

Future Generation Global Investment Company Limited (FGG):

Who we are:

Our purpose:

Future Generation Global Investment Company Limited (FGG) is Australia's first internationally focused listed company with the dual objectives of providing shareholders with diversified exposure to global equities while also helping to improve the lives of Australian children and young people who are affected by mental health issues.

Our goal:

Our goal is to promote the mental health, wellbeing and resilience of Australian children and young people by supporting smarter service system development and investing in effective programs and services so that young Australians can have access to the supports, information and services they need, when they need it, to maintain their mental health and lead an active and engaged life.

We want to help:

- Improve the physical and mental health and wellbeing of Australian children and young people aged 0 – 25 years;
- Foster their social and economic participation;
- Improve access to information services and supports to help young Australians to stay well; and
- Reduce the incidence of suicide and self-harm.

Our approach:

We do that by:

1. **Providing a reliable source of funding** for charities and research organisations working in the Australian mental health sector; and
2. Building collaborative relationships with leading mental health charities and **investing to transform and strengthen the mental health system** supporting Australian children and young people.

FGG donates 1.0% of its net tangible assets each year to Australian non-profits working to support Australian children and young people affected by mental health issues. FGG shareholders can elect to allocate their share of those funds donated by FGG to projects being undertaken by FGG's network of highly credentialed charity partners (Designated Charities) as part of a strategic portfolio of projects.

Our grant making focus:

FGG's core grant making portfolio is structured to:

- Support **smarter service system development**; and
- Help **develop and scale the most effective programs and services**.

We focus on funding activities that seek to:

- Build the **evidence** base for effective service system and program design;
- Develop sector **capability** to deliver quality programs and services and drive sector transformation;
- Increase individual **agency** and help-seeking to promote and support resilience and wellbeing;
- Improve **access** to support;
- Strengthen **early intervention**; and
- Foster social and economic **participation**.

What we want to change:

Mental and substance use disorders are the third leading contributor to the burden of disease in Australia and the most significant contributor to the burden of disease for young people (including late childhood, adolescence and early

adulthood).¹ Approximately one in every five Australians experience a mental illness each year. The prevalence of mental illness is greatest among 16-24 year olds.²

The results of the most recent National Health Survey (2014-15) show that:³

- Just over 1 in 5 children (22%) are developmentally vulnerable on one or more domains when they commence school;
- Just under 1 in 10 young people aged 15 – 24 (9%) rate their health as being fair or poor;
- Just under 1 in 5 (19%) identify themselves as having a long term mental and behavioural condition;
- Just over 1 in 10 young people aged 18 – 24 (11%) experience high or very high levels of psychological distress; and
- Just under 1 in 10 of children aged 0 – 14 (9%) also identify as having a long term mental health condition.

Suicide remains the leading cause of death for young people aged 15 to 24 years.⁴

We know that adolescents and young adults with mental health problems report a higher rate of suicidal thoughts and other health-risk behaviours, including smoking, drinking and drug use than their peers. We also know that only about 1 in 4 young people with mental health issues receive professional health care.⁵

People with mental health issues often experience poorer life outcomes than their peers. They are more likely to cut down on day to day activities, time at study or work and be unemployed or out of the labour force than people without a mental or behavioural condition.⁶

It is critical that we support all Australian children and young people to maintain their physical and mental health and lead active and engaged lives.

Our goal is to:

- Improve the physical and mental health and wellbeing of Australian children and young people aged 0 – 25 years;
- Foster social and economic participation;
- Improve access to information services and supports to help young Australians to stay well; and
- Reduce the incidence of suicide and self-harm.

¹ Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.

² ABS 4326.0 National Survey of Mental Health and Wellbeing: Summary of Results, 2007

³ ABS 4364.0.55.001, National Health Survey: First Results, 2014-15

⁴ ABS 3303.0 Causes of Death, Australia, 2014

⁵ The Mental Health of Young People in Australia, Sawyer et al, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, 2000.

⁶ ABS 4364.0.55.001, National Health Survey: First Results, 2014-15

Key indicators of how we are tracking on child and youth mental health at a national level:

Children developmentally vulnerable on commencement of school

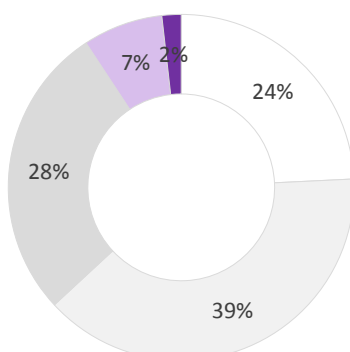
(Australian Early Development Census 2015)

Proportion of children in Australia **developmentally vulnerable** on one or more domains **22%**

Physical	9.7%
Social	9.9%
Emotional	8.4%
Language	6.5%
Communication	8.5%

Young Australians aged 15 – 24 years self-assessed health status

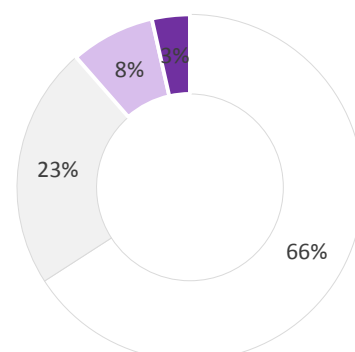
(National Health Survey 2014/15, Table 15.3 Self-assessed Health Status)



□ Excellent □ Very good □ Good □ Fair □ Poor

Young Australians aged 18 – 24 years psychological distress

(National Health Survey 2014/15, Table 7.3 Psychological Distress)



□ Low □ Moderate □ High □ Very High

Proportion of young people with mental health issues that seek professional services

1 in 4 young people

(The Mental Health of Young People in Australia, 2000)

Proportion of children and young people in Australia with long term mental and behavioural problems

(National Health Survey 2014/15, Table 3.3 Long-term health conditions)

0 – 14 years	8.9%
15 – 25 years	19.4%

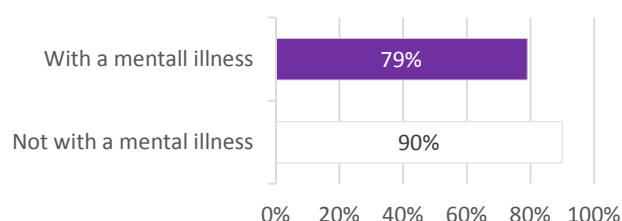
Intentional self-harm (suicide) based on deaths per 100,000 estimated resident population (ERP)

(ABS 3303.0 Causes of Death, Australia, 2014, Table 11.3 Intentional Self-harm)

0 – 14 years	0.5
15 – 25 years	11.6

Proportion of young people and adults aged 16 – 30 with a mental illness in study or work compared to their peers

(National Mental health Report, 2013)



In 2011-12 79% of Australians aged 16-30 years with a mental illness were employed and/or enrolled in study towards a formal secondary or tertiary qualification compared to 90% of their same age peers.

What we do:

1. We provide a reliable source of funding:

FGG was established in 2015 on the basis that it would donate 1.0% of its net total assets each year to non-profit organisations to support Australian children and young people affected by mental health issues.

FGG made its inaugural donation in October 2016. It distributed \$2.42M to help improve the lives of children and young Australians who are affected by mental health issues.

\$1.91M has been distributed to support strategic projects being delivered by eight Designated Charities or Partners with whom FGG is collaborating. FGG has committed to support those projects on an ongoing basis over the next five years. It will provide the Designated Charities with a significant source of funding through which to advance their work. A further \$0.51M has been distributed to other charities, selected by shareholders with 1 million or more shares, as part of FGG's FY2016 donation.

It is projected that the assets under management by FGG will grow over the next year increasing the funding pool available for distribution to over \$3 million in the next financial year.

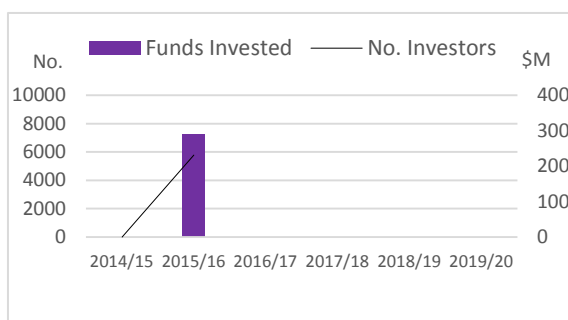
FGG is in the early stages of its activity. This report provides an overview of the work that FGG has been undertaking and the projects that it is funding with its Designated Charities.

How we are building a pool of philanthropic funds: our investment profile as at 30 June 2016 (unless otherwise indicated)

Investment profile:

	Total	New in Last 12 mths
No. participating fund managers	19	-
No. shareholders	5,788	334 ⁷
Gross Assets	\$289.7M	NA
Dividend Yield		NA
Net Assets per Share (after tax)		\$1.06

Investment profile



Available grant making funding pool:

\$2.42M

based on annual donation of 1% of net tangible assets

How we are distributing those funds:

No. funded charities

	Total	Current Year
No. Designated Charities:	8	8
Other charities:	25	25

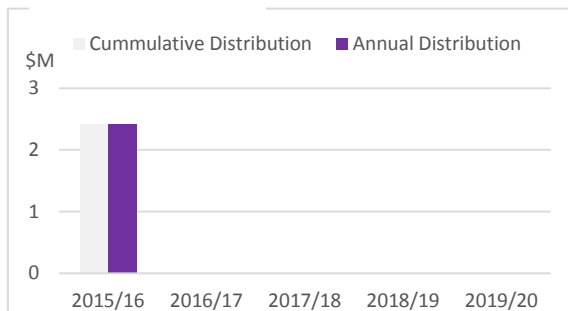
No. funded projects:

	Total	Current Year
Designated Charities:	8	8
Other charities:	25	25

Amount distributed (\$M):

	Total	Last 12 mths
Designated Charities	\$1.91M	\$1.91M
Other charities	\$0.51M	\$0.51M

Distribution profile:



⁷ Figure shows additional shareholders joining FGG post the listing of FGG on 10 September 2015.

2. We invest in change:

Who we invest in:

FGG has identified eight Designated Charities that have a strong track record of working to help improve the lives of Australian children and young people who are affected by mental health issues and is funding strategic projects with them.

Its charity partners work across range of areas including research, public policy and advocacy, community education, non-clinical and clinical service provision and sector based training and development.

Our Designated Charity Partners and the type of work that they do:

Click through on the Designated Charity name to learn more about each partner.

Main focus: Other areas of work:

Partner	Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development
Black Dog Institute						
Brain & Mind Centre						
Orygen						
beyondblue						
ReachOut Australia						
SANE Australia						
Butterfly Foundation						
headspace						

Click through to see a list of all of the charities that we have supported.

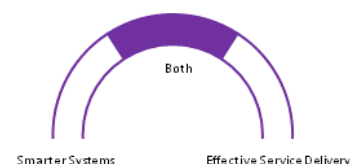
What we support:

FGG is currently funding 8 strategic projects with its Designated Charities.

Those projects are focused on supporting **smarter service system development** and / or helping to develop and scale **effective service delivery**.

They do that by: building the **evidence** base for effective service system and program design, developing sector **capability** to deliver quality programs and services and drive transformation, increasing individual **agency** and help-seeking, improving **access** to support, strengthening **early intervention** and fostering social and economic **participation**.

Focus of FGG project portfolio:



Overview of the portfolio of projects being funded by FGG:

Click through on the project name for more detail about the project.

Designated Charity	Funded Activity	Evidence	Capability	Agency	Access	Early intervention	Participation
Black Dog Institute	Youth Centre for Research Excellence in Suicide Prevention						
Brain & Mind Centre	Youth Mental Health and Technology Program						
Orygen	A Multilevel Place-based Strategy for Youth Suicide and Self-harm Prevention						
beyondblue	Healthy Families Program						
ReachOut Australia	Reaching Out to Young People in Remote and Rural Australia						
SANE Australia	SANE 360° Help Centre Supporting Young Adults with Mental Illness						
Butterfly Foundation	Youth Intensive Outpatient Program						
headspace	National Traineeship Program for ATSI Mental Health Workers						

The projects are seeking to drive change and improve outcomes for children and young people in a range of different ways.

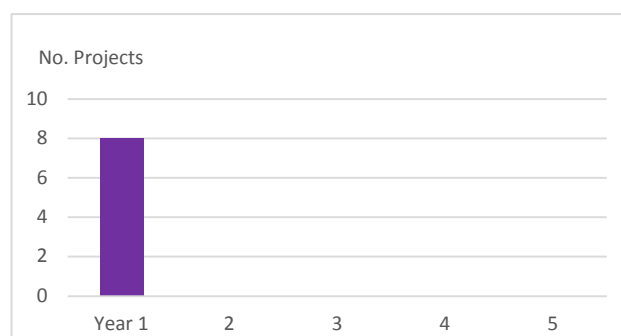
Change Lever	Description	No. Projects	% Portfolio
Policy change	Working to influence or shift prevailing government policy and funding framework	-	-
Practice innovation	Helping to identify and drive step change improvements and innovation and practice	8	100%
Sector development	Improving service system skills and capability	6	75%
Service delivery	Improving service quality and accessibility	7	88%
Engagement	Informing and engaging consumers and community to help access and provide support	8	100%

All of the current projects are in their first year of funding. Most are in the initial scoping or early stage of design and implementation.

Portfolio profile:	Projects	Funding		
	No.	Committed (full project)	Distributed (current year)	Expended (last report)*
All projects	8	\$1.91M	\$1.91M	Not applicable
<i>How progressed:</i>				
Year 1	8	\$1.91M	\$1.91M	Not applicable
Year 2	-	-	-	-
Year 3	-	-	-	-
Year 4	-	-	-	-
Year 5	-	-	-	-

* Last report: 30 September 2016

Project maturity (based on year funding cycle):



Proportion of projects that are on track against plan for implementation:

100%

Proportion of projects that are on track for delivery on or exceeding targeted project outcomes:

Not applicable

Project implementation and outcomes will be traced on an annual basis. Detailed project proposals and target outcomes tables have been prepared for each project. Copies of those documents are available on the FGG website.

What we are delivering:

The funded projects will work with children and young people affected by mental health issues, their family, friends and peers and professional service providers who work with them across a range of different settings, including their homes, schools and workplaces.

Over the next five years the projects will seek to work directly with over 203,250 children and young people and indirectly support or touch a further 1.9M. They will also seek to directly or indirectly support just under 2.0M family and community members and just under 2,600 service providers.

**People supported through
FGG funded projects:⁸**

	Current Projects – Targeted			
	Directly Supported		Indirectly Supported	Total
	No.	+	Estimated	= Total
Children & young people	203,265		1,927,325	2,130,590
Those who are close to & care for them	209,800		1,751,500	1,961,300
Professional service providers	298		2,300	2,598

Current Projects – Actual Supported		
Children & young people	Pending	Pending
Those who are close to & care for them	Pending	Pending
Professional service providers	Pending	Pending

Since 2016

**Supported by FGG
Funded Projects**

Pending
Pending
Pending

* including directly & indirectly supported

Given that FGG is only in its first year of funding and the projects that it is funding are just starting it is not possible to report on project outcomes at this stage. The above targets will, however, be tracked as part of FGG's annual reporting process. Please refer to the detailed Project Overviews and Outcome Frameworks prepared by each of FGG's Designated Charities for more detail about the nature of the projects being undertaken and the groups that they will be supporting.

