

 Youth Studies Australia

National Youth Sector Conference 2011: Selected papers

Interrupting Transmission:
youth / change / policy / practice



Introduction

As the first national youth affairs conference in over four years, Interrupting Transmission provided the youth sector in Australia with an exciting opportunity. The conference brought together over 330 people for three days in late May and early June 2011. They came from every state and territory, and included young people, youth workers, managers, researchers, academics and policymakers – all with a passion for making Australia a better place for its young people.

The conference's strapline was 'youth, change, policy, practice', and indeed each of these topics was discussed in detail. The major issues highlighted by the keynote speakers included the need for a new narrative and value for young people and the youth sector, and the importance of opening up opportunities to participate to new and diverse groups of young people.

There was passionate debate and discussion around youth work professionalisation and a national code of ethics, as well as emerging themes around the recognition and work of youth-led organisations, the use of technology to engage and empower young people, and innovative models of engagement for marginalised young people in alternative education programs.

The papers included in this publication provide a more detailed summary of the research elements of the conference. These papers cover a broad spectrum of issues, and represent both the breadth and depth of discussions over the three days of the conference. This includes the use of technology in youth work, youth participation, health and wellbeing, religion and spirituality, employment, culture and ethnicity, and so on.

In order to capture the different aspects of the conference, we chose to produce a number of smaller reports, each giving a different perspective of the issues and ideas discussed. This includes a summary of over 4000 twitter feeds, and a video made by young people from WA. These are available on AYAC's website at: www.ayac.org.au

I trust that the papers published within these pages, alongside these other 'snapshots', will lay testament to the healthy state of the youth affairs sector in Australia.

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All papers published in this Youth Studies Australia supplement have been peer reviewed.

The role of youth workers in helping young people access mental health care

by Debra Rickwood &
Kelly Mazzer

The high prevalence of mental health problems experienced by young people, and their reluctance to seek professional mental health care, are widely acknowledged. Young people face many barriers to accessing professional services, including preferences for turning to trusted informal support networks, working things out on their own, and fears about the consequences of service use. However, there are many pathways to accessing mental health care and a range of adults in young people's lives who can facilitate effective help-seeking. Youth workers could be particularly effective gateway providers to mental health care as, generally, they are well-engaged with young people and are often in contact with those who are most vulnerable.

Youth work comprises a broad field, however, and the roles of youth workers engaged in different contexts need to be examined in terms of helping young people to access mental health services. For example, youth workers are employed in many headspace centres to facilitate youth engagement. This paper reports data from a study of 92 youth workers in the ACT, examining the factors that affected how likely they were to advise a young person to seek mental health care for the commonly experienced mental health problem of depression. While, in general, the youth workers had positive attitudes to accessing mental health care, there were several barriers evident to their promotion of mental health service use. It is argued that youth workers have a critical role in the pathways to mental health care for many young people, particularly those who are vulnerable and marginalised, and a better understanding of their role and facilitating appropriate training need to be prioritised.

The role of youth workers in helping young people access mental health care

Young people's mental health and help-seeking

One of the greatest challenges to intervening early and taking a preventive approach to mental ill-health is the reluctance of young people to seek professional mental health care (Rickwood in press). The life stages between 12 and 25 years are characterised by both the highest levels of need for effective mental health care and the lowest levels of service use.

The high need for mental health care in young people is well established, with an emerging consensus that over one-quarter of young people will experience a clinically relevant mental disorder in any year. In Australia, as elsewhere, large-scale surveys reveal that the adolescent and early adult years are periods of peak prevalence and incidence of most mental disorders. The 2007 Australian National Survey of Mental Health and Wellbeing (NSMHWB) revealed that 26% of 16- to 24-year-olds had experienced an anxiety, affective or substance use disorder in the past 12 months (Slade et al. 2009). A large national US survey showed that the prevalence of mental disorder with severe impairment was 22% among 13- to 18-year-olds (Merikangas et al. 2010) and the US national comorbidity study showed that 75% of all mental disorders emerge by 25 years of age (Kessler et al. 2007).

The high prevalence of mental disorder in this age group should be matched by a high level of help-seeking behaviour. In contrast, there is a marked mismatch between the prevalence of disorder and professional help-seeking. In the NSMHWB, while 23% of young men reported a mental disorder, only 13% of these men had sought professional help (about 3% overall); for young women, 31% experienced mental disorder, 30% of these had sought professional help (about 10% overall).

The reluctance of young people to seek professional mental health care is evident internationally. For example, in Norway, a large study of 15- to 16-year-

olds showed that only 34% of those with high levels of depression and anxiety had sought professional help (Zachrisson, Rodje & Mykletun 2006). In Switzerland, a large, nationally representative sample of young adults aged 16–20 years revealed that only 13% of those who needed psychological help had sought health care (Mauerhofer et al. 2009). Even in countries with good access to health care, the marked reluctance of young people to seek professional care for mental health problems is clearly evident.

Barriers to seeking mental health care

Unique developmental factors impact on the help-seeking beliefs and behaviours of adolescents and young adults. These must be understood so that associated barriers to seeking professional help can be overcome and young people can have early access to the effective mental health care they need.

A recent systematic review of barriers and facilitators to help-seeking in young people, derived from both qualitative and quantitative studies of young people's perspectives, identified the major barriers as problems recognising symptoms, a preference for self-reliance and informal support, and perceived stigma and embarrassment (Gulliver, Griffiths & Christensen 2010). Facilitators were shown to be less well researched, but those for which there was some evidence were positive past experiences and encouragement from others.

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While these factors are relevant across the life span, they have particular salience for young people.

Help-seeking is inhibited by the very nature of the mental health problems most commonly experienced by young people – depression, anxiety, substance misuse and self-harm (Rickwood, White & Eckersley 2007). A process described as help-negation, which is the opposite of help-seeking, was first noted in relation to the effect of suicidal ideation, whereby strong suicidal thoughts among young people were associated with actively avoiding seeking help (Clark & Fawcett 1992). Help-negation has been defined as “the refusal to accept or access available helping resources” and is argued to be a function of “hopelessness, pessimism and cynicism regarding the efficacy of treatment” (Rudd, Joiner & Rajab 1995, p.499).

For example, the social withdrawal and hopelessness that often accompany depression can impede help-seeking, and studies show that young people are more likely to not seek help from anyone as depressive symptoms increase (Wilson, Rickwood & Deane 2007). The help-negation effect of anxiety disorders has not been studied, but the impact of symptoms of social phobia and agoraphobia on accessing traditional mental health services is clear. The effect on help-seeking of the often illicit nature of substance misuse and the highly stigmatised nature of substance use disorders was evident in the NSMHWB. For respondents aged 16–24 years, only 11% of those with a substance use problem sought help, compared with 32% of those with anxiety disorders and 49% of those with an affective disorder (Australian Bureau of Statistics 2010). Since substance use disorders were the most prevalent disorder for those aged 16–24 years, this accounts, to a substantial degree, for the lower level of health care use in this age group.

Another major barrier to young people accessing professional health care is their preference for dealing with problems themselves (Farrand et al. 2006). Even at high levels of distress, young people usually define their symptoms as something that should be managed on their own. In a large, nationally representative sample of Australian adolescents aged 13–17 years, the most common reason for not seeking professional help, reported by 38%, was a preference to manage the problem alone (Sawyer et al. 2000).

Young people have a strong preference for informal mental health support rather than professional care. Part of this comes from the belief held by many young people that informal support is sufficient and the most appropriate source of help for personal and mental health problems (Kuhl, Jarkon-Horlick & Morrisey 1997). Such beliefs are particularly salient among young people from culturally and linguistically diverse backgrounds that have strong norms regarding keeping personal information within family (de Anstiss & Ziaian 2010). Young people also prefer to disclose problems to those they know well and trust (Rickwood et al. 2005). They are especially reluctant to talk to strangers about very personal issues, which they find embarrassing and intrusive. They also believe that people they don’t know, including health professionals, will not understand them and their issues, and that it is only within their informal networks of friends and family that their problems will be understood.

Related to the need for trust, and one of the commonly reported reasons why young people prefer to keep their mental health problems to themselves or within their closest personal networks, is fear of the stigma of mental illness and fear of exposure from professional service use.



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A recent, large-scale survey of young people from 13 different universities in the US revealed that personally held stigmatising attitudes were related to reluctance to seek help (Eisenberg et al. 2009; Golberstein, Eisenberg & Gollust 2009). Similarly, a systematic review concluded that young people's concerns about what others, including the help providers, would think of them personally were the basis of their fears of stigma (Gulliver, Griffiths & Christensen 2010), rather than concerns about public stigma toward people with mental illness in general. Personal and self-stigma seem to be the greatest barriers to help-seeking (Schomerus, Matschinger & Angermeyer 2009).

Fears of personally being identified as having a mental illness and being a service user are more salient during youth and adolescence than at other stages of life due to the primacy of the peer group and the importance of identity and self-image. Peers become increasingly important as a social reference point during adolescence, and have maximal effect in middle adolescence (Monahan, Steinberg & Cauffman 2009) – at the same time that mental health problems are on the rise. Identity development is a central issue during adolescence, and the strong self-stigma associated with mental illness means that young people are very reluctant to adopt a “mental illness” identity.

Deriving from fears of personal stigma, confidentiality is a major concern of young people seeking mental health care (Rickwood et al. 2005). Not surprisingly, this is especially true in settings where exposure to others as a result of seeking help is more likely, such as in rural (Boyd et al. 2007) and school communities (Rickwood 2005). Greater fear of stigma is another reason that young men are more reluctant to seek help than young women, and boys have been shown to have substantially higher scores on

measures of stigma than girls (Rickwood et al. 2004). Consequently, anonymity can be an important facilitator of seeking help, particularly in the initial stages and especially for boys (Rickwood, Deane & Wilson 2007).

Facilitators of service use

To redress these substantial barriers to professional service use, ways must be found to reach out to young people in need, particularly those who do not recognise their need for help. Young people also need to be convinced of the value of professional treatment – that it will make a worthwhile difference to them. Services must be available that are confidential and non-stigmatising, and that acknowledge and respect young people's growing independence.

Encouragement from others is one of the most well-established facilitators of professional health care (Gulliver, Griffiths & Christensen 2010). When professional care is sought, three-quarters of people have had someone in their social network recommend it (Vogel et al. 2007). The informal support network of parents, friends and family is an essential part of the help-seeking process. Developmental patterns in help-seeking show that early in adolescence both boys and girls are most likely to seek help for their mental health problems from their parents, usually their mother (Rickwood et al. 2005). Not surprisingly, the younger the adolescent, the more influential parents are in the help-seeking process. In childhood, parental perception of problems is usually the starting point for referral to professional services (Sayal 2006).

The capacity for self-referral develops during adolescence along with increasing autonomy from parents, although parents continue to play a vital role in accessing professional treatment for most adolescents and many young adults (Muir et al. 2009). Over the high school years,



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seeking help from parents decreases, which is developmentally appropriate as young people become increasingly independent from family. For girls, this reduction is compensated for by increased reliance on friends, whereas boys increasingly rely on no-one but themselves (Rickwood et al. 2005). Internationally, the preference for young people to turn to informal social support for mental health problems is well established, as is the increasing reluctance of boys to disclose to anyone at all (Barker 2007).

Family and friends are not the only sources of support available to young people that they know and trust, however. Young people are in regular contact with a range of other adults such as teachers, sports coaches and youth workers. Such people have been called gatekeepers, or (preferably) gateway providers, being the adults within a young person's social network who can be the first to identify a problem and guide the

young person to appropriate treatment (Stiffman et al. 2004).

Gateway providers can be classified into four types: crisis (police, mental health crisis teams), formal (general practitioners), semi-formal (teachers, coaches, youth workers), and informal (family, friends) (Stiffman et al. 2004). These types play diverse roles in young people's mental health care through varying levels of involvement and enabling of different levels of access. Some gateway providers have the ability to formally refer to mental health professionals (crisis teams, general practitioners), others can recommend a mental health service or professional through a professional pathway (teachers, some youth workers), and others can suggest options for mental health care in a purely informal manner (youth workers, family). Each of these methods can facilitate a young person's pathway to mental health care.

The role of youth workers

Youth workers generally work in roles where they are best described as semi-formal gateway providers, meaning they do not have a direct referral role in terms of mental health care, but rather are in a position to advise, encourage and support young people to take certain health-related actions.

Youth work is practised in a range of different settings that involve contact with large numbers of young people, such as community-based agencies, residential programs, juvenile correction centres, housing refuges, outreach programs, educational services, social programs and youth centres (Maunder & Broadbent 1995). Importantly, young people are often at a point of vulnerability when they come into contact with youth workers (Sercombe 2004). More so than many other gateway providers, youth workers regularly come

into contact with young people who are at high risk of mental health problems due to poor lifestyle, disadvantaged upbringing, or living on the margins of the mainstream community, which are all risk factors for mental ill-health (Rickwood et al. 2005). By openly acting in the young person's best interests, youth workers are able to develop strong and safe relationships with young people (Sercombe 2004). This can be especially important for young people who are marginalised and vulnerable, and particularly those who do not have strong or effective support from family.

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It is important to note, however, that it is difficult to define a “youth worker” because of the heterogeneous nature of this workforce. White, Omelczuk and Underwood (2009) note that there has even been a reluctance to define youth work as this could restrict the parameters of the work and the people able to provide such services. They argue that core attributes of youth work can be defined as: young people as the target group, working within a youth-centred and youth-empowerment framework, and self-identification as a youth worker. This allows a very broad field, and for professionals from many and varied disciplines to identify as youth workers as well as those with no training whatsoever. Only recently has training specifically in youth work been available in Australia through recognised and accredited courses, and there is still a strong resistance to the professionalisation of youth work (Sercombe 2004). Consequently, this workforce remains largely ill-defined and unregulated: it is not even possible to determine its size as there is no reliable estimate, nationally, of the availability of youth workers (Carbone, Rickwood & Tanti 2011). Nevertheless, the many and diverse roles and contexts in which youth workers operate mean that they are likely to comprise a large workforce with high access to young people and thereby be an essential conduit to health care for young people at risk.

Youth workers in headspace

The important role of youth workers in young people’s engagement with mental health care has been recognised by the headspace National Youth Mental Health Foundation initiative. headspace is the Australian Government’s major

investment in the area of youth mental health, which commenced in 2006. It aims to provide a highly accessible, multidisciplinary model of care to target the core health needs of young people with mental health and alcohol and other drug problems (McGorry et al. 2007). At the end of 2011, there were 30 established headspace centres across Australia, with plans for the implementation of a further 60 centres.

