



CENTRE
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IMPACT



MENTAL HEALTH DEEP DIVE

Summary report

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Mental Health Deep Dive: Summary report

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Acknowledgement of Country

We collectively acknowledge and pay respects to the Traditional Owners, and Country on which we work - the Whadjuk Noongar people, who are the Traditional Custodians of the lands on which UWA is situated; the Bedegal and Gadigal People, both of the Eora Nation, and the Ngunnawal People, who are the Traditional Custodians of the lands on which UNSW is based; and the Wurundjeri People of the Kulin Nation, who are the Traditional Custodians of the lands on which Swinburne's Australian campuses are located in Melbourne's east and outer-east. We pay respects to the Country and Peoples, and to their Elders, past and present.

Acknowledgement of Lived Experience

We acknowledge the individual and collective expertise of those with a living or lived experience of mental health, alcohol, and other drug issues. We recognise their vital contribution and value the courage of those who have shared their perspectives and personal experiences for the purpose of learning and growing together to achieve better outcomes for all.

REPORT STRUCTURE

This report has been divided into seven main sections, as follows:

1. Introduction
2. Understanding the strategic context
3. Defining the current problems and needs
4. Promising and effective practice review
5. Roundtables and discussions with mental health sector representatives
6. Conclusion
7. References



1. INTRODUCTION

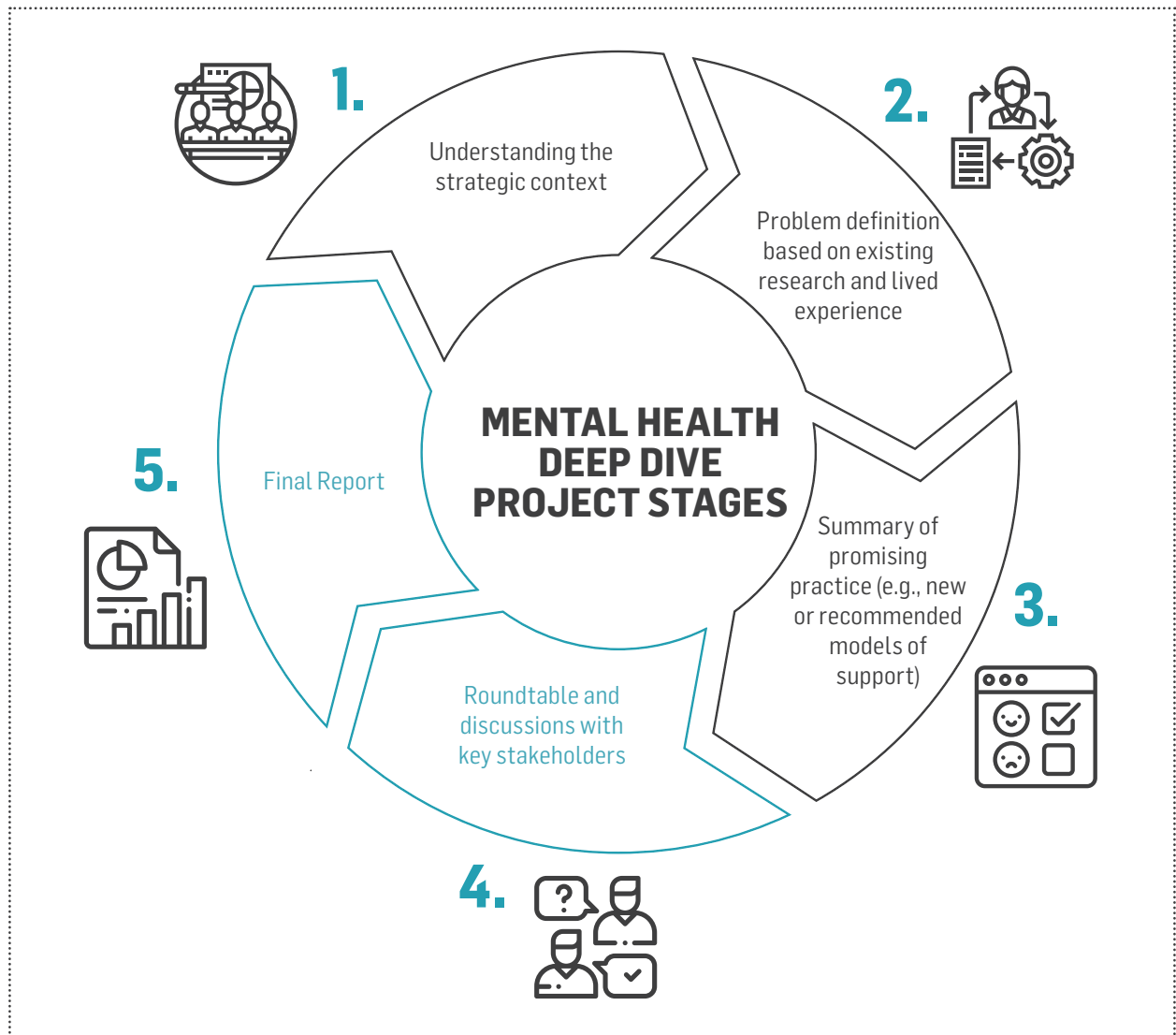
This is the final summary report produced for the *Building Back Better – Mental Health Deep Dive* project. The *Mental Health Deep Dive* was a collaborative research project involving Centre for Social Impact team members from the University of Western Australia (UWA), the University of New South Wales (UNSW), and Swinburne University of Technology (Swinburne).

