# Young People Priority Framework Consultation Summary Report

## Prepared for the Mental Health Commission (WA)

### Consultation summary report for workshops held with the mental health, alcohol and other drug sector and other stakeholders

20 November 2020

nous

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# Executive summary

The Mental Health Commission (MHC), on behalf of the Western Australian (WA) Government, has committed to developing a Young People Priority Framework (the Framework). The Framework will guide the WA Government, the Mental Health Commission and other agencies, the mental health and AOD sector, and other stakeholders across the community, in supporting and responding to the mental health and AOD needs of young people aged 12 to 24 years.

## Nous Group has been engaged to support consultation on the Framework

Nous Group (Nous) has been engaged to undertake a series of workshops with sector and government stakeholders across WA on the Framework. These consultations were delivered in October 2020 and were attended by 138 sector and government stakeholders. We facilitated:

- Two half-day Perth-based workshops with government agency representatives and stakeholders from the youth mental health and AOD sector held on Monday 12 (Workshop 1) and Tuesday 13 October (Workshop 2) 2020 and attended by a total of 72 people.
- Two virtual workshops on Thursday 15 (Virtual Workshop 1) and Friday 16 October (Virtual Workshop 2) 2020, held with government and sector representatives and attended by both regional and metro-based stakeholders. The virtual workshops were attended by a total of 66 people.

## Workshop participants commented on a five-year vision for young people and the mental health and AOD system

Regarding the wellbeing of young people and their experience of the mental health and AOD system, workshop participants commented that a five-year vision should, among other things:

- Capture and reflect a **holistic view of young people** and focus on **the resilience and empowerment of young people**, rather than on 'the system'
- Be worded in a way that **young people themselves** can understand, and emphasise the voice, abilities, resilience and involvement of young people
- Focus **explicitly on responding to the diverse, individualised needs** of young people, including those in contact with the justice system, and Aboriginal and Torres Strait Islander young people, young people from Culturally and Linguistically Diverse (CALD) backgrounds, young people with a disability and lesbian, gay, bisexual transgender, queer, intersex, asexual or questioning (LGBTIQIA+) young people.
- Be **positively framed and focused on strengths** rather than deficits
- Reference the **goal of system integration** as a critical indicator of success
- Include **emphasis on the importance of families and communities** in building resilience and empowering young people
- Reference **the importance of care "in place"**
- Focus on **preventing mental health and AOD issues before they arise**
- Include a commitment to support young people **beyond the life of the Framework**

- Be **quantifiable and measurable**.

## Participants at the in-person workshops added to, and prioritised between, initiatives based on their perceived impact

Participants at the in-person workshops worked in tables to sort between and prioritise a range of initiatives that could be included in the Framework. Initiatives considered 'high-impact' by participants at the first in-person workshop included, but were not limited to:

- School-based initiatives, including the introduction of mental health and AOD youth workers and peer workers in schools
- Initiatives focused on building resilience and preventing the social determinants of mental illness and AOD issues, such as exposure to violence and contact with the justice system (Workshop X, Y votes)
- Crisis support
- Culturally sensitive and appropriate services for Aboriginal and Torres Strait Islander young people
- Accommodation support services
- Dedicated peer support programs
- Community and acute specialised mental health services
- Wrap-around support for young people with complex needs
- Liaison, co-location and collaborative working arrangements between youth mental health and AOD services and systems
- Improved data collection and use
- Support for health professionals to play a greater role in assisting young people.

Initiatives considered 'high-impact' by participants at the second in-person workshop included:

- AOD prevention and awareness-raising campaigns and activities
- Strategies focused on building greater evidence-base and data collection
- Initiatives which set out to establish better relationships between service systems and Aboriginal and Torres Strait Islander young people
- Care provided in young peoples' own homes and communities
- Initiatives focused on ensuring the appropriateness of mental health, AOD and mainstream service workforces for working with young people
- Intensive, wrap-around supports for young people with co-occurring and complex needs
- Community-based prevention and early intervention, and specialised state-wide services, for young people with eating disorders
- More consistent service provision in regional and remote areas.

## Workshop participants then built out key initiatives in detail

Finally, participants at both in-person and virtual workshops were asked to work in groups to pick one initiative which they felt would be particularly impactful and build it out in further detail using a Program Logic template (shown in Appendix B). Groups developed a total of 19 detailed initiatives across the

workshops. Participants were subsequently asked to vote for the most impactful initiatives. The top three initiatives from each workshop (i.e. the initiatives that received the most votes) – a total of twelve initiatives – were as follows:

1. **Integrated community treatment and support to reduce Emergency Department (ED) presentations. (Workshop 1, 20 votes).** Participants designed an initiative that would support consumers to navigate mental health and AOD services, fund after-hours community support and increase resourcing for the Youth Community Assessment and Treatment Team (YCATT) and Youth Hospital in the Home (YHITH) teams.
2. **Youth long term housing and support program providing long term accommodation with coordinated clinical support (Workshop 1, 18 votes)**. Participants envisioned a design process that would be led by an Aboriginal community-controlled organisation (ACCO), focused on young people in unstable accommodation with acute mental health and co-occurring AOD issues.
3. **Youth workers in schools (Workshop 1, 16 votes).** Participants designed an initiative that would see all high schools employ a youth worker, and design safe 'drop-in' spaces for young people.
4. **Peer Leadership Program (PLP) (Workshop 2, 13 votes)**. Participants designed an initiative that would identify and train peer workers and peer leaders. The program would potentially include camps workshops, meet-ups, conferences and programs to train young people to become peer workers.
5. **Develop a targeted map of all services and programs across WA to provide system navigation support and resources to service providers (Workshop 2, 12 votes).** Participants designed an initiative that would see the development of a directory of services and programs to be used and owned by the sector to act as a tool for system navigation, and service and program evaluation.
6. **State and Commonwealth Governments working collaboratively in mental health promotion and prevention (Workshop 2, 11 votes).** Participants designed an initiative that would see a bi-partisan national approach to prevention and early intervention for young people – including the development of a national prevention and early interventions strategy for young people and their families.
7. **Enhance existing prevention initiatives targeting young people, families and the broader community including school-based programs (mental health and AOD) (Virtual workshop 1)**[1]**.** Participants designed an initiative that would better utilise existing programs and services to de-stigmatise mental health and AOD issues and build the capability of families and community to support young people.
8. **Provision of tailored support to young people and their families who experience a multiple range of issues, including family and domestic violence (FDV), mental health and AOD issues (Virtual workshop 1)**. Participants design a hub-and-spoke model initiative that would be centrally coordinated and support young people to access specialist organisations that already exist.
9. **Provide long-term accommodation (houses/villas) with coordinated clinical, psychological and AOD support for young people with mental health and AOD issues (Virtual workshop 1).** Participants designed this program to be coordinated and integrated within the existing service system and based on similar model to the 'Family Support Model' developed by the former Department of Child Protection and Family Support.
10. **Invest in Aboriginal Community-Controlled Health Services (ACCHS) to better support people with mental health and/or AOD issues (Virtual workshop 2)**. The initiative would be targeted at building the capability of peer workers to deliver services at a community-level and empowering Aboriginal communities with decision-making about what services and supports are required, and how they should be delivered.

[1] Voting did not occur in the virtual workshops.

11. **Better whole-of-community integration of mainstream services in a more planned and consistent way to meet the needs of young people (Virtual workshop 2).** Participants designed an initiative that would prioritise mental health and AOD in the school curriculum and across the youth service sector.
12. **Increase mental health community treatment and support services by 432,000 hours of support with a focus on regional areas, children and young people (Virtual workshop 2).** Participants designed a service where clinicians would go out to communities, meeting young people closer to home. The service would focus on the five P's – psychiatry, psychology, psychical health, pharmacy and practical health.

# Methodology

## The Mental Health Commission has committed to develop a Young People Priority Framework

The Mental Health Commission (MHC), on behalf of the Western Australian (WA) Government, has committed to developing a Young People Priority Framework (the Framework). The Framework will guide the State Government, the Mental Health Commission and other agencies, the mental health and AOD sector, and other stakeholders across the community, in supporting and responding to the mental health and AOD needs of young people aged 12 to 24 years.

## Nous Group has been engaged to support consultation on the Framework

Nous Group (Nous) has been engaged to undertake a series of workshops with sector and government stakeholders across Western Australia on the Framework. We facilitated:

- Two half-day Perth-based workshops with government agency representatives and stakeholders from the youth mental health and AOD sector held on Monday 12 and Tuesday 13 October 2020 and attended by a total of 72 people.
- Two virtual workshops on Thursday 15 and Friday 16 October 2020, held with government and sector representatives and attended by both regional and metro-based stakeholders. The virtual workshops were attended by a total of 66 people.

### In-Person Workshops

The Mental Health Commission (MHC), supported by Nous, held two half-day in-person workshops on Monday 12 and Tuesday 13 October 2020. These workshops were attended by a total of 72 people from government agencies, mental health and AOD sector organisations, peak bodies and advocacy groups. The workshops were held at the DoubleTree Hilton in Northbridge, Perth, and were attended by predominantly metropolitan-based agencies and sector representatives.

Both in-person workshops followed the same format, with participants working in groups of 8-10 people through the following three activities:

1. **Articulating a vision for the wellbeing of young people.** Participants were asked to describe their vision for the wellbeing of young people aged 12-24 with mental health and AOD issues in WA by 2025. This discussion was aided by two example vision statements, drawn from previous work undertaken in the mental health and AOD system in WA.
2. **Prioritising initiatives to address known gaps in the current system.** At their tables, participants discussed gaps in the current mental health, alcohol and other drug services system. Presented with a long-list of more than 50 strategies and initiatives set out in reports, inquiries and modelling developed by the WA Government and the sector over the past decade, participants were then asked to add to, then prioritise between, initiatives based on their likely impact and ease of implementation.
3. **Building out key initiatives in detail.** Participants were asked to pick one 'high impact' initiative per table and build it out in further detail, using a Program Logic template to articulate what the initiative would look like and involve if delivered in practice, and what success would look like.

### Virtual Workshops

Nous supported the MHC to facilitate two, two-hour virtual workshops on Thursday 15 and Friday 16 October 2020, attended by a total of 66 people from government agencies, mental health and AOD sector organisations, peak bodies and advocacy groups. These workshops were made available to those in regional and remote areas across WA, as well as to those based in the Perth metropolitan area who were unable to make the in-person workshops.

Both virtual workshops involved participants dividing into smaller 'breakout groups' to discuss questions, then re-joining the broader group to participant in a plenary discussion. A virtual whiteboard was used to capture the outputs of these discussions.

Both virtual workshops followed the same format, with participants working through two activities:

1. **Articulating a vision for the wellbeing of young people.** Participants were asked to describe their vision for the wellbeing of young people aged 12-24 years old with mental health and AOD issues in WA by 2025. This discussion was aided by the same two example vision statements as had informed the in-person discussions.
2. **Selecting and building out key initiatives in detail.** Participants were presented with a short-list of initiative and strategies that had been prioritised as 'high impact' by participants in the in-person workshops. They were asked to pick one particularly high impact initiative that had not already been built out in further detail during the in-person workshops and use the Program Logic template to articulate what the initiative would look like and involve.

## Line of enquiry informed both in-person and virtual workshops

The consultations informing this report have been guided by an agreed set of lines of enquiry. These lines of enquiry have provided a shared structure against which feedback has been gathered from sector stakeholders, as well as through parallel engagements with young people and carers undertaken by the Youth Affairs Council of Western Australia (YACWA).

The lines of enquiry used throughout the engagement process are outlined in Figure 1 below.

**Figure 1 | Agreed lines of enquiry**

| KEY QUESTIONS | SUB-QUESTIONS |
|---|---|
| What do young people, families and carers, service providers, peak bodies, and government agencies agree to be **a realistic vision for the mental health and AOD service system** in WA for young people that can be **achieved by 2025?** | What are our vision and objectives for the mental health and AOD system in WA for young people, using the 10-year Plan, MHC's and National Mental Health Commission's (NMHC) system vision as a starting point? |
| | What does achievement of this vision look like in practice, and how will we know that we've been successful? |
| | What would we change about the 10-year Plan's, MHC's and NMHC's vision to reflect our context and aspirations for the mental health and AOD systems in WA specifically for young people? |
| What do they see as the **key gaps and opportunities** for change within the current system in WA? | What are the gaps in the current mental health and AOD service system for young people? |
| | Where are the strengths of the current mental health and AOD service system for young people? |
| What do they see as the **priority initiatives and strategies** to deliver on the vision for the mental health and AOD service system for young people? | What practical initiatives or strategies could be implemented to address gaps and move us closer to our shared vision? |
| | Which of these initiatives and strategies are our top priorities? |
| | Of these initiatives, which can we implement in the short (1-year), medium (2-year) and long (5-year) term? |

# In-Person Workshops

## Activity 1 | Articulating a vision for the wellbeing of young people

For Activity 1, participants worked in groups of eight-ten to articulate their five-year vision for young people aged 12-24 years old with mental health and AOD issues. Table discussions were aided by two 'example visions', drawn from vision statements articulated in the WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan) and by the National Mental Health Commission. Participants then summarised and relayed their table group discussions to other workshop participants during a plenary discussion.

The draft visions considered by participants are set out in Figure 2 below.

**Figure 2 | Draft 'visions' used in the workshops**

| BRIEF VISION | DETAILED VISION |
|---|---|
| In 2025, fewer young Western Australians will be concerned by or experience mental health and alcohol and other drug (AOD) issues than in 2020. The system will be easier to navigate, will better cater for diverse needs and will have young people represented at each stage from service development to delivery. | In 2025, fewer young Western Australians will be concerned by or experience mental health and alcohol and other drug (AOD) issues than in 2020. Compared to 2020, the system in 2025 will offer those who need mental health and/or AOD services:<br>• Improved availability of the right services and supports, in the right place, at the right time for their needs<br>• Fewer barriers to accessing help and smooth, supported and coordinated transitions between services<br>• That young people are integral in the design and delivery of services to ensure services reflect their diverse needs<br>• The young person and their carers are supported and engaged to achieve the best health, wellbeing and social outcomes for the young person<br>• There is a clear plan to continue the improvements made in the years between 2020 and 2025. |

## Outcomes

During the plenary discussion, participants made various comments regarding a vision for the wellbeing of young people generally, and for both the long- and short-form vision statements supplied as examples. Across the two workshops, there was no clear consensus about which vision would be preferable. A summary of the key comments made by participants is below.

### Overall comments

Participants noted that the vision should:

- Capture and reflect a **holistic view of young people**, recognising that the wellbeing of young people is about more than interactions with the mental health and AOD service system.
- Focus on **empowerment, resilience and experiences of young people**, rather than on 'the system'. Many participants felt that both example visions were too 'system-centric' and focused on services rather than the needs of young people themselves.
- Be worded in a way that **young people themselves** can understand, and which resonates with them.

