensuring the active participation of services, community and young people in each of these aspects of the project. This involvement, over a period of almost three years, is rare and meaningful, making the research truly community-based.

The limitations of the research are the flip side of the strengths. Because the project involved such a wealth of stakeholders input, there were challenges with developing a focus for the project as a whole (there are many aspects of youth wellbeing to be explored!). The various sets of data were collected with slightly different foci, by different people at different points in time. Summarising this rich body of information in this final report has meant sacrificing some of the depth in our attempt to develop key ideas to share. A further strength is the ongoing input of core guiding partners who have overseen the project through from start to completion (Naomi Brennan and Sally Weir). This has helped to tie each aspect together into a useful, community-based, participatory project that aims to inform positive change in youth wellbeing in Palmerston.



Palmerston's Football  
Without Barriers future  
champion

# Overview of the Literature: theory & existing research

The literature review involved looking at relevant theory to help frame the project, and later reviewing a selection of reports and published research papers to better understand the landscape the project sits within. Theory is presented first, as it informs the presentation of the research literature.

## THEORIES

Members of the GWLW co-design team considered a range of frameworks and ideas that could inform our thinking, the theories used in the project are briefly summarised here.

### Systems thinking

The idea of 'systems' thinking can be very useful (drawing from Bronfen-brenner's Ecological Systems Theory and encompassing later iterations such as Germain & Gitterman's Life Model of Social Work Practice). This means we understand individuals in a holistic sense, where context matters. People are 'nested' within many layers of a system which effect each other in various ways. Below is a generic systems model we have used to help make sense of the ideas.



Figure 1. Systems model.

### Developmental Systems Theory – an assets approach

Developmental Systems Theory (DST) views development as a process where change occurs not only within the individual but also within the layers of the environment within which the individual exists (Vimont, 2012). DST views individuals as complex systems that exist within other complex systems. This means that if change happens in any part of the system (the individual, or their environment) it can bring about change in the other parts.

Through this way of thinking, it is neither a person's internal characteristics or their external environment that helps or hinders their life functioning and development, rather it is the structure of the system, what is available within it, and the patterns of what occurs across the layers (Ford and Lerner 1992, pp. 55–56). DST can be useful for thinking about lots of different cultures and value systems because:

*"The theory takes a neutral stance on what kinds of development are to be valued over others, appreciating the cultural component of what is viewed as being an ideal outcome. Yet, the central question remains regarding how to optimize outcomes for children as they develop into adults." (Vimont, 2012, p. 502)*

Developmental Systems Theory highlights the complexity of human behaviour and does not reduce behaviour to a linear cause and effect relationship. There is a focus on the multi-directional, interactional web of causation between systems at different levels which creates a dynamic force to explore, examine and explain youth development and behaviour. DST also acknowledges that each level of a system is influenced by time, as people and social circumstances change across time.



**Developmental Systems Theory highlights the complexity of human behaviour and does not reduce behaviour to a linear cause and effect relationship.**

**Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health.**

The theory also has a focus on how we can identify and explore current and potential 'assets' (protective factors, or things that can make us stronger) at every level of the system ranging from the biological and psychological make-up of a young person, right through to the cultural context in which the youth reside. This understanding of the intertwined links between social problems, local issues, family and persona; problems can be very helpful, because change at one level will impact all the other levels. It also makes the application of Developmental Systems Theory and youth assets ideal for community-based intervention (Vimont, 2012, p. 511).

### ***Aboriginal and Torres Strait Islander Social & Emotional Wellbeing Framework***

There have been quite a few frameworks developed to support Aboriginal and Torres Strait Islander wellbeing over recent years. "One of the most comprehensive frameworks is the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023, which has a foundation of development over many years" (Smith et al, 2019, p. 52). There are nine guiding principles in this framework:

#### **1. Health as a holistic concept:**

Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill-health will persist.

#### **2. The right to self-determination:**

Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services and considered a fundamental human right.

#### **3. The need for cultural understanding:**

Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health concerns more specifically. This necessitates a culturally safe and responsive approach through health programs and service delivery.

#### **4. The impact of history in trauma and loss:**

It must be recognised that the experiences of trauma and loss, a direct result of colonialism, are an outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational impacts.

#### **5. Recognition of human rights:**

The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (in contrast to mental illness/ill health). Human rights specifically relevant to mental illness must be addressed.

#### **6. The impact of racism and stigma:**

Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

### 7. Recognition of the centrality of kinship:

The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

### 8. Recognition of cultural diversity:

There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinship systems and tribes. Furthermore, Aboriginal and Torres Strait Islander people live in a range of urban, rural or remote settings where expressions of culture and identity may differ.

### 9. Recognition of Aboriginal strengths:

Aboriginal and Torres Strait Islander people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment (Smith et.al. 2019, p.52).

## REVIEWING THE EXISTING RESEARCH

Bringing these concepts and frameworks together helped us to conceptualize what it is that GWLW wanted to explore with this research project, and how the research with young people and community should take place. It was agreed to prioritise the following aspects of youth wellbeing:

- What builds mental health and wellbeing in young people (assets)?
- What negatively impacts young people's wellbeing (risks)?
- What enables young people to access support?
- What are the barriers to accessing support?

Our next step was to explore International and Australian literature, mostly from the past decade (please see full literature review report available from GWLW). A brief summary of what we found is presented in the table below. The literature is presented within a systems lens, looking at protective assets and risk factors, as well as barriers and enablers to accessing support across the four interrelated levels of a young person's system.

1. individual level
2. family & friends
3. services, school & community
4. socio-cultural




Much of the literature fits into more than one level, which reinforces the way in which levels are nested within each other, and the interrelationships across levels.



# Section 1

## What we found in the literature

Using systems thinking to summarise the literature reviewed: Assets, risks, barrier & enablers

	ASSETS THAT CREATE WELLBEING (PROTECTIVE)	RISKS TO WELLBEING	BARRIERS TO SUPPORT	ENABLERS FOR SUPPORT
<b>Individual level</b> 	A strong sense of identity (Christmas, 2021; Khanlou et al., 2018; Richards et al., 2018)	Experiencing a lot of stress (Tiller et al., 2020)	Mental health literacy gaps – inability to identify and describe feelings/emotions (Coates et al., 2019; Rickwood et al 2005)	Being aware of, and able to appraise & express symptoms to others, good mental health literacy (Coates, 2019; Goodwin, 2016; Rickwood et al 2005)
	A sense of hope about the future (Lenz, 2021; Tiller et al., 2020)	Fear about the future (e.g. climate change, Covid-19, conflicts, life options, poverty) (Tiller et al., 2020)	Help negation/feeling 'no one can help' (not using what's on offer) (Rickwood et al 2005)	Willingness to seek out help and disclose problems (Goodwin, 2016; Rickwood et al 2005)
	Valuing mental health & wellbeing (Carlisle et al 2018 in AIHW 2020)		Stigma about mental health (self) (Coates et al., 2019)	Positive previous help-seeking experience (Rickwood et al 2005)
			Being young <17 (comfort with support seeking increases with age) (Coates et al., 2019)	
<b>Family &amp; Friends level</b> 	Supportive, safe family (Rickwood et al, 2005; Tiller et al, 2020; (Umberson & Thomeer, 2020)	Unsafe, unsupportive family environment (Rickwood et al, 2005; Tiller et al, 2020; (Umberson & Thomeer, 2020)	Negative attitudes and beliefs about professional help in close networks (Christmas, 2021; Rickwood et al 2005)	Positive social influences/ messages about help seeking (Rickwood et al 2005)
	Supportive friends (Rickwood et al, 2005; Sapiro & Ward, 2020; Tiller et al, 2020)	Isolation, marginalization (Sapiro & Ward, 2020)	Stigma about mental health problems in close networks (Christmas, 2021; Rickwood et al 2005)	Access to mental health supports (including training) for the whole family of the young person (Tiller et al. 2020; Jorm et al., 2019)
			Lack of mental health literacy among close networks (Coates et al., 2019)	Family focused practice and recovery as central concepts in mental health work with young people. (Ward et al., 2017)
<b>Services, Schools &amp; Community level</b> 	Positive connection to school (good relationships with teachers, staff and peers) (Tiller et al, 2020)	School/study stress (Tiller et al., 2020)	Lack of trust in schools and services (confidentiality, judgment, discomfort) (Coates et al., 2019; Rice et al., 2018; Rickwood et al., 2005)	Inclusive, accessible and well-resourced primary care services provided by GPs and front-liners (eg. schools, youth and community workers), (Strauss et al., 2020; Tiller et al., 2020; ABS 2019d; Rice et al. 2018; McGorry et al, 2007)
	School-based mental health promotion/stigma reduction programs (Berger et al., 2013; McAllister et al., 2018)	Lack of youth voice (particularly Aboriginal and Torres Strait Islanders) in research and planning on youth issues & best practice in mental health (Faithfull et al 2019; (Kilian & Williamson, 2018)	Difficulties in accessing and navigating the system, (service entry criteria, cost, intake process s (Platell et al., 2020; Coates et al., 2019; Rice et al., 2018)	Youth specific, coordinated, collaborative primary care service teams including specialist, multidisciplinary mental health professionals & cross-sector partnerships. With outreach capacity ( ; Rice et al., 2018; McGorry et al, 2007; Rickwood et al, 2005)