The aims of this project were:

1. To understand how to better support mental health and wellbeing frameworks in Australia
2. To understand the complex policy/research and political landscape that surrounds the provision of mental health services

This *Mental Health Deep Dive: Summary report* briefly defines key terms and context around mental health and young people in Australia, and then summarises the project findings, with a focus on the final stage of the project – roundtables and discussions with key stakeholders in mental health.

Figure 1- Mental Health Deep Dive project stages



1.1 Terms used in this report

Barrier refers to the ease of access to a support based on environmental circumstances. Low barrier refers to ease in accessing support; there are no constraints that make it difficult to seek help. Alternatively, where there are many barriers, accessing help is more difficult. Barriers have the potential to reduce help-seeking, and include, but are not limited to language, transport, or cost constraints.

Indigenous Australians refers to the first inhabitants of the continent and surrounding islands of what is now called Australia. Broadly, this covers both Torres Strait Islander Peoples and Aboriginal Australian Peoples.

Lived experience refers to people with living or lived experience of a mental health condition, distress or challenges to social and emotional wellbeing.

Mental health The World Health Organization defines mental health as a state of wellbeing that enables people to cope with stress, reach their potential, and live a meaningful, fulfilling life (World Health Organization and Calouste Gulbenkian Foundation, 2014). Understandings of mental health and social and emotional wellbeing vary among different cultures and communities, and some see distress or social and emotional wellbeing concerns as a response to adverse social conditions (Dudgeon et al., 2017).

Mental health promotion refers to approaches that aim to *promote mental health and wellbeing* (Everymind, 2017). For example, public policies that facilitate social inclusion; and community-based or school-based programs that create supportive environments and provide people with resources that enable relationships and individuals to flourish.

Peer workforce refers to the (usually) paid workforce engaged specifically for their lived or living experience of concerns relating to social and emotional wellbeing, or of mental health difficulties, or of using mental health services. Roles within this workforce include but are not limited to peer support workers, lived experience academics, peer advocates and advisors. This workforce complements and is distinct from other clinical and professional roles in the sectors relating to social and emotional wellbeing.

Prevention refers to approaches that aim to *prevent or reduce* the occurrence of mental health conditions (Everymind, 2017). This includes **primary prevention**, which aims to reduce risk factors and increase protective factors within the population to prevent mental health condition onset; **secondary prevention**, which aims to reduce the severity or length of mental health conditions through early intervention; and **tertiary prevention**, which focuses on reducing the impact of a mental health condition on peoples' lives (Everymind, 2017).

Psychosocial refers to psychological and social factors that can impact or support a person's mental health and wellbeing. For example, access to meaningful activities, supportive relationships, belonging and safe housing can all be described as psychosocial factors affecting one's wellbeing and mental health.

Service-user refers to people with a lived experience of a mental health condition, distress or challenges who access mental health services.

Social and emotional wellbeing is a multifaceted concept that refers to an individual's wellbeing determined by interrelated domains: body, mind, family, community, culture, Country, and spirituality. This is a preferred term among many Indigenous Australians and indicates a broad approach to wellness (Dudgeon et al., 2017).

Social determinants of mental health refers to the recognition that mental health is shaped significantly by the social, economic, and physical environments in which people live.

Threshold refers to the ease of access to services due to service requirements or expectations - the 'hoops' people need to jump through to access help. Low-threshold services are easy to enter; the process of accessing support is simple, easy, and open to a broad range of people regardless of where they currently sit on the wellness/illness spectrum. High-threshold services may require service-users to meet rigorous criteria or requirements, for example, related to severity or acuity of their mental health condition presentation.

Young people refers to people who are between 12 and 25 years of age, inclusive.