- Focus specifically on the **needs of vulnerable cohorts** including young people in contact with the justice system, and Aboriginal and Torres Strait Islander young people who, due to the effects of colonisation and intergenerational trauma, are especially vulnerable to mental health and AOD issues.
- Be **positively framed and focused on strengths** rather than deficits. Many participants took issue with the use of the phrase 'fewer young people' in both vision statements, noting that the vision for young people and the system should be positively framed and focused on what we want to see more of.
- Reference the **goal of system integration** as a critical indicator of success. This includes the importance of integration between the mental health and AOD system, and with other services including education and housing.
- Include **greater emphasis on the importance of families and communities** in building resilience and empowering young people.
- Focus **more explicitly on responding to the diverse, individualised needs** of young people.
- Be **quantifiable and measurable**, so that agencies and organisations can be held to account to the achievement of the vision in five years' time.
- Include a commitment to support young people **beyond the life of the Framework.**

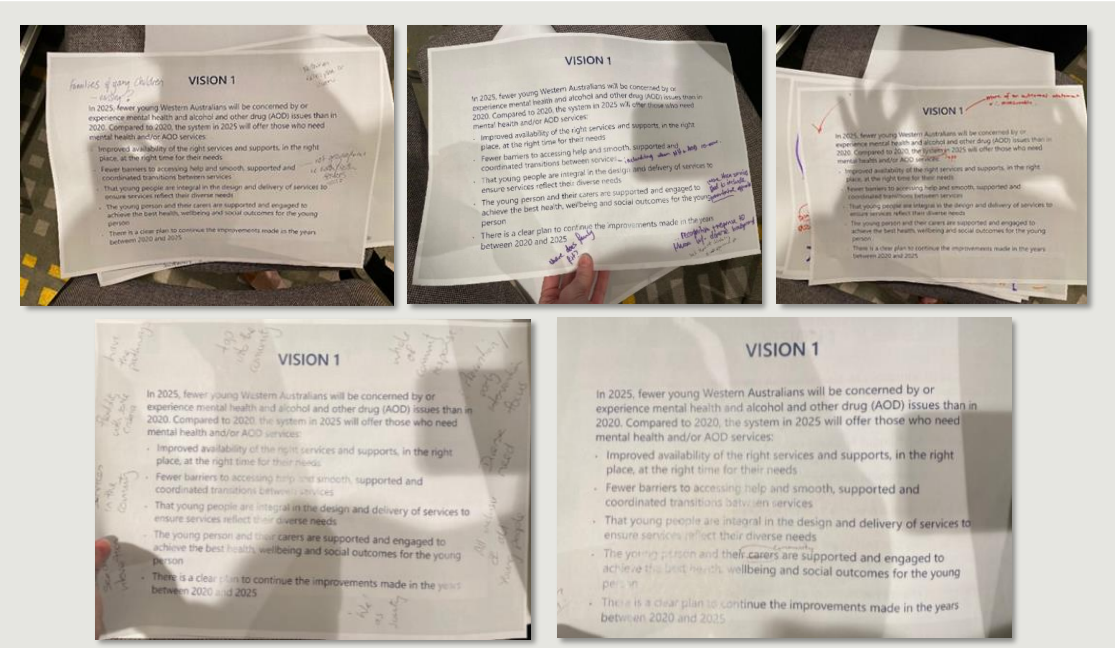
### Comments on the long-form vision

On the '**long-form' vision statement specifically**, workshop participants commented that:

- The statement appeared more like an outcome statement than a vision statement, with its bullet points reading like individual objectives.
- The statement should define who is responsible for delivering on this vision (e.g. is it the mental health and AOD services, the whole system, and/or the whole community?).
- The vision should reference preventing mental health and AOD issues, not just treating them.
- Cultural appropriateness and responsiveness should be included as an objective.
- The co-occurrence of mental health and AOD services should be explicitly recognised.
- The vision should apply to young people wherever they are, including young people in contact with the justice system or who are incarcerated at Banksia Hill.
- The vision should include a focus on developing mental health and AOD workforces that are appropriate for, and meet the needs of young people.
- The statement should reference that the wellbeing of young people is a whole-of-community responsibility, which requires a whole-of-community response.

Examples of comments are pictured at Figure 3.

**Figure 3 | Example comments on the long-form vision**

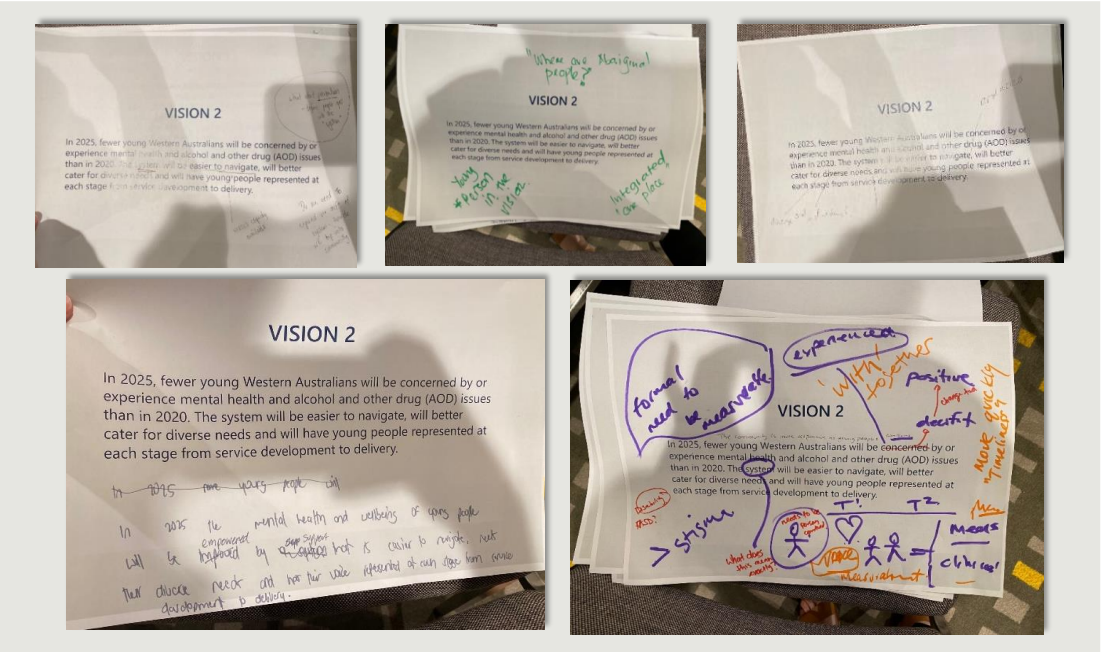



## Comments on the brief vision

On the **brief vision example** provided, participants comments included the following:

- The vision statement should make explicit reference to ensuring that services are well-connected, integrated and easy to navigate from the perspective of young people.
- The statement should reference system capacity, as the quantity, as well as the quality of services available to young people, will be critical.
- Strengthened community resilience and informal connections should be more central to the vision.
- The vision should recognise the importance of services and systems being flexible and responsive to the diverse needs of young people (e.g. the aim should be a "no wrong door" approach).
- The vision should make explicit reference to Aboriginal and Torres Strait Islander young people.
- This shorter vision statement would be more difficult to measure than the long-form example.

**Figure 4 | Example comments**



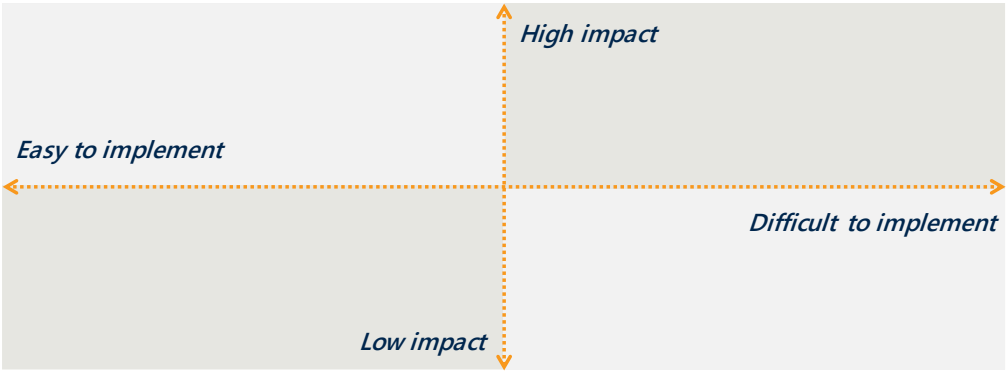

## Activity 2 | Prioritising strategies, initiatives and actions

During Activity 2, participants worked at their tables to sort between and prioritise a range of initiatives that could be included in the Framework. Each table was provided with:

- **A 'How Might We' question, reflecting a critical gap within the mental health and AOD service system for young people.** How Might We questions are a way of turning challenges or gaps into opportunities for design; they suggest that a solution is possible and offer a chance to respond to challenges in various ways. The 'How Might We' statements considered for this activity were:
    1. How might we intervene early and prevent young people from entering the mental health and AOD service system?
    2. How might we improve the availability and/or accessibility of mental health and AOD treatment and supports for young people that meet their needs in the right setting?
    3. How might we ensure that the diverse needs of young people are recognised, met and improve the experiences of all young people accessing mental health and AOD treatment and supports, considering their race, religion, gender identity or social circumstances?
    4. How might we improve the integration and coordination of services within the mental health and AOD service system for young people?
    5. How might we create a more whole-of-community, whole-of-family, and person-led mental health and AOD service system?
- **A long list of strategies and initiatives, which responded to their table's 'How Might We' statement**. These initiatives, and their corresponding How Might We questions, reflect recommendations drawn from a range of reviews, inquiries and evaluations into the youth mental health and AOD system in WA undertaken over the past ten years (source documents). A list of the source documents considered in developing the How Might We questions are detailed in Appendix D, with a total of over 50 initiatives considered in each in-person workshop.

At their tables, participants were asked to add to the long list of initiatives they had been provided with any additional ideas for activities which might also solve their table's How Might We question. Once participants had their 'even longer-list', they sorted each initiative into one of the following four categories by assessing it according to impact and ease of implementation (see Figure 5 below).

**Figure 5 | Impact-Implementation axis against which participants sorted initiatives[2]**




The purpose of this activity was to acknowledge the extensive work already done by the sector to address issues and gaps in services for young people with AOD and mental health issues. The focus was on adding to, and prioritising between, initiatives that had already been acknowledged as necessary to address critical gaps in the mental health and AOD system. Further, this activity demonstrated that prioritising initiatives is subjective task, and is informed by the experiences of each individual in the room. This meant that some of the initiatives were assessed as high impact or easy to implement in one workshop, and assessed as relatively lower impact, and more difficult to implement in another workshop.

## Outcomes

### Workshop 1 | Prioritised Initiatives

This section sets out the initiatives prioritised by participants in Workshop 1. Common themes among initiatives ranked as 'high-impact' include, but are not limited to:

- School-based initiatives, including the introduction of mental health and AOD youth workers and peer workers in schools.
- Initiatives focused on building resilience and preventing the social determinants of mental ill-health and AOD issues, such as exposure to violence and contact with the justice system.
- Crisis support, including prioritisation of additional Assertive Response Teams, Child and Adolescent Services and Youth Community Assessment and Treatment Teams (YCATT) to prevent young people from presenting at the ED in the first place.
- Culturally sensitive and appropriate services for Aboriginal and Torres Strait Islander young people, including social and emotional wellbeing programs and initiatives developed through close engagement of Aboriginal and Torres Strait Islander young people and Elders.
- Accommodation support services.

[2] When assessing the 'ease of implementation' of each initiative, participants did not consider the ease of securing funding for any unfunded initiatives.

- Dedicated peer support programs, including for LGBTIQA+ young people, young people from refugee and/or migrant backgrounds, Aboriginal and Torres Strait Islander young people, and young people living with a disability.
- Community and acute specialised mental health services, including services for young people with eating disorders, perinatal services, neuropsychiatry and neuroscience disorder services, support for young people with Attention Deficit Hyperactivity Disorder (ADHD) and services for young people with co-occurring mental illness and intellectual, cognitive, physical or developmental disability (including autism).
- Wrap-around support for young people with complex needs, including intensive AOD casework services and the Young People with Exceptionally Complex Needs (YPECN) program.
- Liaison, co-location and collaborative working arrangements between youth mental health and AOD services and systems, to ensure young people only need to tell their story once.
- Improved data collection and use, particularly in understanding the characteristics associated with self-harm by young people and for the evaluation of youth suicide prevention activities.
- Health professionals (including GPs and youth peer workers) to play a greater role in assisting young people to recognise the signs of mental ill-health and how to access mental health support.
- Increased community capacity to support young people with mental health and AOD issues so that communities themselves can identify and respond to young people at risk of suicide.

Figure 6 shows an example of some of the outputs of Workshop 1. Table 1 below that details the full list of initiatives prioritised by all groups during the workshop.

**Figure 6 | Example outputs from Workshop 1**

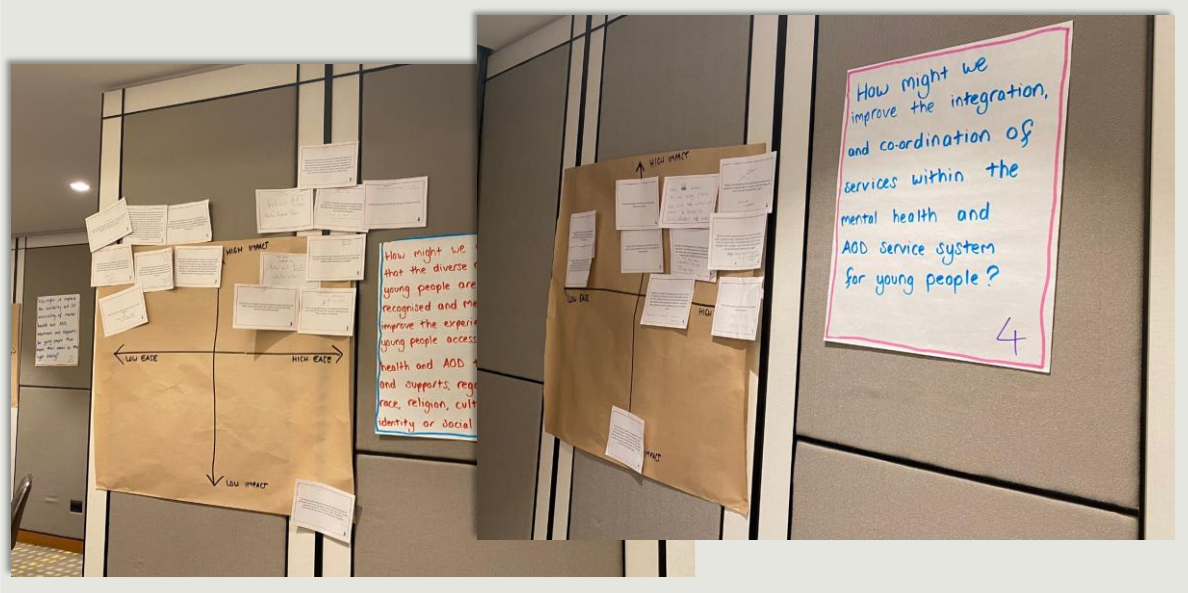



**Table 1 | Initiatives prioritised in Workshop 1**

| How might we intervene early and prevent young people from entering the mental health and AOD service system? | |
|---|---|
| **Easy to implement, high impact** | • Develop holistic programs that promote social and emotional wellbeing and align with existing policies and programs. Where relevant, programs should: be community- |

