



Government of **Western Australia**  
Department of **Health**

# Youth Mental Health Sub Network Establishment Report

Including outcomes of the Youth Mental Health  
Sub Network inaugural Open Meeting

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# Executive Summary

## Youth Mental Health Sub Network

The Mental Health Sub Networks were established to support the Mental Health Network (MHN) in engaging with and delivering outcomes for specific cohorts.

This report outlines the process of establishment of the Youth Mental Health Sub Network Steering Group, with a focus on the outcomes of the Open Meeting that will inform the Group's work.

## Open Meeting

The MHN in conjunction with the Mental Health Commission (MHC) hosted the Youth Mental Health Sub Network Open Meeting on 6 November 2015.

The Open Meeting was attended by 82 people, including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations. The participants were highly engaged and motivated throughout the meeting and actively contributed to information collected.

The Open Meeting program is available in [Appendix A](#).

To facilitate discussions, the Youth Mental Health Sub Network Implementation Team identified a focus question:

- In the context of existing Department of Health processes, services, products and models, how can we practically improve the system for youth?

Participants were requested to consider responses across four strategic focus areas:

1. Mapping the Services.
2. Agree on common language and understandings.
3. Develop clear pathways and models of care.
4. Determine the support required.

The key themes across the four areas included:

- Greater consultation and engagement with youth, family, friends and carers in developing services and models.
- Clearer understanding of the definition of 'youth' and how their voice can be heard across all mental health categories.
- Effective utilisation of technology and appropriate use of communication and language for the target audience.
- Standardisation of assessment tools that support best practice across youth mental health.
- Greater continuity between services including data integration to provide efficient care pathways.
- Utilise specific approaches to mapping and evaluation of Western Australia services incorporating factors such as population needs and baseline of existing services.
- Improved rural and remote services and clearer transparency from across government departments on service provision.
- Increase youth involvement and peer mentoring.

The themed outcomes from the workshop session are outlined under [Workshop outcomes](#), with the detailed participant input available in [Appendix B](#).

### **Steering Group**

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to drive the work of the Sub Network.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN Executive Advisory Group for final approval. A list of the Inaugural Steering Group for the Youth Mental Health Sub Network is available in [Appendix C](#).

The information collected from the Open Meeting workshop will be used to guide the Youth Mental Health Sub Network Steering Group in the development of their work plan and to inform and support the MHC in the delivery of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan). The Youth Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health on the planning of health services.

# Introduction

## Mental Health Network

The establishment of the Mental Health Network (MHN) was undertaken by the Department of Health with the support of Professor Bryant Stokes, Acting Director General, Department of Health in partnership with Mr Timothy Marney, Mental Health Commissioner, Mental Health Commission (MHC).

The MHN was launched during Mental Health Week in October 2014. The MHN is led by Co-Leads Dr Helen McGowan and Ms Alison Xamon.

The MHN Executive Advisory Group (EAG) membership includes consumer and carer representatives as well as representatives from the Department of Health, MHC, Office of Mental Health, Primary Care, Mental Health Clinician Reference Group, Office of the Chief Psychiatrist, Western Australian Primary Health Alliance (WAPHA) and the Western Australian Association of Mental Health.

The objective of the MHN EAG is to support and guide the MHN to undertake the following:

- Contribute to improving the mental health and wellbeing of Western Australians.
- Draw upon a community of practice approach to share information, engage with the sector and community, foster collaboration and develop partnerships.
- Engage with organisations and individuals to support innovation and change.
- Develop an agreed set of strategic priorities across the mental health sector.
- Promote system change including continued development of a person-centred and recovery orientated culture, with better integrated and connected services.
- Promote adoption of recognised best practice across the sector.

The Mental Health Sub Networks structure was created to support the MHN to meet these objectives.

## Mental Health Sub Networks

The Sub Networks are intended to focus on the needs of a particular cohort, be task orientated and to deliver products by bringing together the right people, from the community sector, Health, consumers, carers and other interested parties. A structured approach was taken to the engagement and the establishment of each of the Sub Networks.