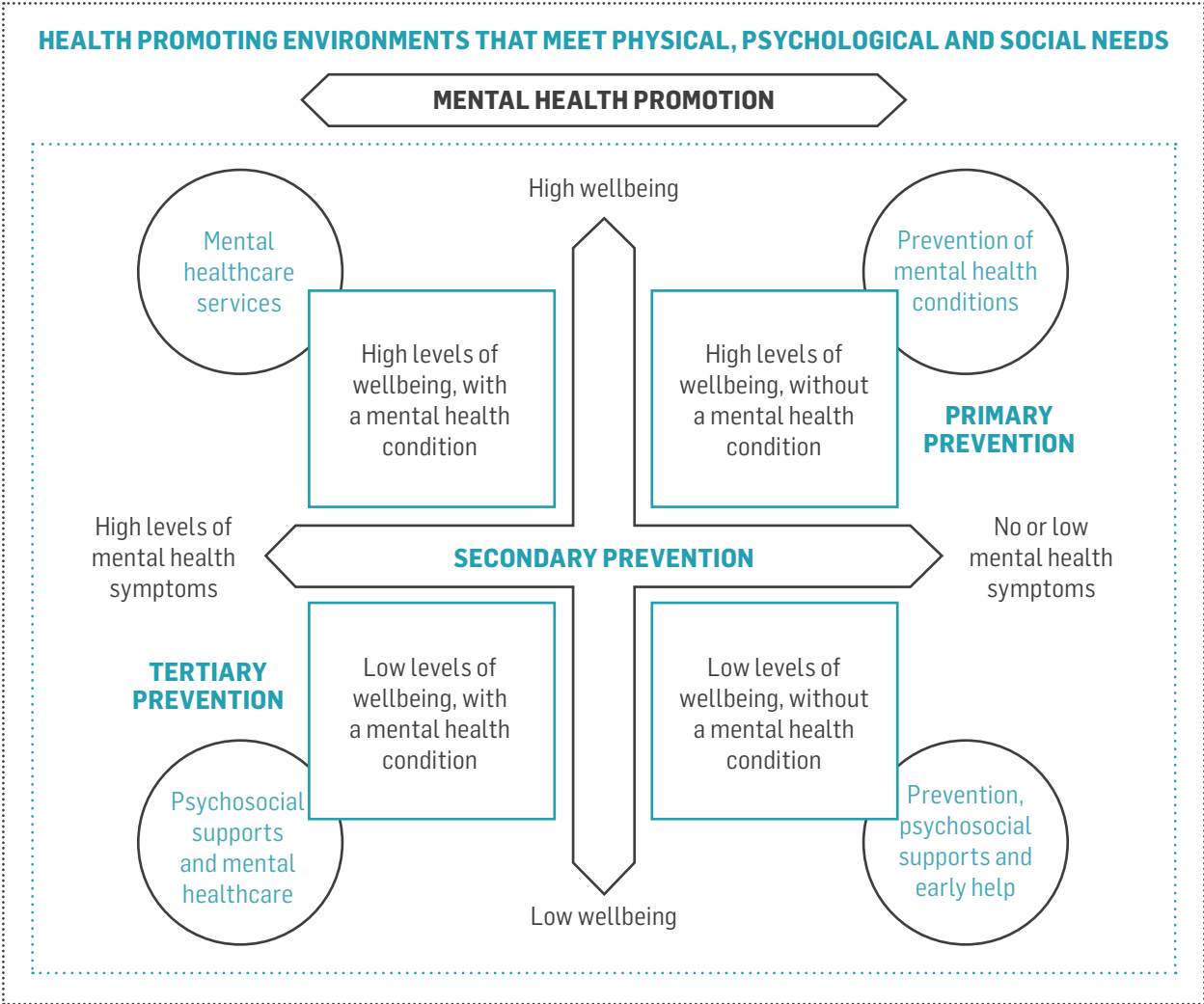
1.2 Mental health and wellbeing, and young people in Australia

In Australia, a mental health condition is commonly defined as a health problem that significantly affects how a person thinks, feels, or behaves (Manderscheid et al., 2009). Wellbeing and mental health are connected but distinct concepts. Mental health conditions often emerge in early childhood and adolescence and can have substantial and lasting impacts on life trajectory. In contrast, wellbeing in early life is associated with a range of positive outcomes, including improved social relationships, engagement, academic achievement, and economic security (VicHealth, 2015). Prevention and early help for signs of psychological distress aim to prevent progression, duration, and severity of mental health conditions.

Despite an estimated 4.8 million Australians who had a mental or behavioural condition in 2017-2018 (Australian Bureau of Statistics, 2018; Cook, 2019), and with almost half the population (45%) estimated to experience a mental health condition in their lifetime (Australian Bureau of Statistics, 2008; Cook, 2019), promoting and supporting mental health remains an issue in Australia. Young people’s mental health and wellbeing significantly influences their life trajectory and long-term engagement within the community (The Centre for Adolescent Health, 2018; Productivity Commission, 2020). This highlights the need to promote and support young people’s mental health early in life, and during the significant life transition from adolescence to adulthood.

Figure 2 illustrates some of the broad types of support that people can benefit from as they experience different levels of wellbeing and mental health, and shows the points at which different prevention and health promotion approaches are targeted.

Figure 2 – Dual-continuum model of mental health and wellbeing (adapted from Tudor, 1996 in Jay et al., 2017)



2. UNDERSTANDING THE STRATEGIC CONTEXT

Exploring the strategic context, systems and settings relevant to mental health in Australia is key to understanding the functioning of Australia's mental health system, the existing gaps and barriers in services, and how to best support promising and effective approaches to promote and support young people's mental health. The *Mental Health Deep Dive* project sought to do this through reviewing the existing evidence and talking with key representatives from the mental health and youth sectors.

The *Mental Health Deep Dive: Strategic context and problem definition report* provided an overview of policy settings and the Australian mental health system, and drew on State, Territory and National policy frameworks, academic literature, and reports from current national consultations and the mental health sector to identify key issues in: prevention and early help, improving psychosocial and community-based supports, and improving experiences of mental health services.