| | |
|---|---|
| | based and community-led; focus on improving health literacy; and improve access to education, information, testing, care and support services.<br>• Involve young people in the conversation about youth suicide, noting that this is already happening and needs to continue as an ongoing way of working rather than a discrete initiative.<br>• Introduce youth workers into schools across WA.<br>• Pilot a cross-agency early intervention service focused on vulnerable cohorts.<br>• Prevent alcohol-related harm to young people (aged 18 to 24 years) during the COVID-19 recovery by preventing violence and reducing burdens on WA hospital EDs and other frontline services.<br>• Provide support to community organisations (e.g. art and sporting organisations) to help build resilience in young people in community settings (e.g. mental health first aid). |
| **Difficult to implement, high impact** | • State and Commonwealth Governments to work collaboratively to improve planning and increase resources for mental health promotion, prevention and early intervention services for children and young people, to ensure they have access to the full continuum of services and programs across the state.<br>• Mitigate the impacts of COVID-19 by supporting young people into education, training and employment (all protective factors for mental health) through pilots of the youth Individual Placement and Support (IPS) employment programs that integrate two dedicated employment workers into specialist youth services, noting:<br>  • This will be challenging for young people with complex needs, and young people who are unemployed; and<br>  • This should focus on building resilience and empowerment.<br>• Provide information to assist young people to recognise the signs of mental health difficulties and how to access mental health support. |
| **Easy to implement, low impact** | • Expand the Alcohol Think Again 'Parents, Young People and Alcohol' (Young People) campaign: the key state-wide education and persuasion program that seeks to reduce alcohol-related harm among adolescents.<br>• Expand Drug Aware: a state-wide public education campaign to minimise the risk of harms relating to drug use.<br>• Develop state-wide public education campaigns to minimise the risk of harms relating to drug use. |
| **Difficult to implement, low impact** | Nil |
| **How might we improve the availability and accessibility of mental health and AOD treatment and supports for young people that meet their needs in the right setting?** | |
| **Easy to implement, high impact** | • Integrated community treatment and support to reduce ED presentations and hospital admissions.<br>• Ensure inclusive education in WA is resourced to support peers in schools (combining peer and educational support).<br>• Offer AOD diversion to all young people who encounter police (i.e. harness the Young Offenders Act better).<br>• Expand the Youth Accommodation and Support Services (YASS) to include a dedicated AOD worker. |

| | |
|---|---|
| | • Fund a multi-disciplinary child, adolescent and youth service for those aged 10-24 (split into three streams: 10-13; 13-17; and 18-24) who are at risk of offending, or who have a history of offending.<br>• Refund Assertive Response Teams in the Child and Adolescent Health Service, and roll this out state-wide.<br>• Improve responses to young people with an acute risk of suicide, or who have attempted suicide. This should draw on a robust transdiagnostic assessment. |
| **Difficult to implement, high impact** | • Introduce additional long-term housing and support programs for young people, including houses/villas with coordinated clinical, psychosocial and AOD support for young people with mental health and co-occurring AOD issues.<br>• Introduce a Youth Community Assessment and Treatment Team (YCATT) to prevent people from presenting at the hospital ED in the first place.<br>• Provide a rapid, flexible small (innovative) grant program to enable rapid pivoting of service provision to meet the emerging needs of young people.<br>• Explore, with the Department of Communities and key stakeholders, how youth-friendly safe places can be introduced for those with AOD issues (including volatile substance use issues) in regional and remote areas.<br>• Increase mental health community support services by 432,000 hours of support, with a focus on regional areas, children and youth. Data should be used to identify those regions where the need is highest, to inform prioritisation of investment.<br>• Ensure that there is comprehensive and coordinated planning, modelling and resourcing of evidence-based youth suicide prevention and intervention initiatives that are aligned with need. This will require effective Commonwealth and State Government collaboration. |
| **Easy to implement, low impact** | Nil. |
| **Difficult to implement, low impact** | • Increase the availability of safe places for intoxicated people (also known as sobering up centres) in Fremantle, the Pilbara and for young people in the metropolitan area by a total of 27 beds. |
| **How might we ensure that the diverse needs of young people are recognised and met and improve the experiences of all young people accessing mental health and AOD treatment and supports, considering their race, religion, culture, gender identity or social circumstances.** | |
| **Easy to implement, high impact** | • Expand the Child and Adolescent Health Service (CAHS) Gender Diversity Service and the gender pathways service (youth mental health) to meet demand.<br>• Ensure admission, referral, discharge and transfer policies, practices and procedures of mental health services meet the cultural needs of Aboriginal and Torres Strait Islander young people.<br>• Government agencies to report on the Rapid Responses Framework in their annual report, to demonstrate how they have prioritised access to services or programs to meet the health, mental health, disability, educational, housing and other needs of young people in care, and for care leavers up to 25 years of age.<br>• Continue to develop specialised state-wide inpatient services for:<br>  • Eating disorders (10 additional beds)<br>  • Perinatal (four additional beds)<br>  • Neuropsychiatry and neurosciences disorders |

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| | • Commence planning and development for rollout of the Aboriginal Health Council of WA mental health, social and emotional wellbeing professional development program.<br>• Fund dedicated youth peer support programs for LGBTIQA+ young people, young people from refugee and/or migrant backgrounds, Aboriginal and Torres Strait Islander young people, and young people living with a disability.<br>• Review workforce recruitment strategies, including the recruitment of senior leaders, in partnership with Aboriginal and Torres Strait Islander Elders and young people.<br>• Continue to develop in-prison mental health and AOD treatment and support services for young people.<br>• Continuously improve the cultural competency of mainstream mental health and AOD services. |
| **Difficult to implement, high impact** | • Conduct an analysis of the youth sector workforce needs to provide an evidence-based model of growth over the coming years in order to ensure frontline supports have capacity to meet young people's needs.<br>• Review and improve current data collection, monitoring and evaluation practices to be inclusive of all sexualities, genders and sex characteristics, ensuring young LGBTQIA+ people in WA are adequately represented.<br>• More culturally appropriate mental health programs and services to be provided for Aboriginal and Torres Strait Islander children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services.<br>• Commence establishment or enhance community-based specialised state-wide services including:<br>  • eating disorder services<br>  • perinatal services<br>  • neuropsychiatry and neurosciences<br>  • co-occurring mental illness and intellectual, cognitive or developmental disability (including autism spectrum) services<br>  • hearing and vision impaired support<br>  • support to address the impact of intergenerational trauma, particularly for younger ages<br>  • Attention Deficit Hyperactivity Disorder (ADHD).<br>• Complete the planning and implementation of a 92-bed secure forensic inpatient unit (including specific places for men, women, young people and Aboriginal people).<br>• Develop a specific suicide prevention strategy, prioritising culturally security and linking to the broader community and social and emotional wellbeing approaches.<br>• Prioritise community engagement as part of the provision of mental health and AOD services to young people, to build trust and sustained relationships with Aboriginal and Torres Strait Islander young people.<br>• Upskilling (training and cultural change) of the mental health and AOD workforce to improve and strengthen their capability to effectively provide LGBTIQ+ inclusive and accessible services and supports that are free from stigma and discrimination. |
| **Easy to implement, low impact** | • Commence planning of community-based specialised state-wide services including:<br>  • sexuality, sex and gender diversity services |

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| | • children in care programs<br>• transcultural services<br>• homelessness programs. |
| **Hard to implement, low impact** | Nil |
| **How might we improve the integration, and coordination of services within the mental health and AOD service system for young people?** | |
| **Easy to implement, high impact** | • Pilot a 'young person hub': A single point of contact where young people can access services regardless of the organisation which provides them.<br>• Build on and improve programs such as Young People with Exceptionally Challenging Needs (YPECN) and People with Exceptionally Challenging Needs (PECN) to ensure people with multiple, high-level needs receive seamless, comprehensive treatment and support.<br>• Develop and implement transition strategies for young people moving from child and adolescent services to youth mental health services and from youth services into adult services, to ensure young people are supported and receive continuity of care at both transition points.<br>• Invest in more intensive casework AOD services, which look holistically at all aspects of the young person's lives (e.g. ensure a range of psychosocial domains are being met at the same time).<br>• Introduce better liaison and collective working arrangements between youth mental health and AOD services to ensure young people only need to tell their story once.<br>• Colocation of AOD and mental health services, and other services that address youth needs (i.e. "drop-in centres that are youth-friendly located near high school/shopping centres and in the inner city).<br>• Consider the development of a collaborative inter-agency approach, including consideration of a shared screening tool and a joint case management approach for young people with multiple risk factors for suicide. |
| **Difficult to implement, high impact** | • Develop a targeted project to map and evaluate existing suicide prevention initiatives to inform priorities for future investment.<br>• Investigate the feasibility of developing a linked data collection system to record the prevalence of and characteristics associated with, self-harm by children and young people.<br>• Improve collaboration and practices by government agencies and service providers to safely collect information about cultural identity, gender identity and sexual identity in situations where there are concerns about a young person's self-harming or suicidal behaviour.<br>• Improve oversight and evaluation of suicide prevention activities for young people.<br>• Improving the timeliness and publication of data on suicide, suicide attempts and self-harm by children and young people. |
| **Easy to implement, low impact** | Nil |
| **Difficult to implement, low impact** | • Develop capability map of current provision and capability of services across WA and provides system navigation supports and resources to service providers. |

| How might we create a more whole-of-community, whole-of-family, and person-led mental health and AOD service system | |
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| **Easy to implement, high impact** | • Build capacity and increase suicide prevention training, so that communities can identify and respond to young people at risk of suicide (e.g. introducing "safe talk", especially for vulnerable groups, in schools and at GP clinics).<br>• The MHC and peak bodies work with Aboriginal and Torres Strait Islander Elders and young people to identify and implement strategies to reduce racism within the mental health sector.<br>• Health professionals (including GPs and youth peer workers) to provide information to assist young people in recognising the signs of mental ill-health and how to access mental health support. Support should be cheap or free, recognising that cost is often a barrier to young people accessing services.<br>• Increase the capacity of GPs to support young people with mental health challenges.<br>• Build the capacity of and increase suicide prevention training in the community so that communities themselves can identify and respond to young people at risk.<br>• Build the capacity of the non-government sector, so it is better equipped to deliver mental health promotion, prevention, early intervention and treatment services for children and young people. |
| **Difficult to implement, high impact** | • Enhance the role of schools in suicide prevention. |
| **Easy to implement, low impact** | • Introduce peer family and carer recovery centres: A centre-based drop in space to engage informally with peers, plus a structured peer mentoring program, warm referrals and casual support. |
| **Hard to implement, low impact** | • Provision of tailored support to young people and their families who experience family and domestic violence (FDV), mental health and AOD issues. This will be done through the creation of Mental Health and AOD worker positions to support outreach workers in FDV refuges across Perth and in regional areas. |

## Workshop 2 | Prioritised Initiatives

The section below sets out the initiatives prioritised by participants in Workshop 2. Common themes among initiatives ranked as 'high-impact' include, but are not limited to:

- AOD prevention and awareness-raising campaigns and activities.
- Strategies focused on building a greater evidence-base and data collection, including about effective suicide prevention activities and about cultural identity, gender identity and sexual identity in situations where there are concerns about a young person's self-harming or suicidal behaviour.
- Initiatives which set out to establish better relationships between service systems and Aboriginal young people, including those focused on developing sustainable, trusting and meaningful relationships with Elders and an emphasis on social and emotional wellbeing programs.
- Care provided in young peoples' own homes and communities.
- Better integration between mental health and AOD services and systems.
- Initiatives focused on ensuring the appropriateness of mental health, AOD and mainstream service workforces for working with young people.

- Initiatives focused on young people with co-occurring and complex needs, including young people with co-occurring mental health and AOD issues, young people in contact with the justice system, young people with health issues and young people with disability.
- Intensive, wrap-around supports for young people with co-occurring and complex needs, including accommodation support services.
- Community-based prevention and early intervention, and specialised state-wide services, for young people with eating disorders.
- Consistent provision of services in regional and remote areas.

Figure 7 shows an example of the outputs of this exercise from Workshop 2. Table 2 below, details the full list of initiatives prioritised by all groups in Workshop 2.

**Figure 7 | Example outputs from Workshop 2**

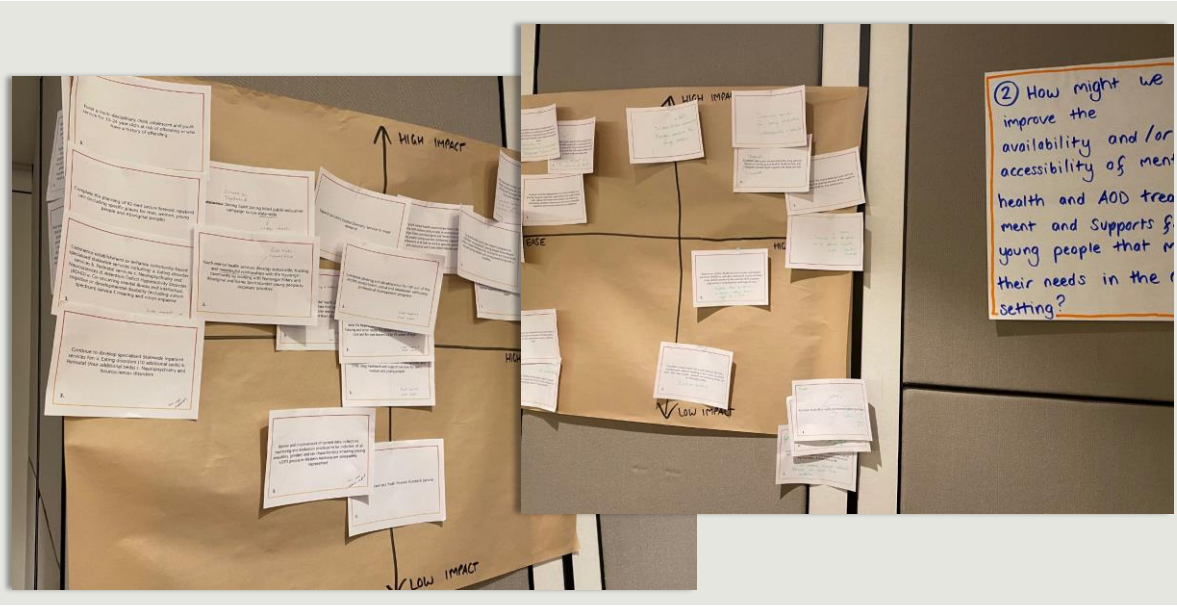


**Table 2 | Initiatives prioritised in Workshop 2**

| How might we intervene early and prevent young people from entering the mental health and AOD service system? | |
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| **Easy to implement, high impact** | • Introduce youth workers into schools across WA.<br>• Develop state-wide public education campaigns to minimise the risk of harm relating to drug use.<br>• Expand Drug Aware: a state-wide public education campaign aimed at minimising the risk of harm relating to drug use.<br>• Expand the Alcohol Think Again: 'Parents, Young People and Alcohol' (Young People) campaign: the key state-wide education and prevention program that seeks to reduce alcohol-related harm among adolescents.<br>• Establish and/or expand youth AOD services, based on the Drug and Alcohol Youth Service, and increase the integration of mental health support into these services.<br>• Expand 'Hospital in The Home' (HiTH) beds by five per cent, and further investigate the appropriateness of this model for infants, children and adolescents. |

