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# Youth Step-Up Step-Down Service, Youth Long-term Housing and Support Program, Youth Psychosocial Support Packages - Final consultation report

Mental Health Commission

nous

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## Acknowledgement

Nous Group (Nous) respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands, islands and water that constitute Australia. Nous pays its respect to Elders past, present and future in maintaining their cultures, Countries, and spiritual connections to the land.

Nous would also like to acknowledge the valuable contributions made by stakeholders who identify as Aboriginal and/or Torres Strait Islander throughout the engagement process, and their role in co-designing services that are culturally appropriate and meet the needs of all young people.

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# 1 Glossary

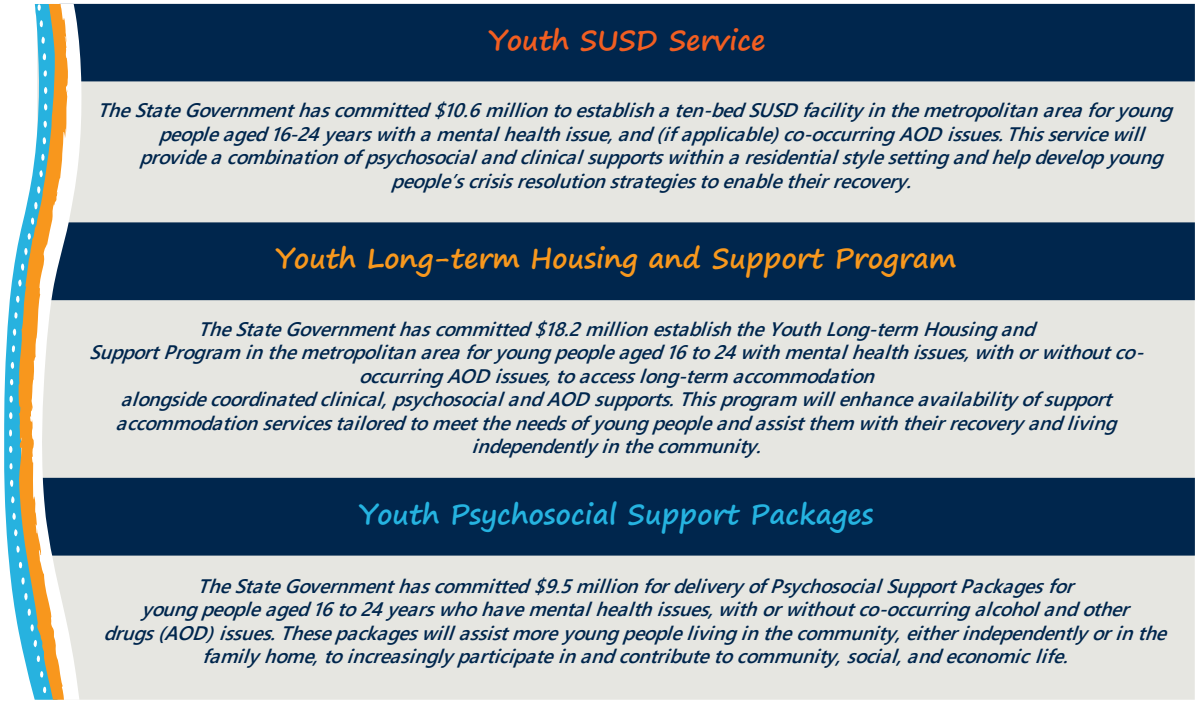
| Term | Acronym |
|---|---|
| Alcohol and Other Drug | **AOD** |
| Australian Institute of Health and Welfare | **AIHW** |
| Central Business District | **CBD** |
| Ethnoculturally and linguistically diverse | **ELD** |
| Family and Domestic Violence | **FDV** |
| General Practitioner | **GP** |
| Health Service Providers | **HSP** |
| Individualised Community Living Strategy | **ICLS** |
| Lesbian, gay, bisexual, trans, queer, intersex, asexual, plus | **LGBTQIA+** |
| Memorandum of Understanding | **MOU** |
| Mental Health Commission | **MHC** |
| Model of Service | **MoS** |
| National Disability Insurance Scheme | **NDIS** |
| Non-government organisation | **NGO** |
| Nous Group | **Nous** |
| Partners in Recovery Program | **PIR** |
| Specialist Homelessness Information Platform | **SHIP** |
| Step-Up, Step-Down | **SUSD** |
| WA Primary Health Alliance | **WAPHA** |
| Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 | **YPPA** |
| Youth Accommodation Support Services | **YASS** |
| Youth Affairs Council of WA | **YACWA** |

# 2 Executive Summary

At a state and national level, there is ongoing recognition that young people are a particularly vulnerable cohort that require dedicated, age-appropriate services to support their mental health and potentially co-occurring alcohol and other drug (AOD) needs. In Western Australia (WA), the Mental Health Commission (MHC) and the State Government have invested in the ongoing reform of the mental health and AOD system. A particular focus has been addressing the needs of young people (between the ages of 16 to 24) that may be experiencing mental ill health, and in some circumstances, co-occurring AOD issues.

A commitment to establish three new youth community support and accommodation services (outlined in Figure 1), was announced during the 2021 State Election and demonstrated through funding allocated in the 2021-2022 State Budget. The MHC engaged Nous Group (Nous) and the Youth Affairs Council of WA (YACWA) to undertake targeted stakeholder consultations to inform the development of a Model of Service (MoS) for each of the three youth community support and accommodation services. The final MoS for each service will be developed by the MHC, drawing on insight from this consultation process.

**Figure 1 | Three new youth community support and accommodation election commitments**[1]




Nous and YACWA undertook consultations in the Perth metropolitan area from August to October 2021, with a particular emphasis on ensuring the voices of young people would be at the centre of the consultation and design process. Consultations involved young people, service providers, peak body representatives, government agencies, and organisations who were invited to share their views on how these three new youth community support and accommodation services should be designed and delivered to best meet the needs of young people. This report outlines:

[1] Mental Health Commission (2021). Budget Commitments 2021-22. Government of Western Australia. Access here.

## Common features

A set of common features that stakeholders emphasised as fundamental to the design and delivery of these three new youth community support and accommodation services. These features build on the strategies identified through the Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA) (outlined below and in Section 4).

| | |
|---|---|
| **FEATURE 1** | Removal of exclusion criteria as a barrier to service access |
| **FEATURE 2** | A broad definition of families and carers |
| **FEATURE 3** | Co-development of service outcomes alongside young people, to promote goal-oriented recovery |
| **FEATURE 4** | Implementation of services in context of the broader system to build and leverage collaborative practices |
| **FEATURE 5** | Input of young people into the monitoring and evaluation of service performance |
| **FEATURE 6** | Embedding advocacy and complaint mechanisms within services |
| **FEATURE 7** | Setting standards for specific workforce skills and competencies |

## Youth SUSD findings

Findings to inform the development of the MoS for the Youth SUSD (outlined below and in Section 5).

| Youth SUSD Service | |
|---|---|
| Service overview | The Youth SUSD is a short-term community bed-based service, and should prevent young people from entering a hospital setting or support them after a hospital or other inpatient admission |
| | The Youth SUSD should target young people aged 16-24 who are experiencing complex mental health issues, with or without co-occurring AOD issues, who require short-term intensive support |
| | The Youth SUSD should offer 24/7 support for young people through a combination of clinical and non-clinical services with a focus on recovery, mental health wellbeing, and capacity building tailored to a young person's goals |
| | The duration of stay should be a maximum of four and six weeks but allow for flexibility, depending on the young person's needs and goals |
| Service suitability, access, referrals and transition | Young people should be able to self-refer to the Youth SUSD, and should not require parental consent for access |
| | A set of 'suitability criteria' should support decision making on who accesses the service, underpinned by clear information and communication about the service's purpose |

| Youth SUSD Service | |
|---|---|
| Delivery environment | Assessment and entry to the Youth SUSD should be undertaken in collaboration with the young person to identify their support needs and recovery goals |
| | The Youth SUSD should consider a number of options to support young people to transition into the service smoothly |
| | Transition from the Youth SUSD should be informed by a clear plan including outreach support and linkages to other services |
| | The SUSD facility should be in a central location, close to amenities, and have a range of features and spaces to cater for diverse young people with different backgrounds and experiences |
| Staff, workforce competencies, and partnerships | The Youth SUSD should include a skilled, multi-disciplinary team including a peer workforce with experience working with diverse young people |
| | Delivery of the Youth SUSD should be underpinned by strong partnerships and shared understanding of its role and function between clinical and non-clinical partners |
| Service monitoring and outcomes | Service development and provision should be guided by and informed by the experiences of young people who may access the service |
| | Monitoring, reporting, and evaluation of the Youth SUSD should focus on outcomes for young people accessing the service |

### Youth Long-term Housing and Support Program findings

Findings to inform the development of the MoS for the Youth Long-term Housing and Support Program (outlined below and in Section 6).

| Youth Long-term Housing and Support Program | |
|---|---|
| Service overview | The Youth Long-term Housing and Support Program should support young people with mental health issues, with or without co-occurring AOD issues, to access both stable accommodation and coordinated supports that build their capacity to live independently |
| | The Youth Long-term Housing and Support Program should target young people that require additional clinical and psychosocial supports to enable them to live independently in the community |
| | The Youth Long-term Housing and Support Program should provide young people with access to a suite of coordinated support services while in accommodation, guided by a young person's goals |

| Youth Long-term Housing and Support Program | |
|---|---|
| Service suitability, access, referrals and transition | Eligibility criteria for the Youth Long-term Housing and Support Program should be flexible but should prioritise young people who need additional supports, as well as accommodation |
| | There should be a wide range of referral pathways into the Youth Long-term Housing and Support Program |
| | The Youth Long-term Housing and Support Program should provide coordinated supports for up to three years (with some flexibility), supported by a clear transition plan and ongoing communication with the young person |
| | There should be clear guidelines and shared expectations established around how young people access and engage with supports provided, alongside the accommodation aspect to the service |
| Delivery environment | The accommodation provided to the young person should consider a range of features that promote a safe, accessible, and inclusive environment |
| Staff, workforce competencies and partnerships | Wraparound services and supports should be delivered by an experienced, integrated and multi-disciplinary team including a dedicated peer worker |
| | Services and supports accessed by a young person through the Youth Long-term Housing and Support Program, should be aligned to their needs |
| Service monitoring and outcomes | Input and feedback from young people should be used to improve program activity and outcomes on an ongoing basis |
| | Qualitative and quantitative data collection should be collected to support ongoing monitoring of program outcomes |

### Youth Psychosocial Support Packages

Findings to inform the development of the MoS for the Youth Psychosocial Support Packages (outlined below and in Section 7).

| Youth Psychosocial Support Packages | |
|---|---|
| Service overview | Youth Psychosocial Support Packages should provide young people with services, supports, and navigation that help them to manage their mental health and potentially co-occurring AOD issues, through building their capacity and involvement in the community |
| | The Psychosocial Support Packages should be targeted at young people aged 16-24 years old who are looking for additional skills and supports to help them manage their mental health and potentially co-occurring AOD issues |

| Youth Psychosocial Support Packages | |
|---|---|
| | The Psychosocial Support Packages should provide a foundational range of supports, with a breadth of partnerships and service options to ensure flexibility to meet the goals of different young people |
| | The objectives of each Psychosocial Support Package should be planned and coordinated in collaboration with the young person, based on their goals |
| | A range of privacy measures should be in place to protect the safety and interests of young people accessing the Psychosocial Support Packages |
| Service suitability, access, and referrals | There should be a range of referral points for a young person to access a package, with an emphasis on a simple application process, that could be completed by a young person |
| | The allocation process should consider a young person's readiness to accessing and using the supports that could be provided |
| Staff, workforce competencies, and partnerships | A support coordinator should play an important role in both providing support and ensuring the young person is able to access the services they need through their package |
| | Services and supports accessed by a young person through their package should be trauma-informed, culturally secure, and aligned to their individual goals |
| Service monitoring and outcomes | 'Successful outcomes' should be defined by the young person in collaboration with their support coordinator, with ongoing monitoring and assessment |
| | There should be ongoing opportunities for feedback from young people through service monitoring and assessment processes |

## System-wide considerations

System-wide considerations for how planned and future services can better connect within and across the emerging youth mental health and AOD system (outlined below and in Section 8).

| | |
|---|---|
| CONSIDERATION 1 | Navigation by design, rather than retrospective coordination |
| CONSIDERATION 2 | Supporting capacity and capability building for a diverse workforce |
| CONSIDERATION 3 | Creating the conditions for good governance and system oversight |
| CONSIDERATION 4 | Maturing application of strategic commissioning practices |

**Nous Group and YACWA are privileged to have supported this project on behalf of the Mental Health Commission (WA)**

Nous and YACWA would like to acknowledge and thank the many committed, passionate and skilled young people, service providers, peak body representatives, system leaders, and community members who contributed to this consultation process. We are humbled by your resilience and determination and inspired by your dedication. Thank you to those who participated in engagements, dedicated a substantial amount of time, and offered valuable perspectives for this important piece of work.