This strategic context review identified the critical need to design responses that are sophisticated enough to address the complexity of mental health, especially as mental health conditions strongly intersect with social disadvantage and the social determinants of mental health. These insights are important to integrate when defining effective prevention and early intervention responses for young people. Key findings from the *Mental Health Deep Dive: Strategic context and problem definition report* include:

- Prevention and early intervention activities are instrumental throughout life, and play significant roles in long-term outcomes, including engagement and productivity within the community
- Early intervention and support services should provide responsive care for specific populations that experience higher risk of mental health conditions related to current social inequities
- Mental health and wellbeing care are not limited to activities within the mental health system, but intersect with other professions and sectors (i.e., education, employment) and with community life. This reveals the opportunity to better support people seeking to access services in a broad range of settings

In addition to these findings, there is evidence that investing in prevention and early intervention is critical for the effective prevention of severe mental health conditions. Thus, prevention and early intervention represent our best tool for reducing mental health impacts on individuals and costs and service delivery burdens on the mental health system. Given our current reliance on high-cost crisis care services, focusing greater resources towards prevention, early help, psychosocial and community-based supports, makes both economic and moral sense. Our strategic context review presented several key recommendations regarding the nature and needs of prevention and early help activities for young people in Australia, including:

- The need to recognise and reduce current social inequities that affect mental health
- The need for an increased focus and resources directed towards the prevention of mental health conditions across the lifespan. This is particularly needed in under-funded and under-supported areas of mental healthcare, including mental health promotion, prevention and early intervention from infancy and childhood, through to education and workplace settings, and beyond
- The need to provide appropriate and sufficient training for professionals and community members across various social settings (e.g., where young people are experiencing major life transitions), to foster greater understanding of mental health and mental health conditions, and develop capacity to support people within the community



3. DEFINING THE CURRENT PROBLEMS AND NEEDS

Following the first report, the research team met with representatives of Zurich Financial Services Australia and the Z Zurich Foundation to discuss the core problem definitions and needs identified in relation to mental health in Australia. In co-developing the Needs Statements that guided our next stage of work, we considered:

- The significant evidence regarding the influence of social and economic inequities on both mental health risk, and access to support
- The clearly identified importance of early prevention, help and support for young people, and the potential to positively influence young people's life trajectories through effective practice
- The social impact goals held by Z Zurich Foundation, of improving mental wellbeing and enabling social equity

Drawing on these factors, a series of Needs Statements were generated that informed the focus of the second report – mental health promotion, prevention and early help for young people experiencing socioeconomic disadvantage.

NEEDS STATEMENTS

1 ***Problem:*** Waiting for people to be in crisis and access acute care is not working.

Need: We need low-threshold, easy-to-access, consistent care which takes into account the complexity of people's lives and the stigma around accessing mental health support, that (both) feels and is available consistently.

2 ***Problem:*** Social inequalities are exacerbated by access barriers and system design.

Need: We need to reduce the barriers to accessing appropriate preventative and clinical care, particularly for young people experiencing high-risk mental health issues and social inequity

3 ***Problem:*** Care is fragmented/not coordinated well, it is difficult to support people where they are at, and to help them move through their experience to a holistic recovery.

Need: We need clear, holistic mental health care, available at the level and in the mode wanted by the person experiencing a mental health condition, with their care-needs coordinated, including access to emerging modalities, favoured practitioners and in the location each young person is in.

4 ***Problem:*** The mental health crisis in Australia is not improving despite investments.

Need: We need effective preventative and early-intervention (early in life, mental health condition, and episode) care, developed by collaboration between those with relevant lived experience and those with other expertise, that people actually use and with a focus on connection.

We need health and wellbeing policies – including, but not limited to funding decisions – to be designed, implemented, and overseen through collaboration between those with relevant lived experience & those with other expertise.

4. REVIEW OF PROMISING AND EFFECTIVE PRACTICE

The *Mental Health Deep Dive: Effective and promising practice in mental health promotion with young people* report examined effective and promising practice in prevention and mental health promotion with young people, with a focus on young people experiencing socio-economic disadvantage. Our review of existing evidence and current programs found that both evidence and practice in prevention and mental health promotion with young people is still developing, and gaps in knowledge remain regarding the outcomes that interventions can achieve.

Many studies and practice examples focused on secondary prevention approaches, through improving young people's access to, and engagement with, mental healthcare at an early stage of distress or mental health challenges. There was less evidence about cohesive, community-integrated mental health promotion and primary prevention (such as strengths-based interventions and coping skills training with a wellbeing focus) prior to the emergence of clinically relevant distress.

4.1 Evidence for the outcomes promising and effective practice can achieve

Evidence from our review of the literature, and examples of effective and promising mental health promotion and prevention programs indicated some potential for universal (available to all) and selected (available to some) programs for young people that target:

- Reduction of mental health symptoms
- Promotion of good mental health
- Addressing the social determinants of health
- Improving services to support early help-seeking, access, and engagement in care

4.2 Common principles of effective and promising youth mental health promotion or prevention practice

While some gaps in outcome measurement and knowledge remain, our second review enabled us to identify several common principles of effective and promising mental health promotion or prevention practice with young people. These principles for effective and promising practice suggest that programs, services and approaches should be:

- Co-designed or informed by young people, and peer-led
- Universally available (therefore less stigmatising) but adapted to the local and cultural context and with an equity lens to provide support in alignment with need
- Holistic, integrated and coordinated – engaging and addressing the whole person and their interests and needs, rather than focusing only on mental health
- Local, affordable, convenient, and flexible in delivery
- Youth-friendly, culturally safe, and responsive (e.g., welcoming, youth-friendly spaces, non-discriminatory, non-judgmental, non-stigmatising, culturally competent staff or facilitators)
- Able to facilitate positive connections with peers and trusted adults
- Longer-term – for example, ongoing for 12 months or more



5. ROUNDTABLES AND DISCUSSIONS WITH MENTAL HEALTH SECTOR REPRESENTATIVES

This *Mental Health Deep Dive: Summary report* summarises the findings from the last stage of this project – a series of roundtables and discussions with key stakeholders in mental health. The aim of these roundtables and discussions was to test the ideas that emerged from the literature, with current Australia-based understandings, and to see the extent to which the findings resonate with what practitioners and policymakers understand. A full, detailed version of the approach and findings can be found in the *Mental Health Deep Dive – Community consultation and final report*.

