

Youth Mental Health Forums

Thematic Analysis Report

This document is a summary of the feedback provided during the Youth Mental Health Forums. It is intended to reflect the **opinions of the participants** and is not Government policy. It is recommended this report is read in conjunction with viewing the presentations recorded from the Gold Coast Forum on the [Youth Mental Health website](#).

Purpose:

12 Youth Mental Health Forums (Forums) were run across Queensland by the Department of Health Commission of Inquiry (COI) Implementation team in Mental Health Alcohol and Other Drugs Branch (MHAODB) in partnership with Health Consumers Queensland (HCQ) and the Department of Education and Training (DET). This report summarises the goals of the forums along with the feedback received from participants.

The goals of the Forums were to:

1. **Update** stakeholders on the implementation of the [Government response](#) to the six recommendations made by the [Barrett Adolescent Centre \(BAC\) COI Report](#).
2. Invite participants to **contribute** to the conversation about the model of service for the new state-wide Adolescent Extended Treatment Facility (AETF) and the continuum of services being developed for adolescents and young people with severe and complex mental health issues across Queensland.
3. Enable stakeholders to **learn** about the role consumers and carers, and DET are playing in implementing the Government response.

Process:

The opportunity to participate in the Forums was widely advertised (including local newspapers at the 12 sites), open to any interested parties and was promoted via a wide range of networks (see Attachment A for Forums flyer).

A broad range of stakeholders attended the Forums, including consumers and carers, non-government organisations (NGOs), staff from Hospital and Health Service (HHS), DET, Department of Communities, Child Safety and Disability Service and Queensland Police Service, and interested members of the general public.

At the Forums, participants were invited to comment on a subset of specific questions (see Attachment B for Participant Handout and Attachment C for the full list of questions under categories) with the option to provide additional feedback. Different subsets of questions were used at each Forum as not all questions were relevant for each Forum site. Participants were also provided with the opportunity to pose additional questions to the Forum Partners.

A separate consultation process was undertaken by the independent consultants engaged to review the alignment and transition arrangements between adolescent and adult mental health services as part of the Government response to Recommendation 5 of the BAC COI Report. Focus group consultations were independently conducted by these consultants directly following Forums at 11 sites along with facilitation of a smaller focus group as part of the Brisbane Forum. This feedback has been comprehensively



documented in the Final Report: *Review of the alignment and transition arrangements between adolescent and adult mental health services in Queensland* rather than this Report. (See Other resources section).

At the conclusion of each Forum, participants were asked to complete an evaluation process specifically designed to provide an indication of the impact made by the Forums (see Attachment D). This process is discussed further below in this report.

See Table 1 below for Forums registration and attendance numbers across the 12 sites.

Table 1. - Forums registration and attendance numbers across sites

Dates	Sites	Registrants	Attendees
2 May 2017	Ipswich	35	23
4 May 2017	Sunshine Coast	32	20
5 May 2017	Cairns	45	20
9 May 2017	Toowoomba	34	9
12 May 2017	Rockhampton	32	20
19 May 2017	Townsville	43	25
23 May 2017	Mt Isa and Longreach (via videoconferencing)	9 + 1	6
25 May 2017	Gold Coast	66	30
29 May 2017	Logan	50	18
30 May 2017	Mackay	33	23
31 May 2017	Bundaberg	17	7
2 June 2017	Brisbane	141	40
TOTALS	12 sites	538	241

What we heard:

The second goal of the Forums was to provide an opportunity for participants to **contribute** their feedback around the new state-wide AETF and the continuum of services being developed for adolescents and young people with severe and complex mental health issues across Queensland.

There was significant interest, engagement and responsiveness from stakeholders (organisations and individuals) in the Forums.

A total of 538 people registered to attend the Forums.

Feedback was received across a broad range of topics. The topics consistently raised were often in relation to the new AETF:

- Supporting existing relationships in a young person's life (personal, service and community, e.g. school and sports)
- Physical/built environment considerations for the AETF
- Transitions/continuity of care: moving in and out of the AETF and from youth to adult mental health services
- State-wide challenges (e.g. equitable access, leaving home issues, variable local resources)
- Importance of an individualised approach
- The role of consumers and carers
- Culturally appropriate care and safety.

More detailed feedback gathered from participants in relation to each of these areas is provided in Table 2 below and reflects the diversity of opinions expressed. It is intended to reflect the **opinions of participants** and is not Government policy.