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| **Difficult to implement, high impact** | • State and Commonwealth Governments to work collaboratively to improve planning and increase resources for mental health promotion, prevention and early intervention services for children and young people, to ensure they have access to the full continuum of services and programs across the state.<br>• Develop and introduce holistic programs that promote social and emotional wellbeing and align with existing policies and programs. Where relevant, programs should: be community-based and community-led; focus on improving health literacy; and improve access to education, information, testing, care and support services.<br>• Prevent alcohol-related harm to young people (aged 18 to 24 years) during the COVID-19 recovery by preventing violence and reducing burdens on WA hospital EDs and other frontline services.<br>• Mitigate the impacts of COVID-19 by supporting young people into education, training and employment – all protective factors for mental health - through pilots of youth employment programs that integrate dedicated employment workers into specialist youth services. |
| **Easy to implement, low impact** | • Establish a peer warm line: a calm place to talk with a trained peer without needing to be in crisis. Accessible 24/7, 365 days a year, and accessible by phone, text or messaging apps.<br>• Health professionals to provide information to assist young people to recognise signs of mental health difficulties and how to access mental health support. |
| **Difficult to implement, low impact** | Nil. |
| **How might we improve the availability and accessibility of mental health and AOD treatment and supports for young people that meet their needs in the right setting?** | |
| **Easy to implement, high impact** | • Community-based prevention and early intervention services for eating disorders.<br>• Boost infant, children and adolescent mental health community treatment services across the State by 374,000 hours of service, which includes early intervention services and services for families. |
| **Difficult to implement, high impact** | • Integrated community treatment and support to reduce ED presentations and hospital admissions.<br>• Deliver a new service specifically designed for the AOD treatment and rehabilitation of young people (23 beds) in the metropolitan area. This would need to be implemented with a combination of other strategies that focus on prevention and sustainability.<br>• Introduce additional long-term housing and support programs for young people, including houses/villas with coordinated clinical, psychosocial and AOD support for young people with mental health and co-occurring AOD issues.<br>• Establish, as part of a broader continuum of services, a short stay service for young people with mental health issues, and co-occurring AOD issues, to provide a combination of psychosocial and clinical support programs and activities, with support available on site 24 hours a day, seven days a week.<br>• Explore, with the Department for Child Protection and Family Support and key stakeholders, how youth-friendly safe places could be established for those with AOD issues (including volatile substance use issues) in regional and remote areas. |

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| **Easy to implement, low impact** | • Expand the Youth Accommodation and Support Services (YASS) to include a dedicated alcohol and other drug (AOD) worker to the existing YASS programs operating in metropolitan and regional areas.<br>• Increase mental health community support services by 432,000 hours of support, with a focus on regional areas, children and youth (assessed as low impact, due to lack of details on what this would entail).<br>• Ensure that there is comprehensive and coordinated planning, modelling and resourcing of evidence-based youth suicide prevention and intervention initiatives that are aligned with need. |
| **Difficult to implement, low impact** | • Increase safe places for intoxicated people (also known as sobering up centres) in Fremantle, the Pilbara and for young people in the metropolitan area by 27 beds.<br>• Provide a rapid, flexible small grant program to youth services to enable rapid pivoting of service provision to meet emerging needs of young people. |

**How might we ensure that the diverse needs of young people are recognised and met and improve the experiences of all young people accessing mental health and AOD treatment and supports, considering their race, religion, culture, gender identity or social circumstances.**

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| **Easy to implement, high impact** | • Ensure senior leaders working in youth mental health services have good relationships with Aboriginal Elders.<br>• The youth mental health sector to review their cultural training: both content and process, in consultation with Elders and Aboriginal and Torres Strait Islander young people, to improve the confidence, capability and competence of all staff to work in genuine partnership.<br>• Develop an Aboriginal Youth Advisory Council.<br>• Conduct an analysis of the youth sector workforce needs, including size and skills, to provide an evidence-based model of growth over the coming years in order to ensure frontline supports have capacity to meet young people's needs.<br>• Invest in Aboriginal Community-Controlled Health Services (ACCHS) Social and Emotional Wellbeing (SEWB) programs, developed and led by Aboriginal people and their communities, across all regions of the state.<br>• Mental health services for young people to review their workforce recruitment strategies, including senior leaders, in partnership with Elders and Aboriginal and Torres Strait Islander young people.<br>• Continuously improve the cultural competency of mainstream mental health and AOD services. |
| **Difficult to implement, high impact** | • Fund a multi-disciplinary child, adolescent and youth service for 10-24 year old's at risk of offending, or who have a history of offending.<br>• Commence establishment or enhance community-based specialised state-wide services including:<br>  • eating disorder services<br>  • perinatal services<br>  • neuropsychiatry and Neurosciences<br>  • co-occurring mental illness and intellectual, cognitive or developmental disability (including autism spectrum) service<br>  • hearing and vision impaired services<br>  • Attention Deficit Hyperactivity Disorder (ADHD). |

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| | • Complete the planning of a 92-bed secure forensic inpatient unit (including specific places for men, women, young people and Aboriginal and Torres Strait Islander people).<br>• Continue to develop specialised state-wide inpatient services for:<br>  • eating disorders (10 additional beds)<br>  • perinatal (four additional beds)<br>  • neuropsychiatry and neurosciences disorders.<br>• Expand the Child and Adolescent Health Gender Diversity Service to meet demand.<br>• Commence development for roll out of the Aboriginal Health Council of WA mental health, social and emotional wellbeing professional development program.<br>• Government agencies to report on the Rapid Responses Framework in their annual report, to demonstrate how they have prioritised access to services or programs to meet the health, mental health, disability, educational, housing and other needs for children and young people in care and for care leavers up to 25 years of age.<br>• Upskilling (training and cultural change) of the mental health and AOD workforce to improve and strengthen their capability to effectively provide LGBTIQ+ inclusive and accessible services and supports that are free from stigma and discrimination.<br>• More culturally appropriate mental health programs and services be provided for Aboriginal and Torres Strait Islander children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma.<br>• Mental health services for young people to engage Aboriginal and Torres Strait Islander young people at the centre of co-design processes to ensure culturally and age-appropriate services. This requires a staff member accepted by the community and Aboriginal participants to support Aboriginal and Torres Strait Islander young people to engage in co-design, build their confidence and capacity, and educate staff in how to work with young people as equal partners in co-design.<br>• Youth mental health services to develop sustainable, trusting and meaningful relationships with Aboriginal and Torres Strait Islander communities, by working with Elders and Aboriginal and Torres Strait Islander young people.<br>• Create a new Strong Spirit Strong Mind public education campaign to run state-wide. |
| **Easy to implement, low impact** | • Develop a specific suicide prevention strategy which prioritise a culturally secure social and emotional wellbeing approach to suicide prevention. |
| **Hard to implement, low impact** | • Review and improve current data collection, monitoring and evaluation practices to be inclusive of all sexualities, genders and sex characteristics to ensure that young LGBTI people in WA are adequately represented.<br>• Continue to develop in-prison mental health and AOD treatment and support services for men, women and young people. |
| **How might we improve the integration, and coordination of services within the mental health and AOD service system for young people?** | |
| **Easy to implement, high impact** | • Build on and improve programs such as Young People with Exceptionally Challenging Needs (YPECN) and People with Exceptionally Challenging Needs (PECN) to ensure |

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| | people with multiple, high-level needs receive seamless, comprehensive treatment and support.<br>• Improve oversight and evaluation of youth suicide prevention activities.<br>• Provide tailored support to young people and their families who experience family and domestic violence (FDV), mental health and AOD issues. This could be achieved through creation of mental health and AOD worker positions to support outreach workers in FDV refuges across Perth and in regional areas. |
| **Difficult to implement, high impact** | • Consider the development of a collaborative inter-agency approach, including a shared screening tool and a joint case management approach for young people with multiple risk factors for suicide.<br>• Improve collaboration and practices by government agencies and service providers to safely collect information about cultural identity, gender identity, sexual identity in situations where there are concerns about a child or young person's self-harming or suicidal behaviour.<br>• Investigate the feasibility of developing a linked data collection system recording the prevalence of and characteristics associated with, self-harm by young people.<br>• Pilot a 'young person hub': A single point of contact where young people can access services regardless of the organisation which provides them. |
| **Easy to implement, low impact** | Nil. |
| **Hard to implement, low impact** | • Improve the timeliness and publication of data on suicide, suicide attempts and self-harm by children and young people. |
| **How might we create a more whole-of-community, whole-of-family and person-led mental health and AOD service system** | |
| **Easy to implement, high impact** | • Introduce peer family and carer recovery centres: A centre-based drop in space to engage informally with peers, plus a structured peer mentoring program, warm referrals and casual support.<br>• Capacity building for NGO sector so it is equipped to deliver MH and AOD prevention and early intervention. |
| **Difficult to implement, high impact** | • Mental health and AOD services for young people to prioritise community engagement, trust-building and sustained relationships with Aboriginal and Torres Strait Islander Elders and young people, to identify and implement strategies to ensure services are accessed and used by Aboriginal communities.<br>• Offer peer-led supported accommodation options through developing peer-led safe spaces.<br>• Develop a capability that maps current provision and capability of services across WA and provides system navigation supports and resources to service providers, focusing on creating visible entry points.<br>• The MHC and peak bodies to work with Aboriginal and Torres Strait Islander Elders and young people to identify and implement strategies to reduce racism within the youth mental health sector and, specifically, in youth mental health services.<br>• Build capacity and increase suicide prevention training, so that communities can identify and respond to young people at risk of suicide (e.g. introducing "safe talk", especially for vulnerable groups, in schools and at GP clinics). |

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| **Easy to implement, low impact** | • Explore the use of more in-reach services, including psychosocial support packages (note: could not rate as high impact without more information).<br>• Enhance the role of schools in suicide prevention.<br>• Improve health service responses to young people with acute risk or who have attempted suicide.<br>• Pilot a cross-agency early intervention service for vulnerable cohorts. |
| **Difficult to implement, low impact** | Nil |

## Activity 3 | Building out key initiatives in detail

During Activity 3, participants – still within their allocated 'How Might We' table groups – selected one initiative from their long-list to build out in more detail. They were encouraged to select an initiative they felt would be most impactful, from those they had already categorised as 'high impact' during Activity 2. Participants worked in their groups to build out using a 'Program Logic' template, shown in Appendix B, which required them to describe:

- **What** the initiative was, including its activities, outputs and outcomes.
- **Who** the initiative was targeted towards, and the partners needed to support its delivery.
- **How** the initiative would be implemented, and how its success would be measured.

Each table group was then asked to present their 'How Might We' question, and the initiative that they had developed in detail, back to other workshop participants in plenary. Once the presentations were complete, all participants were provided with two dots to vote on their favourite detailed initiative.

## Outcomes

Across both in-person workshops, groups developed a total of 19 detailed initiatives using the Program Logic template. A full summary of all Program Logics developed throughout the in-person workshops is shown in Appendix C. The top three initiatives from each workshop that received the most votes – a total of six initiatives across both in-person workshops – are outlined in Figures 8-13, and were as follows:

1. **Integrated community treatment and support to reduce ED presentations and hospital admissions (Workshop 1, 20 votes)** (see Figure 8). Participants designed an initiative that would support young people to navigate mental health and AOD services and included an after-hours community support component through increased resourcing for the Youth Community Assessment and Treatment Team (YCATT) and Youth Hospital in the Home (YHITH) teams.
2. **A long-term housing and support program for young people, coupled with coordinated support (Workshop 1, 18 votes)** (see Figure 9). Participants designed an initiative providing long-term accommodation options along with coordinated clinical and psychosocial care. Participants envisioned a design process to develop this service, that would be led by an Aboriginal community-controlled organisation (ACCO).
3. **Youth workers in schools (Workshop 1, 16 votes)** (see Figure 10). Participants designed an initiative where all high schools would employ a youth worker and design safe 'drop in' spaces for young people to access mental health and AOD supports. The initiative would focus both on supporting young people in distress, and on providing links and referrals to other services.

4. **Peer Leadership Program (PLP) (Workshop 2, 13 votes)** (see Figure 11). Participants designed an initiative that would identify and train peer workers and peer leaders. The program would potentially include camps, workshops, meet-ups, conferences and programs to train young people to become peer workers. The program would be delivered in partnership with the sector and schools.
5. **Develop a targeted map of all services and programs across WA (Workshop 2, 12 votes)** (see Figure 12). Participants designed a directory of services and programs, which would be used and owned by the sector. This directory would help with system navigation and with service and program evaluation.
6. **State and Commonwealth Governments working collaboratively in mental health promotion and prevention (Workshop 2, 11 votes)** (see Figure 13). Participants designed an initiative that would see a bi-partisan national approach to prevention and early intervention for young people – including the development of a national prevention and early interventions strategy for young people and their families. The focus of the strategy would be on building the resilience of young people and families, and empowering early childhood services, and the education sector to help lead prevention and early intervention efforts.