As of early 2011, 20 of the 30 headspace centres employed youth workers, and this equated to the equivalent of 26 full-time places (headspace National Office 2011).

headspace ACT provides a case study of a centre that has been built around the role of youth workers as the main point of engagement for young people. headspace ACT employs three youth workers and a mental health clinician who work together as the intake and engagement team. For many young people, their first visit to headspace ACT is with the youth worker. This session focuses on listening to the young person and finding out what they want to achieve. The youth worker undertakes some of the holistic assessment around psychosocial needs, working in collaboration with the mental health clinician to determine the additional needs of young people that will require attention to support their clinical care. For young people who are concerned about seeing a psychologist or other type of mental health clinician, a youth worker who has established a relationship with the young person may attend part of the first clinical session. Youth workers often make follow-up phone contacts and attempt to ensure that young people remain engaged with their mental health care and have their wider needs met. The youth workers are seen as the young people’s “compass” at headspace ACT, and provide a single point of contact to engage and guide the young person through their mental health care and related services.

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Importantly, however, the youth workers involved in the service were carefully selected and received subsequent mental health training to ensure they have the

skills for their vital role. They are also provided with effective supervision and have strong clinical backup at all times.

Study of youth workers in the ACT

The role of youth workers in mental health care has not, however, been systematically explored.

Notably, research has not examined the role of community-based youth workers in relation to youth mental health care and their potentially important function in facilitating young people's early and effective access to mental health care. The aim of this paper was, therefore, to examine the role of youth workers in facilitating access to mental health care for young people. It considers the attitudes and intentions of youth workers regarding the referral of young people to mental health care, as well as the youth workers' own mental health help-seeking attitudes and intentions. It was anticipated that youth workers would not have a positive view of professional mental health care due to their primary focus on youth empowerment. Negative attitudes were expected to be related to youth workers' own reluctance to seek professional help personally and their perception that professional mental health services were not helpful. Negative views of mental health services were expected to translate into low intentions to refer young people with mental health problems to such services.

Participants

The study was undertaken in the Australian Capital Territory (ACT), where 92 youth workers, all working with young people aged 12–25, were recruited to

participate through the peak youth body – the Youth Coalition of the ACT. Workers in all youth-related services were invited to participate in the study through email, newsletter and personal communication at youth worker meetings. It has been estimated that there are about 180 people who identify themselves as youth workers in the ACT, so this comprised a 50% response rate (Youth Coalition of the ACT 2010). Those who volunteered were aged 19 to 61 years ($M=35.61$, $SD=11.06$) and 67% were female. There was a wide range of experience, with participants involved in youth work for between three months and 30 years. They came from many settings, with the most common being refuges (21.7%), youth centres (13.0%), schools (12.0%), accommodation support services (9.8%), outreach (7.6%), family support (5.4%), community health (4.3%), and youth recreation (3.3%). Notably, participants were generally well educated, with only 14% having no more than a high school education. Just over a third had a TAFE-based certificate or diploma (35.9%), and half had some level of tertiary education. Furthermore, two-thirds had received some mental health training.

Method

Approval was obtained from the University of Canberra's Human Research Ethics Committee prior to conducting the study. The methodology involved

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participants answering a self-report questionnaire that obtained demographic information and then presented a vignette describing a young person experiencing depression (Jorm et al. 1997) (see Box 1), which was chosen because depression is one of the most prevalent mental health problems for young people (Rickwood,

using the GHSQ with the same 14 items measuring seven help sources on a 7-point scale.

Questions based on the GHSQ asked how helpful participants thought each source would be for the person in the vignette; how often they had advised young people like John, the character in the vignette, to seek help from each source; and how likely they themselves would be to seek help from each source if they were experiencing depressive symptoms. The final measures ranged from 1–7, with higher scores representing greater perceived helpfulness, more common past referral behaviour, and higher personal help-seeking intentions.

The 10-item Attitude Toward Seeking Professional Psychological Help Scale – Short Form was used to measure attitudes toward seeking professional help for mental health problems (Fischer & Farina 1995). Participants respond on a 4-point scale from “agree” to “disagree” to statements indicating their attitudes. The measure is recognised as a reliable measure, with Cronbach alphas of .83 and .86 reported in two student samples (Fischer & Turner 1970).

Perceived access to mental health care was measured by four items assessing the extent to which the youth workers perceived themselves as having control over accessing help from mental health professionals for young people. Items included, “If you were talking to a young person who you thought may be suffering from depression how easy would it be to for you to get them help from a mental health professional?”. The items were responded to on a 7-point Likert-type scale. Averaged total scores ranged from 1–7, with higher scores representing greater perceived behavioural control. The scale showed good reliability in two Australian studies (Rickwood et al. 1998; Maher & Rickwood 1997).

BOX 1

VIGNETTE OF A YOUNG PERSON EXPERIENCING DEPRESSION

John is a 15-year-old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time but has trouble sleeping at night. John doesn't feel like eating and has lost weight. He can't concentrate on things and puts off making decisions. John feels that everything is a great effort, and even day-to-day tasks seem too much for him. He feels worthless a lot of the time.



If you were talking to a young person who you thought may be suffering from depression how easy would it be for you to get them help from a mental health professional?

White & Eckersley 2007).

The vignette was used to enable participants to respond to a range of questions based on the General Help-Seeking Questionnaire (GHSQ) (Wilson et al. 2005). This measure has been used in several Australian and international studies and has demonstrated high internal consistency; for example, reporting a Cronbach alpha reliability coefficient of .85 in Wilson et al.'s (2005) study. Participants rated how likely they would be to advise the young person depicted in the vignette to seek help from 14 different sources, which were combined into seven sources: self-help, such as seeking information from the internet; informal help from family and friends; community services, such as social workers; work or school supports, such as teachers or supervisors; mental health professionals; general practitioners (GPs); and help from no-one. Responses were recorded on a 7-point Likert-type scale from 1 “extremely unlikely” to 7 “extremely likely”.

Measures of own help-seeking intentions, perceived helpfulness, and past referral behaviour were also measured

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Results

Table 1 presents the mean scores and relative rank of each help source as applied to the referral intentions of youth workers, their past referral behaviour, the perceived helpfulness of the source, and the youth worker's own help-seeking intentions. This reveals, first, that the lowest ranked option for all measures was 'no-one', showing that youth workers

TABLE 1. Mean [and rank] referral intentions, past referral behaviour, perceived helpfulness and own help-seeking intentions of youth workers by source of help

Help source	Referral intentions	Past referral behaviour	Perceived helpfulness	Own help-seeking intentions
Self-help	4.95 [5] (1.29)	4.40 [5] (1.07)	5.22 [6] (0.91)	5.13 [1] (1.22)
Informal	5.30 [4] (1.12)	4.71 [4] (0.94)	5.42 [4] (0.82)	5.04 [2] (1.25)
School or work supports	5.43 [3] (1.26)	5.00 [2] (1.21)	5.57 [3] (0.87)	4.41 [4] (1.67)
Community services	6.20 [1] (1.08)	5.15 [1] (1.20)	6.03 [1] (0.95)	4.03 [5] (1.92)
GP	5.64 [2] (1.46)	4.71 [3] (1.50)	5.70 [2] (1.02)	4.77 [3] (1.87)
Mental health professional	4.81 [6] (1.28)	3.91 [6] (1.15)	5.32 [5] (1.08)	3.91 [6] (1.51)
No-one	1.82 [6] (1.17)	1.72 [6] (1.20)	3.20 [6] (1.75)	2.07 [6] (1.47)

NOTE. Standard deviations in parentheses.

were predisposed to encourage *some* type of help-seeking action. However, the next *lowest* ranked option was referral to a mental health professional, showing a generally unfavourable reaction in this help-seeking direction. The highest ranked option was for community services, followed by GPs. A relatively similar pattern was evident for past referral behaviour and perceived helpfulness.

Note that the option of self-help was ranked second or third *last* for referral intentions, past behaviour and perceived helpfulness in relation to young people's mental health.

In marked contrast, the option of self-help was ranked first for youth workers' *own* help-seeking intentions in response to symptoms of depression. Turning to no-one and seeking help from a mental health professional were similarly ranked last for own help-seeking intentions, which was comparable to intentions for young people's referral.

It was also of interest to examine some of the factors that might be related to intentions to refer a young person to a mental health professional. Pearson correlation coefficients revealed that referral intentions to a mental health professional were not associated with any of the demographic characteristics of the youth workers, namely: gender, age, years working as a youth worker, level of education, or training in mental health. A significant correlation ($p < .01$) was shown between referral intentions and belief in the helpfulness of mental health care, which had the strongest relationship with a correlation coefficient (r) of .58. Similarly, there was a strong correlation with own help-seeking intentions from a mental health professional and intentions to refer young people ($r = .56$). Referral intentions were moderately associated with past referral behaviour ($r = .48$) and with a more positive attitude toward mental health care ($r = .47$). A weaker, but still significant, association was evident between referral intentions and perceived access to mental health care ($r = .31$). Overall, however, the youth workers in the sample had a relatively positive attitude toward seeking professional help with an average score on the 4-point scale of 3.17 (SD=0.49).

Discussion

The results of the study of ACT youth workers show that their intentions to refer a hypothetical young person with clear signs of depression to a mental health professional were, generally, low.

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Youth workers
comprise
an essential
component
of youth-
friendly mental
health services

They were most likely to refer to a community service – services in the same sector as those the youth workers themselves were employed within. Next most common, however, was GPs, which shows an appreciation of the increasingly prioritised role of GPs in mental health care – as both providers and gatekeepers to other mental health services.

The future referral intentions and past referral behaviour of youth workers were consistent with their perceptions of the helpfulness of services, and there was a strong relationship between referral intentions and perceived helpfulness. Overall, however, the youth workers had a relatively positive attitude toward seeking professional help, so it did not appear to be attitude, per se, that was a barrier to referral. Tellingly, however, youth workers themselves were most likely to use self-help strategies for depression and be unlikely to intend to go to a mental health professional. This pattern of behaviour mirrors results for young people, as they also prefer self-help strategies over professional mental health care (Rickwood in press).

This raises a concern: if youth workers are not likely to utilise mental health professionals themselves, how strongly would they support and encourage young people to do so? The current study shows that the support of youth workers in the ACT for traditional mental health services is quite low, for both their own health care and for the referral of young people. It would be of interest to know if this view is held more widely by youth workers across Australia. Given the high level of access that youth workers have to young people at high risk of mental health problems, and the role that youth workers play in the young people's lives, this could be a widespread issue that needs to be addressed.

With the advent of more youth-friendly mental health service systems such as headspace, and the increasing

array of online mental health support for young people, youth workers need to be encouraged to help young people access these innovative forms of support. Trusted adults in semi-formal roles in the broader context of young people's lives and attuned to their needs, such as youth workers, are essential in overcoming barriers and facilitating access to appropriate mental health care for young people. Youth workers comprise an essential component of youth-friendly mental health services (Carbone et al. 2011). However, the help-seeking knowledge, attitudes and intentions of these potential gateway providers need to be strongly supportive of available sources of mental health care before they will be able to facilitate young people's service access. All youth workers have a role in identifying and supporting young people with mental health problems and helping them to access appropriate interventions; specially trained youth workers also have a frontline role in the ongoing engagement of young people in mental health services when they do access them. Consequently, the role of youth workers in enabling young people's access to and engagement with mental health care must be recognised and prioritised – as is beginning to happen through initiatives such as headspace. ■

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The role of youth workers in helping young people access mental health care

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Attitudes informing the use of technologies by the youth health workforce to improve young people's wellbeing: Understanding the nature of the "digital disconnect"

by Michelle Blanchard
Helen Herrman
Marion Frere &
Jane Burns

Using a mixed-method approach, this study investigated:

1. the current role of technologies in improving young people's mental health;
2. the youth health workforce's attitudes towards the use of technologies to improve young people's mental health; and
3. how this workforce currently employs these technologies.

Many participants believed that technologies play a considerable role in the lives of most young people and have the potential to influence mental health and wellbeing. Despite this potential, they are poorly understood and under-utilised in mental health promotion and the prevention, early intervention and treatment of mental ill-health. Participants commented that this situation could be improved if barriers to their use of technologies were overcome.

Further research and investment is necessary to secure appropriate technological infrastructure in mental health services and in training staff to better understand young people's technology use and the range of technological strategies available to them.

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Little is known about the attitudes of the youth health workforce towards the role that technologies play in young people’s lives and their potential impact, both positive and negative, on mental health and wellbeing

Over a quarter of all young Australians aged 16 to 24 experience a mental health difficulty in any one year (Australian Bureau of Statistics (ABS) 2010). Suicide rates remain high, with suicide one of the foremost causes of death in the 15- to 24-year-old age group (ABS 2011). Mental ill-health has enormous economic implications. It is estimated that in 2009 the direct costs of untreated mental illness in Australian young people totalled \$10.6 billion (Access Economics 2009). Unless addressed, the effects of mental ill-health can persist over an individual’s lifetime (Costello, Foley & Angold 2006) and lead to further occupational, economic and interpersonal difficulties. Presently, only 29% of young Australians with a mental health difficulty seek help when they need it (Burns et al. 2010; Slade et al. 2009) and timely and evidence-based treatments are only encountered by a small proportion of those young people who do receive care (Libby et al. 2007; Andrews et al. 2000).

For many young Australians, information communication technologies are an integral part of their everyday lives, with over 95% of Australian young people using the internet (Ewing, Thomas & Schiessi 2008). Good evidence exists that technologies can be used effectively to improve mental health and wellbeing (Griffiths, Farrer & Christensen 2010; Spek et al. 2007), especially among young people (Ryan, Schochet & Stallman 2010; Christensen & Hickie 2010; Burns et al. 2010). For those experiencing mental ill-health, the strategic use of technologies can help to overcome barriers to help-seeking such as physical access, confidentiality concerns and stigma (Gould et al. 2002). Acceptance of the use of technologies for improved mental health is high, as many young people have an affinity with mobile phones and the online environment (Iafusco, Ingenito & Prisco 2000). For those wishing to improve their overall wellbeing, technologies can

assist in promoting social inclusion, access to material resources and freedom from discrimination and violence (Burns & Blanchard 2009; Burns et al. 2009). While positive results are seen from the use of self-directed eHealth interventions, there is some evidence that these are most effective if used as part of a stepped care model (Van Straten et al. 2010), with the support of a trained professional (Perini, Titov & Andrews 2009; Titov et al. 2009) or as an adjunct to face-to-face treatment (Hickie et al. 2010).