If you would like to learn more about our work please contact Louise Walsh at louise@futuregeninvest.com.au.



⁸ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.





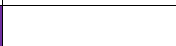

Designated Charity Snapshot:

Organisation: *beyondblue*

Description:

Focus of activity:

Main focus:  Other areas of work: 

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development
					

beyondblue is an independent, not-for-profit organisation working to reduce the impact of anxiety, depression and suicide in Australia.

We provide information and support to help everyone in Australia achieve their best possible mental health, whatever their age and wherever they live. We work to prevent depression, anxiety and suicide. Through our dedicated programs, we support families, schools, workplaces and community organisations to protect and promote good mental health. *beyondblue*'s tools, resources and services create mentally healthy environments.

We also assist people affected by depression and anxiety to access the supports and services that are right for them. We're working to break down the stigma that prevents people talking about anxiety, depression and suicide, as well as tackling prejudice and discrimination wherever they exist. We help people take the first steps towards recovery by providing accurate information, explaining their treatment and support options, connecting them with local health and community services, and empowering them to recover and stay well.

Our independence and bipartisan approach to issues position us to advocate for positive change, and a better deal for people experiencing anxiety, depression and suicide risk. Our research shapes our work and that of others, and we collaborate with partners across many sectors and industries to advance our collective thinking, knowledge and direction.

beyondblue's work is informed by the views of our beneficiaries and the best available data and research. Our blueVoices lived experienced reference group has over 7,000 members who are regularly consulted on our projects, programs and services. *beyondblue* is Australia's fifth most innovative not-for-profit (The Innovation Index, 2015), and third most reputable charity (AMR Charity Reputation Index, 2016). Millions of Australians turn to our resources, programs and services each year and we are the most followed not-for-profit on Facebook.

Examples of our work include our:

- *beyondblue* website, which is often the first port of call for people wanting support, advice or information about mental health, with 9.5 million visits in 2015-16, including 7.5 million unique visitors
- Moderated online community forums, which attract 2.12 million visits each year
- 24/7 *beyondblue* Support Service, which receives over 168,000 contacts each year
- Heads Up workplace mental health initiative
- Multi-award winning MindMatters mental health program for secondary schools and
- The trial of innovative service delivery models to support people with depression or anxiety who have not previously accessed treatment (NewAccess), and people who have attempted suicide after their discharge from hospital (The Way Back Support Service).

Structure: Company limited by guarantee.

Size: Annual turnover: \$50,354,586

No. of employees: 20 – 199

DGR status: DGR Type 1 and ACNC registration as a health promotion charity

Contact details: Website www.beyondblue.org.au
Address PO BOX 6100, Hawthorn West
Telephone (03) 9810 6100

Project Overview:

Designated Charity: *beyondblue*

Click on charity name to learn more about the organisation

Funded initiative: **The Wonder Years: *beyondblue*'s Healthy Families Program**

Project status: October 2016	Design	Implementation			Extension
		Early stage	Consolidation	Later stage	
	On track	Project 1		Project 2	

Childhood should be 'the wonder years', but half of all lifelong mental health problems begin before the age of 14. The Healthy Families Program is a suite of interconnected projects which will support parents and other carers to give children aged 0-12 years a mentally healthy start in life. The Healthy Families Program is uniquely focussed on both prevention (projects 1 and 2) and early intervention (projects 3 and 4).

FGG funding will be used to support four projects:

Project 1 - Children's Resilience Research project: This large-scale research study will establish an evidence base and build expert consensus on what works to build resilience in children 0-12 years. This knowledge will be translated into real world practice across the early years.

Project 2 - Healthy Families website: a preventative project providing universal access to evidence-based resources to support parents/carers, family and friends to raise mentally healthy and resilient kids from pregnancy to adulthood. The website also supports caregivers to protect their own mental health.

Project 3 – Smartphone support system for new parents: an early intervention project to develop, test and evaluate an innovative smartphone-based information and support system for new and 'hard to reach' parents to promote mental health and wellbeing in families and enhance parenting practices known to improve child outcomes.

Project 4 – "NewAccess" for families: This project will trial the effectiveness and impact of *beyondblue*'s successful "NewAccess" early intervention service adapted to support parents of children with mild to moderate anxiety or depression and delivered within non-stigmatising universal settings (e.g. primary schools and early childhood services).

Projects 3 and 4 are still subject to detailed scoping and design following completion of Project 1 and a thorough analysis of the evidence, scale and available funding.

The combined program will provide easy access to evidence-based resources to support caregivers to protect their child's mental health and/or manage their mental health condition(s).

Through its Healthy Families Program *beyondblue* will:

- Consolidate the evidence on what works to protect mental health or to manage mental health conditions early and effectively
- Use technology and modern social marketing practices to translate this evidence into accessible, engaging and impactful content that parents and guardians will be willing to use
- Increase parents' knowledge, confidence and skills to build resilience and respond to mental health conditions among their children, if they emerge.

Project objectives: The project will seek to drive:

It will do that by:

Policy change	<input type="checkbox"/>	Building the evidence base	<input checked="" type="checkbox"/>
Practice innovation	<input checked="" type="checkbox"/>	Developing sector capability	<input checked="" type="checkbox"/>
Sector development	<input checked="" type="checkbox"/>	Increasing individual agency	<input checked="" type="checkbox"/>
Quality service delivery	<input type="checkbox"/>	Improving access to support	<input checked="" type="checkbox"/>
Consumer/community engagement	<input checked="" type="checkbox"/>	Strengthening early intervention	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Fostering socio-economic participation	<input type="checkbox"/>

Emphasis will be placed on developing range of information and self-management resources and support options tailored to the needs, preferences and realities of our target audiences. Engaging parents at all levels of design will be critical to success.

FGG funding:

FGG has committed \$231,578.76 to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:	Committed (full project)	Distributed (current year)	Expended (last report)*
Total	\$231,578.76M	\$231,578.76M	-
<i>How progressed</i>			
Year 1	\$231,578.76	\$231,578.76M	-
Year 2	-	-	-
Year 3	-	-	-
Year 4	-	-	-
Year 5	-	-	-

* Last report: N/A

Target issue or need:

One in seven children aged 4-17 and one in four young people (12-25) experience a mental health difficulty. Research demonstrates that prevention and treatment of mental health conditions is more beneficial and cost-effective early in life, rather than trying to address depression or anxiety as potentially chronic conditions later in life. The absence of consolidated, easy to navigate resources for parents suitable for a range of backgrounds, a lack of awareness of evidence-based approaches and resources to prevent or manage mental health conditions, low levels of mental health literacy in relation to children's mental health, and limited confidence and clarity among parents of when and where to seek help will be addressed by this program. The initiative is uniquely focused on both prevention and early intervention.

Resilience is a major focus in the area of mental health and is seen as a potential avenue to promote good mental health and prevent mental health conditions. Despite its importance, there is very limited consensus around what works to promote resilience in children, including consensus on definition, measurement tools, and the types of interventions that 'work' and that parents, guardians and those working with children are likely to find appealing and acceptable. This has resulted in a fragmented approach to the design and implementation of interventions. There is a need for translational research to consolidate the evidence base, generate expert and public consensus on the most effective ways to foster resilience in children, and to translate and embed this knowledge into real world practice across the early years.

Target settings:

The Healthy Families Program will work across a range of settings including the home, education, family services, and community settings via digital and face-to-face platforms.

Targeted settings / sectors:

Health	<input type="checkbox"/>	Family services	<input checked="" type="checkbox"/>	Industry / workplace	<input type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Housing	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Justice	<input type="checkbox"/>	Other	<input type="checkbox"/>

Strategic relevance of project:	While the case for prevention and early intervention to support children's mental health is well established, investment in these areas has been limited. Existing interventions are poorly utilised because of a lack of effective communication and marketing to overcome parent and carer beliefs that parenting should come naturally, and the stigma associated with participating in parenting programs. To address this gap, this Program will develop and market age-appropriate resources and supports for parents and carers in an accessible website. Expert knowledge on children's resilience and the views of parents and children will be brought together to develop best practice guidelines to translate and embed knowledge about what works to support mentally healthy children into real world action among parents, guardians and those working with children.
Systemic impact:	Learnings from the Program can be used to improve the mental health service system response to children's mental health, and to shift the focus of mental health investment to a prevention focus early in life.
Project categorisation:	Smarter service system development.
Geographic focus:	Projects 1 and 2 will be delivered nationally. Projects 3 and 4 will be piloted in a single geographical region; national rollout implications will be a key focus of the evaluation design.
Target population(s):	<p>The primary beneficiaries of the Healthy Families Program are children aged 0-12 years, however the mental health of young people (12+) is also supported through Project 2. The projects will work directly with parents/carers, family and friends, service providers and policy makers for the benefit of children and young people. Specifically:</p> <ul style="list-style-type: none"> Project 1 will support professionals (service providers, policy makers and others) to build resilience in 0-12 year olds. Project 2 supports parents/carers, family and friends to protect mental health and wellbeing from pregnancy to adulthood. This universal intervention is relevant to the general population. Project 3 (TBC) will support new parents/carers to promote mental health and wellbeing in families. Project 4 (TBC) will support parents/carers whose children (0-12) have mild to moderate anxiety or depression.

General population	✓
Children 0 – 11 years	✓
Young people 12 – 25years	✓
Family and friends	✓
Service providers	✓
Policy makers	✓

The Healthy Families Program will seek to support between 1,930,000 and 3,900,000 at risk children and young people over the course of the project.

People to be supported through the project:¹

Preliminary Targets: (on commencement of project)

	Directly Supported	Indirectly Supported	Total
	No.	Estimated	Total
Children & young people	-	386,000	386,000
Those who are close to & care for them	200,000	-	200,000
Professional service providers	-	-	-

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

The above targets are preliminary and will need to be confirmed as the program progresses.

Project 1: Children's Resilience Research – as a research study it is difficult to estimate the number of direct and indirect beneficiaries. The potential reach of this project will be confirmed as the project progresses beyond the first stage of implementation.

Project 2: The Healthy Families website will directly benefit Australian children under 12 years of age (3.9 million), and their parents, guardians and siblings. It will indirectly benefit the whole community.

The mobile-optimised website will engage a wide demographic. In year one the website will serve in excess of 200,000 parents/guardians, with growth over time supported by a promotional strategy. This conservative estimate is based on *beyondblue's* track record in website platforms (e.g. *beyondblue.org.au* = 3.6 million unique visitors annually; *youthbeyondblue.com* = 360,000 visitors annually; *kidsmatter.edu.au* = 626,000 visitors annually).

With a conservative reach of 200,000 parents/carers in the first year, we can expect to indirectly support the mental health and wellbeing of 386,000 children and young people in the first year (reach x average fertility rate [1.93] in Australia in 2012 (Australian Institute of Family Studies)).

Projects 3 & 4: Direct beneficiaries are yet to be determined and will be informed by outcomes of Project 1 and funding levels. Priority will be given to vulnerable families.

Priority group focus (where relevant):	NA	Nature of issue or illness:	
Rural or regional communities	<input type="checkbox"/>	Not at risk	<input checked="" type="checkbox"/>
Homeless or at risk of homelessness	<input type="checkbox"/>	At risk	<input checked="" type="checkbox"/>
Aboriginal & Torres Strait Islander	<input type="checkbox"/>	Mild - moderate mental health issues	<input checked="" type="checkbox"/>
Culturally & Linguistically Diverse	<input type="checkbox"/>	Severe mental health issues or illness	<input type="checkbox"/>
Lesbian, Gay, Bisexual & Transsexual	<input type="checkbox"/>		
Other (please identify)	<input type="checkbox"/>		

Specific activities:

The Children's Resilience Research (Project 1) will establish an evidence base and build expert consensus on what works to build resilience in children 0-12 years. Translation of existing research has been completed and the children's resilience taskforce has been convened to review this work and provide direction on the next stage.

The Healthy Families website (Project 2) is a new website to help parents and carers to raise healthy, resilient kids, as well as promoting good mental health in new and expectant parents. Activity is already underway with the development and soft launch of the Healthy Families website in August 2016 (phase one). Baseline data has been collected and a marketing campaign is in development for roll out in October and November 2016.

Projects 3 and 4 are still subject to detailed design following completion of Project 1 and with consideration of scale and available funding.

Current focus:

Project 1: Children's Resilience Research

The focus and outputs expected within the next 6-12 months include:

Within 6 months:

- The Delphi consensus study with experts will be completed
- The children's resilience national best practice guidelines and program logic will be drafted
- National consultation on the draft guidelines with service providers, parents/ carers and

children (> 6 years of age) will be completed.

Within 12 months:

- The national best-practice guidelines and program logic will be finalised
- Supporting documents including implementation recommendations and manuscripts for publication will be completed
- A national strategy for the dissemination and communication of the guidelines will be developed and will have commenced
- Commencement of detailed planning/scoping of potential interventions (including of Projects 3 & 4), as informed by the project and national guidelines.

Project 2: Healthy Families website

The focus and outputs expected within the next 6-12 months include:

- Healthy Families digital marketing campaign to be delivered in October 2016
- Digital campaign focussing on 'expectant and new parents' section of Healthy Families, aligning with Perinatal Depression and Anxiety (PNDA) Awareness Week, to be delivered in November 2016
- Planning and delivery of additional mobile optimised Healthy Families website enhancements
- Completion of independent evaluation of the Healthy Families website, including improvement recommendations
- Further value add extension options developed in line with evaluation findings.

Detailed scoping and feasibility of Projects 3 & 4 to commence within 12 months in line with the evidence gained through Project 1 – with consideration of scale and available funding.