Table 2. – Feedback from participants at Forums

DETAILED FEEDBACK:	
Theme	Examples and details from participants' feedback
1. Supporting existing relationships in a young person's life	<p>Essential to support a young person's existing relationships including those with:</p> <ul style="list-style-type: none"> • Family and carers (including siblings) • Service providers (e.g. referrer, government and non-government) • Community (e.g. school, friends, sporting clubs, cultural groups) <p>Technology can be used to maintain connections (e.g. social media) but has limitations (e.g. remote communities may not have access).</p> <p>Practical supports will be required by families (especially those outside of Brisbane), e.g. affordable parking, long visiting hours, affordable accommodation.</p>
2. Physical/built environment considerations for the AETF	<p>Participants suggested that the AETF needs to include:</p> <ul style="list-style-type: none"> • Outdoor spaces that allow a connection with nature • Adequate space to allow for large visitor groups, privacy, communal areas etc. • Recreational space including for sporting activities • Dedicated spaces for cultural healing, yarning, reflection, art • Bedrooms that are personal spaces, e.g. art work, personal items • Spaciousness <p>A range of other descriptors were suggested by participants such as 'homely', 'calm' and 'adventure based'.</p> <p>Safety and security from facility design rather than security bars.</p> <p>Support for LGBTIQ population, e.g. gender neutral bathrooms.</p> <p>Presence of First Nation flags.</p>
3. Transitions/continuity of care: moving in and out of the AETF and from youth to adult mental health services	<p>Working toward discharge should be a gradual transition not an abrupt process.</p> <p>Complicated by variable resources in the 'home' community.</p> <p>Greatly impacted by a limited continuum of care options (e.g. Step Up Step Down Units) in many geographical areas.</p> <p>Complicated if a young person doesn't return to their previous 'home' community.</p> <p>Integration with community, e.g. libraries, shops, sporting groups recommended.</p> <p>Transition planning should include DET staff to ensure continuity of learning.</p>

DETAILED FEEDBACK:

Theme	Examples and details from participants' feedback
4. State-wide challenges	<p>Current service resources and availability vary significantly, often being very limited in rural areas.</p> <p>Different service models and criteria (e.g. Community Child and Youth Mental Health Services in different geographical locations) can be confusing and frustrating.</p> <p>Benefits of young person attending the AETF need to outweigh any negative impacts associated with leaving 'home' community (for families and young people).</p> <p>Adjustment to an urban environment may be challenging for young people from non-urban areas.</p> <p>Return to a remote or rural environment from urban environment (e.g. AETF) may lead to grief about loss of resources.</p> <p>Access to AETF should be equitable.</p> <p>Removing a young person from their 'home' environment may not be therapeutic.</p>
5. Importance of an individualised approach	<p>The importance of an individualised approach was reflected in all themes.</p>
6. Roles of consumers	<p>Input into the co-design of spaces.</p> <p>Collaborative treatment planning.</p> <p>Inclusion of peer support workers, advocates and mentors.</p> <p>Consultation with consumers needs to be ongoing, embedded and sustainable.</p>
7. Roles of carers and family	<p>Input into the co-design of spaces.</p> <p>Support families to have a role in the rehabilitation of the young person.</p> <p>Practical supports will be required (especially those residing outside of Brisbane), e.g. affordable parking, long visiting hours, affordable accommodation.</p> <p>Consider capacity of families and carers to be involved (e.g. care for siblings, work commitments).</p> <p>Flexible visiting times and phone call times requested.</p> <p>Variety of leave arrangements suggested, e.g. day leave, overnight leave etc.</p> <p>Parent advisory group may be formed.</p> <p>Consultation with families and carers needs to be ongoing, embedded and sustainable.</p>

DETAILED FEEDBACK:

Theme	Examples and details from participants' feedback
8. Cultural appropriateness/safety	<p>Maintain connections to land.</p> <p>Support links to cultural groups.</p> <p>Language challenges.</p> <p>Need for Aboriginal and Torres Strait Islander and other cultural partners.</p> <p>Aboriginal and Torres Strait Islander staff.</p> <p>Cultural needs to be included in assessments.</p> <p>First Nation flags.</p> <p>Consider naming the AETF using Aboriginal and Torres Strait Islander language.</p> <p>Community connection - access to local media (e.g. Imparja Television).</p> <p>Outdoor opportunities.</p> <p>Access to culturally relevant music.</p>
9. Queensland Health staff	<p>Staff to adopt a flexible, non-judgmental and individual approach.</p> <p>Other descriptors included: approachable, reliable and casual manner.</p> <p>Highly trained and well supported mental health professionals.</p> <p>Training regarding dual diagnoses (i.e. mental health and intellectual disability).</p> <p>Culturally informed, especially aware of trauma and abuse experiences/triggers.</p> <p>No uniforms.</p> <p>Consistent staffing – long term employees.</p> <p>Facilitate communication and receive communication.</p> <p>Partnership with other service providers including DET.</p> <p>Need to work with DET staff as part of a multidisciplinary team (consistent goals) across health and education settings.</p> <p>Appropriate staffing allocation.</p>
10. DET staff	<p>Staff to adopt a flexible, non-judgmental and individual approach.</p> <p>Staff trained in understanding complex mental health issues.</p> <p>Partnerships with other service providers.</p> <p>Partnerships with consumers, families and carers (shared understanding of learning goals and plans).</p> <p>Continued appropriate staffing allocation.</p> <p>Promote community connections during admission.</p> <p>Staff in all state schools have access to support services and appropriate professional development opportunities to support students' transitions back to school.</p>

DETAILED FEEDBACK:

Theme	Examples and details from participants' feedback
11. Educational and vocational needs	<p>Individualised and flexible approach to meet diverse learning needs and goals.</p> <p>Flexible learning pathways.</p> <p>Consideration of sustaining learning programs in the home community.</p> <p>Adapt learning program as young person's mental health changes.</p> <p>Culturally relevant.</p> <p>Support social, emotional learning and life skills.</p> <p>Maintaining connection with base school.</p> <p>Information about vocational options to be made available.</p> <p>Opportunity to access post-compulsory education and training, which may include trade-related skills.</p> <p>Access to appropriate education programs for siblings.</p>
12. MHAODB transparent processes	<p>Any criteria used for decision making around referrals should be freely available.</p> <p>Varying views around the relative roles of clinical judgement and criteria in decision making around referrals.</p> <p>Feedback should be actively sought from young people, families and carers and used to inform assessments, treatment and overall service planning and evaluation.</p> <p>Access should be timely and equitable.</p> <p>Communication needs to be improved between families, carers and service providers.</p>
13. Gaps in services	<p>More services and more consistent services requested.</p> <p>Variety of service options, e.g. Step Up Step Down Units.</p> <p>Differences between adult and youth mental health services.</p> <p>Gaps arise from strict age-based service criteria.</p> <p>Mental health service options can be limited until needs become acute.</p>
14. Governance of AETF	<p>Clear and transparent.</p> <p>Preservation of the integrity and intention of the AETF.</p>

DETAILED FEEDBACK:	
Theme	Examples and details from participants' feedback
15. Information sharing	<p>Paper work needs to be clear and concise.</p> <p>Challenge of balancing legislative requirements, support for developing young people and keeping families, carers and service providers informed.</p> <p>Support information sharing between agencies with regularly reviewed Memorandum of Understanding.</p> <p>A clinical care management 'panel' including Disability Services Queensland, National Disability Insurance Scheme (NDIS), child and youth mental health and Adult mental health services) recommended.</p> <p>Shared forms between agencies regarding consent to release and obtain information for treatment.</p>
16. Philosophy of care	<p>Care should be:</p> <ul style="list-style-type: none"> • Client centred • Developmentally focused • Strengths based • Recovery oriented • Embed consumer and carer input. <p>A range of views were expressed about the priority given to symptoms, diagnoses, and general resilience in treatment.</p> <p>Challenge of assisting a young person who is reluctant to engage.</p> <p>Shared care model between health and disability service providers.</p> <p>Possible use of pet therapy.</p>
17. Food in AETF	<p>Access to snacks.</p> <p>'Appropriate' food and drinks.</p> <p>Young people involved in preparation, where appropriate.</p>
18. Evaluation	<p>The role of research in informing the review of therapeutic interventions.</p> <p>The role of carers and consumers in the evaluation process.</p> <p>The importance of evaluation because the AETF is adopting a new service model.</p>

Participants were also provided with the opportunity to pose additional questions to the Forum Partners. Where possible these questions have been incorporated into the themes in Table 2. There were some questions regarding how some of the specifics of the new AETF have been determined. The [BAC COI Report](#) recommendation 4 provides the context for these AETF specifics. Additionally a number of other questions related to the AETF Model of Service (MOS) which is still in development. A range of stakeholder consultations and reviews have informed the progress of a MOS document to date which is still in development (see the Other resources section for further information regarding the AETF MOS).