**Figure 8 | Integrated community treatment and support to enhance management and reduce ED presentations and hospital admissions (Worksop 1, 18 votes)**

**Figure 9 | Youth long term housing and support program providing long term accommodation with coordinated clinical support (Workshop 1, 16 votes)**

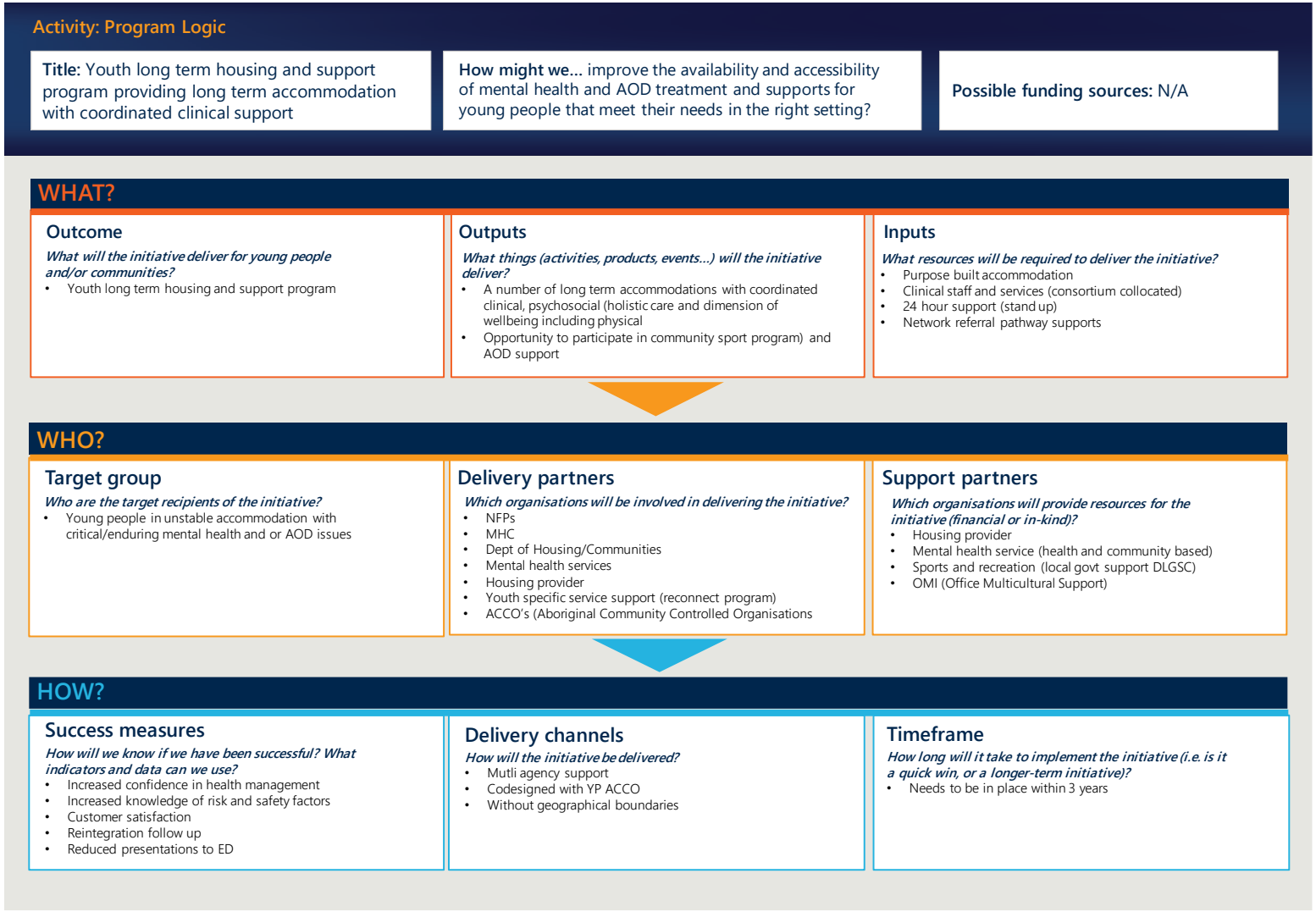


**Figure 10 | Youth workers in schools raising awareness of mental health and AOD issues (Workshop 2, 13 votes)**

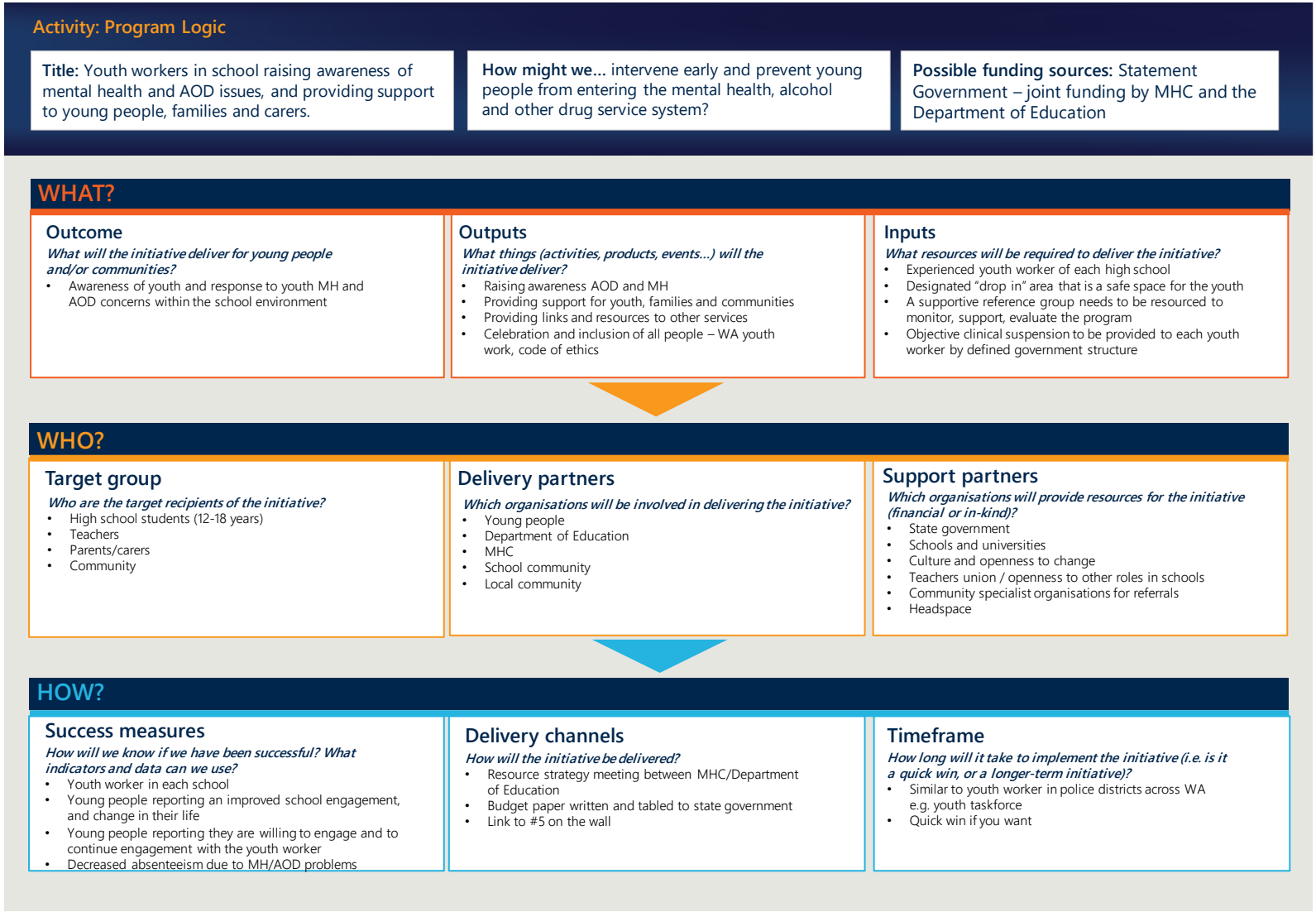


**Figure 11 | Peer Leadership Program (PLP) (Workshop 2, 13 votes)**

**Figure 12 | Develop a targeted map of all services and programs across WA to provide system navigation support and resources to service providers (Workshop 2, 12 votes)**

**Figure 13 | State and commonwealth working collaboratively for mental health promotion and prevention (Workshop 2, 11 votes)**

# Virtual Workshops

## Activity 1 | Articulating a vision for the wellbeing of young people

The first activity of the virtual workshops was similar to Activity 1 of the in-person workshops. Participants worked in 'break-out' groups of six-ten to articulate their five-year vision for young people and the mental health and AOD system. Breakaway discussions were aided by the same two 'example visions' considered as part of Activity 1 during the in-person workshops. Following 'break-out' discussions, participants re-joined the main virtual group and summarised their group discussions in plenary.

### Overall comments

Participants noted that the vision should:

- Emphasise the **voice, abilities, resilience and involvement of young people**. Some participants remarked that the vision should be in the words of young people themselves. At the very least, participants noted that its language should resonate with young people.
- Focus **less on the 'system' and more on outcomes** for young people themselves. Some participants recommended that reference to the word 'system' be removed from the vision altogether.
- Should be **framed positively rather than in the negative.** It was suggested that reference to 'fewer' young people be removed, with the vision to instead focus on positive goals.
- Reflect the **role of families and communities in the wellbeing of young people**. This was considered by participants to include families, friends, sporting groups, churches and cultural networks.
- Place **special emphasis on meeting the holistic needs of young people with co-occurring issues**, such as those in contact with the criminal justice system, experiencing co-morbid health issues or who have a disability.
- Reference **the importance of care 'in place',** especially for Aboriginal and Torres Strait Islander young people and those living in regional and remote communities.
- Focus on **preventing mental health and AOD issues before they arise**, including by addressing the social determinants of wellbeing (considering issues such as self-control, bullying, stress, cultural connections and family circumstances).

### Comments on the 'long-form' vision

On the '**long-form' vision statement specifically**, workshop participants commented that:

- It should not be assumed that less mental illness is necessarily better: a recovery focus means living a good life, with or without the symptoms of mental illness.
- Could speak more to the critical role of parental involvement in the mental wellbeing.
- Could make reference to harm reduction approaches in the AOD sector.
- Work to achieve this vision must start while young people are still children.
- The statement assumes that the mental health and AOD systems are fully integrated, whereas they are still very different systems.
- The vision should reflect what is unique about WA, particularly our geographic diversity and what this means for the accessibility and equity of services.

### Comments on the brief vision

On the **brief vision example specifically**, workshop participants commented that:

- The vision should emphasise 'responsiveness' to the needs of all young people, in all of their diversity and uniqueness.
- The statement needs to focus more on the full continuum of care that young people need, not just access to specialised mental health and/or AOD services.
- The vision should provide a pathway and mandate for agencies to work effectively together in the best interests of young people.
- The vision should stress the importance of clear pathways for young people that are otherwise at risk of falling through the cracks.
- Reference to the word 'concerned' should be removed, as it is not necessarily a problem for young people to be concerned about their mental health.
- It is important that the vision communicates that we should be moving towards better integration, where services and staff have both mental health and AOD skillsets.
- The vision should emphasise flexibility not only in how services are delivered, but in how they are commissioned.
- This statement is less measurable than the long-form vision.

## Activity 2 | Prioritising and building out

Activity 2 in the virtual workshop was similar to Activity 3 in the in-person workshops, with some simplification to ensure accessibility for participants dialling from various locations across the state. During this activity, participants worked in 'break-out' groups of six-ten people, with each group assigned a 'How Might We' statement and a 'short-list' of initiatives that had been prioritised as having the highest impact by participants of the in-person workshops. Virtual workshop participants were encouraged to select an initiative they felt would be most impactful from the list and build it out using a Program Logic template including three questions:

- **What** were the activities and intended outcomes of the initiative?
- **Who** would deliver the initiative?
- **How** would the initiative be implemented, and what would success look like?

If none of the initiatives listed resonated with the 'break-out' group, they were encouraged to develop their own. Once each 'break out' group had completed its Program Logic template, one representative presented their 'How Might We' question and the initiative back to the main group in plenary.

### Outcomes

Across both virtual workshops, groups developed a total of six detailed initiatives using a condensed version of the Program Logic template (illustrated in Figures 14-19)[3]. Those initiatives were as follows:

1. **Enhance existing prevention initiatives targeting young people, families and the broader community including school-based programs (both mental health and AOD) (Virtual workshop 1)** (see Figure 14). Participants designed an initiative that would better utilise existing programs and

[3] As only six initiatives were developed in detail, there was no voting activity during the virtual workshops

services to de-stigmatise mental health and AOD issues and build the capability of families and communities to support young people, whilst empowering them with confidence to seek support and help.

2. **Provision of tailored support to young people and their families who experience a multiple range of issues, including FDV, mental health and AOD issues (Virtual workshop 1) (**see Figure 15). Participants design a hub-and-spoke model that would provide a one-stop-shop for FDV and AOD support. The service would be underpinned by principles of trauma-informed and person-centred care. The initiative would be centrally coordinated and support young people to access specialist organisations that already exist, with clear information-sharing protocols to ensure the young person only tell their story once.
3. **Provide long-term accommodation (houses/villas) with coordinated clinical, psychological and AOD support for young people with mental health and AOD issues, including peer support (Virtual workshop 1)** (see Figure 16). Participants designed a program that would be coordinated and integrated within the existing service system, and based on similar model to the 'Family Support Model' developed by the former Department of Child Protection and Family Support. The service would provide long-term accommodation to provide the young person with a period of stability through which they can develop or remember the skills needed to live truly independent lives.
4. **Invest in Aboriginal Community-Controlled Health Services (ACCHS) to better support people with mental health and/or AOD issues (Virtual workshop 2)** (see Figure 17). This initiative would be targeted at building the capability of peer workers to deliver services at a community-level, and empowering Aboriginal communities to make decisions about what services and supports were required, and how they should be delivered.
5. **Better whole-of-community integration of mainstream services in a more planned and consistent way to meet the needs of young people (learning from Aboriginal medical services, and universities) (Virtual workshop 2)** (see Figure 18). Participants designed an initiative that would identify those young people most in need of care and support using available data, and integrate the provision of multi-sector care around the specific and holistic needs of those young people.
6. **Increase mental health community treatment and support services by 432,000 hours of support with a focus on regional areas, children and youth (Virtual workshop 2)** (see Figure 19). Participants a service where clinicians would go out to communities and meet young people. The service would focus on the five P's – psychiatry, psychology, psychical health, pharmacy and practical health. It would include life coaches, including ADHD coaches, who can help young people set and realise their goals. This service would be designed for the 'missing middle' – that is, those young people that are too sick for a GP, but not sick enough for in-patient support.

**Figure 14 | Enhance existing prevention initiatives targeting young people, families and the broader community including school-based programs (Virtual workshop 1)**

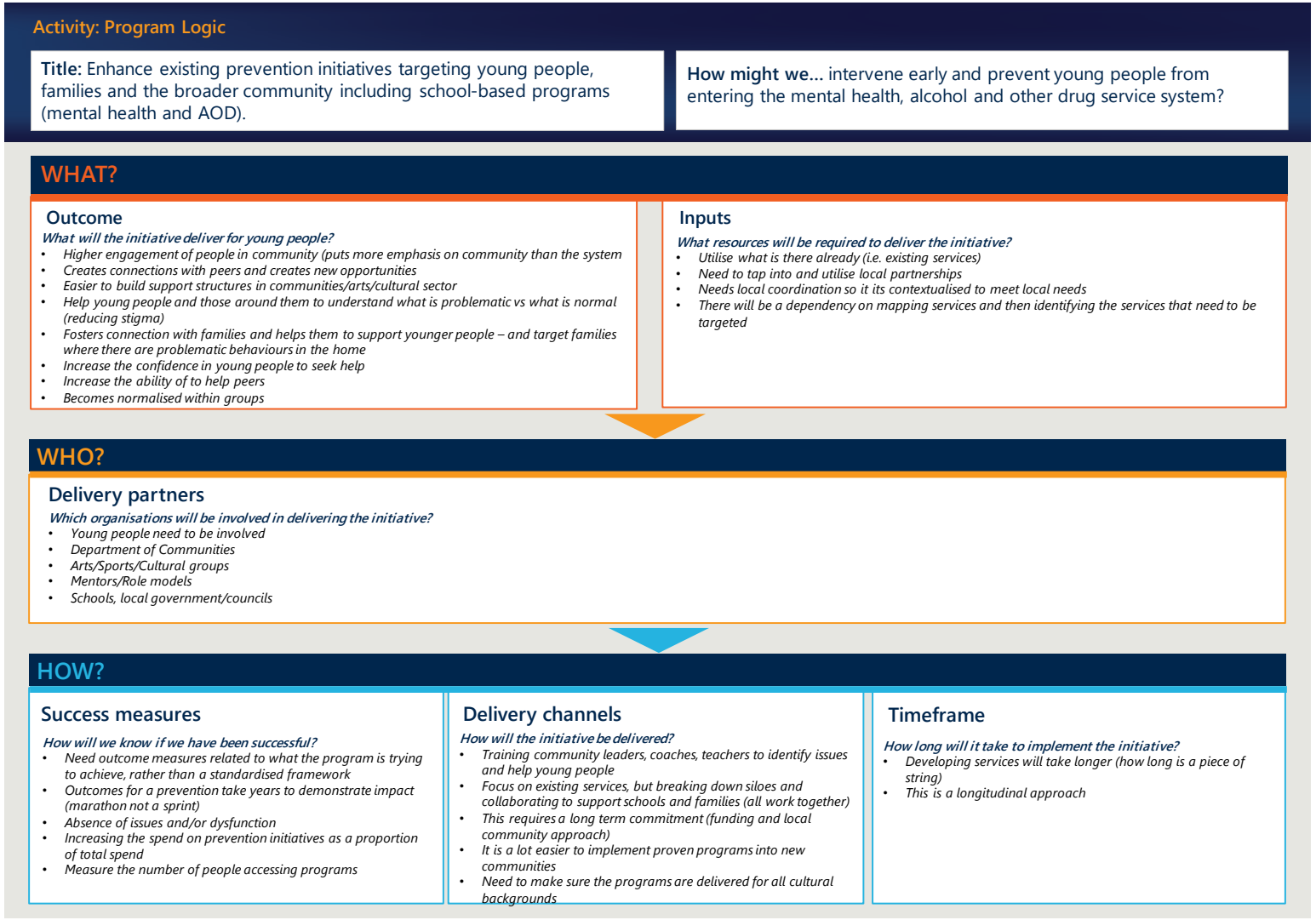


**Figure 15 | Provision of tailored support to young people and their families who experience a multiple range of issues (Virtual workshop 1)**

