June 2020

UNDERSTANDING YOUNG PEOPLE'S ACCESS TO MENTAL HEALTH SERVICES

YLab.

INNER METRO
METROPOLITAN
PARTNERSHIP

We would like to acknowledge the traditional custodians of the land on which we meet and work throughout Australia. We pay our respects to their elders past, present and emerging and acknowledge that sovereignty was never ceded.

Contents

YLab.

A message from the young people involved in this project

Hi reader,

We are young people who live, work and play in the Inner Metropolitan area and have navigated the mental health system numerous times. Working on this project gave us the opportunity to share our lived experience and know that it's contributing towards something positive, something important and something that is going to create a better mental health care system for the diverse young generations of today and tomorrow.

We have experienced many barriers to getting the support we need. The waitlists, the dismissive attitudes of GPs, the lack of understanding from our peers, our family, our school, the lack of confidence in finding the support we need… these have all made it difficult for us to get the support we need.

We believe that it is possible for young people to be able to get the mental health support they need when they need it. We believe that young people like us, in partnership with people like you, can fix the barriers that we have experienced. As young people with lived experience, we play an important role in working with you to do this. Our involvement in this project feels like the beginning of this journey.

This report's ultimate goal is to understand the complex mental health system in order to make it more accessible for and supportive of the diverse needs of young people in the Inner Metropolitan region. Everything in this report is backed by young people's lived experience; experiences that we deeply value at YLab and believe are crucial to making sustainable systems change.

So, how do you use this report?

This report can be used differently for different stakeholders. Ultimately we hope these insights educate and inspire you to make the change you can through your local council, workplace, policy, privilege and/or a good old yarn.

We hope this educates, inspires and motivates you to listen to what young people are saying, and take action.

From the young people involved in this project.

Executive Summary

Executive Summary

The Context
Access to quality mental health remains a major challenge and need for many young Australians, with Mission Australia identifying that **1 in 4 young people are at risk of serious mental illness** (2018) and Beyond Blue identifying that over **75% of mental health issues occur before the age of 25** in Australians (2020).

The Project
The Inner Metropolitan Partnership team have commissioned YLab to do a comprehensive review of the current work to date on **the barriers and enablers** for young people in Inner Metropolitan Melbourne accessing quality mental health support.

YLab completed this review by **consulting the current literature on these factors** in the region as well as **submissions produced by organisations in the region** in response to the Royal Commission into Victoria's Mental Health System. In addition to this YLab **conducted interviews with young people and stakeholders** from the region to test the resonance of the barriers and enablers identified.

The Findings
YLab identified three categories of barriers including **individual barriers** like lack of agency and lack on input into service design, **structural barriers** like affordability and a lack of wrap around services and and **perception related barriers** related to stigma.

Enablers fell into the same categories and the most highly endorsed enablers included the **connection of wrap around services** so a young person is understood fully through their connection to housing, education, employment and mental health and the use of **co-design and co-delivery with young people** to improve the quality and relevance of services and products and increase young people's agency and confidence in the the system.

The findings from this review demonstrate a significant alignment between the literature, submissions to the Royal Commission, young people's views and the views of stakeholders when it comes to understanding the **barriers and enablers.**

Executive Summary (cont.)

The Findings (cont.)

The review also demonstrates that **a great deal of work has already been done to understand the current reality for young people** in the Inner Metropolitan region and young people have been consulted widely. Rather than continuing to investigate the challenges young people are facing, **Inner Metropolitan Partnership are now in a position to act on the findings** from these studies and implement the changes young people are calling on, in partnership with other organisations, community and young people themselves. The Inner Metropolitan Partnership will need to demonstrate **a bias towards action and activity** that is responsive, agile and innovative.

YLab recognises that the readers of this review are from diverse sectors, roles and responsibilities. We are committed to ensuring this report provides implementable actions for everyone who engages with this report. We hope that you will reach out to us to discuss in more detail how they can use these findings to ensure young people's wellbeing is prioritised in all your planning and decision making.

For More Information

To discuss this report in further detail, please reach out to project manager:

Chelsea Lang
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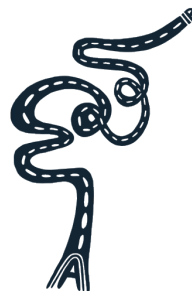# Snapshot of Inner Metropolitan Young People

HOW MANY YP

City of Melbourne – 49,814
City of Port Phillip – 10,792
CIty of Yarra – 11,151

71,760+ young people in the Inner Metropolitan region

INTERACTIONS

Young people **live, work & play** in the region, with some young people interact with the Inner Metropolitan region **permanently**, some **regularly** & some just **pass through occasionally**

DEMOGRAPHICS

The Inner Metropolitan region presents a **diverse spectrum of young people** from many different backgrounds, experiences, identities, cultures and abilities

% OF TOTAL POPULATION

City of Melbourne – 29.3%
City of Port Phillip – 9.5%
City of Yarra – 11.3%

18.8% of the Inner Metropolitan region population are between 12–25 years

Methodology and approach

The Project was completed in three stages:

1. Review of relevant past consultations undertaken with young people and other key stakeholders (e.g. mental health service providers) to understand both the barriers and enablers to mental health services and supports. We used this approach because there is a bank of relevant literature that has already been produced.

2. Engagement with key community stakeholders who have undertaken this work, leveraging our networks to better understand work that has taken place in the last three years to develop:
   - The status of completed work to assess the progression of insights and recommendations
   - The institutional and structural barriers and enablers they have recognised and/or experienced while attempting to implement insights and recommendations from their work
   - An understanding of environmental factors that are enablers or barriers of mental wellbeing

3. Engagement with local young people to "sense-test" findings and provide additional information, results of which will be compiled into a final report for the Inner Metropolitan partnership along with the findings from the review in Stage 1.

Research questions

1. How do diverse young people in the Inner Metropolitan area of Melbourne experience and access mental health services?

2. What are the major barriers for young people in this region in accessing quality mental health support?

3. What are the major enablers for young people in this region in accessing quality mental health support?

4. How do perspectives on these barriers and enablers differ between young people, stakeholders and professionals and relevant research and literature about the topic?

Research inputs

Relevant available literature

22 sources were reviewed in total. The review examines findings from, including but not limited to the following sources identified by the Inner Metropolitan Partnership:

- Access to Mental Health Services Report by the Victorian Auditor-General's Office (2019).
- The Royal Commission into Victoria's Mental Health System Interim Report (2019).
- Relevant stakeholder submissions to the Royal Commission (for example Metropolitan Partnership, City of Melbourne, City of Port Phillip, City of Yarra, Youth Affairs Council of Victoria)
- Domestic academic research
- Recent relevant consultations undertaken with young people in the Metropolitan areas
- Locally available data and intel such as council reports, primary health network reports, local hospital networks, private health provider networks and community health services (for example, publicly available strategies, policies)
- Full list of sources can be found in the bibliography

Research inputs

Young people

Through YLab and Inner Metropolitan Partnership networks, we recruited a diverse cohort of young people who live, work and/or play in the Inner Metropolitan region to sense test our review findings and provide current context for this report. The interviews were semi structured, with young people having the ability to share insights based on their lived experiences.

One of YLab's core principles is that young people's expertise is considered expertise. With this in mind, each young person was given a $100 gift voucher for their time.

Demographics
- 15 diverse young people were interviewed with representation of:
    - Female, male, trans and non-binary gender identities
    - Young people from culturally and linguistically diverse backgrounds
    - Young people living with disability
    - Young people with lived experience of homelessness
    - Young people who are International students
    - LGBTQIA+ young people

Research inputs

Stakeholders

Through YLab and Inner Metropolitan Partnership networks, 6 local stakeholders were identified to be interviewed to share their experiences and expertise in the barriers and enablers based on the reviewed sources and their connections to both the mental health sector and local communities. These interviews were also semi structured, with stakeholders having the ability to share insights based on their professional and personal experiences from current and previous roles related to the region. These roles include:

- Local Council Youth and Community Services representatives
- Former Clinician
- Youth Mental Health Front-End Design Manager
- Lived Experience Consultant
- Former Alcohol and other Drugs Worker
- Local Community Role Model and Innovator

Principles to Guide Future Action

Using the report findings, YLab has developed a set of recommended principles to guide the future work of the Inner Metropolitan Partnership and State Government more broadly regarding young people and mental health.

Co-Design	A Bias Towards Action	Genuine Community Partnership	Holistic Approach	Increased Innovation
Young people and their families, carers and peers are not only consulted on problems, they are engaged, employed and entrusted to co-design and co-deliver solutions.	With a strong focus on research into the issues facing young people being prioritised to date, it is now time for action that responds to these findings. A bias towards action is established, with the Inner Metropolitan region getting a head start on the findings from the Royal Commission.	Attention is focused on building relationships and trust with communities to continue leading solutions to young people's barriers to accessing mental health. These partnerships ensure that solutions are genuinely tailored to the needs of these communities and utilise the unique strengths and capabilities they possess	Recognition and commitment to holistic approaches to mental health is crucial to ensuring young people have every opportunity to have access to the right support and services they need. Mental health is just one pillar in a young person's life that is constantly intersecting with other domains like employment, education and housing. This is particularly true in the current COVID-19 circumstances	COVID-19 has shown us that deep systems transformation is possible and we should constantly be questioning the status quo. In the new era we must not shy away from innovation to enable access to mental health support and services, regardless of their circumstances

Recommendations for Immediate Action

Along with these principles, YLab has developed a set of actions and activities for the Partnership and key stakeholders to consider to begin putting these principles into action:

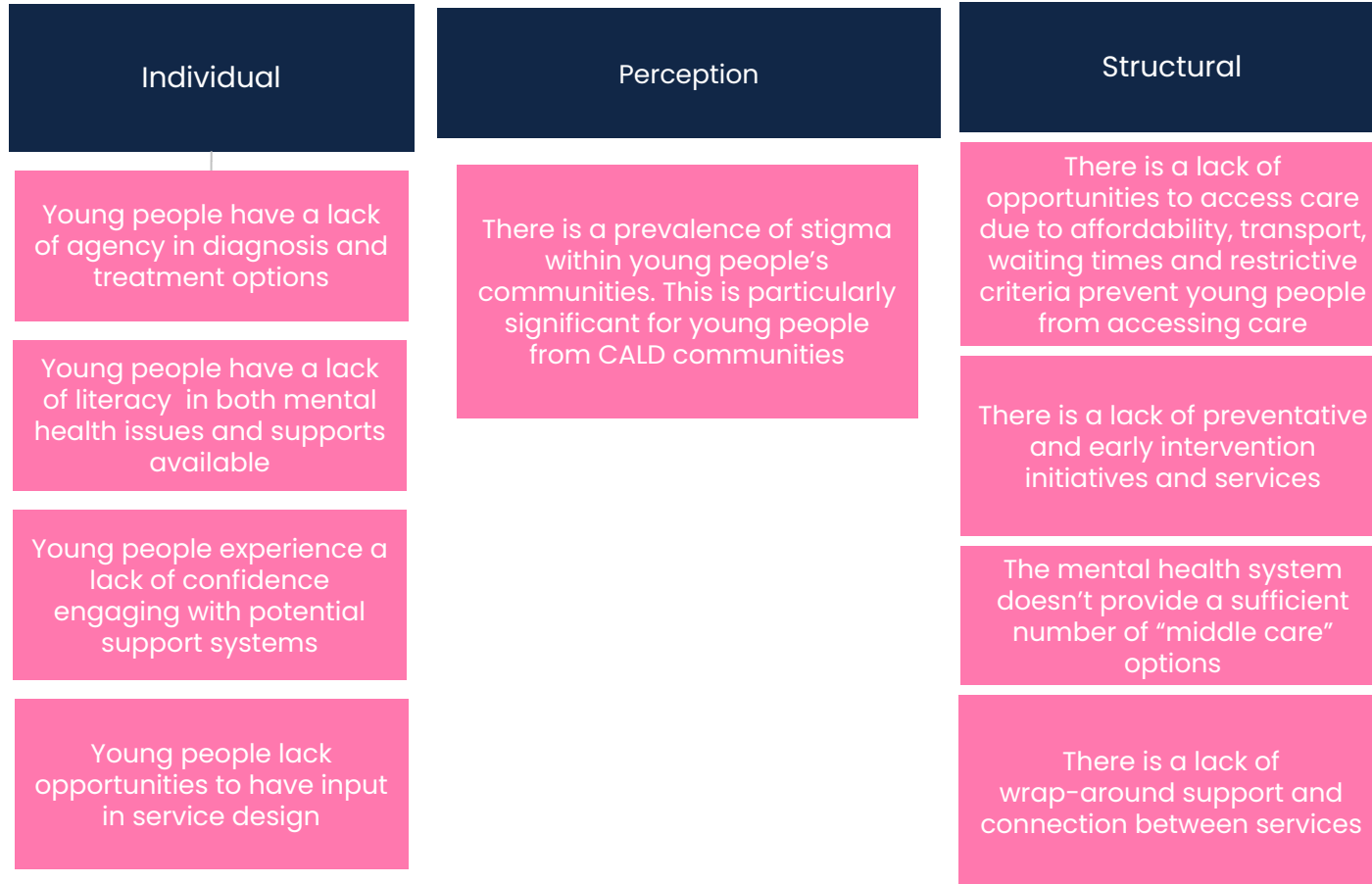| Co-Design	A Bias Towards Action	Genuine Community Partnership	Holistic Approach	Increased Innovation
Activities	Activities	Activites	Activites	Activities
Client voice at the centre Facilitate the development of an audit tool and process for key stakeholders to be able to identify opportunities for co-design and lived experience to be implemented in their future initiatives and projects	**Action Plan for Implementation Development:** Engage YLab to facilitate workshops with key members, stakeholders and government departments to develop an action plan based on the findings of this report related to their areas of work. This action plan will include priorities, key deliverables, roles and responsibilities, timelines, budget allocations and monitoring and evaluation needs	**Local Partnership Mapping:** Work with Local Councils and community organisations through a series of engagements to map current local partnerships and understand how partnerships are formed and nurtured, despite limited support and funding. Use this exercise to better understand potential levers to facilitate and incentivise these partnerships	**Government wide journey mapping and service linkage.** Create a series of current journey maps of young people from diverse lived experiences engaging with multiple services and systems related to all of their needs (housing, employment, education, health), identify the gaps and levers for change to support organisations to address	**Open-Source Platform:** Invest in a platform where resources and tools such as the Inner Metropolitan report, co-design toolkit, journey maps, partnership maps and resources and audit tools are accessible to all communities and organisations
Partnership, Staff and Community Organisation Training: In partnership with co-design experts, provide targeted "Co-Designing with Young People" training to all relevant partnership members, State Government staff and community organisations to build their confidence, knowledge and capabilities in co-design	*"On time, Delayed, On Hold"* **Forensic Sessions:** Facilitate a Forensic Session on a sample of recent local and state programs and initiatives related to youth mental health access to identify key barriers to timely design and implementation and potential enablers and solutions to reduce setbacks	**Communication Tool Development:** Fund the co-design of a tool linking community services to each other, enabling easier communication, resource and information sharing between local organisations	**Share the insights from this report beyond mental health sectors:** Develop a dissemination campaign to share these report findings with different sectors and service providers to share knowledge about the sector and enable a holistic approach. This campaign will be engaging, accessible and practical for a diverse range of organisations to benefit from	**Innovation Fund and Support:** Co-design a Youth Mental Health Access Fund aimed at encouraging local young people and youth-led organisations to develop solutions to address the access barriers identified in this report. Ensure the fund is paired with capability development (eg. budgeting, project management
Co-Design Toolkit development: Fund the design and and dissemination of an open-source best-practice co-design toolkit, including monitoring and evaluation tools so all local and state organisations have access to implementing co-design in their own work				

Barriers and Enablers Summary

Overview

At the beginning of this project, YLab **hypothesised** a framework which detailed the **barriers** young people may experience when accessing mental health support and **enablers** that may improve access outcomes for young people.

 These hypotheses were based on YLab's existing work in young people and mental health, and were then tested through desktop research into existing publications and reports, interviews with young people and interviews with stakeholders.

The feedback from these sources **largely validated the barriers and enablers originally identified** however, different barriers and enablers are more or less significantly identified by young people, stakeholders and the literature review. This is detailed from page 57.

Barriers preventing young people's access to mental health services based on literature review

Individual	Perception	Structural

Individual

Young people have a lack of agency in diagnosis and treatment options

Young people have a lack of literacy in both mental health issues and supports available

Young people experience a lack of confidence engaging with potential support systems

Young people lack opportunities to have input in service design

Perception

There is a prevalence of stigma within young people's communities. This is particularly significant for young people from CALD communities

Structural

There is a lack of opportunities to access care due to affordability, transport, waiting times and restrictive criteria prevent young people from accessing care

There is a lack of preventative and early intervention initiatives and services

The mental health system doesn't provide a sufficient number of "middle care" options

There is a lack of wrap-around support and connection between services

Enablers improving young people's access to mental health services based on literature review and interviews with young people and stakeholders

Individual

Provide training opportunities for general health and mental health staff

Co-design, co-design, co-design!

Provide education opportunities for young people (mental health literacy, accessing support, navigating the system)

Meaningfully engaging with young people (to ensure transparency, build trust and forge equitable partnerships)

Build connections between services and with communities

Facilitate opportunities for innovation in designing future mental health system

Diverse representation in the workforce is prioritised

Perception

Co-design and co-facilitate awareness building and stigma-reducing conversations within community

Build workforce knowledge and ability to engage in conversations with diverse communities about stigma, acknowledging colonial framing of mental health and wellbeing

Go to where young people are to provide awareness raising and stigma-reducing education

Engage community role models to facilitate these activities and ensure representation is prioritised

Structural

Increase number of services and workforce numbers

Review and reform medicare session model so young people have access to as many sessions as they need

Use co-design to work with all levels of the mental health system to reduce fragmentation and provide more middle care options

Provide after hours and digital access options

Unlock the power of peer support

Support the co-design and implementation of school and community based initiatives

Find gaps in geographical locations of mental health services and provide accessible transport options

Ensure there is transparency around process and likely waiting times

Facilitate bipartisan support for adequate funding of the mental health system so that services are not reliant on short term funding and election cycles

Build awareness around young people's ability to access 10 free medicare sessions

Review eligibility restrictions to ensure young people experiencing disadvantage are not locked out

Encourage and invest in innovation in tools to support young people in their their mental health journeys

Use systems thinking and co-design principles to bring together all stakeholders to both "admire the problem" of the missing middle care issue, and to design and test solutions

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Individual Barriers and Enablers

Individual Barriers

Young people want to have agency in the support they receive and feel confident in knowing how to access this support. This means services and support being able to understand their circumstances and include them in service and support design. The following barrier summaries were synthesized from the literature review detailed in Appendix A.

Lack of Agency in Diagnosis and Treatment Options

Barriers

- Young people's insight of lived experiences has a widespread disregard in clinical relationships
- A lack of trauma informed knowledge, including regarding approaches to care means that young people's access to proper diagnosis of young people who have experienced trauma is limited
- When power imbalances are felt by young people regarding their relationships with their health care providers (including general practitioners and mental health care support and clinicians), they are often not acknowledged by both parties, this impacts young people's likelihood of seeking help

Individual barriers

Young people have a lack of agency in diagnosis and treatment options

Young people have a lack of knowledge in both mental health issues and supports available

Young people experience a lack of confidence engaging with potential support systems

Young people lack opportunities to have input in service design

Young people's perspective

What Young People Said

"I went to talk about myself with a psychologist, and they said they wanted to speak to family in these session to piece together what I was going through. I don't think they were wrong but I didn't want to get my family involved."

"I feel like when I went to a GP, they said "nah, you'll be right, you're too young to feel this way" and that invalidated my thoughts"

"When I was younger I didn't feel taken seriously (10-15). I felt quite misunderstood in terms of the people I was seeing. I felt like I was being spoken down to."