	ASSETS THAT CREATE WELLBEING (PROTECTIVE)	RISKS TO WELLBEING	BARRIERS TO SUPPORT	ENABLERS FOR SUPPORT
	Inclusion of cultural content, in services and activities for youth (Hinton et al., 2015)	Lack of Indigenous wellbeing and culturally sensitive content in schools and services (Hinton et al., 2015; Robinson et al., 2016)	Invalidating experiences and service environment (Platell et al., 2020)	Relatable mental health professionals (positive initial contact with services): Client centred, same-gender, peer support, lived experience, culturally appropriate (Platell et al., 2020; Tiller et al., 2020 Killian & Williamson, 2018; Rice et al., 2018; Berger et al., 2013)
	Positive connections to community groups, teams, and activities (Taskforce, 2019; Kuipers et al., 2016;	Living in Neighbourhood with high violence levels and crime rates (Curtis et al., 2013)	Lack of community mental health literacy (McGorry et al., 2017)	Community capacity to deal with mental health issues (McGorry et al., 2007)
	Availability of web-based, mobile apps and social media for information about mental health and SEWB (Tiller et al., 2020, Tighe et al 2018)			
	Access to arts, music, sports and recreational activities (Taskforce, 2019)			
<b>Socio-cultural level</b> 	Focus on the social determinants of health (Hinton et al., 2015)	Material deprivation, Socioeconomic disadvantage (Dunstan & Todd, 2012; Curtis et al. 2013))	Mental health system resourcing and service provision issues (Platell et al., 2020)	Access to Medicare-subsidised mental health specific services (ABS 2019d)
	Safe and secure housing (Brown et al., 2016; Strauss et al., 2020)	Housing insecurity and homelessness (Brown et al., 2016; Strauss et al. 2020)		Valuing and resourcing of early, effective, intervention. (McGorry, 2007)
		Stereotypical Masculinity (Rice et al., 2018; Jorm et al., 2019)	Being male makes you less likely to seek support and less likely to provide it (Jorm et al., 2019; Rice et al., 2018)	
		Discrimination/minority status: LGBTQI (Brown et al., 2016; Strauss et al., 2020). Aboriginal and Torres Strait Islander (Brown et al., 2016, Dray et al., 2016; Killian & Williamson 2018). CALD (Brown et al., 2016)		
		Living in a rural/remote location (Brown et al., 2016)		

Table 1. Summary of youth wellbeing literature review using systems thinking.

## What we Learned from the service network consultations

### What would a great mental health system for young people in Palmerston look like in 5 years' time?

This data was gathered as the first stage of this research project, prior to the literature review and the use of the systems framework. The data gathered also had a slightly different focus question to the other aspects of the research in that it was future-focused, asking the question: Imagine if our service system was perfect, what would the outcomes for young people look like in 5 years? Data was initially analysed using the NT Primary Health Networks Quadruple Aim Framework, and later, re-analysed using a developmental systems theory lens. A report detailing both analyses is available from GWLW. Here we provide a summary of what was learned from both analyses using the same format as the other aspects of the research. It is important to note that the 'barriers and enablers' tables (tables 4 and 5) for this set of analysis are more focused on mental health services, rather than support in a general sense (family, friends, community, schools, programs etc) which we see in the other data analysis.

## Section 2 What we heard from service providers

### Service Network views on what builds wellbeing in young people – PROTECTIVE ASSETS





SOCIAL & EMOTIONAL WELLBEING – PROTECTIVE ASSETS	
<b>Individual level</b> 	Feeling safe and confident in who they are and where they come from (identity) Feeling valued by others (friends, family, community, and society) Having a sense of control in their lives (feeling listened to and included in decisions about themselves) Feeling supported, understood, and empowered about their future Holding a strong spirit from birth to death
<b>Family &amp; Friends level</b> 	Being connected to their families Being connected to supportive friendship networks Having a family with mental health literacy and knowledge about SEWB Having a family that recognises and uses its strengths and assets Having parents/carers that have the education and support they need to connect with their babies, children, and young people (pre-natal onwards)
<b>Services, Schools &amp; Community level</b> 	Feeling connected to communities through supportive schools, engaging activities, and safe relationships Having access to consistent services/staff that young people can rely on to be accessible, skilled and knowledgeable, and to have their best interests at the centre Everyone has access to SEWB information – when they need it, in a way they can understand and engage with Being part of a productive and engaged community Knowing that community members support each other Having your culture and life experience valued at work and in the community Having mentors and role models available
<b>Socio-cultural level</b> 	Religious, spiritual and philosophical beliefs are acknowledged, valued and respected across society Social determinants of health are being resourced and met (housing, income, access to education, employment and training) Early intervention and prevention in all areas of risk is 'the norm'. Investing in young people early in life to be the best human they can be

Table 2. Service network views on protective assets.



Palmerston Young Mums  
Strong Mums couch surfing 2021

## Service Network views on what negatively impacts young people's wellbeing – risk factors

### SOCIAL & EMOTIONAL WELLBEING – RISK FACTORS

#### Individual level



Frequently feeling unconfident and self-doubting  
Ongoing struggles with sense of identity, meaning or purpose  
Fear of what the future holds (for themselves and the community)  
Lack of control in decision making

#### Family & Friends level



Being part of a family that does not have the supports and resources they need to care for their children  
Violence in the home, feeling unsafe.  
Lack of stability and security in the home environment  
Isolation from supportive friendship networks  
Addiction issues in the family  
Limited knowledge of mental health issues or young people's SEWB needs

#### Services, Schools & Community level



Feeling disconnected from school (feeling judged & misunderstood by staff)  
Lack of positive communication and engagement with community, groups and services  
Lack of cross sector collaboration resulting in service gaps and duplication  
Communities feeling disconnected from schools and services (lack of cultural understanding, inclusion, trust and safety)  
Diverse/minority communities' strengths not acknowledged or celebrated by schools, services and broader community  
Lack of confidence in an under-resourced service system (exhausted staff, not enough training, pay issues, poor morale)

#### Socio-cultural level



Lack of leadership (political, cultural) that fosters respect and inclusion  
Limited access to employment, education, training, and recreational opportunities for young people  
Lack of resourcing and support for spiritual strengthening from birth to death  
Poverty and disadvantage

Table 3. Service network views on risk factors.





## Service Network views on enablers for accessing mental health support

Unlike the other sets of analysis in this report, the Service Network information was focused more on accessing the service system rather than support in a general sense.

WHAT ENABLES ACCESS TO SUPPORT WHEN YOUNG PEOPLE NEED IT?	
<b>Individual level</b> 	Being able to identify and express mental health concerns Self-confidence and confidence in 'the system'
<b>Family &amp; Friends level</b> 	Having a family with skills and knowledge about youth mental health Having a family who listens to young people's SEWB concerns Being part of a family who is supported by and connected to their community Having a family member who is pro-active, willing and able to partner with young people and services throughout the journey
<b>Services, Schools &amp; Community level</b> 	Access to school staff that can respond to and support young people in need of assistance Understanding of the key role community plays in supporting young people's mental health by services and schools Services and schools that acknowledge and respect family skills, knowledge, and expertise in supporting young people Access to friendly, approachable, culturally safe services (which value cultural knowledge of staff and clients) Access to flexible mental health and wellbeing services and resources for all – '24-hour hubs' and 'no wrong door' Supportive schools – holistic, culturally safe, child-centered Diversity in staff at services/schools: relatable and understanding Access to safe adults, mentors, and community leaders A strong understanding of trauma and trauma informed practice.
<b>Socio-cultural level</b> 	Government/leaders celebrate and respect diversity and embed this in all mental health policy & practice Government supports innovation and creativity in delivery and meaningful reporting Appropriate resourcing of mental health prevention and early intervention programs Government/public commitment to a public health approach to SEWB

Table 4. Service network views on enablers to accessing support.