A prerequisite to the establishment of each Sub Network included confirmed sponsorship from a health service, identified co-ordinators and support of key stakeholders within the sector prior to progressing the development of the Sub Networks.

The MHN Co-Leads took a leadership role in networking with individuals and organisations to identify and establish the Sub Networks.

An Implementation Group of key stakeholders was then formed to assist in the organisation of an Open Meeting, including the selection of appropriate panellists to provide snapshots of key sector issues. The aim of the Open Meeting was to give the broad community the opportunity to actively participate in the formation of the Sub Network and provide critical input to shape its priorities moving forward.

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to drive the work of the Sub Network.

Each Mental Health Sub Network Steering Group was required to have representation from:

- consumers
- carers or family members
- community managed organisations
- public community mental health services
- inpatient public mental health services
- inpatient and community private mental health services
- primary health services
- agencies delivering prevention and promotion programs and initiatives
- MHC
- mental health professionals from a range of disciplines including:
  - peer workers
  - allied health
  - nursing, medical
  - psychology
  - psychiatry
- individuals and agencies working in regions across the state including:
  - rural and remote and metropolitan districts / regions (particularly relevant for cross-sectoral working groups)
- individuals and agencies working with different age cohorts (relevant for cross-age cohort working groups), including:
  - infant children and adolescents
  - youth
  - adults
  - older adults
- the sponsoring organisation.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN EAG for final approval. In order to keep the Steering Groups at workable sizes, applicants were selected on the basis of their ability and willingness to represent the concerns of multiple cohorts.

A list of the Inaugural Steering Group for the Youth Mental Health Sub Network is available in [Appendix C](#).

## Youth Mental Health Sub Network Open Meeting

Stakeholders for Youth mental health services in Western Australia met for the inaugural open meeting of the Youth Mental Health Sub Network at the Western Australian Health Department Theatre on 6 December 2015.

A total of 82 people attended the Open Meeting including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations.

- 102 people registered to attend the Open Meeting.
- 82 people attended the Open Meeting (80% of those that registered).

- 59 organisations were recorded as having representatives at the meeting.

## Open meeting process

The energy and good will demonstrated throughout the establishment of the Youth Mental Health Sub Network continued to develop momentum throughout the Open Meeting.

The Open Meeting program is available in [Appendix A](#).

Following the acknowledgement to country given by Mental Health co-lead Alison Xamon, the Open Meeting heard overviews from Dr Helen McGowan, regarding the Mental Health Network; Mr Timothy Marney, regarding Mental Health – The Big Picture, and Mr Warwick Smith regarding the youth mental health sector.

Panellists recommended by the Youth Mental Health Sub Network Implementation group then shared snapshots of key issues and perspectives in the youth mental health sector.

Following a networking break the meeting resumed with a workshop session facilitated by an external provider.

The outcomes of the panel discussion and workshop session as captured by the facilitator are themed and summarised below.

## Workshop Format

During the 45 minute workshop session, participants utilised GroupMap working in small groups to answer the focus question:

- In the context of existing Department of Health processes, services, products and models, how can we practically improve the system for youth?

Participants were requested to consider responses across the following four strategic focus areas:

- Map the services.
- Agree on common language and understandings.
- Develop clear pathways and models of care.
- Determine the support required.

Responses were shared in real time via GroupMap - allowing cross-pollination of ideas from all participants. The participants were highly engaged and motivated throughout the meeting and actively contributed to information collected.

## Workshop outcomes

The following points were captured during the workshop session by the facilitator, summarised and themed:

### Mapping the services:

- Ensure youth, family, friends and carers are included in developing services and models.
- Develop stronger relationships and collaboration between services.
- Use technology to provide better access and integrate data for more efficient care pathways.
- Clear and transparent leadership from Department of Health and MHC on service provision.
- Gain a clear, baseline understanding of what existing services are available across the board (e.g. non-government organisations (NGOs), private, corrective, education etc.).