Enablers

Agency in Diagnosis and Treatment Options

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

Enablers

- Effective training of general practitioners to engage with young people from diverse backgrounds, identities and experiences will enable better relationship and trust building; increasing the chances of young people seeking help
- Learning about power differentials and how they affect young person-worker relationship are formalised, they are co-created with young people and offered as professional development for all health care professionals, including leadership
- Young people are encouraged, if they feel comfortable and confident, to become active agents throughout their journeys of receiving care. They are supported to understand the environment and to feel confident in playing an active role in the navigation in and out of services and programs

Barriers
Lack of Knowledge in both Mental Health Issues and Supports Available

- Lack of informed education about mental health, spotting early warning signs and how to support others when they need help means that young people feel themselves stranded
- Young people reported that navigating mental health services and supports is difficult, with specific focus on young people from culturally and linguistically diverse backgrounds
- Young people reported that they just don't know what mental health supports were available to them
- It was reported that many young people also lack literacy around the intersection of mental ill health with other issues they are facing, including (but not limited to) trauma, homelessness and physical health

Individual barriers

Young people have a lack of agency in diagnosis and treatment options

Young people have a lack of knowledge in both mental health issues and supports available

Young people experience a lack of confidence engaging with potential support systems

Young people lack opportunities to have input in service design

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Young people's perspective

What Young People Said

"There's a lack of education on health services available to us even through medicare for first gen families. What would be helpful at school would be this is what mental health looks like, and this is what the process looks like with mental ill health. It's hard for young people to find relatable young people to their experiences."

"Education - make mental health education relatable and not seen as this scary thing. It should normalised with no stigma at all."

"I would have appreciated someone in my shoes now, coming into school and talking through the feelings I was going through and here's what you can do. I think the support coming from the school is weird, but having an external service once in a while for young people to reach out to other people. Even a text or phone number to speak to someone so you don't have to worry about transport.

"We need real education about mental ill-health. We need to stop hiding it." - Young Person, Y-Change (2019)

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Enablers
Knowledge in Both Mental Health Issues and Supports Available

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

- Build more links between the education sector and mental health sector, using school platforms to engage young people in mental health literacy and help-seeking education
- Co-design engaging and creative initiatives and programs with young people to build mental health literacy, help-seeking education and how to support others dealing with mental health challenges
- Build literacy around intersections of mental health with other social issues young people are facing, including trauma
- Co-design innovative and accessible tools for young people to better be able to navigate the local mental health system, ensuring it easy for them to understand what to do and where to go when they need support

Barriers
Confidence Engaging with Potential Support Systems

- Uncertain processes and systems mean young people are less likely to disclose their trauma, because they are unsure if doing so would help their own treatment
- Negative experiences in seeking support mean that young people are hesitant to access mental health support again
- Young people from multicultural backgrounds are not confident to access services due to fear of and/or lived experience of racism from some service providers
- Privacy concerns were reported as a barrier to access
- All reports that cited this access issue identified that a lack of trust of mental health workers or the system would lead to negative experiences for young people which made them less likely to seek help

Individual barriers

Young people have a lack of agency in diagnosis and treatment options

Young people have a lack of knowledge in both mental health issues and supports available

Young people experience a lack of confidence engaging with potential support systems

Young people lack opportunities to have input in service design

Young people's perspective

What Young People Said

"People who don't speak english or parents don't speak english as their first language are kept out of the mental health sphere. It is difficult for LGBT people, especially visibly gay people to access mental health care without discrimination. Also racism, discrimination and culture can be barriers in feeling comfortable doing so"

"(I'd like to) have clarity on the types of services that are for me - like People of Colour or LGBT friendly spaces (are identified) so you know they will be judgment free zones"

"I know I wouldn't see a white man for my issues, and I see a CALD psych, and there needs to be something around relatability"

"When a doctor doesn't (use the same language as the patient), it can cause distrust. People referring to aspects of my life using outdated and inappropriate terms for disability can cause mistrust"

""They (the workers) tell me they need to do handover. I'm sick of workers switching up all the time, abandoning me." - Young Person, Melbourne City Mission (2019)

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Enablers

Confidence Engaging with Potential Support Systems Enablers

Enablers

- Transparency with young people about the process and what to expect from the start of their journey increases their trust in services and support
- Representation in the workforce is prioritised - the mental health workforce is diversified so that young people can see themselves in, and relate to the people who are providing them with mental health care and support
- Continuity of care and minimising handover of young people to multiple clinicians increases young people's confidence and trust in services and support systems, with particular focus on young people from Aboriginal and Torres Strait Islander backgrounds
- Compulsory cultural awareness and safety training strengthens workforces capabilities in working with young people from culturally and linguistically diverse backgrounds
- Training for health workforce in meaningful and positive engagement with young people builds trust and rapport between young people and their service providers

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Barriers

Lack of Input in Service Design

Barriers

- Without input from young people with lived experience in the design of mental health services, supports and spaces, young people are less likely to feel safe, welcome and connected to these supports and services
- Lack of youth friendly and culturally appropriate services, environments, approaches and model designs is reported to be a key access barrier to young people from priority groups likely to experience poor mental health due to disadvantage and marginalisation
- Support and services that are designed without input from young people with lived experience risk replicating the same mistakes that present barriers to access
- Physical infrastructure of many mental health units are antiquated, static, inappropriate and inaccessible for a diverse range of young people

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Structural

Young people have a lack of agency in diagnosis and treatment options

Young people have a lack of knowledge in both mental health issues and supports available

Young people experience a lack of confidence engaging with potential support systems

Young people lack opportunities to have input in service design

Young people's perspective

What Young People Said

"Diverse young people need to sit on more decision making boards, with an intersectionality lens"

"Making a program or services for one culture doesn't mean it is a one size fits all. You can't say it's 'culturally competent' sometimes, because different cultures have different beliefs and values"

"Coming from backgrounds where it's not safe to talk about your feelings, it looks weak, it's not what men do...just going through the community men, the elders... and matching them with the positive role and not being so destructive. My family want to talk to me today where they didn't before."
- Participant, Nga-Nga Dji report (2019)

Enablers
Input in Service Design

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

- Investment in the mental health sector's capabilities to continue building on and supporting the evolution of participation of young people, their families and peers in service development, delivery *and* evaluation. This could include an ongoing auditing process similar to this review that is measured over time to measure progress
- Create co-design opportunities for diverse young people to meaningfully engage with providers and services so that they are designed and built in a way that are fit for purpose for the young people that need them the most
- Use a place-based approach to co-design, ensuring local young people are leading design in and for their own communities
- Recognise the potential for innovation through co-design by privileging lived experience as expertise
- Recognise the power in co-design to provide a sense of control, meaning and connectedness of young people engaging with the sector, as well as skill development and self-confidence

Perception Related Barriers and Enablers

Perception Related Barriers

Perceptions of mental health and support systems in young people's communities do not currently enable access

Prevalence of stigma within young people's communities

- Young people from culturally and linguistically diverse backgrounds, young men, young people who have entered the justice system and LGBTQIA+ young people were reported to have the most experiences of stigma related to mental health
- Young people from culturally and linguistically diverse backgrounds reported literacy around wellbeing and mental health personally as well as within their communities as a barrier to accessing support
- Some young people avoid attempting to access support for fear of the shame they will experience if people within their communities found out about their circumstances

Perception

Communities experience stigma around mental health

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Young people's perspective

What Young People Said

"I would think that others would think of me as unstable. It seems like a negative thing but it should be a positive thing"

"I was born and brought up in India, it's not something we speak about. If I told my mum I was seeing a psychologist, she would think there was something severely wrong with me."

"Whenever I talk to my parents any mental health issues, (they) would just say 'make yourself happy'. In Chinese culture, mental health issues are characterised by symptomatic issues. Because of this, I learnt how to fake it till I make it really well. I know how to look the part of being well"

"It's hard to feel like you're doing the right thing, it's an uncomfortable truth, and it's the same awkwardness of getting an STI check. It compounds with the idea of being a tough person culturally and being a man and it all has an affect."

Enablers
Reducing Stigma within Young People's Communities

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

- Ongoing community-based and facilitated awareness conversations and informal support approaches are frequent, cohort specific, and seek to involve all people engaged in young people's lives
- Innovative methods of connecting communities with services are co-designed and facilitated by community members, building all parties (including service providers) knowledge in how to approach conversations about awareness and support the increase of young people's access to care
- Young people are met where they are to provide informal support and education, this may include schools, places of worship, sporting clubs and libraries
- Relevant mentors and role models are given the resources and encouragement to facilitate peer education and support programs

Young people's perspective

Affordability

"I'm not in a position to financially be able to pay for a psychologist so I wouldn't pay more than the medicare sessions."

"For some people it's not at all enough, for me that would be super duper helpful. For some people in worse situations than me that would not be sufficient."

"They definitely need to advertise this a bit more because I didn't know it existed."

Eligibility Criteria

"I was kicked out of home and I wasn't eligible for the services I needed without an address. But I needed those services to get stable enough so Mum would let me come home." - Young Person, YSAS (2019)

Structural Barriers and Enablers

Structural Barriers

Young people want to access mental health support but face numerous structural and operational barriers in accessing appropriate care. The following barrier summaries were synthesized from the literature review detailed in Appendix A.

Opportunities to Access Care Barriers

General
- There are not enough mental health services to meet demand. This was identified as a significant barrier to mental health services for young people from a vast range of identities, cultures, genders, sexualities, disabilities and socio-economic circumstances, as well as mental health sector staff
- There is an insufficient number of staff to meet service demands, with particular lack of staff trained in trauma informed care
- Accessing support is made even more difficult with lack of after-hours services available
- Election and funding cycles limit services to provide ongoing, accessible and affordable care

Structural

There is a lack of opportunities to access care due to affordability, transport, waiting times and restrictive criteria prevent young people from accessing care

The mental health system doesn't involve enough preventative initiatives and services

The mental health system doesn't provide a sufficient number of "middle care" options

The mental health system is lacking wrap-around support and connection between services

Barriers
Opportunities to Access Care (cont)

Transport and Geographic Barriers
- Physical location and affordable, convenient transport options limited opportunities for young people to access mental health support and services

Affordability
- Lack of affordability of mental health support and service options as a barrier that limited young people's access to mental health support and services
- Socio-economically disadvantaged young people and young people living with disabilities were two cohorts specifically identified affordability as a major barrier of accessing support

Medicare 10 Session Cap
- Many young people would not receive help without Medicare, but the 10 session cap is not enough for providing people with the greater depth of support they often needed
- More specifically, the 10 Medicare session cap is insufficient for many young people in need of trauma related services, including young people in out of home care, due to the frequency and complexity of the care they are in need of
- Young people, including those who have disabilities and those experiencing socio-economic disadvantage do not always have the resources to be able to make co-payments for the services they need, being forced to choose between their finances or their wellbeing

Barriers
Opportunities to Access Care (cont)

Waiting Times
- Young people have reported waiting up to three months to access the support they needed
- Prioritisation of patients meant that young people's place in the waiting line is not static, there is no guarantee of exactly what their wait time will be

Restrictive Eligibility Requirements
- Eligibility requirements such as alcohol and drug screenings, having a good history with mental health services in the past (e.g. showing up to appointments) and catchment area restrictions left many young people without access

Young people's perspective (cont)

Wait times

"I spend 2 - 3 hours with a million tabs open. I want someone who understands disordered eating with depression, someone female, someone switched on who can challenge me (I've had bad experiences where I've known more than the psychologist). I got really overwhelmed and was quite nervous about it. I wanted to find someone with my 10 subsidised sessions, and I needed to think about gap payment. I made several appointments at different places because the wait times were crazy because of COVID."