Key contact:

For more information about this project contact:

Name: Ms Linda Soklich, Head of Corporate Partnerships
Telephone: (03) 9818 9244
Email: linda.soklich@beyondblue.org.au

Project Outcomes Framework: [to be updated t track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Consolidate knowledge about what works to promote resilience in children aged 0-12 years by generating expert consensus on definition, measurement tools and interventions and determine what parents and guardians are likely to find appealing and acceptable 	<ul style="list-style-type: none"> National best-practice guidelines, program logic and implementation recommendations developed Engagement and consultation with experts, professionals, parents/ guardians and children Use of implementation recommendations influence design of <i>beyondblue</i> resilience initiatives 	<ul style="list-style-type: none"> Resilience research report published National best practice guidelines and program logic used by stakeholders Implementation recommendations influence design of <i>beyondblue</i> resilience initiatives 2 manuscripts published in peer reviewed literature 	<ul style="list-style-type: none"> Resilience research report completed National best practice guidelines, program logic and implementation recommendations 2 manuscripts prepared for publication in peer reviewed literature 	<ul style="list-style-type: none"> Pending
Capability	<ul style="list-style-type: none"> Improve professionals' understanding of what works to build resilience in children 0-12 Promote practice innovation aligned with best-practice guidelines 	<ul style="list-style-type: none"> National best-practice guidelines developed Dissemination (# downloads) of best-practice guidelines nationally Uptake of best-practice guidelines and evidence of implementation nationally Anecdotal information about use/ barriers to use 	<ul style="list-style-type: none"> Dissemination (# downloads) of guidelines and evidence base on a national level Evidence of implementation of guidelines nationally (e.g. case studies) 	<ul style="list-style-type: none"> National best practice guidelines developed 	<ul style="list-style-type: none"> Pending (Year 2)
Agency	<ul style="list-style-type: none"> Improve mental health literacy of parents and guardians Increase willingness of parents and guardians to seek help when required 	<ul style="list-style-type: none"> Participant survey data on mental health literacy and help seeking behaviour Awareness of mental health conditions (depression and anxiety) in children Level of confidence of parents in recognising the signs of depression and anxiety in children Parent ability to recognise signs and symptoms of mental health conditions in the perinatal period and in children aged 1-5 years, 6-12 years, and 13-17 years Parent knowledge of helpful and unhelpful behaviours to address mental health conditions Parent recognition of strategies to promote good mental health in 	<ul style="list-style-type: none"> % survey participants indicating improved: <ul style="list-style-type: none"> Increased parent awareness and knowledge of child mental health and conditions Increased parent ability to recognise conditions in children from pregnancy to adulthood Increased willingness to seek support when required Improved parenting practices that protect mental health and wellbeing 	<ul style="list-style-type: none"> % survey participants indicating improved: <ul style="list-style-type: none"> Increased parent awareness and knowledge of child mental health and conditions Increased parent ability to recognise conditions in children from pregnancy to adulthood Increased willingness to seek support when required Improved parenting practices that protect mental health and wellbeing 	<ul style="list-style-type: none"> Pending (Year 2)

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Access	<ul style="list-style-type: none"> • Increase access to evidence-based resources for parents concerned about their child's mental health and wellbeing • Enhance coordination of resources and ease of navigation for parents when searching for parenting mental health information online • Increase mental health literacy of parents to enhance their knowledge and skills in supporting their child's and their own mental health and wellbeing • Encourage help seeking behaviour among parents to support their child's and their own mental health and wellbeing 	<p>children</p> <ul style="list-style-type: none"> • Parent awareness of services and supports for information about depression and anxiety • # visitors • # resource downloads • # session length • # repeat visits • # mental health checklist completions • # forum participation • User satisfaction 	<ul style="list-style-type: none"> • 200,000 annual visitors (unique) ² • 2% increase in users registering for forums, to share their story or to receive emails • 10% increase in average session duration (based on average Just Speak Up session duration) • Engagement with resources (# downloads, video views, pages visited) • # parents completing one of the three distress scales (EPDS, K10, child distress) • Degree to which the information provided on the website met parental needs • Parent satisfaction with website (i.e. easy to navigate; easy to understand; helpful; relevant; well laid out; inclusive; used appropriate language and tone) • Parents would recommend the website to others 	<ul style="list-style-type: none"> • 200,000 annual visitors (unique) • 2% of unique visitors (based on <i>beyondblue</i> figures) registering for forums, to share their stories or to receive emails = 4,000 • Session duration increases by 10% from 2:02mins to 2:14mins • Minimum of two resources accessed per visit • 17,000 parents complete one of the three checklists available annually 	<ul style="list-style-type: none"> • Pending • Website live from early August 2016 (141,510 visits in the opening 2 months, August & September 2016)
Early Intervention	<ul style="list-style-type: none"> • Early intervention is a key objective of Projects 3 and 4. The precise objectives, metrics and targets for Projects 3 and 4 will be specified in a further iteration of the Project Outcomes Framework following detailed planning and analysis of the evidence from the Children's Resilience project. 				
Participation	<ul style="list-style-type: none"> • NOT A PRIMARY OBJECTIVE 				

Notes: This Project Outcomes Framework (specifically the inclusion of projects 3 and 4) will be updated following the delivery of the Children's Resilience project, specifically the evidence on effective interventions in children aged 0-12 years.

Overall Performance assessment:

² The Healthy Families website went 'live' in August 2016. For the purposes of this Outcome Framework, the Year one reportable period is 1 August 2016 to 30 June 2017.

Change Lever	Assessment	Comments
Evidence	Below At Exceeding target	<ul style="list-style-type: none"> The large-scale children's resilience research is currently in early implementation phase and is tracking well. Foundational components of the project have been established. A children's resilience taskforce has been convened, ethics has been approved and the data collection activities are on track for completion in the next 6 months.
Capability	Below At Exceeding target	<ul style="list-style-type: none"> This is a Year 2 target. This will be a key focus following the completion of the children's resilience research, the evidence base and the national best-practice guidelines, program logic and implementation recommendations that underpin this component of the Healthy Families program.
Agency	Below At Exceeding target	<ul style="list-style-type: none"> The Healthy Families website has been live for two months. As outlined under 'access', early visits to the website have been extremely positive. The success of the website to improve individual agency, specifically to increase the mental health literacy of parents and guardians is not yet available, however this is a key component of the independent evaluation. The evaluation includes a pre and post-control survey to measure the impact of the website on mental health literacy as well as behaviour change, and is being conducted in September 2016 (pre-survey) and September 2017 (post-survey). User perception data is also being collected over a 12 month period to assess user satisfaction. Full results of the evaluation findings are due in October 2017 and will include recommendations for improvements. These will inform an 'extension' of the Healthy Families website to maximise value for the target audience.
Access	Below At Exceeding target	<ul style="list-style-type: none"> Google analytics for the initial 2 month 'live' period of the Healthy Families website are extremely positive. In this period alone, there have been 141,510 visits to the Healthy Families website (representing 70% of the Year 1 target). This level of engagement has been achieved PRIOR to the implementation of the paid and organic digital marketing campaigns, with two intense bursts of marketing to promote the website commencing in October and November 2016. Full analysis of website metrics as listed in the Project Outcomes Framework will be collated in late 2016 following the paid and organic marketing activity. The website provides access to a number of mental health checklists that enable website users to check in on their mental health including for expectant and new mothers in the perinatal period (pregnancy to 12 months), new dads, and a child mental health checklist for parents to complete. In the first two months, there have been 3,668 completions of the checklist for expectant and new mothers, 2,755 of the dad stress checklist, and 637 of the child mental health checklist. Total completions to date: 7,060. This early engagement and interest shows great promise in achieving <i>beyondblue's</i> objective to increase access to information resources and supports and encourage help seeking among parents and guardians. This will be further informed by the independent evaluation including a pre and post intervention survey to measure behaviour change as well as user perception surveys to gauge satisfaction (in progress).
Early Intervention	Below At Exceeding target	<ul style="list-style-type: none"> Early intervention is a focus of Projects 3 and 4, and as such is anticipated to be delivered in Years 3-5. These projects will build on and complement the evidence base established in Projects 1 and 2.
Participation	Below At Exceeding target	<ul style="list-style-type: none"> NOT A PRIMARY OBJECTIVE

Status against plan for implementation:

On track | At risk | Off track

Status against targeted project outcomes:



Below | **At** | Exceeding target

Designated Charity Snapshot:

Organisation: Black Dog Institute

Description:

Focus of activity:

Main focus:  Other areas of work: 

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development

The Black Dog Institute is internationally recognised as a pioneer in the identification, treatment and prevention of mental illness and suicide. Bringing together the strength of a medical research institute and non-profit organisation, Black Dog Institute is dedicated to improving the lives of people affected by poor mental health. Working across Australia, our aim is to improve the lives of those affected through the rapid translation of high quality research to improved clinical treatments and digital health tools, training of health professionals, community education and public policy solutions.

Central to the Black Dog Institute is our focus on knowledge translation – ensuring that our research findings enter day-to-day clinical practice, inform policy and have impacts on the general public, rather than just stay in ‘a lab’.

We achieve this through our unique model of operation where we integrate research, clinical care and educational programs, as well as incorporate stakeholder feedback in all that we do.

Case Study – A stepped care online adolescent clinic to prevent mental illness:

Depression and anxiety affects the lives of many young Australians; annually one in six experiences an anxiety disorder and one in 16 experiences depression. These illnesses lower the quality of life of young people and their families, increase the risk of suicide and worsen the outcomes of other physical or mental health problems.

Adolescence is seen as a crucial period for intervention as 75% of mental health problems emerge before the age of 25 years. The stepped-care adolescent clinic aims to reduce depression and anxiety in secondary school students through the design and implementation of an interactive, online stepped-care mental health service.

Designed and delivered in partnership with schools, this online stepped-care service matches psychological care and support with students’ symptom levels. Young people with milder symptoms receive online psychoeducation, while those with more severe symptoms of depression and/or anxiety are ‘stepped up’ to more intensive clinical interventions such as tele-psychiatry via the Black Dog Institute. Using innovative technologies, the service is delivered through an online platform and links with face-to-face services, as well as provides follow-up and ongoing monitoring of young people.

This program is being trialled in 25 schools across NSW and ACT, reaching approximately 12,500 students in total. Early intervention with at-risk youth within the target schools will result in approximately 2,500 young people receiving treatment they otherwise may not have received. It is estimated that the trial could prevent up to 700 of these students developing a more serious mental illness. The knowledge and experience we will generate through this implementation study stands to have a lasting impact on mental health programs and the way they are delivered to youth around the world.

Structure: Black Dog Institute is a company limited by guarantee.

Size: Annual turnover: \$17.8M
No. of employees: 20 – 199

DGR status: DGR status

Contact details: Website <http://www.blackdoginstitute.org.au/>
Address Hospital Road, Prince of Wales Hospital, Randwick NSW 2031
Telephone 02 9382 4570

Project Overview:

Designated Charity: Black Dog Institute

Click on charity name to learn more about the organisation

Funded initiative: A multilevel Place-based Strategy for Youth Suicide and Self Harm Prevention

Project status: August 2016	Design	Implementation			Extension
		Early stage	Consolidation	Later stage	
	On track				

This project will enable establishment of the Youth Centre for Research Excellence in Suicide Prevention, with a mission to reduce suicide attempts and deaths in young people. It will be an extension to our National Health and Medical Research Centre of Excellence in Suicide Prevention, but with a specific youth focus and will undertake research to develop solutions that lower suicide risk, by implementing evidence-based therapies and programs leveraging technologies popular with young people, such as smartphones and social media.

Our fundamental premise is that reductions in suicide rates in Australia will only be advanced with better knowledge and through technological innovation. The proposed project funding will employ three postdoctoral research fellows, each tasked with a specific project, and enable Black Dog Institute to:

- Test innovative and practical applications for reducing the risk for suicide in young people, through a series of research and development projects that will build effective therapeutic tools.
- Build research capacity in youth suicide prevention.
- Work from a stable funding base that will be the kernel for attracting additional suicide prevention funding through corporate and standard research funding.

Funding will be used to support three research studies:

- Study 1 - Development of an online therapeutic application that delivers cognitive behaviour therapy (CBT) through a smartphone to a young person to help manage suicidal thoughts.
- Study 2: Development of a text messaging system to provide continuity of care for young people who have been discharged from hospital following a suicide attempt.
- Study 3: Development of technology for smart phones to enable others, including clinicians, to detect social withdrawal, a risk factor for suicide.

More detail is provided about each of these studies further below.

Project objectives:	The project will seek to drive:		It will do that by:	
	Policy change	<input type="checkbox"/>	Building the evidence base	<input checked="" type="checkbox"/>
	Practice innovation	<input checked="" type="checkbox"/>	Developing sector capability	<input checked="" type="checkbox"/>
	Sector development	<input checked="" type="checkbox"/>	Increasing individual agency	<input checked="" type="checkbox"/>
	Quality service delivery	<input checked="" type="checkbox"/>	Improving access to support	<input checked="" type="checkbox"/>
	Consumer/community engagement	<input checked="" type="checkbox"/>	Strengthening early intervention	<input checked="" type="checkbox"/>
	Other (please specify)	<input type="checkbox"/>	Fostering socio-economic participation	<input type="checkbox"/>

FGG funding:

FGG has committed \$253,192 to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:	Committed (full project)	Distributed (current year)	Expended (last report)*
Total	\$2,250,000	\$253,192	-
<i>How progressed</i>			
Year 1	\$253,192	\$253,192	-
Year 2	-	-	-
Year 3	-	-	-
Year 4	-	-	-
Year 5	-	-	-

* Last report: August 2016

FGG's funding commitment will be used to leverage additional funding to support the project.

Target issue or need:

In any year, 1 in 5 Australians experiences mental illness. Young people have the highest prevalence of mental disorders and suicide is the leading cause of death for 15-24 year olds. Of the 2,500 Australians who take their own life each year, it is estimated that around 14% (about 350) are young people and of the 70,000 suicide attempts each year, approximately 10,000 of these are young people.

Despite increased investment and strong evidence showing prevention and intervention save lives, factors like geography, stigma and social circumstance make it hard for young people to get help. With the development of the internet and mobile phones, technology plays a vital part in saving young lives.

Technology is the preferred enabler to deliver suicide prevention programs to the current generation of 'digital natives', that is, young people who have not known a world without technology. It is estimated that by 2020, 80% of the world will own a smartphone and have technology that was previously only available on desktops in their pocket. To provide new therapies delivered via smartphones, research is required to investigate the type of applications which are most effective for young people.

Target settings:

These projects will work across a number of health service, education and general community settings.

Targeted settings / sectors:

Health	<input checked="" type="checkbox"/>	Family services	<input type="checkbox"/>	Industry / workplace	<input type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Housing	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Justice	<input type="checkbox"/>	Other	<input type="checkbox"/>

Strategic relevance of project:

The three research studies will explore and assess the effectiveness of options for using technology to prevent suicide.

Study 1 will provide information as to whether there is benefit in an app to reduce suicidal thoughts and negativity. It will also provide an app ready for broad dissemination.

Study 2 will improve continuity of mental healthcare for young people following a suicide attempt, using an SMS-based intervention, aimed at reducing the risk of a repeat suicide attempt.

Study 3 will help us understand how social networks can be mapped, and what can be done to understand suicide prevention in school aged students. It will provide a mechanism to identify when intervention may be required.

A key objective of the Youth Centre for Research Excellence in Suicide Prevention is also to train, support and produce a core group of early career researchers with capacity to undertake

suicide prevention research into the future. At present, despite the significant burden of disease, there are only a handful of suicide prevention researchers in Australia, and very few contributing to the prevention of youth suicide. Over 4-5 years this program of research will enhance Australia's capacity in suicide prevention research.

Systemic impact: The learnings from the three research studies have potential to transform service delivery in primary care and the hospital setting, particularly in relation to provision of care for young people experiencing suicidal thoughts and/or behaviours. Novel methods to identify suicide risk, as developed through the activities of study three, have potential to improve timely delivery of interventions and support for young people at risk of suicide.

