Youth Engagement Report

Prepared for:

**Mental Health Commission
Young People Priority Framework**

October 2020

Foreword

This project owes its success to YACWA's open collaboration with the Mental Health Commission, and to the many YACWA member agencies and other sector organisations who responded so positively to our call to action. They helped recruit young people to get involved in the youth consultations for the Mental Health Commission's Young People's Priority Framework (YPPF) and support genuine and meaningful discussions with more than 160 young people over a 4 week period.

YACWA would particularly thank all the young people who participated, shared their personal, and sometimes painful, experiences of using mental health and alcohol and other drug services.

YACWA thanks the Mental Health Commission for its trust, strong collaboration, and its willingness to consult so broadly with young people on these complex and crucial issues.

'OK, frustrating, and like odd socks'[1]

This quote from a young person provides great context to this report. It frames this report as an opportunity to sort out the odd socks; to 're-pair' the systemic and community issues which impact so deeply on young people's ability to access appropriate support and services when they need it.

YACWA presents this report with a hope that the Young People Priority Framework will be designed with and for young people, recognising the importance of mental health in young people's lives and recognising how the current system is inadequate and needs to improve to meet the diverse needs young people have in WA.

Ross Wortham
CEO, Youth Affairs Council of WA

YACWA acknowledges Aboriginal and Torres Strait Islander People as the traditional owners and custodians of this land and its waters. We wish to pay our respects to Elders past, present and extend this to all Aboriginal People seeing this message.

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[1] One young person's response to a question where they were asked for three phrases to describe the mental health and AOD service system in WA.

Contents

Executive Summary

In September 2020, YACWA was contracted by the Mental Health Commission (MHC) to undertake targeted engagement with young people aged 12 to 24 to inform the development of a State-wide Young People Priority Framework (YPPF).

The YPPF aims to guide the current and future mental health and AOD sector in supporting and responding to the needs of young people aged 12 to 24 years.

The intent of the engagement was to:

- Determine gaps, challenges across the mental health and AOD service system (from prevention and early intervention through to treatment and acute care) for young people aged 12 to 24 years.
- Provide input into an agreed vision for WA, regarding the mental health and AOD service system for young people aged 12 to 24 years.
- Determine opportunities for improvements, next steps for the system and key areas of focus for the State and the strategies required to achieve the agreed vision.
- Acknowledge the varying age cohorts which are present across the mental health and AOD system; consider whether evidence supports aligning the mental health and AOD age cohorts; and if so, provide recommendations for how this could be achieved.

Over the duration of the consultation, YACWA engaged with 162 young people through surveys, group forums (both virtual and in person), service-led discussions and one to one interviews. In terms of age range, 7% were aged 12 to 14; 23% were aged 15 to 17; 42% were aged 18 to 21 and 25% were aged 22 to 24. There were 3% of respondents who fell outside of the age range (under 12 of over 24, but whose input was still considered relevant for analysis).

More females than males engaged and there was significant sexuality and gender diversity with 20% of young people identifying as LGBTIQA+ Approximately 10% of young people we engaged with were Aboriginal and Torres Strait Islander and approximately the same number of young people were from refugee and migrant backgrounds. The regional areas were represented in small numbers with contributions from young people in the Kimberley, Goldfields, Great Southern South-West, Peel and Bindjareb regions. Low numbers of regional youth engagement is likely due to the very short timeframe for engagement—with more time, regional services would have had a better opportunity to support their young people to engage.

Young people with a range of experiences of mental health and AOD services participated, from those who have used acute, inpatient services to those who have accessed school or community-based services.

The data from all of the engagement methods was collated and analysed for themes. Five clear key priority issues emerged:

- Knowledge and awareness of services
- Accessibility
- Diversity and inclusion
- Workforce issues
- Prevention and early intervention

Knowledge and awareness of services. Young people told us that they can't use a service system that they don't know about. Many told us that they didn't know about supports that were available or where to find help. They told us that they want services to be clearly promoted, and for this to be in mainstream as well as independent media, through social media and throughout the service sector. Efficient and effective youth-friendly promotion of services will build awareness across society and increase the ability of young people to find the appropriate services for them when they need them.

Accessibility. Accessibility of services was a big issue for young people. They spoke about a number of barriers to accessible services, the main ones being the geographical location of services, long wait lists, the cost of some key services and also service integration. Young people are looking for a 'no wrong door' approach, where a centralised, well-resourced, and well promoted and signposted entrance provides access to the right services for the young person.

Young people told us that coordination, cooperation, and strong communication is required to ensure that young people are correctly transitioned between services. Young people want to ensure that complexity is not a barrier for service entry and that they do not 'fall through the cracks' due to poor coordination or communication between services.

There was a strong theme of wanting smaller, more locally based services which are less formal, and that encourage young people to visit, even if they are not specifically looking for a mental health or AOD service. An example that was spoken about was a youth centre type model, which provides engagement activities and allows young people to build trusting relationships with staff, who can then readily assist if the young person requires mental health or AOD support.

Young people wanted more outreach services to provide support and help where they are at, rather than expecting them to always attend a service location or clinic.

Diversity and inclusion. Young people identified that there were sometimes issues for young people's inclusion in services and in particular gaps where services are not inviting to young people with diverse needs. They told us that the service sector needs to be more representative and inclusive of young people with diverse cultural, gender, sexuality, and abilities. This was a strong message from young people and a priority area for service improvement and new service design.

Workforce issues. A workforce issue that really stood out from the consultation was the lack of empathy or understanding that many young people report they've experienced when seeking mental health and AOD support. Young people particularly spoke about lack of trauma-informed practice and staff who displayed unprofessional behaviour towards them. Young people spoke about a lack of diversity in the staffing of services, reporting that it was hard to feel included when they didn't see people who look like them reflected in the service staffing and management. They also found the inconsistency of staffing a challenge.

Service improvement and future vision should include a commitment to increasing workforce diversity and retention of staff. There also needs to be significant planning and focus on improving consistency of learning and development across the mental health and AOD services sector.

Prevention and early intervention. Many young people spoke about wanting to know more about positive strategies to improve their mental health and to address their alcohol and drug use. They want services should be promoted more widely and said that they should be

community based, perhaps in youth-friendly spaces. Young people spoke highly of some of the educative services that provide outreach in schools. They said that these services work best when they are staffed by a diverse range of people who young people can relate to.

Whilst acknowledging that acute services are critical for young people in crisis, young people said that they wanted more accessible intermediate services which would prevent their issues from escalating to crisis point.

The YPPF should include a commitment to increasing and improving prevention and early intervention supports.

There are some strengths in the current service system, but also a number of issues that need to be addressed in the short to medium term. The future mental health and AOD service system should be well coordinated and integrated, accessible, flexible, and inclusive of the broad range of young people, ensuring that mental health and AOD issues are addressed early.

In conclusion, young people engaged enthusiastically with this consultation process and expressed strong interest in wanting to be included in future service co-design as key stakeholders. It is pleasing that the State government has valued the experiences and voices of young people in the development the YPPF, but this should not stop and should be reflected in the development of further strategies and in the implementation of the YPPF and other youth-focused work of the MHC going forward.

The final word in this consultation belongs to young people.

> *'We need to have the youth represented, all I see are old white men.'*

Project background

The Youth Affairs Council of Western Australia (YACWA) is the peak non-government youth organisation in Western Australia. We operate primarily as a human rights organisation that seeks to address the exclusion of young people in a rapidly changing society.

YACWA has a long history of consulting with young people and is acutely aware of key issues impacting on young people's mental health issues and alcohol and other drug (AOD) use. Several reports and previous consultations by YACWA, other agencies and researchers in the last five years have brought to light key challenges for young people in regard to accessing services that meet their needs.

YACWA's own document, *A Framework for Young People's Recovery from COVID-19 in Western Australia: Creating a New Normal*, released in August 2020, places a strong emphasis on better access for young people to clinical and community mental health and alcohol and other drugs (AOD) services and co-design of services with young people (YACWA, 2020).

From recent research and consultations, we are aware that there are key priority groups who often miss out and find navigating the mental health and AOD systems particularly challenging.

The Multicultural Youth Advocacy Network of WA's (MYAN WA's) recent survey on the impacts of COVID-19 on young people from CaLD backgrounds, found that 33% of young people reported experiencing a decline in their mental health and wellbeing. Young people surveyed suggested that services need to be more accessible, affordable, and inclusive (MYAN WA, 2020).

Smith et al. (2014) found that almost half of gender diverse and transgender young people in their study had depression diagnoses. Young people in this study valued health professionals who have some understanding and knowledge of gender diversity and transgender issues. About half of participants reported having at least one negative experience with health care and there was also some indication of avoidance of services due to gender presentation (Ibid p. 12).