# 3 Introduction

## 3.1 Background

At a state and national level, mental health and AOD services for young people (aged between 16 and 24 years) have been identified as a gap in the current system.[2] Consultation, research, demand modelling, and clear strategic directives over the last decade have emphasised the need for dedicated services in community-based settings to support young people with mental health and co-occurring AOD issues. In particular, the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (The Plan)*[3] identified youth as a priority cohort that traditionally struggle to access dedicated, age-appropriate mental health and AOD services.

A number of strategic documents were developed in response to the Plan, including *A Safe Place – A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues 2020-2025 (A Safe Place)*,[4] and the *Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA)*[5]. These system-level strategies were developed in consultation with young people and the broader sector and identified the significant gaps in services and supports for young people experiencing mental health and/or co-occurring AOD issues. These documents served as a 'call to action' for the State Government over the need for sustained investment in services for young people, in particular community support and accommodation services.

COVID-19 has had, and will continue to have, a significant impact on the mental health of all people, in particular young people. The Productivity Commission's Inquiry Report into Mental Health[6] and the National Mental Health Commission's Mental Health and Wellbeing Pandemic Response Plan[7] highlighted the significant national reform needed to promote the best possible mental health and wellbeing outcomes. That being, in response to the pandemic, in preparation for future emergencies, and in response to the growing and alarming rates of mental health issues across Australia. These documents also emphasised the need for effective services that support recovery in community.[8] This was further acknowledged through YACWA's report on the impacts of COVID-19 on young people in WA[9] which identified the disproportionate effect of the pandemic on young people's mental health.

In response to the state and national calls to action through these strategies, the WA State Government has begun to address these gaps by expanding the range of dedicated youth mental health and AOD services. This includes community support and accommodation for young people; acknowledging that the needs of young people may often be better met through youth-specific services rather than by a hard transition from child and adolescent services into adult services. A commitment to three new youth

[2] Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission. Access here.
[3] Ibid.
[4] Western Australian Mental Health Commission (2020). A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol, and other drug issues 2020-2025, 2020, A Safe Place, Government of Western Australia. Access here.
[5] Mental Health Commission (2020). Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025. Mental Health Commission, Government of Western Australia. Access here.
[6] Productivity Commission (2020). Mental Health, Report no. 95. Canberra, Australian Government. Access here.
[7] National Mental Health Commission (2020). National Mental Health and Wellbeing Pandemic Response Plan. Canberra, National Mental Health Commission. Access here.
[8] Productivity Commission (2020). Mental Health, Report no. 95. Canberra, Australian Government. Access here; and National Mental Health Commission (2020). National Mental Health and Wellbeing Pandemic Response Plan. Canberra, National Mental Health Commission. Access here.
[9] Youth Affairs Council of WA (2020). Impacts of COVID-19 on young people in Western Australia. Perth, Youth Affairs Council of WA. Access here.

community support and accommodation services (outlined in Figure 2), was announced during the 2021 State Election and demonstrated through funding allocated in the 2021-22 State Budget. These three youth services were identified through the consultation process for the implementation of *A Safe Place*[10] and the YPPA.[11] While similar services such as the Adult SUSDs, and the Individualised Community Living Strategy (ICLS) exist, no such services exist specifically for - or have been designed by - young people.[12]

**Figure 2 | An overview of three new youth community support and accommodation services**

The MHC engaged Nous and YACWA to undertake targeted consultations in the Perth Metropolitan area to inform the Model of Service (MoS) for each of the new youth community support and accommodation services. The process was designed with a commitment to the methodology of co-design that ensures feedback and input by young people, including those with lived experience, was sought and considered for all aspects of the design process (facilitated by YACWA). This was alongside a series of sector-wide consultations with service providers, government agencies, peak bodies and people, carers, and family members with lived experience (facilitated by Nous).

This report consolidates the insights that were developed throughout the consultation process from all stakeholders. To the extent possible, this report endeavours to place the insight and expertise of young people engaged through this process at the centre, and references these specifically throughout. Some of these insights are quite detailed, and rather than inform the MoS for each service, they instead may inform service provider's efforts to develop, establish, and deliver these new services.

[10] Western Australian Mental Health Commission (2020). A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol, and other drug issues 2020-2025, 2020, A Safe Place, Government of Western Australia. Access here.
[11] Mental Health Commission (2020). Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025. Mental Health Commission, Government of Western Australia. Access here.
[12] Young people are technically able to access the ICLS in some circumstances, however these services do not specifically cater to the needs of young people as a target cohort.

**What is a MoS?**

A *MoS defines the preferred way a service should be delivered. It outlines and includes:*

- What a service should offer.
- How the service should be configured.
- Eligibility criteria.
- Length and frequency of services provided; and
- Roles and responsibilities of staff, consumers, carers, and family members.

## 3.2 Methodology

The co-design methodology was guided by key lines of enquiry that were developed at the commencement of the project. The overarching questions and key lines of enquiry are shown in

Table 1 overleaf.

To explore these key lines of enquiry, Nous and YACWA used a range of engagement mechanisms, including a written submission process, surveys, three sector workshops, three service-specific focus groups, three youth service-specific workshops, and one workshop with the YPPA Steering Group. Nous and YACWA ran these engagements in such a way that the voice of youth informed the broader sector engagements. A detailed overview of the consultation process is provided in Appendix A: Consultation approach and the list of organisations and agencies that contributed is outlined in Appendix B: Stakeholders .

**Table 1 | Key lines of enquiry**

| Overarching consultation question | |
|---|---|
| **How can the three new youth community support and accommodation services be designed to ensure they meet the needs of young people, deliver on service level outcomes, and complement the broader youth mental health and AOD service system?** | |
| *WHY*<br>**What is the gap or need that the service seeks to address?** | What are the key challenges that have been experienced by the target cohort, based on consultation to date? |
| | What are the key needs that have been identified through data and research? |
| | What gap does the establishment of this service address for young people and for the youth service system? |
| | What other service models exist that address similar needs (through adult services or in other jurisdictions) and what aspects may be applicable to the context of young people in WA? |
| *WHAT*<br>**To address the identified gap or need, what outcomes does the service need to achieve?** | What is the service that is being proposed to address these gaps or need? |
| | What aspects of the service and its design are non-negotiable? (e.g., compulsory clinical requirements, number of packages, inclusions/exclusions, eligible age cohort etc.) |
| | What do service outcomes look like for young people, their families and carers, service providers, and for the service system? |
| *HOW*<br>**What are the critical features and service requirements of each MoS to inform service delivery for future services?** | **Target cohort:** Who would be the people most likely to benefit from the service within the age cohort? (e.g., catchment, individual needs, location, acuity, complexity) |
| | **Access and Referral:** How might the target cohort access the service, and how might this differ across sub-cohorts? |
| | **Transition:** What other services and/or supports might this service provide or link with? |
| | **Staffing:** What types of staff, skillsets and competencies will be required to deliver this service? |
| | **Delivery environment:** What are the facility design considerations (including any requirements and amenities) for the physical location of the service? |
| | **Providers:** What partnerships are required for this service to operate effectively? |
| | **Monitoring and governance:** How might we best measure and monitor that the service is delivering the required outcomes? |

# 4 Common features

Young people, and sector stakeholders emphasised the important role that the Youth SUSD, Youth Long-term Housing and Support Program, and the Youth Psychosocial Support Packages will play in addressing gaps in the current service system. These services provide an exciting opportunity to work towards the vision set by young people in the YPPA.

*"We, as young people, all need support and education to help keep one another well and build our resilience. If we need services, we should be able to find them easily, with fewer wrong doors or long queues. We need services to work together, respect our differences, make us feel welcome, and treat us as equal partners."*

**- YPPA 2020-2025 Vision**

Insights from the consultation process with young people has resulted in a set of common features that stakeholders would like to see applied to the design, delivery, and implementation of all three new youth community support and accommodation services.[13] These features (outlined in Figure 3) are applicable across all three services and all are in an addition to the expectation that the voices of young people and lived experience continue to have a significant role in the design, delivery, and system-level planning for youth mental health and AOD services.

**Figure 3 | Common features**

[13] These may also be applicable to other planned or future youth services.

These key features are outlined below and where relevant, further detail on the application of these features within a specific service context is included in the findings for the individual service (Sections 5-7).

### Removal of exclusion criteria as a barrier to service access 1

Stakeholders strongly asserted that eligibility for the service should avoid use of exclusion criteria that have been a historical access barrier for young people who may be in most need of accessing the specific service. Exclusion criteria identified by stakeholders that should not be included across the three services includes:

- Requirement for a fixed address
- A young person not to be using alcohol and/or other drugs
- Those in temporary custody or being managed in the community
- Requirement of a formal mental health diagnosis
- Requirement of parental/guardian consent

Specific services will need to develop a mechanism to manage demand for the service based on the referral process but should not apply criteria such as the above. Given the anticipated demand for the service, all stakeholders highlighted that it is important that the intake process ensures that young people with the highest need for this service are able to access it. This should be specific to the function and role of the service.

### A broad definition of families and carers 2

Involvement of families, carers, and the broader community is essential to promote recovery and to support young people to live independently in the community. The three new youth services should, where possible, involve families and carers as much as desired by the young person. Young people emphasised that the definition of family should be flexible and should extend to partners, housemates, friends, and family-like supports as identified by the young person.

### Co-development of individual outcomes alongside young people, to promote goal-oriented recovery 3

Services should be recovery focused and work with young people to identify their needs, challenges, and goals through the service in the form of individualised outcomes. They should provide supports to equip young people with the strategies and tools they need to manage their mental health and (where applicable) AOD issues, in a way that is defined with the young person. Further, these services should promote wellbeing and build capacity of young people to develop independent living skills and provide practical supports for daily living. Services should provide linkages to other community supports with an emphasis on providing social and recreational opportunities in addition to health-related or clinical supports.