- Map WA services using specific approaches or existing projects (justice, “Mzertz”, Hegarty or Health Pathways) to evaluate services against other factors such as population needs.

#### **Agree on common language and understandings:**

- A clear definition of ‘youth’ in terms of age range, needs and developmental differences.
- More engagement with young people to define the term ‘youth’ and develop youth friendly services.
- Meaningful venues, places, language and web based technologies to engage with young people that will make sense to them and their families.
- Standardised and consistent State-wide policies, clinical templates and performance reporting for youth mental health.
- Reduce the silos within the youth mental health sector.
- Need for rural and remote representation and specific funding considerations.

#### **Develop clear pathways and models of care:**

- Better coordination of services to reduce the silo effect including partnership and linkages between similar services, and joint assessments and sharing of information across agencies.
- Clear and accessible online information for youth to engage in a format that suits them including online hubs and directories.
- Co-location and joint coordination of alcohol and other drug (AOD) and mental health services.
- Base the service improvements on a mapping of existing services and patient journey.
- Develop clearer pathways and continuums for use with youth and referring clinicians, plus provide support to NGOs, consumers and carers to navigate these pathways.
- Develop a one-stop-shop approach and use technology to provide extended hours of access to self-referrals or peer support workers.
- Clarification on age ranges for ‘youth’ and less restrictive access criteria for services.
- Meaningful and ongoing engagement and involvement of youth in leading change and services.
- Take a recovery centred care approach to meet the client's needs rather than service demands or activity based funding.
- Better access and adaptable care for culturally and linguistically diverse (CaLD) consumers.

#### **Determine the support required:**

- Development of services that are specialised for young people (e.g. Aboriginal, CaLD, eating disorders).
- Strategies to more proactively engage with youth including hotlines, free concerts, e-newsletters and social media.
- Common client electronic records that are accessible across services and agencies.
- Increased peer mentoring and support to help families navigate the system through lived experience.
- An online integrated service directory that is consistently updated.
- More case conferencing and joint triage processes.
- More youth involvement in service development (e.g. a Youth Reference Group).
- Staff training and upskilling on youth specific competencies and issues.

The detailed participant responses are available in [Appendix B](#).



## Next steps

The information collected from the Open Meeting workshop is being used to guide the Youth Mental Health Sub Network Steering Group in the development of their work plan.

The Youth Mental Health Sub Network Steering Group has been meeting monthly since February 2016. The Group has been working with a facilitator to clarify strategic priorities and develop a work plan for 2016.

In addition to working on projects identified through the planning process, the Steering Group will work to foster engagement and communication in the Youth mental health sector.

The Youth Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health on the planning of health services and inform the MHC to support the delivery of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan).

Developments, issues for broader discussion and achievements will be reported back to the broader Youth Mental Health Sub Network membership via the Health Networks.

# Appendix A: Open Meeting program



Department of Health

Mental Health Commission

## Youth Mental Health Sub Network Inaugural Open Meeting

Friday 6 November 2015

The Theatrette, Department of Health, 189 Royal Street, East Perth 6004

Registrants of this event will have the opportunity to find out how they can actively participate in the Youth Mental Health Sub Network and help shape its priorities.

Time	Program	
8.30am	Registration	
9.00am	Introduction Acknowledgement to Country	MC – Ms Alison Xamon
9.05am	Mental Health-The Big Picture	Mr Timothy Marney
9.20am	Overview of Mental Health Network	Dr Helen McGowan Ms Alison Xamon
9.35am	Overview of Youth Mental Health Sub Network	Mr Warwick Smith
9.45am	Youth Voice	Ms Rachel Kloske
9.55am	Clinician Voice	Dr Gordon Shymko
10.05am	Networking break	
10.30am	Reflect and build on themes	Mr Bevan Bessen
11.15am	Joining the Youth Mental Health Sub Network and Steering Committee	Dr Helen McGowan Ms Alison Xamon
11.25am	Concluding remarks and acknowledgements	Ms Denise Follett
<b>11.30am</b>	<b>Close and Networking</b>	