## Service Network views about the barriers to accessing mental health support





BARRIERS TO ACCESSING MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE	
<b>Individual level</b> 	<p>Not being confident in identifying or expressing mental health issues</p> <p>Fear, stigma and shame (fear of labelling and being negatively judged or labelled by community and services)</p>
<b>Family &amp; Friends level</b> 	<p>Lack of knowledge about mental health issues</p> <p>Family distrust of mental health system</p> <p>Family values and beliefs about mental health</p> <p>Stigma/shame among family</p> <p>Stigma/shame among friends</p> <p>Communication issues between culturally and linguistically diverse families and services/schools</p>
<b>Services, Schools &amp; Community level</b> 	<p>Waitlists for services</p> <p>Lack of good mental health support facilities (24 hrs) and services</p> <p>Complex/confusing referral and intake processes</p> <p>Staff turnover (no stability or consistency in relationships)</p> <p>Lack of culturally transferable and appropriate mental health resources and tools in services</p> <p>Current information about mental health &amp; wellbeing resources is not easily accessible to all (lack of multilingual info, not youth friendly, hard to find)</p> <p>Lack of culturally safe and trauma-informed staff in schools and services</p> <p>Cultural knowledge and ways of working not being acknowledged or utilized by services and schools</p> <p>Community struggling to support young people</p>
<b>Socio-cultural level</b> 	<p>Lack of resources across the system: for holistic, relationship-based services in all areas of young people's lives</p> <p>Lack of understanding about mental health in society</p> <p>Stigma and shame across society</p> <p>Public health approach is needed</p> <p>Lack of support for careers in mental health and SEWB</p>

Table 5. Service network views on barriers to support.





# Grow Well, Live Well

Palmerston  
working together  
for the wellbeing  
of children and  
young people



## What young people and community shared with us in the survey and discussion groups

Bringing the survey and discussion group analysis into the framework of 'mental health protective factors and risk factors', and 'barriers and enablers to help seeking' helps us to synthesize the results and later to integrate it with the other data sources. The following section presents a brief overview of the analysis from the survey and the discussion groups, highlighting only the main themes and ideas. The full results and analysis are available in a separate report from GWLW upon request.





Overview of the survey participants

68  PARTICIPANTS UNDER 26 YEARS OF AGE

32  PARTICIPANTS 26 YEARS AND OVER

61  FEMALE PARTICIPANTS

39  MALE PARTICIPANTS

Age of the survey participants

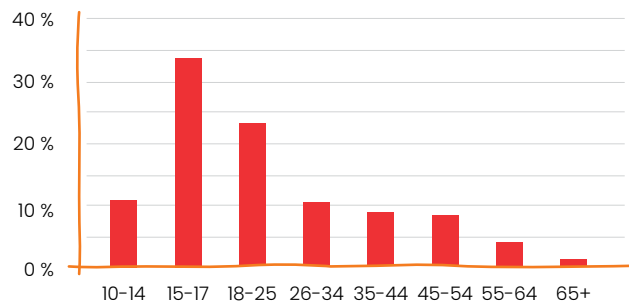


Figure 2. Community survey participants ages.

Overview of Discussion Group Participants

GROUP NAME	NUMBER OF PARTICIPANTS	GENDER	AGE RANGE
Palmerston Youth Centre group	8	Not recorded	14-16
Palmerston Family Centre group	3	3 females	18,19,22
B18 group	8	8 males	14-16
School-based girls' group	11	11 females	15-16
Create group	8	6 females/2 males	12-15
Mixed Group of young women	3	3 females	17
Sports group U16's	15	15 males	15-16
School-based boys' group	9	9 males	14-16
8 Discussion Groups	65	Females: 23 Males: 34 Not recorded: 8	12 to 22

Table 6. Overview of discussion group participants.



## Section 3

### What we heard from young people

#### What contributes to the mental health and wellbeing of young people in Palmerston? – PROTECTIVE ASSETS





SOCIAL & EMOTIONAL WELLBEING – PROTECTIVE ASSETS (YOUNG PEOPLE'S VOICE)	
<b>Individual level</b> 	Feeling loved and accepted for who you are (identity) Feeling connected (going on country, cultural activities, spiritual) Having time for yourself (listening to music, driving, relaxing, chilling, being in nature) Eating well – Staying physically fit/healthy A sense of meaning/purpose/goals/achievement
<b>Family &amp; Friends level</b> 	Family (including extended family) providing strength, support, comfort and safety Family sharing knowledge and culture (going on country) Friends who are always there for you, supportive, consistent, safe and fun Having a safe home (safe, reliable adults, pets)
<b>Services, Schools &amp; Community level</b> 	Sharing community cultural knowledge, learning and access to cultural activities Supportive programs, spaces, events and activities (connecting to others, achieving things, feeling good, fun) Sport & exercise opportunities (relaxation, motivation, being part of a team) Access to mentors and leaders (connecting, relating, learning, supportive, respectful) Access to creative activities (music, art – as a consumer and creative) Access to local facilities (markets, outdoor areas, parks, sports grounds/facilities, libraries)
<b>Socio-cultural level</b> 	Social media (connection, inspiration, access) The resources to grow up well (having a home, food and income, time for rest and holidays) Access to opportunities (current and for the future) Society values it's young people

Table 7. Protective assets (young people's voice).



# Major themes

## ***Having good friends that you can talk with***

When asked what made young people feel good about themselves the most common answer (75%) was 'my friends'. Similarly, the most common answer to 'what makes you feel strong in your mind, heart & body' was 'being with friends'. Good friends support each other and 'are always there for you'. They can be the source of fun, entertainment and good company as well as providing someone to connect with on a deeper level when times get difficult. Discussion group participants described friends as being like family in many ways, and this was important for their sense of safety. Good friends can provide access to other supportive family networks and homes to hang out in, as well as people who will listen to you when you need to talk.

## ***Having a family and home you can rely on***

The discussion groups highlighted the importance of supportive family and a safe home. Families provide young people with strength and guidance: ***"If I am being naughty and not going to school they keep on me, keep growling and don't give up."***

Family can make you feel loved and accepted for who you are, and a home can provide safety and comfort: "safe home means I can sleep". The importance of extended family was highlighted by young people too, with many comments about the roles of cousins, aunts and nanas in their lives.

After friends, family was the next most important thing that made young people feel strong in their mind, heart and body, and 70% of young people said that family made them feel good about themselves.

## ***Engaging in exercise/sport/fitness***

Exercise and sport were very important in terms of helping young people feel strong in their mind, heart and body. Similarly, playing sport and going to the gym were noted as things that make young people feel good about themselves. Participating in organised sport like football, and doing exercise like swimming, running, or going to the gym all contributed to young people's wellbeing in a few different ways. Some enjoyed the sense of achievement and motivation physical activities provide, and others like being part of a team. Relaxation and time for yourself was another important aspect of exercise: ***"It's really important to have that time when you can just be you, outside of being a mum"***.

## ***Being in nature/on Country***

The following quote summarizes much of the feeling about being on Country from the discussion groups: ***"Country feels like home. I have a house but I am connected to my Country and there I am connected***

***to my culture, my family, my ancestors"*** The sense of connection, being with family and of learning were all highlighted by discussion group participants.

Being in nature was also important to young people, as a way to replenish and restore themselves and just 'be' without the distractions of the day to day. The survey found that 45% of young people noted that being in nature (bush walking, camping and going to the beach) made them feel good about themselves and activities such as camping, and going on Country were noted as things that helped young people feel strong in their mind, heart and body.

## ***Engaging with music, art and creativity***

74% of young people surveyed said that listening to music was something that made them feel good about themselves. This ranked second only to 'my friends'. Music was also listed as an important element in feeling strong in your mind, heart and body. Combined, these responses demonstrate the importance of music in young people's lives.

Music and art were highlighted in the discussion groups with young people explaining that listening to music was a way to feel different emotions:

***"Different music for different moods and feelings can help anything – music holds memories and gets you in touch with your feelings"***. Other young people discussed the importance of creating music or art themselves, as a way to express feelings and explore creativity.

## ***Opportunities & achievement***

Having opportunities to work at something, overcome challenges and experience a sense of achievement is another aspect of wellbeing for young people in Palmerston. This was tied up with a range of factors including engaging in activities such as sport, art and other after school youth programs and events, linking with adult mentors and leaders who inspire and support young people, and having access to opportunities. As one discussion group participant explained: ***"The best thing about being a young person now is the potential and the opportunities. You just need trust and access to these opportunities"***.

The number one survey response for the question 'what are the three best things about being a young person today' was "opportunities", and this was almost double the next most frequent response. Similarly, when asked what makes young people strong in their mind, heart and body, the third most frequent response centred on achievement, focus and determination.



## WHAT ERODES THE MENTAL HEALTH AND WELLBEING OF YOUNG PEOPLE IN PALMERSTON? – RISK FACTORS

By bringing together the elements of the Discussion Group Analysis and the Survey Results we can paint a picture of the issues that can put young people's wellbeing at risk in Palmerston.