"Waitlists are way too long, I recently called up and there was a 2 month wait list. Sometimes I get a call about a query later and I forget that I requested access to the services because it's been that long."

"I'm an international student, and I attempted to access services at Uni, but the wait times were so huge I never did."

Enablers
Opportunities to Access Care

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

General
- Number of supports and services available to young people are increased in the Inner Metropolitan area and ensuring young people know how and where to reach these services is prioritised
- There is an increase of workers in the mental health workforce that are equipped to work with young people from diverse backgrounds, identities, cultures, experiences and geographies, with particular focus on young people's circumstances and experiences of trauma
- Access to services for young people that meet people where they are, when they need it is prioritised, this includes provision of after hours services and digital options
- Bipartisan support for the adequate funding of youth mental health services is facilitated, ensuring that services are not reliant and made vulnerable to funding and election cycles

Enablers
Opportunities to Access Care (cont)

Transport and Geographic Enablers
- Gaps in geographical locations of mental health services in the Inner Metropolitan area are identified and rectified, ensuring transport options are convenient, accessible and affordable is prioritised for all young people, including young people living with disability
- Accessibility to services through public transport and bike paths improves young people's likelihood of accessing these services

Affordability
- Young people need to have access to financial support to ensure that they don't have to decide between financial security and mental health

Medicare 10 Session Cap
- Awareness raising about the 10 medicare sessions available to young people needs is increased
- Young people have access to as many medicare sessions as they need, including young people accessing frequent and trauma informed care
- Young people have the opportunity to access medicare sessions that do not require a co-payment from their own pockets to receive the support and treatment they need

Enablers
Opportunities to Access Care (cont)

Waiting Times
- Young people have timely access to appropriate mental health support and services
- Where timely access to clinicians is not possible, clinicians and services are transparent about waiting times
- Young people have access to peer support and online resources to prepare and support them through the waiting and assessment process

Restrictive Eligibility Requirements
- Young people without a fixed address are not excluded from gaining access to the support they need
- Mental Health support and services acknowledge the intersecting issues young people are facing, including homelessness, alcohol and drug dependence and unstable schedules to ensure that young people who do not pass alcohol and drug testing, have not been able to attend all appointments, and do not have a fixed address are not excluded from accessing the support they need

Barriers

Preventative and Early Intervention Initiatives and Services Barriers

Lack of Community Based Initiatives and Services
- There is a lack of effective community and school based initiatives and services to provide preventative support to diverse young people
- Community and school based initiatives that are not co-designed or led by young people and community members are less effective

Impact of Limited Preventative and Early Intervention Initiatives for Young Men
- Limited prevention and early intervention initiatives for young men impacts the severity of mental ill health in young men.
- Their educational and vocational opportunities, likelihood of alcohol and other drug disorders, risk taking and aggression and violence

Structural

There is a lack of opportunities to access care due to affordability, transport, waiting times and restrictive criteria prevent young people from accessing care

The mental health system doesn't involve enough preventative and early intervention initiatives and services

The mental health system doesn't provide a sufficient number of "middle care" options

The mental health system is lacking wrap-around support and connection between services

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Barriers

Preventative and Early Intervention Initiatives and Services (cont)

Lack of Trauma Informed Prevention and Early intervention Initiatives
- Lack of trauma informed prevention and early intervention initiatives resulted in young people having a low level of understanding about trauma and related symptoms
- The lack of trauma informed initiatives means that young people with trauma also had distress and difficulty discussing trauma, and were therefore less likely to disclose

Young people's perspective

What Young People Said

"Education - make mental health education relatable and not seen as this scary thing. It should be normalised with no stigma at all."

"It should be something that is implemented in every school and part of the curriculum and taught by trained relatable professionals not just random teachers"

"Make education around mental health compulsory at school BEYOND mindfulness. Meditation isn't enough."

"Making a program or services for one culture doesn't mean it is a one size fits all. You can't say it's 'culturally competent' sometimes, because different cultures have different beliefs and values"

"There are no cultural programs for girls in this town, so an Aunty from Koori Court is teaching me to weave, sharing stories with me. They might seem like little things but they're bringing all my pieces together." Young Aboriginal woman, Nga-Nga Dji (2019)

Enablers

Preventative and Early Intervention Initiatives and Services

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

School Based Initiatives
- Young people lead the design and delivery of school based prevention initiatives that are accessible to all schools, ensuring they are engaging and meaningful to diverse participants
- These programs support young people's wellbeing, to reduce stigma, improve mental health literacy

Community Based Initiatives
- Communities, including Aboriginal and Torres Strait Islander, culturally and linguistically diverse and LGBTQIA+ have access to funding and support to design and implement their own preventative initiatives within their communities

Enablers

Preventative and Early Intervention Initiatives and Services (cont)

Trauma Informed Care
- Training, resources and approaches are provided to educators, parents, mentors and carers where possible to improve their literacy in trauma informed care can assist in student recovery and educational outcomes

Investment, recognition and resourcing of the peer support workforce
- The expertise of diverse young people with lived experience is embedded through a formalised and co-designed peer support model that attracts a diverse range of young people
- Diverse representation in the peer-support workforce is prioritised to create pathways for underrepresented demographics to develop in the youth mental health workforce
- These peer-support workers will have access to professional development as well as coordination and coaching support as well as job security, and are paid properly for their time
- The broader mental health workforce is educated in the value of peer-support work and collaborates effectively with peer support workers in their settings
- Building the evidence base related to the value of peer support work in Victoria is prioritised, with evidence being disseminated to all youth mental health services and supports

Barriers
Lack of Middle Care Options

Not Being Well Enough But Also Being Too Well

- Young people whose conditions are too severe for generalist preventative services but not severe enough for acute emergency care services are being left without any services at all
- Young people reported that they would deliberately exaggerate the severity of their mental health to be able to access support
- Young people are not only experiencing this barrier themselves, but have also watched their friends experience it also

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Structural

There is a lack of opportunities to access care due to affordability, transport, waiting times and restrictive criteria prevent young people from accessing care

The mental health system doesn't involve enough preventative and early intervention initiatives and services

The mental health system doesn't provide a sufficient number of "middle care" options

The mental health system is lacking wrap-around support and connection between services

Young people's perspective

"Not providing that middle service is not just detrimental to functioning. It's losing lives. I've lost friends because they can't access services. Cause they, like me, they're too severe for one but not severe enough for the other" - Young Person, Orygen, 2019b).

Enablers

Middle Care Options

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

Ending Fragmentation
- Use systems thinking and co-design principles to bring together all stakeholders to both "admire the problem" of the missing middle care issue, and to design and test solutions
- Explore the potential of a single point of coordination and case management processes to provide assistance to young people in a timely way, regardless of the severity of their need
- Review funding arrangements, different eligibility criteria and alternative points of entry requirements across the Inner Metropolitan area
- Invest in a system navigator approach to bridge gaps in the currently fragmented system

Barriers
Wrap Around Support and Connection Between Services

Conflicting Diagnosis, Treatment and Support

- Discontinuity between services means that young people feel overwhelmed when moving to different services
- Young people receive conflicting diagnosis and appointments, medication provision and unclear discharge plans

Lack of connection and collaboration between services

- Lack of protocol and collaboration around referral, discharge and transition means young people's mental health journeys are left to chance
- Insufficient funding and support to build relationships between workers, initiatives and organisations

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Structural
There is a lack of opportunities to access care due to affordability, transport, waiting times and restrictive criteria prevent young people from accessing care
The mental health system doesn't involve enough preventative and early intervention initiatives and services
The mental health system doesn't provide a sufficient number of "middle care" options
The mental health system is lacking wrap-around support and connection between services

Barriers

Wrap Around Support and Connection Between Services (cont)

Retelling Story and Re-Assessment

- Young people reported a barrier being having to go to multiple places to receive support and getting assessed multiple times - with a lack of feeling that anyone can help them
- Young people feel like they are constantly starting over when seeing different services to find the right support

Homelessness

- Young people experiencing homelessness have difficulties attending appointments and accessing daily case management, interrupting their continuity of care

Young people's perspective

What Young People Said

"At Orygen I had 5 case manager in my 2 years there and 4 psychs on top of that telling the same stories. It's more about the time to explain the family dynamics and context for the professional to properly understand every little thing that plays into how I do day to day."

"I've had to repeat my story many times. I can't even count on my fingers anymore. Right now I'm immune to it, and used to telling my story. It's still a barrier, and that is one of the reasons I'm having trouble of finding a counsellor. I feel like by the time I go through my story with a new counsellor, I'll have to switch counsellors again."

"I think that services need to talk to each other better. I have been from one service to another and there isn't a handover. That has made things really hard. They say they don't want you to feel like you are starting again but it actually is like that. It is going through it all again. " Young person, Commissioner for Children and Young People's submission into the RCVMHS (2019)

'I feel like I'm being bounced around a pinball machine from service to service, and no one really can help me.'
– Young Person, YSAS 2019

Enablers

Wrap Around Support and Connected Services

These enablers have been developed based on literature review as well as interview findings from both young people and stakeholders

Training
- Moving from a "what's wrong with you" approach to a "what's happened to you" approach, paying attention to the systems affecting young people, instead of only focusing on the individual
- Embedding holistic multidisciplinary care as required qualifications for all key mental health workers
- The introduction of Youth Mental Health First Aid for school students, educators and staff, as well as general practitioners

Holistic Service Investment and Facilitation
- Client directed holistic care that includes skill development, stability and commitment from whole organisation to align to the approach positively impacts young people's wellbeing

Enablers

Wrap Around Support and Connected Services (cont)

Collaboration and Community Approach Investment
- Invest in community youth development approaches that are culturally driven, can act as a point of coordination for services and government and have a holistic approach in engaging with young people, families and community leaders
- Incentivise, build capacity and provide funding for local councils and community services that are already facilitating local connections makes a difference to both young people's positive experiences accessing support, but also to the services and organisations they are supporting connections with
- Provide resources and budget to existing local support services for them to build strong relationships with each other, both personally and organisationally, to understand each other's services and strengthen the opportunity for holistic care needs of young people to be met

Pilot Programs and Short Term Funding
- Find balance between short term funding for innovation and pilot programs and ensure that design delivery models do not build relationships with young people experiencing mental health and then disappear due to pilot endings and funding constraints
- Funding for initiatives in a way that supports long term relational based care for young people

Enablers

Wrap Around Support and Connected Services (cont.)