Recently, the Building Bridges project, led by Associate Professor Michael Wright at Curtin University, published a range of recommendations around engagement, collaboration, and co-design of mental health services for Aboriginal young people. These recommendations are based on a culturally secure engagement framework which should form part of any future service design and implementation (Wright, 2020).

The Telethon Kids Institute's recent *Informing youth suicide prevention for Western Australia* (Freeman et al., 2019) report recommended a more comprehensive and coordinated approach to suicide prevention including the involvement of young people from diverse backgrounds in service design and delivery.

The case for better service integration has also been made by the WA Association for Mental Health (WAAMH), who reported in 2018 that the mental health system for young people is poorly integrated, fragmented, complex and inconsistent (WAAMH, 2018).

Consultation process

The consultation phase for this project ran from 23ʳᵈ September to 20ᵗʰ October 2020. In total, 162 young people were involved in the consultations across all different engagement types. YACWA promoted engagement activities in the following ways:

- Emails to key sector contacts and to the YACWA member database, including targeted correspondence to contacts considered particularly relevant
- Follow up phone calls to key agency contacts.
- Social media promotion on YACWA Facebook and Instagram and requesting social media shares from relevant organisations
- Inclusion of information in YACWA fortnightly e-news
- Promotion of the consultation opportunities on YACWA's website

There were five methods of engagement employed during the consultation phase:

1. An online survey
2. Face to face group forums
3. One to one consultations
4. Service-led consultations
5. Virtual forums

Online survey

An online survey was used to reach a broad group of young people and to allow some who would not be comfortable or available to discuss their views in person to have their say. The survey was designed by the YACWA team and was reviewed by MHC staff and five young people aged 13 to 23. The survey was open from 23ʳᵈ September to 12ᵗʰ October 2020.

In total, 64 young people completed or partly completed the survey. Demographic detail on these participants has been provided below.

The largest group of respondents (61%) were 18 and over: 18 to 21 (30%) and 22 to 24 (31%). Smaller numbers in the 12 to 14 range responded, with this representing just 6% of respondents. Five participants were outside the age range (see table 1).

Figure 1: Age of survey respondents

Legend: Under 12, 12-14, 15-17, 18-21, 22-24, Over 24
Values shown: 6%, 1%, 5%, 27%, 31%, 30%
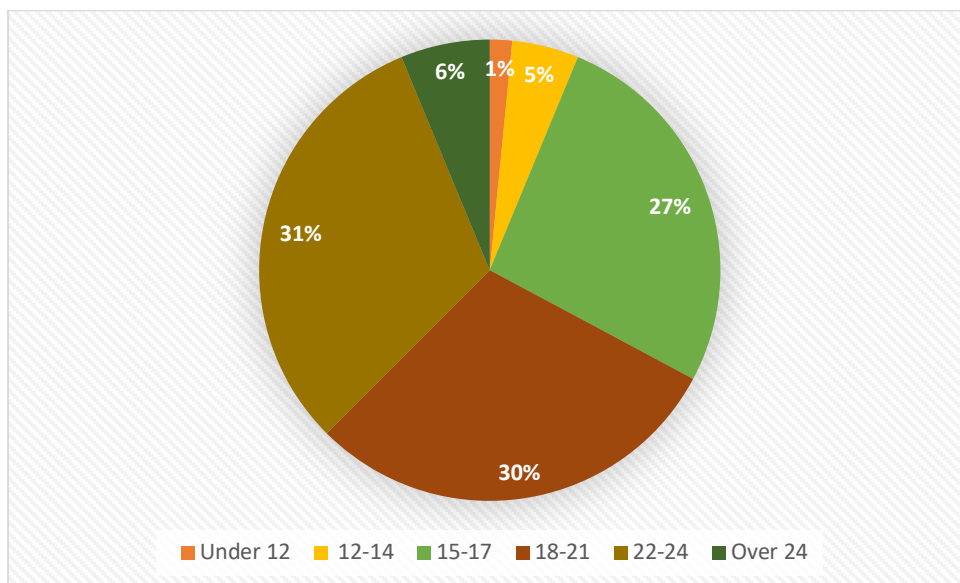
Females comprised just over 60% of survey respondents, with only 14% identifying as male. A significant minority, nearly 21% identified as non-binary, gender fluid, gender queer, gender variant or non-conforming. This is a very important outcome, as young people who identify in these categories are more vulnerable to mental health issues and are not always included or represented well in research.

Figure 1: Age of survey respondents
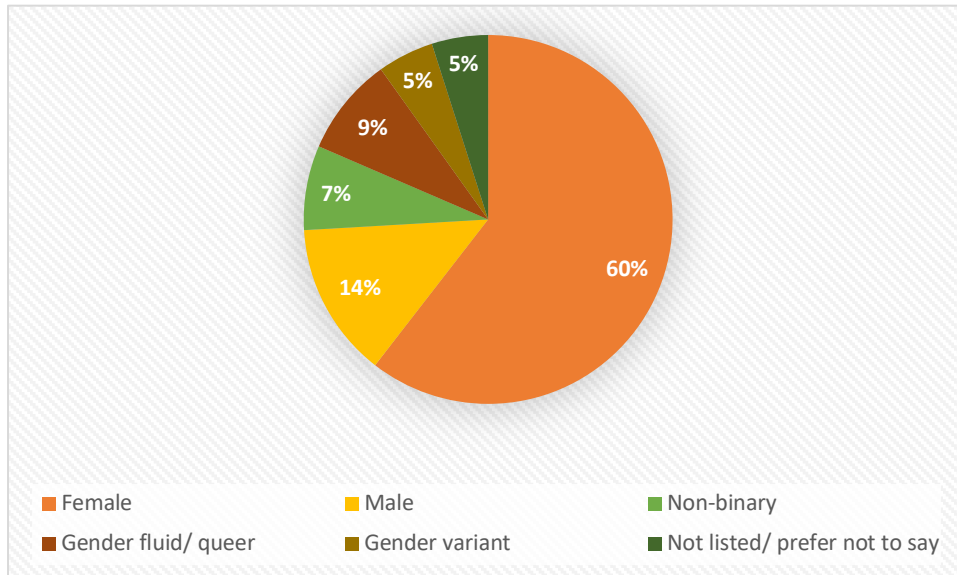
Other demographic data of survey respondents included:

- 9% were from a refugee or migrant background
- 14% identified as being Aboriginal or Torres Strait Islander
- 22% identified that they were living with a disability
- 31% identified as either lesbian, gay, bisexual, transgender, intersex, queer/ questioning or asexual/ agender

In terms of where they lived most of the time, 90% of respondents lived in the Perth metropolitan area, in diverse suburbs north and south of the river. One respondent was from the Pilbara region, one from the Wheatbelt, one from the South West and four respondents are from the Great Southern region.

Face to face group forums

Two in person open forums were held on the 8th October in Leederville and the 9th October in Cockburn. In total, 48 young people attended the forums: 28 in Leederville and 20 in Cockburn. These forums were facilitated by the lead consultant with young people working in small groups on specific questions (see Appendix A). Groups then fed back their responses to the whole group. Three YACWA team members were at each session and circulated amongst the groups, encouraging conversations, and taking notes in the small groups. Young people also wrote their own responses.

Bookings were taken through Humanitix and young people were asked to answer demographic questions when they booked in. With the exception of age, answering these questions was not compulsory.

Of the 48 forum participants, over 50% were aged 18 to 21 with an even spread of participants aged 15 to 17 and 22 to 24. A smaller number (8%) of participants were aged 12 to 14.