5.1 Approach and methodology

Nine key stakeholders were consulted about effective and promising practice for supporting youth mental health. They were selected for their experience working in senior roles, or with significant direct experience working to support young people, in the youth and/or mental health sectors. Eight of the participants attended one of two roundtable workshops, and one person was interviewed. One participant represented a national organisation, two were from Queensland, and the remainder from Western Australia. Most worked for peak bodies and commissioning bodies in metropolitan locations. Two represented a regional perspective: a senior educator and a doctor in general practice.

The two workshops were conducted in a roundtable format – discussions with peers that sought out diverse perspectives. Interactive and human-centred design techniques were used to draw out how stakeholders define, conceptualise, and imagine promising practice that addresses youth mental health, grounded in professional and personal experience and in examples of early intervention they have seen. The workshops were structured around questions informed by the previous literature reviews, and the Needs Statements co-developed by representatives of Zurich Financial Services Australia and the Z Zurich Foundation, with CSI. Participants were presented with five categories of mental health care based on the literature reviews:

- Low threshold, easy to access care
- Reduction of the barriers to accessing care
- Clear, holistic mental health care
- Effective preventative and early intervention (early in life, illness, and episode)
- Health and wellbeing policies

Participants were asked to consider what they would see and hear, and how they would feel if these models of care were being delivered to young people seeking mental health care or support.

5.2 Summary of key findings from roundtables and discussions

In the following sections, we unpack the findings from the roundtable workshops and discussions with key mental health stakeholders about what is needed to support the mental health of young people experiencing disadvantage, how this work can be done, and what is required to enable this. We begin by summarising (in the following tables) our key findings about what is needed, and how this can be done. We then discuss the key findings in more detail, providing quotes from participants that illustrate the main themes identified, and linking these findings back to the existing literature explored through the *Mental Health Deep Dive* project.

IMPROVED ABILITY TO ENGAGE YOUNG PEOPLE EXPERIENCING DISADVANTAGE

<p><i>Proactive outreach</i></p>	<ul style="list-style-type: none"> • Deliver services creatively, offer more options (i.e., drop-in support, out-reach, and in-reach) • Engage young people where they currently are (i.e., remove the need to travel to services) • Early intervention helps address disadvantage; embed health promotion activities into early childhood education to help normalise self-care and help-seeking for all
<p><i>Access for all and providing immediate help</i></p>	<ul style="list-style-type: none"> • Remove common access barriers (i.e., restrictive service eligibility criteria such as age) • Acknowledge that young people who are trying to access services need immediate help, relief, comfort, and support • Long waitlists can be addressed by alternatives to appointment-based models; there is currently overwhelming demand on mental health services • Young people should never be turned away from a service without clear, supported referral pathways (the “no wrong door” philosophy) • Organisations should support staff to accept a certain level of risk in accepting clients
<p><i>Flexible delivery</i></p>	<ul style="list-style-type: none"> • Individualised support is critical, especially for young people experiencing disadvantage who may also be experiencing social, physical, or economic difficulties or difficult life transitions • Services need to change where new issues emerge, or if enduring problems persist • Local solutions are needed to address local problems – the context of service delivery needs to always be considered

SERVICE DELIVERY THAT MAKES A DIFFERENCE

<p><i>Strong relationships</i></p>	<ul style="list-style-type: none"> • Establish a genuine connection with young people; it matters a lot • Spend more time with young people, especially during the early stages of engagement • Trust is critical for improving the mental health and social and emotional outcomes of young people
<p><i>Listening to and engaging with young people</i></p>	<ul style="list-style-type: none"> • Deep and empathetic listening to service-users’ needs, concerns and problems allows young people to feel heard and supported • Get to know young people to understand their preferences for being supported • Understand the person’s whole life, and think about how socio-demographic factors impact on needs and choices
<p><i>Strengthened peer workforce</i></p>	<ul style="list-style-type: none"> • Find ways to listen to people who have a lived experience of a mental health condition, it will help services learn how to engage with young people experiencing disadvantage and needing support • Continuous feedback from service-users should be built into how a service operates; meaningful engagement through all stages of planning, implementation and review will allow services to better support young people • Decision makers need to understand co-design (including co-creation and co-production) and know how to action it • Sociodemographic diversity within the peer workforce will bring in the much-needed range of knowledge and experiences