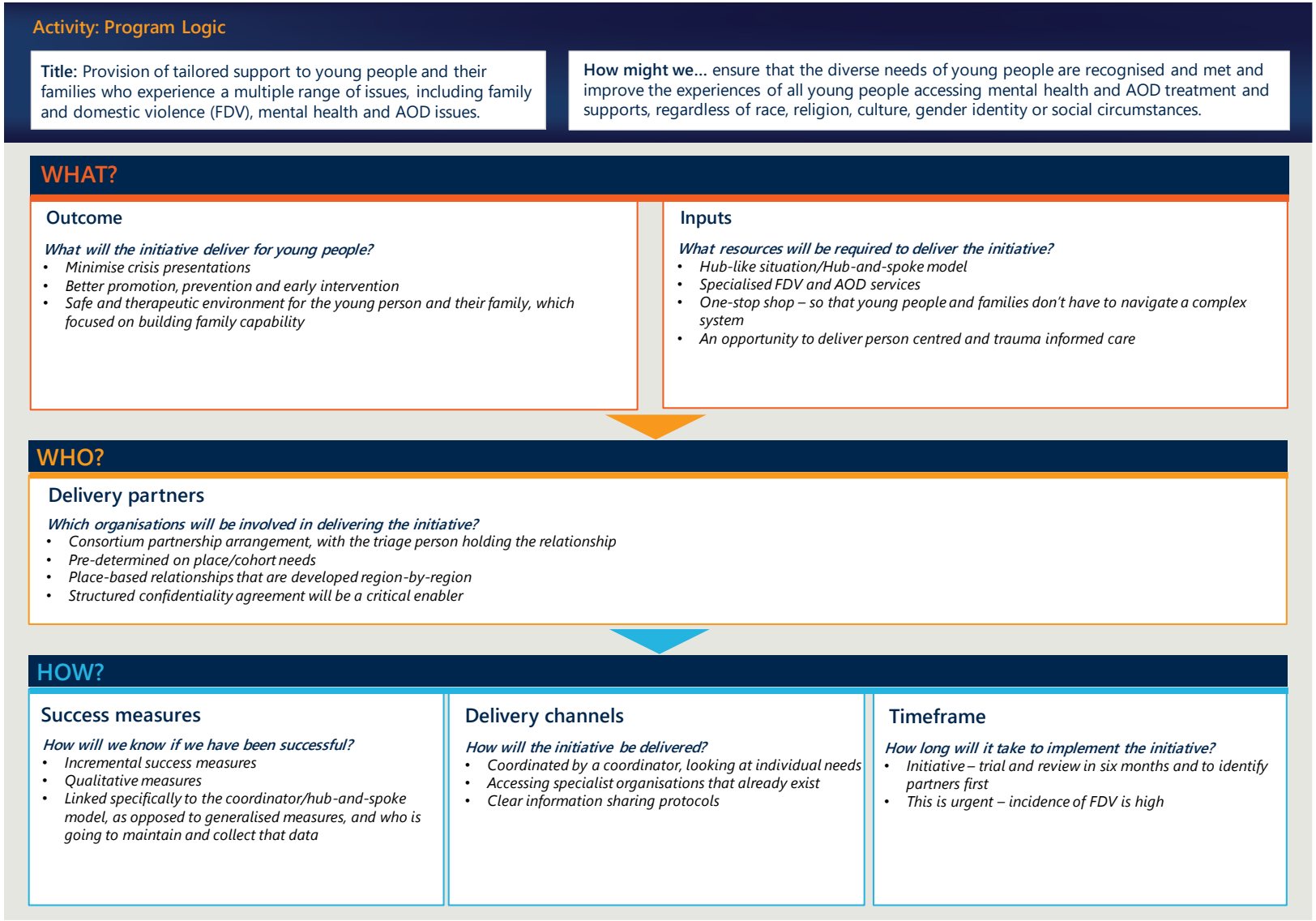


**Figure 16 | Provide long-term accommodation (houses/villas) with coordinated clinical, psychological and AOD support for young people (Virtual workshop 1)**

**Figure 17 | Invest in Aboriginal Community-Controlled Health Services (ACCHS) to better support people with mental health and/or AOD (Virtual workshop 2)**

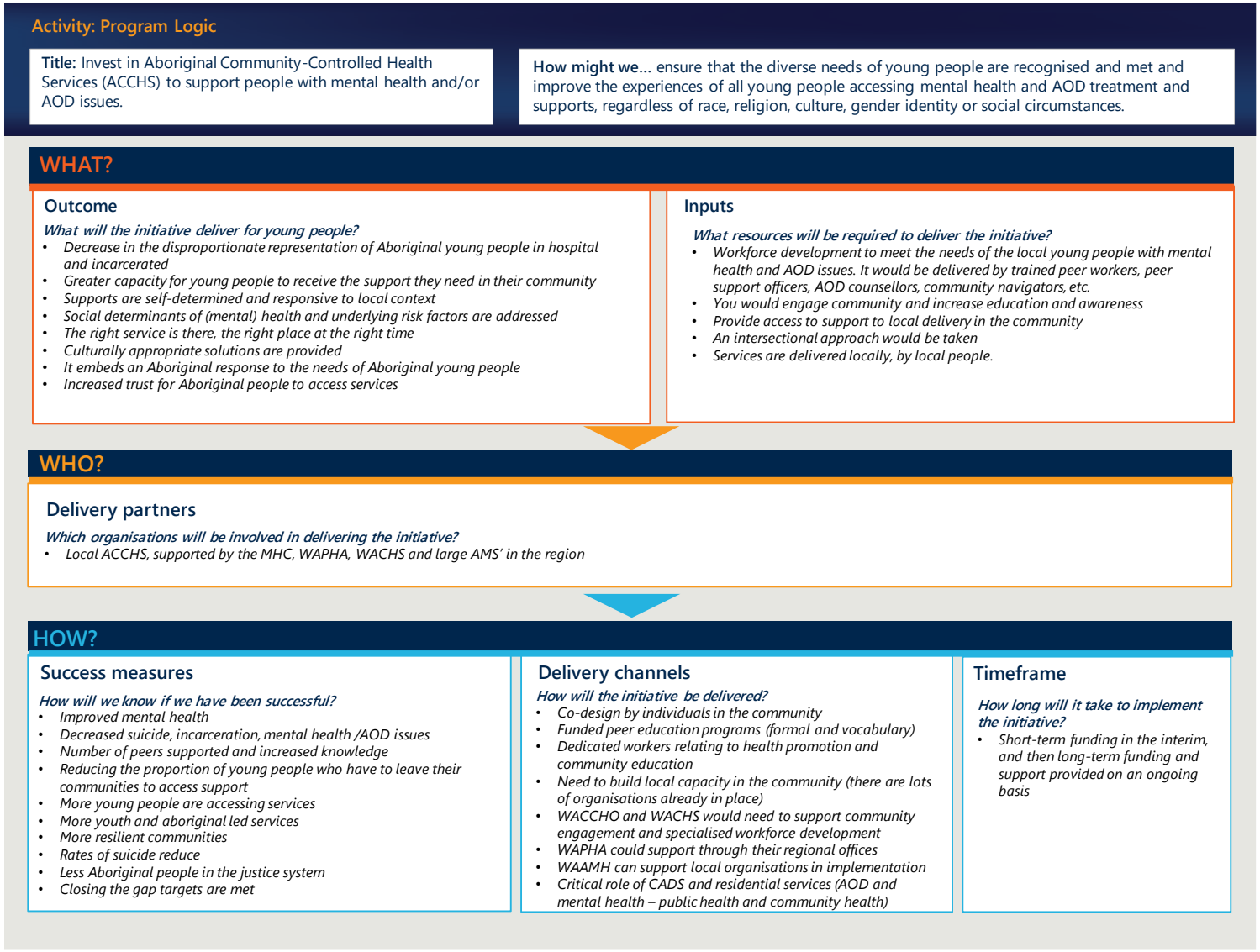
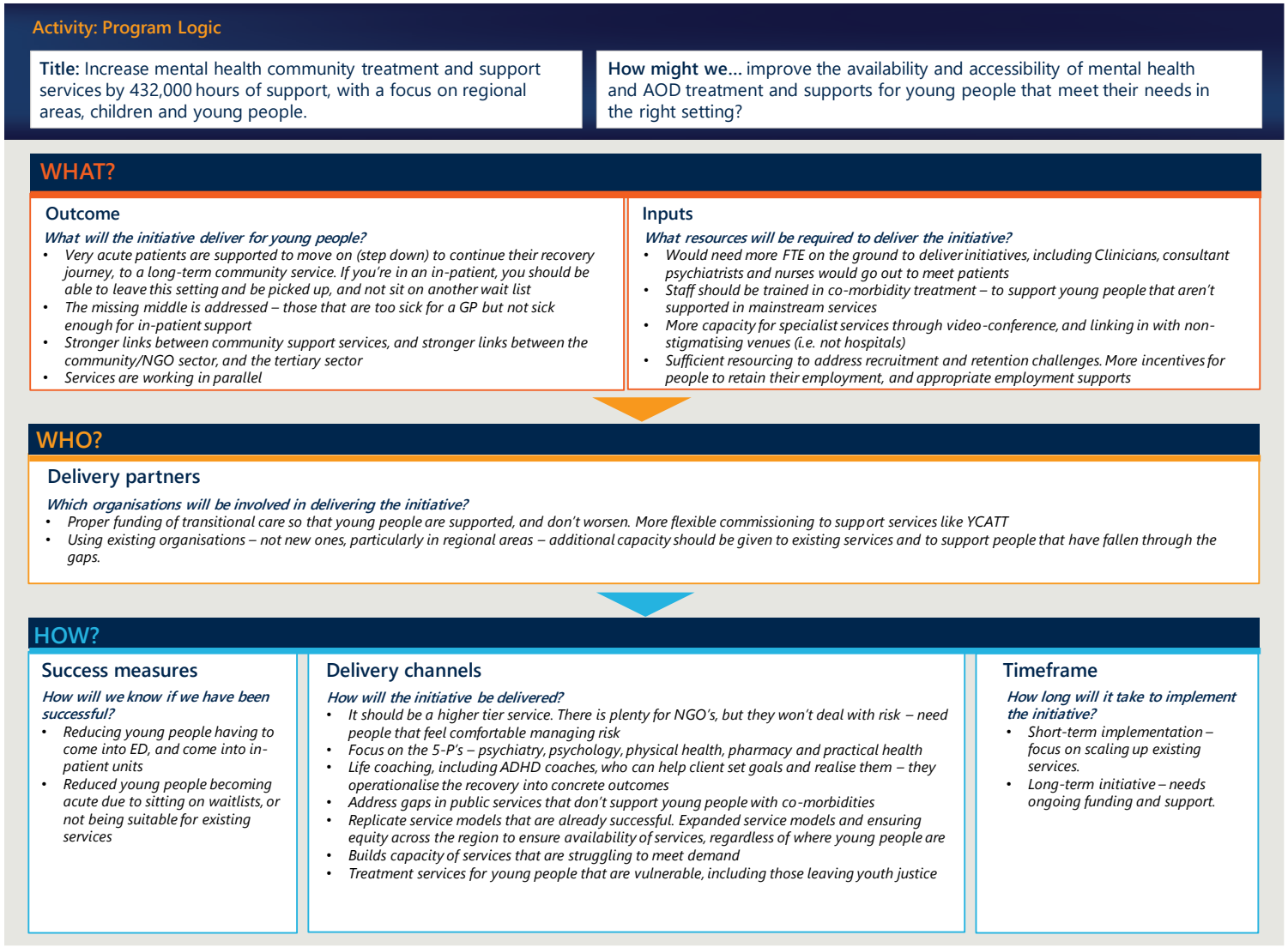


**Figure 18 | Better whole-of-community integration of mainstream services in amore planned and consistent way to meet the needs of young people (Virtual workshop 2)**

**Figure 19 | Increase mental health community treatment and support services by 432,000 hours of support, with a focus on regional areas, children and youth (Virtual workshop 2)**