SOCIAL & EMOTIONAL WELLBEING – RISK FACTORS (YOUNG PEOPLE'S VOICE)	
<b>Individual level</b> 	Difficulties dealing with strong emotions and feelings (holding it in) Self-doubt and insecurity (not feeling good enough and body image) Overwhelmed by expectations (of self and others) Worries about the future (family, money, relationships and sex)
<b>Family &amp; Friends level</b> 	Arguments and violence in the home Parents not having the support they need to look after their families (young people taking on caring roles, jobs, feeling ignored and feeling pressured to achieve) Addiction issues in the family (drugs and alcohol) Negative social influences 'haters' (online and in 'real life')
<b>Services, Schools &amp; Community level</b> 	Pressure from school (to get good marks, to make big decisions and to conform) School related stress (tensions between school and family, different values, lack of support, flexibility and understanding of students' complex lives) Adults who can't relate to young people
<b>Socio-cultural level</b> 	Fears about society/the world: "what will the future be about?" Employment, economy, climate, Covid-19, safety, crime and violence The online world (damaging social media, online gaming culture and bullying) Celebrity culture (body image issues and pressure to 'be someone') Discrimination (gender, ability, culture, ethnic and being a young parent) Poverty (money is always on your mind)

Table 8. Risk factors (young people's voice).



## Major themes

### **Feeling insecure, and 'not good enough'**

When young people were asked about the biggest challenges they faced today, the number one concern was 'insecurity'. Young people expressed a range of insecurities about themselves and their feelings about not fitting in or belonging, and not being able to live up to the expectations placed upon them by others and themselves.

Social media was a key element of this, where young people were engaged in a constant stream of information and imagery that impacts their own body image and provokes status and other anxieties. Social media was also a platform for some forms of bullying and harassment and 'fear of being judged' as well as exposure to 'haters' and 'negative people'. Participants in the discussion groups also discussed how social media could contribute to these feelings, with many advising that they no longer engaged with it for this reason. A quote from the survey sums this up well **"The social expectations made by media - how you look and feeling insecure."**

Similarly, when asked about what makes it hard for young people to stay strong in their mind, heart and body, the most common responses included negative people, self-doubt, lack of confidence, social expectations, alienation and bullying.

### **Experiencing school-related pressure and stress**

Discussion group participants highlighted the impacts of school related stress. This included pressure to complete school and get good grades, pressure to make big decisions, and having too much schoolwork and not enough support. The tensions between demands of school and family were also raised, with some young people pointing out that they were always trying to balance responsibilities and obligations, and schools didn't seem to understand this. Young people also felt school offered "only one way of doing things" and that there was little flexibility for students in what and how they studied.

The survey responses also found that school related stress and fear of failing were issues that made it hard for young people to feel strong in their mind, heart and body. One survey participant noted they were **"being overwhelmed by school and time pressure"**. Similarly, school pressure was highlighted as one of biggest challenges for young people today, second only to 'insecurity'.

### **Family problems**

While a supportive family is a protective asset experienced by many young people in Palmerston, the survey and discussion groups revealed that family problems, and the difficulties some families face with supporting their young people, can negatively impact mental health and wellbeing. The discussion group analysis found that family arguments and violence, feeling ignored or not supported, alcohol and drug issues, caring responsibilities and the impacts of loss and grief in families were issues that impacted many young people. Participants also noted that some parents may want to support their children but struggle to deal with their own issues and may not know how to provide support. As one young person stated, **"I don't think my mum has the support to help her be able to help me"**.

The survey analysis provided similar findings, with 'family issues' and 'conflict and arguments' included as factors that make it hard for young people to stay strong in their mind, heart and body. Home and family conflict was also the third most frequent response in relation to the biggest challenges young people in Palmerston face.

### **Worries about the future and expectations**

Trying to figure out 'what's your purpose' and 'worrying about the future' were concerns for young people that were also highlighted in the discussion group analysis. Participants were concerned about their financial future, their career options, their family's future, their relationships, climate change and Covid 19. More broadly, concerns were expressed about what the future might be like in a general sense, as one participant asked: **"what is the future going to be about?"**.

### **Concerns about/impacts of violence, crime, drugs and alcohol**

Young people in the discussion groups shared their concerns about violence and crime in Palmerston, particularly in terms of their own personal safety and ability to walk around safely in suburban streets. Others discussed the impacts of drugs and alcohol in the community and in their families and how this was sometimes linked to violence: **"Having to get ready for school when my mum is overnight drunk and fighting people on the road"**. The survey analysis was similar. When asked about the three biggest issues young people are facing in Palmerston; drugs, alcohol, addiction and violence were raised.



## WHAT ENABLES YOUNG PEOPLE TO ACCESS SUPPORT FOR THEIR MENTAL HEALTH AND WELLBEING IN PALMERSTON?

75% of young people surveyed reported that they had previously spoken to someone when they were feeling sad, down or low. This indicates a strong level of help seeking, and as one survey participant said: "It's better for your story to be heard than for people to be at your funeral". However, it is also important to note that when asked if they felt comfortable letting someone know if they were worried about their own wellbeing, just under 50% of young people said they were, with almost 30% being 'unsure'.

**75% of young people surveyed reported that they had previously spoken to someone when they were feeling sad, down or low. This indicates a strong level of help seeking.**





ENABLERS TO SUPPORT (YOUNG PEOPLES VOICE)	
<b>Individual level</b> 	Being able to say what you need Having trust in other people
<b>Family &amp; Friends level</b> 	Having supportive friends (trust, safety, understanding and willingness to help) Having someone who knows you and will listen to you (friends or family) Having a supportive family to guide and help you over the long term
<b>Services, Schools &amp; Community level</b> 	Reliable, relatable staff at schools and services (respect, trust, confidential, consistent 'being there' and holistic) Access to safe places, activities and programs (accessible, they know you, can provide options and connect you to what you need) Links with mentors and role models (who are caring, have 'been there', know what it's like and can guide you)
<b>Socio-cultural level</b> 	Non-judgemental society (no shame or stigma)

Table 9. Enablers for supports (young people's voice).



# Major themes

## Supportive friends

Supportive friends were often the first people young people reach out to when they had concerns about their wellbeing and mental health. Feelings of deep understanding and strong connection were expressed in the discussion groups, as well as the importance of reliability, availability and trust: ***"You call and they are there – they don't have higher priorities, or prioritise you last. There's no waitlist or hoops to jump through"***.

The survey analysis also demonstrates that friends are a critical resource and asset in young people's lives. When asked where they would go for help, 80% of respondents said 'a friend'. This was almost double the next most frequent response (which was a family member). Similarly, when asked who young people had turned to when they felt down in the past, the top response was 'a close friend'.

## Access to relatable and reliable staff within services, schools and youth programs

The survey results demonstrated that 'mental health professionals' were one of the supports young people had previously accessed when they were feeling low. However, staff at schools and other youth-related services and programs were not high on the list of where young people would like to go when they needed help (with 17% saying they would access this source of support).

The discussion group analysis sheds light on this. Participants discussed the need for the staff at the services, schools and programs they engaged with (or wanted to engage with) to be relatable and to have a good understanding of the issues they faced as young people in Palmerston. One young person pointed out why this is so important when they discussed how staff need to ***"Try to understand our point of view, from our experience and our life and our way of dealing with this stuff.... When we are understood it just feels easy, it can just pour out naturally and it is shared"***.

It is also important for young people to be able to trust that staff will respect them and uphold confidentiality as well as to provide a holistic service and "be there to accompany" young people throughout the journey of help seeking and support.

## Supportive family

Survey results showed that after friends, family members were the next most frequent choice of support when they felt sad, down or low. If families and communities were supporting their young people, through listening, linking to services and providing long term care, then they were considered to be good facilitators and providers of care when young people needed help.

However, as the discussion group analysis shows, feelings were mixed about the role of family, with one participant stating: ***"family can be helpful, it just depends"***. If family members are experiencing their own issues, or are unsure how or where to access support, then they can be challenging rather than enabling.

## Access to mentors and adult role models to guide you

Discussion group participants discussed the positive impact that different role models and mentors have had on them, and how this has enabled them to access help at times. Such people were considered 'relatable, caring and knowledgeable'. They understood young people's situations, family life and community concerns as many had 'been down the same path'.

The survey results also showed that 'community leaders' such as sports coaches, church leaders, teachers and youth workers were an option selected by young people when they had needed someone to talk with in the past. One survey respondent commented: ***"If I'm close enough with the person I would tell them because I can trust them to make me feel better and not to tell other people my business"***.

## Availability and accessibility of safe, youth-focused programs and activities

Participants in the discussion groups highlighted the importance of safe places, events and activities for access to support they may need. Of one youth program, a participant said, ***"I feel like I can be myself"***, with another stating ***"they are right here, and we don't have to wait, we can talk to them when we need support"***.

These things were considered important to young people as they were accessible (free and local), provided options for things to do and allowed them to 'be themselves'. Activities and events also facilitated a range of positive, accessible connections to others, including new friends and supportive, safe adults.