Evaluation of Forums:

The evaluation of the Forums was designed to draw on specialised methods that have been developed to make sense of complex issues, by quickly generating a visual pattern (see Attachment D for evaluation triads used in the Forums).

Two of the questions related to the workshop experience in terms of the value of the:

- information provided; and
- participation.

The third question deliberately shifted attention to consideration of the factors of success for the next stage of work beyond implementation of the Government response.

Each point of a triad represented a different aspect of the same issue, and provided the opportunity to reinforce the objectives of the Forum consultations through the questions asked.

Different stakeholder groups attending the Forums were given different coloured dots for completing the evaluation triads. This provided the opportunity to test whether there were any significant differences between the different stakeholder groups. (See Attachment E for an example completed set of evaluation triads).

The evaluation triad results were collated independently of the Forum partners. No Forum participant marked the 'does not apply' box for any of the three questions. Generally, the response clusters were towards the middle of the triad, indicating that all three elements for each question were equally important to participants; although there were a few individuals who were focused on a particular issue. Not surprisingly, some carer/consumer stakeholders indicated that the only criterion for future success was the involvement of carers/consumers.

Overall the results from the evaluation triads were extremely positive and indicate that the Forums have built the foundation for the next stage of the implementation process beyond the Government response.

Limitations:

While a core set of themes were identified which recurred across sites and stakeholder groups it was apparent that a number of key stakeholder groups were not well represented and a number of challenges remain:

Engagement of the following groups was limited:

1. Consumers, carers and services representing Aboriginal and Torres Strait Islander People
2. Consumers and young people generally
3. Carers and family members
4. Stakeholders representing regional and remote areas.

Next steps:

The feedback gathered at these Forums along with the independent reviews and reports undertaken to complete the Government response to the BAC COI Final Report have yielded important information.

MHAODB, as the Department of Health lead for statewide system policy and planning for child and youth mental health services, is considering the key findings and issues arising from the separate pieces of work undertaken for each recommendation and will develop a program of work in collaboration with key stakeholders for consideration by Government later this year.

Transparency of information and the importance of strong governance processes and commitment to ongoing stakeholder engagement inclusive of consumers and carers is paramount.

Further updates:

Updates will continue to be provided on the Department of Health Youth Mental Health website at <https://www.health.qld.gov.au/improvement/youthmentalhealth>.

Other resources:

Please click on the links below for more information:

1. Recommendation 1 - Review legislation that establishes the devolved Hospital and Health Service model in Queensland Health. Final Report: Review of statewide services.
2. Recommendation 2 - Improve Service Agreements Queensland Health uses to contract health services provided by Non-Government Organisations. [Report: Queensland Health review of NGO Service Agreements](#).
3. Recommendation 3 - Improve the availability and use of evaluations to inform clinical interventions in mental health. Final Report: [A review of existing clinical and program evaluation frameworks for extended treatment services for adolescents and young people with severe, persistent and complex mental illness in Queensland](#).
4. Recommendation 4 - Consider a new building in south-east Queensland offering a range of mental health services for young people, including bed-based services. [Thematic Analysis Report of Preliminary Model of Service website consultation](#) findings to inform development of the initial Model of Service for the AETF. Report of the [External Review of the initial Model of Service for the AETF](#).
5. Recommendation 5 - Improve transitions for adolescents moving into adult mental health services. [Final Report: Review of the alignment and transition arrangements between adolescent and adult mental health services in Queensland](#).
6. Recommendation 6 - Improve co-ordination between services designed to support young people who have both an intellectual disability and mental illness. [Final Report](#).
7. Forums Introduction presentation by Executive Director, MHAODB video played at all Forums.
8. Recording (including powerpoint presentation slides) of Forum Partners' presentations live from Gold Coast Forum (N.B. participant discussions were not recorded).

Attachment A: Forums Flyer

Youth Mental Health Forums

Updating progress on implementing the Government response to the Barrett Adolescent Centre Commission of Inquiry report

Forum dates and location for 2017

- 2 May - Ipswich
- 4 May - Sunshine Coast
- 5 May - Cairns
- 9 May - Toowoomba
- 12 May - Rockhampton
- 19 May - Townsville
- 23 May - Mt Isa
- 25 May – Gold Coast
- 29 May - Logan
- 30 May- Mackay
- 31 May - Bundaberg
- 2 June – Brisbane

The venue and time of each forum will be provided soon.