Figure 3: Age of open forum participants
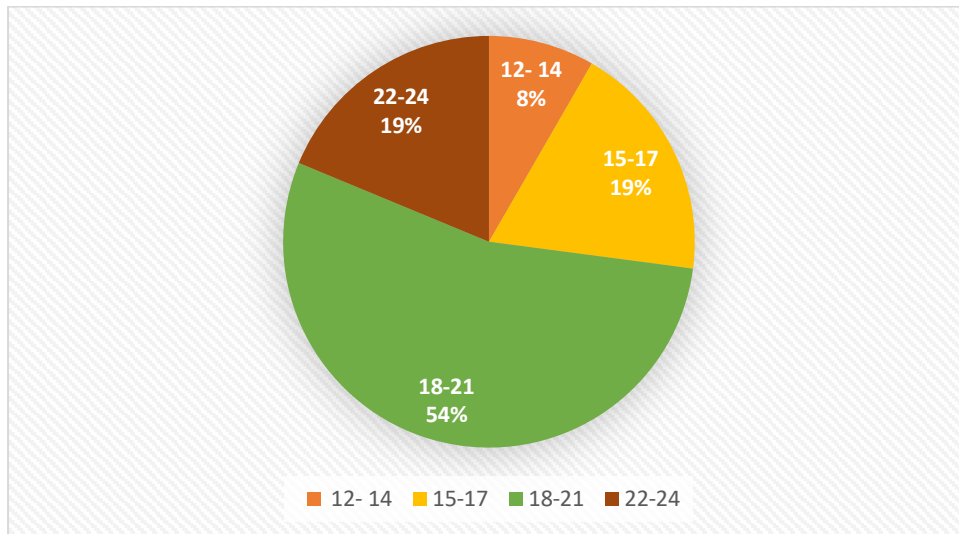
Nearly 30% of forum participants identified as LGBTQIA+, three identified as living with a disability, three identified as being from a refugee or migrant background and two identified as being Aboriginal or Torres Strait Islander.

Young people were asked for the postcode or suburb of their primary residence or where they spent most of their time; 46 lived in the Perth metropolitan area, with a wide range of geographical spread, north and south of the river. Two forum participants reported living in the Mandurah area.

One to one consultations

One to one consultations were offered to young people who identified as particularly vulnerable and not suited to the group forum setting. In addition, some young people who were unable to attend the group forum due to unavailability, transport issues, illness or other issues and so were offered the opportunity to contribute via phone or by video call. Some of these consultations were suggested by services and some were with young people who had experience of acute mental health or AOD services. Others self-identified as preferring this form of consultations and approached the consultants directly.

Ten one to one consultations were conducted. One participant was 28 years old and, although over the target age range for this project, was identified as a key informant, and provided some valuable information. Of the other participants, one was aged 14, two were aged 17, three were aged 18 to 21 and three were aged 22 to 24.

Participants were engaged for approximately one hour in these sessions. The questions asked to guide the conversations (see Appendix B).

Service-led consultations

Some key service providers chose to conduct their own consultation sessions with young people who were known service users. The benefit of this style of consultation was that young people spoke with trusted workers that they had an established relationship with. In

total, 38 young people were engaged in this way. The age range of young people engaged through service led consultations was aged 12 to 22. In total, 22 identified as female, 15 as male and one as gender flued. Six young people identified as LGBTIQA+ that we know about. We didn't receive cultural background information from services or some other demographic information. Thirty young people were metro based and eight were from the regions.

Services who conducted their own consultations were provided with consultation information packs which included information about the project for participants and question guides (see Appendix D), as well as consent forms for participants over 18 (see Appendix E) and for r those that were under the age of 18 (see Appendix F).

Six organisations that conducted service led consultations, four metro based and two regional. The number of young people each service talked to is included in bracket:

- Mission Australia Youth Accommodation Support Services (3 young people)
- Perth Inner City Youth Services (16 young people)
- Headspace Joondalup (8 young people)
- Whitelion Youth Services (3 young people)
- Headspace Kalgoorlie LGBTQIA+ group (6 young people)
- Headspace Esperance (2 young people)

Virtual forums

Virtual forums were offered for agencies to engage young people in regional and remote areas. There was not a good uptake of this option, and only one virtual forum was conducted in Wyndham with two Aboriginal young people. The questions for this session were similar to those used in the forums held in Perth but run using Zoom videoconference technology. The sessions were facilitated by the YACWA project lead and a local staff member was also in attendance.

Consultation outcomes

This section provides an overview of the data collected through all methods of consultation. This has been broken down into the survey data and then the in-depth data collected through forums, service-led consultation, and one on one consultations. The reason for the separation is to allow for separate analysis as the data collection method was quite different.

Survey data

The online survey was promoted for young people to complete through was designed to ask about young people's experiences with mental health and AOD services as well as their opinions about service improvement. In addition, to align with the lines of inquiry for this consultation, young people were asked about their vision for the mental health and AOD service systems.

The following sections report on the responses to the survey based on the questions asked, separating them into categories in line with the survey structure. The survey is in included in Appendix G.

Use of services

The survey asked young people whether they had used a mental health or AOD service in Western Australia. The questions were separated to ensure the possibility to look at service usage in mental health and AOD separately.

Almost 70% of survey respondents had used a mental health service and only 6% had used an AOD service. The mental health services they reported using covered a wide range from private and community-based counselling services, helplines, CAMHS and inpatient hospital settings. The services mentioned most were Headspace, Youth Focus, and private psychologists. No specific AOD services were mentioned by respondents.

Respondents were asked to report if they had not used mental health or AOD services and to indicate a reason why. Of those that responded to this question, the reasons given are outlined below:

- 34% said that they did not feel the need to access services
- 25% reported that they did not feel comfortable accessing services
- 15% reported getting support from other places
- 9% reported that they didn't know how to access services
- 9% of respondents said that they accessed mental health or AOD support online

Service quality

Two questions around service quality were included, with young people asked to scale from strongly agree to strongly disagree across the criteria. Young people were able to comment on their answers in free text fields at the end of all of the questions.

When asked if services **met their expectations and responded well to their needs**, over half (58%) of young people responded positively. Comments made by young people included:

> *'They provided me with specialised groups as well as an array of services to help with my mental health.'*

> *'The service that I used was very nice to me and helped me break down some barriers that I had up.'*

> *'I have seen the same person for a few years now and find it good to have someone regular, who knows me, and is specialised in my mental health needs. It's not cheap to do so, but I prioritise good mental health over almost anything.'*

> *'I have the most lovely school psychologist and clinical psychologist; they make me feel like someone cares and it is a safe place to talk.'*

> *'My experience was extremely helpful, it taught me resilience and inner strength.'*

A quarter (24%) of young people were neutral and 15% were negative about services meeting their expectations and responding well to their needs. Comments included:

> *'I reached out to my doctor and she has suggested I see a psychiatrist but I have to find one that is both local and bulk bills and I'm scared to still be charged even though I am entitled to it through my health care plan so I have not yet arranged it.'*

> *'Left [public mental health service] very upset and disappointed trying to get help and diagnosis with severe anxiety'*

> *'Made me feel horrible about myself and feel bad'*

> *'Feedback didn't feel helpful but judgemental'*

> *'Personally I was diagnosed with a chronic illness at the age of 12/13 and not once from anyone was I offered mental or psychological support going through that even though being given a diagnosis was a very difficult time for me and still something I struggle with'*

> *'Terrible experience with private psychologist in high school - left worse off than when I went. Very invalidating and said some things which I now see were really damaging to say to any client, let alone a vulnerable 16-year-old'*

> *'The cost was too high per session. The waitlist was over 2 months long'*

> *'Some were ableist and transphobic, some completely dismissed my needs and traumatised me'*

Some young people had mixed feedback, for example, two young people reported the following:

> *'Private - yes responded well to my needs. Public - no, was completely awful'*

> *'It was a little slow to get to actually see one but once I started seeing someone then the process was quite good.'*

We asked young people if services **responded well to their cultural needs**. Seventeen young people responded to this question; 47% reported positively and 53% responded neutrally. Some young people stated that they didn't have specific cultural needs.

Service accessibility

To find out about mental health and AOD service provision accessibility we asked young people to respond to four statements using a scale from strongly agree to strongly disagree. Young people were able to comment on their answers in free text fields at the end of all of the questions.

We asked young people how **confident they were in in finding mental health and AOD services** to meet their needs. In total, 31 young people responded to this statement, with 71% responding positively, 17% neutrally and 12% responding negatively.

> *'I think services were well advertised through my public high school'*

> *'Not a lot of young people know about certain services besides from Headspace and Beyond Blue'*

We asked young people if they thought mental health and AOD services met the needs of a **diverse range of young people**. In total 35 young people responded to this statement, with 45% responding positively, 30% neutrally and 25% responding negatively.

> *'If I was queer, I would not feel safe to walk into any service and be sure that I would be accepted for who I am.'*

> *'I think there needs to be more culturally sensitive services for mental health or AOD issues for young people in WA.'*

We asked young people if there was **good access to mental health services in the area, they lived**. In total, 31 young people responded to this statement with 50% responding positively, 31% neutrally and 19% responding negatively . It is important to note that 90% of survey respondents were from the Perth metropolitan area.

> *'Organisations like Youth Focus and Headspace, I believe are a little bit out of the way from some residential areas.'*

We asked young people if they thought there was **room for improvement** in mental health and AOD services in Western Australia. In total 32 young people responded to this statement, with 94% agreeing that there was room for improvement and 6% responding neutrally.