HOLISTIC APPROACHES TO ADDRESS MULTIPLE NEEDS

<p><i>Service hubs</i></p>	<ul style="list-style-type: none"> • Co-located services with clear links and pathways between them will enable young people to access more than a single type of support to better address their needs • Service hubs should not be exclusively mental health oriented; mental health improves when whole-of-life, whole-of-person needs are addressed • Different organisations need one another, to provide varied expertise and resources
<p><i>Collaboration and integration</i></p>	<ul style="list-style-type: none"> • Shared planning and communication between services allows smoother transitions, and clear and correct referral pathways for young people as they address multifaceted issues • Linking with the local community provides opportunity for ongoing connection and belonging for young people seeking mental health support • Creating an eco-system of support reduces staff burnout as staff are able to work together to solve problems and work in unified ways (rather than competitively)

EMPOWERMENT

<p><i>Choice</i></p>	<ul style="list-style-type: none"> • Providing service-users with choice (i.e., modality of treatment, entry point, service type) empowers young people • Young people should be able to decide how long they are engaged with a service and whether and how often they opt-in or opt-out of treatment
<p><i>Safety</i></p>	<ul style="list-style-type: none"> • An effective mental health service is psychologically, emotionally, culturally, and physically safe • Young people need to be accepted, treated with respect, and be provided with care, irrespective of their circumstances or differences • The physical space should be welcoming, friendly, comfortable, accommodating, and relaxed

5.3 What is needed to support the mental health of young people experiencing disadvantage?

Socially disadvantaged young people, who experience greater risk factors for mental health conditions (Allen, Balfour, Bell, & Marmot, 2014), also face disproportionate barriers to accessing mental health supports. Interventions that reach young people where they are break down barriers to help-seeking, increasing the chance that young people access support early when it matters, to reduce the impact of mental health conditions over the life course.

“We need more extensive networks of outreach services making regular visits to where young people need to be.”

Early intervention programs that work with schools to address youth vulnerabilities can be effective (Bradfield, 2018), and there is some evidence that targeted creative/recreational programs in schools (Martin & Wood, 2017), and culturally responsive and local community-led organisations (Jones et al., 2021; Posselt et al., 2017) can also support young people’s access to early help.

Universally available supports (that attempt to reach all young people) minimise the risk of harm or stigmatisation, and maximise potential for health promotion across the population (Fusar-Poli et al., 2021; Iizuka et al., 2015; Posselt et al., 2017) – though, specialised, targeted interventions are also necessary to reduce health disparities (Jones et al., 2021) and increase efficiency of service delivery.

What this means on the ground, according to stakeholders we spoke to, is low-threshold services readily available for all young people to access. Young people should not be required to fulfil restrictive criteria to get help, to endure long waits when they are experiencing distress, or to miss their opportunity to access support if they have a concern with their mental health, especially if their mental health concern is experienced alongside other dimensions of disadvantage. The “no wrong door” philosophy should allow young people to access help, support, or relief, whenever they need it.

“Young people feeling like they can receive care when they truly need it – not just when they are in crisis.”

Flexibility is required for services to adapt to local need, provide individualised care, more options and convenience. Adaptable services that are resourced to provide support in alignment with individual need are ultimately a best practice approach (Welsh et al., 2015). The literature describes how young people have different preferences regarding mental health supports, and flexibility is needed to encourage access to early help (Hansen et al., 2019; McCann & Lubman, 2012; Platell et al., 2017; Robards et al., 2019).

“When a program is expected to look the same, that’s when issues arise.”

Flexible approaches can be further strengthened by co-design processes to continuously improve services. According to the literature, young people value peer-support and connection, and services that are tailored to young people are more likely to be effective (Brown et al., 2016; Fusar-Poli et al., 2021; Sharma et al., 2021; Wearing, 2011). Partnership with young people using genuine co-design and collaboration frameworks ensures that efforts to support mental health are optimised, and this ultimately improves the efficiency of service delivery (Brown et al., 2016; Fusar-Poli et al., 2021; Sharma et al., 2021; Wearing, 2011).

“We want young people saying...they didn’t get it right at first, but they listened to me and made it fit what I needed better.”

This point was emphasised by stakeholders, who called on the sector to not just promote the idea of co-design and lived experience engagement, but to more deeply understand it, doing it continuously (not just at the start) and ensuring decision makers know how to act on co-design findings.

“The consultation process is valued but it’s ‘we need to do this’ and then after that there is no ongoing co-design efforts – a misunderstanding of co-design. There needs to be ongoing feedback and for [services to be overseen] by lived experience advisors and people who use the service.”



The heart of good service delivery is the quality of the relationship between the young person and the staff. Connection matters, and staff need additional time – especially when a young person first seeks support – to build trust, provide empathetic listening, and really understand the young person's concerns and presenting struggles.

"It takes courage to seek help and it's scary to hear when people say they haven't been listened to. If we don't listen, we might miss our opportunity to help that person."

With this foundation young people can safely communicate their needs and make choices. As young people are often navigating significant life transitions, they may not yet have established stable, reliable supports in their personal lives. They may have internalised stigma and be reluctant to seek formal treatment – therefore, investing this time to build a genuine relationship with a young person is essential to service effectiveness, and to making a difference in their life.

"Young people walk into a place, it's beautiful, welcoming...someone gives them a cup of tea, chat on a couch, needs are identified, warm hand-over to someone else."

Consistent with what was found in the literature, negative experiences deter engagement, while safe spaces and positive and supportive relationships with staff and peers encourage engagement, are valued by young people, and contribute to positive mental wellbeing (Boyle, 2020; Brooks et al., 2020; Brown et al., 2016; Posselt et al., 2017).