Project categorisation: Smarter service system development

Geographic focus: As a technology trial unlimited by geography, study one will potentially involve young people from across Australia. Study two will initially involve young people in the catchment area of Royal Prince Alfred Hospital, Sydney. Study three will initially involve up to 140 young people attending two schools in the Sydney metropolitan area.

Target population(s): The three research studies will work with young people and service providers. Specifically:

• Study one: young people aged 12-25 years will be involved in the initial trial.	General population	<input type="checkbox"/>
• Study two: people under 25 years will be involved in the initial trial following their hospital discharge after a suicide attempt, along with Emergency Department personnel	Children 0 – 11 years	<input type="checkbox"/>
	Young people 12 – 25 years	<input checked="" type="checkbox"/>
• Study three: young people aged 14-18.	Family and friends	<input type="checkbox"/>
	Service providers	<input checked="" type="checkbox"/>
	Policy makers	<input type="checkbox"/>

The project will seek to support approximately 365 at risk young people and engage 20 specialist service providers over the next five years.

People to be supported through the project: ¹	Preliminary Targets: (on commencement of project)			
	Directly Supported	Indirectly Supported	Total	
	No.	+	Estimated	= Total
Children & young people	365		569,000	569,365
Those who are close to & care for them	-		-	-
Professional service providers	20		2,100	2,120

The above targets are preliminary and will need to be confirmed as the project progresses.

- Approximately 200 youth will be involved in the initial trial of the CBT app outlined in Study 1. However, if effective, the app will be released to the App Store, and available globally. In Australia up to 10% of youth experience suicidal thinking. Even if only 1% the 4.6 million 12-25 year olds experiencing suicidal thinking in Australia were to use the App once released, this would translate to 46,000 young people nationally.
- In the initial trial to be conducted as part of Study 2, we expect only about 25 young people and up to 20 Emergency Department personnel to be involved, given the difficulty in accessing young people at the time of hospital release. However, once the app is deemed effective, it is potentially disseminable to the estimated 9,000 young people admitted to hospital annually for intentional self-harm. The tool will enhance the care provided by the 2,100 mental health care clinicians across Australia. In the first instance, we will use the

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

application in all hospitals in the four regional sites in the LifeSpan Systems Approach to Suicide Prevention trial underway in NSW.

- We expect up to 140 school students to be involved in the initial trial within Study 3. However, we intend to integrate the technology into our proposed 'Future Proofing' longitudinal study, which will involve 20,000 students from across 400 schools.

The project will not focus on any particular equity or priority group and will work primarily with young people who are at risk of suicide.

Priority group focus (where relevant):	NA	Nature of issue or illness:	
Rural or regional communities	<input type="checkbox"/>	Not at risk	<input type="checkbox"/>
Homeless or at risk of homelessness	<input type="checkbox"/>	At risk	<input checked="" type="checkbox"/>
Aboriginal & Torres Strait Islander	<input type="checkbox"/>	Mild - moderate mental health issues	<input checked="" type="checkbox"/>
Culturally & Linguistically Diverse	<input type="checkbox"/>	Severe mental health issues or illness	<input type="checkbox"/>
Lesbian, Gay, Bisexual & Transsexual	<input type="checkbox"/>		
Other (please identify)	<input type="checkbox"/>		

Specific activities: The project will enable implementation and evaluation of three specific projects to reduce the risk for suicide in young Australians. Specifically, we will undertake:

Study 1: Development of an online therapeutic application that delivers cognitive behaviour therapy (CBT) through a smartphone to a young person to help manage suicidal thoughts.

Our previous research with adults has shown that an online self-help program 'Healthy Thinking' is associated with a reduction in suicidal thoughts over a 12 month period. This self-help program will be adapted for use for young people, initially via focus groups and iterative interviews with young people. Following this, the app's functionality will be developed and evaluated using gold standard research methodologies.

Study 2: Development of a text messaging system to provide continuity of care for young people who have been discharged from hospital following a suicide attempt.

Previous suicide attempt is a strong predictor of death by suicide, and hospital-treated deliberate self-harm is the single strongest risk factor for subsequent suicide. Brief contact interventions, including post-discharge letters, telephone calls and postcards, have been shown to reduce the number of repeat attempts but digital delivery of brief contact interventions, using SMS, email or social media, has not been evaluated. By reviewing the evidence, and via interviews with young people, we will develop a set of messages that we believe will prevent suicide. Using this data, we will build an app to deliver these messages, followed by a trial to determine the effectiveness of these messages in lowering suicide attempts and suicidal thoughts over a 12-month period.

Study 3: Development of technology for smart phones to enable others, including clinicians, to detect social withdrawal, a risk factor for suicide.

Social withdrawal is a risk factor for suicide, yet is often difficult to detect. Early identification is key in enabling appropriate support from friends, family and healthcare providers. The primary aim of the study is to examine social network data within a closed (school) network, obtained from a variety of sources. By comparing data collected via Bluetooth sensors with self-reported online and offline peer networks and connectivity in young people, we will determine the relationships between features of these differently captured social networks, with self-reported measures of mental health, help seeking and suicide risk. This will provide the necessary foundation for later work where eMental Health interventions will leverage existing social networks for optimal delivery.

Current focus:

Over the next 6-12 months, the Youth Centre for Research Excellence in Suicide Prevention will seek to:

- Attract three quality post-doctoral candidates to support the three research studies.
- Develop detailed study protocols for each of the three projects, and obtain ethical approval for their conduct.
- Conduct a series of focus groups and iterative interviews with young people in order to inform the initial specifications of the CBT app outlined in Study 1, and commence a co-design process with young people to develop an initial prototype.
- Conduct a literature review of the evidence, and consult with young people to develop a set of messages to support the text messaging system for young people who have been discharged from hospital following a suicide attempt in relation to Study 2.
- Develop and refine an app which enables collection of social networks via bluetooth sensors with self-reported online and offline peer networks, and commence recruitment of schools to participate in the initial pilot in Study 3.

Key contact:

For more information about this project contact:

Nicole Cockayne, Director of Research and Strategy

Telephone 02 9382 8505

Email n.cockayne@blackdog.org.au

Project Outcomes Framework: [to be updated t track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Determine whether, and under what circumstances, social connectedness indicates risk of suicidality, suicide attempt and escalating mental health distress Deliver in a timely fashion, evidence-based smartphone applications shown to have efficacy in reducing suicide ideation and attempts 	<ul style="list-style-type: none"> Correlation between objective social connectedness and mental health outcomes Reduction in symptoms of depression and anxiety Reduction in severity of suicidal thinking Improvement in capacity to cope with suicidal thoughts Number of knowledge translation (KT) outputs 	<ul style="list-style-type: none"> Number of settings (schools, EDs, general practice) enrolled to deliver study programs (target TBC during protocol development) Number of young people engaged with study programs (target TBC during protocol development) Correlation between objective social connectedness and mental health outcomes Reduction in symptoms of depression and anxiety (target TBC during protocol development) Reduction in severity of suicidal thinking (target TBC during protocol development) Improvement in capacity to cope with suicidal thoughts (target TBC during protocol development) Number of knowledge translation (KT) outputs (e.g publications, research snapshots, slide shares, social media messages) 	<ul style="list-style-type: none"> Protocols for Study 1-3 developed, specifying sample sizes, target settings, primary and secondary outcomes and statistical analysis plan (this will inform full project targets) Knowledge translation plan developed for overall program (this will inform full project targets in relation to KT outputs) Full project targets confirmed by end year 1 Ethics approval for conduct of Study 1-3 obtained Consultation undertaken with young people to inform app design and delivery Specifications for CBT smartphone app (Study 1) quantified and prototype developed Text messaging intervention (Study 2) developed and tested Social connectivity smartphone app developed and tested (Study 3) Two ED sites enrolled to pilot Study 2 Two schools recruited to pilot Study 3 	<ul style="list-style-type: none"> Pending
Capability	<ul style="list-style-type: none"> Build capacity in suicide prevention research Extend the availability of effective treatments for suicidal thinking across the health system (Study 1) Improve aftercare for young people following discharge from hospital (Study 2) 	<ul style="list-style-type: none"> Number of new researchers with expertise in suicide prevention Number of research outputs (grants, publications) generated Ehealth platforms to deliver effective smartphone applications to young people are identified Number of hospitals delivering text 	<ul style="list-style-type: none"> At least three early career researchers emerge with skills and capacity to lead independent suicide prevention research programs eHealth platforms to deliver effective smartphone applications to young people are identified for product integration (e.g. stepped 	<ul style="list-style-type: none"> Appoint three postdoctoral fellows to lead research projects Develop mentoring and development plan to support capacity building 	<ul style="list-style-type: none"> Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
	<ul style="list-style-type: none"> Develop technology that can predict suicide risk (Study 3) 	<ul style="list-style-type: none"> messaging intervention as part of routine care Model to detect social networks and predict withdrawal as an indicator for suicide risk exists and is integrated in relevant settings 	<ul style="list-style-type: none"> care models in primary care; Project Synergy platform) Young people receive effective aftercare on discharge, as measured by time-to-event analysis (for repeat suicide attempt) Model to detect social networks and predict withdrawal as an indicator for suicide risk exists and is integrated in relevant settings 		
Agency	<ul style="list-style-type: none"> Perceived relevance and usefulness of smartphone applications with end-users Increase awareness and knowledge of available sources of help Increase rates of help-seeking Improved wellbeing 	<ul style="list-style-type: none"> % study participants reporting ownership / engagement with smartphone applications and find them useful % study participants reporting increased awareness and knowledge of available supports for suicidal thinking and behaviours % study participants reporting increased confidence or comfort in seeking help for suicidal thinking and behaviours % study participants reporting improved mental health and wellbeing 	<ul style="list-style-type: none"> % study participants reporting ownership / engagement with smartphone applications and find them useful (target TBC during protocol development) % study participants reporting increased awareness and knowledge of available supports for suicidal thinking and behaviours (target TBC during protocol development) % study participants reporting increased confidence or comfort in seeking help for suicidal thinking and behaviours (target TBC during protocol development) % study participants reporting improved mental health and wellbeing (target TBC during protocol development) 	<ul style="list-style-type: none"> NA in Year 1 	<ul style="list-style-type: none"> Pending
Access	<ul style="list-style-type: none"> Improve access to effective and quality therapeutic suicide prevention support through smartphone applications 	<ul style="list-style-type: none"> Number of settings (schools, EDs, general practice) engaged to translate programs into practice Number unique users accessing smartphone apps 	<ul style="list-style-type: none"> Number of settings (schools, EDs, general practice) engaged to translate programs into practice (target TBC during protocol development) Number unique users accessing smartphone apps (target TBC during protocol development) 	<ul style="list-style-type: none"> NA in year1 	<ul style="list-style-type: none"> Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Early Intervention	<ul style="list-style-type: none"> Improve capacity of individuals and their circle of support (friends, family, school counsellors, mental health professionals) to detect suicide risk Increase proportion of at risk young people to receive help / access therapies 	<ul style="list-style-type: none"> Decrease in number of young people referred to health services for suicidal behaviours Reduction in number of repeat suicide attempts Decreased length of hospital stay Decreased length of psychiatric hospital stay Reduction in suicide-related mortality 	<ul style="list-style-type: none"> Decrease in number of young people referred to health services for suicidal behaviours (target TBC during protocol development) Reduction in number of repeat suicide attempts (target TBC during protocol development) Decreased length of hospital stay (target TBC during protocol development) Decreased length of psychiatric hospital stay (target TBC during protocol development) Reduction in suicide-related mortality (target TBC during protocol development) 	• NA in year 1	• Pending

Notes:

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below At Exceeding target	• Not assessed, pending project commencement
Capability	Below At Exceeding target	• Not assessed, pending project commencement
Agency	Below At Exceeding target	• Not assessed, pending project commencement
Access	Below At Exceeding target	• Not assessed, pending project commencement
Early Intervention	Below At Exceeding target	• Not assessed, pending project commencement
Participation	Below At Exceeding target	• Not assessed, pending project commencement

Status against plan for implementation:

On track | At risk | Off track

Status against targeted project outcomes:

NA | Below | At | Exceeding target

Designated Charity Snapshot:

Organisation: The University of Sydney's Brain and Mind Centre
(formerly Brain and Mind Research Institute)

Description:

Focus of activity:

Main focus: Other areas of work:

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development

The University of Sydney's Brain and Mind Centre develops novel clinical, online and treatment programs for young people with emerging anxiety and depressive disorders.

In partnership with local providers (Sydney Local Health District, Uspace at St Vincent's Private Hospital Sydney), national (Orygen Youth Health/ Research Centre, *headspace*, Black Dog Institute, QIMR Berghofer Medical Research Institute) and international (Centre for Genetic Epidemiology, National Institute of Mental Health) leaders in youth mental health, and online technologies (ReachOut.com Australia, Young and Well Cooperative Research Centre [Young and Well CRC, 2011-16]), the Brain and Mind Centre is focused on developing optimal assessment and tracking strategies for young people who experience the onset of depression and other mood disorders in adolescence and early adult life.

The Brain and Mind Centre operates Camperdown *headspace*, more specialised treatment centres in Central and Eastern Sydney (i.e. Uspace) and partners for research and evaluation throughout a wider network of *headspace*-linked centres in Central, Eastern and Western Sydney as well as the Central Coast of NSW.

It also worked in partnership with the Young and Well CRC to develop online assessment and treatment systems. As part of Project Synergy (Phase 1), these developments have been trialled with The University of Sydney, Mental Health Commission of NSW, and four national Primary Health Networks including the Sunshine Coast in Queensland, South-West Western Australia, Central Eastern Sydney and the Murrumbidgee in NSW.

The Brain and Mind Centre also leads an NHMRC-supported national network of specialist centres focused on developing optimal treatments for young people with depression.

Structure: Brain and Mind Centre is an entity within the corporate structure of The University of Sydney

Size: Annual turnover: The Brain and Mind Centre attracts national and international competitive funds, Federal and State government monies as well as philanthropic donations.

No. of employees: 200+ (academic, clinical and professional staff and students)

DGR status: DGR status

Contact details: Website <http://sydney.edu.au/brain-mind/>
Address Brain and Mind Centre, 94 Mallett Street, Camperdown, NSW, 2050, Australia
Telephone 02 9351 0810

Project Overview:

Designated Charity: The University of Sydney's Brain and Mind Centre (formerly Brain and Mind Research Institute)
Click on charity name to learn more about the organisation

Funded initiative: Youth Mental Health and Technology Program (known as Brain and Mind-Youth Platform)

Project status: October 2016	Design	Implementation			Extension
		Early stage	Consolidation	Later stage	
	On track	On track			

The provision of highly-personalised clinical assessment and online monitoring of treatment over 12 months can dramatically improve the health outcomes of young people with depression.

The Brain and Mind Centre has been working to develop novel clinical assessment and longitudinal tracking tools to support that. Those tools use new and emerging technologies to detail psychological, cognitive, social and medical characteristics and plan individualised and more effective long-term interventions. The package of tools is referred to as the Brain and Mind-Youth Platform.