> *'Shorter waitlist for certain services would be good, but I understand this can't really be solved unless programs receive more funding.'*

> *'Psychology is hugely costly even with Medicare rebates and any free services (there aren't many) have huge waiting lists.'*

Young people's experiences of mental health and AOD services

We asked survey respondents a number of questions to find out more about their experiences of using mental health and AOD services. The first of these was a question asking them to use three words to describe mental health and/or AOD services in WA. The intention of this was to stimulate their thinking and gather some brief data in this area.

Young people had a variety of responses to this question ranging from very positive to negative and neutral responses.

The positive comments were varied and there was not enough congruence to organise into themes. Some of the positive words used in this question included:

'Good, responsive, valuable, helpful, supportive, free, good, caring, friendly'

In terms of the negative comments, there were four main themes that game through:

- Financial barriers
- Shortage of services
- Under funding
- Geographical inaccessibility

It was interesting that geographical inaccessibility came up as a theme, when in a previous question around having access to mental health services in the place they lived, 81% of respondents were positive or neutral. It is not clear why there is a different outcome in this question. It is possible that this is due to the wording of the question, and it is also possible that the previous question prompted some young people to comment about accessibility in this free text field.

We asked young people in a free text field to list three things that they **liked about the current mental health or AOD services system** in WA. Respondents identified a number of positives. There were three main themes:

- Services being available and inclusive
- Services being free and having Medicare rebates available
- Positive experiences with school psychologists

Positive words used to describe services included:

'Encouraging, warm, welcoming, trustworthy, confidential, beyond helpful.'

We asked young people to tell us three things that they **didn't like about the current mental health or AOD services system** in WA. Respondents identified a number of challenges. There were five main themes:

- High cost of some services and capped Medicare funded sessions
- Long waitlists
- Staff turnover
- Problems matching with appropriate therapists
- Lack of accessibility

The following quote from a young person stood out and captured the view of many survey respondents from a systemic point of view:

'Mental health still has a long way to progress, despite becoming more common employers don't accommodate for mental health or illness, to get the full benefits of mental health treatment it costs a pretty penny and some places require top health cover.'

Solutions

The final group of questions in the survey centred around what is **missing from the mental health and AOD service system** and how the system could be improved.

The key themes that emerged from this question included:

- Better promotion and awareness raising of services
- More support for young people with diverse needs e.g. gender, sexuality, and cultural needs
- Improving the accessibility of services, particularly in regional areas

A number of respondents stated that **awareness raising of mental health and AOD issues and services** were key issues, the two quotes below sum up some of those comments:

> *'More public psychoeducation about mental health or AOD issues.'*

> *'Normalise using services and reduce stigma.'*

Young people had innovative and realistic ideas about service **system improvement**. There were service specific, workforce and systemic change ideas as well as creative ideas. The key themes in the area of service improvement were:

- Accessibility of services
- Increased funding and increased services
- Psychoeducation and awareness raising

All of the responses are included in the table below.

Make sure that the staff delivering the services have the same level of care for themselves	More knowledgeable about emotional needs and understand sensory issues	*Maybe a virtual meet over Zoom would be a good suggestion. Just a small 15 minute session perhaps*	Higher funding from the government!! Perhaps also make sure counsellors are properly educated on issues such as racism, sexism, homophobia
I think having multiple school psychologists should be compulsory due to the demand	*Advertise more.*	Lessen the cost and the waiting time. make it so that people can talk anonymously if they want.	*More advice and workshops to do with violence*
Encouraging young people to open up. Have a Mental health Acronym NTSE. N-notice the signs. T-Talk to someone. S-Seek help. E-Engage.	More medicare visits shorter waiting lists . More information on medication and research for children	*Maybe more of them..*	Increase communication about asking for help or to chat when you feel a little off rather than it being something you find when you're very unwell already
More funding needs to go into crisis support and long-term counceling	*More community consultation.*	Cheaper mental health services	*Have more accessible services in the outer suburbs of Perth*
Make it more dominant in schools especially in years 11 and 12 people are having an extremely difficult time and we all think it's normal	I think having mental health groups for like minded teenagers would be cool.	*I think the access to mental health services as a younger teen should be more spoken about or easier.*	More access to emergency counsellor etc and appointments.

The final survey question was a 'miracle question' format, where young people were asked to imagine that if they were the Director of Mental Health Services what would be one thing they would change to make services better for young people. The themes that emerged in this question were:

- Improving accessibility of services
- Increasing funding of services
- Raising awareness of services

All of the responses are included in the table below.

More books and teach about warning signs	Services that could be provided for young people more easier for them to access	*Activities and young people*	Have the youth represented, all I see are old white men
More programs for people to get involved with	*Put the services more out there.*	Lessen the waiting time or cost.	*Make it more approachable, more funding to help remove the stigma*
More free and and understanding counciling	*No wait times*	*That everyone feels welcomed and comfortable to seek help and not be ashamed about their issues.*	Put young people on the board of the services
Mental health groups for teenagers to participate in monthly or weekly	Raise awareness of what is out there	*I think I would like to increase the number of sessions they could access.*	*Make therapy and mental health services as cheap as possible*
Mental health awareness, teaching and activities should be done in schools to make it a less taboo topic	*Involve young people in decision making*	FUNDING. MORE FUNDING, MORE STAFF, MORE TRAINING, MONEY	*Employers take mandatory mental health seminars and demonstrate application in the workplace*

In-depth consultation data

The consultation with young people used in-depth interview and group forum techniques, which resulted in high quality qualitative information. Issues were able to be explored deeply and follow up questions were asked to flesh out key themes and ideas.

This section summarises data from the following consultation methods:

- Face to face forums
- Virtual forums
- One to one consultations
- Service-led consultations

The following sections cover, the Future Vision, What's Working Well, What's Not working and Solutions young people felt would help to improve the Mental Health and AOD system.

Future vision

Young people were specifically asked to imagine a future service system that would better meet the needs of all young people who needed to access a service. This was designed to align with the line of inquiry for this consultation which was consistent across all sector and carer consultations as well.

In this facilitated discussion, young people were told to imagine they'd been given responsibility for funding and decision making in the mental health and AOD service sectors and asked them to tell us how they see the system in the future.

While many young people recognised that there may not be additional resources for the sector there was a strong feeling that more funding is needed to provide the right support for young people. They said that localised support that provides a safe and supportive space for young people to hang out with their friends and also access support was important. Young people spoke about having smaller providers and not just one or two large multi-program agencies which are the only ones available.

Culturally overlaid trauma-informed practice, and awareness of diversity at both the staffing and community levels were highlighted as key areas for future service development. In addition, reducing stigma for using both mental health and AOD services was a key issue for the future of the service sector.

The main themes that young people felt would make a future mental health and AOD services system respond well to their needs are grouped under three key areas:

- Service design and development
- Service accessibility
- Service staff

Service design and development

Young people expressed frustration at the perceived lack of funding in the service system. They strongly supported a future vision where there is more funding to reduce waitlists and also offer services whilst people are waiting. In their future vision, service would be lower cost, and even though there was acknowledgement of government subsidies for many services, there are still barriers for service use which are based on cost. Individualised service funding was suggested as a future mode of funding distribution, meaning that young people could choose mental health and AOD services based on their own needs.

The future service system, according to young people consulted, would include a range of crisis and 'middle step' services which are not based in hospital emergency departments. This would take young people into safer spaces and ensure that the correct level of service is provided depending on the young person's need.

The centralisation of service referral would be valued by young people in a future service system. They said that this would mean that there would be 'no wrong door'. They said that a well-known hub that young people would be able to access and that should be well promoted and known to all community members in the same way that people know where to find physical health services (GP, hospitals etc.).

Preventative services which raise awareness of mental health and AOD issues was seen as a key future service need. They said that comprehensive education services in schools and community agencies would also dovetail with these services to ensure stigma is reduced and barriers to service accessibility are addressed.

Service accessibility

Accessibility was a strong theme of the consultations, with young people being very clear about the importance of universal access. The future vision imagined in this consultation by young people includes informal, community-based youth services where young people can attend, build relationships, and feel safe. They said that from these safe spaces, proactive and preventative work can be done by well trained and supported youth workers. If mental health or AOD issues emerge, young people have an established, trusted relationship from which to launch to whichever service they require.

The school system is also seen as a key hub for information and referral for the future service system. They said that comprehensive information and awareness raising could occur in schools as well as well-informed referrals from key student support staff.

They said that improved after hours and outreach support would be key components of the future system and these would be integrated with a range of service levels depending on the need of the young person.