Support for Families
- Increased support for families and carers that support and care for young people with mental ill health

Housing
- Innovation and investment in alternative models of housing support for young people experiencing homelessness and mental ill health
- Appropriate housing for all young people experiencing homelessness and mental ill health will mean young people are not walking out of supports and services into homelessness

Innovation in tools for young people to support them on their journeys
- Development of tools to support young people to make sense of their journeys, facilitate their capacity to tell their story without retraumatization and track progress and milestones

Scope Addition: Covid-19 Experiences, Barriers and Enablers

This report has been developed in the midst of the Covid crisis. We therefore we asked the young people interviewed about their experiences of accessing mental health support **_right now_**, to understand how their access has been affected by the disruption, and what they want to see changed:

Young People's Experiences

Intersecting issues affecting mental health

"Being at home with my family really sucked. I'm all the things, the babysitter, cleaner, tutor, that's my expectations around my culture. All my relatives can talk to me about is 'Are you being a good daughter, when are you going to bring home a bf'. I left home because I was either going to go to a psych ward in 3 weeks or I was going to be okay. And I'm glad to be okay"

Impact of COVID on mental health issues

"My mental health has definitely worsened since COVID"

"I think everything just feels a little harder during COVID - I was thinking about getting a mental health care plan to complement my private health but I've put it off, partly because I've felt nervous to leave the house more often than I need to"

Experiences in Accessing Care

Limited administrative service provider capabilities to meet crisis needs

"During COVID I called telehealth, I was speaking to a receptionist who was relaying information to a doctor, who was relaying info to receptionist who was relaying it to me and that was very disappointing. I was someone to reaching out for a mental health plan and due to administrative issues, she couldn't at that time"

Lack of services available

"I faced more difficulty booking in with my psychologist as the service has become overrun due to covid and have felt guilty for using up the time of the service"

Limited methods of support

"I think it's more of a tech barrier. I would rather visit in person than do a virtual talk"

"I can't do telehealth, I get social anxiety doing it virtually"

Enablers

Have flexibility in ways young people can access support

"I think I've seen some promising stuff with telehealth. I think accessibility is so important across the board, even to minor details like website design, formatting and accessibility features. So that it's easy to navigate, personalised and caters to different needs for different folks"

"I think it's tricky! I think the video call thing really works for a lot of people and I hope that keeps getting offered post-COVID. I think it would be good to see some ongoing changes like that"

Put supports in place for both the workforce and young people

"I think that there should be some thorough planning put in place around supporting not only clients but to the frontline workers, who are working longer hours and meeting extra demands on those who are needing their services"

How do different sources identify barriers and enablers?

Overview

YLab had **originally hypothesised** that the barriers and enablers to accessing mental health **would differ** between young people's experience, the views of stakeholders and the data captured through a literature review.

This was largely due a belief that the understanding of the problem would differ based on factors like lived experience, professional view or more formal research.

However, this review has revealed that actually each of these sources provides a **fairly aligned understanding of the barriers** faced by young people and the types of **enablers** that exist.

This tells us that:
- Services and literature are already **quite connected to young people's lived experience** and
- The **sector is aligned** in its approach and understanding

Recognition of Barrier by Source

		Young People	Stakeholders	Relevant Literature
Individual	Lack of agency in diagnosis and treatment options	HIGH	MEDIUM	HIGH
	Lack of knowledge in both mental health issues and supports available	HIGH	HIGH	HIGH
	Lack of confidence engaging with potential support systems	HIGH	HIGH	HIGH
	Lack of input in service design	HIGH	MEDIUM	HIGH
Perception	Stigma within community about mental health	HIGH	MEDIUM	HIGH
Structure	Lack of opportunities to access care (due to affordability, transport, waiting times and restrictive criteria prevent young people from accessing care)	HIGH	HIGH	HIGH
	Lack of preventative and early intervention initiatives and services	HIGH	HIGH	HIGH
	Lack of "middle care" options	HIGH	HIGH	HIGH
	Lack of wrap-around support and connection between services	HIGH	MEDIUM	HIGH

LOW	MEDIUM	HIGH	NOT APPLICABLE

Endorsement of Enabler by Source

		Young People	Stakeholders	Relevant Literature
Individual	Provide training opportunities for general health and mental health staff (co-design, trauma informed care)	Agree	Agree	Agree
	Provide education opportunities for young people (mental health literacy, accessing support, navigating the system)	Agree	Agree	Agree
	Build connections between services (with each other) and with communities	Agree	Agree	Agree
	Co-design, co-design, co-design!	Agree	Somewhat Agree	Agree
	Prioritise meaningful representation in the workforce - put measures in place to diversify workforce so that young people can see themselves in, and relate to the people providing mental health care and support to them	Agree	Agree	Somewhat Agree
	Meaningfully engaging with young people (transparency, trust building and partnership building)	Agree	Agree	Somewhat Agree
	Facilitate opportunities for innovation in designing future mental health system	Agree	Agree	Somewhat Agree
Perception	Co-design and co-facilitate awareness building and stigma-reducing conversations within community	Agree	Agree	Agree
	Build workforce knowledge and ability to engage in conversations with diverse communities about stigma, acknowledging colonial framing of mental health and wellbeing	Agree	Agree	Agree
	Go to where young people are to provide awareness raising and stigma-reducing education	Agree	Agree	Somewhat Agree
	Engage community role models to facilitate these activities and ensure representation is prioritised	Agree	Agree	Somewhat Agree

Legend: DISAGREE | SOMEWHAT AGREE | AGREE | NOT APPLICABLE

Endorsement of Enabler by Source

Structure		Young People	Stakeholders	Relevant Literature
Structure	Increase number of services and workforce numbers	Somewhat Agree	Somewhat Agree	Somewhat Agree
	Provide after hours and digital access options	Agree	Somewhat Agree	Somewhat Agree
	Find gaps in geographical locations of mental health services and provide accessible transport options	Somewhat Agree	Somewhat Agree	Somewhat Agree
	Build awareness around young people's ability to access 10 free medicare sessions	Agree	Somewhat Agree	Somewhat Agree
	Review and reform medicare session model so young people have access to as many sessions as they need, without having to make co-payments	Agree	Agree	Somewhat Agree
	Unlock the power of peer support, including providing peer support workers to young people waiting to access services through face to face and digital options	Agree	Somewhat Agree	Agree
	Ensure there is transparency around process and likely waiting times	Agree	Somewhat Agree	Somewhat Agree
	Review eligibility restrictions to ensure young people experiencing disadvantage are not locked out	Agree	Agree	Agree
	Use co-design to work with all levels of the mental health system to reduce fragmentation and provide more middle care options	Agree	Agree	Agree
	Support the co-design and implementation of school and community based initiatives	Agree	Somewhat Agree	Agree
	Facilitate bipartisan support for adequate funding of the mental health system that means supports and services are not reliant on short term funding and election cycles	Somewhat Agree	Agree	Somewhat Agree
	Encourage and invest in innovation in tools to support young people to make sense of and control their mental health journeys, facilitate their capacity to tell their story without retraumatization and track progress and milestones	Agree	Agree	Somewhat Agree

Legend: DISAGREE | SOMEWHAT AGREE | AGREE | NOT APPLICABLE

What does this mean for the Inner Metropolitan Region?

What should Inner Metropolitan Focus on?

The following pages detail a series of principles to guide the future activities of the Inner Metropolitan Partnership as well as a set of recommended future initiatives. The initiatives and principles were devised based on the consistent feedback and insight provided through the literature review and the interviews with stakeholders and young people.

As well as this, YLab has provided a snapshot of targeted potential initiatives to address a number of individual barriers discussed throughout this report.

Principles for Future Focus

YLab have created a set of principles that can drive future activities and initiatives to support young people's access to Mental Health.

Co-Design	A Bias Towards Action	Genuine Community Partnership	Holistic Approach	Increased Innovation
Young people and their families, carers and peers are not only consulted on problems, they are engaged, employed and entrusted to co-design and co-deliver solutions.	With a strong focus on research into the issues facing young people being prioritised to date, it is now time for action that responds to these findings. A bias towards action is established, with the Inner Metropolitan region getting a head start on the findings from the Royal Commission.	Attention is focused on building relationships and trust with communities to continue leading solutions to young people's barriers to accessing mental health. These partnerships ensure that solutions are genuinely tailored to the needs of these communities and utilise the unique strengths and capabilities they possess	Recognition and commitment to holistic approaches to mental health is crucial to ensuring young people have every opportunity to have access to the right support and services they need. Mental health is just one pillar in a young person's life that is constantly intersecting with other domains like employment, education and housing. This is particularly true in the current COVID-19 circumstances	COVID-19 has shown us that deep systems transformation is possible and we should constantly be questioning the status quo. In the new era we must not shy away from innovation to enable access to mental health support and services, regardless of their circumstances

Recommendations for Immediate Action

Along with these principles, YLab has developed a set of actions and activities for the Partnership and key stakeholders to consider to begin putting these principles into action:

Co-Design	A Bias Towards Action	Genuine Community Partnership	Holistic Approach	Increased Innovation
Activities **Client voice at the centre** Facilitate the development of an audit tool and process for key stakeholders to be able to identify opportunities for co-design and lived experience to be implemented in their future initiatives and projects **Partnership, Staff and Community Organisation Training:** In partnership with co-design experts, provide targeted "Co-Designing with Young People" training to all relevant partnership members, State Government staff and community organisations to build their confidence, knowledge and capabilities in co-design **Co-Design Toolkit development:** Fund the design and and dissemination of an open-source best-practice co-design toolkit, including monitoring and evaluation tools so all local and state organisations have access to implementing co-design in their own work	Activities **Action Plan for Implementation Development:** Engage YLab to facilitate workshops with key members, stakeholders and government departments to develop an action plan based on the findings of this report related to their areas of work. This action plan will include priorities, key deliverables, roles and responsibilities, timelines, budget allocations and monitoring and evaluation needs **"On time, Delayed, On Hold" Forensic Sessions:** Facilitate a Forensic Session on a sample of recent local and state programs and initiatives related to youth mental health access to identify key barriers to timely design and implementation and potential enablers and solutions to reduce setbacks	Activites **Local Partnership Mapping:** Work with Local Councils and community organisations through a series of engagements to map current local partnerships and understand how partnerships are formed and nurtured despite limited support and funding and to understand potential levers to facilitate and incentivise these partnerships **Communication Tool Development:** Fund the co-design of a tool linking community services to each other, enabling easier communication, resource and information sharing between local organisations	Activites **Government wide journey mapping and service linkage.** Create a series of current journey maps of young people from diverse lived experiences engaging with multiple services and systems related to all of their needs (housing, employment, education, health), identify the gaps and levers for change to support organisations to address **Share the insights from this report beyond mental health sectors:** Develop a dissemination campaign to share these report findings with different sectors and service providers to share knowledge about the sector and enable a holistic approach. This campaign will be engaging, accessible and practical for a diverse range of organisations to benefit from	Activities **Open-Source Platform:** Invest in a platform where resources and tools such as the Inner Metropolitan report, co-design toolkit, journey maps, partnership maps and resources and audit tools are accessible to all communities and organisations **Innovation Fund and Support:** Co-design a Youth Mental Health Access Fund aimed at encouraging local young people and youth-led organisations to develop solutions to address the access barriers identified in this report. Ensure the fund is paired with capability development (eg. budgeting, project management

Recommended Snapshot of Initiatives

The following initiatives have been designed based on the consistent needs and gaps that were identified throughout the review with particular focus on young people's recommendations

Initiative	Description	Potential Project Partners
COVID-19 Innovation Challenge	- COVID-19 has presented a range of intersecting challenges for young people, particularly those who already experience mental ill health. The Inner Metropolitan Partnership have an opportunity to support the co-design the emerging mental health system in the wake of Covid-19, with local young people in the region - YLab is having success with pilots like this that bring cohorts of young people together with technical experts online and prototype solutions rapidly	YLab, Drummond St, Berry St, YACVic, Koorie Youth Council, Batyr, Centre for Multicultural Youth, Local Council Youth Services
Unlock the potential of peer support	- The expertise of diverse young people with lived experience can be embedded through a formalised and co-designed, place based peer support model, co-designed to attract a diverse range of young people to then provide them further pathways into the mental health workforce - The broader mental health workforce is educated in the value of peer-support work through awareness raising and collaboration	

Recommended Snapshot of Initiatives (cont.)

The following initiatives have been designed based on the consistent needs and gaps that were identified throughout the review with particular focus on young people's recommendations

Initiative	Description	Potential Project Partners
Local lived experience league	- The development of a Lived Experience League of young people from the region who have diverse lived experience with and experience accessing mental health is invested in - This group are employed, given training and development and coached to design and deliver projects for other young people in the region in partnership with organisations and community	YLab, Drummond St, Berry St, YACVic, Koorie Youth Council, Batyr, Centre for Multicultural Youth, Local Council Youth Services
Youth Engagement Education for GPs	- Local young people with lived experience are partnered with local general practitioners for a series of mentoring and capacity building activities - These activities will build general practitioners confidence, capabilities and understanding of how to engage and build trust with young people	
Creative Mental Health literacy Campaign	- A creative mental health literacy campaign is co-designed by local young people to be disseminated throughout the region. This campaign will focus on local community role models sharing their stories and sharing tools and tips about mental health literacy and help seeking	

Initiatives Mapped

Initiative	Co-Design	A Bias Towards Action	Genuine Community Partnership	Holistic Approach	Increased Innovation
COVID-19 Innovation Challenge	👍	👍		👍	👍
Unlock the Potential of Peer Support	👍	👍	👍		👍
Local lived experience league	👍	👍	👍	👍	
Youth Engagement Education for GPs	👍	👍	👍		
Creative Mental Health Literacy Campaign	👍	👍			👍

Conclusion

Conclusion

This research project has highlighted the enormous complexities young people in the Inner Metropolitan region face when trying to access quality mental health care. However, it also identifies some immediate practical steps that the Inner Metropolitan Partnership group and partners can take to address these barriers in their own contexts and across government.

The strongest emphasis this report provides is on the importance of putting young people's voice and lived experience at the centre of future activities, as young people have intimate knowledge of the systems from a client perspective and innovative ideas about how it might be improved.

References

City of Port Phillip. (2019). Youth & Resilience Survey

Centre for Multicultural Youth. (2019). Submission to the Royal Commission into Victoria's Mental Health System

CoHealth. (2019). Submission to the Royal Commission into Victoria's Mental Health System

Commissioner for Children & Young People. (2019). Submission to the Royal Commission into Victoria's Mental Health System

Dickeson, K. (2018). National Union of Students Department of Disabilities Submission to the Royal Commission into Victoria's Mental Health System

Melbourne City Mission. (2019). Submission to the Royal Commission into Victoria's Mental Health System.

City of Melbourne:IDENTIFYING OUR CITY'S HEALTH AND WELLBEING NEEDS

City of Melbourne COUNCIL PLAN 2017–2021 2019 UPDATE

Metropolitan Partnership. (2019). Submission to the Royal Commission into Victoria's Mental Health System.

Mission Australia. (2019). National Youth Survey Report.

Ngaga-dji (hear me). (2019)

Orygen. (2017). Keeping it real: Reimagining mental health care for all young men

Orygen. (2019a). Good practice Framework (DESIGNING MENTAL HEALTH SERVICES FOR YOUNG PEOPLE FROM MIGRANT AND REFUGEE BACKGROUNDS)

Yarra Mental Health Alliance Submission to the Royal Commission into Mental Health July 2019

Submission to the ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

The University of Melbourne response Royal Commission into Victoria's Mental Health System

VAGO Child and Youth Mental Health

Y-Change Submission RCVMHS

YSAS Submission RCVMHS

Yarra. Family, Youth and Children's servcies 0-25 Years Plan 2018–2022

Orygen, The National Centre of Excellence in Youth Mental Health Submission to the Royal Commission into Victoria's Mental Health System

Appendix A

Access Barriers in Detail

Individual Barriers

Lack of agency in diagnosis and treatment options

A lack of agency in diagnosis and treatment options was identified as a barrier for young people in accessing mental health services and supported by different reports. In one report, a consultation paper undertaken by Orygen (2018a) a clinical consultant reported that many clinicians in mental health services lacked sufficient knowledge about trauma to properly diagnose patients. In a second report, which consisted of interviews with young people from y-Change/Berry Street's submission to the RCVMHS (2019) identified "a widespread disregard for the insight of lived experience in the clinical relationship" as a major barrier to young people keeping up with mental health services.

> *"In my experience youth mental health services do not operate from a trauma informed perspective. Questions about trauma exposure are not routinely asked at intake and many clinicians are either not aware of or are not adequately trained in evidence-based treatment for trauma-related health disorders. Young people will often progress through the mental health system without their trauma events being acknowledged and as a result can be misdiagnosed and inappropriately treated. (Clinical Consultant, Orygen, 2018a)."*

Y-Change also identified that there is mentality in the mental health service system of 'fixing' young people, as opposed to encouragement of self determination and meeting young people where they're at. They also identified that young people experience the feeling of power differentials that is not acknowledged by health care workers. This includes general practitioners as well as specific mental health care workers and clinicians. This lack of acknowledgement from health care providers impacts young people's likelihood of seeking help.

Lack of literacy in both mental health issues and supports available

Headspace's submission to the RCVMHS expresses that lack of mental health literacy has a significant impact on their ability to seek help when needed.

Lived experience consultants from Y-Change's RCVMHS submission (2019) stated that they "see themselves and their peers stranded by a community wide lack of informed education about mental health, mental illness, how to spot early warning signs and how to support others when they need help."

Navigating the mental health services and supports available was identified as difficult for many young people, especially those from recently arrived refugee or asylum seeker background. This group was reported as being significantly more at risk due to having a lower health literacy and social capital to find appropriate support. In one report, interviews with young people revealed that many young people just don't know about different services available (Headspace 2019) and a CMY (2019b) consultation with young people demonstrated that young people from refugee backgrounds were not aware of basic mental health supports available to them. Many were also unclear about intersections of mental health with other social issues they face, such as intergenerational and cyclical trauma and how that can confound diagnoses and consequently the types of support they received (Orygen 2018a).

Lack of confidence engaging with potential support systems

Confidence to engage with potential support processes and systems has presented a significant barrier for young people. In a report by Orygen (2018a), online feedback detailed young people found it difficult to disclose trauma due to uncertainty of process, understanding of whether it would help their own treatment and lack of communication skills to initiate the conversation about trauma exposure.

Six separate sources identified that negative experiences when seeking support had resulted in young people being hesitant to access mental health support again. Centre for Multicultural Youth's 2019 consultations highlighted that fear and lived experience of racism from service providers had created a key barrier for accessing mental health services.

Two reports detail that privacy concerns present as a barrier to accessing mental health services. Many young people report that they withhold disclosing trauma as fear of potential consequences, lack of trust of mental health professionals (Orygen 2018a) and embarrassment among peers. (Vic SRC 2019)

Ultimately, each report mentioned a lack of trust in mental health workers or system would lead to a negative experience that created barriers for future access of the mental health system.

Lack of input in service design

13 reports identified the need for design input from young people into both physical design and service and support design, without doing so presents barriers to young people accessing mental health care due to inaccessibility, relevance and safety.

Y-Change (2019) reported that to avoid replicating mistakes of the past, co-design and co-production must be placed centrally to reform.

Headspace's submission to the RCVMH identified that lack of youth friendly and culturally appropriate services, environments, tools and approaches represents a barrier for a number of priority groups of young people, specifically: LGBTQIA+ young people, culturally and linguistically diverse young people, Aboriginal and Torres Strait Islander young people and young men.

The physical infrastructure and service design for many mental health units remains antiquated, static and inappropriate. A review by Dickeson (2018) revealed that young people living with a disability received poor quality of service and treatment due to a lack of training of relevant staff. Similarly, an interview with a clinical consultant (Orygen 2018a) documents poor infrastructure design and lack of ability to adapt to the schedules of clients results in lower quality care and risks the client being retraumatised.