**WHAT ARE THE BARRIERS FOR YOUNG PEOPLE SEEKING SUPPORT FOR THEIR MENTAL HEALTH AND WELLBEING IN PALMERSTON?**

Just under half the young people who completed the survey felt comfortable letting someone know if they were worried about their wellbeing. 29% were unsure how comfortable they would be doing this. This is a concern as help-seeking is the first step in getting the support needed when facing a mental health issue.

Help-seeking is the first step in getting the support needed when facing a mental health issue.





BARRIERS TO ACCESSING SUPPORT (YOUNG PEOPLES VOICE)	
<b>Individual level</b> 	Problems seem too big/complex/entangled for anyone to help It's hard to express emotions to strangers (trust, confidentiality, don't know how it all works/how to act and feeling shame) Not wanting to worry others
<b>Family &amp; Friends level</b> 	Family attitudes (not listening to young people, dismissive, argumentative and have too many problems of their own) Lack of knowledge in the family about mental health Family distrust of service system Young people's negative views about services (they don't help/make it worse)
<b>Services, Schools &amp; Community level</b> 	Other people's attitudes (lack of respect and understanding, judgement and stigma) Unsure about what is available and how to access it
<b>Socio-cultural level</b> 	The problems of society and community are all encompassing Discrimination (racism, sexism and ableism)

Table 10. Barriers to support (young people's voice).



## Major themes

### **Stigma, shame and the attitudes of others (family, community, and services)**

The stigma related to help seeking was the number one barrier identified by young people in the survey. This was most frequently expressed as 'feeling shame', or embarrassment "Too shame. Fear of telling someone you are messed up" and "the fear of feeling weak to open up about their feelings or emotions".

In the discussion groups young people reported family attitudes towards help-seeking, as well as the attitudes of other community members and service providers, as some of the major barriers to getting support with their mental health and wellbeing. This included family members not listening to the concerns when they were raised, being dismissive of the issues and feelings young people were expressing. At times young people felt that family members had too many of their own problems to deal with to be able to help others, or that they simply didn't know how to help young people.

Participants also pointed to lack of understanding and respect as barriers to engagement with support services. One young person said: **"If I don't feel respected then I won't go back, I won't ask for help from that person again"** and another asked: **"how can they really get our situation?"**. This issue was also linked to discrimination where a lack of understanding, fairness or respect was associated with a young person's gender, culture or ability.

### **It can be hard to express yourself**

Participants shared the difficulties they had in understanding and expressing their emotions, feelings and thoughts which made it hard to communicate with others when their mental health was not good: **"A lot of people don't know how to talk to someone once they are upset"**.

In the discussion groups, some young people pointed out that talking to strangers would be too difficult, because they didn't know or trust them: **"we don't know them, or how they will act with us"**. Others felt that talking about emotions just didn't help, with one person saying **"I don't really like to express my emotions as it doesn't solve the problem"**.

### **Not wanting to worry others**

The survey analysis found that young people might not seek help because they do not want to burden others with their issues, or felt their problems were not 'big enough' to concern others such as: **"feeling like emotions and problems aren't big and worth enough to let other people know"**. Similarly, when asked why they were not confident to let someone know if they were worried about their own wellbeing, the most frequent response was 'I don't want to worry others', with comments such as **"I don't want to bother them with my problems"** and **"I like dealing with my wellbeing by myself"**.

### **Problems can seem too big**

Sometimes problems and associated feelings, thoughts and emotions can appear too entangled, overwhelming, and simply 'too much' for young people to unpack and begin to deal with. For example, in the discussion groups, a young person stated: **"what is anyone going to do when we tell them all the problems we have? They can't help us. There's just too much."** Dealing with the compounding stresses of school and/or work, family problems and responsibilities, relationship issues and community problems was difficult for many of the young participants.

Problems that originate at the national and international level, well beyond the control of young people, such as the impacts of climate change, Covid-19, employment options and 'what the future will be like' were also deeply concerning to young people: **"If society and community and family are shit, then we feel shit"**.

### **Being unsure of what help is available or where to go**

On a practical level, many young people reported that they were unaware of what help could be available to them, and how they might access it. At times young people advised they had looked for help but found nothing suitable was available to them. The following comment highlights these issues: **"Young people are not sure where to go locally in Palmerston, and who to talk to."**

The issue of there simply not being enough appropriate services available for young people was also raised: **"It's hard to get one on one support. What if we have a meltdown, but the session or time available is over?"**. Discussion group participants also expressed frustration at having to fight for the support you need at a time when you might feel least able to do that.





## **LISTENING TO YOUNG PEOPLE'S VOICES: HOW CAN WELLBEING BE IMPROVED IN PALMERSTON?**

**The number one suggestion was to have more community-based youth activities, safe-spaces, events and appropriate therapeutic youth support services.**

The discussion group and the survey responses demonstrate that young people have lots of ideas about improving wellbeing in Palmerston. The number one suggestion was to have more community-based youth activities, safe-spaces, events and appropriate (i.e. skilled, relatable, positive, reliable and non-discriminatory) therapeutic youth support services in Palmerston. Young people want safe connections to supportive adults who have 'been down a similar path' to them and can share their knowledge and experience.

Schools are also a location where change may have a big impact. As this report has highlighted, school can be a significant source of stress and worry for young people. This not only relates to curriculum workloads, achieving good results and attendance, but includes expectations of others, tensions between family circumstances, community issues and diverse values and worldviews. Young people need support to negotiate these things. Similarly, schools need to be supported to embrace more flexibility and holistic ways of working with young people, and to strengthen their counselling support responses.



### **Supporting people to support each other**

This report has demonstrated that the main sources of wellbeing and support for young people in Palmerston are their friends, followed by family members. While many young people have strong and supportive friendship networks, some do not. The same applies to families, which could be an asset when they were supportive of young people, but a risk factor when they were tied up in their own struggles and unable to assist young people. Finding ways to facilitate and maintain supportive connections between young people, their friends and their families is therefore very important. Because friends are the key support for each other, it makes sense to situate education and learning about mental health and wellbeing in these networks. Families too need to be supported to support their young people.

The survey demonstrates that the people of Palmerston are generally confident in supporting each other with their wellbeing. For example, the survey asked how confident people felt with helping a friend or family member if they were feeling really sad or down? The analysis showed that 64% of young people under 26 and 72% of those 26 and over reported they were either 'extremely' or 'very' confident in doing this, which is encouraging. Less than 10% of respondents advised they were 'not so confident' or 'not confident at all'.

Interestingly though, when asked what help would help people to help others the top answer for those under 26 was 'having more confidence I would be saying the right thing', with 75% of young people selecting this option. This contrasts with the 26 years and over age group, as only 36% selected that option. Those respondents 26 and over most frequently selected 'more information about what services they could use' (65%) as the thing that would help them to help others. While all options rated highly, knowing more about mental health and wellbeing services, and having more confidence in providing assistance are important ways of supporting the community to support each other.

Survey participants were also asked what type of training they might like to do if it was free. While there were generally high levels of interest in most options listed, 'understanding trauma and healing' was the option most highly rated by both under and over 26-year-olds. Only slightly more popular for the under 26's was learning 'how to help young people with their feeling and emotions'. These results provide ideas for the ways in which community members can be supported to better support each other.

**The survey demonstrates that the people of Palmerston are generally confident in supporting each other with their wellbeing.**





## Section 4

### Bringing it all together: Key Learnings from our research

Using a developmental systems theory approach to inform our thinking, we have explored the risk factors and protective assets related to young people's social and emotional wellbeing, as well as the barriers and enablers to mental health and wellbeing support in Palmerston.

In this section, the three sources of information we have gathered (the literature review, the service network analysis and the youth voice analysis) are further distilled and brought together in table format. We then compare and contrast the results and highlight key issues.