# Appendix B: Detailed participant input

## Map the services

### **Ensure youth, family, friends and carers are included in developing services and models:**

- A family inclusive approach to be non-negotiable. Development of protocols to involve family and relatives from assessment through all stages of treatment.
- Ask parents, carers, peers and consumers how they want information to be available or communicated.
- Current mental health services are not youth friendly; involve young people and families in the development of youth friendly environments.
- Friends are a pivotal support network and need to be included in the mapping of effective services.
- Peer support workers to be linked to all services.
- Involving youth as collaborators in the mapping of services via reference groups, advisory groups and engaging through social media.
- Let's remember we all share being human, this is the fundamental basis of all services.

### **Develop stronger relationships and collaboration between services:**

- Increase capacity for staff to move between services to keep fresh and exposed to new practice.
- Develop strong relationships between services.
- Interagency and intra-system onward referrals - no turning away.
- Remove the divide between North and South in the Health Department.

### **Use technology to provide better access and integrate data for more efficient care pathways:**

- Find out how people attempt to access services or find information, and focus efforts there (e.g. Google, accessible websites).
- Integrate data between the myriad of online and mobile services for young people's mental health; case manage system benefits, feed data to policy and decision makers, allow access to data by service providers (with permission) to reduce the need to 'retell stories' by clients, and feed information into the development of care plans.
- Integrate data.

### **Clear and transparent leadership from Department of Health and MHC on service provision:**

- The current mental health system is unhealthy from the inside; leadership by the MHC and leaders to model communication and collaboration.
- Department of Health to be open and transparent on what they deliver and how much it costs - no more smoke and mirrors.

### **Gain a clear, baseline understanding of what existing services are available across the board (e.g. NGOs, private, corrective, education etc.):**

- Knowing what's available for youth mental health services.
- We need to know what's out there and what they do.
- Understand existing service provision including scope and costs.
- Review the current client journey through existing services and how that can be improved.
- Scope of existing services.

- Map the NGO sector.
- What does the private system provide for youth?
- Map all services including corrective, education, Department of Child Protection and Family Support and disability, to identify what they are doing (i.e. programs to ensure messages are consistent and therefore sending the same message).

**Map WA services using specific approaches or existing projects (justice, Mzertz and Hegarty, Health Pathways) to evaluate services against other factors including population needs:**

- Map the state of WA similar to the 'justice' approach in the United Kingdom which weights social economic disadvantage and population needs with special needs, including Aboriginality, gender diverse needs and rural and remote factors to ensure the future development of resourcing meets the unique needs of the communities that make up WA.
- Map the WA services against the Mzertz and Hegarty which includes population approaches, universal prevention services, early intervention services, clinical services and rehabilitation services. Also map the services to be provided through communities, early intervention services, primary care, enhanced primary care, secondary and tertiary services. Also map the services provided by community groups, community organisation groups and incorporate the private and public sector. Examine the current relationship between existing and current service providers to map what is currently working and what can be improved.
- Health Pathways - there is a team in operation that is mapping services for General Practitioners (GP) to enable better referral and access to services.

**Other comments:**

- Also include fly-in fly-out youth.
- Important that we get it right in terms of a positive experience from first contact.
- Inclusion of GPs and schools so they know where to seek help.
- Increased funding for youth step-up and step-down services in country regions.
- Localised outreach networks in the country regions need to be strengthened.
- Mental health supported accommodation for youth in country settings.
- More youth buses going out and about to Northbridge engaging with the youth on all levels (e.g. AOD, Sexually Transmitted Diseases ) and supplying information and preventative materials regarding sex:
  - recent mapping in the City of Wanneroo suggested young people won't use mobile buses to access Sexually Transmitted Infection services possibly due to confidentiality, also lots of youth service provision in Northbridge already so there needs to be provision in other areas.
- Public sector black hole for 16 - 17 year olds between Child and Adolescent Mental Health Service (CAMHS) and adult services.
- Recruitment and retention of an appropriate workforce.
- State-wide agreement around the use of health promotion strategies so that they are the same across the State.