Little is known about the attitudes of the youth health workforce towards the role that technologies play in young people’s lives and their potential impact, both positive and negative, on mental health and wellbeing (Blanchard et al. 2008; Burns et al. 2009; Metcalf et al. 2008). Similarly, the way that members of the youth health workforce use these technologies in practice, or to access education and training, is not well understood.

In light of this evidence on the usefulness of technologies, it is timely to investigate whether the youth health workforce has the capacity to support young people’s engagement with technologies in ways that benefit their wellbeing. By the “youth health workforce” we mean those practitioners working in a range of roles across mental health promotion and the prevention, early intervention and treatment of mental ill-health, such as youth workers, social workers, psychologists, occupational therapists, mental health or psychiatric nurses, community development and arts practitioners, general practitioners and psychiatrists.

Research aims

This study investigated how the youth health workforce use technologies to promote or improve the mental health and wellbeing of young people aged 12

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to 25. It used a mixed-method approach to consider:

1. the current role of technologies in improving young people’s mental health;
2. what attitudes are held by the youth health workforce regarding the use of technologies in improving young people’s mental health; and
3. how the youth health workforce currently makes use of technologies to improve young people’s mental health.

Methods

This study was conducted in three phases employing three different data collection methods in order to describe and understand members of the youth health workforce’s attitudes and behaviours concerning the use of technologies within the context in which they work. This data collection included an online questionnaire (n=233), organisational audits of five multidisciplinary youth health services and interviews with expert opinion leaders (n=9).

This paper focuses on the results of the online questionnaire with reference to the attitudes of the youth health workforce to the use of technologies in improving youth mental health and the perceived barriers to the use of these technologies. Findings from the other two phases of the study will be reported in future publications.

Further detail regarding the online questionnaire, which examined health care professionals’ use of technologies, their technological literacy and their attitudes and behaviour toward using technologies to promote and improve young people’s mental health and wellbeing, is provided below.

Rationale for conducting an online questionnaire

A cross-sectional questionnaire was chosen in order to provide an overall picture of the attitudes and behaviours of the youth health workforce. This approach was chosen, rather than a focus group, participant observation or diaries, because professionals who work with young people experience demanding work pressures.

Recruitment and sample

All questionnaire participants were recruited through Australian multidisciplinary health services that work with young people aged 12 to 25. Multidisciplinary services are those where health care providers from different professions work together to collaboratively provide diagnoses, assessments and treatment within their fields of practice and expertise. Both mental health and specialist youth health services were included.

Services eligible to participate included child and adolescent mental health services, adult mental health services, generalist youth health services and headspace sites.

An individual within a service was eligible to participate if their role involved working directly with clients aged 12 to 25 (or a range within that cohort, for example, 18- to 25-year-olds) and included either clinical or mental health promotion activities.

The questionnaire was distributed in a uniformly staged fashion. That is, it was released to a small number of sites at a time, participants given a finite amount of time to complete the questionnaire, and then released at the next group of sites.

The questionnaire was distributed to 731 individuals, representing the total number of staff at the 19 services who consented to distribute the questionnaire. A total of 233 participants completed the questionnaire between 21 January 2009 and 30 August 2009, an overall response rate of

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31.9%.

This response rate is high in comparison to similar research projects with members of the health workforce (e.g. Crouch, Robinson & Pitts 2011; Sancu et al. 2000; Dobrow et al. 2008). Response rates at individual sites varied from 4.4% to 100%, with the median response rate being 30%. A total of 26 individuals did not identify themselves as being from one of the recruitment sites.

Thirty-one individuals completed the questionnaire in hard copy. These were primarily workers from a rural and regional child and adolescent mental health service, staff members at an adolescent inpatient unit and a youth access team at a large metropolitan youth mental health service. The remaining 202 participants completed the questionnaire online.

The sample predominately identified as female (71.2%), with 27% identifying as male and 0.4% as transgender. Participants most commonly identified with the 26- to 35-year-old age category. Participants included those at all stages of their careers. The median number of years worked in the sector was two to five years; however, 14.2% had worked in the sector more than 20 years. Over one-third (39.1%) of those surveyed worked in a service in rural, regional or remote Australia.

Questionnaire participants represented a broad range of professional backgrounds, with the largest proportion of responses being from case managers (24%), psychologists (12%), service managers or directors (9.9%) and psychiatric or mental health nurses (7.3%). Individuals trained in social work or occupational therapy are often employed as case managers, therefore it is expected that these individuals are represented within the 24% of participants who identified themselves as such.

Participants' current work focused predominantly on young people aged 16 to 25; with 68.2% indicating that more than 75% of their work focused on this age group. Just 3.9% worked in adult

mental health services while 20.2% and 18.5% worked at headspace sites and other youth mental health services respectively. In addition, 29.6% indicated that they worked at a child and adolescent mental health service.

Measures

The questionnaire was a cross-sectional survey providing both descriptive and analytic information. The questionnaire was designed by the authors and informed by previous studies (Metcalf et al. 2008; Blanchard et al. 2008). A majority of the questions were in fixed-choice format, to reduce coding bias.

The first section of the questionnaire collected demographic information about the participants and the nature of their work with young people. The second section was based on previous studies, including the 2008 technology capacity survey of the non-profit sector (Connecting Up 2008).

Feedback was sought on the draft questionnaire from staff members at Orygen Youth Health and the Inspire Foundation. Minor changes were made at this point, mainly concerning the technical information required from participants regarding their computer and internet set-up. The number of demographic questions asked of participants was also reduced.

Analysis

The questionnaire data was entered into SPSS (statistics software) and a summary of descriptive statistics produced. In the main, the data was subject to univariate analysis. As this is a cross-sectional study, the data cannot be used to infer causality. Instead, it provides an indication of the occurrence of particular attitudes and behaviours among the group surveyed. Content analysis was applied to the qualitative data. Positive, negative and neutral statements about technology use were identified and key themes extracted.

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An interpretive framework was then used in analysing the data in order to consider the social context in which practitioners and organisations work.

Results

Use of technologies by the youth health workforce

Participants were asked to provide information about their access to and use of technologies at work. Almost three-quarters (72.5%) had access to a work computer of their own, while 26.6% share a computer with a colleague.

Participants were asked to identify the three most significant uses of their work computer. These included researching information (58.4%), word processing (57.9%), administration (55.4%) and accessing an organisational intranet (45.9%). None of the top seven identified uses of technologies facilitated direct engagement with young people. Just 8.6% indicated that this was a significant use of their work computer. Other uses of their work computer identified by participants included: accessing resources for families, assessments, blogging, making clinical and case notes, email communication with colleagues and external stakeholders (for example, other services providers), development of training materials, resources and policies, maintaining an online reflective diary and statistics (monitoring and reporting).

Overall, participants reported that they were very confident using their computer for work, with 61.4% indicating that this was the case. Only 3.9% indicated that they “could use some help” while 0.4% were not confident at all.

Participants indicated that their current use of technologies was generally for administrative or referral purposes such as printing information for clients or carers (86.2%), client record management (61.8%) and referring clients or carers to websites (55.6%). However, when

asked to indicate how they would like to use technologies, participants cited more client-oriented activities such as sending appointment reminders via SMS (39.2%), video or teleconferencing (36.6%), record management (34.4%) and online counselling (25.8%).

Participants’ attitudes towards the use of technologies

Participants who completed the online questionnaire were asked to state the extent to which they agreed with a number of statements designed to assess their attitudes towards the use of technologies (see Table 1 on next page).

Young people’s safety was identified as a major concern for almost three-quarters of all participants (74.7%). Despite these concerns, participants had generally favourable attitudes towards technology. Of note:

- More than half believed that technologies have a role to play in the early identification and treatment of mental health difficulties. A slightly smaller proportion felt that there was enough evidence to suggest that using technology would be beneficial.
- Almost three-quarters (72%) believed that using technologies would allow them to have a greater impact on young people’s mental health.

It was hypothesised that concern for young people’s safety online would be greater among those who had worked in the sector the longest, were older and worked in a child and adolescent mental health service. A Pearson’s chi-square (c^2) test revealed that this was not a significant factor $c^2=3.931$, $df=5$, $p=0.559$.

Participants were varied in their belief that using information communication technology would add to their workload. In total, 38.7% neither agreed nor disagreed with this statement, suggesting that this requires further consideration

There were several themes in



It was hypothesised that concern for young people’s safety online would be greater among those who had worked in the sector the longest, were older and worked in a child and adolescent mental health service

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TABLE 1: Participants’ attitudes towards technologies

* n=218 # n=213 ^ n=217	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)
I am concerned about young people’s safety online*	21	54	19	5	1
I currently use information communication technology in my practice*	18	51	17	10	4
I have the skills to use information communication technology in my practice*	20	61	12	5	2
I would like to use information communication technology in my practice#	25	53	21	1	0
Information communication technology has a role to play in the early identification and treatment of mental health problems in the young^	27	53	20	0	0
There is enough evidence to suggest that using information communication technology in my work is beneficial*	23	43	32	2	0
Using information communication technology in my practice will allow me to have a greater impact*	18	54	27	1	0
Using information communication technology in my practice will increase my workload^	2	17	39	35	7

participants’ qualitative responses regarding the benefits of using technologies.

Participants believed that technologies could facilitate a reduction in barriers to engagement. For example, young people may feel more comfortable making first contact, or discussing personal or sensitive issues, online rather than in person.

They also believed that technologies could assist in building credibility with young people by communicating through their preferred medium. The role of technologies in young people’s lives is widely documented (Ewing et al. 2008; Wyn et al. 2005; Collin & Burns 2008). By engaging young people in their preferred medium, practitioners are engaging young people “on their terms.” As one participant noted:

I think another reason for using it ourselves as much as possible is that our clients use it so much. Clients sometimes attend their first session with a mental health practitioner and already have an idea about their diagnosis based on information from the internet.

Making use of new and emerging technologies supported practitioners to make better decisions based on more accurate information. For example, the opportunity to conduct real-time mood monitoring, rather than relying on retrospective self-reports. Practitioners often rely on inaccurate self-reports to guide decision-making. Technologies such as internet-enabled mobile phones and personal digital assistants (PDAs) allow mood-monitoring and behavioural reports to be collected in real time.

Some technologies can also empower young people to take responsibility for their own care and become informed consumers. For example, providing young people with access to evidence-based online resources such as cognitive behavioural therapy-based modules, serious games and wellbeing toolkits can encourage them to take responsibility for their care. These technologies can also support young people who are in recovery or who do not have a mental health difficulty to employ self-care strategies to manage their own wellbeing.

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Practically, using online systems can lead to efficiencies in record management and sharing, by reducing the need for information to be printed or for notes to be kept in hard copy.

For those with favourable attitudes, there was a strong acknowledgement that this was young people’s preferred medium and therefore a crucial tool for those working with young people to improve their mental health and promote positive wellbeing. There was some concern that by being slow to act and adopt the use of technologies, mental health services risked not engaging those who need help:

I think the biggest barrier to technology use is adults’ fear of the unknown. This is not responding to help-seeking behaviours and general behaviours of young people. If we do not catch up soon to the technology savvy group that young people are, then we will risk losing them from service delivery.

Among those with favourable attitudes towards using technologies were participants who could see the value that using technology could add to their practice, but were frustrated at policies which prevented them from doing so. Participants who wanted to integrate technology into their practice reported that they often faced opposition from colleagues and management who considered it to be “too risky”.

Concerns were expressed regarding the lack of technological infrastructure available in youth and mental health services. For some, the lack of infrastructure was even more frustrating due to the importance of technology in the lives of their client group.

For those where access to computers, mobile phones and internet was available, challenges persisted. For example, it was reported that computers might be located in private office spaces where client details are stored, limiting their direct use with clients.

While participants acknowledged the opportunities that technologies afford, they also identified structural barriers, fears and concerns that limited their use. Some of the common challenges which emerged as themes included privacy, keeping infrastructure secure and ensuring access for those young people experiencing social or economic marginalisation.

With regard to these challenges, participants reported that their email systems were vulnerable to security breaches and therefore not regarded as secure for transmitting personal or sensitive information. Participants were concerned that information could “get into the wrong hands” as they felt there was no way of guaranteeing that only the intended recipient would access information sent via mobile phone or email. Participants were also concerned that public access computers in inpatient wards or in youth or mental health services might be vulnerable to property damage.

Many of those surveyed work with young people who experience social and economic marginalisation or have literacy issues. While technology could potentially address this marginalisation, some participants were anxious that providing access to services online could further marginalise those most at risk, who may not have regular or quality access to technology.

Issues of a more philosophical or ethical nature were also raised. Some participants were concerned that the introduction of new mechanisms for communicating with clients such as email, text messaging or social networking sites could create an assumption that they were available 24/7. Those who worked with young people in crisis were particularly concerned about this and their capacity to be able to intervene if a young person contacted them outside of their normal work hours.

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Finally, there was a view held by a small number of participants (two qualitative respondents) that online engagement with young people could not possibly be as effective as face-to-face contact. Some participants believed that the most value was derived from therapeutic relationships developed face to face. While participants were conscious of this as a potential barrier, they were also aware that the risks could be reduced. For example, one participant explained:

Most are aware of the research that says that about 60% of treatment outcome is determined by the nature of the therapeutic relationship rather than particular therapeutic orientation, therefore I feel the most benefit would be achieved by therapists and their patients using relevant technologies in collaboration with each other to achieve mental health goals. Obviously there are many other uses for technologies in promoting mental health when there is no therapist involvement as long as clients are encouraged to access appropriate “human” support and assessment when necessary.

A further challenge was the relatively low awareness of evidence-based e-mental health services among those who completed the survey. This has led to a lack of awareness about which technology-based strategies or approaches are most effective and in which contexts. For example, 38.2% and 43.3% respectively were not aware of online mental health promotion resources ReachOut.com and Youthbeyondblue (www.youthbeyondblue.com). Even lower awareness levels were found in relation to the evidence-based interventions for those experiencing mental health difficulties, with 86.3% not aware of Virtual Clinic (www.virtualclinic.org.au), 84.5% not aware of eCouch (www.ecouch.anu.edu.au) and 51.5% not aware of MoodGYM (www.moodgym.anu.edu.au).