#### Bringing the voices together: Protective assets that contribute to young people's social and emotional wellbeing

	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Individual level</b> 	Feeling safe and confident in who they are and where they come from (identity)	Feeling loved and accepted for who you are (identity)	A strong sense of identity (Christmas, 2021; Khanlou et al, 2018; Richards et al., 2018)
	Feeling valued by others	Feeling connected (going on Country, cultural activities and spiritual)	A sense of hope about the future (Lenz, 2021; Tiller et al, 2020)
	Holding a strong spirit from birth to death	A sense of meaning/ purpose/goals/achievement	Valuing mental health & wellbeing (Carlisle et al 2018 in AIHW 2020)
	Having a sense of control of their lives (feeling listened to and included in decisions about themselves)	Having time for yourself (listening to music, driving, relaxing, chilling and being in nature)	
	Feeling supported, understood and empowered about their future	Eating well - Staying physically fit/ healthy	
<b>Family &amp; Friends level</b> 	Being connected to their families	Family (including extended family) providing strength, support, comfort and safety	Supportive, safe family (Rickwood et al, 2005; Tiller et al, 2020; Umberson & Thomeer, 2020)
	Having a family with knowledge about SEWB and mental health	Having a safe home (safe, reliable adults and pets)	
	Parents/carers that have the education and support they need to connect with their babies, children, and young people (pre-natal onwards)	Family sharing knowledge and culture (going on Country)	
	Having a family that recognise and uses its strengths and assets	Friends who are always there for you, supportive, consistent, safe and fun	
	Being connected to supportive friendship networks		



# PALMERSTON



	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Services, Schools &amp; Community level</b> 	Having your culture and life experience valued at work and in the community	Sharing community cultural knowledge, learning and access to cultural activities	Inclusion of cultural content, in services and activities for youth (Hinton et al., 2015)
	Access to consistent services/ staff young people they can rely on to be accessible, skilled and knowledgeable, and to have their best interests at the centre	Supportive programs, spaces, events and activities (connecting to others, achieving things, feeling good, fun)	Positive connections to community groups, teams, and activities (Taskforce, 2019; Kuipers et al, 2016)
	Knowing that community members support each other	Sport and exercise opportunities (relaxation, motivation and being part of a team)	Access to arts, music, sports and recreational activities (Taskforce, 2019)
	Being part of a productive and engaged community	Access to local facilities (markets, outdoor areas, parks, sports grounds/facilities and libraries)	School-based mental health promotion/stigma reduction programs (Berger et al., 2013; McAllister et al., 2018)
	Everyone has access to SEWB information – when they need it, in a way they can understand and engage with	Access to creative activities (music and art – as a consumer and creative)	Availability of web-based, mobile apps and social media for information about mental health and SEWB (Tiller et al, 2020, Tighe et al, 2018)
	Having mentors and role models available to young people	Access to mentors and leaders (connecting, relating, learning, supportive and respectful)	Positive connection to school (good relationships with teachers, staff and peers) (Tiller et al, 2020)
	Feeling connected to their communities through supportive schools, engaging activities, and safe relationships		
<b>Socio-cultural level</b> 	Social determinants of health are being met (housing, income, access to education, employment and training)	The resources to grow up well (having a home, food and income, time for rest and holidays)	Focus on the social determinants of health (Hinton et al, 2015)
	Early intervention and prevention in all areas of risk is 'the norm'. Investing in young people early in life to be the best human they can be	Access to opportunities (current and for the future)	Safe and secure housing (Brown et al., 2016; Strauss et al., 2020)
	Religious, spiritual and philosophical beliefs are acknowledged, valued and respected across society	Society values it's young people	
		Access to social media (connection, inspiration and access)	

Table 11. Bringing all voices together. Protective assets.

## Protective Assets for SEWB:

### COMPARING AND CONTRASTING THE THREE SOURCES

**A strong sense of identity, feeling confident, and feeling valued as a person was found across all three sources.**

#### *Individual Level*

- A strong sense of 'who you are' (identity), feeling confident, and feeling valued as a person was found across all three sources.
- The importance of feeling safe and accepted by others was also common to all sources.
- Meaning, purpose, and hope for the future was commonly understood as a protective asset across all sources, as was the feeling of empowerment and control over life decisions.
- A sense of spirituality and connection to country, Elders and traditions was expressed by the service networks and young people. Whilst not explicit in the literature review, there is overlap between the concept of spirituality, connection to Country and a sense of identity in the research explored.
- Placing value on SEWB and being able to take care of yourself through eating well, exercising and time for relaxation was highlighted by young people and in the literature, but not in the service network analysis.

**The critical importance of a supportive and safe family, home and friendship networks is articulated clearly across all source.**

#### *Family and Friends Level*

- The critical importance of a supportive and safe family, home and friendship networks is articulated clearly across all sources.
- Having a family with a good understanding of youth SEWB and mental health was also seen as important by the service network and in the literature, but not highlighted by young people themselves.
- Young people pointed to the importance of connecting with family and culture through activities such as going on Country as protective assets. The service network data aligns with this, noting the importance of a family understanding, acknowledging, and working with their strengths.





### Schools, Services and Community Level

- Connection appears to be the key here! Connection to supportive people, programs and places. The data analysis across all sources makes this clear in slightly different but interconnecting ways.
- All data sources agreed on the importance of having young people's cultural identities acknowledged, valued, respectfully and meaningfully brought into curriculum/practice by schools, services and the community more broadly.
- Having access to (and engagement with) a wide range of community-based sports, recreation, arts and cultural activities was seen as a protective asset across all sources of data. The relationships these activities offer young people with safe, supportive, relatable, and reliable adults were highlighted across all sources. Access to good facilities such as sports grounds, libraries and markets was also reported as very important by the service network and young people, but not specifically referred to in the literature reviewed.
- The service network and young people noted that access to adult role models and mentors was important.
- Availability of, and equitable access to, information about SEWB and mental health (in different languages, locations and via various platforms) was highlighted by the service network and also in the literature, but this was not found in the analysis of young people's data.

The service network and young people noted that access to adult role models and mentors was important.




### Socio-Cultural Level

- While different language was used to make the point, the need for consistent access to the resources and supports needed to grow up well, was common across all sources. Safe, reliable housing, food security, employment and access to opportunities were highlighted.
- A strong call for a shift to a 'prevention and early intervention' focus (in terms of resources and education) was found in the service network data and the literature (but not in the young people's data).
- Young people noted the importance of social media for access to information, inspiration and connection to others. This was not found in the literature review or service network data analysis.





## Bringing the voices together: Risks to Young People's Social and Emotional Wellbeing

	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Individual level</b> 	Frequently feeling unconfident and self-doubting	Self-doubt and insecurity (not feeling good enough and body image)	Struggling with identity and confidence (Christmas, 2021; Khanlou et al., 2018; Richards et al., 2018)
	Ongoing struggles with sense of identity, meaning or purpose	Worries about the future (family, money, relationships and sex)	Fear about the future (e.g. climate change, Covid-19, conflicts, life options and poverty) (Tiller et al., 2020)
	Fear of what the future holds (for themselves and the community)	Overwhelmed by expectations (placed on them by themselves and others)	Experiencing a lot of stress (Tiller et al., 2020)
	Lack of control in decision making	Difficulties dealing with strong emotions and feelings (holding it in)	
<b>Family &amp; Friends level</b> 	Being part of a family that does not have the supports and resources they need to care for their children	Parents not having the support they need to look after their families (young people taking on caring roles, jobs, feeling ignored and feeling pressured to achieve)	Unsafe, unsupportive family environment (Rickwood et al., 2005; Tiller et al., 2020; (Umberson & Thomeer, 2020)
	Violence in the home, feeling unsafe	Arguments and violence in the home	Isolation, marginalization (Sapiro & Ward, 2020)
	Addiction issues in the family	Addiction issues in the family (drugs and alcohol)	
	Lack of stability and security in the home environment	Negative social influences 'haters' (online and in 'real life')	
	Isolation from supportive friendship networks		
<b>Services, Schools &amp; Community level</b> 	Young people Feeling disconnected from school (feeling judged and misunderstood by staff)	Pressure from school (to get good marks, to make big decisions and to conform)	School/study stress (Tiller et al., 2020)
	Communities feeling disconnected from schools and services (lack of cultural understanding, trust and safety)	School related stress (tensions between school and family, different values, lack of support, flexibility and understanding of students' complex lives)	School/study stress (Tiller et al., 2020)
	Diverse/minority communities' strengths not acknowledged or celebrated by schools, services and broader community		Living in neighbourhoods with high violence levels and crime rates (Curtis et al., 2013)
	Lack of confidence in an under-resourced service system (exhausted staff, not enough training, pay issues and poor morale)		Lack of youth voice (particularly Aboriginal and Torres Strait Islander) in research and planning on youth issues & best practice in mental health (Faithfull et al 2019; Kilian & Williamson, 2018)
	Lack of cross sector collaboration resulting in service gaps and duplication		
	Lack of positive communication and engagement between young people, community groups and services (that is trauma informed and culturally safe)		


	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Socio-cultural level</b> 	Poverty and disadvantage	Poverty (money is always on your mind)	Material deprivation, Socioeconomic disadvantage (Dunstan & Todd, 2012; Curtis et al. 2013), housing insecurity and homelessness (Brown et al., 2016; Strauss et al., 2020)
	Limited access to employment, education, training, and recreational opportunities for young people	Discrimination (gender, ability, culture, ethnic and being a young parent)	Living in a rural/remote location (Brown et al., 2016)
	Lack of leadership (political and cultural) that fosters respect and inclusion	Fears about society/the world "what will the future be about?" Employment, economy, climate, Covid-19, safety, crime and violence	Discrimination/minority status: LGBTQI (Brown et al., 2016; Strauss et al., 2020). Aboriginal and Torres Strait Islanders (Brown et al., 2016, Dray et al., 2016; Kilian & Williamson 2018), culturally and linguistically diverse (Brown et al., 2016)
	Lack of resourcing and support for spiritual strengthening from birth to death	The online world (damaging social media, online gaming culture and bullying)	Stereotypical masculinity (Rice et al, 2018; Jorm et al., 2019)
		Celebrity culture (body image issues and pressure to 'be someone')	

Table 12. Bringing the voices together: Risks.



