

headspace—geospatial analysis of mental health service provision for Indigenous young adults

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Background: ‘Are we in the right place?’ It is a question we constantly face in discussions about health service provision. *headspace* is a growing network of youth specific mental health centres that provide a service to the youth community. This cohort includes Indigenous young adults who are highly affected by mental ill health however often do not receive mental health care.

Method: Geospatial analysis using population-to-provider ratios was used to compare the location of centres with Indigenous young adult population and proportion. Similarly, remoteness areas compared these distributions to areas of deprivation. Case studies were used to determine the impact of the population proportion and remoteness may have on the success of the clinic.

Findings: *headspace* is well situated in areas of high Indigenous young adult populations, however this is not the case for areas where Indigenous young adults are of a higher proportion of the total young adult population. A significant distribution difference is present between *headspace* centres and the Indigenous youth population by remoteness. Centres in areas of high Indigenous proportion draw closer connections to the local Indigenous health community.

Discussion: The location of new *headspace* centres is based on a consideration of the entire youth population. To better service the needs of Indigenous young people *headspace* could consider areas of high Indigenous young adult proportion, in combination with creating partnerships with the Indigenous health community and increase its reach in rural and remote areas at the individual clinic level.

Recommendations

1. Establish clinics in areas where the proportion of Indigenous young adults are a high contingent in the youth population.
2. Extend the reach of existing clinics to areas of high proportionality of Indigenous young adults where it is not feasible to have a fully operational clinic (these may be rural or remote).
3. Create partnerships with existing Aboriginal Community Controlled Health Organisations.
4. Research further into the outcomes at the location of the centres i.e. change in the prevalence of severe mental illness for a region due to the primary care and prevention strategies deployed by *headspace*.
5. Further research into the cultural competency of the *headspace* service and its affinity to the needs of Indigenous young adults.