Discussion

It is clear from the findings of this study that there is a “digital disconnect” present in Australian youth mental health services. This disconnect is represented by a gap between young people’s use of technologies and the apparent lack of engagement with these technologies on the part of those working to improve young people’s mental health. The digital disconnect is further characterised by:

1. poor awareness in the youth health workforce of evidence-based approaches to using technologies to improve young people’s mental health and wellbeing. This limits their capacity to use these services and demonstrates that education to address this knowledge gap is much needed;
2. a lack of policies and procedures within individual organisations and the service system that support the safe and health-promoting use of technologies; and
3. the absence of appropriate technological infrastructure within individual organisations and the service system.

The findings of this study demonstrate the need to build the capacity of the youth health workforce to enable them to better use technologies to improve young people’s mental health and wellbeing. In particular, there is a need to bridge the gap between young people’s lived experience and practitioners’ understanding of young people’s technology use and its impact on young people’s wellbeing. A good understanding of young people’s use of technology is likely to encourage practitioners to engage, build rapport and establish credibility with them.



The findings of this study demonstrate the need to build the capacity of the youth health workforce to enable them to better use technologies to improve young people’s mental health and wellbeing

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Study limitations

This study has a number of limitations. As it was conducted in multidisciplinary settings, few participants worked in private practice or in other sole practitioner environments. This limits the extent to which the study findings can be generalised to other settings.

There were also low levels of participation in the study from practitioners in Western Australia and the Northern Territory, where the context in which practitioners work may differ from that of other states and territories.

For example, the number of remote communities (as opposed to rural and regional locations) and the relatively high numbers of Aboriginal and Torres Strait Islander young people, means that the issues facing practitioners may be different from those experienced in other locations.

Few psychiatrists and physicians participated in the questionnaire, which limits the extent to which these findings can be generalised to these professional groups. It should be noted that there was good representation from these groups in subsequent phases of the study.

Conclusion

Participants believe that technologies play a considerable role in the lives of most young people and that these technologies have the potential to influence mental health and wellbeing, both positively and negatively.

However, they also felt that these technologies are poorly understood and under-utilised in mental health promotion and the prevention, early intervention and treatment of mental ill-health. They commented that technologies could be used more effectively by the youth health workforce if barriers to their use were overcome. Such barriers include poor infrastructure, lack of guidelines or policies to support safe and constructive use of technologies and lack of awareness about which technology-based strategies or approaches are most effective and in which contexts.

Results suggest that if the potential of technologies as a tool or setting for improving young people’s wellbeing is to be realised, guidelines for their safe and effective use need to be developed. Further research and investment needs to be made in securing appropriate technological infrastructure in youth mental health services and in training staff members to

develop an adequate understanding of young people’s technology use and the range of strategies that can be applied to improve and promote young people’s wellbeing. There is strong potential to test and extend the findings from this study in other settings and with other populations. This research will be needed if we are to make the most of the opportunities that technologies afford. ■

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Ethical considerations

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The benefits of an integrated sacred–secular approach to youth worker training

by Phil Daughtry

In his professional context as a youth work academic at a faith-based institution, Phil Daughtry has had cause to think creatively about both faith-based (sacred) and secular concepts, values, assumptions and discourses, and how these relate to the process of preparing youth work students to think and work in the predominantly public and secular youth work sector. In this paper, Daughtry explains the concepts 'sacred' and 'secular', how these are applied in faith-based and secular youth work training settings, and the value of partnership between the faith-based and secular youth work sectors. Finally, he offers two simple frameworks and a series of guiding questions to progress the conversation between the sacred and the secular in youth work training in the face of significant tensions between differing ideologies and world views.

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To begin with I would like to explain the particular context of my interest in this topic before proposing some of the reasons why I think it has potential for broader consideration. I work in a faith-based institution. Tabor Adelaide is a not-for-profit higher education provider that claims, as one of its distinctions, to offer “tertiary education from a Christian perspective”. What this means in terms of our youth work degree is that we tend to attract students for whom personal faith is important and who have often become interested in youth work through their experience in church youth groups and/or schools chaplaincy and/or other Christian initiatives in youth service. The other side of the story is that we need to train our students to think and work in predominantly public and secular environments and that our programs are assessed for accreditation primarily by people who view them through the lenses of the social sciences and human services. Thus, in my setting, I have no choice but to think about the processes of conversation and integration between the “sacred” and the “secular” in youth worker training.

In this presentation I will first explain what I mean by the terms “sacred” and “secular”. Second, I will identify the areas of focus within my own curriculum experience in relation to the conversation between these terms and make suggestions for focal points in different curriculum settings. I will then move to an extended discussion on three key reasons why I think it is important for us to progress this conversation. In wrapping up I will suggest a framework for guiding ongoing discussion and a short list of key related questions.

A definition of the terms ‘sacred’ and ‘secular’

What I mean by “sacred” relates at one level to our historical cultural orientation to the Christian faith and its associated

world views and continuing contemporary influence. At another level my use of the term also refers to other religious influences within Australian culture, most importantly the Indigenous perspective, the rising mainstream popularity of Buddhism, and immigrant-driven faith communities in Muslim, Hindu and various other traditions. Engebretson (2007) offers the following definition of the sacred that is influenced by a religious orientation:

Spirituality is experience of the sacred other, which is accompanied by feelings of wonder, joy, love, trust and hope. Spirituality enhances connectedness within the self, with others and with the world. Spirituality illuminates lived experience. Spirituality may be expressed in relationships, prayer, personal and communal rituals, values, service, action for justice, connection with earth. Spirituality may be named in new and re-defined ways, or through the beliefs, rituals, symbols, values and stories of religious traditions (pp.206-07, author’s emphasis).

At still another level the term “sacred” may also refer to a non-religious disposition that is reflective and attuned to the poetic, aesthetic, psychosocial, imaginative and ethical dimensions of human existence. Bouma (2006) frames spirituality in a way that allows for understandings that include, but are not restricted to, a specific theological framework:

Being spiritual ... is to allow the self to be open to relationships, experiences and realities outside the ordinary frame of life, or to admit that there are more dimensions to life than time and space. At the core of spirituality is the encounter with the other, some other, be it God, nature, a tree, the seas, some other person or the core of our own being (p.12).

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A secular society does not exclude 'spirituality' as a concept, influence or way of being but neither does it embrace spirituality as being of central importance to the ordering of civic life and the public discourse

Tacey (2008) views the sacred and spiritual as an “anthropological given” based on his reading of psychologists such as Jung, Fromm, Maslow and Rogers who “all suggest ... the search for higher meaning is instinctual [and therefore] ... the quest for transcendence will continue, regardless of whether individuals are religious or not” (p.11). Moore (1992) also speaks of the sacred as integral to the psychological nature of human existence and advocates the need for all people to “cultivate depth and sacredness in everyday life” by paying attention to that part of us which is “soul”, the part that “lies midway between understanding and unconsciousness, and that its instrument is neither the mind nor the body, but imagination” (pp.xii-xiii).

What I mean by the “secular” relates to the historical, cultural influence of the Enlightenment in western culture and the subsequent development of our modern world view that has seen rational, humanist philosophy, social theory and scientific approaches to understanding our world and the human story largely displace the religious discourse as our primary authoritative. In an everyday sense, the meaning of secular is that we are free to choose from a wide range of intellectual and moral discourses in the framing of our personal choices and ideologies. It also means that as a society we may continue to explore and evaluate what is good and helpful for life and wellbeing from the perspective of rational analysis and empirical evaluation.

A secular society does not exclude “spirituality” as a concept, influence or way of being but neither does it embrace spirituality as being of central importance to the ordering of civic life and the public discourse. In Hughes’s (2007) analysis of the data around youth spirituality in Australia he concludes that most young people operate from a world view that places disciplines such as chemistry, physics, geography, geology and history at the centre of what can be understood

to be concrete and reliable. Concepts such as miracles, God, astrology, reincarnation and psychic power are recognised alternatively as on the gray and fuzzy edges of reality and relate less to agreed constructs on which to base a society and more to individual choices about nuance in lifestyle and relationships (Hughes 2007, pp.124-25). In their comparative interpretation on the youth spirituality data, Mason, Singleton and Webber (2007) note that a significant and growing percentage of young Australians see little or no value in any form of religious view or “new age” type of spirituality. These young people are described as being on a “secular path”, which is viewed by the authors as a version of spirituality in that it is a “... conscious way of life based on a transcendent referent” (p.39), which in the case of “seculars” is based on “human experience ... reason and scientific explanations” (p.227).

Areas of focus for issues of the sacred and secular in youth worker training contexts

In my educational context at Tabor Adelaide, the areas of focus have been:

- assisting students to make some sense of the relationship between the moral assumptions they have inherited from family/faith community and the broader values and ethics associated with a community services context of practice within a society which operates primarily as secular
- assisting students to appreciate the importance and value of broader scholarly discourses and evidence-based understandings of personal and social development and wellbeing that do not necessarily function within the paradigms of religious world views

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- assisting students to critically reflect on faith-based youth work practices, assumptions and culture from the perspectives of broader ethical discourse and youth work theory
- assisting students to broaden their networking practices and collaborative partnerships across the youth sector as a whole
- assisting students to expand their frames of reference in relation to spirituality and religion and enabling them to work respectfully and appropriately with both clients and colleagues who differ in outlook and world view. Actively challenging generalised assumptions about “secular services/practitioners” as well as other faith traditions
- honouring and supporting students in their faith tradition and personal spirituality, supporting them in their spiritual growth.

In a youth work training setting that is not faith-based I suggest that the following areas are worthy of consideration:

- recognising that a number of students within any cohort are likely to value spirituality and/or a particular faith tradition and will need particular support and consideration in maintaining a constructive dialogue between the deep motivations and values that emerge from this and the more secular assumptions, contexts and conclusions of the curriculum and sector
- creating adequate space within the curriculum for the exploration of the historical and contemporary influence and meaning of the sacred in the human story and the relevance of this to youth work

- assisting students to make sense of and work constructively with faith-based services to young people as well as more secular agencies
- assisting students to develop frameworks for understanding and assisting clients who are struggling in various ways with tensions between fundamentalist religious social contexts and the broader social contexts of a secular society

Space does not allow me to expand on each of the dot-point issues in the sections above but in the following material I will discuss three reasons in particular that exemplify the importance of progressing the conversation between concepts of the sacred and secular in youth work training.

The sacred and the spiritual as important elements of universal human existence

There are many eloquent examples of this idea across various disciplines, and across literature and contemporary culture. I will refer to just a few that have captured my imagination.

The first is a beautiful film, titled *Kanyini* (2006). In this film, Bob Randall, a member of the Yankunytjatjara people, and one of the traditional owners of Uluru, tells the story of his people. It is a before-and-after story in terms of the impact of European settlement, focusing on the analysis of why his people were healthy before settlement and perpetually sick thereafter. The term “kanyini” is about a kind of connection or connectedness. I have summarised Randall’s descriptions below:

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1. We lived in connection to the *land* – everything in creation is part of my family, the earth is our mother, we live with the environment in a sustainable way; we lived in connection to our *family* – the people to whom we most belong.
2. We lived in connection to our *beliefs* – our philosophy of living, our world view, our values were reflected in everything we said and did.
3. We lived in connection to our *spirituality* – our way of living and expressing the sense of the sacred, the inner life, our commitment and responsibility to creation, to each other.

Some of Randall’s direct commentary in relation to the above is particularly haunting and poignant:

Kanyini made us feel confident because we felt connected to the big things and lived in a way that was both compassionate and sustainable ... we were healthy and happy. We lived in the moment, not anxious for tomorrow. We lived freely and we lived with a sense of the sacred in our relationship to each other and all of creation ... After European occupation we began to “shrink”, we got smaller; we diminished because our connection to the things that made us “big” was disrupted and suppressed. All of my connections are now cut. My Kanyini is gone and I am like a corpse, adrift and floating in space. Now you throw me a lifeline, you call it “welfare” and you think that it’s good. But it’s not nearly as good as what I already had before you came (Kanyini 2006).

For non-Aboriginal people, the temptation in relation to the above is to assume that Randall’s story is only the story of his people, and perhaps for his people, when in fact it is a “tale of Indigenous wisdom clashing against materialist notions of progress. *Kanyini* is

not only a story of one man and his people but of the human race” (*Kanyini* DVD cover). In other words this is a story that asks questions of our current mainstream story in terms of our values, choices and ways of being together in society because it is talking about a beautiful and better way to live as a human being.

One youth worker who is taking seriously the need to pay attention to wisdom stories and the spiritual discourse is Freeman Trebilcock, who facilitates Interaction, a South Melbourne youth service that focuses on bringing together young people of various faiths in community services projects and spiritual dialogue. Freeman, a young person himself (aged 23 at the time of writing), comes from a Tibetan Buddhist background but is very interested in what happens when people of different faiths share the combined riches of their respective wisdom resources. In a recent personal conversation (this material is used with his permission), Freeman spoke to me about an emergent concept in international Buddhist discourse – “Universal Wisdom Education” – the idea that aspects of a particular faith tradition are grounded in a kind of existential wisdom that has relevance and application for humanity as a whole. In Freeman’s mind, through the process of interfaith dialogue, we might arrive at wisdom resources that have broad application for a range of contexts including the secular. Such a resource could be labelled as “humanity’s toolkit”.

The concepts of the spiritual and sacred as universal elements of human existence and application to everyday life and society are also reflected in a variety of developmental and socio-analytical literature. James Fowler’s (Fowler & Dell 2006) faith-development theory is one example:

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The net has to be cast wide because 'God' is outside religion and spirit is out of the bottle

TACEY 2008

We are asking you to think of faith in a more inclusive sense than Christian, Buddhist, Islamic, or Judaic faith. Faith, in the sense used here, even extends beyond religious faith. Understood in this more inclusive sense, faith may be characterized as an integral, centering process, underlying the formation of beliefs, values and meanings that:

1. *give coherence and direction to persons' lives;*
2. *link them in shared loyalties and trusts with others;*
3. *ground their personal stances and communal loyalties in a sense of relatedness to a larger frame of reference; and*
4. *enable them to face and deal with the challenges of human life and death, relying on that which has the quality of ultimacy in their lives (Fowler & Dell 2008, p.36).*

Zohar and Marshall (2000), from a neurological perspective, talk in terms of spiritual intelligence or SQ:

SQ (based on the brain's third neural system, the synchronous neural oscillations that unify data across the whole brain) offers a viable tertiary process ... [that] unifies, integrates and has the potential to transform material arising from the other two processes. It facilitates a dialogue between reason and emotion, between mind and body. It provides a fulcrum for growth and transformation. It provides the self with an active, unifying, meaning-giving centre (Zohar & Marshall 2000, p.7).