### Implementation of services in context of the broader system to build and leverage collaborative practices 4

As the youth mental health and AOD service system expands, new and existing services should consider how they connect together, taking into account:

- A 'no wrong door' approach to ensure that young people are not turned away from services without other supports or without being linked/referred to other services.
- Collaboration between services to ensure young people are getting the right supports to meet their needs and ensure smooth transition between services.
- Partnership approaches between NGO and clinical service providers to ensure the young person is at the centre of service delivery and the focus is on the young person and their recovery journey.

## Input of young people into the monitoring and evaluation of service performance 5

Services should ensure that monitoring and evaluation mechanisms include qualitative inputs from young people at the centre of continuous improvement and evaluation practices. Stakeholders suggested that this could be done in a range of ways:

- Provision of anonymous feedback mechanisms throughout and at the conclusion of a young person's engagement with a service[14]
- Service outcomes centred around the experience of young people
- Regular review processes built into support plans to continuously update and progress a young person's goals.

## Embedding advocacy and complaint mechanisms within services 6

Services should ensure that there are transparent complaints processes. Young people should receive a clear explanation of the complaints process, including how to raise concerns and issues, as well as escalation pathways and who will be responsible for taking these complaints forward. Young people should also be provided with a copy of their rights around this process upon entry to the program.

Stakeholders indicated that the complaints mechanism should be supported by independent advocacy support. Young people noted that they do not always feel safe or able to lodge complaints and find it easier to do so through someone independent of the service. Young people noted that this advocate could talk to young people about their service experience and write a report to staff. Some stakeholders suggested that the complaints process should be run by an independent advisory group who would review complaints and advise on action moving forward with full transparency with the young person.

## Setting standards for specific workforce skills and competencies 7

Service providers should implement clear strategies to recruit a 'values-based' workforce who can demonstrate and prioritise inclusivity and offer culturally appropriate, person-centred, and holistic services. Young people noted that inclusivity and respect for diversity and culture is fundamental to young people successfully engaging with services and feeling safe to do so. Services should deeply consider how they account for and support for the diverse backgrounds of young people – these include but are not limited to LGBTQIA+, those who experience economic disadvantage, Aboriginal and/or Torres Strait Islander backgrounds, ethnoculturally and linguistically diverse (ELD) backgrounds, those with physical, sensory and neurodevelopmental disabilities, and those with children. Peer workers and those with lived experience should be at the centre of the workforce for each of these three youth services.

[14] Young people suggested that this could be done digitally, in private, safe spaces through conversation between the young person and a designated support worker, or via an anonymous suggestions box.

# 5 Youth SUSD

The following section outlines service requirements that stakeholders would like to see applied to the Youth SUSD MoS, as identified through the consultation process.

**Youth SUSD Service**

***The State Government has committed $10.6 million to establish a ten-bed SUSD facility in the metropolitan area for young people aged 16-24 years with a mental health issue, and (if applicable) co-occurring AOD issues. This service will provide a combination of psychosocial and clinical supports within a residential style setting and help develop young people's crisis resolution strategies to enable their recovery.***

***Please read this section in conjunction with Section 4 "Common Features"***

## 5.1 Service overview

### The Youth SUSD is a short-term community bed-based service, and should prevent young people from entering a hospital setting or support them after a hospital or other inpatient admission

The service aims to support young people to manage a change in their mental health. This includes supporting young people before admission to an inpatient facility or hospital may be needed (**step up**) or in supporting transition from inpatient care back into the community (**step down**). Stakeholders emphasised that the dual-purpose of the SUSD needs to be clearly communicated to ensure the service does not just become a 'step down' facility. Young people noted the importance of a youth specific SUSD service, reflecting through their experiences that this type of support is a significant gap within the current service system.

### The Youth SUSD should target young people aged 16-24 who are experiencing complex mental health issues, with or without co-occurring AOD issues, who require short-term intensive support

The Youth SUSD will be a 10-bed facility for young people aged between 16-24 years old. The young person will be experiencing complex mental health issues, with or without co-occurring AOD issues. They will not be presenting as 'in crisis' but may have experienced either: a significant recent deterioration in their mental health and wellbeing or require further support as part of their transition out of an inpatient setting. In either scenario, the young person requires short-term, intensive 24/7 support. Although the Youth SUSD will be based in the metropolitan area, this does not preclude a young person located in a regional setting from being referred to and accepted into the facility.

### The Youth SUSD should offer 24/7 support for young people through a combination of clinical and non-clinical services with a focus on recovery, mental health wellbeing, and capacity building tailored to a young person's goals

The Youth SUSD should offer a range of supports that cater to young people's needs through a combination of clinical and non-clinical supports. The nature of supports provided should be set in collaboration with the young person upon their entry into the service.

**Clinical supports**

All stakeholders emphasised that a range of clinical services are to be provided within the service, with an emphasis on psychology and psychiatry services.[15] Stakeholders and young people noted that nurses, psychologists, psychiatrists, doctors should provide in-reach support into the Youth SUSD. Young people noted the importance of having clinical services which can cater to a wide range of challenges that a young people might be experiencing, as well as addressing their mental health needs. This includes allied health services, such as:

- access to physical health related services to focus on recovery and wellbeing
- linkages and support through General Practitioners (GPs)
- physiotherapy
- occupational therapy
- dental care
- sexual health support.

For young people presenting with a co-occurring AOD issue, (and where this is identified by the young person as central to their recovery goals), the service should facilitate the appropriate provision of, or linkages to AOD supports. Stakeholders noted the importance of the Youth SUSD should not provide withdrawal and detox services for young people which should be clearly communicated to young people and other services. However, the Youth SUSD should provide AOD counselling and link young people to other AOD supports as required with the objective of supporting young people to have a greater understanding of, from harmful AOD use.

**Non-clinical supports**

Stakeholders noted that the Youth SUSD should provide services directly, or enable linkages to adjacent services, that focus on practical skill development to support individual goals and participation in the community. Non-clinical supports should be tailored to the young person based on their goals and developed through their individualised care plan when they enter the service. Young people noted the lack of education and information provided in schools on mental and sexual health and harmful AOD use, and that a core component of this service should be to build capacity and provide information on these subjects to young people.

Suggestions for non-clinical supports included:

- providing links to educational institutions for study and training
- providing education on mental and sexual health, AOD, financial literacy and management, including assisting young people to access government support services such as Centrelink, and linking young people to employment services
- supports that focus on spirituality, mindfulness, and community engagement

It was noted that these should be tailored to the individual's interests and goals that are identified during the care planning process, as well as for their transition out of the Youth SUSD with flexibility to change as the young person gains more support and confidence over time.

### The duration of stay should be a maximum of four and six weeks but allow for flexibility depending on the young person's needs and goals

The Youth SUSD should provide a short-term service for young people for a maximum of four to six weeks. Young people noted that, although this should be flexible and assessed on a case-by-case basis, if

[15] Some young people referenced different therapy approaches that could be included, such as Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR).

the duration of stay is too long, there is a risk that young people can become too dependent on the service and/or can become anxious about re-entering the community. Young people also noted that the Youth SUSD should facilitate self-discharge if the young person chooses to leave, with connection to follow-up supports and housing if required.

The duration of stay should be individualised and agreed upfront with the young person when they are entering the service (during assessment and during the co-development of their care plan). Young people noted that ongoing communication with the young person around the agreed exit timeframe will be integral to ensuring young people know what they are working towards and do not feel 'rejected' when it is time for them to transition out of the service. A plan for transition out of the Youth SUSD should be developed with the young person upon entry to the service. Further detail on the transition process is provided in subsequent sections.

## 5.2 Service suitability, access, referrals and transition

### Young people should be able to self-refer to the Youth SUSD, and should not require parental consent for access

The Youth SUSD should be a voluntary service and young people should be able to access it through a range of mechanisms. This includes:

- Self-referral
- Referral from other support services such as through GPs, Psychologists, Psychiatrists
- Referrals through peer and youth workers.

*"High level of confidentiality especially when it comes to parents and guardians - accessibility without a need for parent or guardian."*

**-Young person**

Young people emphasised that they should not require formal parental consent to access the service, noting that this has been a huge barrier to accessing services in the past.

### A set of 'suitability criteria' should support decision making on who accesses the service, underpinned by clear information and communication about the service's purpose

The Youth SUSD should develop a set of suitability criteria that supports the prioritisation and intake of young people referred to the service. Young people highlighted that assessment of suitability should include:

- Whether or not there is a clear link between a young person's individual recovery goals and the types and intensity of supports the SUSD can provide (this includes transparency on what a service can and cannot do for them and being upfront about this with a young person).
- Consideration of a young person's past service access and experience (where a young person is comfortable for this to be shared). Young people noted that a young person's past experience with hospitals and whether they feel safe accessing them should also be considered.

*"If the eligibility criteria are not specific enough, the most marginalised and in-need young people will miss out on this service."*

**- Service provider**

- Consideration of the profile/dynamics of other young people in the service at the time a referral is received. This should include how the dynamics of young people already at the service may impact on the achievement of a young person's goals, how the young person will fit within the existing dynamics

and how a young person's admission may impact the recovery of other young people already at the service.

Young people also noted it was essential for the Youth SUSD to consider that the intake process for young people may look different for those that are 'stepping up' into the service, as opposed to those that are 'stepping down.' To manage the risk that the service in practice becomes a predominantly 'step-down' service, some stakeholder suggested that there could be a formal or informal allocation of the beds in the service between those 'stepping up' and 'stepping down'. Other stakeholders suggested that a panel approach to prioritisation of referrals could be applied. Suggestions included that a range of capabilities would be required for this panel, including clinical oversight, peer, or other social supports, as well as input from the service or 'house' manager. The Youth SUSD provider should work closely with other organisations to provide clear pathways into other services when someone is on the waitlist or not accepted into the service (due to prioritisation or suitability requirements).

### Assessment and entry to the Youth SUSD should be undertaken in collaboration with the young person to identify their support needs and recovery goals

The Youth SUSD should include an in-depth assessment of the young person upon entry. Young people and stakeholders identified the importance of co-developing a mental health, AOD, support, and care plan during assessment. Young people emphasised that a young person should not have to retell their story multiple times to different services and supports and should also include discussions and decisions regarding the young person's privacy preferences, including confidentiality of information with respect to family members.

Young people highlighted that this process should include:

- Understanding the young person's views about their challenges, needs and goals, including what they are seeking from the service in order to make their stay successful.
- Setting expectations about what will be required of the young person during their stay at the service, including respectful and inclusive behaviour practices, willingness to engage with supports, and policies related to AOD use at the facility.
- Setting expectations about timeframes for the service, including what the warm transition out of the service will look like.
- The level of involvement of family and friends, and other confidentiality considerations based on the preferences of the young person. This may also include a discussion on the level of information that the young person may want to be shared, and with whom. Young people noted that this is particularly important for mitigating the risk of providing information to unsupportive or hostile family members of LGBTQIA+ young people, as well as those escaping family and domestic violence.

### The Youth SUSD should consider a number of options to support young people to transition into the service smoothly

Young people suggested a range of ways that the service could support a smooth transition for a range of different young people into the service. This included:

- The use of video and audio resources in different languages and in simple accessible formats to provide information to young people who are interested in the service and/or are on the waitlist.

- Inclusion of videos of the facility, the bedrooms, and shared communal spaces; having videos (including close captions for those with hearing impairments) to explain the suitability criteria, the waitlist process, and information on the purpose of the service.
- Provision of virtual outreach support to those on the waitlist or wanting more information about the service. This should be facilitated and provided by a peer worker who can also provide information about the Youth SUSD and other services or supports they could access.