Perception Barriers

Stigma within community about mental health

Ten different sources noted that a stigma within the community about mental health created a barrier for young people in accessing services. Of particular note were particular stigmas about young men's mental health and needing support (Commissioner for Children and Young People, 2019 and Orygen, 2017a). Young people who had been incarcerated were also identified as a cohort experiencing particular pressures of stigma (Cohealth, 2019), LGBTIQ young people also identified stigma as a barrier (Cohealth, 2019).

The most significant cohort of young people who cited stigma about mental health to be a barrier for them in accessing support were CALD young people, this was mentioned in three separate reports (YSAS, 2019; Centre for Multicultural Youth, 2019 and 2019b). One YSAS worker shared that they had tried to work with a young man from a CALD background but that he refused to use an interpreter as the interpreter was part of the community as he was concerned about their community finding out he had mental health problems.

Consultations were also undertaken by the Centre for Multicultural Youth (2019) of refugees and migrants who voiced that intergenerational conflict, stigma and shame, creates barriers to mental health service access and help seeking.

"The subject of mental health is very taboo in a cultural sense" – bicultural youth worker CMY 2019

"Some cultures obviously don't look at mental health or illness as a thing … So if you talk to people about it and word gets around there is this whole sort of shame on your family or yourself. So that's a massive barrier." (Orygen 2017a)

Structural Barriers

Structural Barriers

Lack of Opportunities to Access Care: General

A lack of opportunities to access care was the most commonly reported barrier to young people being able to access mental health support and services pinpointed across all reports reviewed, with 15 reports reviewed specifically identifying this barrier.

Four of the reports reviewed generally noted the insufficient supply of services and supports to meet young people's demands from the perspectives of both young people consulted and other relevant stakeholders. CoHealth (2019) undertook a submission to the Royal Commission into Victoria's Mental Health System using evidence from community advisors, clients, and community members; general consultations with customers of their mental health program and their carers, individual/group consultations with staff who delivered mental health services with expertise in particular practice areas, and based on this reported that there was an insufficient number of mental health services to meet demand. This was identified as a significant barrier to mental health services for all groups, including young people.

Similarly, in Melbourne City Mission's (2019) submission to the Royal Commission into Victoria's Mental Health System, which was informed by interviews with staff as well as clients, there was widespread recognition from staff consulted for the submission that there was a shortfall in the availability of mental health services, which caused them great frustration.

Two submissions into the Royal Commission into Victoria's Mental Health System provided greater reflection on the nature of this insufficiency: (1) the National Union of Students' Disabilities Department submission to Royal Commission into Victoria's Mental Health System, which was informed by feedback from students and officers with disabilities who attended the 2018 Disability and Accessibility Conference, and which noted that the insufficient number of staff to meet service demands was seen as owing to government cost-cutting and privatisation; and (2) the Commissioner for Children and Young People's submission to the Royal Commission into Victoria's Mental Health System (2019) where one of the young people interviewed to inform the submission specifically noted the lack of after-hours services available, and how difficult this made it to access support.

Lack of Opportunities to Access Care: Transport and Geographic Barriers

Not being able to access mental health services and support due to the physical location of services or lack of (affordable, convenient) transport options available was identified as a factor that significantly limited opportunities to access mental health services and support for young people. This problem was identified by five different reports and by both young people and other key stakeholders.

Submissions into the Royal Commission on Victoria's Mental Health System by both the Inner Metropolitan Partnership (2019) and CoHealth (2019) identified physical inaccessibility of mental health care services and supports as a major barrier to access for young people. The Inner Metropolitan Partnership's submission to the Royal Commission on Victoria's Mental Health System, which was based on community feedback, specifically noted that the physical location of many mental health services made them inaccessible as there were no appropriate public transport options connected to them. The submission by CoHealth (2019) whilst identifying general physical inaccessibility of mental health services as a barrier to access, also more specifically noted the prohibitively high costs of transportation to mental health services as a barrier as well.

Lack of Opportunities to Access Care: Affordability

Problems with the affordability of services was identified as a common reason for the lack of opportunities available to young people to access mental health care services and support, by both young people themselves and other relevant stakeholders. Affordability issues were noted by nine reports as a barrier to access.

The problem of affordability was generally noted as limiting young people's opportunities to access mental health care and services by three reports, including CoHealth's (2019) submission to the Royal Commission into Victoria's Mental Health System. In the Youth Affairs Council of Victoria's (2019) submission, costs were amongst the top two reasons (along with waiting lists) identified by young people as restricting their access to mental health care. Orygen's (2018a) report into trauma informed care consulted with both young people with trauma, and other key stakeholders in the field of trauma and mental health services, and found that personal financial limitations was commonly reported by young people as a major barrier to care. Y-Change's submission into the Royal Commission into Victoria's Mental Health System reported that young people are having to make decisions about whether they prioritise their finances or their mental health, with one young person saying:

"living is more important than having to deal with my mental health"

Orygen's (2017a) special investigative report on how the mental health care service system was performing in response to the mental health challenges faced by young men consulted with a number of key stakeholders and found that socio-economically disadvantaged young people in particular saw cost as a prohibitive barrier to accessing care. Mission Australia's (2019) Youth Survey of 25, 126 young people between the ages of 15 to 19 also reported cost as a major barrier for socio-economically disadvantaged young people as well as young people with disabilities. The National Union of Students Disability Department's submission highlighted the specificities of the lack of opportunities to access care for people with disabilities, including cost barriers (Dickeson, 2018).

Lack of Opportunities to Access Care: Medicare 10 Session Cap

As the National Union of Student Disabilities department submission noted, two-thirds of students (and an even higher proportion of students with disabilities) live under the poverty line, which made accessing privately funded mental health care after the Medicare-provided ten sessions ran out, mostly impossible.

The medicare 10 session cap was repeatedly identified, by four different reports, as a barrier to accessing mental health care, as it was deemed insufficient, and without it care was not seen as affordable. As one of the contributors to the National Union of Students Disability Department's submission to the Royal Commission into Victoria's Mental Health System detailed, the expansion of Medicare funding for mental health was particularly close to her heart because she knew many people who were impacted by poor mental health who could not have gotten help without Medicare, but the 10 session cap was not enough for providing people with the greater depth of support they often needed (Dickeson, 2018).

A contributor further reflected that expanding the session cap would allow everyone to develop long-life mental health skills that everyone could use (Dickeson, 2018):

> *"I wanted to support a cause especially close to my heart. I have had friends and family impacted by poor mental health, and have even had some experiences of my own. Seeking help would not have been possible had it not been for Medicare, but the current 10 sessions is simply not enough to provide people with the in-depth support they so often need.* - Eloise, University Student

Orygen's (2018a) report on trauma-informed mental health care which consulted with both young people with mental illness and other key stakeholders who worked in trauma-related services, the 10 session Medicare cap was also identified as insufficient for providing the frequency of sessions needed to deal with the complexity and severity of trauma-related mental health.

Lack of Opportunities to Access Care: Medicare 10 Session Cap (Continued)

A similar theme was expounded upon in Melbourne City Mission's (2019) submission to the Royal Commission into Victoria's Mental Health where one client's feedback in the submission reported that they really wanted to have more than the 10 sessions offered by Medicare but couldn't because of affordability. In the Commissioner for Children and Young People's (2019) submission one of the interviewees specifically noted that the sessions cap was insufficient for certain groups of people such as her, who were in out-of-home-care and thus often experience more complex mental health issues that required more frequent sessions.

In the National Union of Students Disabilities Department submission to the Royal Commission into Victoria's Mental Health, contributors noted that insufficient government funding for disability support services (including mental health care) meant that the differences between the amount of government funding received and costs for providing such services were often made up for by making clients pay the difference (Dickeson, 2018). These "co-payments" were seen as a barrier to accessing care that was both of sufficient quantity and quality (Dickeson 2018). Copayments were also identified as limiting opportunities to accessing care by CoHealth's (2019) submission to the Royal Commission into Victoria's Mental Health and by interviewees who contributed to Y-Change's (2019) submission.

Lack of Opportunities to Access Care: Waiting Times Barriers

Waiting times and lists to access mental health services and support (especially government funded or subsidised services) was identified by nine reports as an obstacle for young people being able to access necessary mental health care, by both young people themselves and by other key stakeholders. CoHealth's submission to the Royal Commission into Victoria's Mental Health System identified waiting lists as a major barrier to care for all groups, including young people.

In the Youth Affairs Council of Victoria's (2019) submission waiting lists, along with costs, was the topmost barrier to accessing care identified by young people in an Instagram survey. Data from online forum posts by young people used in Orygen's (2018) report on trauma-informed care also commonly talked of waiting lists and long waiting times as barriers to accessing mental health care services and support.

Contributors to the National Union of Students Disabilities Department submission to the Royal Commission into Victoria's Mental Health System reported waiting lists of at least a month (Dickeson, 2018); whilst a youth worker contributing to the Centre for Multicultural Youth (2019) submission described six-week long waiting lists for access to headspace. In Mission Australia's (2019) Youth Survey, respondents reported wait times of three months and over. According to one respondent, *"The wait lines and need for prioritisation of patients makes it very difficult for me to want to seek help."*

An interviewee who contributed to the Commissioner for Children and Young People's submission to the Royal Commission into Victoria's Mental Health System reflected on the consequences of wait times and lists restricting access to care: *"I waited a long time to get mental health support, and in the meantime my mental health became much worse"*, the respondent noted.

It is not surprising then, that in the City of Port Phillip's (2019) youth resilience survey, one Year 11 student reported the need for more government funding for mental health support so that there would be no waiting lists.

Lack of Opportunities to Access Care: Restrictive Eligibility Criteria

Finally, excessively restrictive eligibility criteria were seen as unhelpfully limiting opportunities to accessing care by two reports. The submission to the Royal Commission into Victoria's Mental Health System undertaken by Melbourne City Mission (2019) reflected on this barrier extensively with staff who were consulted for the submission reporting that eligibility requirements such as the requirement that people undergo alcohol and drug screenings to be eligible for mental health supports, the requirement that someone have a good history with mental health services in the past (e.g. show up to appointments), the requirement that people are only eligible for care services in their catchment area, and the requirement of a fixed address left many of their clients without access to mental health care.