Gary Bouma (2006) in his social analysis of spirituality, religion and faith in Australia concludes that while certain forms of organised religion and public worship are in decline and destined for extinction, the concepts of the spiritual and the sacred are very much visible for those with eyes to see the emergent forms. He sees Australians as being involved in

the production and maintenance of hope through actions, beliefs, practices and places that link the person and group to a frame of reference that is beyond the immediate perceptual and material and is deeply embedded within the person. His book on the subject is interspersed with contemporary examples that range from the creation of simple sacred spaces in the workplace to spiritual attachments to nature, to Pentecostal church services to the ritual practices and gatherings of gyms and so on. In a similar vein to Bouma, David Tacey (2008) notes that "Australians can be at one and the same time anti-religious but deeply mindful of the meanings of community, connection, the land and social justice". In Tacey's view, "God is nowhere seen but everywhere felt" and that our current data-gathering constructs do not capture the essence of the spirituality of Australians because "The net has to be cast wide because 'God' is outside religion and spirit is out of the bottle" (Tacey 2008, p.18). In other words the sense of the spiritual is emergent in numerous fields of inquiry (e.g. medicine, psychology) but gathered nowhere.

It seems to me that one of the places that some of this disparate conversation about emergent spirituality and its relevance to culture and society ought to be gathered, discussed and interpreted is within the curricula of youth worker training.

Young people, faith-based youth workers and the need to make sense between 'sacred' and 'secular' social worlds

According to Hughes (2007, 2010), around 8% of young Australians continue to attend Christian services of worship and/or groups on at least a monthly basis, with a smaller but growing percentage active in various other forms of faith tradition. While youth participation in weekly worship has declined in Australia,

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the likelihood of young Australians completing primary and/or secondary education within a faith-based institution has increased, Hughes (2010, pp.60-70) refers to data indicating that over 35% of all Australian secondary students can be found in schools with a faith-based orientation. Immigrant communities, Indigenous youth populations and the growth of Pentecostal churches also contribute to the enduring realities of a continuing significant percentage of Australian young people who, as part of the process of identity formation, will need to make some sense of the tensions between sacred and secular worlds and world views.

I remember one particular case from my own practice that highlights the importance of being able to work across the sacred and secular in this regard. The case relates to a young woman in her late teens and the dilemma she experienced about the relationship between her spirituality and her sexuality. Over a process of time and questioning she had arrived at a place of recognising and embracing her same-sex orientation and subsequent relationships. One of the resilience factors she identified in her journey towards this place was the sense of closeness she felt towards God in the process. Her dilemma was that many people within her faith community did not support her decision and some had tried to convince her that she had to make a choice between faith and her sexual orientation. She continued to value the relationships within her faith community that had been integral to her spiritual journey but needed a more flexible theology and a more diverse sense of what faith community might look like for her into the future. To work effectively with a young person in a situation such as this requires an appreciation for the personal value that the young person places on both sides of this story. Jumping to either side of the potential ideological divide is not

going to be helpful. A careful, supportive exploration of options, resources and possibilities is what is needed. This exploration may just as easily involve a referral to a suitable theological mentor and/or materials as much as it may also involve referral to sexual health support services and/or information resources of a more secular nature.

It should be noted that tensions such as those reflected in the case above will be particularly strong in relation to the journey of immigrant youth populations. Such young people are far more likely to view the assumptions of their faith tradition as central and binding factors in their world view and way of life. Hughes (2007) notes that while the great majority of Anglo-Celtic young Australians accept the place of questioning and doubts as part of making sense of life, “immigrant young people ... saw their faith as part of the way in which they saw the world. It was no more to be questioned than the law of gravity ... They had been taught to accept authority, and not to question what teachers, priests or ministers told them” (p.132).

In my practice as a youth worker educator, I have also observed the perpetual struggle of students and graduates in relation to working out the relationship between faith, spirituality and broader values and ways of working in the youth sector. In one class discussion that comes to mind, a student said to me, “I really like the concept of harm minimisation, it’s a pity it contradicts the Christian view”. As we explored this together it became apparent that the student’s understanding of “the Christian view” was based more in cultural assumption than theological process. What was needed in this teaching moment was the space and mindfulness to help the student explore new frames of reference.

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The value of partnership between the ‘faith based’ and ‘secular’ sectors

In his research on motivational values in youth work, Tim Corney (2004) found that social justice is the strongest shared orientation towards practice for students in Australian youth work degree programs. While Corney’s research emphasises the “Marxist/socialist/feminist analysis of social justice issues”(p.15) as a primary influence in this regard, he also finds that, “Interestingly, Judeo-Christianity as a value system was also expressed relatively strongly across two sites [campuses]” (p.16). Does this finding suggest a potential common ground for a more deliberate and robust conversation and partnership between the sacred and the secular both in youth work practice and curriculum?

An explorative survey of the differences and commonalities between the faith-based and secular youth sectors in the United States (National Collaboration for Youth & Search Institute 2007) finds that such a common ground does indeed potentially exist when the essential goals and aims of youth workers across the two sectors are compared:

... both groups of youth workers struggle with some of the same issues: retention through middle and high school; reaching marginalized youth; and attending to young people in ways that help them grow holistically. They also share professional concerns around inadequate support systems; inconsistent professional development opportunities; and needing clearer standards for effectiveness. Both groups can benefit from training, mentoring, peer support, and other methods of developing their skills as youth workers ... Perhaps they could learn together – and from each other (p.9).

The snapshot above hints that youth workers in both faith-based and secular settings are struggling not only for justice

on behalf of their clients, but also for justice in terms of their own profession. Ironically, the survey also showed that this struggle was largely being conducted in isolation from, rather than in partnership with, each other:

Two groups of youth workers – community-based and faith-based – appear to operate in parallel universes. Both groups play significant roles in young people’s lives, but they generally have distinct professional development systems and opportunities, distinct peer networks, distinct credentialing and accountability systems, and, perhaps, distinct priorities and frameworks for their work (National Collaboration for Youth & Search Institute 2007, p.13).

In Australia, our society in general is less explicitly religious than is the case in America and thus our sectors are likely to be somewhat less obviously distinct (perhaps). However, I can’t help thinking about our recent debate on school chaplaincy in this regard. This debate has centred on the appropriateness of government funding for a service to young people that has a particular religious orientation and whether or not the money can and should be utilised in alternative and/or more inclusive ways. From where I sit it appears that there is little conversation between people who view chaplaincy from different spaces and those arguments for and against seem to occur on either side of ideological lines that draw emotive energy from embedded stereotypical assumptions:

- a. Secular critics who assume that chaplaincy services are primarily inhabited by uneducated fundamentalists who long for nothing more than an opportunity to impose religious beliefs and indulge in codependent relationships with clients.
- b. Religious defenders who think that any criticism or appraisal of their services

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is some kind of spiritual attack to be defended at all odds and by any means.

Of course I am playing a similar game here in summarising the polar extremes of the debate for literary effect! I do wonder where this conversation could go if both “sides” were willing to set aside some of their ideological cards and consider the value of a collective voice about the value of and need for youth services in schools and the kind of funding model that will enable quality and longevity of service. In my own journey I have practised under occupational titles of both “chaplain” and “youth worker” and found that school communities and young people care more about the quality of service and practitioner than they do about the title. I’m sure that each of us could reflect on any number of common struggles where combining the voices of both religious, youth affairs and community sectors around common goals would be advantageous.

Taking the conversation forward from here

Perhaps the most important aspect of moving forward in relation to this topic has to do with learning and teaching ways to maintain a conversation in the face of significant tensions and perspectives in ideology and world view. In relation to this I have been attracted by two simple frameworks. The first is from Howard Sercombe (2010), who, in his conversation about ethical thinking and the tensions between absolutism and relativism, proposes an idea of “dialogic absolutism”. While the concept may suggest the dogged assertion of absolute ideologies, Sercombe’s idea of dialogic absolutism allows conversational participants to enter dialogue with their convictions intact but with a cautious and discerning openness and willingness to listen to the other:

[the belief] ... that there are absolute values

but that my [personal] understanding or appreciation of them is likely to be imperfect, especially given my inclination to self-interest and my potential for self-deception and rationalization. And that anyway the standards are likely to play out differently in different circumstances. So while I might have an immediate reaction to behaviour that seems wrong to me, I am committed to dialogue, to talk about it, to try together to work out an understanding of where the truth lies (Sercombe 2010, p.40).

The reference to context is important for this discussion and its acknowledgment of the diversity of training settings. I doubt that a practice of dialogic absolutism will result in many significant ideological shifts but it may well reduce incidences of stereotyping and increase awareness around possible points of partnership.

The second framework relates to the metaphor of “hospitality” as described by Geoff Boyce (2010) in relation to his description of a transitional phase of chaplaincy services at a large public university. The transition involved a movement from an exclusively Christian chaplaincy service to a multi-faith chaplaincy team and pluralist spirituality centre. The transition also involved a movement from a particular religious practitioner servicing adherents of the same religion to a team approach where chaplains of different faiths (including pagan) contribute to the spiritual wellbeing of the whole campus. Boyce identifies hospitality as a guiding framework, and in particular the idea of intellectual hospitality, I have summarised his view below (emphasis mine):

Hospitality is the act of creating space for the other.

*We create **physical** space for the other when we invite people into our homes.*

*When we converse over a meal we offer **social** space.*

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Emotional hospitality allows the other to explore their feelings.

Intellectual hospitality allows the other space to entertain ideas, engaging the creative imagination (adapted from Boyce 2010, pp.12-14).

In the spirit of the dialogue, openness, imagination and creativity suggested in the frameworks above I would like to suggest the following questions as useful for ongoing reflection and conversation:

- What are my personal views and perspectives on the relationship between the sacred and secular in contemporary society?
- How do these beliefs and perspectives influence the ways that I manage the sacred/secular conversation within curriculum?
- To what extent do I consider the conversation between the sacred and secular to be of relevance to the work conducted by youth workers and for their own processes of professional identity formation and self-care?
- How well is our training institution managing this conversation within the curriculum?
- What structural issues might we have to address within our training institution if we wish to adjust the curriculum in some way in response to the question above?
- What are some of the possibilities for exploring further ideas and models of practice in facilitating development in relation to this aspect of youth worker training? ■

Conclusion

I began by saying that my personal training context demands that I think creatively about conversations between the sacred and secular.

I haven't found it easy to respond to that demand in a constructive way, nor to write and speak about the principles under consideration. The issues are complex, our contexts of training and practice varied, our personal views deeply held and felt. However, despite the difficulties and complexities, I commend the conversation to you. I hope that some

part or parts of this discussion will strike a chord, raise a new question and/or provoke your imagination in the ongoing development of your own approach to the sacred and secular as dimensions of personal and social existence and their subsequent relationship to youth work and youth worker training.

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Complex Connections: Meaningful youth participation for mental health promotion

by Philippa Collin
Kitty Rahilly
Justine Stephens-
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Michelle Blanchard
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This paper explores the role of youth participation for the promotion of mental health and wellbeing, considering the benefits and challenges of participation for young people, services and organisational culture. Youth participation strategies can promote strengths-based approaches and more inclusive and respectful communities for young people. Yet, while there has been a substantial increase in participation initiatives, there is limited evidence of the effects of youth participation on individual mental health or on the organisations and communities in which they are involved.

This paper presents the findings from an evaluation of the experience and impact of youth participation in a non-profit youth mental health organisation, the Inspire Foundation. It considers the complex relationships between individual, service and organisational domains of participation and the associated benefits and challenges.

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For this generation of young Australians and the foreseeable ones to come, mental health difficulties will be the biggest challenge they collectively face, with approximately one in four experiencing symptoms of mental ill-health each year (Slade et al. 2009). Increasingly, public health approaches to mental health promotion and prevention of illness have argued for a model that encompasses wellbeing and highlights that mental health is influenced by a complex mix of determinants, including both risk and protective factors (Herrman, Saxena & Moodie 2005). Among these determinants and factors, participation is identified as central to successful health promotion (World Health Organisation (WHO) 1986, 1997; VicHealth 2005). Participation is considered important because it can promote change at the level of the individual, community and society (Baum et al. 2000). At the individual level, participation can foster new skills and capacities as well as promote protective factors such as social connectedness and self-efficacy (Glover et al. 1998). At the community level, participation can promote social inclusion through supportive relationships, involvement in group activities and civic engagement (Hayes, Gray & Edwards 2008; Walker et al. 2005). At a societal level, participation supports recognition and understanding of the perspectives of diverse citizens – essential for addressing deeper structural inequalities that shape health and wellbeing.

Youth participation models are increasingly employed by governments and non-government organisations as a strategy to enhance social inclusion and to obtain input from young people on policy and services (White & Wyn 2008). However, reviews indicate that this increase has been sporadic across governments of all levels and conceptual and practice models also vary in the community and non-government

sectors. Concerns have been raised about the dependency on elite models of participation, such as youth councils and boards (Matthews 2001). However, innovative practice case studies that promote youth-centred models and address issues of diversity and power have also been highlighted for the ways in which they challenge traditional discourses of youth and citizenship (Bell, Vromen & Collin 2008; Black, Walsh & Taylor 2011). While the shift towards youth participation in practice and policy has reflected increased recognition of young people as social actors, some have argued that the rhetoric of youth participation has not consistently translated into inclusive and meaningful practice. In particular, there is concern that young people continue to be framed within a deficit discourse (Black Walsh & Taylor 2011) or are increasingly, narrowly defined as “consumers” who should “have a say” about the policies and services developed for them (Barber 2009). Furthermore, there are concerns that youth participation mechanisms remain removed from broader decision-making processes and that youth-initiated and “everyday” forms of participation continue to go unrecognised (Vromen & Collin 2010). Organisations must be aware of and address these limitations if youth participation is to support mental health promotion as a process of social change.

One way to explore the potential of youth participation for mental health promotion is by reflecting on current practices within organisations that promote mental health and wellbeing in young people. However, evaluations often focus on process- and project-level outcomes, on short-term or one-off projects and rarely follow up on participants and organisations in an effort to understand broader impacts. There is a need to look beyond specific participatory projects to whole organisations and communities and explore the nuances and complexities

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of participatory experiences. Malone and Hartung (2010) have further argued that evaluations must go beyond models measuring success or failure to considering how a culture of participation can be achieved (p.33).