*"Comprehensive step by step processes /guide on how to apply, what happens after you apply to eliminate any uneasy feelings about the unknown."*

**- Young person**

### Transition from the Youth SUSD should be informed by a clear plan including outreach support and linkages to other services

Young people should identify their desired timeframe for transition from the SUSD, framing this transition as a goal and point of celebration. This should include identifying where a young person will exit to, what supports they will need, and how they want to be communicated with and followed up with after transitioning from the service. Stakeholders and young people noted that young people should not be transitioned out of the SUSD into homelessness, requiring the service to work with the young person to ensure they are transitioning to safe and stable accommodation.

*"Transition from the youth SUSD into the community should be framed as a celebration"*

**– Service provider**

Young people noted the importance of the peer workforce providing outreach support, either virtually or in person, after the young person has left the youth SUSD for continuity of care and facilitating access to other services. Young people noted the importance of SUSD staff, in particular peer workers, building trust, rapport, and relationships with the young people throughout the duration of stay. This is particularly important during transition. It was suggested that a 'warm' transition could be facilitated where a young person has overnight leave to go home in preparation for transition from the service.

The Youth SUSD should partner with community services including recreational supports like gyms, universities, local youth network groups, disability services, and health centres so that the young person can meet their goals and establish other supports while they are in the service, and enable a more robust transition out of the service. Stakeholders noted that providers should demonstrate community relationships through the procurement process and service providers should be encouraged to partner with different services that can bring diverse experience and lenses to service provision for young people.

*"It is important to taper and transition these supports gradually as someone withdraws or exits from a service, to set up individuals for success"*

**- Young person**

## 5.3 Delivery environment

### The SUSD facility should be in a central location, close to amenities and have a range of features and spaces to cater for diverse young people with different backgrounds and experiences

The Youth SUSD should be located centrally, near the Central Business District (CBD) but not directly in the city or in Northbridge. Young people emphasised the importance of it being in a safe neighbourhood, being close to public transport, other services, practical supports such as Centrelink, and close to schools. Other suggestions included being close to nature to promote recovery and wellbeing. Young people

noted that the Youth SUSD facility should not be too close to hospitals (as the sirens from the ambulances can be triggering), but within reasonable distance in case of emergency. They also noted the facility should not be close to liquor stores, nightclubs, known drug areas, and police stations.

The design of the facility should include inclusive features that can cater to diverse young people and those with different needs, experiences, and cultural backgrounds. Young people identified the importance of involving young people from a variety of different backgrounds in the facility design process to ensure that it is accessible, warm, culturally appropriate, and will foster the right environment for young people to feel safe and included.

Young people gave feedback on how the delivery environment of the service should be configured including:

- Single bedrooms with private bathrooms.
- Shared communal spaces that foster a 'community setting', with agreements on respectful and inclusive behaviours when those spaces are in use.
- Space for social activities including lounge areas, a music room, an art space, a physical fitness area, an outside garden and space, quiet and sensory space, and a private meeting area for young people and any visitors.
- Ensuring that the service's design features (including use of colour, furnishings, etc.) do not feel 'clinical' or 'institutional'.
- Design of the building aligned to universal design principles.
- Having a range of privacy and security features for young people to feel safe. Privacy and security measures noted were physical keys (rather than a 'key card') to individual bedrooms, the address to the service not being disclosed publicly, and the young person developing a list of who they would like to know they are in the service.

*"Providing more understanding and knowledgeable staff, making the environment look less clinical and more homely and happy."*

**- Young person**

*"Stickers/small graphics that indicate minority inclusion, even being affiliated with projects like Welcome Here."*

**- Young person**

Other specific features that were mentioned in the consultation with young people included:

- Wheelchair ramps and wheelchair accessibility in all bathrooms.
- Gender neutral bathrooms
- Signs and signals of a supportive location[16]
- Braille signage and hearing loops
- Screen recorders
- Digital accessibility technology.

Young people noted that it was important that these types of features were actively used in the facility by staff to support the diverse needs of young people.

[16] Young people noted this could include signs and advertising that clearly indicates the service is inclusive (i.e., rainbow, trans, Aboriginal and Torres Strait Islander flags).

### The Youth SUSD should include a skilled, multi-disciplinary team including a peer workforce with experience working with diverse young people

The Youth SUSD should be delivered and supported by experienced clinical and non-clinical staff and peer workers. Stakeholders noted that there needs to be a combination of staff who can deliver services to young people at the facility on a 24/7 basis, but also provide support in an outreach capacity for young people after they exit the Youth SUSD. Staff should have demonstrable experience of working with young people with complex mental health and AOD issues and be strongly vetted before they are employed.

*"Workers should have lived experience and more training around stigmatised illnesses."*

**- Young person**

Stakeholders raised a number of ways in which young people could be more involved in decisions around the service's staffing. Suggestions included opportunities for young people to:

- choose their peer worker;
- provide feedback on the staff in the facility; and
- sit on the recruitment panel for assessing candidates, in particular, for the staff that stay overnight at the facility.

Stakeholders noted that all staff delivering clinical and non-clinical supports need to be open-minded, inclusive, empathetic and demonstrate their experience working with diverse young people including those who are neurodiverse, LGBTQIA+, Aboriginal and Torres Strait Islander, and ELD.

*"Someone who is empathetic and listens to everything we are saying rather than a generic textbook response. Affirmation and empowerment instead of this idea of a "cure" rather an idea of coexisting with mental illness."*

**– Young person**

Where possible, the staffing profile should reflect the diversity of the young people accessing the service. Young people noted that barriers to accessing services include discrimination and non-inclusive practices, and stigma from clinicians and staff. Feedback from young people specifically acknowledged that hospitals are places that are frequently non-inclusive, particularly for LGBTQIA+ young people, and so the Youth SUSD should not feel like a clinical environment.

*"I think workers should be knowledgeable about not just cultural competency and LGBTQIA+ friendly but also about people with disabilities."*

**- Young person**

### Delivery of the Youth SUSD should be underpinned by strong partnerships and shared understanding of its role and function between clinical and non-clinical partners

The Youth SUSD will need to be delivered by a partnership of clinical and non-clinical service providers including peer workers. Stakeholders emphasised the importance of bringing together a workforce that are values driven and share the same ethos to supporting young people in a way that is recovery focussed, empowering, safe, and respectful. It was noted that this partnership and the way in which this workforce works together to support young people in the Youth SUSD will be fundamental to its success. This culture needs to be upheld by the partners but also strongly felt by the staff and young people. The partnership should be supported by clear operational processes which include regular meetings about the young person's progress and wellbeing, strategies to ensure continuity of staff, and practices to support peer workers within the service.

Stakeholders emphasised the importance of communicating the purpose of the Youth SUSD supported by an overarching strategic Memorandum of Understanding (MOU) between the clinical and non-clinical partners to ensure the service does not just become a 'step down' facility from hospitals. Stakeholders

noted there needs to be a clear and ongoing communication strategy to clinical, non-clinical and broader youth services – outlining the purpose of the service and stipulating clear roles of the services and its responsibilities to young people.

## 5.4 Service monitoring and outcomes

### Service development and provision should be guided by and informed by the experiences of young people who may access the service

The voices of young people should be central to the design, delivery, and evaluation of the service. This extends to implementing practices that facilitate a young person to safely provide feedback about the service throughout their stay. Young people emphasised being able to have the opportunity to provide input and feedback about the service, in a safe place where they do not feel dismissed and feel safe to do so.

### Monitoring, reporting and evaluation of the Youth SUSD should focus on outcomes for young people accessing the service

The Youth SUSD should measure outcomes both quantitatively (e.g., number of admissions and re-admissions) and qualitatively (e.g., entry and exit surveys of young people) to assess the impact of the service on reducing admissions to hospital settings whilst also improving individual outcomes for the young people using the service.[17] At a service and community level, stakeholders noted that the youth SUSD is an opportunity to reduce hospital admissions. However, both stakeholders and young people emphasised that individual outcomes (which should also be evaluated) need to be based on individual needs and goals agreed upon entry. Individual outcomes could include:

- Young people have improved mental health (and if applicable) AOD outcomes
- Young people have improved connections and networks in the community
- Young people have improved capacity to set and achieve goals to improve quality of life
- Young people have greater knowledge of support services
- Young people have improved confidence and capability to live independently and maintain tenancy

Evaluation of the Youth SUSD should also assess the continuation of supports after the young person has left the SUSD. This would involve asking young people whether they are receiving ongoing support, are in adequate accommodation, and are improving their mental health.

[17] A number of stakeholders noted that traditional inputs for service reporting such as "bed occupancy" could create inflexibility in the service operation.

# 6 Youth Long-term Housing and Support Program

The following section outlines service requirements that stakeholders would like to see applied to the Youth Long-term Housing and Support Program MoS, as identified through the consultation process.

**Youth Long-term Housing and Support Program**

***The State Government has committed $18.2 million establish the Youth Long-term Housing and Support Program in the metropolitan area for young people aged 16 to 24 with mental health issues, with or without co-occurring AOD issues, to access long-term accommodation alongside coordinated clinical, psychosocial and AOD supports. This program will enhance availability of support accommodation services tailored to meet the needs of young people and assist them with their recovery and living independently in the community.***

***Please read this section in conjunction with Section 4 "Common Features"***

## 6.1 Service overview

### The Youth Long-term Housing and Support Program (the Program) should support young people with mental health issues, with or without co-occurring AOD issues, to access both stable accommodation and coordinated supports that build their capacity to live independently

The Program should provide stable accommodation and coordinated supports to young people with complex mental health issues to improve their capacity to live independently. This should enable young people to focus on improving their mental health, and any AOD issues that may be present, and plan their future goals with the stability of safe accommodation, leading to better recovery outcomes for young people. There is a commitment to fund 20 housing and support packages under the Program.

### The Program should target young people that require additional clinical and psychosocial supports to enable them to live independently in the community

The target cohort for this program should be young people aged between 16-24 years old experiencing mental health issues, with or without co-occurring AOD issues. The young person should be looking to commence or maintain independent living with a clear purpose, connection, and role in the community. As discussed in Section 4, there should be minimal or no exclusionary criteria for this service. The accommodation will be located in the Perth Metropolitan area, but stakeholders conveyed that the Program should be available for young people from regional areas across the state to access, if they are willing to relocate.

### The Program should provide young people with access to a suite of coordinated support services while in accommodation, guided by a young person's goals

The Program should provide young people with a medium-term[18] living environment where young people with complex mental health issues can live while getting access to coordinated clinical and psychosocial supports to improve their wellbeing and capacity. Given the nature of the service, this should also include access to services to support young people with co-occurring AOD issues.

[18] The State Government's Election Commitment for the Program stipulates a 'long-term housing' component, however, stakeholders noted that a medium-term living environment would be more appropriate for the purposes of the Program.

While in the Program, a range of supports that cater to young people's needs should be offered. An individualised care plan should be developed in collaboration with the young person to identify what level of support and mix of clinical and psychosocial support they need to achieve their goals, as well as preferences regarding private or shared accommodation. Initially, services may visit a young person in their accommodation, but over time young people may feel more comfortable accessing services at service sites and can do so independently.

**Clinical supports**

Stakeholders emphasised the range of clinical services to be provided within the Program, including personalised mental health services such as psychology, psychiatry, cognitive behavioural therapy, and gender transitional and diversity services. Young people also noted the importance of having access to other health-related services such as: GPs, disability and chronic disease support services, dental care, sexual health support, physiotherapy, and access to specialist support and diagnosis if required.