The final issue around service accessibility for the future system is about streamlining information sharing between services (similar to My Health records) in order to ensure that the young person doesn't have to repeat their story more often than is necessary.

Staffing

Young people reported staff development and support as key issues in an improved future service system. Of particular interest to young people are staff being more representative of the young people who access the services in age and diversity. In their future services system, there would also be more peer workers in both mental health and AOD services.

> *"I would get to know more about the people and how they want help. I would show more interest in young people and their needs, so they feel heard."*

> *"Better feedback process, make it easier to provide negative feedback without fear of confidentiality / services being compromised."*

> *'Would love to see the same cut off and entry points for services for CAMHS inpatients and outpatients. Youth outpatients don't exist for 16-18-year old's'*

What is working well

Young people were asked to tell us what they thought was working well in the mental health and AOD service systems. In general, there were more young people with experience of the mental health sector than the AOD service system, although many young people were able to identify broad based AOD campaigns and education and prevention programs.

Mental health services

The feedback from young people was that they like mental health services that are easy to access—whether this is online or in person. First impressions are important, and they want to feel warmly welcomed by friendly staff who have a non-judgemental attitude and have a comfortable, youth friendly space. Having access to free services is particularly important for young people and Mental Health Care Plans whilst noted to be limited, are still seen as valuable.

Young people like services where they can see the diversity of the client group represented and a choice of worker to find the best fit for the young person. Having confidentiality clearly explained and the potential to self-refer to some services without parental consent were also seen as positives.

A breakdown of the key things that young people like around mental health services are outlined in more detail below. They are grouped around three main areas:

- Accessibility
- Staff
- Physical space of the service

Accessibility. Like data from the survey, accessibility was a very important theme in terms of what is working well. Young people spoke of positive experiences of accessing services, particularly where there was no cost involved. Outlined below are a number of key points as they relate to accessibility.

- Free services. This point was made multiple times with young people highlighting that those with low incomes or no health insurance are able still able to access support.

- Mental Health Care Plans. Young people said that mental health care plans that give them access to free or reduced cost sessions (free through COVID-19) has been helpful).

- Outreach services. Those young people that had access to outreach were very supportive of this. They said that services came to them and offered support close to where they live. This included services that come to community hubs or youth centres on a regular basis.

- At home services. These were seen as being more private (which was positive). There was limited experience of these services but the few young people who did have experience, rated them very highly.

- Online support. Some young people reported online services as positive because they were open most hours of the day and night, however there was mixed response about online support and the support mentioned here is not 'telehealth' type services, but rather information and instant chat type services.

- Youth specific services. Young people rated services that were just for young people and staffed with youth-friendly staff very highly.

- Access to crisis admissions. Some young people saw crisis admissions as a 'circuit breaker' and valued the ability to access almost immediate support.

- School and expo promos. Programs that promote themselves through schools and by attending community events were talked about positively. Young people said it made services easier to approach and find out about.

- Mature minor policies. Young people said that services that have a 'mature minor' policy, were good—that they didn't need parental permission to attend and get support.

  'The services work if you are 'normal' and 'not too hard''

Staffing. Young people spoke about the importance of high quality, well trained, youth friendly staff as being the key to most of their positive experiences. Outlined below are a number of key points as they relate to staff at mental health services.

- Warm and welcoming. Young people reported that it was important that staff, including receptionists were are warm and welcoming, non-judgemental, and genuine. Young people were able to remember their positive experiences and reflect on the calming impact of a warm welcome at a service. Young people report that individual staff in the agencies they visit are mostly supportive and they respected the difficult job that they have to do.

- Taking time. Young people spoke about the importance of staff taking the time to get to know them as a person not just focusing on their mental health issues.

- Validation. Young people reported the importance of feeling validated about their experiences.

- Knowledgeable and connected. Young people valued staff who were knowledgeable about other services and knew when to refer young people on and could make referrals to the right services.

- Confidentiality. Young people liked it when services told them what their confidentiality policy was upfront. They said that they then felt more secure with the service and more likely to engage.

- Lived experience staff. Young people said that when staff have their own lived experience, that this was positive. There was a clear message from young people that peer support and lived experience workers were able to connect with them on a level which changed the dynamic of the worker/young person relationship

  'When staff are friendly and supportive almost anything else can be forgiven.'

  'I like it when they are focused on you and your needs'

Physical space of a service. Young people appreciated services that try not to look 'clinical' and have comfortable spaces to wait in. Young people were clear about the best services being the ones with comfortable, non-threatening physical environments which were welcoming for young people.

- The space. Young people valued having a space that feels welcoming, with couches and bean bags, decorations on the walls, things for young people to 'fiddle with' in the waiting area and sessions. Young people also like spaces that were comfortable and available to hangout and chill in.

- Rainbow friendly. Young people said that when a service is rainbow friendly, they feel more comfortable, regardless of whether they identify as LGBTIQA+.

Alcohol and other drug services

There were fewer young people involved in the consultations who had experience accessing alcohol and other drug services. Those who had experience noted that services were free and there was flexibility of service offered. Services that visited schools were seen as positive and the focus on harm minimisation rather than using 'scare tactics' were generally better received. Similar to the mental health services, the attitudes of staff being non-judgemental and helping young people to feel safe were important and having access to a range of support was also viewed as positive. Several young people spoke positively about their experience attending rehabilitation services and being exposed to alternatives to using drugs and alcohol.

A breakdown of the key things that young people like around AOD services and that they felt were working well are outlined in more detail below. They are grouped around two main areas:

- Accessibility
- Staff and services

Accessibility. Service accessibility was a very important theme in terms of what is working well. Outlined below are a number of key points as they relate to accessibility.

- Flexibility. Young people had some very positive experiences of flexibility in coming in and out of AOD services.

- Inpatient and outpatient services. Young people told us that that having access to a range of different services was helpful.

- Free. AOD services being mostly free was a very big accessibility draw card for young people.

- School information. When young people were provided information at high schools about safe use of drug and alcohol, they said that a focus on safety rather than scare tacts was a good strategy.

- Websites. Young reported that websites that have AOD information in language that is not stigmatising or negative worked well.

- Safe syringe disposal. Young people reported that places to deposits syringes are become more common which is good.

- Youth friendly doctors. There was a lot of support for youth friendly doctors and young people reported very positive experience with GPs who were recommended as being youth friendly.

Service and staffing. Young people spoke about the importance of high quality, well trained, youth friendly staff and a well-run service as being key to their positive experiences. Outlined below are a number of key points as they relate to staff at AOD services.

- Non-judgemental. Young people said that staff who are non-judgmental and make young people feel comfortable and not threatened are positive.

- Safety. Young people reported feeling safe in the youth AOD services that they have attended and that they had not had any trouble there even though they catered for a range of clients.

- Harm reduction and minimisation focus. Young people told us that a focus on harm reduction and minimisation was positive as it allowed them to go at their own pace.

- Personalised support. Young people said that when services addressed the personal issues behind the addiction, not just the addiction, that this was important and positive. They especially said it was important for a services to offer a range of levels of support depending on their needs, i.e. counsellors, doctors, psychologists.

- Services and activities. Young people said that providing a range of activities and services whilst in rehab was helping.

'I learnt to say no, and I learnt good strategies.'

What is not working well

Young people were asked to tell us what they thought was not working well in the mental health and AOD service systems. As outlined above there were more young people with experience of the mental health sector than the AOD service system.

Mental health services

There was a lot that young people do not like about the current mental health system. Overall, young people reported that mental health service were only as good as what you can access to, which is down to luck. They said that accessing good support was like a 'lottery'.

Service provision and experience was seen as being much dependent on where you live with some services that operate in different areas having different waitlists because they have too high a volume to deal with the less complex cases. Services were often seen to be quite restrictive in criteria and were not seen to be accommodating to people with complexity or from minority groups. Affordability and availability of services was another challenge with there being long waitlists to access free or low-cost services and a limited number of sessions via the mental health care plan. Young people said that these were both barriers to accessing ongoing support.

Young people highlighted a lack of service provision outside of standard business hours and said that the options were often helplines which many young people noted they would not want to contact. Many young people felt they were only aware of a few services that are well promoted but that there were many services they were not aware of and which could be better advertised.

Young people wanted to see improvements in staff treatment of young people. They felt that offering training in trauma-informed practice and diversity would help.

A breakdown of the key things that young people believe are not working in relation to the mental health services system are outlined in more detail below. They are grouped around four main areas:

- Accessibility
- Staffing
- Crisis response
- Youth to adult service transition

Accessibility. Service accessibility was a very important theme in terms of what is not working well. Outlined below are a number of key points as they relate to accessibility.