## **Agree on common language and understandings**

### **Clear definition of 'youth' in terms of age range, needs, and developmental differences:**

- Clarify what age range 'youth' is in WA.
- Common understanding of age range, possibly adopt the international standard.
- Recognise developmental differences across the 'youth' definition age range.
- Define descriptions of mental health youth problems, psychologically and physiologically.
- Define 'youth' in terms of need, not age.
- Define youth in terms of age.
- Clarification of 'mature minor' and consent issues for those under 18.

### **More engagement with young people to define the term 'youth' and develop youth friendly services:**

- Asking young people how they want to be defined as 'youth' or not, particularly the upper age range.
- Take on board the advice of youth in the development of what 'youth friendly' means.
- Youth voice across all categories of youth mental health.

### **Meaningful venues, places, language and web based technologies to engage with young people that will make sense to them and their families:**

- Appropriate venues and places to engage with young people.
- Develop meaningful pathways of communication at all levels but most importantly in a language that makes sense to the young people and families.
- Utilise information and communication technologies and models such as 'eheadspace' to engage.
- State-wide commitment to the review, endorsement and introduction of web based recovery tools.
- Use language young people will understand (laugh out loud 'LOL').
- Branding and messages that speak to young people.
- Keep it real.

### **Standardised and consistent State-wide policies, clinical templates and performance reporting for youth mental health:**

- Use of consistent self-assessment and outcomes tools.
- Need for standardised State-wide policies, clinical templates and performance reporting that supports best practice approaches for 16 to 25's attending either camps or adult services, particularly where dedicated youth mental health stream programs do not exist.

### **Reduce the silos within the youth mental health sector:**

- There are power imbalances in the youth mental health sector that parallel young people's struggles, this needs to change.
- Re-establish dialogue between service providers in order to eliminate the silo effect.

### **Need for rural and remote representation and specific funding considerations:**

- Need for State-wide youth mental health services to provide dedicated structured clinical consultation and support for WA Country Health Service (WACHS) regions; WACHS representation at State-wide service development meetings (i.e. *Fiona Stanley Hospital Youth Inpatient Model of Care*), specific State-wide service Key Performance Indicators demonstrating adequate consultation, and clinical service provision for WACHS patients.
- Funding for afterhours support for youth in rural and remote settings.

### **Other comments:**

- Common understanding of confidentiality and the need for information sharing.
- Less diagnostic base for acceptance into a service and more capacity to work with uncertain diagnostic categories.
- More informed processes around benefits and uses of medication, predominantly anti-depressants, for youth.
- Move away from tip toeing around difficult topics (e.g. suicide).
- Suicide prevention workshops.
- Embrace prevention and promotion messages (i.e. Beyond Blue).
- Need to challenge myths that youth are high risk.
- State-wide representation on origin national youth mental health service.
- Transitional support between hospital and community as the long waiting times are hard for youth.
- Youth mental health education pathways for all who work with youth (i.e. online and face-to-face).

### **Develop clear pathways and models of care**

#### **Better coordination of services to reduce the silo effect, including partnership and linkages between similar services, and joint assessments and sharing of information across Agencies:**

- A coordinator whose primary responsibility is to establish introductions between stakeholders and oversee the development of partnerships and relationships between them all (even within the Health Department) and to facilitate communication between services and consumer representatives.
- Develop champions at all levels of organisations that are allowed to talk to each other.
- Move away from silo driven agendas to true models of collaboration, this needs to be driven and modelled from the top (MHC).
- Work in a cohesive partnership between services, and equity between catchment areas.
- Formal linkages between similar services (e.g. Child and Adolescent Community Health and CAMHS).
- Youth stream under CAMHS rather than adult mental health services.
- Joint assessments across sectors (e.g. AOD, mental health, housing, Centrelink, education and employment agencies).
- Multi-agency partnerships to be improved via joint sharing of information on a transparent IT system with customised layers of privacy (done in the United Kingdom successfully).