**Non-clinical supports**

The Program should also provide a range of non-clinical supports with embedded peer support workers and youth workers. Young people identified that having peer workers are essential to providing support for the young person when they are in the Program. This can build confidence in young people accessing a range of services, and in building skills to live independently in the community.

The Program should also provide a link into a range of adjacent housing and community-based services to support the young person's transition to living independently in the community. Stakeholders noted the importance of embedding supports from the outset that will assist young people to understand and manage housing decisions. Such supports could include those that focus on budgeting and financial management, building knowledge on tenancy requirements, and home maintenance.

The Program should also provide young people with the opportunity to engage in wrap-around practical training, employment, and social opportunities to promote participation in the community, and support the young person to achieve their goals. It was noted that these should be tailored to the individual's interests and goals developed during the upfront care plan, and continually reviewed during the time in which they are engaged in the Program.

## 6.2 Service suitability, access, referrals and transition

### Eligibility criteria for the Program should be flexible but should prioritise young people who need additional supports, as well as accommodation

The program should have flexible eligibility criteria with no formal diagnosis required, to account for the diversity of young people who have ongoing complex mental health issues and potentially co-occurring AOD issues who struggle to access stable accommodation and housing.

Assessment of who would be most suitable to enter the Program should be done on a case-by-case basis. This assessment should consider the recovery goals and needs of the individual and the associated suite of services that could help them achieve their goals. Young people should have the capacity, willingness, and motivation to engage with the Program as a whole and the suite of support services. The Program should not be a 24/7 intensive support service, nor a standalone housing service.

> *"There needs to be consideration of the complexity of the young person's needs, their service history, and even whether the location of the accommodation will work."*
>
> **- Service provider**

Stakeholders noted that access to the Program should balance an assessment that considers both the intensity of the young person's needs, as well as

the degree to which the Program would service the needs and goals of the young person. Young people noted that consideration of the degree to which the young person has not been able to access traditional accommodation supports based on their service history should also form part of this process. Young people noted they should decide the level and extent to which they wish to disclose their service history.

For those young people who may have been referred but are on a waitlist, there should be support mechanisms in place to guide the young person to alternative support services they could access in both a short and long-term capacity to achieve their goals and develop independence.

### There should be a wide range of referral pathways into the Program

The Program should allow young people to access the service through a range of referral pathways. This includes:

- Self-referral
- Referral from clinical support services such as through GPs, Psychologists, Psychiatrists, and Health Service Providers (HSPs)
- Non-government organisations (NGO) such as youth services, homelessness services, and mental health and AOD services.
- Government agencies such as the Department of Communities and the Department of Justice.

> *"Include options for self-referral over the phone or online."*
>
> **- Young person**

Young people emphasised that clear promotion of the Program, including details about the application process and what the program providers, would be beneficial to support referral pathways. Additionally, referral pathways should include options for confidentiality, such as self-referral pathways that do not require consent. One suggestion was for there to be a 'warm referral process' that is supported by a youth worker to make young people feel safe and included if they elect to self-refer.

### The Program should provide coordinated supports for up to three years (with some flexibility), supported by a clear transition plan and ongoing communication with the young person

The Program should provide supported living environment with coordinated supports to young people to support their recovery journey and their ability to live independently. Stakeholders supported that the appropriate timeframe for the Program should be between one to three years, and defined as "medium-term" (rather than "long-term" as committed to by the State Government). Young people noted that this timeframe should be flexible and long enough, so young people can adjust to living in the accommodation, build confidence in accessing supports, and develop connections with the community.

The Program should have an inbuilt transition period, noting a target timeframe for exiting the program should be articulated by the young person in their care plan and reviewed throughout their time in the Program. Stakeholders noted that transition out of the Program could mean a young person retains the property and pays the rent. It may also mean they are supported into alternate accommodation and have the option to retain some of the furniture and white goods to support their transition into a new setting.

> *"There should be a clear transition plan so that young people do not exit the program back into homelessness."*
>
> **- Service provider**

### There should be clear guidelines and shared expectations established around how young people access and engage with supports provided alongside their accommodation aspect to the service

While in the Program, it is a clear expectation that young people should engage with the various support services provided, as this distinguishes the Program from provision of generic housing. The young person

should be expected to attend regular program check-in meetings to ensure they are accessing the Program and its services effectively.

Stakeholders noted that there should be broad guidelines for young people entering the Program, including around anti-discrimination, AOD use, and use of support services. This included a suggestion for development of a pre-determined agreement around AOD, where young people should be honest and transparent around their AOD use, and be aware of the conditions if they break any agreements. It should be noted that the nature of these policies should not be punitive – and in the instance of a breach, focus should be on reasons for why the young person may have been using in a way that is harmful, rather than punishing them, with consideration for any additional supports that may be required.

*"Inclusion of verbal audio or video instructions to support explanation of codes of conduct."*

**-Young person**

Stakeholders also called for clear codes of conduct around visitors and privacy measures, as visitors should also need to follow established rules and regulations in order for the young person to feel safe and supported while in the accommodation.

## 6.3 Delivery environment

### The accommodation provided to the young person should consider a range of features that promote a safe, accessible, and inclusive environment.

Stakeholders emphasised that the design and location of the housing component within the Program will be critical to reflecting a community environment that is focused on recovery and independence. The accommodation options should all be centrally located, but not in Northbridge or close to nightclubs/ pubs. Young people emphasised the importance of it being in a safe neighbourhood, being close to public transport, other services, and shopping areas. Other suggestions from stakeholders included a preference for there to be open, quiet spaces nearby (e.g., parks) to promote recovery and wellbeing.

Young people and other stakeholders identified that a hybrid model of different configurations should be available through the Program. This could include:

- Private units
- Co-located units in a shared complex
- Private rooms in a shared house.

There was a strong consensus for having private bedrooms and gender-neutral bathrooms, but with the potential for these to be part of co-located units that have shared communal spaces where young people can interact and socialise. Other important features of the future properties included:

*"I think people should be given the option if possible. Some might need alone time and space for their mental health, but others may want to be around other people. Sharing accommodation with someone might help build relationships and friends and a support network."*

**-Young person**

- A low maintenance outdoor or courtyard space.
- Making sure that properties were not too large and overwhelming for a young person (i.e., not placing a single young person into a four-bedroom family home).
- Specific considerations to allow for family, partners, children, and pets, where appropriate, to make the young person feel safe and welcomed in their own accommodation.

- Stakeholders also suggested that white goods and furniture should be provided as a part of the package in the accommodation, to support independence and foster a sense of stability for the young person.
- Where there is a shared tenancy, agreement around respectful and inclusive behaviours for communal areas is needed.
- A range of privacy and security features for young people to feel safe, including maintaining confidentiality of the accommodation location.

*"Not disclosing supported accommodation to workplaces or education institutions, or its location to the public."*

**- Young person**

## 6.4 Staff, workforce competencies, and partnerships

### Wraparound services and supports should be delivered by an experienced, integrated and multi-disciplinary team[19] including a dedicated peer worker[20]

The Program should be supported by an experienced clinical and non-clinical workforce, including peer workers. Stakeholders noted that this should be an integrated, multi-disciplinary care team who regularly meet face-to-face about the young person's progress, identify what additional supports may be required, and what other strategies can be undertaken to support them to navigate services that meet their needs and goals. Stakeholders provided a long list of potential roles that should be required within this team, which included: social workers, welfare officers, AOD counsellors, peer/recovery mentors, supportive recovery informed housing officers, education providers, and family and carer support officers.

Young people noted that the young person should have a dedicated peer and/or youth worker as the regular conduit to the multi-disciplinary team and the young person. This role would facilitate and liaise with the other staff and support services they are accessing. This dedicated peer and/or youth worker would establish an ongoing relationship with the individual and help them to navigate service supports. This peer worker needs to be skilled in forming relationships, establishing rapport and trust, and providing a source of support for young people in the Program. Young people noted that where possible, it would be beneficial for young people to be able to choose their dedicated peer worker who should facilitate and liaise with the other staff and support services they are accessing. Further, peer support workers should be available to support young people when transitioning or exiting from the Program.

The team of staff need to have demonstrable experience of working with young people with complex mental health and AOD issues. Stakeholders noted that staff need to be culturally competent, trauma-informed, non-discriminatory, and have competencies in other areas such as disability and LGBTQIA+. Where possible, a diverse staffing profile from a range of backgrounds would be optimal for reflecting the diversity of young people that may access the Program. All staff should be strongly vetted before they are recruited, receive ongoing training to ensure they are well-educated, and demonstrate alignment to the broader values of the Program.

*"Ensuring that youth workers that assess me have lived experience or are knowledgeable about my specific access and inclusion needs."*

**- Young person**

[19] "Multi-disciplinary team' refers to the mix of functions that a team would need to undertake in providing coordination support to the young person, rather than specific job titles that would be required.
[20] This core functions of this role would be to support the young person to navigate services through coordination of supports, advice, and peer support.

### Services and supports accessed by a young person through the Program should be aligned to their needs

Stakeholders noted that the services accessed by the young person through the Program should have a shared understanding of the young person's needs and goals in order to deliver tailored supports. The dedicated peer worker should communicate with service providers (with consent from the young person) to ensure shared knowledge of the young person's needs and goals so that their support can be tailored and fit-for-purpose.

When accessing mental health, AOD, psychosocial or other related supports, young people should have their voices heard to ensure the supports they are accessing are trauma-informed, culturally competent, and demonstrate inclusive practice. To ensure this occurs, the Program should establish strong partnerships with existing local mental health support services, as well as community-based services, homelessness services and employment and education services. Young people noted that these partnerships will be critical to enabling young people to achieve their long-term goals while in stable accommodation.

## 6.5 Service monitoring and outcomes

### Input and feedback from young people should be used to improve program activity and outcomes on an ongoing basis

The Program needs to be informed by young people's voices, incorporating a range of ways in which young people can provide feedback on their experience of the services they are accessing as well as the Program itself. A number of feedback mechanisms were identified as critical to ensuring the voice of young people is heard and that service development and provision is guided by and informed by the experiences of those in the Program.

*"Access to an Independent advocate/support person to discuss service experience and hear feedback/complaints."*

**- Young person**

### Qualitative and quantitative data collection should be collected to support ongoing monitoring of program outcomes

While assessment of service outcomes will differ on a case-by-case basis, improvements in individual mental health and AOD outcomes may include reduced distress, improved social and emotional wellbeing, greater management and reduced harm of AOD use (where relevant and appropriate), stronger connection to the community and increased independence in the young person. Stakeholders were in consensus that 'successful outcomes' should largely be defined by the individual needs and goals of the young person, which should be identified upon entry and continually reviewed and discussed throughout their involvement in the Program.

Stakeholders identified a range of ways in which the Program could measure the extent to which it has enabled young people to improve their mental health and plan their future goals with the stability of safe accommodation:

- **Program checkpoints.** There should be an opportunity to include feedback from consumers before, during, and after interaction with the Program, to understand how stable accommodation and the supports provided to them has enabled them to improve their mental health, and understand/manage their AOD use (where relevant and appropriate), and achieve their life goals in both the short and long-term. This should align to the young person's aspirations and focus on short-term 'quick wins', as well as long-term goals such as improved mental health and wellbeing, reduced harms from AOD use, access and/or maintenance of employment, and other outcomes. Some stakeholders suggested that

tracking of supports and a review of goals should be done annually, as this can help young people demonstrate a reduction of need for supports due to the connection to other meaningful activities such as work, study, and community activities.