"Physical space...to see a space where young people feel safe to actually engage. Once that has already happened, we would see a level of engagement with young people – a relationship that is building over time in a place where the young people feel safe."

Promising and effective practice is holistic. Stakeholders reported that quality services consider people to be individuals with whole-of-life needs; not merely requiring mental health support in isolation. Social, emotional, cultural, spiritual, and physical aspects of self need to be understood. Consistent with the literature, young peoples' engagement with mental health programs and services should be holistic, integrated and coordinated to increase service access and deliver best practice (Boyle, 2020; Brooks et al., 2020; Brown et al., 2016; Oostermeijer et al., 2021). Holistic approaches to address multiple needs is in line with everything we know about the social determinants of mental health, and this cannot happen without planning (for example, collaboration to develop referral pathways, co-located service hubs).

"Through co-location and integrated pathways – youth mental health specialist services are embedded into youth services, youth homelessness services, employment services, employment agencies, etc."

Meaningful collaboration between agencies is key to effective practice, and currently, where the youth mental health landscape falls short.

"...feeling like there is a less competitive mindset in service delivery – we are no longer jockeying for scraps of funding, and instead truly working together."

With time constraints and competitive tendering, staff are not enabled to collaborate well, and potential benefits to staff and service-users that could occur through collaboration – such as free-flowing communication, the sharing of expertise, and a reduced risk of staff burnout – are missed.

"It is difficult for one person to address all needs. We hope to hear about multiple supports coming from different perspectives – clinical, social, housing etc."

Young people should be active participants in their own treatment and feel empowered by the service that they are accessing. Effective mental health supports recognise that young people possess individual needs, preferences, and desires, and these can be accommodated. Giving young people choice and responsibility to manage their lives is a core aspect of person-centred approaches, and considers the coordination of care and whole-of-life needs (Boyle, 2020; Productivity Commission, 2020).

| *“Here are the choices, what do you want to engage in? We can offer you A, B, C, and D.”*

Stakeholders felt that empowering young people comprised providing choice (e.g., service delivery mode or for how long they access a service) and creating safe spaces for support where young people feel accepted, respected, and cared for. If young people do not feel welcomed or safe, they will not actively engage in mental health treatment (Boyle, 2020; Brooks et al., 2020; Brown et al., 2016; Jones et al., 2021; Posselt et al., 2017).

5.4 What is required to create promising and effective practice?

The stakeholders we consulted described how dedicated staff want to do their best for young people, but also work in constrained environments where efforts such as relationship building and developing positive collaborations with other services are not always adequately resourced. Funding structures, as well as organisational management practices, can create conditions where staff work within rigid models of service provision, and where measures of performance or effectiveness are based on ‘hours of contact’ or ‘number of clients’ rather than quality of engagement or relationship. Such constraints and pressures would not only undermine much of the promising and effective practice described in this *Mental Health Deep Dive*, but would also render it invisible.

| *“We need mental health system reform strategies that actually have funding attached to implementation.”*

Promising and effective practice cannot be sustained without stable, consistent and properly allocated funding that allows for services to engage meaningfully with young people as well as ensure their other urgent needs are supported through strong collaborations with other services.