## Risks to SEWB:

### COMPARING AND CONTRASTING THE THREE SOURCES

Young people pointed out difficulties in expressing themselves, their emotions in particular.

Social isolation and a lack of supportive friendship networks were also viewed as a risk.

#### *Individual Level*

- Persistent feelings of self-doubt, lack of confidence and insecurity were identified in the analysis of all three sources. The service network and the literature review analysis went further to establish that a lack of meaning and purpose in life is detrimental to SEWB.
- Young people identified a general sense of worry about the future (relationships, jobs, family, through to global issues such as climate change), linked to this was feeling 'overwhelmed' by expectations placed upon them (by themselves and others). Service networks also acknowledged a fear of the future, and it was noted in the literature also, however the sense of being 'overwhelmed' by expectations was really emphasised by young people.
- The service network identified a lack of control over decision making as a risk factor, but this was not found in the other sources.
- Young people pointed out difficulties in expressing themselves, their emotions in particular, as a risk factor. This was found in the literature also, but not highlighted by the service networks.

#### *Family and Friends Level*

- The literature review clearly found that an unsafe and unsupportive home and family environment puts young people's SEWB at risk. This is also supported by the views of the local service network and young people who specifically noted the issues of family violence and addiction.
- Social isolation and a lack of supportive friendship networks were also viewed as a risk to SEWB across all three sources. Young people noted the issue of exposure to 'haters' also.
- The service networks noted a lack of understanding of mental health by families and among friendship networks as a risk to SEWB. This was alluded to, but not overtly stated by young people and the literature review (where it was considered more a barrier to help than a risk to general wellbeing).





### **Schools, Services and Community Level**

- The main risks to SEWB identified by young people was associated with school. School related stress and worry looms large in young people's lives. This had three main facets:
  - the pressure to pass/achieve/succeed academically
  - trying to balance school with the rest of life (such as working and caring responsibilities, tiredness, relationships, values and worldview, and family problems)
  - problematic (or non-existent) relationships with school teachers and other staff.
- The service networks and literature review confirmed this view of school-related risks to SEWB. With service network data providing further detail around specific issues of family and community disconnection from schools and a lack of truly child-centred approaches and the resourcing required to do this work.
- Other aspects highlighted in the literature but not so overtly by the service networks or young people were the risks associated with living in a neighbourhood with high crime rates (although young people noted issues of violence in homes and streets)
- A lack of 'youth voice' in research and planning for services was noted in the literature review, but not by the other sources.



### **Socio-Cultural Level**

- All three sources point to poverty, disadvantage, and material deprivation as risks to SEWB for young people. Issues at each of the other levels flow from this wellspring of risk!
- While different words are used, discrimination (based on ethnicity, culture, gender, ability and age) was identified by all three sources.
- Interestingly young people also highlight the risk of the general societal angst about the future to SEWB. This included fear of climate change and Covid-19. This was not noted in the literature review or by the service networks.
- The other risk raised only in the young people's data analysis was that of the negative aspects of the online world (social media and gaming) including celebrity culture and body image, harassment and bullying.

**The other risk raised only in the young people's data analysis was that of the negative aspects of the online world.**



## Bringing the voices together: What enables access to support when young people need it?

	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Individual level</b> 	Being able to identify and express mental health concerns	Being able to say what you need	Being aware of, and able to appraise and express symptoms to others, good mental health literacy (Coates, 2019; Goodwin, 2016; Rickwood et al., 2005)
	Confidence in self and others	Having trust in other people	Positive previous help-seeking experience (Rickwood et al 2005)
			Willingness to seek out help and disclose problems (Goodwin, 2016; Rickwood et al., 2005)
<b>Family &amp; Friends level</b> 	Having a family with skills and knowledge about youth mental health and listen to young people's SEWB concerns	Having someone who knows you and will listen to you (friends or family)	Access to mental health supports (including training) for the whole family of the young person (Tiller et al. 2020; Jorm et al., 2019)
	Having a family member who is pro-active, willing and able to be partners with young people and services throughout the journey	Having a supportive family to guide and help you over the long term	Family focused practice and recovery as central concepts in mental health work with young people. (Ward et al., 2017)
	Being part of a family who is supported by and connected to their communities	Having supportive friends (trust, safety, understanding and willingness to help)	Positive social influences/messages about help seeking (Rickwood et al., 2005)



	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Services, Schools &amp; Community level</b> 	Supportive schools – holistic, culturally safe, child-centered. With access to school staff that can respond to and support young people in need of assistance	Reliable, relatable staff at schools and services (respect, trust, confidential, consistent 'being there' and holistic)	Inclusive, accessible and well-resourced primary care services provided by GPs and front-liners (e.g. schools, youth and community workers), (Strauss et al, 2020; Tiller et al.,2020; ABS 2019d; Rice et al. 2018; McGorry et al., 2007)
	Diversity in staff at services/schools: relatable and understanding	Access to safe places, activities and programs (accessible, non-judgemental, they know you, can provide options and connect you to what you need)	Relatable mental health professionals (positive initial contact with services): Client centred, same-gender, peer support, lived experience, culturally appropriate (Platell et al., 2020; Tiller et al., 2020 Killian & Williamson, 2018; Rice et al, 2018; Berger et al, 2013)
	Services and schools that acknowledge and respect family skills, knowledge and expertise in supporting young people	Links with mentors and role models (who are caring, have 'been there', know what it's like and can guide you)	Youth specific, coordinated, collaborative primary care service teams including specialist, multidisciplinary mental health professionals and cross-sector partnerships. With outreach capacity (Rice et al, 2018; McGorry et al., 2007; Rickwood et al, 2005)
	Understanding of the key role community plays in supporting young people's mental health by services and schools		Community capacity to deal with mental health issues (McGorry et al, 2007)
	Access to friendly, approachable, culturally safe services (which value cultural knowledge of staff and clients, and is trauma-informed)		
	Access to safe adults, mentors and community leaders		
	A strong understanding of trauma and trauma-informed practice		
	Access to Flexible mental health and wellbeing services and resources for all – '24-hour hubs' and 'no wrong door'		
<b>Socio-cultural level</b> 	Government/public commitment to a public health approach to SEWB.	Non-judgemental society (no shame or stigma)	Valuing and resourcing of early and effective intervention (McGorry, 2007)
	Appropriate resourcing of mental health prevention and early intervention programs		Access to Medicare-subsidised mental health specific services (ABS 2019d)
	Government supports innovation and creativity in delivery and meaningful reporting		
	Government/leaders celebrate and respect diversity and embeds this in all mental health policy and practice		

Table 13. Bringing the voices together: Enablers to support.





**Mental health knowledge and understanding was noted as an important enabler to help seeking**

## Enablers:

### COMPARING AND CONTRASTING THE THREE SOURCES

#### *Individual Level*

- Knowing that you need help, being able to express that need, and having trust and confidence in others to be able to help were common enablers across all three sources. There were some subtle differences in what was found:
  - Mental health knowledge and understanding was noted as an important enabler to help seeking in the literature review and by service networks.
  - Young people focused on ‘being able to say what you need’ to access assistance.
  - Young people also pointed out the importance of having trust in other people, whereas the service networks highlighted the importance of self-confidence and confidence in others in terms of help seeking. There is crossover here, but some subtle difference.
  - The literature review found that having a previous, positive help seeking experience enabled young people to seek help, as did a willingness to seek out help and to disclose problems.

#### *Family and Friends Level*

- All three sources found that having family that will listen and support you to find appropriate assistance is a crucial enabler to accessing mental health support.
- Young people emphasised the role of supportive friends, whereas this was not such a focus in the literature review or for the service networks.
- The service networks and literature review homed in on having a family/ family member with the skills, knowledge, and willingness to partner with young people. Whereas young people were more focused on access to people they could trust, who would listen and ‘be there’.
- The literature points to the benefits of family inclusive and recovery focused practice, with access to support and mental health training for the entire family. Positive influences/messages about help-seeking were also seen as important.
- The service networks highlighted the role of community in supporting families, but this was not raised by young people or in the literature.