The last two eligibility requirements particularly left young people experiencing homelessness in the lurch, as they were unlikely to have a fixed address and often moved from one area to another to access temporary accommodation leaving them without the bounds of any one catchment area.

A lack of a fixed address meant that homeless people in need of care could not often access community mental health services and supports, leaving them cycling persistently between either having no care or ending up in acute/emergency care services (Melbourne City Mission, 2019).

YSAS's submission (2019) to the Royal Commission into Victoria's Mental Health System also reported that the eligibility criteria of having a fixed address was a major barrier to care. As one young person who was interviewed for the submission noted:

"I was kicked out of home and I wasn't eligible for the services I needed without an address. But I needed those services to get stable enough so Mum would let me come home." - Young Person, YSAS (2019)

Preventative and Early Intervention Initiatives and Services Barriers

Eleven reports identified that an insufficient number of preventative initiatives and services meant that young people's need for more significant mental health support and services increased.

The Koorie Youth Council's Ngaga-Dji (Hear Me) report (2018) identified the need for culturally based community services to support young Aboriginal and Torres Strait Islander people who have experienced Victoria's Youth Justice System.

Orygen's Keeping it Real report (2017) noted that with limited effective preventative and early intervention opportunities, the severity of young men's illness and long term consequences are greater. These include poorer educational and vocational outcomes, alcohol and other drug disorders, increased risk seeking and risk taking and aggression and violence, including domestic violence.

The Centre for Multicultural Youth (CMY) reported in their submission to the Royal Commission into Victoria's Mental Health System (2019) that despite the challenges put upon young people from refugee and migrant backgrounds, they are "incredibly resilient" and are able to cope generally well despite the experiences of resettlement and the challenges they face related to refugee status in Australia. However, programs such as CMY's Shout Out Mental Health Working Group school-based workshops open up the opportunity to have conversations about self care and help seeking behaviour.

For young people who have experienced trauma, Orygen (2018) reported that lack of education around trauma and it's impacts on mental health and wellbeing resulted in a low level of understanding about trauma and related symptoms, distress and difficulty discussing trauma were all identified as individual/personal barriers to disclosure.

The need for investment in the peer support workforce was cited by 12 sources for this review. Melbourne City Mission's RCMHS submission (2019) cited that currently Australia's mental health system is dependent on an informal caring workforce that if paid, would cost $13.2 billion per annum. While many young people are seeking support from their peers, families and mentors, it is reported that these support systems could be better supported in developing skills and literacy around mental health support. Orygen's Keeping it Real report (2017) stated that an evidence base needs to be strengthened regarding peer support workforce models in a youth mental health context. A co-designed model with the potential to be implemented nationwide needs to be trialed and evaluated across primary and specialist settings.

Insufficient number of 'middle' care options

Our review found that young people reported that there was an insufficient number of "middle" mental health care services and supports, which severely limited opportunities to access care. This specific barrier was identified by two submissions into the Royal Commission into Victoria's Mental Health System, one by YSAS (2019) and the other by Orygen (2019b).

As the submission by YSAS (2019) outlined, "middle" care services refer to those mental health services required for young people whose condition is too complex or severe for generalist preventative services, but not yet severe enough for acute and emergency care services (YSAS, 2019). One young person who was interviewed for this submission reported how rejected they felt when they were informed that they were too complex to be helped by existing mental health services, but not unwell enough to access inpatient care.

Y-Change's (2019) submission to the Royal Commission into Victoria's Mental Health System, which was based on interviews with eight young people from the ages of 18-25 years with lived experience of socio-economic disadvantage. In this submission, some of the young people interviewed reported that they would deliberately exaggerate the severity of their mental health condition to access support due to the lack of preventative care to access support.

Orygen (2019b) consulted with a number of research and clinical experts to inform their submission to the Royal Commission into Victoria's Mental Health System, along with a number of young people who had lived experience with mental illness in Victoria, and experience in contacting mental health services. One of the young people consulted to inform Orygen's (2019b) submission reported that not being able to access mental health care due to a lack of middle-care services and support was not only a barrier they had experienced personally, but also a barrier that many of their friends had experienced. The consequences of this could be fatal, the interviewee noted:

> ***"Not providing that middle service is not just detrimental to functioning. It's losing lives. I've lost friends because they can't access services. Cause they, like me, they're too severe for one but not severe enough for the other"*** (Young interviewee for Orygen, 2019b).

Estimations from Orygen stated that *"of the 26% of young people in any given year with mental ill-health, almost half will be experiencing a more moderate to severe and complex mental health issue and may be missing out on clinical expert care."*

Lack of wrap around support and connections between services

Two sets of Interviews conducted by Y-Change/ Berry Street (2019) identified the lack of holistic approach and communication from support services. Young people reported feeling overwhelmed when moving between different allied services due to discontinuity between the services provided such as conflicting appointments, medication and clear discharge plans. In one of the interview's undertaken for the Commissioner for Children and Young People's submission into the RCVMHS (2019), a young person identified that the lack of conversation/connection between services was a major problem:

"I think that services need to talk to each other better. I have been from one service to another and there isn't a handover. That has made things really hard. They say they don't want you to feel like you are starting again but it actually is like that. It is going through it all again. "

Five separate reports identified that young people experienced a lack of connection between different services to be a significant access issue. Of significant note was a disconnect between mental health and disability or NDIS services (Dickeson, 2018, Melbourne City Mission, 2019) and a lack of connection between alcohol and drug services and mental health services (Orygen, 2019). In YSAS' submission to the Royal Commission into Victoria's Mental Health System young people noted that "I have to go to multiple places to receive support I need and I get assessed over and over again", another reported *"I feel like I'm being bounced around a pinball machine from service to service, and no one really can help me.'*

Melbourne City Mission (2019) reported that young people who are experiencing homelessness are forced to move across metropolitan Melbourne for temporary accommodation – meaning they move between the area-based zones of clinical mental health services. Homelessness services then have to take on the pressure of coordinate area mental health supports for young people across different catchment areas, when case management cannot happen on a daily basis. This places extra pressure on an already constrained workforce.

YSAS (2019) reported that for all services and supports, there are not enforced or agreed practices to discharge, referral and transitions from services, meaning no continuity of care for young people. Referring organisations may not always ensure referrals are appropriate for young people moving from their services, with chances being taken about whether that young person's needs are being met.

Appendix B
About YLab

What is YLab?

Young people co-designing systems that shape their world.

YLab's vision is to equip young people with the **power**, **networks** and **skills** to shape systems across the globe. We are a nation-wide network of young people and institutions rethinking the systems that shape the world.

YLab.

Our Model

We **employ over 90** young people aged 18–29 years old with **diverse lived experience**

We provide tailored **learning and development** opportunities

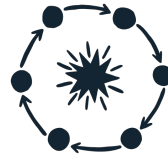We **connect them with clients** to solve complex problems

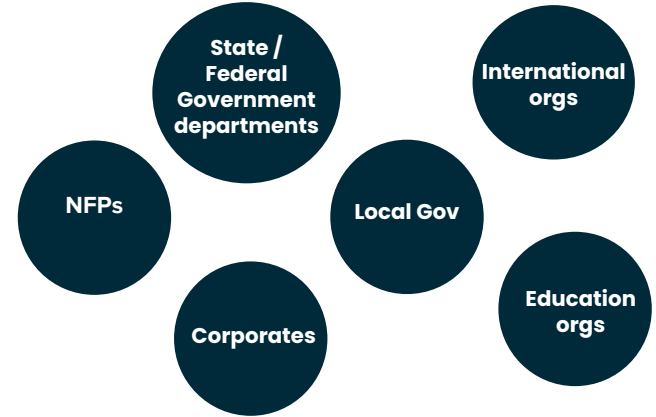We do it all using **systems thinking** and **co-design**

YLab.

Our Business Model

YLab Associates are young people aged 18-30 recruited based on their diverse lived experiences and disciplines and trained in consulting, co-design and skills for the future of work.

NFPs

State / Federal Government departments

International orgs

Local Gov

Corporates

Education orgs

Clients hire YLab when faced with a youth engagement challenge, or a challenge that requires youth-led innovation.

YLab matches teams of diverse young people to client needs

What's unique about us?

Our **models are co-designed by young people** with diverse lived experiences

Our work is delivered by young people with the coaching and oversight from consultants

We are young people, we understand the problems your organisation is facing and **have networks we can tap into** to help solve them

YLab co-design and co-delivery process

YLab's approach to youth engagement is founded upon this co-design framework. The foundational principle underpinning this framework is the understanding that co-designing with young people is only effective if young people lead (or "co-lead") the process.

Our framework is built from our deep experience in enabling young people to work in multidisciplinary and intergenerational teams to lead the design of programs, services, infrastructure, and content for young people. It leverages facilitation tools and techniques that address power dynamics within groups to ensure individual young people, including those previously unheard from, feel a sense of agency and have courage to contribute.

Admiring the Problem   Building Solutions   Scaling for Impact

Explorer   Judge   Magician   Strategist   Movement Builder   Producer

Philosopher
Conductor

Continue to Iterate

SYSTEM CHANGE

System Map and Power Analysis

Portfolio of Experiments

Identify and Develop Conditions for Change

Reference: The Design Council Double Diamond (2005); RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) (2017)

CO-DESIGN   CO-DELIVER

YLab

YLab is a social enterprise that brings young people with diverse lived experience and partners together to tackle society's most complex challenges. We do this through the following services:

Co-design + Facilitation
YLab's model for co-design brings together those with lived and technical expertise to design solutions to complex problems. YLab facilitators are equipped to deliver engaging workshops for groups of any size. Workshops include
- co-design workshops
- hackathons and creative ideas gatherings
- focus groups
- strategy and planning sessions

Creative Services
YLab Studio delivers high quality video, digital content and other creative products created by skilled YLab Associates.

Strategy
We put young people at the centre of designing and implementing strategies across systems and within organisations.

Training and Learning
YLab has developed a suite of face to face and online learning content that can be tailored to your organisation's needs. We have also created YLab Learning, an online learning hub with over 10 hours of content.

Research + Insights
YLab's work is backed by the Foundation for Young Australians New Work Order research series which looks at the major forces affecting the future of work, young people and our systems.

First Nations
We provide a self-determined platform for young mob to be agents for change in shaping new systems that centre First Nations people and cultures. Our First Nations Associates lead, design, and facilitate projects that make transformative impact on their communities, Australia, and the world.