This project will support the installation of the above package of tools initially at five sites in NSW (Camperdown, Darlinghurst, Campbelltown, Ashfield and the Central Coast), followed by progressive extension to other sites in NSW (Eastern and South-Eastern Sydney, Far West NSW) and then interstate (collaborating centres in Melbourne, regional Victoria, Brisbane, regional Queensland, Darwin and Alice Springs).¹

Each of the sites will subscribe to the Brain and Mind-Youth Platform, allowing young people who attend these centres to access the same level of detailed clinical assessment and tracking techniques as that currently available only at the Brain and Mind Centre in Sydney. This access to specialist care gives young people the greatest opportunity of achieving full symptomatic and functional recovery from their episode of clinical depression.

The funding provided by FGG will contribute towards the research/ evaluation, clinical and technology personnel required to roll-out the Brain and Mind-Youth Platform at the first five sites, conduct training for health professionals and, lead the ongoing research, development and evaluation of the Youth Platform. Additional funds will be used to support the technical aids (notably license fees to computerised cognitive testing) to implementation at each site, the engagement of young people and their families in ongoing co-design, user (acceptance) testing and evaluation of upgrades to the Youth Platform. In later years, funding will be used to extend the system rapidly to other collaborating sites in NSW and then Australia-wide.

Once the Brain and Mind-Youth Platform has been rolled-out at each site, it will be evaluated using both quantitative and qualitative assessments which include health outcomes as well as every-day user experience by young people and health professionals. Health outcomes will be reported annually (i.e. rates of participation in effective care, education and employment; reductions in disability, suicidal ideation and risk behaviours). The cost-effectiveness of the program will also be measured (i.e. cost per young person treated; cost savings due to reduced disability or use of other mental or physical health services) and the capacity to transfer the Youth Platform to new participating sites with lower start-up costs, rapid implementation and lower sustainability costs will also be measured.

Ultimately, the Brain and Mind-Youth Platform will link a network of stand-alone primary care clinics and, thereby, enable 20,000 young people over five years to use the system. The explicit goals are to increase effective treatment rates from 50% to 80%, increase participation in employment or education from 70% to 85% and reduce suicidal ideation by 50%. Additionally, it aims to reduce daily smoking rates from 30% to 15%; hazardous alcohol use from 35% to 20%; and, regular cannabis use from 15% to 5%.

¹ Current negotiations are also exploring international uptake in North and South America.

Project objectives:

The project will seek to drive:

It will do that by:

Policy change

☐

Building the evidence base

☒

Practice innovation

☒

Developing sector capability

☒

Sector development

☐

Increasing individual agency

☒

Quality service delivery

☒

Improving access to support

☒

Consumer/community engagement

☒

Strengthening early intervention

☒

Other (please specify)

☐

Fostering socio-economic participation

☒**FGG funding:**

FGG has committed \$237,181.30 to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:

Committed
(full project)Distributed
(current year)Expended
(last report)*

Total

\$237,181.30

\$237,181.30

\$0

How progressed

Year 1

\$237,181.30

\$237,181.30

\$0

Year 2

-

-

-

Year 3

-

-

-

Year 4

-

-

-

Year 5

-

-

-

* Last report: November 2016

As FGG funding was only recently committed (07/09/2016) to, and received (10/10/2016) by, The University of Sydney, no monies have as yet been expended.

Target issue or need:

There is a great need to transform the way in which clinical care is delivered to young people with emerging depression and other mood disorders. This transformation involves development of much more highly personalised and specialised clinical assessment and treatment systems that can be used in synergy with the traditional health care delivery system to enhance clinical care and outcomes.

Inevitably, such systems need to be much more highly customised to the individual and rely less heavily on group averages and broad generalisations about care needs or likelihood of response to specific psychological or medical treatments.

Target settings:

The project will work within the health and community settings.

Targeted settings / sectors:

Health

☒

Family services

☐

Industry / workplace

☐

Community

☒

Housing

☐

Education

☐

Justice

☐

Other

☐**Strategic relevance of project:**

The project will help progress the development and use of new and emerging technologies and will support access to care by those who traditionally do not have access to highly specialised treatment centres, especially for those living in regional and remote areas.

The key developmental work for this project (clinically and technically) has been completed over the last five years. The preliminary use of this approach within the specific Brain and Mind Centre environment, including co-design and user (acceptance) testing with young people and their families as well as health professionals, has been undertaken and successfully completed. Our current personalised systems have already proved superior to conventional systems against the stated outcomes of engagement and disability reduction.

Within five years we will expect to have demonstrated that a technologically-enhanced clinical

care system is superior to contemporary primary care management of youth depression in terms of engagement in active care options over the 12-month period following presentation for care, reductions in disability and risk behaviours and improvements in physical health. Within 10 years we would expect that such systems have been implemented and fully integrated in a wide range of relevant care settings nationally and internationally. By 20 years, such systems will be considered the most viable way of providing high quality care to young people with depression.

Systemic impact: The systemic impact of this project relates directly to scalability and sustainability of new and emerging technologies in primary mental health care services which in turn contributes to Australian health services reform.

Project categorisation: Smarter service system development

Geographic focus: This project will focus on the installation of clinical assessment and longitudinal tracking tools initially at five sites in NSW (Camperdown, Darlinghurst, Campbelltown, Ashfield and the Central Coast), followed by progressive extension to other sites in NSW (Eastern and South-Eastern Sydney, Far West NSW) and then interstate (collaborating centres in Melbourne, regional Victoria, Brisbane, regional Queensland, Darwin and Alice Springs).

Learnings from the project will be used to inform ongoing tool development and support the extension of the Brain and Mind-Youth Platform to other areas in Australia and overseas.

Target population(s): Young people (aged 12 to 25 years) will be recruited, with expected equal numbers of males and females (as more males are recruited online than through traditional clinics). The use of new and emerging technologies to support access to care by those who traditionally do not have access to highly specialised centres means that the target population will oversample people from outer urban, rural and regional settings and from lower socio-economic backgrounds. As each of our clinics are established in areas with higher proportions of people from Aboriginal and Torres Strait Islander backgrounds we will also oversample young people from these cultures.

General population	<input type="checkbox"/>
Children 0 – 11 years	<input type="checkbox"/>
Young people 12 – 25years	<input checked="" type="checkbox"/>
Family and friends	<input type="checkbox"/>
Service providers	<input checked="" type="checkbox"/>
Policy makers	<input type="checkbox"/>

As the Brain and Mind-Youth Platform moves from installation to full operation, 5,000 young people per year will be assisted (20,000 young people over the life of the project). It is anticipated that at least 200 professional service providers will be involved in the implementation and use of the platform over the life of the project.

People to be supported through the project: ²	Preliminary Targets: (on commencement of project)		
	Directly Supported	Indirectly Supported	Total
	No.	Estimated	Total
Children & young people	20,000	0	20,000
Those who are close to & care for them	0	0	0
Professional service providers	200	0	200

The above targets are preliminary and will need to be confirmed as the project progresses but are based on 'average' assumptions. That is, each centre assists on average 1,000 young people per year; and each of these centres employ an average of 10 health professionals. Consequently, we predict the yearly figures for engagement of young people to be Years 1-2 = ~5,000 over the two years, and then Years 3-5 = ~5,000 per year as more centres come online, Total = ~20,000 young people over the life of the project. Similarly, we would predict the yearly figures for engagement of health professionals to be Years 1-2 = 50 over the two years, and then Years 3-5 = ~50 per year as more centres come online, Total = ~200 health professionals.

Priority group focus (where relevant):	NA	Nature of issue or illness:	
Rural or regional communities	<input type="checkbox"/>	Not at risk	<input type="checkbox"/>
Homeless or at risk of homelessness	<input type="checkbox"/>	At risk	<input checked="" type="checkbox"/>
Aboriginal & Torres Strait Islander	<input type="checkbox"/>	Mild - moderate mental health issues	<input checked="" type="checkbox"/>
Culturally & Linguistically Diverse	<input type="checkbox"/>	Severe mental health issues or illness	<input type="checkbox"/>
Lesbian, Gay, Bisexual & Transsexual	<input type="checkbox"/>		
Other (please identify)	<input type="checkbox"/>		

Specific activities:

The foundations for this project are well established. The novel clinical assessment and longitudinal tracking tools (on physical record and online) have been developed and trialled within the key clinical environments. The personal and professional networks that essentially underpin this proposal have been developed over the last decade and are robust. The institutional and organisational structures that underpin the proposal are stable and will support the longer-term development of this novel health services approach. The clinical and research/ evaluation teams that support this work have functioned together effectively over the past decade; and more recently, these teams have functioned together with the dedicated technology team.

The project will include a number of activities that will be rolled out over time. These may be adjusted as the project adapts and evolves as a result of feedback and evaluation. The activities include:

1. Initial roll-out of the Brain and Mind-Youth Platform to five primary health care services in NSW including Camperdown, Darlinghurst, Campbelltown, Ashfield and the Central Coast.
2. Implementation of the training program for health professionals including clinical (i.e. staging), service (i.e. stepped care) and digital (i.e. Brain and Mind-Youth Platform) modules. This training program will also include the 'zero suicide in care' philosophy.³

² Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

³ Suicide Prevention Resource Center. *ZERO Suicide in Health and Behavioural Health Care* [online]. Available at: <http://zerosuicide.sprc.org/> [accessed 2016/11/16].

3. Progressive roll-out of the Brain and Mind-Youth Platform to other primary health care services in NSW (specifically including regional and remote areas) and then Australia-wide.
4. Continuous and iterative rapid prototyping of the technology in response to every-day young person and health professional use of the Brain and Mind-Youth Platform as well as changing in response to maturing service and technology environments.
5. Ongoing research and development which feeds into the rapid-prototyping (see point 4 above) but also the overall evaluation of the project including engagement (every-day user behaviour), efficacy (change in young person health outcomes), effectiveness and cost-benefit analysis of embedding the Brain and Mind-Youth Platform into Australian primary health care service.

Current focus:

Over the next six to 12 months, the project will focus on:

1. Roll-out of the Brain and Mind-Youth Platform to five primary health care services in NSW.
2. Implementation of the training program for health professionals.
3. Continuous and iterative rapid prototyping of the technology.
4. Implementation and management of the ongoing research and development agenda including overall project evaluation.

Key contact:

For more information about this project contact:

Professor Ian Hickie, Co-Director, Health and Policy, Brain and Mind Centre

Telephone 02 9351 0810

Email ian.hickie@sydney.edu.au

Project Outcomes Framework: [to be updated to track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Improved numbers of young people in effective care Improved everyday function of young people (eg. increased rates in education, employment, training) Lower young person self-reported levels of symptomatology/ disability 'Zero suicide in care' and reduced rates of associated risky behaviours 	<ul style="list-style-type: none"> Number of primary health care services enrolled in the project Number of young people and health professionals using the Brain and Mind-Youth Platform Rates of effective treatment (including number of sessions, length of session, further assessments and interventions recommended) Young person functional outcomes (including rates in education, employment, training; rates smoking daily or engaging in hazardous alcohol or other substance use) Young person health outcomes (including symptomatology and disability) Numbers of escalated cases displaying suicidal behaviours including self-harm 	<ul style="list-style-type: none"> ~20 primary health care services enrolled in the project ~20,000 young people and ~200 health professionals using the Brain and Mind-Youth Platform Improved rates of effective treatment from 50% to 80% Improved young person functionality and health outcomes including the reduction of daily smoking rates from 30% to 15%, hazardous alcohol use from 35% to 20% and, regular cannabis use from 15% to 5%. Working towards a 'Zero suicides in care' philosophy by reducing suicidal ideation by 50% Research, development and evaluation of project to continuously and iteratively inform the (re)development of the Brain and Mind-Youth Platform Project learnings reflected in current health service reform Up to five research papers published 	<ul style="list-style-type: none"> ~Five primary health care services enrolled in the project ~2,500 young people and ~25 health professionals using the Brain and Mind-Youth Platform Improved rates of effective treatment Improved young person functionality and health outcomes Working towards a 'Zero suicides in care' philosophy Research, development and evaluation of project to continuously and iteratively inform the (re)development of the Brain and Mind-Youth Platform 	<ul style="list-style-type: none"> Pending
Capability	<ul style="list-style-type: none"> Improved health professional access to relevant training including clinical (i.e. staging), service (i.e. stepped care) and digital (i.e. the Brain and Mind-Youth Platform and associated tools) modules, as well as the 'zero suicides in care' philosophy Improved health professional delivery of effective care via better triage, assessment and management of young people presenting for care Increased health professional ability to identify and respond to the needs of young people presenting with 	<ul style="list-style-type: none"> Number of health professionals participating in training and evaluations of that training Rates of effective treatment (including number of sessions, length of session, further assessments and interventions recommended) Health professional self-reported ability and confidence of working with young people presenting with suicidal behaviours Quantitative assessments of health professional user experience 	<ul style="list-style-type: none"> ~200 health professionals participating in training and evaluations of that training Improved rates of effective treatment from 50% to 80% Working towards a 'Zero suicides in care' philosophy by reducing suicidal ideation by 50% Increased rate of participating health professional self-reported ability and confidence of working with young people presenting with suicidal behaviours Positive health professional user 	<ul style="list-style-type: none"> ~25 health professionals participating in training and evaluations of that training Improved rates of effective treatment Working towards a 'Zero suicides in care' philosophy Increased rate of participating health professional self-reported ability and confidence of working with young people presenting with suicidal behaviours Positive health professional user experience regarding 	<ul style="list-style-type: none"> Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
	suicidal behaviours <ul style="list-style-type: none"> Increased health professional confidence in working with young people presenting with suicidal behaviours Strengthen health professional support/ service network 	regarding improvement in health service support and network via the Brain and Mind-Youth Platform <ul style="list-style-type: none"> Qualitative assessments of health professional user experience regarding improvement in health service support and network via the Brain and Mind-Youth Platform 	experience regarding improvement in health service support and network via the Brain and Mind-Youth Platform	improvement in health service support and network via the Brain and Mind-Youth Platform	
Agency	<ul style="list-style-type: none"> Increased use of the Brain and Mind-Youth Platform by young people and health professionals Increased awareness of available sources of help online (and offline) for both the young person and health professional Increased confidence in accessing sources of help online (and offline) for both the young person and health professional Right care at the right time! 	<ul style="list-style-type: none"> Number of primary health care services enrolled in the project Number of young people and health professionals using the Brain and Mind-Youth Platform Google analytics to understand online user behaviour including time online and exit points etc Quantitative assessments of young person and health professional user experience regarding awareness and confidence of seeking help online Qualitative assessments of young person and health professional user experience regarding awareness and confidence if seeking help online 	<ul style="list-style-type: none"> ~20 primary health care services enrolled in the project ~20,000 young people and ~200 health professionals using the Brain and Mind-Youth Platform ~200 health professionals participating in training and evaluations of that training Increased numbers of young people and health professionals reporting better awareness and confidence of seeking help online Improved rates of effective treatment from 50% to 80% Working towards a 'Zero suicides in care' philosophy by reducing suicidal ideation by 50% 	<ul style="list-style-type: none"> ~Five primary health care services enrolled in the project ~2,500 young people and ~25 health professionals using the Brain and Mind-Youth Platform ~25 health professionals participating in training and evaluations of that training Increased numbers of young people and health professionals reporting better awareness and confidence of seeking help online Improved rates of effective treatment Working towards a 'Zero suicides in care' philosophy 	<ul style="list-style-type: none"> Pending
Access	<ul style="list-style-type: none"> Improved access to, and uptake of care through, online technologies such as the Brain and Mind-Youth Platform and its associated tools Improved young person user experience when engaging with a health professional who has accessed the training program Increased rates of young people seeking help and accessing services online (or offline) 	<ul style="list-style-type: none"> Number of primary health care services enrolled in the project Number of young people and health professionals using the Brain and Mind-Youth Platform Number of health professionals participating in training and evaluations of that training Google analytics to understand online user behaviour including unique users accessing online resources Quantitative assessments of young person user experience regarding relevance and usefulness of the 	<ul style="list-style-type: none"> ~20 primary health care services enrolled in the project ~20,000 young people and ~200 health professionals using the Brain and Mind-Youth Platform Increased numbers of young people reporting satisfaction with care and positive attitude towards help seeking Improved rates of effective treatment from 50% to 80% 	<ul style="list-style-type: none"> ~Five primary health care services enrolled in the project ~2,500 young people and ~25 health professionals using the Brain and Mind-Youth Platform Increased numbers of young people reporting satisfaction with care and positive attitude towards help seeking Improved rates of effective treatment 	<ul style="list-style-type: none"> Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
		Brain and Mind-Youth Platform <ul style="list-style-type: none"> Qualitative assessments of young person user experience regarding relevance and usefulness of the Brain and Mind-Youth Platform 			
Early Intervention	<ul style="list-style-type: none"> Increased rates of young people seeking help and accessing services online (or offline) Improved treatment outcomes for young people 	<ul style="list-style-type: none"> Number of primary health care services enrolled in the project Number of young people using the Brain and Mind-Youth Platform 	<ul style="list-style-type: none"> ~20 primary health care services enrolled in the project ~20,000 young people using the Brain and Mind-Youth Platform Improved rates of effective treatment from 50% to 80% Working towards a 'Zero suicides in care' philosophy by reducing suicidal ideation by 50% 	<ul style="list-style-type: none"> ~Five primary health care services enrolled in the project ~2,500 young people using the Brain and Mind-Youth Platform Improved rates of effective treatment Working towards a 'Zero suicides in care' philosophy 	<ul style="list-style-type: none"> Pending
Participation	<ul style="list-style-type: none"> Improved rates of social and economic participation for young people (e.g. increased rates in education, employment, training) 	<ul style="list-style-type: none"> Number of young people currently in education, employment and training 	<ul style="list-style-type: none"> Increased rates of young person participation in education, employment and training from 70% to 85% 	<ul style="list-style-type: none"> Increased rates of young person participation in education, employment and training 	<ul style="list-style-type: none"> Pending