### **Schools, Services and Community Level**




- Supportive schools were viewed as important enablers for accessing assistance with mental health across all three data sources.
- Service networks focused on the need for diversity in staffing (and culturally safe practice), ensuring staff were understanding, and that the role of the family (and their skills/knowledge) was respected.
- Young people highlighted the need for reliable and relatable staff in schools and services.
- Young people also noted that having access to safe places, activities and programs helped them to locate the support they need, as did links with adult mentors and role models. This was also found across the other two sources.
- The service networks and literature pointed to having highly flexible and youth focused mental health and SEWB services, (with coordinated and multidisciplinary specialist mental health teams) as important for access to help. Whereas young people appeared more concerned with 'generalist' youth spaces and trustworthy adults who had experienced similar issues and would 'be there' for them.
- The literature review pointed to the importance of the community's capacity to deal with mental health issues as a key enabler. This was alluded to by the service networks, but not by young people.

**Young people highlighted the need for reliable and relatable staff in schools and services.**

### **Socio-Cultural Level**

- At this level of analysis, young people highlighted only one enabler, this was having a non-judgemental society, where there was no shame or stigma.
- Service networks analysis put forward a range of enablers including a commitment to a public health approach to SEWB and funding for this (this was backed up in the literature review, which also specified access to Medicare subsidised mental health specific services). Service networks also pointed to the need for government to support innovation and creativity, and to celebrate and respect diversity in mental health policy and practice.

## Bringing the voices together: Barriers to accessing mental health support for young people

	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Individual level</b> 	Fear, stigma and shame (fear of labelling and being negatively judged or labelled by community and services)	It's hard to express emotions to strangers (trust, confidentiality, don't know how it all works/how to act and feeling shame)	Stigma about mental health (self) (Coates et al., 2019)
	Not being confident in identifying or expressing mental health issues	Problems seem too big/complex/entangled for anyone to help	Help negation/feeling 'no one can help' (not using what's on offer) (Rickwood et al., 2005)
		Not wanting to worry others	Being young <17 (comfort with support seeking increases with age) (Coates et al., 2019)
<b>Family &amp; Friends level</b> 	Lack of family literacy about mental health	Lack of knowledge in the family about mental health	Lack of mental health literacy among close networks (Coates et al., 2019)
	Stigma/shame among family and friends	Family attitudes (not listening to young people, dismissive, argumentative, have too many problems of their own)	Stigma about mental health problems in close networks (Christmas, 2021; Rickwood et al., 2005)
	Family values and beliefs about mental health	Family distrust of service system	Negative attitudes and beliefs about professional help in close networks (Christmas, 2021; Rickwood et al., 2005)
	Family distrust of mental health system	Young people's negative views about services (they don't help/make it worse)	
	Communication issues (culturally linguistically diverse and English as a second language) between families and services/schools		
<b>Services, Schools &amp; Community level</b> 	Lack of good mental health support facilities (24 hrs) and services	Other people's attitudes (lack of respect and understanding, judgement, stigma) in the community, schools and services	Lack of trust in schools and services (confidentiality, judgment and discomfort) (Coates et al., 2019; Rice et al., 2018; Rickwood et al., 2005)
	Lack of cultural safe teachers/practitioners in schools and services	Unsure about what is available and how to access it	Invalidating experiences and service environment (Platell et al., 2020)
	Cultural knowledge and ways of working not being acknowledged or utilised by services and schools		Difficulties in accessing and navigating the system, service entry criteria, cost and intake processes (Platell et al., 2020; Coates et al., 2019; Rice et al., 2018)
	Complex/confusing referral and intake process		Lack of community mental health literacy (McGorry et al., 2017)
	Waitlists for services		
	Lack of culturally transferable and appropriate mental health resources and tools in services		
	Staff turnover (no stability or consistency in relationships)		
	Community struggling to support young people.		
	Current information about mental health & wellbeing resources is not easily accessible to all (lack of multilingual info, not youth friendly)		



	SERVICE NETWORK VOICES	YOUNG PEOPLE'S VOICES	LITERATURE
<b>Socio-cultural level</b> 	Lack of resources across the system: for holistic, relationship-based services in all areas of young people's lives	Discrimination (racism, sexism and ableism)	Mental health system resourcing and service provision issues (Platell et al., 2020)
	Lack of understanding about mental health in society	The problems of society and community are all encompassing	Being male makes you less likely to seek support and less likely to provide it (Jorm et al, 2019; Rice et al, 2018)
	Stigma and shame across society		
	Public health approach is needed		
	Lack of support for careers in mental health and SEWB		

Table 14. Bringing the voices together: Barriers to support.



Judgemental,  
discriminatory people  
who did not demonstrate  
respect or understanding  
for young people were  
considered problematic

## Barriers:

### COMPARING AND CONTRASTING THE THREE SOURCES

#### *Individual Level*

- Stigma about mental health was seen as a barrier across all three sources. The fear of labelling and being judged was noted by service networks.
- Young people pointed to difficulties expressing themselves as a barrier, as well as a feeling that no-one would be able to help them. The concept of 'help-negation' was also found in the literature.
- A lack of mental health literacy was acknowledged in the literature review and by the service networks as a barrier to help seeking. Young people expressed similar views, but in different terms such as "not knowing how the mental health support system worked".
- Young people highlighted the issue of not wanting to worry other people, which was not noted in the other sources.
- The literature revealed that age could be a barrier, with those under 17 less likely to seek help.

#### *Family and Friends Level*

- All three sources agree that a lack of knowledge about mental health and ill-health can be a barrier to young people getting the help they need. All three sources identified barriers created by specific belief systems and stigmatising of mental illness by family and friends.
- Additionally, there was resonance across all three sources about distrust of the mental health services system which creates a barrier to getting support.
- The Service networks pointed to issues of language and communication for culturally and linguistically diverse families (particularly between families, young people and schools), yet this was not highlighted in the other two sets of analysis.

#### *Schools, Services and Community Level*

- The attitudes of some adults in schools, services and the community was identified as a major barrier to seeking support for young people. Judgemental, discriminatory people who did not demonstrate respect or understanding for young people were considered problematic.
- The other main issue for young people was uncertainty about how to access the support system. This was also found in the literature review and by service networks which provided further detail around specific aspects, such as lack of information about referral processes, waitlists, and the use of assessment and practice tools that were not culturally sensitive.
- The service networks also provided information (that was not found in the other two sources) about a general lack of culturally sensitive service provision, and a lack of information for community members about mental health support.
- Workforce turnover and low morale were also noted as problems by the service networks, which had a knock-on effect in terms of the quality and consistency of service provision for young people.
- The service networks also highlighted a general lack of consistent, flexible, well-resourced, fully staffed (with qualified professional and peer support workers) mental health support services for young people and their families in Palmerston.

### **Socio-Cultural Level**

- Both the service networks and the literature review pointed to a lack of resources in mental health and SEWB support systems across the country, in the NT and in Palmerston. This was linked to an undervaluing of mental health in general and a lack of commitment to early intervention and prevention approaches (which have been consistently called for over decades).
- Interestingly young people did not raise this point, but rather focused on the issue of discrimination and problems of their community and society more broadly, noting that if society has such serious issues (poverty, racism and unchecked climate change) then how can they be okay within this context?
- The literature review highlighted issues with young males being less likely to seek support than others.
- The service networks raised issues not found in the other two sources, such as a general societal level lack of understanding about mental health, and the devaluing of careers in mental health.







## In Conclusion

This report has brought together the voices of 133 Palmerston young people, 32 Palmerston community members, and 38 service network representatives with a review of relevant literature. We have brought these sources of expertise and experience together to gain a strong understanding of the issues surrounding the social and emotional wellbeing of young people in Palmerston. We have explored the factors that support or erode wellbeing, as well as the barriers and enablers to accessing mental health and wellbeing support.



## Key messages that have come through include:

When mental health and wellbeing is negatively impacted and young people need assistance, this is enabled by having supportive friends and family members, relatable, reliable, non-discriminatory service system staff, access to mentors and community leaders to accompany young people 'on the journey', consistent access to safe, engaging programs, activities and events that connect and support young people.

The major barriers identified by young people are stigma, unsupportive attitudes (family, community and staff at services), difficulty in self-expression, not wanting to worry others, and believing that problems are too overwhelming to be sorted out.

In addition to these barriers, a lack of appropriately funded, culturally safe, flexible and well-resourced mental health services form a barrier to assistance, as does the availability of easily accessible information about mental health, the service system and how to access it.

Young people, the service networks and other community members in Palmerston have generously shared their experiences, thoughts and ideas in this research report. The final words come from a young person.

“

If you want to help, get this message out to the world. Please... if this is happening to me, how many other kids/teens are experiencing the same thing? It's a global problem.

”

Young person - group interview participant



# SELF CARE

Be positive

Exercise every day  
Some things you can do  
Are going for runs, yoga,  
Doing weights and cardio  
(make sure you stretch.)

READ

It's Good to  
read at least  
one chapter  
of a Book  
Every night

Stay Hydrated

make sure to shower  
every night to wash off  
the gross Bacteria.

it's important to  
sleep every night  
for at least eight  
hours, especially  
if your still  
Growing



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