- Complexity. Young people reported that most services do not work well with complexity—for example when a young person has co-existing issues such as alcohol and drug issues, homelessness, disability, eating disorders etc. Young people with lived experience homelessness said that the need for an address to access services was a challenge for them.

- Marginalised groups. There was a concern from young people that there was lack of support for marginalised communities, for example young people who are LGBTIQA+, Aboriginal and Torres Strait Islander, from migrant and refugee backgrounds and young people with disabilities. They said this was an issue of both staff acceptance and how inviting the service appears to young people with diverse needs.

- Business hours. Young people told us that a lack of availability of services outside of standard business hours (nights and weekends) was problematic. They said that there were options to call a helpline, but no options are there if they didn't want to call them use a helpline. Many young people spoke about not wanting to call with a preference for text-based support. When they did use helplines, some young people spoke of being on hold for a considerable period of time (10 to 15 minutes).

- Follow up. Young people reported that it is easy to 'fall through the gaps. They felt that there was not always enough follow up if they didn't attend or engage. They reported that organisations also cancelled a service if they missed a number of sessions often without trying to understand the reasons behind their non-attendance.

- Promotion. Young people said that services were seen to not be well advertised and many young people did not know where to go to access support or what services offered. Information was described as being scattered rather than centralised. This lack of awareness of services was a common theme across all consultation types.

- Criteria. Young people said that even when there was awareness of services, referral processes are often unclear and young people reported that services often have restrictive entry requirements.

- Waitlists and timely services. Young people said that waitlists were a significant issue—particularly to access bulk billed service providers. Young people saw this as a barrier as they were often ready to talk when the referral was made but the length of time impacted their willingness to engage. Mental Health Care Plans which was seen as a positive, was also noted to not be anywhere near long enough. Young people noted that they were often only just opening up and starting to talk about their

issues when the sessions came to an end. Having to tell their story to multiple people (to even access a mental health care plan) was seen as traumatising in itself.

- Closure of youth centres. This was highlighted as an issue. Young people said that they liked being able to access supports in an environment that wasn't focused solely on their mental health. When services had a clinical appearance, they expressed feeling puts off. One young person spoke about this closing them down and making them feel unable to talk.

Staffing. Staff are the backbone of a service and can make or break the young person's experience. Young people identified some staffing issues that they said undermine the quality of the service that they are using. The key issues raised in the consultations were:

- Lack of lived experience. Young people said that staff that don't have lived experience can struggle to understand mental health issues young people face. As previously stated, peer support and lived experience staff are highly valued.

- Consistency and quality. Young people reported that staff can be hit and miss, with some going above and beyond others making things worse. They reported that some staff were seen to be 'just doing their job' and not caring about how the young person was being affected by their mental health. Many young people felt judged by the professionals.

- Training. Young people said that they felt some staff had a lack of understanding about the complexity of mental health issues and there was a perception of a lack of training around trauma and trauma informed practices. There was also a perception that staff are not well trained to talk about suicide without a risk assessment and other formal processes, which was a limitation of their ability to support during brief engagements.

- Diversity. Young people said that mental health staff are not diverse enough. They wanted to be able to see more diversity, including cultural diversity when they attended a service.

- General Practitioners (GPs). Young people's experience of accessing GPs was very mixed. Some young people felt that they were offered medication rather than referrals and they didn't feel that the GP understood their mental health issues. A few young people were told they were too young to be referred and felt that their mental health issues were seen as a 'phase'.

- School staff. Young people said that conflict of interest was an issue for school-based support staff. School based support staff were also identified as needing more training in mental health, AOD and trauma-informed practice.

Crisis response. Having to attend the Emergency Department (ED) was talked about as a negative experience by many young people. The key issues raised in the consultations around crisis response included:

- Wait-times. One young person quoted a wait of hours for a bed whilst another spoke about a friend who waited several days for a bed to be available.

- Service range. Several young people talked about there not being enough services between low risk and high risk. They said that ED was often seen as the only option, however beds are limited, and the wait times are sometimes unhelpful. Young people also identified that there were times when they don't feel that an admission

through ED is the most appropriate. There was some interest from young people in having a middle step between inpatient admission and community-based services.

Youth to adult service transition. Young people report that the process of transitioning between youth and adult services is 'blurry'. In particular, there is a lack of service provision between the ages of 16 and 18. Although this was seen as most problematic in inpatient acute services, young people also reported being shunted from service to service as they change age groups. Young people as inpatients who are too old for children's services often felt isolated as the other people there are much older.

When attending ED in a distressed state as a child, staff were seen to try and talk to the young person whereas in adult services, they said that restraint—either chemical or physical could be used. They said that this is a significant difference in response and can be very confronting when previously their experience was with a gentler approach.

Alcohol and other drug services

In relation to AOD services and what isn't working, several young people spoke about the challenges of having both a mental health and alcohol and drug issue and that most services either cover one or the other. Often young people hear that they have to address one issue before the other one can be addressed—this is again an example of looking at the presenting issue rather than looking at the underlying reasons that may be impacting on the young person's life. Again, young people reported that there is a general lack of awareness of what options there are for support.

A breakdown of the key things that young people believe are not working in relation to the AOD service system are outlined in more detail below. They are grouped around four main areas:

- Accessibility
- Prevention and early intervention
- Stigma and scare tactics
- Barriers

Accessibility. Again, service accessibility was an important theme in terms of what is not working well. Outlined below are a number of key points as they relate to accessibility for AOD services.

- Harm minimisation. Although young people were able to identify some key services which use a harm minimisation approach, they reported that there are still gaps in the AOD sector which need to be addressed. Young people reported the need for more safe injecting rooms and needle exchanges. In addition, pill testing is seen as a key safety mechanism which should be widely used and available.

- Wait times. Detoxification and rehabilitation facilities are valued by young people, but they report long wait lists.

- Criteria. Young people reported and restrictive entry policies to detox and rehab services if a young person has co-existing conditions. They said that another issue was a challenge accessing services for young people under 18. Generally, they reported AOD service offerings are very limited and have restrictive entry policies.

- Follow up. Young people reported services rely on young people following up which wasn't helpful.

'One service told me they would call me back - they only called back once from a private number and never called me back since and didn't check to see if I wanted the service. They don't put in effort to get you to engage. Some people need a push'

Prevention and early intervention. A key issue identified by young people was the lack of early intervention in AOD issues and in particular, lack of meaningful education in schools. They said that this led to a lack of awareness of services. Many young people couldn't name more than one service or even any that they could access for support with AOD issues.

Stigma and scare tactics. Stigma remains a challenge to seeing help for young people who experience drug and alcohol issues. Young people felt education in schools often focused on 'shock tactics' and negative stories.

'If you only see people who hit rock bottom, then you see services as only place you can go when you hit rock bottom.'

Young people often only heard from one service at school, which meant that the whole service picture was not presented.

Young people were very keen to have more community education and awareness raising to address the issue of stigma for AOD issues, however they said that billboard adverts that shame people don't work to discourage young people from problem drinking or using drugs.

Barriers. Young people identified a number of barriers to using AOD services which are outlined below.

- <u>Judgement</u>. Young people said that they feared judgement, using phrases such as: you're a bad person', 'you're broken', 'you need fixing'. Others reported being treated 'like a criminal'.

- <u>Criminalisation</u>. Young people said it was a problem that drugs users were criminalised and that we had a system of locking people up instead of helping with addiction.

- <u>Consequences</u>. One young person felt there were no consequences for young people who used the rehabilitation services to 'recruit' others to use drugs and then left and then returned to do the same again.

Solutions

Young people enthusiastically took the opportunity to suggest possible service improvements and practical ideas for solutions. They highlighted changes to the service offerings and the system structure as well as supporting issues around staffing, training and awareness raising.

Young people want information about mental health and alcohol and drugs to be a community response with everyone being aware of issues so that they know how to respond to young people. Young people want to know the best way to access services that can meet their needs and for GPs to have a wide range of people/services to send them to rather than relying on the same people.

They told us that having safe, local spaces such as youth centres is important and the loss of these or lack of availability has been felt. Young people want options other than emergency departments when in crisis and feel there is a need for more services that cater for young people who fall between early intervention and acute care.

Finally, young people want staff to be more diverse—not just in age, but in gender and sexual identity and cultural identity.

Specific suggestions for improvements have been grouped below under three categories:
- Services
- Staffing
- Service promotion

Services

Young people spoke about the need for crisis services that are not Emergency Department (ED). One suggestion was a service similar to Dial a Doctor for mental health that could be called when needed and they come to your door to help. An alternative was a 'middle step' type option, both between ED and community-based services, and between children's and adult services.