#### **Clear and accessible online information for youth to engage in a format that suits them, including online hubs and directories:**

- Advertising and promotion that gets the word out about available services (something catchy and funky); many don't know of the youth axis:
  - promotion is so important.
- Have clear information online where young people can get help as many young people will Google where they can get help.
- Online hub that has a page for young people where they can input what their issues are and it provides a directory of services and how to get a referral into it.
- Promote community outreach to engage people.
- User friendly online directory.

- Using technology to increase awareness in a youth appropriate format.

**Co-location of services and joint coordination of AOD and mental health services:**

- Co-location of services.
- Co-location within the rural and remote settings, but also joint outreach and visiting services.
- Coordination of drug and mental health services with staff who have expertise in both.

**Base the service improvements on mapping of the existing services and patient journey:**

- Improvements based on the understanding of existing services.
- Link into what's already working.
- Map the existing patient journey and define a preferred model.
- What services are out there? Who has an understanding of the whole system?

**Develop simpler pathways and continuums for use with youth and referring clinicians, plus provide support to NGOs, consumers and carers to navigate the pathways:**

- Clear pathways for complex youth who are often refused by several services.
- Develop a simple pathway document for youth by referral agencies.
- Flexibility between pathways.
- Would be helpful to have a descriptive continuum to show youth and clinicians which services would be most appropriate, based on their current situation, presentation and needs; kept up to date and made freely accessible, and ownership taken for ongoing maintenance (model on integrative primary health models).
- Provide clarity to first points of contact about who does what, to guide young people to the right referral point.
- Support NGOs in understanding and navigating the mental health system.
- Support Aboriginal communities and elders to be aware of culturally appropriate services and provide ease of access to these.
- De-constipate the system.

**Develop a one-stop-shop approach and use technology to provide extended hours of access to self-referrals or peer support workers:**

- One stop shop approach in regional centres that also needs to be applied in outreach settings.
- Taking services to where young people are in a one-stop-shop (i.e. local hang outs and schools) with someone there coordinating the different services coming in.
- Soft entry (i.e. no wrong door).
- Single number and point of entry to services.
- Easy access to peer support workers (e.g. online video chat).
- Technological advances to improve access including self-referral (e.g. mobile app) which provides extended hours of access.

**Clarification on age ranges for 'youth' and less restrictive access criteria for services:**

- Focus on sub groups within the 12 to 25 age cohort as there are different pressure points along this path.
- Having consistent age ranges for youth services as much as possible, especially the 16 to 18 age gap for emergency services.
- More clarity and transparency for referral criteria.

- Access criteria to services can be restrictive and create silos and gaps that many people fall through.
- AOD not being an exclusion criteria for mental health services.
- More timely feedback of non-acceptance of youth by community services.
- Needs clarification around inpatient services for 16 to 18 year olds after Bentley (hospital) closes.

**Meaningful and ongoing engagement and involvement of youth in leading change and services:**

- Meaningful and ongoing engagement and involvement of clients in leading change and services.
- Develop choices for young people.
- Need to involve grassroots Aboriginal people and communities in a meaningful way from the beginning.
- Organisations need to listen and gain feedback in a consistent manner to improve the sense of being heard.
- Rapport starts with the first interaction with a youth service.
- Work with uncertainty to begin with, rather than excluding young people while determining the issues.
- Important that the young person doesn't become invisible in the bureaucracy of clinical pathways.

**Take a recovery centred care approach to meet the client's needs rather than service demands or activity based funding:**

- Recovery centred care to focus on the client's needs rather than service demands.
- Recognise schools as a setting for recovery and prevention.
- Respect for the role of NGO involvement in discharge planning from inpatient.
- Family centred care and support for carers
- Focus on patient outcomes and less on activity based funding.