- **Short-term indicators.** Stakeholders noted that there also needs to be ongoing monitoring of the young person's mental health and wellbeing while in the Program. Support workers should check in regularly with the young person to ask straightforward questions such as 'how are you feeling today on a scale of 1-10', or 'what are you going to focus on today.' These questions will support all staff (including their dedicated peer worker) to manage the wellbeing and progress of the individual and develop a stronger, more understanding relationship.
- **Tracking system demand.** At the service and system level, stakeholders suggested monitoring the demand for the social housing system, and the turnover rates of young people with mental health issues in transitional and long-term housing services, to provide a strong indication of the level of demand for the Youth Long-term Housing and Support Program.
- **Community engagement**. A stakeholder recommended monitoring the number of incoming referrals and number of placements in long-term accommodation, schools, and places of employment, to track how well individuals are able to engage with the community.

*"Metrics should focus on the extent to which the Program has provided the necessary supports to enable recovery and independence in the individual, whatever that may look like."*

**- Service provider**

# 7 Youth Psychosocial Support Packages

The following section outlines service requirements that stakeholders would like to see applied to the Youth Psychosocial Support Packages MoS, as identified through the consultation process.

**Youth Psychosocial Support Packages**

***The State Government has committed $9.5 million for delivery of Psychosocial Support Packages for young people aged 16 to 24 years who have mental health issues, with or without co-occurring alcohol and other drugs (AOD) issues. These packages will assist more young people living in the community, either independently or in the family home, to increasingly participate in and contribute to community, social, and economic life.***

***Please read this section in conjunction with Section 4 "Common Features"***

## 7.1 Service overview

### Youth Psychosocial Support Packages (the Packages) should provide young people with services, supports, and navigation that help them to manage their mental health and potentially co-occurring AOD issues, through building their capacity and involvement in the community

The Packages should provide young people with supports and services to help them manage their mental health and AOD issues and build their capacity and involvement in the community. The Packages should provide counselling and support, access to key services, and navigation to other supports that may not be covered through the Package. The Packages should be for young people who are looking to build their skills that support them to manage their mental health, but with a focus on other supports that contribute to their personal, social, emotional wellbeing, rather than the direct provision of clinical support. The type of supports should be defined by the young person's goals and stakeholders, including young people, indicated that these should be facilitated through what they termed as a "support coordinator".

**What is a support coordinator?**

Stakeholders including young people referred to a 'support coordinator' function as someone who would provide ongoing informal counselling and support, as well as advice and education around managing one's wellbeing, developing coping strategies, achieving goals, and building daily living skills. They also indicated that this role should also support the young person to navigate services through coordination of supports.

At a high-level, this role could be a combination of the roles that the 'Psychosocial Recovery Coaches' and 'Support Coordinators' play within the National Disability Insurance Scheme (NDIS) to support people with psychosocial disability.

### The Packages should be targeted at young people aged 16-24 years old who are looking for additional skills and supports to help them manage their mental health and potentially co-occurring AOD issues

The Packages should be for young people aged between 16-24 years old, who are looking for non-clinical supports to manage their mental health and wellbeing, and build their skills to live independently in the community. Young people with mental health issues should not require a formal diagnosis to access the Packages and should still be eligible, and be able to access appropriate and relevant supports, if they experience co-occurring AOD issues. Young people accessing the Packages may still be living at home but wanting to transition to independent living - or may be living independently already but requiring additional supports. The initial suite of Packages should be focussed on young people in the metropolitan area and will involve face to face interactions with their support coordinator, as well as services in their local area (where possible).

*"These Packages could really benefit young people who haven't been able to access other services and may require support to start their journey to independence."*

**- Young person**

Where applicable, psychosocial supports could involve support and services for families and carers, where that is central to a young person's goals for their package. Young people highlighted that where possible, priority should be given to young people who do not already have access to funding for psychosocial and other supports, although NDIS participants should not be excluded altogether.[21]

### The Packages should provide a foundational range of supports, with a breadth of partnerships and service options to ensure flexibility to meet the goals of different young people

The Packages should provide young people with access to a range of services that will help them to manage their wellbeing, navigate access to other services not covered by the Package and provide a support coordinator who can support the young person through the Package. As noted above, the support coordinator can provide a range of expertise, including informal counselling, mentoring, and being an informal 'buddy' to the young person. The Package should also provide brokerage funding where applicable. Although the suite of supports will differ based on the young person's goals, young people and other stakeholders identified a range of supports and services that young people could access as part of their package:

- General counselling, informally through the support coordinator or through access to an additional counsellor (for individual and/or group sessions).
- Education support focused on teaching young people about developing life skills and social skills, providing resources on mental health and AOD, family and domestic, abuse and trauma.
- Outreach services that would support the young person to develop confidence and independence in their own home, such as gardening maintenance, cleaning and meal services, peer mentoring, and support to maintain tenancy and rental viability.
- Services that promote participation in the community, and achievement of personal goals, such as educational, financial, legal and employment services, or links to community and social groups.[22]

[21] Although NDIS participants should not be excluded from accessing the Packages, the packages should be complementary to the NDIS supports if this were to occur, so to avoid a duplication of supports.
[22] If the young person prefers to be supported by a cohort-specialist service (e.g., Aboriginal Community Controlled Organisations, LGBTQIA+ organisation), then this should be prioritised.

- Navigation support for a variety of local health and mental health services. Key suggestions included GPs, dental and eye care, gender diversity, counsellors, psychologists, counsellors, disability supports, and sexual health.
- Where necessary, the young person should have the option to decide on any supports that could be provided to family members[23] that would build their capability and confidence in supporting the recovery of the young person. The extent to which family is involved in the individual's support plan should be considered as part of the goal-setting with young person when they receive their package, but also account for the fact that this may take time for the young person to identify how they wish to have their family involved – see next section below.
- Young people also voiced a desire for flexible access to brokerage funding for essentials such as groceries, medication, transport costs to get to and from medical appointments, or home-based supplies (such as white goods).

### The objectives of each package should be planned and coordinated in collaboration with the young person, based on their goals

Configuration of the Package should include an upfront assessment with the young person. This will enable a support coordinator to identify (in collaboration with the young person) the services that will support them in achieving their goals and meeting their needs. It should be noted that goal-setting is a continual process, and the support coordinator should work with the young person on an ongoing basis to review their goals and adjust their support plan accordingly. For example, it may take the young person a long time to identify if and how they want their family involved, and ongoing support provided to the young person may assist them in determining the nature of family engagement and supports as part of their package.

*"The personal plan [should be] tailored to the young person's needs."*

**- Young person**

The suite of services and supports will differ for each young person based on their goals and individual needs. The young person should receive ongoing support through the support coordinator who will work closely with the young person on a range of counselling, support, and education requirements, based on their support plan. These check-ins should be an opportunity for the support coordinator to provide informal counselling and advice to the young person around managing their mental health, wellbeing and AOD issues, developing strategies to build independence and life skills, and considering opportunities to further engage in the community. Where relevant, the support coordinator should look to provide the young person with education and support resources that will help them in achieving their goals.

The support coordinator will also support the young person to identify other services and supports, check in regularly with the young person to see how their appointments are going, and build a relationship to support the young person. This support should be in place over the long-term to ensure the young person feels confident navigating and accessing various supports and services that align to their goals.

The duration in which a young person can access the Packages should remain flexible, with the goals and their needs articulated in their individual support plan[24] ultimately determining the length of time, nature, and extent of supports they will access. This should acknowledge that the outcomes and supports will be tailored to the level of need of the individual, and not necessarily tied to a specific timeframe. The planning phase should also identify transition pathways that would further support the young person to achieve their goals when they no longer require the Package. Stakeholders noted that it will be important

[23] The definition of 'family' should not be definitive to immediate family members – and should be decided by the young person in a way that reflects that family can look different for young people, especially for you Aboriginal and/or Torres Strait Islander peoples.
[24] Individualised and personalised support or recovery plan are used interchangeably. They all relate to the output developed with the young person's goals and support needs during access to the Package.

to taper off transition supports gradually as individuals gain independence and confidence. Where applicable, part of the transition supports could include supporting young people to test their eligibility for, and in turn receive supports through, the NDIS.

### A range of privacy measures should be in place to protect the safety and interests of young people accessing the Packages

The privacy of young people should be prioritised in the context of what information is shared and who is involved with them in accessing services. The young person should have control in deciding who is involved, and what kinds of information is shared with different kinds of people. This includes asking the young person if they want any information to be shared with family members or carers.

Furthermore, the Packages should not require formal family consent or support if the young person is not wanting their family to know they are accessing the supports from a package. Stakeholders noted that family consent could be a barrier for Aboriginal and Torres Strait Islander young people accessing supports, who may not wish their family to know they are receiving support. The support coordinator should play a role of working with the young person to navigate the level of involvement of, and information provided to the family. Further, there must be informed consent from the young person for information to be shared between the support coordinator and other service providers.

## 7.2 Service suitability, access, and referrals

### There should be a range of referral points for a young person to access a package, with an emphasis on a simple application process, that could be completed by a young person

Young people should be able to access the Package through a range of referral points including self-referrals, GPs, community service providers, family members, and carers. To ensure that the needs and goals of the young person are accurately reflected in the referral and assessment process, stakeholders raised the benefits of adopting a similar approach to the Partners in Recovery Program.[25] This is where existing mental health services work in partnership to refer young people who would benefit from accessing various non-clinical supports to support their mental health and AOD issues (where relevant), and independence; and providing further support for collaboration of service providers who are chosen to provide supports to the young person based on their support needs and goals.

*"There should be comprehensive, step-by-step processes that guide young people on how to apply and eliminate any uneasy feelings about the unknown."*

**- Young person**

Young people noted that the application process should be simple and accessible so those that self-refer are not put at a disadvantage having to navigate complex and lengthy questionnaires or forms. It was also emphasised that there should be accessible and clear instructions about the application process.

### The allocation process should consider a young person's readiness to accessing and using the supports that could be provided

The Packages should have no or minimal exclusionary criteria, however, should consider the young person's readiness and willingness to engage in the supports available to them. Early assessment with the young person should focus on identifying whether the young person has the willingness and capacity to take on some of the supports, even if at a lower capacity initially. Young people and stakeholders noted a

[25] Mental Health Coordinating Council (2019). Partners in Recovery program. New South Wales, Mental Health Coordinating Council. Access here.

range of suggestions for how the allocation process could work, including a balanced assessment on a case-by-case basis of:

- the intensity of the individual's needs and the associated suite of services that could help them;
- a young person's willingness and capacity to engage with the package and supports; and
- the recovery goals of the young person.

Young people suggested that the assessment process should be run by an 'on the ground' panel that included a mix of youth workers, counsellors, and service providers.

*"There should not be strict eligibility requirements...but if [young people] don't receive a package there should be other supports provided."*

**- Young person**

For those that are not deemed as suitable to receive a package, there should be support mechanisms in place to guide the young person to alternative services or supports they could access.

## 7.3 Staff, workforce competencies, and partnerships

### A support coordinator should play an important role in both providing support and ensuring the young person is able to access the services they need through their package

As noted above, each young person should have access to a support coordinator who will establish an ongoing relationship with the individual, and be involved in both the provision and navigation of specific supports for the young person. Stakeholders noted this support coordinator role could be undertaken by a worker with strong experience working with young people and in similar fields. It was emphasised that this should be done through a relational model where the support coordinator does everything with the young person, and is by their side when they are accessing services if the young person wants them to be – noting that some young people may wish to access services on their own as they build confidence and independence.