This paper presents some of the data from an evaluation of youth participation in an Australian non-government organisation, the Inspire Foundation. The study considered the benefits and limitations of youth participation and the implications of these at the individual, service and organisational level.

Understanding and evaluating youth participation for mental health promotion

The Inspire Foundation is an Australian non-profit organisation. Since 1998 it has delivered programs, such as ReachOut.com, that promote the mental health and wellbeing of young people. Youth participation has always been a central tenet of the Inspire Foundation. Young people have been involved in the design and development of the organisation and its services via youth advisory boards and ambassador programs, as interns and paid website content producers, via online public forums and user-generated content on Inspire program websites, and as peer-researchers and facilitators. Young people have also worked with staff to represent the work and policy positions of the Foundation to decision-makers in government, by writing submissions and testifying at inquiries. Significant numbers of young people have taken part in strategic planning at service and organisational levels and two are appointed to the Inspire Board of Directors. In 2009 the Inspire Foundation evaluated its youth involvement model which had, at that time, involved over 500 young people from around Australia (Collin et al. 2011).¹

Methodology

The study used a participatory action research approach (Blaikie 2007) and mixed-methods design (Creswell 2003) to evaluate the experience and impact of youth participation for individual participants, services and organisational culture. The evaluation framework drew on a meta-analysis of evaluations of youth participation in Britain (Kirby et al. 2003) highlighting the individual, service and organisational domains for outcomes and impacts.

Twenty young people worked with staff over the course of the project as steering committee members, peer researchers, workshop facilitators and study champions, playing a significant role in informing and implementing the research framework and tools in the pilot and final evaluation study. The final study included an online staff survey; an online survey and focus groups with youth participants; and in-depth interviews with young people, staff and adult supporters of the Inspire Foundation. Methods are described in detail by Collin et al. (2011); however, in brief: the online survey (n=114) provided a snapshot of past and present youth participants including measures of participation at Inspire, civic engagement, mental health and perceived benefits of participation on both mental health and personal development. Survey data were analysed by staff researchers using SPSS 17.0 (statistics software). Descriptive and frequency analyses were conducted on all variables to create a snapshot of participant demographics and scores on the variables of interest and perceived impact.

An online survey of staff and board members (n=35) provided a snapshot of staff attitudes and practice in youth participation (based on McAuley & Brattman 2002). Survey data were analysed by staff researchers using SPSS 17.0. Descriptive and frequency analyses were conducted on all variables to create



The Inspire Foundation is an Australian non-profit organisation. Since 1998 it has delivered programs, such as ReachOut.com, that promote the mental health and wellbeing of young people

¹ Funded by the Australian Rotary Health Research Fund, this study had ethics approval from the University of Melbourne (08252472).

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TABLE 1: Youth participant perceived change as a result of their participation at Inspire

	Increased a lot	Increased somewhat	No change	Decreased somewhat	Decreased a lot	Don't know
Understanding of mental health	50.0%	34.3%	12.0%	0.0%	0.9%	2.8%
Understanding of political and social issues	15.0%	56.1%	26.2%	0.0%	0.9%	1.9%
Confidence working in a professional environment	39.0%	34.3%	21.9%	1.9%	1.0%	1.9%
Confidence working with Inspire staff and other external stakeholders (i.e. donors and partners)	43.0%	32.7%	16.8%	1.9%	1.9%	3.7%
Written communication skills	17.8%	36.4%	43.0%	0.0%	0.9%	1.9%
Oral communication skills	24.1%	39.8%	33.3%	0.0%	0.9%	1.9%
Ability to work in a team	23.1%	50.0%	25.0%	0.0%	0.9%	0.9%
Ability to solve work-related problems	16.7%	45.4%	35.2%	0.0%	0.9%	1.9%
Personal planning and organisation	22.6%	41.5%	32.1%	0.9%	0.9%	1.9%
Levels of involvement with other organisations (e.g. online community group, human rights organisation, local sporting group)	26.9%	43.5%	25.9%	0.9%	0.9%	1.9%
Initiative to take personal actions to address issues that you care about	45.4%	40.7%	12.0%	0.0%	0.9%	0.9%
How much you felt like you belonged	31.8%	37.4%	26.2%	1.9%	1.9%	0.9%
How likely you were to seek help if you had a personal problem	37.0%	29.6%	29.6%	0.9%	0.9%	1.9%
Your ability to cope when things get tough	29.6%	34.3%	33.3%	0.0%	0.9%	1.9%

a snapshot of attitudes, practices and perceived impacts of youth participation among staff.

In-depth interviews were conducted with purposively sampled staff (n=9), supporters (n=2) and youth participants (n=7) to explore the experiences of youth participation by those involved in a wide range of participatory processes at Inspire. Focus groups with young people (n=17) were conducted in Brisbane, Melbourne and Perth and young people self-selected to participate. Two of 18 interviewees and four of 17 focus group participants were male. Though skewed, this broadly reflects both the gender breakdown of youth participants and staff at the Inspire Foundation. The qualitative data were

thematically analysed for attitudes, relationships and skills associated with youth participation. Interviews were conducted and thematically analysed by staff and five peer researchers.

Findings

Individual

Young people responding to the online survey reported increased skills, confidence and participation in a range of ways as a result of their involvement with Inspire (Table 1).

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Retrospectively, a large proportion reported that over time they had experienced an increase in their confidence working with Inspire staff and external stakeholders (75.7%), confidence working in a professional environment (73.3%) and their ability to work in a team (73.1%) (Table 1). In interviews and focus groups, young people discussed these benefits in terms of examples of where they had produced outputs such as content and community awareness campaigns, as well as programmatic and organisational decisions such as staff recruitment and strategic planning. Respondents also reported significant increases in their levels of involvement beyond the Foundation and initiative to take action on issues that matter to them (Table 1).

relationship between increased social connectedness and decreased levels of psychological distress.

In interviews and focus groups, connectedness and belonging were often expressed in terms of the professional connections and benefits for their individual career aspirations, which young people associated with participation at Inspire. Some specifically associated these relationships with having skills and confidence that they could apply to other organisations and work environments. Others described the social connections made through participation at Inspire as “great friends”, “like-minded people” and supportive – including relationships with staff.

TABLE 2: Level of benefit of involving young people for projects/programs, organisational processes and decision-making, policymaking of the organisation and for youth participants

	Extremely beneficial	Quite beneficial	Not beneficial
Projects/programs	85.7%	14.3%	0.0%
Organisational processes	20.6%	70.6%	8.8%
Organisational decision-making	37.1%	60.0%	2.9%
Policymaking	48.6%	48.6%	2.9%
Children/young people	57.6%	42.4%	0.0%

The survey indicated a potential positive impact of participation on young people’s sense of social connectedness and a significant positive relationship between increased social connectedness and decreased levels of psychological distress. Correlations on survey data revealed a significant positive relationship between level of involvement and social connectedness at 0.05 level ($r=0.212$; $p=0.028$). There was also a significant

Service

The quantitative and qualitative data demonstrated a strong belief among young people and staff that youth participation played a key role in the success of service development and delivery. For example, when staff were asked to assess the benefit of youth involvement in a range of domains, the area in which youth participation was seen to be extremely beneficial was projects and programs (85.7%; $n=35$) (Table 2).

The qualitative and quantitative data indicated that relevance, access and credibility were three main ways that youth participation contributed to service outcomes. Staff and young people felt youth participation led services to: focus on the issues of most importance to young people; use the most relevant web platforms and applications to maximise youth access; and address issues relating to youth experience and mental health in ways that were relevant and respectful. Youth involvement was therefore seen as key to creating engaging services:

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TABLE 3: Staff reasons for involving young people at Inspire

	Very significant	Significant	Not significant	Unsure
Young people have insights and perspectives to offer that are different from adults'	81.8%	9.1%	9.1%	0.0%
Young people have a right to be consulted with respect to policies/ issues affecting them	82.4%	11.8%	5.9%	0.0%
Involving young people leads to better decision-making at Inspire, including decision-making that doesn't directly involve young people	47.1%	29.4%	11.8%	11.8%
The experience of consultation is a source of valuable learning for young people	52.9%	41.2%	2.9%	2.9%
Young people engage more with services if they are consulted	73.5%	26.5%	0.0%	0.0%

The young people go on the site, they identify with the language, the look and the feel and if they don't, they can always input. (Erica, staff member interview)

Young people's participation in programmatic decision-making is largely facilitated through staff engaging in close and regular communication with the community – either through specific development projects or in ongoing discussions via online forums. One staff member described this as a constant dialogue with young people:

Are we doing it in the right way? Is it feeling right? Are you interacting with it so that it is, you know, giving you what you need? Are you feeling faith in this community? Like when you go into different sections of the site, are you actually feeling at home? Are you comfortable? Are you communicating the way that you want to communicate? (Rosalind, staff member interview)

Staff associated integration of preferences and experiences of young people in everyday programmatic decision-making with delivery of more authentic, engaging and useful services.

Concerns regarding youth participation and service delivery also surfaced. Specifically, staff and young people were concerned that the people who participated represented a relatively homogenous group. Of those who responded to the survey, 75% identified as female, nearly 50% had engaged in, or were engaged in, tertiary study and only 14% reported speaking a language other than English at home. Additionally, participants reported high levels of psychological distress with 41.3% scoring in the high to very high levels of psychological distress (this is compared to the 13.3% of the same age cohort in the Victorian Population Health Survey (Victorian Department of Human Services 2009)). These same young people viewed this profile of participants as problematic for services, for the organisation and raised concerns that this reflected wider processes of exclusion.

Organisation

The quantitative and qualitative data indicated that youth participation underpins a culture of participation at the Foundation. Survey responses show staff generally viewed youth participation as very significant (Table 3). Over three-quarters (76.5%) of staff said a significant or very significant reason for involving young people was that it leads to better decision-making at Inspire, including decision-making that doesn't directly involve young people (Table 3).

Similarly, a demonstrated commitment to youth participation was viewed as evidence of living out Inspire values and in the survey 82.4% agreed a desire to be living out the values was a "very significant" or "significant" reason for involving young people at Inspire.

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Furthermore, among both the staff and young people interviewed there was a belief that youth involvement played an important role in keeping the organisation mission focused. As this staff member explains:

So [youth involvement] does give you that added confidence and reassurance and I guess it helps you be excited about what you are going to deliver. (Patricia, staff member interview)

Youth involvement, therefore, played an important role for the morale of staff. It also increased supporter understanding and appreciation for young people's strengths and capabilities:

... [youth involvement has] made me realise how the generations are changing – how we need to change to work with the younger generation ... it's really changed my perspective of valuing young people much more. (Isabel, Inspire supporter interview)

This kind of experience was also seen as important for challenging negative perceptions in the Inspire supporter community of young people experiencing mental health issues – for example, that young people with mental health issues were victims. For young people, being able to represent the organisation and its work – as well as their own perspectives – to supporters, youth audiences and policymakers was particularly important.

The data also revealed that youth involvement at the organisational level is also complex and challenging. For staff, this was often discussed in the context of time and resources they wanted in order to improve the practice of youth participation in the organisation:

Often decisions are made or need to be made in a very short time frame. Consulting with a wide range of young people, particularly through online forums, takes time, which needs to be built into decision-making time

lines. (Free text response in staff survey)

Calls for more resources and time reflected a general desire to extend and deepen participatory practice. Staff and supporters reported that the more opportunities for youth participation and the better the experience, the more they sought meaningful or deeper integration of young people's perspectives in decision-making across the organisation.

I've learned in my daily work to always ask myself, "how do I involve young people?" It's become an automatic part of my criteria for my work. So they really are valued to provide their voice, input, to get inside their head and understand where they're coming from, it's refreshing. And also to incorporate their input and see their work. (Erica, staff member)

Relationships between experiences and impact of participation across domains

Data analysis also revealed some key themes across domains that provide insight into the challenges and complexities of youth participation. Here we outline three key themes that emerged from analysis across the different domains.

Diversity

While participants were diverse in terms of life experiences, world views, geographical location and interests, the majority identified as female and reported high levels of educational attainment. Furthermore, participants reported significantly higher levels of awareness and mental health literacy, and lower stigma, than the general population. There are clear benefits at the levels of individual, service and organisation in promoting the participation of young people with experience of mental health difficulties. There is also a concern that this narrows the potential for services to be

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relevant to a broad range of young people – particularly those who are most at risk: young men and young people who are experiencing difficulty but are not “service ready”. However, although young people in interviews and focus groups advocated for specific strategies to engage with a more diverse range of young people, they also expressed concerns about the process of pursuing greater inclusion and diversity:

I feel that as they try to expand and reach more young people, they're going to reach out to young people in a less meaningful way. Reaching out to young people sometimes means losing the sense of community and commitment they used to have. (Kate, 23, interview)

Young people tended to talk about diversity in terms of the number of young people involved and using less formal mechanisms for facilitating youth input. Some young people worried that these strategies (for example, online polls and targeted recruitment for program development activities) were less “meaningful” and limited the extent to which they could identify the tangible outcomes of their participation. This suggests there is a delicate balance to be achieved between seeking diversity of input and ensuring a sense of belonging and individual worth that is associated with individual benefits, such as confidence and social connectedness.

Agency and influence

The extensive and diverse participatory practice of Inspire promotes rethinking of traditional power relations between young people, adults and institutions. The Foundation uses a strengths-based approach and has developed the youth participation model – including developing and then moving away from youth advisory boards to project-based strategies and informal online participation that reflects the increasingly

networked and creative ways in which young people use new media. Young people exercise a high degree of control over when and how they participate. They are also aware of the power dynamics embodied in the organisation and the relationships between different young people as well as young people and paid staff members. Furthermore, the negotiation of these relations is constant and uneven. Some young people perceived youth participation at Inspire as “flat” with young people and staff members having equal influence. However, some young people highlighted ongoing challenges they experienced including confidence, organisational/insider knowledge, “professional” expertise and skills. For example, some expressed a preference for more prescribed and supported models (particularly when first getting involved) that helped establish relationships between young people, staff members and the organisation while others wanted more ownership over the opportunities as a way to overcome exclusion. As a group these young people struggle for agency because their age and experience of mental health difficulties present barriers to participation in many aspects of “everyday life”.