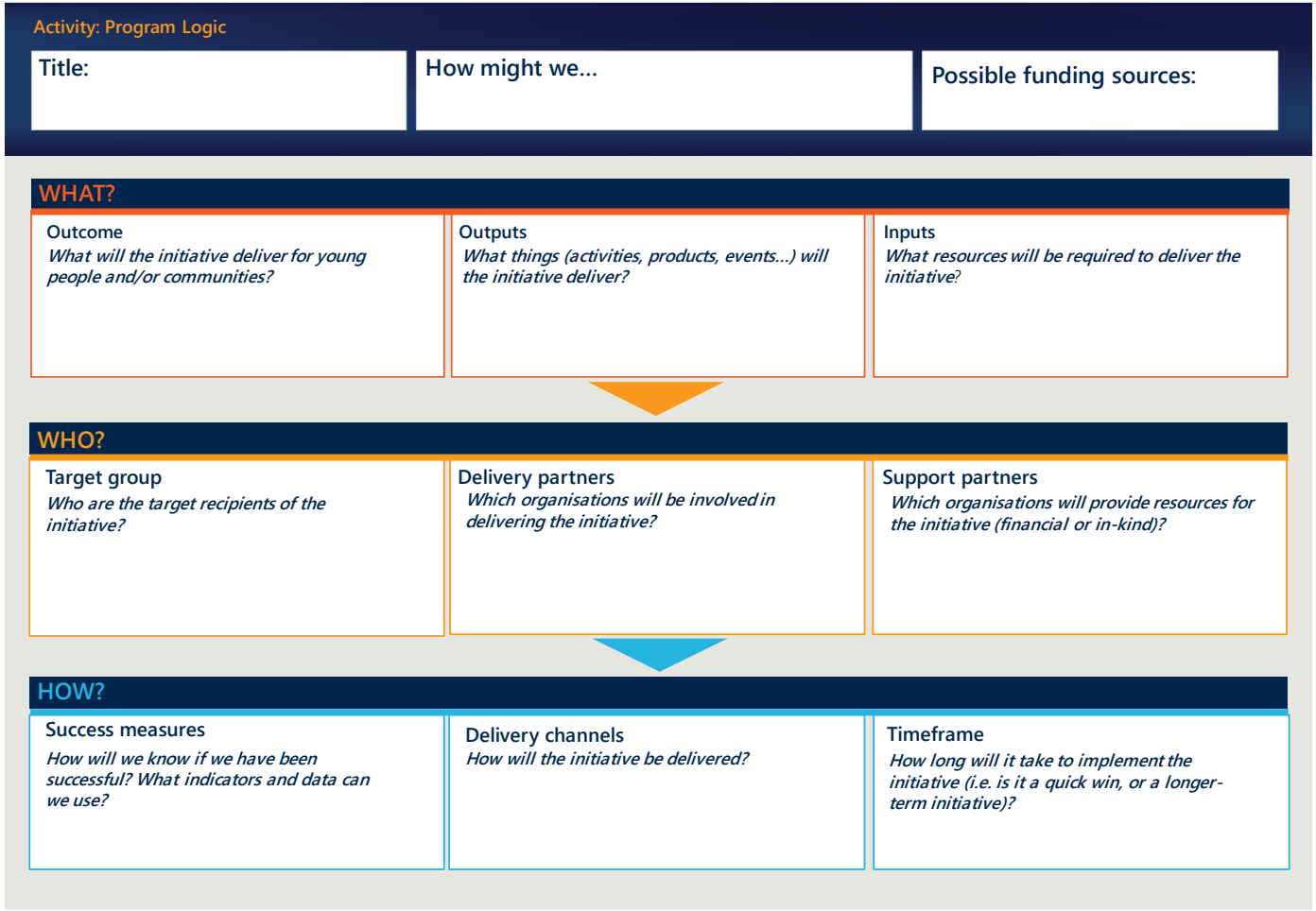
# Appendix A Sector workshop attendees

| Workshop 1 (in-person) | Workshop 2 (in-person) | Workshop 3 (virtual) | Workshop 4 (virtual) |
|---|---|---|---|
| **12 October 2020** | **13 October 2020** | **15 October 2020** | **16 October 2020** |
| Anglicare | Carers WA | Australia and New Zealand Academy for Easting Disorders | Anglicare WA |
| Awesome Arts | Catholic Education WA | Blossom Care Psychology | Autism Association of Western Australia |
| Basketball WA | Consumers of Mental Health WA | Department of Education | Boyup Brook District High School |
| Child and Adolescent Health Service | Department of Education | Department of Health | Department of Health |
| Department of Local government, Sport and Cultural Industries | Healthway | Department of Justice | Fiona Stanley Hospital |
| Developmental Disability WA | Holyoake | Department of Treasury | Headspace Fremantle |
| East Metropolitan Health Service | Lotterywest | GP down south | Holyoake |
| GP down south | Mental Health Advocacy Service | Harm Reduction WA | Living Proud |
| Lifeline WA | Mental Health Commission x2 | Headspace Armadale | Mental Health Commission |
| Mental Health Commission | Mental Health Wellbeing WA | Headspace Karratha | National Disability Insurance Agency |
| Mission Australia | Metropolitan Migrant Resource Centre | Headspace Pilbara | Owl Talks |
| Murdoch University | Mission Australia | HelpingMinds | Peer Based Harm Reduction WA |
| Neami National | Neami National | Kid Safe WA | The Association for Services to Torture and Trauma Survivors |
| North Metro Youth Mental Health | Next Step | Kurongkurl Katitjin | The Centre of Best Practice in Aboriginal and Torres |

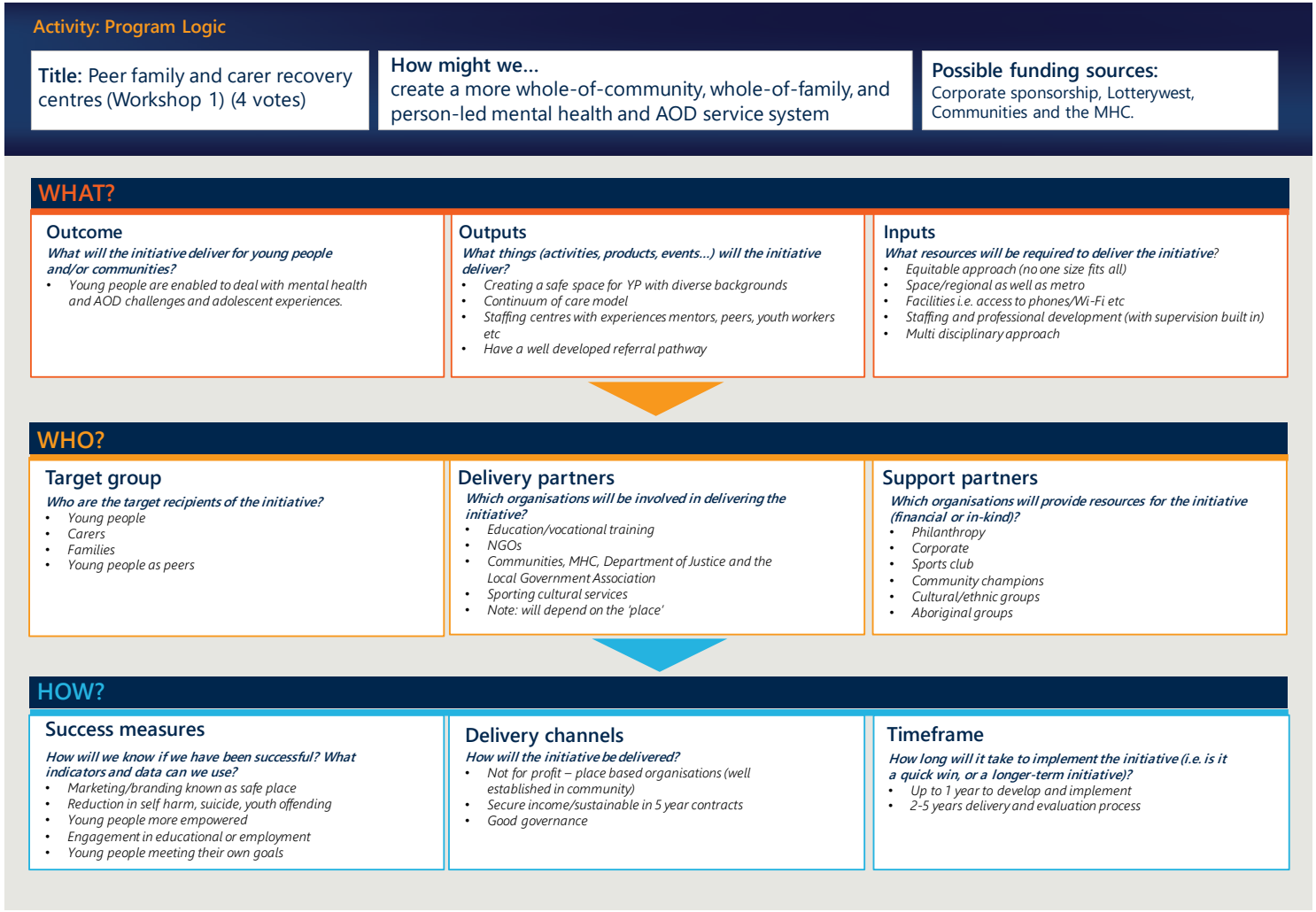
| Workshop 1 (in-person) | Workshop 2 (in-person) | Workshop 3 (virtual) | Workshop 4 (virtual) |
|---|---|---|---|
| **12 October 2020** | **13 October 2020** | **15 October 2020** | **16 October 2020** |
| | | | Strait Islander Suicide Prevention |
| North Metropolitan Health Service | North Metropolitan Health Service | Mental Health Commission | The Commission for Children and Young People |
| Office of the Inspector of Custodial Services | Outcare | Mental Health Matters 2 | WA Social Justice Network |
| Office of the Public Advocate | Palmerston | Mental Illness Fellowship of Western Australia | |
| Palmerston Association | Peer Based Harm Reduction WA | Peer Based Harm Reduction WA | |
| Perth Inner City Youth Services | Samaritans WA | Rise Network | |
| School Drug Education and Road Aware | WA Aids Council | School Drug Education and Road Aware | |
| Southern Metropolitan Health Service | Zero2Hero | University of Western Australia | |
| Sport West | Volleyball WA | WA Council of Social Service | |
| SynqUp | | Wanslea | |
| Telethon Kids Institute | | Western Australia Local Government Association | |
| University of Western Australia | | Western Australian Youth Theatre Co | |
| WA Association for Mental Health | | Yorgum Healing Services | |
| WA Eating Disorders Outreach and Consultation Service | | City of Swan | |
| WA Network of Alcohol and other Drug Agencies | | Western Australian Cricket Association | |
| WA Ombudsman | | | |

| Workshop 1 (in-person) | Workshop 2 (in-person) | Workshop 3 (virtual) | Workshop 4 (virtual) |
|---|---|---|---|
| **12 October 2020** | **13 October 2020** | **15 October 2020** | **16 October 2020** |
| YACWA | | | |
| Youth Focus | | | |
| Youth Futures | | | |
| YouthLink | | | |

# Appendix B Program Logic template



# Appendix C Additional In-Person Workshop Program Logics



## Activity: Program Logic

**Title:** Community care hub (Workshop 1) (5 votes)

**How might we…**
improve the availability and accessibility of mental health and AOD treatment and supports for young people that meet their needs in the right setting?

**Possible funding sources:**
Cross-government (def/state/local) universities

## WHAT?

### Outcome
***What will the initiative deliver for young people and/or communities?***
- *Creating a safe space, easily accessible and access to full range of services needed, increasing engagement and early intervention (de-stigmatising)*

### Outputs
***What things (activities, products, events…) will the initiative deliver?***
- *Clinical multidisciplinary,*
- *MH care, AOD services*
- *Educational and vocational*
- *Case Management*
- *Outreach component, financial supports, family work supports, Health promotion, social determinants – practical supports, Fun*

### Inputs
***What resources will be required to deliver the initiative?***
- *Passionate people (staff/volunteers/peers)*
- *Full range of youth friendly clinical professionals*
- *Appropriate space*
- *MOUs with agencies*
- *Evaluation*
- *Security of service*

## WHO?

### Target group
***Who are the target recipients of the initiative?***
- *YP under 25 and their families*
- *Welcome all people seeking support*

### Delivery partners
***Which organisations will be involved in delivering the initiative?***
- *MHC (primary care and AOD and clinical MH services)*
- *Local community services (NGO rotary, lions)*
- *Local government*
- *Education*
- *Communities (child/protection/housing/disability/FDV)*
- *Youth justice/WAPOL*
- *Lotterywest*
- *Psychology services*

### Support partners
***Which organisations will provide resources for the initiative (financial or in-kind)?***
- *Universities (student prac/evaluation)*
- *MHC*
- *Communities/edu/justice*
- *Federal*
- *Lotterywest*
- *Community support (lions and rotary)*
- *Private companies*

## HOW?

### Success measures
***How will we know if we have been successful? What indicators and data can we use?***
- *Navigation and accessibility*
- *Experience of young person/family in access*
- *Reduction in hospital admission rates in local area*
- *Fewer ED presentations in local area*

### Delivery channels
***How will the initiative be delivered?***
- *Face to face (in place)*
- *Technology options*
- *Local*
- *Outreach*

### Timeframe
***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***
- *Medium term initiative*
- *Challenges; suitable space; right staff/people; getting agencies to work and co-fund*

## Activity: Program Logic

**Title:** Youth and community assessment and treatment teams (Workshop 1) (9 votes)

**How might we...**
improve the availability and accessibility of mental health and AOD treatment and supports for young people that meet their needs in the right setting?

**Possible funding sources:**
Department of Health, MHC, other WA Government agencies

## WHAT?

### Outcome
***What will the initiative deliver for young people and/or communities?***
- *Improved MH of young people*

### Outputs
***What things (activities, products, events...) will the initiative deliver?***
- *Comprehensive assessment*
- *Intervention for 8-12 weeks to young people and families*
- *Linkage to appropriate resources for follow up*

### Inputs
***What resources will be required to deliver the initiative?***
- *Funding on ongoing basis (not trial)*
- *Staff*
- *Vehicles*
- *Accommodation*

## WHO?

### Target group
***Who are the target recipients of the initiative?***
- *Young people 16-24 experiencing high risk MH issues: suicidality; AOD; psychosis; mood (e.g. depression)*

### Delivery partners
***Which organisations will be involved in delivering the initiative?***
- *North/South/East metro health*
- *WACHS will provide service*
- *Work in partnership with Headspace, GPs, youth agencies, ED's, psychologists*

### Support partners
***Which organisations will provide resources for the initiative (financial or in-kind)?***
- *MH commission will commission*
- *Health services will provide*

## HOW?

### Success measures
***How will we know if we have been successful? What indicators and data can we use?***
- *Evaluation of young people's MH including HONOS, Kessler*
- *Experience of service questionnaire*
- *External service provides evaluation of service*
- *Number of young people engaged*

### Delivery channels
***How will the initiative be delivered?***
- *Through health service providers*

### Timeframe
***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***
- *Once funding committed a 4-6 month service (recruitment of staff, office allocation)*
- *Build in evaluation at 6 and 12 months*

## Activity: Program Logic

**Title:** Youth Mental Health Outreach Model (Workshop 1, 7 votes)

**How might we...**
improve the availability and accessibility of mental health and AOD treatment and supports for young people that meet their needs in the right setting?

**Possible funding sources:**
MHC, WAPHA

### WHAT?

#### Outcome
***What will the initiative deliver for young people and/or communities?***
- *Assertive outreach for MH and AOD*
- *Training opportunities for staff around co-occurring MH and AOD and responding to individual needs*

#### Outputs
***What things (activities, products, events...) will the initiative deliver?***
- *Act as advocacy tool to identify gaps*
- *Clinical and psychosocial supports*
- *Coordination of additional specialist services*
- *Engagement in prosocial activities*

#### Inputs
***What resources will be required to deliver the initiative?***
- *Peer workers*
- *AOD workers*
- *Funding approx. $1 million per year per region*
- *Youth workers*
- *Engagement officers*
- *In house clinicians (youth specific)*

### WHO?

#### Target group
***Who are the target recipients of the initiative?***
- *12-25 yrs old*
- *Missing middle*

#### Delivery partners
***Which organisations will be involved in delivering the initiative?***

#### Support partners
***Which organisations will provide resources for the initiative (financial or in-kind)?***
- *MHC to listen to gaps*
- *Accommodation services*
- *AOD services*
- *Youth centres*
- *Police/corrective services*
- *Education*
- *First point of contact (hospitals, GPs, police, education settings, religious settings, sports etc)*

### HOW?

#### Success measures
***How will we know if we have been successful? What indicators and data can we use?***
- *Qualitative narrative data to measure success – need a way to interpret this data*
- *Decreased hospital presentations*
- *Decreased crime rate*
- *Increased educational engagement*
- **Transformative evaluation – most significant change tool*

#### Delivery channels
***How will the initiative be delivered?***
- *1:7 support worker to young people ratio*
- *7 days a week*

#### Timeframe
***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***
- *Long term initiative*

## Activity: Program Logic

**Title:** Suicide prevention training in community "SPARK prevention contagion" train the trainers (Workshop 1, 3 votes)

**How might we...** intervene early and prevent young people from entering the mental health, alcohol and other drug service system?