*"This needs to be a multidisciplinary role to reflect the flexible nature of these packages. They should have extensive experience in mental health, psychosocial and AOD issues, but also a strong ability to develop relationships with young people."*

**- Service provider**

Stakeholders and young people noted a range of desired capabilities for this support coordinator function, including:

- Strong expertise across a matter of mental health, psychosocial, AOD and FDV issues.
- Demonstrable cultural competency, trauma informed practice and high standards of care.
- Experience working with young people on a range of matters, and where possible having lived experience of mental health issues.

Stakeholders noted that this role could be filled by a social worker or a peer worker. The support coordinator will play a role in building rapport with the young person and ensuring they feel supported and willing to engage with not only the support coordinator but to access and navigate services to support their wellbeing. The role and intensity of the support coordinator may shift over time, based on the progress, and needs of the young person they are supporting. Young people noted they should also have the opportunity to change their support coordinator if the

*"Ongoing contact with the same case-worker to tell my story to and streamline my experience."*

**- Young person**

arrangement is not working for them – and stakeholders emphasised that there should be practices in place to support this change.

### Services and supports accessed by a young person through their package should be trauma-informed, culturally secure and aligned to their individual goals

The available supports through the Package should cater to the needs of young people from diverse backgrounds and experiences. The support coordinator will play a key role in linking the appropriate supports and services to the young person based on their goals. By establishing a close relationship, the support coordinator should have strong contextual knowledge of the young person, their service history, and their goals, to enable them to choose support services that are aligned to the broader purpose of the Packages. With the consent of the young person, the support coordinator should communicate with chosen services and support to ensure shared knowledge of the young person's needs and goals so that their support can be tailored and fit-for-purpose. When accessing mental health, psychosocial, or other related supports, the support coordinator should work with the young person to select service providers that are trauma-informed, culturally competent, and demonstrate inclusive practice.

> *"Young people may have a history of services not being tailored to their needs or being let down by services – this may make them hesitant to access future services."*
>
> **- Young person**

## 7.4 Service monitoring and outcomes

### 'Successful outcomes' should be defined by the young person in collaboration with their support coordinator, with ongoing monitoring and assessment

While assessment of service outcomes will differ on a case-by-case basis, improvements in mental health outcomes should likely see reduced distress, improved social and emotional wellbeing, and increased independence in the young person. The young person's individualised support plan that is co-developed upon entry and continually reviewed should stipulate what their goals are, and the outcomes that the young person feels they want to work towards, in both a short and long-term capacity.

The support coordinator should check in regularly with the young person to assess and monitor their goals and discuss any required changes to their package supports. This may include flexibility around the intensity of supports being provided or changing service providers to better align with the young person's progress and goals. Some stakeholders noted that these reviews should be conducted on a regular basis to assess whether the young person is receiving access to services and supports that are meeting their needs and goals and are in turn promoting improvements in their mental health, AOD issues (where relevant) and independence.

> *"[The support plan] should have both long-term outcomes and short-term goals that allow young people to slowly build confidence and independence."*
>
> **- Young person**

With the consent of the young person, the support coordinator should also communicate regularly with service providers to share information and progress of the young person, in order to continually tailor the intensity and focus of supports based on their needs and goals. Participants in the consultation process indicated that a platform to share information, such as the Specialist Homelessness Information Platform

(SHIP)[26], would be beneficial as it would facilitate information sharing between the support coordinator and service providers to respond to the needs and goals of the young person.

There should be flexibility around how the young person is involved in this process. In some instances, it may not be appropriate or helpful to the young person to have all service providers asking them questions and so might ask a legal guardian, family member, or support coordinator to attend or ask questions on their behalf. However, the involvement of these other parties needs to be at the discretion and consent of the young person in keeping with the overarching sentiment from stakeholders around privacy and confidentiality.

Measuring the progression of young people, as well as the demand for packages will be important to understand whether the service is delivering on its desired outcomes. Seeking consumer feedback through entry and exit surveys or assessments, as well as tracking the number of incoming referrals and consumer interactions with community-based services will help understand how well the Packages are enabling young people to participate in the community and predict future need.

### There should be ongoing opportunities for feedback from young people through service monitoring and assessment processes

Young people should have ongoing opportunities to provide feedback about their experience receiving a Package. A number of feedback mechanisms were identified as critical to ensuring the voice of young people is heard and that service development and provision is guided by, and informed by, the experiences of those accessing the service. See section 4 for options for consideration, as identified through the consultation process.

*"Put the experience of the young person at the core of decision-making when it comes to understanding what supports they receive and how they receive them."*

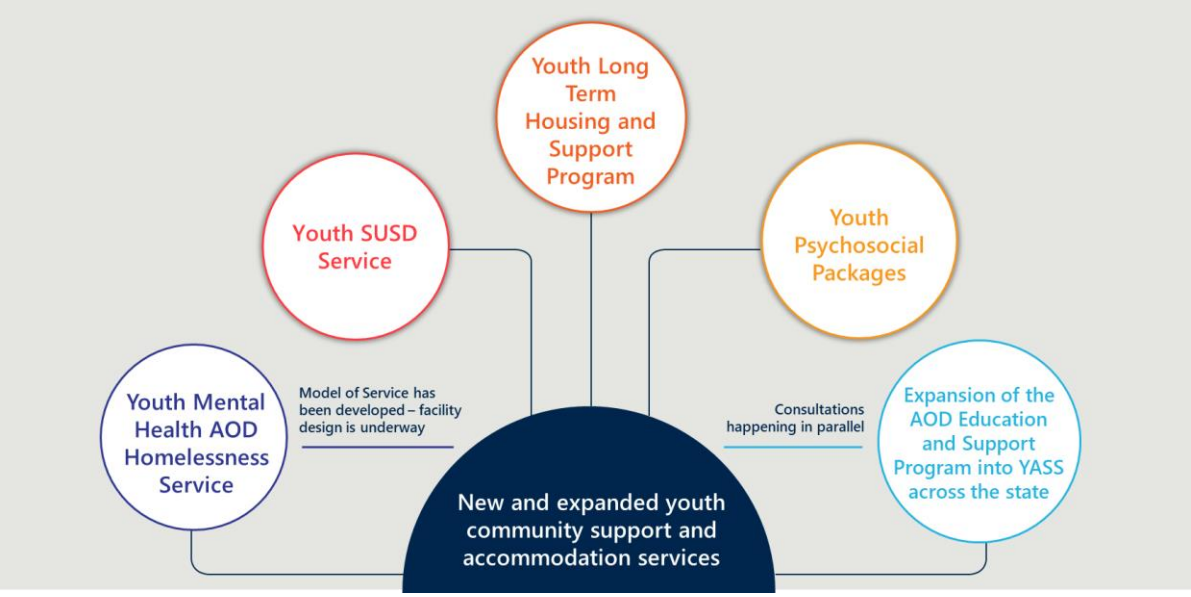
**- Young person**

[26] SHIP is a tailored, fully confidential information platform for specialist homelessness services developed by the AIHW, which allows workers to record client information, case notes, case plans, and client goals. Data files and reports can also be generated to help manage the client's needs and map the individual's progress.

# 8 Designing a youth mental health and AOD system with intent

The funding of these three services reflects significant investment by the State Government in developing a specialised youth mental health and AOD service system in WA. In early 2021, A MoS was developed for a new Youth Mental Health AOD Homelessness Service in the Perth Metropolitan area, which has been followed by four election commitments for new and expanded community support and accommodation services (those included in this report, and one other: expansion of the AOD Education and Support Program into all Youth Accommodation Support Services (YASS)) – outlined in Figure 4 | New and expanded youth community support and accommodation services.

**Figure 4 | New and expanded youth community support and accommodation services**




In addition, these new community support and accommodation services initiatives will interface with a range of other MHC youth mental health and AOD initiatives. These include:[27]

- Expansion of the **Youth Community Assessment and Treatment Team (YCATT)** outreach service to the North and East Metropolitan Health Service and increased provision in the South Metropolitan Health Service.
- Establishment of a **Child, Adolescent and Youth Forensic Outreach Service (CAYFOS)** specialist service to assist existing community and inpatient services.
- Development of a **Think Mental Health social marketing campaign** targeting young people aged 18-24 years.
- Development of a **'Drug Aware' social marketing campaign** targeting young people to reduce and delay the initiation of illicit drug use.
- Taskforce into Public Mental Health Services for Infants, Children and Adolescents Aged 0-18 Years in Western Australia (WA) **(ICA Taskforce)**.

[27] More information on the MHC's budget commitments, including the youth commitments can be found here.

- Young People's Mental Health and AOD Use: Priorities for Action 2020-2025 **(YPPA) Implementation Plan**.
- Expansion of the **'Strong Spirit Strong Mind'** Metro Project state-wide.

The effectiveness of individual youth services will be influenced by the system in which they operate, especially considering these State-funded services sit within a broader context of Commonwealth-funded youth services, such as Headspace, and will be shaped by outcomes from the National Mental Health and Suicide Prevention Agreement (currently in negotiation). As the design process for these services commence, there is a significant opportunity to consider with intent, the way in which these services and supports will operate within the context of an emerging youth mental health and AOD system.

**The MHC, other government agencies, service providers and stakeholders will need to do things differently at both a systemic and service level in order to deliver on the strategies identified by young people in the *YPPA*, address the nature of the need identified, and tailor services to the diversity of young people. While not the primary intent of this consultation, insights from the system and sector process highlight early directions on potential areas of focus for the system, noted overleaf.**

## NAVIGATION BY DESIGN, RATHER THAN RETROSPECTIVE COORDINATION

### Key YPPA strategies

- **Making it easier to find and access services that are right for us**
- **Services working together**

### Insights from sector consultations

- Given the relative size of the youth mental health system, as more services come 'online', there is opportunity to trial a central intake point for the services and supports that are available.
- Service navigation should be built into this system from the beginning, rather than retrospectively applying coordination measures across services as they are implemented.
- A 'no wrong door' approach is a priority, but this needs to be balanced with managing caseload funding where services may be at capacity and struggling to meet demand for their service.
- There is further discussion to be had between agencies and providers about the way that information can be shared to support system navigation for young people, including potential legislative change.

## SUPPORTING CAPACITY AND CAPABILITY BUILDING FOR A DIVERSE WORKFORCE

### Key YPPA strategies

- **Experiencing positive and trusting relationships and best practice care**
- **Valuing that we are all unique**

### Insights from sector consultations

- The current and future youth mental health and AOD workforce should reflect the diversity of people accessing the services.
- A range of different skills and expertise will be required in the future, with an increasing focus on the peer workforce, and an Aboriginal and/or Torres Strait Islander workforce.
- Ongoing training and upskilling for staff should be incorporated into service procurement processes – to ensure that practices are contemporary.
- Training and accreditation for specific capabilities (such as application of trauma informed approaches and culturally secure capabilities) should be required as part of service contracts.
- More work will need to be done to understand what these capabilities may look like in regional and remote WA.