**Better access and adaptable care for CaLD consumers:**

- Access improvements for CaLD via provision of information and language choices at access and information points.
- Adaptable care for CaLD clients (cultural interpretations, language, technology, care planning).



### **Other comments:**

- Development and improvement of local youth centres.
- Different models for country regions to city as there is differing availability of NGO services.
- Focus on World Health Organisation's social determinants of health to build policies and services.
- To review and adopt the 'International Declaration for Young People 2011' for WA youth services.
- Funded, sustainable plan for Individual Placement and Support to support functional recovery.
- Have a workable stepped care model.
- HealthPathways – GP pathways being localised to enable the best primary care, assessment, management, and subsequent referral and patient information.
- Practical solutions to the lack of inpatient services including stepped care and Hospital in the Home (HITH).
- Regular and service supported peer supervision to ensure that best practice is used.
- Research needed on models of care in WA.
- Strengthening ties within the community.
- Use supportive partnerships between services for individualised funding.

### **Determine the support required**

#### **Development of services that are specialised for young people (e.g. Aboriginal, CaLD, eating disorders):**

- A gendered approach to youth mental health.
- Development of an Aboriginal mental health workforce, specifically targeting youth.
- Services that are specialised for young people, for different populations and conditions (e.g. CaLD, psychosis, personality disorders, eating disorders, Aboriginal, Lesbian, Gay, Bisexual, Transgender, Intersex and Queer).

#### **Strategies to more proactively engage with youth including hotlines, free concerts, e-newsletters and social media:**

- Broad youth hotline (similar to Men's Health hotline) that can assist in a myriad of situations.
- Free concerts for youth (non-alcohol events); have youth focused Master of Ceremonies to address issues in a way that will encourage youth to talk about issues. Have a van with youth peer workers, social workers and counsellors that are on hand at the concert; this will raise the awareness of mental health issues of youth.
- Early intervention strategies for in reach into schools.
- Engaging young people within their community (e.g. sessions with family).
- Get an e-newsletter with weekly or monthly gigs for youth to get together and service providers to be on the side so that youth can talk to them if they need to.
- Develop a youth engagement strategy.
- Target the majority of young people who are at schools, training organisations and employment networks.
- Services that go to youth, not waiting for them to present.
- Not expecting youth to come to us, take things out to youth; need a model for engaging youth in the community in a safe environment.
- Social media will attract youth to partake in some sort of youth forum.

### **Common client electronic records that is accessible across services and Agencies:**

- Common client electronic records that are accessible across services.
- Administrative support for the coordination of information and communication.
- Improve mechanisms for the sharing of information across services (NGO and government).
- Integrate client records between agencies.
- Means of electronic record sharing.
- Regular data collection, mapping and needs analyses.
- Sharing patient information between agencies.
- Wider access to youth workers' medical records, including non-mental health.

### **Increased peer mentoring and support to help families navigate the system through lived experience:**

- Family, friend and significant other mentoring program - how these people can support the person with mental illness and how these people can also be supported in the process.
- Peer mentors and peer educators who educate young people and families on how to navigate the system through lived experience; a way for us to buddy with young people as mentors and educators.
- Youth peer support workers are desperately needed in the mental health sector.
- Peer and mentoring support is much needed but lacking.
- Important to ensure peer support workers not undermining their own health, self-care is important.
- Strengthen the capacity of a young person's second circle (family and friends).

### **Online, integrated service directory that is consistently updated:**

- Integrated directory to link existing youth service directories, with continuous funding to ensure constant updating.
- MHC commitment to the review, endorsement and introduction of web based recovery tools.
- Need to be technologically savvy.
- Online directory assistance for youth.
- Promoting online directories or changing to a web platform to increase awareness.
- Clinician culture, facilities and technology to support.

### **More case conferencing and joint triage processes:**

- Case conferencing as a regular and required occurrence.
- Use of video conferencing for joint triage.
- Access and training for use and delivery of youth specific assessment tools and intervention.
- Joint triage processes.