Notes: NA

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below At Exceeding target	<ul style="list-style-type: none"> Project in early stages, on track for delivery
Capability	Below At Exceeding target	<ul style="list-style-type: none"> Project in early stages, on track for delivery
Agency	Below At Exceeding target	<ul style="list-style-type: none"> Project in early stages, preceding work indicates on track for delivery
Access	Below At Exceeding target	<ul style="list-style-type: none"> Project in early stages, preceding work indicates on track for delivery
Early Intervention	Below At Exceeding target	<ul style="list-style-type: none"> Project in early stages, preceding work indicates on track for delivery
Participation	Below At Exceeding target	<ul style="list-style-type: none"> Project in early stages, preceding work indicates on track for delivery

Status against plan for implementation:

On track | At risk | Off track

Status against targeted project outcomes:



Below | **At** | Exceeding target





Designated Charity Snapshot:

Organisation: The Butterfly Foundation

Description:

Focus of activity:

Main focus:  Other areas of work: 

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development
					

The Butterfly Foundation's mission is to bring about change in the culture, policy and practice of prevention, treatment and support for eating disorders. It is committed to ensuring that any Australian with an eating disorder can access affordable, evidence based care irrespective of their postcode or economic status.

Butterfly's key stakeholders include those with a lived experience, carers and families, other health service providers, teachers and school counsellors and other mental health organisations.

In addition to its advocacy work to raise awareness about eating disorders at all levels of government and community, Butterfly provides education, support and some limited treatment services. Butterfly's education-based prevention programs are delivered in schools and other forums to reach young people seeking to develop resilience around the modifiable risk factors involving body image and self-esteem. Butterfly's support services are centred around the national support line ED HOPE which provides telephone and online counselling support and referrals. Our Recovery Support Services provide community based face-to-face counselling and support groups. In the treatment space, Butterfly is partnering with Sydney Children's Hospital Network to deliver the first Child and Adolescent Day Program for Eating Disorders in NSW. The Butterfly Research Institute also undertakes cross discipline research and has provided PhD scholarships. Butterfly also runs a Direct Relief program to provide financial assistance for people to access treatment.

Butterfly leads the National Eating Disorders Collaboration (NEDC) to bring together all stakeholders in eating disorders to generate a nationally consistent, evidence-based approach to eating disorders in Australia. The NEDC has a current membership of 1997.

Structure: The Butterfly Foundation is a Company Limited by Guarantee.

Size: Annual turnover: \$4.25M
No. of employees: 20 – 199

DGR status: The Butterfly Foundation is a registered Health Promotion Charity and we have DGR status (Item 1).

Contact details: Website www.thebutterflyfoundation.org.au
Address 103 Alexander St Crows Nest NSW 2065
Telephone 02 9412 4499

Project Overview:

Designated Charity: The Butterfly Foundation

Click on charity name to learn more about the organisation

Funded initiative: The Butterfly Youth Intensive Outpatient Program (Butterfly Youth IOP)

Project status: October 2016	Design	Implementation			Extension
		Early stage	Consolidation	Later stage	
	On track	On track			

This project will establish an evidenced based program centred on effective, early intervention for young people with eating disorders. It will provide an intensive outpatient treatment program for young people with eating disorders aged 15-24 years, located initially in Sydney. The project will undertake several streams of sequential and concurrent activity with the short term goal of providing an effective intensive treatment option to young people, with the longer term aim of integrating the program with current public and private health services and funding options to ensure sustainability.

Project objectives:

The project will seek to drive:

It will do that by:

Policy change		Building the evidence base	✓
Practice innovation	✓	Developing sector capability	✓
Sector development	✓	Increasing individual agency	✓
Quality service delivery	✓	Improving access to support	✓
Consumer/community engagement	✓	Strengthening early intervention	✓
Other (please specify)		Fostering socio-economic participation	✓

FGG funding:

FGG has committed \$0.291M to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:	Committed (full project)	Distributed (current year)	Expended (last report)*
Total	\$0.291M	\$0.291M	-
<i>How progressed</i>			
Year 1	\$0.291M	\$0.291M	-
Year 2	-	-	-
Year 3	-	-	-
Year 4	-	-	-
Year 5	-	-	-

* Last report: August 2016

FGG's funding commitment will be used to leverage additional funding to support the project.

Target issue or need:

Eating disorders, including anorexia nervosa, bulimia nervosa, binge eating disorder and atypical presentations, have the highest mortality rate of any psychiatric illness (20%) with deaths resulting from suicide as well as medical complications. While affecting all age groups, they tend to have their onset in adolescence and are most prevalent in this population. Deloitte Access Economics estimate that close to 1 million Australians had an eating disorder in 2015 but less than 25% are in treatment. In addition to the inherent resistance to seeking treatment that is characteristic of an eating disorder, there is a serious lack of treatment options in Australia. Those that are available can be dependent on where someone lives and their capacity to pay. The Butterfly Youth IOP will address the limited treatment options for young people with eating

disorders and provide early intervention support and treatment, reducing the length and severity of the illness.

Target settings:

The project will target the health and community outpatient setting.

Targeted settings / sectors:

Health	<input checked="" type="checkbox"/>	Family services	<input type="checkbox"/>	Industry / workplace	<input type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Justice	<input type="checkbox"/>	Other	<input type="checkbox"/>

Strategic relevance of project:

Most people with an eating disorder can be effectively treated in the community. However, this is dependent on early identification and treatment of the illness. Most presentations into the health system at the moment are when a person is seriously unwell and needing tertiary (hospital) level care. Upon discharge from hospital there is a significant lack of services that can support that person into sustainable recovery. The result is a revolving door back into hospital treatment.

In 2015 Deloitte Access Economics undertook a cost benefit analysis of providing integrated treatment with a focus on early intervention. The results were 5.3:1 benefit to cost.

The most urgent need in Australia is a service that prevents a young person being readmitted to hospital and which supports them to reengage in normal school and work activities while receiving treatment. This will have the most impact on the current very high socio-economic cost associated with eating disorders where the productivity cost component is influenced by the age of onset, the length of duration of the illness and the fact that too many young people opt out of education and work as a result. This cost translates into lost potential both for the individual and the community.

This project addresses that need and has the potential to contribute to the evidence base for eating disorder early intervention and treatment in the outpatient setting.

Systemic impact:

There is potential to shift part of the health and financial burden from the acute care hospital setting to the community setting.

Project categorisation:

Support smarter service system development and help develop and scale the most effective programs and services.

Geographic focus:

The Youth IOP will initially run from Butterfly House in Crows Nest, Sydney, with a longer term aim to develop the program in Western Sydney and regional Australia.

Target population(s):

The project will work with young people living with an eating disorder, their family and friends. Specifically,

- Young people aged 15-24 years living with an eating disorder; initially in Sydney with a longer term aim to reach out to western Sydney and regional Australia.
- Their parents, siblings and other loved ones.

The project will also engage the broader community through an awareness building campaign.

General population

Children 0 – 11 years

Young people 12 – 25years

Family and friends

Service providers

Policy makers

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

It will seek to support approximately 100 at risk young people over the first five years of the project. By supporting the needs of these young people, their families and communities will benefit. This project will also bring about greater awareness in the general population of how best to intervene early in eating disorders.

Preliminary Targets: (on commencement of project)

People to be supported through the project: ¹	Directly Supported	Indirectly Supported	Total
	No.	Estimated	Total
Children & young people	100	200	300
Those who are close to & care for them	200	500	700
Professional service providers	-	200	200

The above targets are preliminary and will need to be confirmed as the project progresses.

Butterfly Youth IOP seeks to enrol 100 young people with eating disorders whilst indirectly supporting an estimated 200 siblings and 200 parents and approximately 500 grandparents and other close family members.

We seek to indirectly support 200 professional service providers through client case management and information sharing.

Priority group focus (where relevant):

Rural or regional communities
Homeless or at risk of homelessness
Aboriginal & Torres Strait Islander
Culturally & Linguistically Diverse
Lesbian, Gay, Bisexual & Transsexual
Other (please identify)

✓

Nature of issue or illness:

Not at risk
At risk
Mild - moderate mental health issues
Severe mental health issues or illness

✓
✓

Specific activities:

The project will include a number of activities including, but not limited to, the following:

- Establishment of an IOP for young people aged 15-24 years:
 - Design and implement a model of care for the Youth IOP
 - Establish a multi-disciplinary team of health professionals, psychologists, occupational therapists, youth workers, dietitians
 - Recruit and enrol young people with eating disorders to the Youth IOP
 - Develop referral pathways from community mental health services (including headspace), general practitioners, schools, hospitals and child and adolescent mental health units.
- Generating local evidence on the effectiveness of the Youth IOP:
 - Establishing an evaluation framework under the guidance of the Butterfly Clinical Advisory Committee
 - Determine data collection and analysis methods against stated goals and outcomes
 - Report on findings.
- Establishing integration and sustainability of the program
 - Registering for Medicare rebates (for individual and group therapy)
 - Engaging with private health insurance providers to negotiate for inclusion of the program in their rebates
 - Develop a sustainable fee structure for continuation of the program.

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

Current focus:

The project will focus on the following over the next 6 – 12 month period:

1. Develop and establish the Youth IOP model of care in Crows Nest, Sydney
2. Establish a multi-disciplinary team of health professionals, psychologists, occupational therapists, youth workers, dietitians
3. Build capacity of the existing IOP team (training and professional development opportunities)
4. Develop evaluation framework, data collection methods and analysis procedures
5. Develop and refine the business model, including referral pathways
6. Develop and implement the marketing strategy
7. Commence delivery of IOP stream with 8-10 participants.

Key contact:

For more information about this project contact:

Name: Dr Michelle Blanchard

Telephone: 03 9040 1595

Email: michelle.blanchard@thebutterflyfoundation.org.au

Project Outcomes Framework: [to be updated t track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Develop a robust evaluation framework and conduct a formative evaluation of the program Generate an evidence base for effective early intervention treatment approach for eating disorders in the community-based context in Australia 	<ul style="list-style-type: none"> # (%) of clients quantitative data collected and analysed # (%) of clients who participated in qualitative measures (semi-structured interviews) # of reports and presentations on evaluation findings at national and international conferences Recommendations from the evaluation used to inform treatment options for young people with eating disorders in Australia 	<ul style="list-style-type: none"> 80% of clients quantitative data collected and analysed 80% of clients who participate in qualitative measures (semi-structured interviews) 4 reports and presentations on evaluation findings at national and international conferences Recommendations from the evaluation used to inform treatment options for young people with eating disorders in Australia 	<ul style="list-style-type: none"> Evaluation framework developed Data measures and methods determined (quantitative and qualitative) 80% of clients quantitative data collected 80% of clients who participated in qualitative measures (semi-structured interviews) 	<ul style="list-style-type: none"> Pending
Capability	<ul style="list-style-type: none"> Increase access to early intervention services Increase collaboration and connection between services Establish referral pathways between private and public health systems Improve service delivery capacity of the Butterfly Foundation 	<ul style="list-style-type: none"> # of clients enrolled in the Youth IOP # (%) of clients being referred to the Youth IOP from the primary care sector (GP, headspace, community mental health service, private practice) # (%) of clients being referred to the Youth IOP from the tertiary care setting (private and public inpatient hospital setting) 	<ul style="list-style-type: none"> 100 enrolled in the Youth IOP over the life of the project Develop collaborative relationships with primary and tertiary stakeholders in areas where the Youth IOP is operating. 60% of clients being referred to the Youth IOP from GPs, headspace, community mental health service, private practice and schools) 	<ul style="list-style-type: none"> 8 clients enrolled in the Youth IOP Develop collaborative relationships with primary and tertiary stakeholders providing eating disorder treatment services in Sydney 60% of clients being referred to the Youth IOP from GPs, headspace, community mental health service, private practice and schools) 	<ul style="list-style-type: none"> Pending
Agency	<ul style="list-style-type: none"> Decrease clients' distress and eating disorder symptomatic behaviour Improve quality of life Increase self-awareness and resilience Develop self-management skills Increase motivation and willingness to engage with (further) necessary treatment 	<ul style="list-style-type: none"> Measurement of functioning using standardised instrument (e.g. EDQLS) Self-report through questionnaire and semi-structured interview # of clients connected to community-based therapy post-program for pre-determined length of time. 	<ul style="list-style-type: none"> 70% clients report decrease in distress and eating disorder symptomatic behaviour 70% clients report improved quality of life, 80% clients connect to community-based therapy post-program 	<ul style="list-style-type: none"> Conduct baseline assessment of client status 	<ul style="list-style-type: none"> Pending
Access	<ul style="list-style-type: none"> Increased tendency for at risk young people to seek help/access services 	<ul style="list-style-type: none"> #clients graduating from the Butterfly Youth IOP 	<ul style="list-style-type: none"> 80 clients graduated from the Youth IOP across sites in Australia 	<ul style="list-style-type: none"> Pending 	<ul style="list-style-type: none"> Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Early Intervention	• NA	• NA	• NA	• NA	• Pending
Participation	<ul style="list-style-type: none"> Increased participation in education or work Increased social connectedness 	<ul style="list-style-type: none"> # (%) of clients maintaining engagement / re-engaging with education and / or employment # (%) of clients identifying improved social participation / connectedness 	<ul style="list-style-type: none"> 60% of clients maintaining engagement / re-engaging with education and / or employment 60% of clients identifying improved social participation / connectedness 	<ul style="list-style-type: none"> 60% of clients maintaining engagement / re-engaging with education and / or employment 60% of clients identifying improved social participation / connectedness 	• Pending