As waitlists were highlighted as a major issue, young people suggested that there could be active support given to young people who are on the waitlist. This could be offering a less intensive service, but something that would at least fill the gap until the young person was offered the service that they had been referred to.

Young people reported that services for mental health and AOD treatment should be brought closer together, so that young people can use one service provider to deal with their co-existing issues. In addition, services should be more inclusive of disability, in other words, more holistic services to avoid the need for multiple referrals for young people.

> *'If I am in the too hard basket for you, where should I go?'*

Inclusiveness of young people who are homeless, gender diverse, culturally diverse, and otherwise in a minority was mentioned consistently by consultation participants.

Young people would value a single-entry point for services, in other words, a 'no wrong door' approach. They said the centralised referral point would need to be well promoted throughout schools and in the broader community to become the go-to place for young people's mental health or AOD issues. Some young people compared it to the homeless helpline, which most young people knew about as the first port of call for people who are looking for crisis accommodation. They said that this service could also assist with a database of service providers which could be available online and is consistently up to date. Young people suggested that the database could include credible reviews of service providers and grouping into specialty areas to meet diverse needs.

> *'Get rid of silos between services - services should talk to one another.'*

There was a strong feeling from young people that they value locally based, non-threatening services, such as youth centres. They reported that the opportunity to build a trusting, helpful relationship with a youth worker was a proactive strategy. They said that then when a young person requires a service, they have an existing relationship which can expedite the referral and result in a more appropriate service.

Young people said that there needed to be greater consistency between services. That they need to offer the same wherever they are and stop the 'lottery' of good care.

Other very specific solutions covered by young people included:

- More services for eating disorders, inclusive of both workers and beds so people can stay longer
- Increasing the number of Mental Health Care Plan sessions

Finally, young people valued the opportunity to be consulted on service improvement and suggested that this should continue as the service system develops. Young people spoke of co-design and ongoing consultation to develop services that are truly informed by current issues that are important to young people.

Staffing

Having quality, well trained mental health and AOD workers was a crucial issue for young people. They reported the value of staff who are younger and relatable—like an older brother/sister.

> *'You want to have workers that feel like you're talking to a friend not your nan'*

They felt that young workers are not valued enough as they often have less experience, but young people relate better to them.

Other specific staffing solutions mentioned by young people included:
- Actively recruiting and employing a greater diversity of staff who represent the diversity of people using the services, i.e. Aboriginal staff working in all services not just Aboriginal services
- Ongoing training for staff in the system to ensure their knowledge is current with a specific focus on diversity training and a trauma informed approach
- More trained youth workers and support workers in school to provide services directly to students
- Engaging more peer workers

> *'It's not helping, they don't know what to do as they have never been addicted before and have no idea what you are going through. It is extremely hard to get off a drug that you are addicted to physically and mentally. They make it sound easy with ideas but it's not at all and they don't get that.'*

Service promotion

Young people had specific suggestions for better service promotion. These included:

- Having more broad information about services at community events
- Better advertising of all services, not just the larger well-funded services
- Adding mental health into the school curriculum, not just a one-hour session and actively promoting services and supports through this
- More community training that is affordable and accessible

Case studies

These case studies are composite and are designed to give a sense of some of the key issues discussed in the consultations. The names are not real although the circumstances described were revealed by young people.

Imogen

Imogen is 23, she is currently engaged with a psychologist through a mental health care plan. Although she would like to have more regular sessions, she wants to make her sessions last for as long as she can, so she only goes once a month. Imogen feels lucky that her psychologist bulk bills her as she couldn't afford the cost of sessions otherwise—even with her plan as she is a student and works part time. Imogen has only been engaging with a psychologist for around three years even though she was self-harming for around a year when she was 15. Imogen did not seek any help at that time as she didn't really know where to turn and she didn't want her parents to find out about her self-harming. She would have also struggled to access services without her parents' support to attend. She did talk to her school chaplain on a few occasions, but she was worried about confidentiality.

Sarah

Sarah is 17 and currently living in crisis accommodation. She has had positive experiences accessing a range of support services that she was linked to through her counsellor; however she believes that if she hadn't been linked to a counsellor she would have ended up homeless and would not have known where to turn. Sarah used to walk past some of the services that she is now linked with and says that she had no idea what they did. Sarah's counsellor had good knowledge of local services and a good relationship with other providers which made Sarah feel more comfortable accessing these other services as well. Sarah's counsellor did not push her to talk about her mental health on the first session and instead spent time getting to know her. Sarah is planning to study Youth Work as 'when I talk to people who have had the same experience as me, I connect with them more.'

Teagan

Teagan is 22 and has experienced anxiety and depression since she was 12. She recalls being told by a GP that he would not refer her for mental health services when she was 12 as he didn't think she needed them, and her issues were age related. Teagan has accessed a range of psychologists and has often felt dismissed, talked over and that she isn't asked to follow up questions about issues that she raises. She feels that some of the time the bulk billed staff must rush through appointments as they have too many people to see. Teagan is currently waiting to see a psychiatrist and has been told there is a six month wait to see someone who bulk bills. Her current psychologist has been helpful and 'sees me as a person, not a person with anxiety and depression.' They also spent time getting to know her rather than focusing on her anxiety.

Ben

Ben is 17, he has autism and although he says he feels anxiety and depression every day, he has never had a diagnosis of either which he thinks is because of his autism. Ben has been told he is not able to access some services as they cannot support him because of his autism.

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Appendix A: Forum prompt questions

1. What are the things you **like** about current **mental health services** for young people?
2. What are the things you **like** about current **alcohol and other drug services** for young people?
3. What are some of the things you **don't like** about existing **mental health services** for young people?
4. What are some of the things you **don't like** about existing **alcohol and other drug services** for young people?
5. Is there anything **missing** from existing mental health and/or alcohol and other drug services and systems?
6. If you were the person in charge of funding services, what **one or two things** would you do to make mental health and/or alcohol and other drug services **better** for young people?

Appendix B: One on one interview guide

- Ice breaker questions
- Record demographic information
- What kinds of things make a service/agency good to engage with? (prompt this could be about their office space, location, staff, or anything else you want to share).
- Have you had experience of accessing mental health or AOD services ?
- Can you tell us about your experiences of accessing services, what worked well for you and what could be improved?
- Have you ever tried to get support and not received it? (prompt to share more about the experience if comfortable)
- What are some of the things that might be missing in services at the moment? (prompt, have you heard of young people not being able to have their needs met? Can you tell us more about that?)
- What do you think the mental health system should look like in the future? What kind of services do we need?
- What do you think the AOD service system should look like in the future? What kind of services do we need?
- If you were the Director of Mental Health Services what would be the one thing you would change to make a difference for young people?
- Do you know anyone else who you think would like to speak to me about their experiences? (To be asked if additional young people needed)
- Sort out voucher distribution

Appendix D: Service-led consultation guide

Background

The Mental Health Commission (MHC) is developing a Young People's Priority Framework (YPPF). To feed into this, they have engaged YACWA to speak with young people about the current gaps and challenges that exist within both the mental health and AOD systems, as well as ideas that could influence future service design.

We are running a number of engagements with young people via survey, one on one interviews and both in person and virtual forums. However, we have an extremely short time frame in which to deliver the youth consultation. We want to speak with as many young people as possible, and so are reaching out to organisations that run or work with existing groups of young people who may want to have a say.

What we are asking of your organisation is that you run a short engagement (either in person or online) with young people you are already engaged with, collate that information and send it through to us by Monday 12th October.
All young people who participate in youth engagements, including the young people you consult with will be paid $35 per hour to thank them for their time. This will be done via gift card.

What we need from you

We have developed six questions. We would like you to use these as a guide for your discussion. We would like you to take notes of the responses that the young people provide. These notes can be dot points and can also include any key phrases or examples you hear. These six questions are:

1. What are the things you **like** about current **mental health services** for young people?
2. What are the things you **like** about current **alcohol and other drug services** for young people?
3. What are some of the things you **don't like** about existing **mental health services** for young people?
4. What are some of the things you **don't like** about existing **alcohol and other drug services** for young people?
5. Is there anything **missing** from existing mental health and/or alcohol and other drug services and systems?
6. If you were the person in charge of funding services, what **one or two things** would you do to make mental health and/or alcohol and other drug services **better** for young people?

Once you have obtained this information please send it through to charlotte2@yacwa.org.au. When sending through the information we would appreciate if you could also advise the following:
- How many young people were consulted?
- Broad demographic information around the participants' age, gender identity, cultural identity and whether they live with a disability (where you are aware).