### **More youth involvement in service development (e.g. a Youth Reference Group):**

- Community based support and young people led.
- Channel to feed into peak youth groups.
- Allocating time to make change and participate.
- Develop a youth reference group (must be under 25) comprised of siblings, peers, lived experience, friends etc. to determine the support they need.
- Flexibility of resources in state agencies to better connect with youth.
- Improved pathways for engaging youth in the implementation of services.
- Understanding youth communication systems.
- MHC commitment to collocation and shared model of care development where possible between AOD and youth mental health services.

### **Staff training and upskilling on youth specific competencies and issues:**

- Building resilience within teams to support young people and their families.
- GPs who understand youth mental health issues and where to refer.
- Increased training and clinical education for school health nurses and State schools.
- Specific training programs around youth, key competencies, development and opportunities.
- Training around development stages.
- Upskilling of tertiary staff and ongoing professional development.
- Support the professional development of staff committed to working in youth through financial and study leave support.
- Educate the workforce around the practical elements of collaborative working and effective partnerships (skills, attitudes and values).

### **Other comments:**

- Enhanced and funded financial counselling services.
- MHC commitment to resourcing areas according to activity, demography and demand.
- Shared funding pools between agencies.
- The activity based funding for youth inpatient and community services focuses on child and adolescent and adult services; a youth activity based funding needs to be developed as a priority to ensure that youth services are adequately resourced to ensure they meet the specific needs of young people, where an approach that includes functional recovery can pay some money dividend to young people and their families.
- Infrastructure to facilitate the collocation of services in geographic clusters.
- Role and / or a process to facilitate navigating the system; either a person or program to guide a young people through the system end to end.
- Youth care coordinators.
- Develop an interagency framework that brings a wraparound service to WA that is based on the United States wraparound service that has been operating for 20 years (MHC as the lead agency for this reform).
- Develop the *Plan* to reduce the suicide rate by 50 per cent for young people in WA, then resources to achieve this outcome for all of WA.
- Early access to care regarding suicide, with acute support as well as ongoing support.
- Flexible youth specific services.
- Focus on HITH for youth and in home care.
- Mobile mental health ambulance for people in crisis.
- More outreach and continuous, mobile care for a functional recovery.

- Need youth focussed services, this is a gap; consistent age definition for this cohort and awareness that different age ranges have different needs.
- Organisations that have hope.
- Stronger collaboration through universities for more robust research.
- Sub-acute services and inpatient youth services.
- Support MHC funding approval for WA Recovery College - the business model developed covers both remote and metro provision of recovery education tools.

## **Appendix C: Inaugural Youth Mental Health Sub Network Steering Group**

At the conclusion of the Youth Mental Health Sub Network Open Meeting, expressions of interest in joining the Steering Group of the Sub Network were called for. The Sub Network Implementation Group selected the following representatives to form the inaugural Youth Mental Health Sub Network Steering Group:

- Anita Moyes
- Chris Harris (co-chair)
- David Wray
- Denise Follett
- Donna Quinn
- Evie Butterworth
- Gail Sabbatini
- Kavitha Vijayalakshmi
- Lyn Millett
- Maggie Jenkins
- Melissa Webb
- Rachel Stubbs
- Stella Fabrikant
- Trent Caldwell
- Warwick Smith (co-chair)
- Wei Soong.

## Appendix D: Acronyms

Acronym	Definition
<b>AOD</b>	Alcohol and Other Drugs
<b>CaLD</b>	Culturally and linguistically diverse
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>EAG</b>	Executive Advisory Group
<b>GP</b>	General Practitioner
<b>HITH</b>	Hospital in the Home
<b>LOL</b>	Laugh Out Loud
<b>MHC</b>	Mental Health Commission
<b>MHN</b>	Mental Health Network
<b>NGO</b>	Non-government Organisation
<b>Plan</b>	<i>Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025</i>
<b>WA</b>	Western Australia
<b>WACHS</b>	WA Country Health Service



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