Notes: NA

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below At Exceeding target	• Clinical model developed.
Capability	Below At Exceeding target	• Youth IOP staff are meeting with stakeholders from the primary and tertiary health sector to discuss collaboration between services.
Agency	Below At Exceeding target	• Pending
Access	Below At Exceeding target	• Pending
Early Intervention	Below At Exceeding target	• NA
Participation	Below At Exceeding target	• Pending

Status against plan for implementation:

On track | At risk | Off track

Status against targeted project outcomes:



Below | **At** | Exceeding target







Designated Charity Snapshot:

Organisation: **headspace** National Youth Mental Health Foundation

Description:

Focus of activity:

Main focus:  Other areas of work: 

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development
					

headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds through a national network of 95 headspace centres and the eheadspace online and telephone counselling service. headspace offers a range of services including mental health, physical health, work and study support, and alcohol and other drug services. A national headspace School Support service also works with school communities to prepare for, respond to, and recover from the suicide of a student.

headspace is the custodian of a world leading service; built with a decade of input from young people, it is a place where they know they are safe. With a focus on easy access for young people and their families, our commitment is to ensuring accessible, equitable, high quality services across all headspace programs.

A case study of a young person accessing headspace services is available via the following link:

<https://www.youtube.com/watch?v=Y3bzRI9Lljc>

Structure: **headspace** National Youth Mental Health Foundation is a Company Limited by Guarantee

Size: Annual turnover: FY2016-2017 Circa \$20 million

No. of employees: 20 – 199

DGR status: DGR status

Contact details: Website: headspace.org.au
Address: Level 2, South Tower, 485 La Trobe St, Melbourne 3000
Telephone: 03 9027 0100

Project Overview:

Designated Charity: **headspace** National Youth Mental Health Foundation

Click on charity name to learn more about the organisation

Funded initiative: **National headspace Aboriginal & Torres Strait Islander Traineeship Program**

Project status: August 2016	Design	Implementation			Extension
	On track	Early stage	Consolidation	Later stage	

headspace will implement a National Aboriginal and Torres Strait Islander Traineeship Program offering training and employment to Aboriginal and Torres Strait Islander young people. These roles will focus predominantly on youth and community engagement, increasing access to mental health services and programs and increasing the mental health literacy of Aboriginal and Torres Strait Islander young people.

Project objectives: The project will seek to drive:

It will do that by:

Policy change		Building the evidence base	✓
Practice innovation	✓	Developing sector capability	✓
Sector development	✓	Increasing individual agency	
Quality service delivery	✓	Improving access to support	✓
Consumer/community engagement	✓	Strengthening early intervention	
Other (please specify)		Fostering socio-economic participation	✓

FGG funding:

FGG has committed \$235,259 to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:	Committed (full project)	Distributed (current year)	Expended (last report)*
Total	\$235,259	\$235,259	-
<i>How progressed</i>			
Year 1	\$235,259	\$235,259	-
Year 2	-	-	-
Year 3	-	-	-
Year 4	-	-	-
Year 5	-	-	-

* Last report: August 2016

FGG's funding commitment will be used to leverage additional funding to support the project.

Target issue or need:

Extensive research and numerous reports have clearly identified that Aboriginal and Torres Strait Islander people suffer ongoing economic and social inequalities, which contribute to higher rates of mental health compared to the broader Australian community. Although this is the case, Aboriginal and Torres Strait Islander young people, particularly young men, are significantly less likely to access mental health support than non-Aboriginal people and where they do access help they are more likely to have an inter-related and complex set of mental health, social and cultural issues than non-Indigenous young people.

This initiative aims to increase awareness access and engagement for young Aboriginal and Torres Strait Islander people through improving the quality, consistency and cultural relevance of the

mental health services delivered by **headspace** centres in regional and remote areas. It will do that by supporting the development of Aboriginal and Torres Strait mental health professionals.

Target settings:

In the first year, the **headspace** Traineeship Program will offer two traineeships for Aboriginal and Torres Strait Islander people which will be overseen and supported by a Project Coordinator. These trainees will be allocated to an established headspace centre in either the Northern Territory, Queensland or Western Australia. An Expression of Interest (EOI), process will be used to identify an appropriate headspace centre to implement the initial pilot. The selected centre will demonstrate a strong commitment to the project, be located in an outer regional or remote area of the States or Territory listed, and have a significant Aboriginal and Torres Strait Islander population. All trainees will be employed at the headspace centre and will study for a Certificate IV in Mental Health.

Targeted settings / sectors:

Health	<input checked="" type="checkbox"/>	Family services	<input type="checkbox"/>	Industry / workplace	<input checked="" type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Justice	<input type="checkbox"/>	Other	<input type="checkbox"/>

Strategic relevance of project:

There is a distinct lack of professional mental health workers, and in particular Aboriginal and Torres Strait Islander mental health workers, available in regional and remote areas of Australia. This initiative will invest in addressing this shortfall through training, mentoring and supporting a competent Aboriginal and Torres Strait Islander mental health workforce.

Systemic impact:

The program will work to:

- Increase access, availability and scope of mental health and wellbeing support services for Aboriginal and Torres Strait Islander young people aged 12-25 years across Australia and, most importantly, in regional and remote communities
- Contribute to the development of a long term sustainable mental health and wellbeing Aboriginal and Torres Strait Islander workforce
- Strengthen and build sustainable partnerships between headspace centres, Aboriginal & Torres Strait Islander young people, communities, and service providers in their region, and
- Enhance cultural awareness, appropriateness and effectiveness of headspace services for Aboriginal and Torres Strait Islander young people in remote Australia.

Project categorisation:

Develop and scale the most effective programs and services

Geographic focus:

Regional and remote areas of Queensland, Northern Territory and / or Western Australia

Target population(s):

The project will work with:

• Aboriginal and Torres Strait Islander young people aged 12-25 years in the targeted communities	General population	<input type="checkbox"/>
• Aboriginal and Torres Strait Islander community leaders who will be employed as trainee	Children 0 – 11 years	<input type="checkbox"/>
• Aboriginal and Torres Strait Islander communities	Young people 12 – 25years	<input checked="" type="checkbox"/>
• headspace centre staff	Family and friends	<input checked="" type="checkbox"/>
• Aboriginal and Torres Strait Islander Community Health Services.	Service providers	<input checked="" type="checkbox"/>
	Policy makers	<input type="checkbox"/>

It will seek to support approximately # trainees over the course of the project.

Preliminary Targets: (on commencement of project)

People to be supported through the project: ¹

Children & young people
Those who are close to & care for them
Professional service providers

Directly Supported	Indirectly Supported	Total
No.	Estimated	= Total
TBC	TBC	TBC
TBC	TBC	TBC
10	-	10

Note: specific targets for how many children and young people or community members will be supported indirectly and other professionals engaged have not been set as an EOI is yet to be undertaken to identify the headspace centre that will host the Aboriginal and Torres Strait Islanders Trainees and Project Coordinator. Once a centre has been selected and the Project Coordinator employed a baseline analysis will be undertaken to determine appropriate and realistic targets and identify key areas where improvement is required.

Priority group focus (where relevant):

Rural or regional communities
Homeless or at risk of homelessness
Aboriginal & Torres Strait Islander
Culturally & Linguistically Diverse
Lesbian, Gay, Bisexual & Transsexual
Other (please identify)

✓
✓

Nature of issue or illness:

Not at risk
At risk
Mild - moderate mental health issues
Severe mental health issues or illness

✓
✓

Specific activities:

The project will include the following activities:

1. Conducting an EOI to identify the headspace centre that will host the Aboriginal and Torres Strait Islanders Trainees and Project Coordinator.
2. Recruiting a Project Coordinator to manage the project and support and mentor trainees.
3. Undertaking baseline analysis to map community engagement and service access levels in the targeted location.
4. Identifying key community stakeholders and developing a community consultation plan.
5. Recruiting trainees and enrolling them in a Certificate 4 in Mental Health.
6. Establishing an Aboriginal and Torres Strait Islander Youth Advisory Committee.
7. Developing and implementing an evaluation framework that incorporates the following data collection methods:
 - Measurement of community participation and engagement
 - Workshops/ focus groups or surveys to determine the satisfaction of Aboriginal and Torres Strait Islander young people with the cultural appropriateness and quality of headspace services
 - measurement of service, access and engagement rates
 - interviews with trainees and young people
 - surveys with centre staff
8. Identifying target projects, through community consultation, to engage and increase mental health literacy of Aboriginal and Torres Strait Islander young

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

- people, their families and the wider community.
9. Developing an Aboriginal and Torres Strait Islander youth participation and cultural engagement framework for remote areas.

Current focus: The initial phase of the project will focus on activities 1-7 as listed above.

Key contact: For more information about this project contact:

Julia Smith, Head of Strategy, Business Development & Performance

Telephone: (03) 9027 0128

Email: jsmith@headspace.org.au

Project Outcomes Framework: [to be updated to track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Develop an Aboriginal and Torres Strait Islander youth participation and cultural engagement framework for remote areas through community consultation. 	<ul style="list-style-type: none"> The establishment of an Aboriginal and Torres Strait Islander Youth Advisory Committee and identification of key community stakeholders to inform framework development. Number of consultations and meetings held with the local community. Framework developed through extensive consultation with Aboriginal and Torres Strait Islander young people, the headspace centre staff and other community and sector stakeholders. 	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander youth participation and cultural engagement framework for remote areas developed and implemented across the national headspace centre network. # of community consultations undertaken (targets TBC). 	<ul style="list-style-type: none"> A local Youth Advisory Committee established. Youth Advisory Committee workshops held at project commencement followed by six monthly intervals. Key community and sector stakeholders identified. # of community consultations undertaken (targets TBC). Draft framework developed. 	<ul style="list-style-type: none"> Pending
Capability	<ul style="list-style-type: none"> Improve the quality, consistency and cultural appropriateness of mental health services delivered across headspace centres. Increase knowledge across the headspace network of the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia. Increase the effectiveness of headspace services and programs for Aboriginal and Torres Strait Islander young people and their families. Increase capability of headspace centres and staff to work with Aboriginal and Torres Strait Islander young people and community organisations. 	<ul style="list-style-type: none"> Level of satisfaction of Aboriginal and Torres Strait Islander young people with the cultural appropriateness and quality of headspace services. Level of cultural awareness; confidence to deliver culturally appropriate services; and support received as reported by headspace staff. Level of knowledge about the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia as reported by headspace staff. Level of engagement by young people, their families and the local community with the headspace centre involved. Number of partnerships developed with local community organisations and health services. 	<p>Across the national headspace centre network:</p> <ul style="list-style-type: none"> % increase in level of satisfaction for Aboriginal and Torres Strait Islander young people. % increase in the level of cultural awareness of staff. % increase in staff confidence to deliver culturally appropriate services. % increase in staff feeling culturally supported % increase in staff knowledge about the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia. # of partnerships developed with local community organisations and health services. (Targets TBC when baseline assessment completed) 	<ul style="list-style-type: none"> Baseline assessment of client satisfaction for Aboriginal and Torres Strait Islander young people nationally at the headspace centre involved in the pilot. <p>At the headspace centre involved in the pilot:</p> <ul style="list-style-type: none"> % increase in level of satisfaction for Aboriginal and Torres Strait Islander young people. % increase in the level of cultural awareness of staff. % increase in staff confidence to deliver culturally appropriate services. % increase in staff feeling culturally supported % increase in staff knowledge about the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia. # of partnerships developed with 	<ul style="list-style-type: none"> Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
				local community organisations and health services. (Targets TBC when baseline assessment completed)	
Agency	• NA	• NA	• NA	• NA	• NA
Access	<ul style="list-style-type: none"> • Increase accessibility to mental health support for Aboriginal and Torres Strait Islander young people and their families. • Build and strengthen relationships with Aboriginal and Torres Strait Islander communities to increase awareness, access and engagement. 	<ul style="list-style-type: none"> • # (%) of Aboriginal and Torres Strait Islander young people accessing headspace services, supports or activities (at the centre or within the community). • # of families participating in the care of their young person. 	<ul style="list-style-type: none"> • # (%) of Aboriginal and Torres Strait Islander young people report as having greater access to culturally appropriate mental health services and supports in regional and rural locations. (Target TBC when baseline assessment completed) • headspace centres located in regional and remote areas develop and maintain strong relationships with Aboriginal and Torres Strait Islander communities. 	<ul style="list-style-type: none"> • # (%) increase in the number and proportion of Aboriginal and Torres Strait Islander young people accessing headspace services, supports or activities (at the centre or within the community). • % increase in the number of families participating in the care of their young person. • % increase in engagement of young people, their families and local communities. • % increase in referrals from community organisations. (Targets TBC when baseline assessment completed) 	• Pending
Early Intervention	• NA	• NA	• NA	• NA	• NA
Participation	<ul style="list-style-type: none"> • Increase the number of qualified Aboriginal and Torres Strait Islander Mental Health Workers. 	<ul style="list-style-type: none"> • # of Aboriginal and Torres Strait Islander mental health workers who are recruited, trained, mentored, and retained within the traineeship program. 	<ul style="list-style-type: none"> • On the assumption of a minimum of two workers per site per annum and based on current funding levels it is expected at least 10 Aboriginal and Torres Strait Islander mental health trainees would have completed a one year traineeship after five years. • Greater availability of qualified Aboriginal and Torres Strait Islander mental health workers for headspace centres and the wider health sector. 	<ul style="list-style-type: none"> • Two Aboriginal and Torres Strait Islander trainees are recruited and complete a one year traineeship at a headspace centre while undertaking a Cert IV in mental health. • Aboriginal & Torres Strait Islander Traineeship Project Coordinator recruited to support and mentor trainees. 	• Pending

Notes: specific targets have not been set as an EOI is yet to be undertaken to identify the headspace centre that will host the Aboriginal and Torres Strait Islanders trainees and project coordinator. Once a centre has been selected and the project coordinator employed a baseline analysis will be undertaken to determine appropriate and realistic targets and identify key areas where improvement is required.