Both young people and adults reported a degree of improvement in their skills and confidence, as well as a sense of pride and achievement in the work they undertook together. Some young people felt they had a high level of influence and agency, for example, by leading ideas and projects, writing content, participating in planning and media and marketing events. On the other hand, there was also a common concern that this was less collaborative or youth led and more top down at times:



I've learned in my daily work to always ask myself, 'how do I involve young people?' It's become an automatic part of my criteria for my work

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[I]n the past I felt like there was a more “bottom up” process that young people would give their opinions and express them rather than staff coming in with an agenda and young people having to choose between them and feedback only if it’s in line with what they want to hear.

(Kate, 23, interview)

A positive sense of agency in one domain could be undermined by subsequent experiences of exclusion or misrecognition. Experiences of insincerity, tokenism and a questioning of the genuine interest of some staff members to involve young people could undermine young people’s sense of connection to staff, the community of young people and the organisation. Some also felt there were differences in status, opportunities and influence within the community of young people. These young people often felt frustrated by such dynamics, particularly when they were neither explicit nor negotiable. Some participants felt it was important for young people to be able to contest adult decision-making structures and were frustrated when they felt excluded or overlooked.

Sense of community

Young people and adult staff identified the complex nature of relationships between participants as well as between young people, staff and other stakeholders and supporters as both crucial and problematic for participation. For young people, the most significant characteristic associated with meaningful participation at Inspire was a sense of community. Community was typically associated with having positive relationships with staff and other participants and good communication. At the individual level, frequent, open and friendly communications between staff members and young people were central to young people’s sense of belonging. It was also a feature of staff connection to mission and job satisfaction. Indeed, where communications broke

down and relationships became more transactional, both young people and staff felt disempowered by the process, isolated from shared objectives and frustrated by each other. There was also evidence that where clear boundaries and expectations around the nature of interpersonal relationships were not established or maintained, this worked against the positive experience of participation. Where young people formed extremely close and intense relationships the service and organisation often benefitted – particularly where young people were willing to “share their stories” of personal struggles to help raise awareness and funds. However, qualitative data suggested that the intensity with which some young people related to staff, services or the organisation meant they were more susceptible to equally intense feelings of frustration, confusion or anger. Staff could also be turned off by a difficult or upsetting experience with a young person.

At the service level, open and frequent communication was identified as underpinning a dynamic and productive relationship between young people and staff. Both young people and staff felt that where a team dynamic was fostered, young people’s views and content were most effectively integrated into the service as a routine part of service design and delivery. However, this dynamic seems to be fragile and could be undermined by a perceived or real shift in the nature and means of communication. Opportunities to engage in face-to-face work as well as online forums were seen as critical by young people, and a breakdown in communications and a sense of community was consistently raised as the key reason for dissatisfaction and young people disengaging from the Foundation. ■

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Conclusion

Non-government organisations are important sites for the advancement of youth participation because of the increasingly important role that they play in research, service delivery and advocacy and their ability to be flexible, innovative and responsive to the needs and preferences of young people.

This paper highlights that participation is not only a set of activities and outcomes, but also a process. This process has the potential to effect change in the lives of the young participants and the staff and supporters they work with. In the case of the Inspire Foundation, youth participation results in improved confidence, skills and feelings of connectedness for participants, successful services informed and delivered by their target audiences and an inclusive, “listening” organisational culture. Furthermore, the flexibility, diversity and breadth of involvement of young people at the Inspire Foundation reflects an organisation that views participation as transformative, shaping the ways in which the staff, organisation, service and supporters understand and engage with young people. The data suggest that longer-term impacts include promoting a culture of participation in young people, staff and supporters that, while most evident within the organisation, may also extend through the personal and professional networks of stakeholders in these processes, particularly young people and other supporters. The study also highlights that this culture of participation must be firmly rooted in a community.

The findings also suggest challenges and limitations to achieving meaningful practice that not only facilitates positive youth experience and more effective and responsive services, but may also foster more inclusive organisations and communities that value young people, and listen and respond to their needs.

The importance and complexity of promoting diversity, youth agency and

influence and sustaining supportive, respectful relationships and a strong community cut across the domains of individual, service and organisation-level outcomes, illuminating some of the persistent challenges for participatory practice and cultures. These are persistent rather than new findings in the field of youth studies. The implication for mental health promotion is that the process and experience of participation – not just the type and frequency – may also shape the extent to which community- and society-level benefits of participation can be realised.

Although there are some significant limitations to this study, it highlights future opportunities to deepen understanding of the impact of youth participation and its importance to mental health promotion include measuring impact over time and, particularly, capturing the experiences of those who participate but do not maintain strong connections to organisations and initiatives. As organisations like Inspire work harder to involve greater diversity of young people and in increasingly everyday and online ways, do the benefits of participation and its role for mental health promotion increase or change? Furthermore, it will be important to understand how effective practice and cultures of participation can be maintained through periods of organisational change and translated from one organisation or community into other settings and domains, particularly for addressing the practical and structural limitations to youth citizenship and inclusion.

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Young, Muslim and looking for a job in Australia

by Pam Nilan

Immigration, whether formally organised, or through refugee arrivals, remains a major source of population and workforce growth for Australia. This article analyses the experiences of some young Muslim jobseekers in Australia. Some are recent migrants. Some are refugees. Others are second-generation migrant Muslim youth. The Australian Government has identified Muslim youth as needing some special assistance to obtain paid employment.

The data considered below point to some of the obstacles faced by 18 young Muslim jobseekers in Western Sydney in 2009. Interviews were conducted with young Muslims of both sexes who were actively looking for work. It is concluded that the apparent 'religious' ostracism of young Muslim jobseekers results in a highly counterproductive form of 'cultural unemployment' that impedes the logic of the flow of migration. Yet despite repeated disappointments, the young Muslim jobseekers demonstrated considerable resilience and strategic thinking.

Young, Muslim and looking for a job in Australia

The objective of this research was to find out about the experiences of Muslim jobseekers in Australia. It seemed from the outset that young Muslim jobseekers came at the task of searching for a job in a different way to their elders. So what does it mean to be young, Muslim and looking for a job in Australia? In many ways the situation of young Muslim jobseekers resembles that of most young Australian jobseekers. They might have a qualification, but they lack experience. Depending on location, there may be a range of jobs available nearby, or there may not. Their situation also resembles the position of young ethnic jobseekers in Australia. Frequently they have a noticeably “ethnic” appearance and might speak with an accent. Both count against them in the labour market. Statistically, young ethnic jobseekers tend to live in urban areas in Australia associated with high levels of unemployment. So, given that most young Australian Muslims are from an ethnic background, why even talk about young Muslim jobseekers per se?

It is important to consider the experiences of young Muslim jobseekers because of the apparent marginalisation of young Muslims in Australia. For example, it has been claimed that “young Australian Muslims, most of whom are born in Australia, are becoming increasingly alienated” (Issues Deliberation Australia/America 2007, p.8). Wider concerns about the experience of Muslim immigrants in Australia were highlighted by the United Nations Committee on the Elimination of Racial Discrimination in 2010, which noted with concern reports from Australia indicating “ongoing issues of discrimination and inequity ... experienced by members of certain minority communities including African communities, people of Asian, Middle Eastern and Muslim background” (United Nations 2010, p.3).

The Australian Government also takes the issue seriously. In 2008 the Australian Department of Foreign Affairs and Trade (DFAT) website included the statement: “consultation with young Muslim Australians is a vital part of the government’s strategy to increase cultural understanding and combat intolerance” (DFAT 2008). The strategy of “youth events” was named as providing a place where consultation on “issues of possible concern and possible solutions” could encourage a greater sense of inclusion. However, it has long been identified that the most significant indicator of social inclusion is labour force participation (Masterman-Smith 2010). Indeed, that reflects the basic logic of immigration, and Australia has long depended on migration for economic prosperity. If well-qualified young Muslims are not readily finding work, that represents a loss for Australia.

The logic of the flow of migration is that people move from their place of origin, where few or limited opportunities are available, to places where they perceive better economic, social and political opportunities to be available (Barber 2008). The benefit to migrants is that they can achieve a much better life. The advantage to the receiving country is that the labour of migrants becomes available, facilitating greater productivity (de Haas 2010). For example, the economic history of Australia has progressed according to the logic of migration. If there is high unemployment among migrants from a particular ethnic background in a receiving country, then neither those migrants nor the receiving country stands to benefit.

Muslims and work in Australia

In 1971 the Muslim population of Australia was 22,300. By the 2006 Census there were 340,393 Muslims, concentrated primarily in Sydney and Melbourne. Thirty-eight per cent of the Muslim population was Australian born in 2006

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In 2008, Australia was recognised as one of three countries contributing most to the resettlement of refugees

and almost 40% were younger than 20 years old (Department of Immigration and Citizenship 2006). In the 1970s and 1980s, Muslims migrated for the most part from Turkey and Lebanon and were generally from poor backgrounds. They came to work in the construction and manufacturing sectors (Wise & Ali 2008). In more recent times the pattern of Muslim migration to Australia has changed, with more people arriving under the Humanitarian Program. New sending countries and regions include Afghanistan, Pakistan, Bangladesh, Iraq, Indonesia, Eastern Europe, Iran and Sudan. In 2008, Australia was recognised as one of three countries contributing most to the resettlement of refugees (United States Committee on Refugees and Immigrants 2009). In 2006, 53% of refugee arrivals were Christian and 33% were Muslim (Australian Bureau of Statistics 2010). According to Casimiro, Hancock and Northcote, "Muslim refugees represent one of the fastest growing communities in Australia" (2007, p.56).

A major issue for young Australian Muslims, whether from a refugee or a migrant background, is finding a job. In this respect they are much like other young Australians (see Foundation for Young Australians 2009). A recent report on youth inclusion by Mission Australia (2010, p.2) concludes that "the opportunity for all Australians to participate in work is one of four dimensions which underpin the vision the Government has articulated for a socially inclusive Australia in which all Australians feel valued and have the opportunity to participate fully in social life". Nevertheless, the number of young Australians registered as looking for work rose in the period 2006–2009 (Mission Australia 2010, p.2). The percentage of young Australian Muslims without employment in the 2006 Census was already higher than for the national average (Hassan 2008), and the situation has improved only marginally.

One reason why suitably qualified young Muslims in Australia find it difficult to get steady, well-paid work is intolerance. First as young people they are already subject to some labour market disadvantage in Australia, as already discussed. Second, most have "ethnic" characteristics. Many prior studies have established the labor market disadvantage of ethnic jobseekers in Australia (for example Booth, Leigh & Varganova 2009; Colic-Peisker 2005). Third, they are Muslim. While for some scholars, prejudice against Muslims cannot be distinguished from "ethnic" prejudice, the distinction is productive for grasping structural inequalities in Australia, especially since not all ethnic groups are perceived the same way. For example, Betts and Healy (2006) note that first-generation Lebanese Muslim male youth in Australia have on average fewer post-school qualifications than first-generation Lebanese Christian male youth in Australia, indicating that being Muslim and ethnic may carry a greater marginalisation penalty than being ethnic and Christian. While tolerance towards different ethnic groups in Australia varies, there appears to be a remarkably unanimous moral panic about Muslims in the non-Muslim Australian community (Poynting & Mason 2007; Rashid 2007), including members of ethnic groups not normally associated with Islam.

A study of media portrayals of Muslims between 2001 and 2005 in Australia noted the direct association of Muslim dress, customs and religion with terrorism such that many Muslims "believe that as a result of this media bias, they are vilified in society, and particularly in the workplace" (Kabir 2006, p.313). In this media-fuelled context, material and structural obstacles including unemployment, urban location, poverty, lack of voice, social exclusion and racism tend to be sidelined in favour of "cultural" and "religious"

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explanations for the apparent failure of Muslim-background youth to successfully “adapt” to Australian norms (Poynting et al. 2004). Imtoul (2010, p.56) describes prejudice against Muslims in Australia as “religious racism” (see also Kabir 2006). Tilbury (2007, p.1) states that “the current target group for Australia’s xenophobia is Muslims”, a claim echoed by Poynting and Mason (2007) in concluding their study of anti-Muslim tensions in Western Sydney. It is in this challenging climate of anti-Muslim feeling that young Australian Muslims are looking for jobs.

Methodology

This article uses some qualitative data collected for a 2009 multi-method study¹ on the experiences of Muslim jobseekers. It is usually accepted that qualitative data has limited generalisability. Yet, depending on the phenomenon in question, the generalisability of research findings can be assessed using different lines of reasoning. For example, if we employ the heuristic – “generalisation through recognition of patterns” (Larsson 2009, p. 25) – then analysis of some qualitative data might be usefully extrapolated, in a provisional way, to a wider segment of the population. Below, the specific experiences of 18 young Muslims aged 21–28 looking for work in urban Australia resonate so strongly with reports of sociocultural disadvantage documented elsewhere that we could well assume they are widely shared among young Australian Muslims.

Semi-structured interviews were conducted by two graduate assistants from ethnic backgrounds compatible with the study participants. Interviews provide a rich source of data, yet a careful process of selection must take place for results to be readily appraised. The advantage of an interview is that it can flow flexibly like a conversation. It is a powerful research tool that yields depth of information and understanding (Babbie 2004).

A thematic coding approach was followed (Ryan & Bernard 2000) to derive themes through rigorously inspecting, coding, checking and cross-checking. The transcripts were first read to derive small-scale, detailed thematic categories. Subsequently, these categories were merged into a tighter set of thematic codes to create a codebook. Codes were then manually applied to fresh, unmarked transcripts. Some code revisions were made before the final selection of quotes. At the same time it was not judged appropriate to decontextualise the quotes too much from the circumstances of the speaker. Table 1 on the next page summarises the 18 interviewees, giving some sense of who the young people were.

Table 1 demonstrates considerable variation in the status, cultural background, English language competence, work-readiness and confidence of the young people interviewed. Generally speaking, the work-readiness and attitude to work of refugee, migrant and second-generation youth do seem different. Yet all these young people had two things in common. All were unemployed, and they were all experiencing difficulties in finding work.

¹ Australian Muslim jobseekers: Labour market experience, job readiness, and the relative effectiveness of employment support services, funded by DIAC 2009–2010. Research Team: T. Lovat, B. Mitchell, P. Nilan, H. Hosseini, B. Cook, I. Samaray and M. Mansfield.