## CREATING THE CONDITIONS FOR GOOD GOVERNANCE AND SYSTEM OVERSIGHT

### Key YPPA strategies

- **Services working together**

### Insights from sector consultations

- Designing the system will need to consider visibility of all services (including both State and Commonwealth funded), as well as guidance from the National Mental Health and Suicide Prevention Agreement to facilitate shared ownership of outcomes.
- Introduction of a steering committee to provide operational and strategic oversight of the youth system, including other intersecting systems/agencies that contribute to outcomes for young people.
- Ensure transparency around decision making and accountability, including publicly available reports on progress and outcomes of initiatives.
- Building in the voices of lived experience, as well as clinicians into the governance of the system over time.

## MATURING APPLICATION OF STRATEGIC COMMISSIONING PRACTICES

### Key YPPA strategies

- **Helping us stay well**
- **Services working together**

### Insights from sector consultations

A range of suggested improvements across the strategic commissioning cycle.[28]

**Identify community needs and desired outcomes in collaboration with the service clients and service providers.**

- Working in tandem with other commissioning bodies such as WA Primary Health Alliance (WAPHA), to facilitate co-commissioning and cooperative service planning across mental health.
- Consideration of the system as a whole rather than individualised services – including where further or different funding may be required across the system for a specific service to achieve its outcomes.
- Building in the feedback from people with lived experience, as well as monitoring and evaluating outcomes, to identify what changes may need to be made (including to existing services).

**Communicate intent**

- Using communication opportunities such as roadshows to define the intent of the new services and communicate the intent of it clearly to the sector.

**Designing or redesigning services**

- Applying co-design processes and ensuring that voices of lived experience are involved in the design (and redesign) of services.
- Consolidating a database for information and insight from past consultations to continue to draw on.

**Procurement**

- Considering how contract or funding mechanisms can best enable innovation and improve service outcomes.
- Facilitating partnership and collaboration across providers through encouragement of consortium bids.

[28] While there is no one preferred model for strategic commissioning, this report highlights some common process steps and elements that distinguish strategic commissioning from other funding approaches. These are usually depicted in a cyclical manner.

- Mandating the use of MOUs across service types to define roles and responsibilities.
- Extending the length of service agreements.

**Management and monitoring**

- Including the voices of service users as a significant input into monitoring the service, such as feedback mechanisms and robust complaints processes.
- Establishing sophisticated monitoring and evaluation frameworks as part of the tender process, to understand impact, while not burdening providers with too much reporting.
- Identifying and managing where service reporting requirements may inadvertently undermine efforts to improve outcomes for young people.

**Review and evaluation**

- Building an evidence base for what works and sharing application of good practice.
- Better measures of service delivery that support outcomes.
- Consistent, transparent communication about service outcomes, including with service users.

# Appendix A: Consultation approach

## Background

### Extensive consultation has led to the State Government committing to a number of new youth community support and accommodation services in Western Australia

The MHC and the State Government have invested significantly in the ongoing reform of the mental health and AOD system. The MHC is committed to the co-design and co-delivery of community-based services, including community accommodation and support services, and has engaged widely to inform the current priorities it is seeking to implement, including:

- **The Plan**. The Plan outlines the gaps in mental health and AOD services in WA, and the need for a dedicated youth stream of services across the continuum for young people (aged 16-24). The Plan also identified mental health and AOD issues as a key contributing factor to homelessness and the importance of improving access to safe housing and associated community supports to support people to live independently in the community.[29]
- **A Safe Place.** This strategy outlines a series of key focus areas to address the accommodation and support needs of people with mental health, AOD issues, and those who are homeless, or at risk of becoming homeless. This strategy triggered some initial funding commitments such as the new Youth Mental Health and AOD Homelessness Service to be established in the north metropolitan area.[30]
- **WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024**. To achieve the reform required to address the increasing demand for mental health, AOD help, support, and treatment, the WA State Priorities aligns to the Plan by calling for a shift towards a more efficient, sustainable, recovery-focused, and consumer-led system. Children and youth are identified as a population group requiring heightened consideration across the system.[31]
- **YPPA**. The YPPA will guide the MHC and the whole of government in better supporting and responding to the mental health and AOD needs of young people aged 12 to 24 years, including a strong focus on prevention, early intervention and the need for initiatives to be co-designed and co-delivered across multiple sectors.[32]

The YPPA was significant catalyst for the increase in youth specific services, including prevention, community treatment and community support. The YPPA builds on the findings in The Plan and A Safe Place, which both identified:

- young people as a priority cohort that require dedicated, age-appropriate services.
- the need for more community-based services that support young people in their community
- the need to ensure that services are designed with, and for young people specifically.

[29] Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission. Access here.
[30] Western Australian Mental Health Commission (2020). A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol, and other drug issues 2020-2025, 2020, A Safe Place, Government of Western Australia. Access here.
[31] Government of Western Australia (2020). WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024. Government of Western Australia. Access here.
[32] Mental Health Commission (2020). Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025. Mental Health Commission, Government of Western Australia. Access here.

As a result of these system-wide strategies and consultations, there has been significant investment across youth services, reflected through the MHC's 2021-22 Budget commitments.[33] In specific response to the need to keep young people well in the community, the State Government committed to funding three new youth specific community support and accommodation services through the 2021-22 budget, to better support young people with mental health and AOD issues in WA. These included:

- Youth SUSD service
- Youth Long-term Housing and Support Program
- Youth Psychosocial Support Packages.

[33] Mental Health Commission (2021). Budget Commitments 2021-22. Government of Western Australia. Access here.

## Consultation process

The MHC engaged Nous and YACWA to design and deliver a consultation process to help inform the MoS for the three new community support and accommodation services. Nous and YACWA facilitated a series of engagements in parallel to ensure that the voice of youth was at the centre of and informing the broader sector engagements. An overview of these consultations is noted below and depicted in Figure 5.

### YACWA led engagements with young people

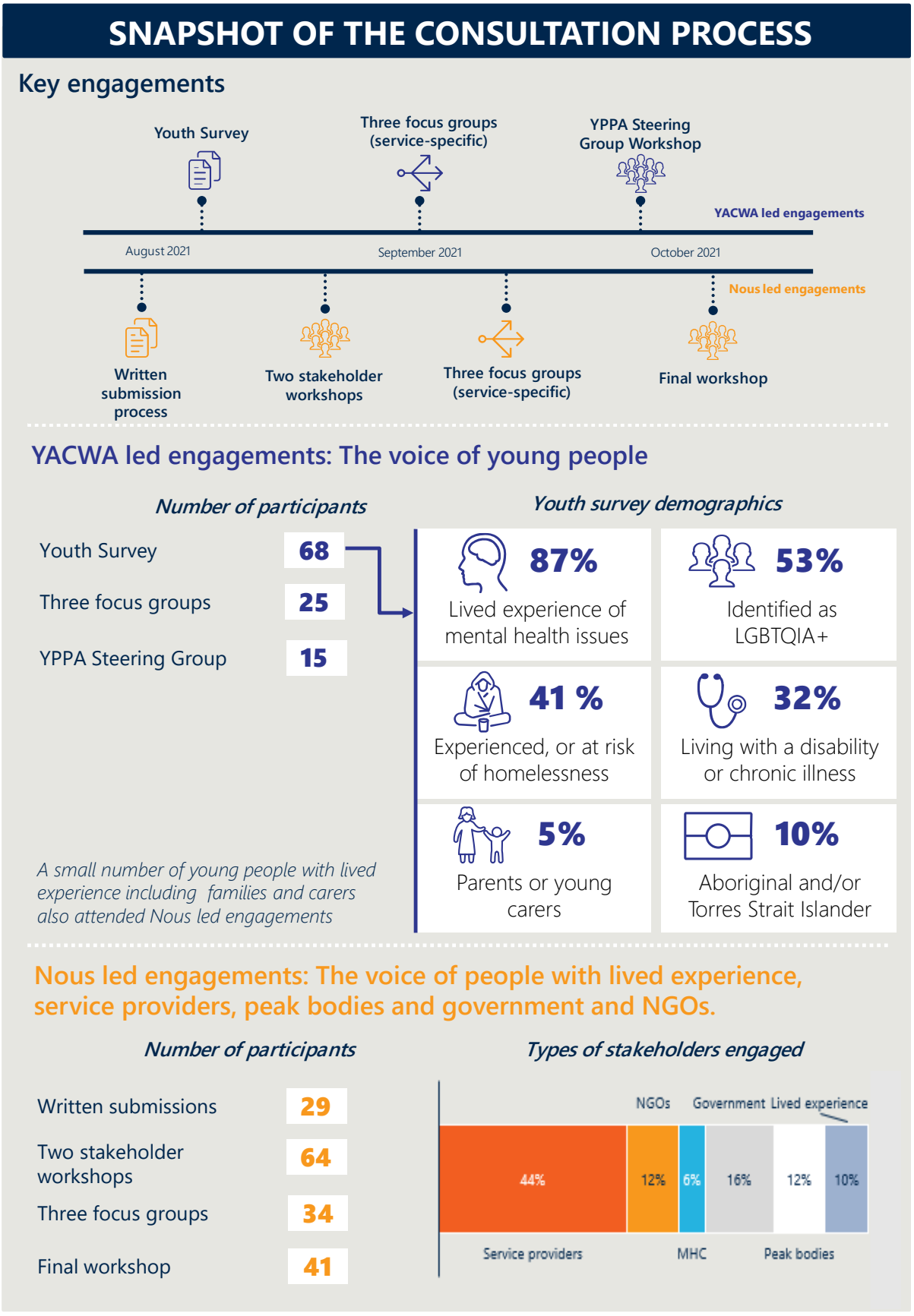
- A youth survey
- Three focus groups with young people on each of three community support and accommodation services
- A workshop with the YPPA Steering Group

### Nous led engagements with sector and system stakeholders, including consumers, carers and family members

- A written submission process including an online survey
- Three large workshops
- Three focus groups on each of the three community support and accommodation services.

This report was developed by Nous based on the insights and findings from both engagement processes.

Figure 5 | An overview of the consultation process



# Appendix B: Stakeholders

| *Organisations, agencies, and participants in this consultation process* | | |
|---|---|---|
| Aboriginal Health Council of Western Australia | Life Without Barriers | RUAH Community Services - Zero Project Team |
| Angels Holistic Counselling | Mental Health Advocacy Service | Shelter WA |
| Anglican Community Fund | Mental Health Network | South Metro Health Service |
| Avivo | MHC Rockingham Kwinana Mental Health Sub Network | St John of God Health |
| Child and Adolescent Health Service (CAHS) | Mind Australia | St Patrick's Community Support Centre |
| Calvary Youth Services Mandurah Inc | Mission Australia | The Homehub |
| Consumers of Mental Health WA | MyLocalMind | WA Country Health Service |
| Commissioner for Children and Young People | Neami National | WA Police |
| Department of Communities | Noongar Mia Mia | WA Primary Health Alliance |
| Department of Education | North Metropolitan Health Service | Western Australian Association for Mental Health (WAAMH) |
| Department of Health | Platypus Shoes | Western Australian Network of Alcohol and Other Drug Agencies (WANADA) |
| Department of Justice | Office of the Chief Psychiatrist | YACWA |
| Department of Local Government, Sport and Cultural Industries (Office of Multicultural Interests) | Palmerston | YPPA Steering Group members |
| Drug and Alcohol Youth Service (DAYS) | Parkerville Children and Youth Care | Yorgum |
| East Metropolitan Health Service | Perth Inner City Youth Services (PICYS) | Young people with lived experience |
| Families and carers of young people with lived experience | Passages | Youth Focus |
| Hope Community Services | Richmond Wellbeing | Youth Futures |
| Indigo Junction | Rise Network | |