Appendix E: Consent form for young people 18 or over

Do you want to be involved?

The Youth Affairs Council of WA (YACWA) has been funded by the Mental Health Commission to talk /yarn with young people who have accessed mental health and/or alcohol and drug services.

The information told to us by young people will help make a Young Persons Priority Framework (YPPF)'. The Framework is a document which will say how government will try and make things better for young people. As a young person impacted by this Framework, your experiences, opinions and wants are important.

If you consent to talk to YACWA, we will ask you questions about your life experiences, ideas, and services you have been involved with. This will include questions about what was or was not helpful, what you wanted or needed, and what you might like to see in future from services.

Taking part in this talk is your choice. You do not have to take part if you don't want to. Not taking part will not change your access to any services you get now or in the future.

Your full name: _____

Your age: _____

Your email: (optional) _____

While taking part in the consultation:

- I understand the information given to me about the project. **Yes No**

- I am happy to talk about my experiences with YACWA, and for them to use them to develop a summary report of consultation. **Yes No**

- I understand that I have the right to not answer questions for any reason or withdraw at any time. **Yes No**

- I understand there are supports available to me if I need them, and how to access them. **Yes No**

- I am happy for YACWA to record my comments, either through a recording device or note-taking. **Yes No**

- I understand my comments will be anonymous (will not say who I am and will not be shared with others) unless I talk about harm to myself or others. **Yes No**

Signature: _____

Date: _____

Appendix F: Parent/carer/guardian permission form

Do you want your child to be involved?

The Youth Affairs Council of WA (YACWA) has been funded by the Mental Health Commission to talk / yarn with young people who have experience of accessing mental health services.

The information told to us by young people will help make a 'Young Persons Priority Framework'. The framework is a document which will say how government will try and make things better for young people. The experiences, opinions and wants of young people impacted by this are important.

If you consent for your child to talk to YACWA, we will talk to them about their experiences, ideas, and services they have been involved with. This will include questions about what was or was not helpful, what they wanted or needed from services, and what they might like to see in future from services.

Taking part in this talk is their choice. They do not have to take part if they don't want to or if you do not consent for them to. Not taking part will not change their access to any services they get now or in the future.

If you consent, we will ask your child questions about their experiences and some of the services they have interacted with.

I _____ give permission for my child _____ to participate in the consultation process for the Young Persons Priority Framework and to receive a voucher for their involvement.

I have read the other side of this form and therefore:

I understand that:

- My child will talk about their background and experiences with YACWA.   **Yes**   **No**

- YACWA will record the interviews and engagement.   **Yes**   **No**

- The interviews will be used by YACWA to develop a summary report of themes, issues, and consultation.   **Yes**   **No**

- My child's comments will be anonymous.   **Yes**   **No**

Full name of child/young person	Age	Suburb

Name of parent/carer: __

Signature of parent/carer: __

Date: __

Phone: __

For more information, contact Charlotte Cain on 0481169448 or charlotte2@yacwa.org.au.

Appendix G: Online survey

Thank you for taking the time to do our Youth Mental Health and Alcohol and Other Drugs (AOD) consultation survey. We want to ensure that young people aged 12 to 24 have the opportunity to share their opinions and ideas on current and future mental health and AOD services in Western Australia.

What is the project about? We want to find out what young people think about the current mental health and AOD services in Western Australia. We would also like to hear your ideas about gaps and possible improvements in the services that are available for young people. We are collecting this information to present to the WA Mental Health Commission which they will use to create a framework called the Young People's Priority Framework (YPPF). It is an opportunity to enact change and improve the system for young people across the state.

What does participation involve? Participation in this consultation will involve completing this survey. This should take about 10 minutes.   Participation in this survey is completely voluntary. You can withdraw at any time without needing to give any explanation.   If you decide to leave the survey before it is finished, the consultants will not collect additional information from you, although information already collected will be kept to ensure that the results of the project can be measured properly. Information collected up to the time you withdraw will form part of the project results.

Your privacy. Information collected as part of this project will be kept confidential and will be de-identified. This means that your name and any other identifying information that you may include such as your school or suburb will not be used in any reports relating to this project. All data will be stored in a password protected file at YACWA and only those directly involved in the data analysis will have access. If you would like to discuss the project, please contact Charlotte Cain on charlotte2@yacwa.org.au

This survey may raise difficult emotions for you, this is okay.   If you need crisis help and support, you can contact: Lifeline WA: 13 11 14

Beyond Blue: 1300 22 4636 and https://www.beyondblue.org.au/

Kids Helpline: 1800 55 1800 and https://kidshelpline.com.au/

Q1 How old are you?

Under 12 (1)		o	19 (9)
o	12 (2)	o	20 (10)
o	13 (3)	o	21 (11)
o	14 (4)	o	22 (12)
o	15 (5)	o	23 (13)
o	16 (6)	o	24 (14)
o	17 (7)	o	Over 24 (15)
o	18 (8)		

Q2 Which gender identity do you identify as?

☐. Female

☐ Male

☐ Non-binary

☐ Gender fluid

☐ Gender queer

☐ Gender variant/ non-conforming

☐ Not listed

_____

☐ Prefer not to say

Q3 Do you identify as:

☐ Aboriginal

☐ Torres Strait Islander

☐ Both Aboriginal and Torres Strait Islander

☐ From refugee or migrant background

☐ Living with a disability

☐ LGBTIQA+ (lesbian, gay, bisexual, transgender, intersex, queer/ questioning, asexual/agender)

Q4 What is the postcode of your usual address or the place you spend the most time?

_____

Q5 Have you used any mental health services (for example a school psychologist, counsellor, helpline, youth mental health service such as Headspace, Youthlink, CAMHS etc.) in Western Australia?

☐ No

☐ Yes

☐ If yes, please indicate what type of services or the service name

_____

Q6 Have you used any alcohol or other drug (AOD) services in Western Australia?

☐ No

☐ Yes

☐ If yes, please indicate what type of services or the service name

_____

Q7 If you have not accessed mental health or AOD services can you please tell us why (please select all that apply)?

☐   I have not felt the need to access services

☐   I don't feel comfortable accessing services

☐   I don't know how to access services

☐   There is no service near where I live

☐   I get mental health and/or AOD support from other places (friends, family, youth groups etc.)

☐   I get mental health and/or AOD support from the internet

☐   Other _____

Q9 Please respond to the following statements about the <u>service quality</u> of mental health or AOD services that you have used or that you are aware of.

The services that I used met my expectations and responded well to my needs

Strongly agree (1)   Agree (2)   Neutral (3)   Disagree (4)   Strongly disagree (5) N/A

Can you tell us a little bit more about your experience?

_____

The services that I used responded well to my cultural needs (for example a culturally appropriate counsellor, translator, or interpreter, knowing the impact of colonisation)

Strongly agree (1)   Agree (2)   Neutral (3)   Disagree (4)   Strongly disagree (5) N/A

Can you tell us a little bit more about your experience?

_____

Q.10 Please respond to the following statements about the how well you think the mental health or AOD services systems meet the needs of young people

I am confident in knowing where to find mental health and/or AOD services to meet my needs

Strongly agree (1)   Agree (2)   Neutral (3)   Disagree (4)   Strongly disagree (5)

Mental health and AOD services in WA meet the needs of a diverse range of young people

Strongly agree (1)   Agree (2)   Neutral (3)   Disagree (4)   Strongly disagree (5)

There is good access to mental health or AOD services in the area that I live

Strongly agree (1)   Agree (2)   Neutral (3)   Disagree (4)   Strongly disagree (5)

There is room for improvement in mental health and AOD services in WA

Strongly agree (1)   Agree (2)   Neutral (3)   Disagree (4)   Strongly disagree (5)

Please write comments about any of the above statements here.

_____

Q11 What are three words you would use to describe the mental health and/or AOD services in WA?

_____

Q12 What are three things you like about the current mental health and/or AOD service system in WA?

_____

Q13 What are three things you don't like about the current mental health and/or AOD service system in WA?

_____

Q14 Is there anything missing from the current mental health and/or AOD service system in WA?

_____

Q15 Tell us about any ideas that you have to improve the mental health or AOD service system in WA.

_____

Q16 If you were the Director of Mental Health Services what is the one thing you would do to make services better for young people?

_____

Q17 If you have anything else, you'd like to tell us about your experience of mental health and AOD services, use the space below.

_____

Thank you so much for taking the time to participate in this survey. Your responses will help us to make a better mental health and AOD system to meet the needs of young people.