- **Be updated** on the implementation of the Government response to the six recommendations made by the Barrett Adolescent Centre Commission Inquiry report.
- **Contribute** to the conversation about the model of service for the new state-wide Adolescent Extended Treatment Facility and the continuum of services to be developed for adolescents and young people with severe and complex mental health issues across Queensland.
- **Learn** about the role consumers and carers, and the Department of Education and Training are playing in implementing the Government response.

People who may be interested include:

- Adolescents and young adults with or without a lived experience of severe and complex mental health issues, family members and carers.
- Service providers, clinicians and anyone involved in the education of adolescents and young adults with severe and complex mental health issues.

Register to attend by visiting

www.health.qld.gov.au/improvement/youthmentalhealth or contact EDyouthmentalhealth@health.qld.gov.au

Health Consumers Queensland is working with Queensland Health to ensure comprehensive engagement of consumer and carers throughout the implementation, for further information visit, www.hcq.org.au/

Attachment B: Forums Participant Handout

PARTICIPANT HANDOUT

Youth Mental Health Forum: Updating progress on implementing the Government response to the Barrett Adolescent Centre Commission of Inquiry report

Time	Topic	Presenter
9.30am - 11.00am	Welcome to Country	Elder
	Introduction and purpose	Facilitator
	Department of Health presentation	DoH Presenter
	Health Consumers Queensland presentation	HCQ Presenter
	Department of Education and Training presentation	DET Presenter
	Recommendations 1,2,3 overview	DoH Presenter
	Group Conversation I: Questions/Issues	Facilitator
	Recommendations 4,5,6 overview	DoH Presenter
11.05am	Break	
11.20am - 12.30pm	Group conversation II: Comments and Feedback on Discussion Questions	Facilitator
	Group Conversation III: Working together	Facilitator
	Summary and Reflection – The Future	Presentation Team
	Evaluation and Wrap up	Facilitator

I would like to continue to receive information on implementing the Government response to the Barrett Adolescent Centre Commission of Inquiry report

- No
 Yes by email at: _____

Government response

On 18 July 2016, the Queensland Government released its response to the Barrett Adolescent Centre (BAC) Commission of Inquiry (COI). The COI Report made [six recommendations](#) which were all accepted in principle as part of the [Government Response](#). In summary, the Queensland Government will:

1. Engage an independent party by 30 September 2016 to review the progress of implementation of the Hunter Review with regard to the delivery of state-wide services. This review will be completed by 31 March 2017.
2. Review the service agreement arrangements for all Non-Government Organisations providing health services. The review will be completed by June 2017.
3. Commission the Queensland Centre for Mental Health Research (QCMHR) to identify existing clinical and program evaluation frameworks for extended treatment for adolescents and young people with severe and complex mental health issues.
4. Build a new bed-based facility in south-east Queensland for young people with complex mental health issues and ensure patients have access to an integrated educational/vocational training program.
5. Engage an independent reviewer to review the alignment and transition arrangements between adolescent and adult mental health services.
6. Undertake services mapping and review Guidelines for Collaboration between Queensland Health Services, Disability Services Queensland and Funded Disability Service Providers.

For further information visit www.health.qld.gov.au/improvement/youthmentalhealth

The Department of Health is working with Health Consumers Queensland (HCQ) to ensure comprehensive engagement with and involvement of consumers, carers and community members in implementing the Government response. To register your interest in being involved as a consumer or carer please contact HCQ through the HCQ website www.hcq.org.au/our-work/barrett-inquiry/

Attachment C: Forums Group Conversation Questions

Consumer and Carer Focused Questions

1. Imagine it is 3 years' time. In thinking about consumer engagement, what are the issues/concerns that you have regarding the commitments to consumer engagement that have been made here today?
2. Thinking about your experience with youth mental health services, what would you want to be different? What needs to stay the same?
3. There is increasing emphasis on evaluating the outcomes of government services. From your perspective and experience, what are the important things to be measured or monitored?
4. Are there other issues specific to your community/regional Queensland that has not been addressed so far?
5. Imagine it is 3 years' time. What has changed for young people with severe and complex mental health issues?
6. Do the results presented today in regard to consumer and carer issues fit with your views?
7. Imagine that you are meeting with an interstate delegation who is interested in how the implementation process has worked so far. What would you tell them?