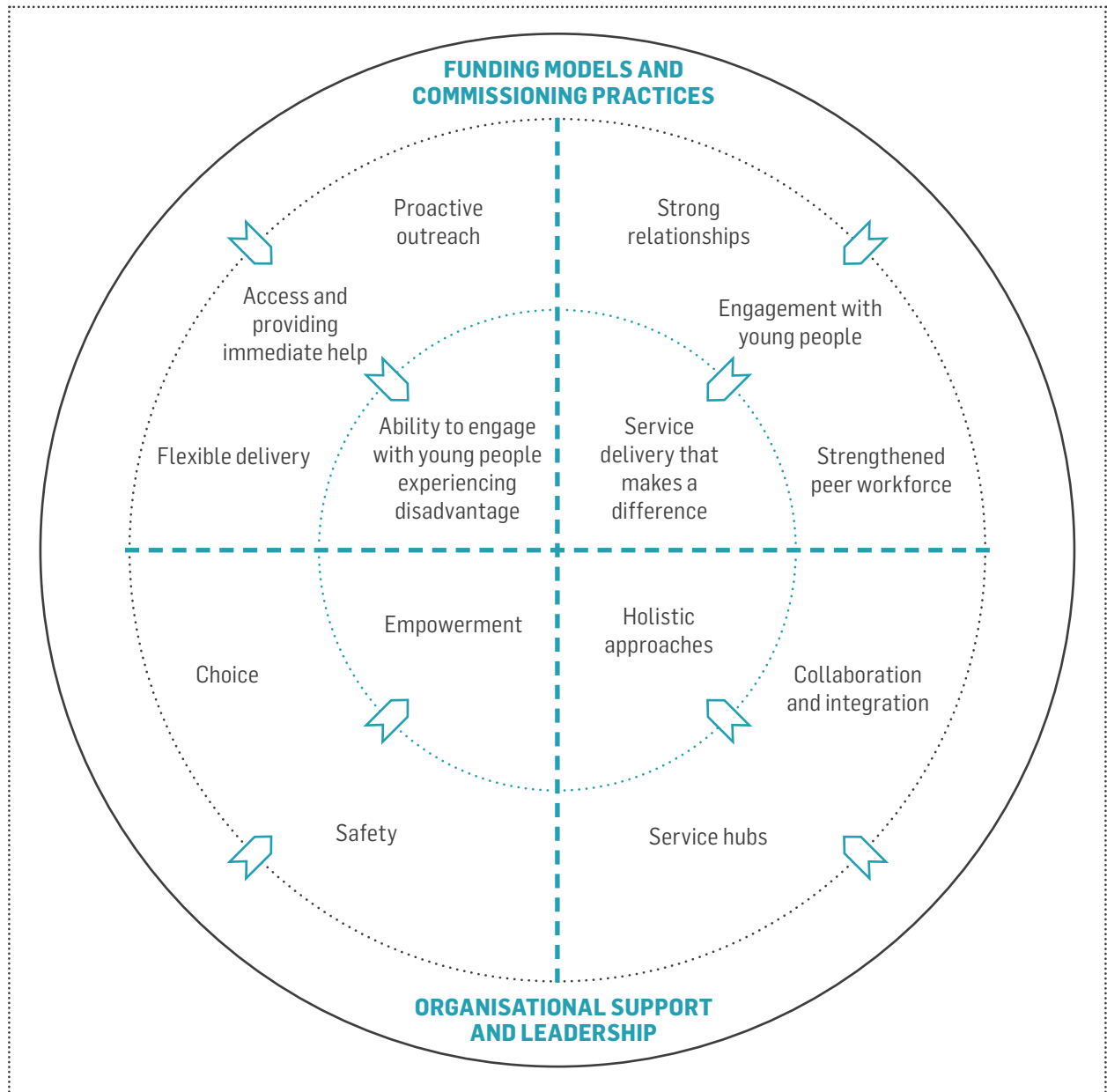
Mental health funding allocated for early intervention may need to be better resourced to enable effective engagement, especially if there is an authentic desire to support young people experiencing disadvantage. Additionally, organisational culture, staff wellbeing and safety policies, and human resources management, together with thoughtful management systems, are all important ingredients for enabling individual employees to engage in promising practices, thereby increasing quality of care and improving mental health outcomes for young people.



6. CONCLUSION

Despite the limitations of this project – including that no young people were consulted at any point – the congruence between the literature review findings and the key ideas emerging from the consultation means we can speak with some confidence about what effective and promising practice might look like for supporting the early intervention and promotion of mental health in young people.

6.1 Visual summary – effective/promising practice for supporting young people early



6.2 Concluding thoughts

The findings of the generative discussions may seem unsurprising to those working in mental health. They are what the mental health sector, and especially lived experience voices within the sector, have been calling for over many years. What is not often obvious in these discussions is the felt urgency of the need for change – as reflected in the voices of sector representatives in the roundtables. Researchers from CSI noted the strong emotive language of participants. When reflecting on what it would be like to see promising and effective practice for young people, participants used words such as ‘relief’, ‘joy’, and ‘hope’. Participants also openly described their ‘apprehension’ and even ‘sadness’ that where effective practice does exist, it may just as easily disappear due to a lack of sustained funding. Participants also felt despair that these ways of working are outliers and not consistently valued (or even recognised) by decision makers.

Although our stakeholder consultations were limited and not extensive, the feedback received was consistent. The overarching message from strategic thinkers working in various parts of the mental health sector confirmed that no matter what type of support, which state or territory, or what the specific mental health needs of the young person might be, effective practice takes time because it requires:

- Proactive engagement
- Flexibility over standardised approaches
- Relationship-building
- Meaningful engagement with young people
- Effective collaboration with other services and supports
- Continual improvement in response to co-design processes, creativity, and innovation

In weighing up all the evidence gathered in the *Mental Health Deep Dive*, we feel that operationalising the principles of promising and effective practice ought not to rely solely on the good will of practitioners – of which there is naturally plenty – because, as researchers were told, this does lead to burnout. Instead, the way services are funded might be key to supporting promising practice in sustainable ways.

Within the way that services are currently funded and commissioned, the work that is essential to promising and effective practice is not always as visible, explicit, or resourced as it should be. These may seem to be less tangible elements of practice, but according to most of stakeholders consulted, if these elements exist, the ‘magic’ of the service or support, and its ability to make a lasting difference to the lives of young people is palpable.

These findings suggest that creating more enabling funding and commissioning practices, that actively support the elements of promising and effective practice outlined here, could hold the greatest potential for creating change and increasing the effectiveness of services for young people.

Experiences in the service sector of strains on resources, as expressed during consultations, could also reflect the general under-investment in promotion, prevention, and early intervention activities in the mental health sector. As the *Mental Health Deep Dive: Strategic context and problem definition report* notes, a greater spend is currently focused on high-cost acute and crisis care, with prevention, early help, psychosocial and community-based supports being given less.

It is our hope that the findings of this *Mental Health Deep Dive* help to make the case for effective and promising practice, as it is described here – and in particular, for further investment in intervening and supporting young people as soon as possible in the context of their struggles, and as early as possible in their lives and transition to adulthood.



7. REFERENCES

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