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TABLE 1. Young Muslim jobseekers – details of interviewees (n=18)

No.	Identifier code	M/F	Age	Ethnicity & status	Notes from interview ²
1	R1	F	25	Iraqi-Kurdish refugee	Married, 2 children aged 3 and 5. English adequate. Wears headscarf. Husband unemployed. Seeking work as interpreter or teacher but does not have qualifications.
2	M1	M	28	Indonesian migrant	English strong. Seeks work in retail. Confident.
3	H4	M	22	Iraqi-Arab refugee	Came to Australia very young. Fluent English. Seeking work across wide range. Confident.
4	S2	M	28	Iraqi-Kurdish refugee	Arrived 17 years ago. Fluent English. Seeking retail or factory work. Confident.
5	N1	M	23	Iraqi-Kurdish refugee	Fluent English. Experienced. Has worked in security. Seeking work in agriculture, biology. Confident.
6	A2	F	26	Lebanese 2nd gen. migrant	Born in Australia. Fluent English. Wears headscarf. Well educated. Seeking business or office work. Confident.
7	H5	F	24	Iraqi-Arab refugee	Came to Australia at age 5. Fluent English. Wears headscarf. Just qualified. Seeking a job in pathology. Confident.
8	S4	M	21	Turkish migrant	English not strong. Looking for any work available. Suspects that her youth counts against her.
9	A4	M	25	Iranian 2nd gen. migrant	Born in Australia. Fluent English. Long interest in computers and has studied IT. Confident. Seeking job in IT.
10	S5	F	27	Afghani refugee	English adequate. Seeking any kind of work but cooking. Confident. Has been interviewed several times on TV regarding railway issues.
11	M4	F	27	Lebanese refugee	Has been 6 years in Australia. English strong. Married. Husband is security guard. Studying business and seeking job in this field.
12	B2	M	27	Lebanese 2nd gen. migrant	Born in Australia. Fluent English. Seeking sales work, especially mobile phones. Has appropriate work experience. Confident, entrepreneurial.
13	Z1	F	25	Iranian refugee	Divorced, 2 children under 5. English not strong. Wears headscarf. Seeking work as a secretary and would like to train as a hairdresser. Discouraged.
14	S8	M	26	Arab-Iraqi refugee	Married with children. English adequate. Will take any job. Currently working unpaid with a mechanic to get experience. Has degree from Iraq in economics. Worked in family business making gold jewellery but can't get that work here. Discouraged and angry.
15	L2	F	22	Lebanese 2nd gen. migrant	Born in Australia. Fluent English. Wears headscarf. Has worked in the beauty industry and is qualified. Is currently training to be a hairdresser. Confident.
16	S10	F	27	Indonesian migrant	English adequate. Wears headscarf. Has child care certificates and experience. Has now switched to aged care. Confident.
17	Y1	M	22	Turkish 2nd gen. migrant	Born in Australia. Fluent English. Seeking retail work. Confident.
18	A8	F	28	Sudanese refugee	Married with 2 children but husband has gone back to Africa. English adequate. Left Sudan in her first year of university. Seeking any job now her son is at school. Little work experience except in Sydney chicken factory. Discouraged.

²The interviewees were asked to make notes for each interview about English fluency, and whether or not the person seemed confident in their approach to looking for a job.

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The problem of being perceived as Muslim

Most thought their perceived status as Muslims contributed to their labour market disadvantage, for example:

I don't think my accent is too much of a problem. But my appearance because of the problems going on with the Middle Eastern crisis and other situations. I reckon that affects it a lot. (H4, 22, Arab-Iraqi refugee)

H4 then clarified what this meant:

Interviewer: *What kinds of assumptions do you think employers might make about you?*

H4: *Troublemaker, terrorist ...*

One young man said in his interview:

For job interviews they would ask me are going to bomb the place if I employ you? They joke in a very nasty way. (S8, 26, M, Arab-Iraqi refugee)

In terms of job readiness, qualifications, experience, confidence and English language capacity were found to be central to the likelihood of interviewees getting a job. A young woman who had only recently arrived from under-developed, war-torn Sudan, was feeling discouraged:

We come here as refugees and we don't have any kind of job, experience or qualification, nothing. (A8, F, 28, Sudanese refugee)

However, some from a refugee background viewed their job chances with much more confidence, for example:

I have never had any experience of anyone looking at me differently because of my name or religion or background as a person. So I don't have that problem ... it never comes up ... I grew up in Australia. (S2, 28, M, Iraqi-Kurdish refugee)

As a general finding, a long period of time living in Australia or being born in Australia was associated with better English skills, recognised qualifications and confidence, for example:

First I think they don't like me because of my looks. But when they get to speak to me they may like me. First looks. Most people when they first look at another person they don't like them, then when they speak to me they get to know a lot more ... It doesn't really matter. They see that my English is perfect. I am great, you know, like any Aussie (laughs). (S2, 28, M, Kurdish-Iraqi refugee)

Here S2 alludes to the “problem” of his “Middle Eastern” appearance readily suggesting he is Muslim. However, he feels this is outweighed by his language fluency and cultural behaviour. On balance, appearance was reported in the interviews as more of a problem for young women who wore the headscarf.

Young, female, Muslim and looking for work

According to the 2006 Census, 63.3% of Muslim women were not in the Australian labour force compared to 42% of women for the population as a whole (Australian Bureau of Statistics 2006), even though education levels were roughly comparable (Akbarzadeh, Bouma & Woodlock 2009). Looking for a job presents greater challenges to young Muslim women in Australia who wear the headscarf (hijab). The female headscarf represents a key symbol of Islam in the west, and tends to evoke fear and loathing for non-Muslims (Afshar 2008; Imtoul 2010).

The young female interviewees wearing the headscarf certainly felt this way, for example:

Al Hijab is the main problem as employers are afraid of this appearance as it could affect the business or they



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would think because I am covered I could be fundamental or extremist, especially with this bad reputation of Muslims at the moment. (R1, 25, F, Iraqi refugee)

It was not just Muslim refugee young women for whom English was not a first language who felt this way. Second-generation Muslim female youth with fluent English and no accent had similar experiences. The headscarf was identified as presenting a great disadvantage when trying to get a job, for example:

Not my look but what I am wearing. They would like me without Al Hijab and I was born here. When I go to look for a job they would look at your scarf and they judge you because of that. I would suffer quietly. They probably think I am complicated because I am Muslim so they wouldn't give me a chance. (A2, 26, Lebanese second generation)

The common perception among female interviewees was that the headscarf mattered in a negative way to employers, and to non-Muslim workmates. A study of the difficulties faced by Muslim jobseekers in Perth found that:

Employers interviewed for the project were very creative in accounting for what might appear to be racial discrimination, denying responsibility for that discrimination, and deflecting responsibility onto other factors. They argued that if discrimination occurred it was for the sake of their clients or customers, to whom they were ultimately responsible (Tilbury 2007, p. 2).

Those who did not wear the headscarf were very well aware of negative attitudes towards it:

I don't find myself having any problems that others have out there. They have their headscarf on. For example if you wear a scarf and you are looking for a hairdressing job, it is pretty hard. You have to find someone who does it at home, which is pretty hard to find. But for me I don't really

find, I don't think, that people will find that I am Muslim by looking at me. So, I don't find any difficulties but other people they would. (L2, 22, Lebanese second generation)

This comment refers implicitly to some restrictions on workplaces for young Muslim women, especially those who wear the headscarf. For example, the headscarf compounds the difficulty of finding work in the health and beauty field in Australia. Another female interviewee said:

I would like to work in hairdressing but nobody is employing me because I am covering my hair. (Z1, 25, F, Iranian refugee)

The effect of religious regulations and prohibitions

In observation of a religious regulation, avoiding dealing with male clients was mentioned by a young woman who was finalising her training as a hairdresser:

Well, yeah, I wouldn't do men [hairdressing clients]. I have done men before but now I wouldn't want to do it, like I prefer not to. (L2, 22, Lebanese second generation)

It is not clear whether L2's current expressed reluctance to cut the hair of male customers derives from a recent revitalisation of her faith, or whether she cut men's hair during her training in order to gain the qualification, but would avoid doing so in a future job. This could prove problematic in terms finding a position because most hairdressing salons in Australia cater for both sexes. Although we did not find much evidence of it, avoidance of contact with men would represent a particularly difficult employment hurdle given that there is little or no formal gender segregation in the Australian services and retail sector, or in other sections of the labour market.

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The most common religious prohibition mentioned by both male and female young jobseekers was the avoidance of alcohol. A number said they would avoid workplaces where alcohol was sold or served. Some also mentioned avoiding contact with pork or non-halal food. For example:

Interviewer: *Are there particular kinds of work tasks or activities you would not take on as a Muslim?*

S4: *Bars, clubs, alcohol places, working in a shop with pork.* (S4, 21, M, Turkish migrant)

Religious prohibitions on contact with alcohol, pork or non-halal meat in the workplace were mentioned in about one-third of the 18 interviews. The most obvious outcome is a restriction on working in the hospitality, food and entertainment services sectors of the urban labour market, where many other young Australians seek casual or contract work because there is a high job vacancy rate. One young woman said ruefully:

I think they will say we are a very fussy people, those Muslims they don't like anything. (H5, 24, F, Arab-Iraqi refugee)

It seemed most young male jobseekers did not want to appear “complicated” in their future workplaces, so the issue of prayer was avoided, for example:

Interviewer: *Does your religion matter to employers?*

N1: *I suppose sometimes with prayer. I find that when it comes to religion, people tend to not tread there, like especially with employers. If they have already employed me and if I pray they are not comfortable with it. Like let us say, if I say I have to pray and I have got religious commitments and that I can't work because of that religious commitment they probably just don't hire me in the beginning rather than deal with that after they hired me.*

(N1, 23, M, Kurdish-Iraqi refugee)

Strategies

Information and communication technology

In the wider study, the use of ICTs for job searching represented a divergent strategy across the generations. One aspect of contemporary Australian social practice that young Muslim jobseekers share with young people everywhere is reliance on the internet and the mobile phone. Willis and Tranter (2006, p.55) find that in Australia “young people are not only more likely to access the internet, they use it for different purposes to their elders”. All the young Muslim jobseekers made active use of their mobile phones and many mentioned using the internet, including social networking sites, to find prospective jobs. ICT resources were also often mentioned in relation to job-search agencies:

Interviewer: *So, when you were with agency X, what was the single most useful resource or service that you used?*

N1: *Oh, their new catchy screen. Thanks be they have got their computers set up. You can go in and say what town, or local area, what job you are looking for and they can print it out for you and send it straight through. And it will show you your details listed on the CV in there as well and so you just fax it straight through them and it is very useful.* (N1, 23, M, Kurdish-Iraqi refugee)

One young woman mentioned using the internet to find out about vacancies, calling the employers, then, “if they say we don't have jobs I would leave my phone numbers with them” (S5, 27, F, Afghani refugee), implying a strategy where she names more than one phone number so she can always be contacted.

Adaptability

Although some of the young Muslim jobseekers seemed disheartened, many gave the impression of being simply



The most common religious prohibition mentioned by both male and female young jobseekers was the avoidance of alcohol

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pragmatic, for example:

Most of the jobs I don't get because it requires skills. And so I know that I didn't get that particular job because I didn't have the skills. (S2, 28, M, Kurdish-Iraqi refugee)

One confident young woman who wore the headscarf said, "usually I work in child care. And now I've changed the business to become an aged care worker" (S10, 27, F, Indonesian migrant). She believes there are more vacancies in the aged care field and presumes her headscarf will not matter so much.

Some avoided job-search agencies, preferring the strategy of tracking down vacancies themselves, for example:

I will rather look on my own because you can't really rely on other people, like if they have a lot of other people to look for jobs you have to wait a long time. If you do it yourself, you find it easier and quicker. (L2, 22, F, Lebanese second generation)

Finally, some relied on their religious faith to give them fortitude in the search for a job. For example, B2 said that in the past when he finally found a job: "I would say thank God Alhamdulillah (B2, 27, M, Lebanese second generation)."

Implications for policy and practice

Some of the comments made by interviewees indicate the possible need for modifications to existing practices in job-search agencies. First, several of the young people mentioned that they believed they were treated differently, for example:

The treatment at the agencies for Muslim jobseekers, are very different from the treatment of the Aussie ones. They don't like us ... you could see the body language. (S8, 26, M, Arab-Iraqi refugee)

This was not just the case for young

women who wore the headscarf, but applied to both sexes. It seemed to be linked to the issue of a "Middle-Eastern appearance" (Poynting & Tabar 2007). Although some cultural sensitivity training is given to job-search agency workers, a more concerted effort may be needed.

Second, some of the young women mentioned that they did not like to talk to men about private issues. For example Z1, with two small children, had been divorced by her husband before she was 25. She later told the interviewer she was embarrassed to talk about it openly. Another young woman intimated that it would be better if a female agency worker was assigned to interview female Muslim jobseekers:

They could let the Muslim jobseeker woman talk to women in agencies in case if they're embarrassed to talk to a man about sensitive things. (R1, 25, F, Iraqi refugee)

Finally, it was evident that the majority of young Muslim jobseekers were using their own resources, both social and technological, to search for jobs, and made relatively limited use of job-search agencies, for example:

I have help from my friends more than any other organisation or service. (A4, 27, M, Iranian second generation)

At the level of policy, it may be advisable for national employment strategies to reach beyond the institutional approach of standard job-search agencies to create various forms of facilitated networks that would support the specific needs of young Muslim jobseekers; targeting jobs and employers beyond those where being of Muslim faith poses a problem. ■

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Conclusion

So what does it mean to be young, Muslim and looking for a job in Australia?

This paper has reported on findings from interviews conducted in 2009 with 18 young Muslim jobseekers aged 21–28 in the suburbs of Western Sydney. It is argued that finding a steady job is very important for all of them, yet none of those interviewed were working at the time of interview. Job-search experiences varied according to gender, length of time in Australia, appearance and degree of confidence. There were many accounts of being treated with suspicion because of their Muslim background, ethnicity, accent and/or appearance. Two outcomes are implied from these findings. The first is further research. A broad-based study employing a survey of a large sample of

young Muslim jobseekers, supported by focus groups and interviews, should be conducted in at least three capital cities. The second implication is for a more concerted approach to social inclusion through labour force participation. The labour market marginalisation of young Muslim jobseekers represents a counterproductive form of “cultural unemployment” that works against the logic of the flow of migration Australia has long depended on. It is a potential impediment to the future prosperity of Australia if coming generations of young Muslim migrants continue to find particular difficulty entering the labour market.

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