Department of Education and Training Focused Questions in relation to the AETF Educational/Vocational Space

1. What would a supportive educational environment look like for young people with severe and complex mental health issues?
2. What would parent/carer engagement ideally look like within the education context for young people with mental health issues?
3. What attributes would the teaching staff need to have to work with young people who have severe and complex mental health issues?
4. What makes a good transition education program? (base school or other pathway?)
5. What would be the mix of academic vs vocational programs that would need to be offered?
6. What would the educational physical environment need to have (as opposed to a clinical environment)?

Department of Health Questions in relation to the AETF - Recommendation 4

1. How do you make an inpatient facility less like an institution?
2. How do you keep young people connected to their family and community during an inpatient hospital stay?
3. What do we need to consider for young people coming from outside of south-east Queensland (Brisbane)?
4. Are there particular way the new state-wide facility can ensure it is inclusive and welcoming of minority groups (e.g. Aboriginal and Torres Strait Islanders and those from culturally and linguistically diverse backgrounds)?

Questions in relation to Recommendation 5 – Alignment and Transition between adolescent and adult mental health services in Queensland

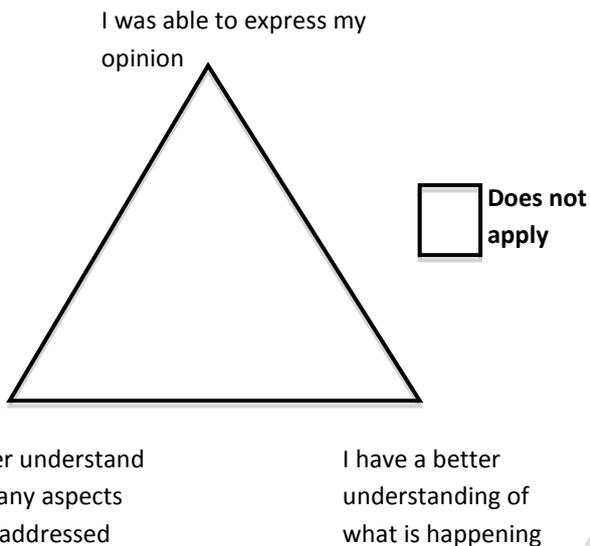
1. How well do adolescent/young people and adult mental health services align in this city/town/region/area? E.g. in terms of: Geographical boundaries? Age groups/development age considered? Severity and types of mental illness? Type of service provided?
2. What level of understanding is there between adolescent/young people mental health services and adult mental health services about each other's care models and treatment approaches?
3. How would you describe the current striation arrangements between adolescent/young people and adult mental health services?
4. What are the particular needs of adolescents/young people when it comes to transition arrangements between adolescent/young people and adult mental health services?
5. What would best practice look like for alignment between services and transition arrangements across adolescent/young people and adult mental health services?

Questions in relation to dual disability (mental health and intellectual disability diagnoses)
Recommendation 6

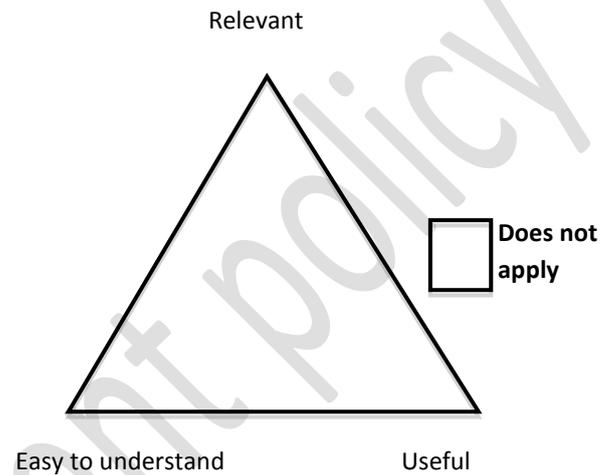
1. What health services supports are needed to equip/empower young people (with a mental health and intellectual disability diagnosis) and their carers to be able to better participate in transition processes or collaborative processes between Hospital and Health Services (HHS) or between a HHS and other Service providers?
2. Young people with a mental health and intellectual disability diagnosis (dual disability diagnosis) may have needs that are unclear or require multiple services responses. Do you know of any documents or processes for information sharing across services that allow consultation to work well for a young person with a dual disability diagnosis and their carers?