**Possible funding sources:**
Mental health commission, corporates, commonwealth funding, lotterywest, healthyway

## WHAT?

### Outcome

***What will the initiative deliver for young people and/or communities?***

- *Support (to individual)*
- *Awareness to community and skills*
- *How to recognise and respond*

### Outputs

***What things (activities, products, events...) will the initiative deliver?***

- *Awareness*
- *Evidence based suicide awareness training – to train the trainers within community setting*
- *Effaceable tool*
- *Provide competence and confidence in community*
- *Creating culture*

### Inputs

***What resources will be required to deliver the initiative?***

- *Evidence based program*
- *Resources for particular sectors/systems targeted to right network*
- *Peers – the right peers*
- *Clear outlines of next step and responsibility*

## WHO?

### Target group

***Who are the target recipients of the initiative?***

- *Young people and anyone who supports and works with once*
- *Cultural groups/vulnerable groups*

### Delivery partners

***Which organisations will be involved in delivering the initiative?***

- *Justice system*
- *Educational system*
- *Homeless services*
- *Indigenous programs (deadly thinking)*
- *LGBTQI*
- *Cultural groups*
- *Community groups, sporting etc.*
- *Grass roots*

### Support partners

***Which organisations will provide resources for the initiative (financial or in-kind)?***

- *Community groups, sporting etc.*
- *Grass roots*

## HOW?

### Success measures

***How will we know if we have been successful? What indicators and data can we use?***

- *Community surveying – how people found services*
- *Stats of downloads*
- *Benchmark*

### Delivery channels

***How will the initiative be delivered?***

- *Online*
- *Face to face*
- *Through delivery partners guided by their network and expertise for efficacy*

### Timeframe

***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***

- *Awareness: long term – good time to capitalise on current awareness*
- *Prevention: immediate for individual*

## Activity: Program Logic

**Title:** MH and AOD info and education for young people (and their supports) (Workshop 1, 9 votes)

**How might we…** intervene early and prevent young people from entering the mental health, alcohol and other drug service system?

**Possible funding sources:**
DSS, MHC, communities, lotterywest, philanthropic foundations

## WHAT?

### Outcome

***What will the initiative deliver for young people and/or communities?***

- *Decrease stigma/pathologizing of mental/ill health (possible increase in help seeking and hope)*
- *Increase confidence in having conversations about mental health, help-seeking and spotting signs in friends*
- *Increase knowledge of where to get help (and maybe improved relationships/resiliency)*

### Outputs

***What things (activities, products, events…) will the initiative deliver?***

- *Online training/support*
- *App*
- *In school/sport sessions*
- *Promotional materials*
- *New and better data and relevant content and curation of evidence base e.g. QPR, gatekeeper training*
- *Network of mentors*
- *Policy state-wide events/collab long term*

### Inputs

***What resources will be required to deliver the initiative?***

- *$$*
- *Training – either new or specific WA/ cultural diverse content*
- *Skills*

## WHO?

### Target group

***Who are the target recipients of the initiative?***

- *Young people and emerging leaders*
- *Key community support people (sport/ Committee /culture)*

### Delivery partners

***Which organisations will be involved in delivering the initiative?***

- *Committee groups*
- *Schools*
- *Universities/TAFEs*
- *Other Committee services*

### Support partners

***Which organisations will provide resources for the initiative (financial or in-kind)?***

- *Admin support from funders/interest group*

## HOW?

### Success measures

***How will we know if we have been successful? What indicators and data can we use?***

- *Not just participation*
- *See outcome*
- *Could track longer-term life outcomes throughout youth years*

### Delivery channels

***How will the initiative be delivered?***

- *See outputs*
- *And Orygen research*

### Timeframe

***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***

- *Could do 12 month trial/or geographic (most need) roll out with longer term roll out*

## Activity: Program Logic

**Title:**
Enhance the role of suicide prevention (Workshop 1, 5 votes)

**How might we...** intervene early and prevent young people from entering the mental health, alcohol and other drug service system?

**Possible funding sources:**
Lotterywest, MHC and the Department of Education

## WHAT?

### Outcome
***What will the initiative deliver for young people and/or communities?***
- *Increased resilience and mental wellbeing*
- *Reduced demand on clinical services*
- *Easier access to support*
- *Decreased suicide*

### Outputs
***What things (activities, products, events...) will the initiative deliver?***
- *Professional development for teachers*
- *Early intervention support*
- *Improved curriculum*
- *Policy (localised MH and suicide prevention policy)*

### Inputs
***What resources will be required to deliver the initiative?***
- *Staffing and leadership and Dept of Education*
- *Curriculum resources (lesson plans)*
- *Funding at school level*
- *"Best practice for mental health" guide for schools to follow*

## WHO?

- Provide information to assist young people to recognise signs of mental health difficulties and how to access mental health support

### Target group
***Who are the target recipients of the initiative?***
- *Students, teachers, parents of students, school staff*

### Delivery partners
***Which organisations will be involved in delivering the initiative?***
- *Headspace*
- *Youth focus*
- *Youth friendly GPs,*
- *Mental health first aid*
- *Independant and catholic schools*

### Support partners
***Which organisations will provide resources for the initiative (financial or in-kind)?***
- *MHC suicide prevention coordinators (in-kind)*
- *In reach school counselling*

## HOW?

### Success measures
***How will we know if we have been successful? What indicators and data can we use?***
- *Improved curriculum delivered across all ages at schools*
- *Policy implementation*
- *Mental health indicators of students (evaluation and research)*

### Delivery channels
***How will the initiative be delivered?***
- *Adapt the health promoting schools framework*
- *Through school and whole of community as setting*

### Timeframe
***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***
- *Long term and sustained effort*

## Activity: Program Logic

**Title:** Improve the continuous cultural competency of mainstream services (Workshop 2, 2 votes)

**How might we...**
ensure that the diverse needs of young people are recognised and met and improve the experiences of all young people accessing mental health and AOD treatment and supports, regardless of race, religion, culture, gender identity or social circumstances.

**Possible funding sources:**
State appropriation

## WHAT?

### Outcome
***What will the initiative deliver for young people and/or communities?***
- *Services are not judgemental*
- *Services are welcoming*
- *Services responding to the nuance of culture/context/culturally responsive*
- *Services are more accessible for young people*

### Outputs
***What things (activities, products, events...) will the initiative deliver?***
- *See delivery channels*

### Inputs
***What resources will be required to deliver the initiative?***
- *Minimal $ for most specifics possibly move funding for dedicated workers*

## WHO?

### Target group
***Who are the target recipients of the initiative?***
- *Staff of mainstream service providers (NGO HSP)*

### Delivery partners
***Which organisations will be involved in delivering the initiative?***
- *All mainstream services (NGO and HSP)*

### Support partners
***Which organisations will provide resources for the initiative (financial or in-kind)?***
- *Cultural groups*
- *MHC – reviewing specifics of contracts SSSM*

## HOW?

### Success measures
***How will we know if we have been successful? What indicators and data can we use?***
- *More young people get the service they need*

### Delivery channels
***How will the initiative be delivered?***
- *Embedding Aboriginal/CALD workforce in mainstream services*
- *Intersectionality/cultural competency training for staff*
- *Create culture program/calendar in workplaces for events/speakers etc throughout the year*
- *Ongoing relationships between services and cultural groups for advice etc (case-management and more strategic)*

### Timeframe
***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***
- *Immediate/quick win*

## Activity: Program Logic

**Title:** Integrated community treatment and community support (Workshop 2, 6 votes)

**How might we...**
improve the availability and accessibility of mental health and AOD treatment and supports for young people that meet their needs in the right setting?

**Possible funding sources:**
MHC, Lotterywest and the Department of Justice.

## WHAT?

### Outcome
***What will the initiative deliver for young people and/or communities?***
- *Consistent approach*
- *Timely engagement and appropriate interventions*
- *Which may reduce acuity of presentation*
- *Better integration*

### Outputs
***What things (activities, products, events...) will the initiative deliver?***
- *Holistic approach*
- *Decrease ED presentation /admission*
- *Building resilience*
- *Empowerment*
- *Reduced burden on families*
- *Build stronger communities*

### Inputs
***What resources will be required to deliver the initiative?***
- *Single point of entry/no wrong door/one stop shop*
- *Care coordination*
- *High level MOUs*

## WHO?

### Target group
***Who are the target recipients of the initiative?***
- *10-24*
- *Developmental age*

### Delivery partners
***Which organisations will be involved in delivering the initiative?***
- *Govt and non-govt*
- *Health, housing, employment, education, justice, family child protection, disabilities*

### Support partners
***Which organisations will provide resources for the initiative (financial or in-kind)?***
- *MHC*
- *DCP*
- *Housing*
- *Disabilities*
- *DOJ*
- *NGOs*
- *Lotterywest*

## HOW?

### Success measures
***How will we know if we have been successful? What indicators and data can we use?***
- *KPIs*
- *Data linkages*
- *University partnership*
- *Consumer and carer surveys conducted by rep same*

### Delivery channels
***How will the initiative be delivered?***
- *Integrated*
- *Shared recovery plan*
- *Treatment support and discharge*
- *Accessible*
- *Paper vs web-based*

### Timeframe
***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***
- *18-24 months*

## Activity: Program Logic

**Title:** Removing the gap (Workshop 2, 3 votes)

**How might we...** improve the integration, and coordination of services within the mental health and AOD service system for young people?

**Possible funding sources:** MHC, NFPs and WAPHA

### WHAT?

#### Outcome

***What will the initiative deliver for young people and/or communities?***

- *Flexibility in service eligibility parameters to create overlap*
- *Best practice guide for transitioning Y to A*

#### Outputs

***What things (activities, products, events...) will the initiative deliver?***

- *Collaborative handover practises between services*
- *Consolidation of 'young adult' transition services*
- *Transition worker within existing services – could be peer*

#### Inputs

***What resources will be required to deliver the initiative?***

- *Increased human resources to better support existing services*
- *Education and training on the needs to young people transitioning to adult services*

### WHO?

#### Target group

***Who are the target recipients of the initiative?***

- *Transition stages due to age (15-24)*
- *Families of young people*

#### Delivery partners

***Which organisations will be involved in delivering the initiative?***

- *Any organisation delivery program to youth and young adults*

#### Support partners

***Which organisations will provide resources for the initiative (financial or in-kind)?***

- *MHC*

### HOW?

#### Success measures

***How will we know if we have been successful? What indicators and data can we use?***

- *Engagement during transition and young adult*
- *Reduction in ED presentation within the age group and of those who have a history of prior service engagement*

#### Delivery channels

***How will the initiative be delivered?***

- *Within existing services as an identified shared responsibility between services*

#### Timeframe

***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***

- *18 months – 2 years*

## Activity: Program Logic

**Title:** Multi-tier approach to intervention (Workshop 2, 4 votes)

**How might we...** intervene early and prevent young people from entering the mental health, alcohol and other drug service system?

**Possible funding sources:** LotteryWest, Healthways, State Government

### WHAT?

#### Outcome

***What will the initiative deliver for young people and/or communities?***

- *To develop one state-wide system that can allow a variety of agencies to access/add information about young people at risk in the space of mental health*

#### Outputs

***What things (activities, products, events...) will the initiative deliver?***

- *The ability/procedures/protocols it allow agencies (schools, hospitals, justice, CPFS etc.) to release information about young people at risk*
- *Tiers 2 + 3*

#### Inputs

***What resources will be required to deliver the initiative?***

- *More school psych allocation*
- *School nursed trained in MH to screen from Kindy*
- *Freedom of information*
- *Infrastructure*
- *Data collection and management systems (digital or paper)*
- *Nursing and psych students*

### WHO?

#### Target group

***Who are the target recipients of the initiative?***

- *4-12 year olds screening*
- *12-24 year olds*

#### Delivery partners

***Which organisations will be involved in delivering the initiative?***

- *Department of Education*
- *Disability Services*
- *Police*
- *Hospitals/ED*
- *CPFs*
- *Health/Psychologists*

#### Support partners

***Which organisations will provide resources for the initiative (financial or in-kind)?***

- *Universities*
- *State Govt*
- *Lotterywest*

### HOW?

#### Success measures

***How will we know if we have been successful? What indicators and data can we use?***

- *Statewide date around young people at risk*

#### Delivery channels

***How will the initiative be delivered?***

- *Unsure*

#### Timeframe

***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***

- *2 years*

## Activity: Program Logic

**Title:** Capacity building for NGO sector so it is equipped to deliver mental health and AOD prevention (Workshop 2, 4 votes)

**How might we...** intervene early and prevent young people from entering the mental health, alcohol and other drug service system?

**Possible funding sources:** Government/Healthway consortia of NGOs, tertiary institutions

## WHAT?

### Outcome

***What will the initiative deliver for young people and/or communities?***

- *Improve awareness and access to services to young people*

### Outputs

***What things (activities, products, events...) will the initiative deliver?***

- *Training/workforce development*
- *Recognition of skills e.g. peer workers*
- *Prevention programs*
- *Diversion*

### Inputs

***What resources will be required to deliver the initiative?***

- *Workforce*
- *Community based initiatives to build capacity*
- *Existing training programs and new training programs*

## WHO?

### Target group

***Who are the target recipients of the initiative?***

- *NGO sector*

### Delivery partners

***Which organisations will be involved in delivering the initiative?***

- *Frontline workers*
- *WAAMH*
- *WANAPA*
- *YACWA*
- *Relevant consumer bodies*
- *Young people*
- *Tertiary institutions*

### Support partners

***Which organisations will provide resources for the initiative (financial or in-kind)?***

- *Frontline workers*
- *WAAMH*
- *WANAPA*
- *YACWA*
- *Relevant consumer bodies*
- *Young people*
- *Tertiary institutions*

## HOW?

### Success measures

***How will we know if we have been successful? What indicators and data can we use?***

- *Pre-post surveys*
- *Self-reported confidence increase*
- *K,A,S behaviour*

### Delivery channels

***How will the initiative be delivered?***

- *Face to face*
- *Online learning*
- *Mentoring programs*

### Timeframe

***How long will it take to implement the initiative (i.e. is it a quick win, or a longer-term initiative)?***

- *Medium-long*

# Appendix D Source documents

- Ombudsman Report – Preventing suicide by children and young people 2020
- Commissioner for Children and Young People – Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA
- Commissioner for Children and Young People – *Speaking Out Survey 2019 – Summary Report*
- Youth Affairs Council WA – A Framework for Young People's Recovery from COVID-19 in Western Australia
- Young Minds Matter – The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing
- Orygen – A Global Framework for Youth Mental Health: Investing in future mental capital for individuals, communities and economies
- Western Australian Association for Mental Health – *Prevent. Support. Heal. State Election Platform*
- Western Australia Association for Mental Health – *Youth Services Integration Report 2019*
- Mental Health Commission – Western Australia Mental Health, Alcohol and Other Drug Service Plan 2015-2025 and Plan Update 2018
- Department of Health – WA Youth Health Policy 2018-2023
- Department of Health – Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Health Strategy 2019–2024