Attachment D: Forum Evaluation Triads

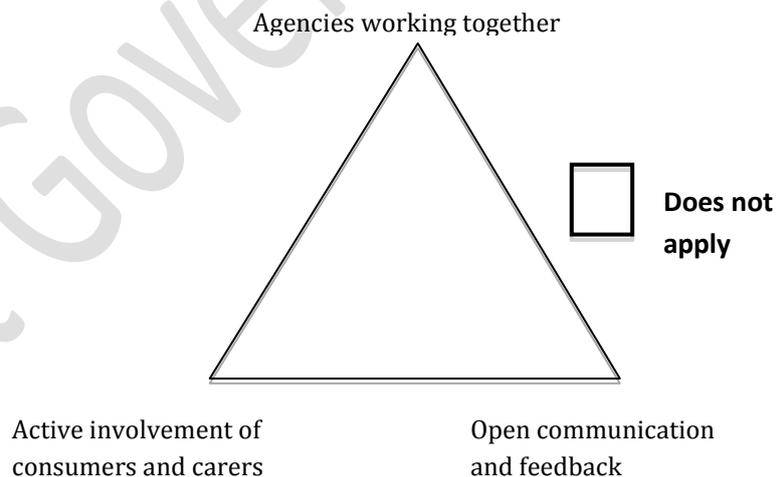
1. My **participation** in this forum was worthwhile because:



2. The **information** provided was



3. **Future success** depends on

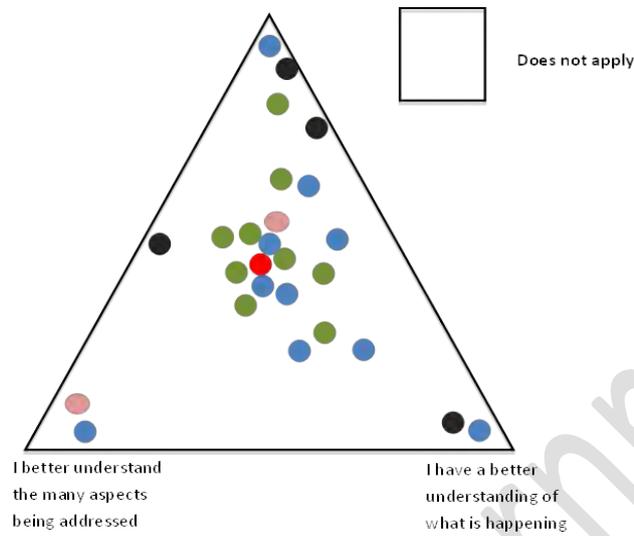


Attachment E: Example of completed Forum Evaluation Triads

Please mark inside the triangle where you think your example fits. Each point of the triangle means something different. If the triangle is not relevant to your experience, select "Does not apply". There is no right or wrong answer. This is about what the example means for you.

My participation in this forum was worthwhile because:

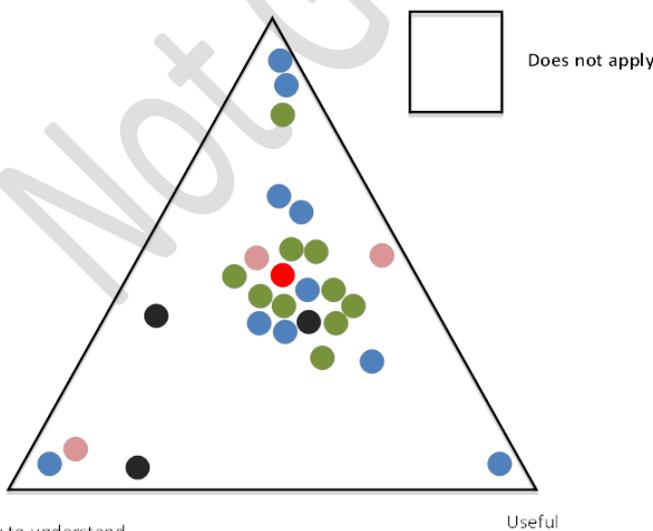
I was able to express my opinion



- Education ●
- Health ●
- Non - government ●
- Indigenous ●
- Consumers/Carers ●
- Others ●

The information provided was

Relevant



Future success depends on

Agencies working together