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below At Exceeding target	• Not assessed – pending project commencement
Capability	Below At Exceeding target	• Not assessed – pending project commencement
Agency	Below At Exceeding target	• NA
Access	Below At Exceeding target	• Not assessed – pending project commencement
Early Intervention	Below At Exceeding target	• NA
Participation	Below At Exceeding target	• Not assessed – pending project commencement

Status against plan for implementation:


On track | At risk | Off track




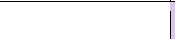


Status against targeted project outcomes:

NA | Below | At | Exceeding target

Designated Charity Snapshot:

Organisation: Orygen, The National Centre for Excellence in Youth Mental Health

Description: **Focus of activity:** Main focus:  Other areas of work: 

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development
					

Orygen, The National Centre for Excellence in Youth Mental Health works in the areas of research, policy development and innovative clinical service design and provides evidence-based training and education to help drive ongoing improvements in the treatments and care provided to young people experiencing mental ill-health.

It is the largest translational research institute in youth mental health in the world. It is a unique blend of primary and specialist clinical services for young people covering a region of over 1 million people in Melbourne's north-west, combined with a very large division of research, and a platform of education and translation of skills and knowledge. Research extends across the full spectrum of population mental health, clinical trials, suicide prevention, health services research, translational neuroscience, novel therapies, health economics and marginalised groups of young people. Seven full professors lead this broad range of research, which is funded from competitive grants and many other sources.

Orygen, which designed and led the development of headspace nationally, operates four headspace centres across the north-west region, and these are closely embedded with the specialist clinical services for young people, also known as Orygen, operated by Melbourne Health.

Orygen-led services treat several thousand young people annually and conduct up to 40 research projects at any given time. Orygen is an international hub for youth mental health, attract 100 international visitors annually, and host the secretariat or Presidency of five major international societies devoted to mental health research.

The total annual budget for all of Orygen's activities is around \$43M with \$10M devoted to research programs. Most importantly, Orygen houses an internationally renowned suicide prevention research unit. The unit is led by CI Robinson who is a leading expert in youth suicide prevention and is well known both nationally and internationally. Recent work has focused on policy development and evaluation, the development of community resources, youth education and awareness training, gatekeeper-training and developing and testing on-line interventions.

Its work has created a new, more positive approach to the prevention and treatment of mental disorders, and has developed new models of care for young people with emerging disorders. This work has been translated into a worldwide shift in services and treatments to include a primary focus on getting well and staying well and health care models that include partnership with young people and families.

Structure: Orygen is a not-for-profit Company Limited by Guarantee.

It has three member organisations: the Colonial Foundation, The University of Melbourne and Melbourne Health.

Size: Annual Resources: \$43M (this includes company funds, grants held at University of Melbourne, and OYH Clinical program)

No. of employees: 200+

DGR status: DGR Type 1

Contact details:

Website	www.orygen.org.au
Address	35 Poplar Rd, Parkville VIC 3052
Telephone	1300 679 436

Project Overview:

Designated Charity: **Orygen**, The National Centre for Excellence in Youth Mental Health

Click on charity name to learn more about the organisation

Funded initiative: **A multilevel Place-based Strategy for Youth Suicide and Self Harm Prevention**

Project status: November 2016	Design	Implementation			Extension
		Early stage	Consolidation	Later stage	
	On track	On track			

This project will research and trial the implementation of a comprehensive place-based early intervention model applying strategies and treatments to reduce self harm, suicide attempts and suicides by young people in north and west Melbourne, Victoria.

The project will work to:

- Establish a self-harm surveillance system at emergency departments across the region
- Examine the barriers to delivering optimal care in ED settings and improve delivery of care through resource development, training and cultural change
- Increase awareness of suicide and help-seeking options in education settings
- Identify, engage, and refer at risk young people
- Trial new interventions in education, clinical and emergency department settings that will reduce self harm and suicide risk and
- Provide best quality evidence-based care to young people following self-harm and suicide attempts.

Project objectives:

The project will seek to drive:

It will do that by:

Policy change		Building the evidence base	✓
Practice innovation	✓	Developing sector capability	✓
Sector development	✓	Increasing individual agency	✓
Quality service delivery	✓	Improving access to support	✓
Consumer/community engagement	✓	Strengthening early intervention	✓
Other (please specify)		Fostering socio-economic participation	

FGG funding:

FGG has committed \$213,000 to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:	Committed (full project)	Distributed (current year)	Expended (last report)*
Total	\$213,000	\$213,000	-
<i>How progressed</i>			
Year 1	\$213,000	\$213,000	-
Year 2	-	-	-
Year 3	-	-	-
Year 4	-	-	-
Year 5	-	-	-

* Last report: August 2016

FGG's funding commitment will be used to leverage additional funding to support the project.

Target issue or need: The project will address a range of issues that currently limit the ability to engage and support young people at risk of mental ill-health, specifically:

- Limited ability to assess and tailor responses to local needs because of limited access to data
- Challenges in identifying at risk young people early and linking them in to appropriate supports
- Lack of awareness across the community of the issue and/or understanding of what supports are available and how to access them
- Challenges delivering optimal care across settings.

Target settings: The project will work across a range of community, health and education based settings.

Targeted settings / sectors:

Health	<input checked="" type="checkbox"/>	Family services	<input type="checkbox"/>	Industry / workplace	<input type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Housing	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Justice	<input type="checkbox"/>	Other	<input type="checkbox"/>

Strategic relevance of project: Limited research has been undertaken to explore how multi-layered place-based approaches can be used to improve the early identification, assessment and management of self-harm and suicidal ideation. This project will work to improve data collection mechanisms and will develop and trial a range of aligned initiatives within a localised area to try to improve the ability to reduce the risk of self-harm and suicide.

Systemic impact: There is potential to use learning from the above research and activity to inform service system development more broadly, particularly in relation to the better collection and use of local data.

Project categorisation: Mix of both effective service delivery and smarter service system development

Geographic focus: Orygen and Headspace catchment area in north and west Melbourne, Victoria

Target population(s): The project will work with young people, their family and friends and service providers. Specifically:

• Young people aged 12-25 years at risk in north and west Melbourne	General population	<input checked="" type="checkbox"/>
• Their family, peers and community members and	Children 0 – 11 years	<input type="checkbox"/>
• Key local service gatekeepers and providers, including emergency department, universal health and education service providers servicing the area.	Young people 12 – 25years	<input checked="" type="checkbox"/>
	Family and friends	<input checked="" type="checkbox"/>
	Service providers	<input checked="" type="checkbox"/>
	Policy makers	<input type="checkbox"/>

People to be supported through the project:¹

Preliminary Targets: (on commencement of project)

	Directly Supported	Indirectly Supported	Total
	No.	+ Estimated	= Total
Children & young people	4,000	12,125	16,125
Those who are close to & care for them	-	-	-
Professional service providers	48	-	48

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

The above targets are preliminary and will need to be confirmed as the project progresses.

There are approximately **170,000** young people across our catchment area. Approximately **1,225** present to an Emergency Department (ED) for self-harm in any given year, all of whom potentially stand to benefit from this project (**6,125 over 5 years**). Initially via the education component we will seek to deliver awareness training to approximately **7,000** young people, of whom around one quarter will likely be identified as being at risk (n=approximately **900**). Via the clinical component – approximately **1000** young people receive treatment at Orygen in any given year, of who the majority are at risk of suicide. The online platforms developed under the auspices of FGG will be offered to all clients, likely from year 3 of the project (n=3,000). Thus we seek to support approximately **10,000** at risk young people over the course of the project via these three components of the project.

At this point it is hard to estimate unknown how many staff and family members stand to benefit, in particular as a result of the ED work. This will be added later. However we anticipate delivering the school-based education program to approximately 24 schools across catchment. As staff will also be offered training it is reasonable to estimate that two staff members per school will stand to benefit.

The project will not focus on any particular equity or priority group and will work primarily with young people who are at risk or who have mild – moderate mental health issues.

Priority group focus (where relevant):

Rural or regional communities
Homeless or at risk of homelessness
Aboriginal & Torres Strait Islander
Culturally & Linguistically Diverse
Lesbian, Gay, Bisexual & Transsexual
Other (please identify)

Nature of issue or illness:

Not at risk
At risk
Mild - moderate mental health issues
Severe mental health issues or illness

✓
✓

Specific activities:

The project will include a number of activities that will be rolled out over time. They initially include:

1. Emergency Department monitoring and practice improvement project to strengthen ability to triage, assess and manage young people who present with self harm
2. Family and peer support provision
3. Training for young people in education settings to help them to identify risks in themselves and others and increase help-seeking
4. Gatekeeper training to improve early identification and intervention to support at risk young people (e.g. in universal health and education settings)
5. Online service model scoping and development.

Current focus:

The project will commence with the Emergency Department monitoring program. Emergency departments (EDs) present a crucial opportunity for intervention to prevent repetitious self-harm and suicide. However the identification and treatment of people who present to ED with self-harm is sub-optimal. No reliable system exists in Australia for identifying self-harm presentations to ED even though internationally these have been associated with improved outcomes for patients. As a result, little is known about the numbers or characteristics of people who present to hospital for self-harm, what proportion receive a psychosocial assessment and/or treatment and what proportion re-present. Finally, little is known about the barriers that prevent staff from providing evidence-based, guideline-concordant treatment to these

individuals.

This component of the project has two stages. The first involves a retrospective electronic file audit examining data on *all* self-harm presentations to five EDs across North West Melbourne. The second is a systematic analysis of the barriers to delivering evidence-based and guideline-concordant treatment to people who present to EDs with self-harm. Ultimately we anticipate the project will lead to improved identification and treatment of people who present to EDs with self-harm and to better data collection mechanisms upon which real time monitoring systems can be developed.

There are 170,000 young people across the catchment area, of whom approximately 1,225 present to an ED with self-harm in any given year. This component of the project will provide baseline data on the prevalence and characteristics of those who present with self-harm across North West Melbourne. It will also help determine the feasibility of establishing a real time monitoring system, which could then be expanded nationally. The findings from the barrier analysis will be used to inform service improvements, such as the development of algorithms for ED staff to determine the best assessment and treatment approaches. They will also inform the development of interventions such as training programs, better referral procedures, and guideline implementation strategies, which can be tested in future randomised controlled trials. Taken together the two components of this part of the project will pave the way for the development of robust sentinel monitoring systems across Australia, improved clinical care and ultimately improved outcomes for this high-risk population group.

During this time additional funds will be sought to leverage off the FGG component to resource the additional parts of this program, in particular the school-based education program.

Key contact:

For more information about this project contact:

Dr. Jo Robinson, Senior Research Fellow

Telephone 03 9342 2866

Email jo.robinson@orygen.org.au

Project Outcomes Framework: [to be updated t track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Improvement in Emergency Department's (ED) ability to collect and monitor data to inform strategies and treatments to reduce suicide and self-harm Input into the development of the national Sentinel ED monitoring system 	<ul style="list-style-type: none"> # EDs enrolled in project % participating EDs' data collection systems reviewed % participating EDs with improved data collection process trialed % participating EDs' data collected and analysed Recommendations prepared to inform Sentinel system development 	<ul style="list-style-type: none"> 5 local EDs enrolled Data system review completed for all participating EDs Improved data collection, monitoring and analysis processes in place across all participating EDs 1 research paper published Learnings from project used to inform national Sentinel system development Project learnings reflected in Sentinel system specifications 	<ul style="list-style-type: none"> 3 (60%) EDs enrolled Data analysed Data collection systems reviewed 	<ul style="list-style-type: none"> Pending
Capability	ED setting <ul style="list-style-type: none"> Improved access to relevant training, guidelines and resources Increase in staff ability to identify and respond to the needs of young people at risk of suicide or self harm Increase in service provider confidence in working with young people at risk Improved triage, assessment and management processes for young people presenting with self-harm 	ED setting <ul style="list-style-type: none"> Good practice guidelines developed ED compliance with good practice in response to cohort needs completed ED training developed 60% ED practitioners working in participating EDs completing training 	<ul style="list-style-type: none"> Good practice guidelines developed Baseline data collection completed for all participating EDs 60% increase in compliance with good practice responses ED training package developed ED practitioner training conducted across all participating EDs 60% ED practitioners and relevant school staff working in participating EDs completing training 80% participating practitioners /staff completing training assessment survey 80% surveyed practitioners/ staff identifying training as useful 80% surveyed practitioners /staff reporting improved ability to identify at risk cohort 80% surveyed practitioners / staff identifying improved confidence engaging with and responding to cohort needs 	ED setting <ul style="list-style-type: none"> Baseline data completed for 3 EDs Barriers to delivering optimal practice in initial EDs identified and responses proposed 	<ul style="list-style-type: none"> Pending
	School setting <ul style="list-style-type: none"> Improved gatekeeper / provider access to relevant training, guidelines and resources Increase in service gatekeeper / 	School setting <ul style="list-style-type: none"> Schools training program developed % local schools participating in education training program % of targeted student cohort 	School setting <ul style="list-style-type: none"> 25 (22%) local schools participating in education training program 70% (approx.7000 students) targeted student cohort participating in education 	School setting <ul style="list-style-type: none"> Funding sought for school component 	

	<p>provider ability to identify and respond to the needs of young people at risk of suicide or self harm</p> <ul style="list-style-type: none"> • Increase in service gatekeeper / provider confidence in working with young people at risk <p>Improved triage, assessment and management processes for young people presenting with self-harm</p>	<p>participating in education program</p> <ul style="list-style-type: none"> • % respondents identifying education program as being informative / useful • Training offered to participating school staff • % of relevant school staff working in participating schools attend training 	<p>program</p> <ul style="list-style-type: none"> • 80% (approx. 5,500) respondents identifying education program as being informative / useful • Training offered to participating school staff • 60% of relevant school staff working in participating schools attend training • 80% participating staff completing training assessment survey • 80% surveyed staff identifying training as useful • 80% surveyed staff reporting improved ability to identify at risk cohort • 80% surveyed staff identifying improved confidence engaging with and responding to cohort needs 		
Access	<p>School setting</p> <ul style="list-style-type: none"> • Improved awareness of / take up of face-to-face support through school settings 	<p>School setting</p> <ul style="list-style-type: none"> • Number and proportion of the cohort identified as needing support from the school counsellor or other services • Number and proportion of at-risk users accessing support from either: the school counsellor, online programs designed to reduce risk, and/or external services e.g. headspace • Number and proportion of users identifying support as being relevant and useful in helping to self-manage or support another • Number and proportion of the target cohort indicating increased confidence in seeking help 	<p>School setting</p> <ul style="list-style-type: none"> • Approximately 24% of cohort identified as needing support from the school counsellor or other services • 75% of at-risk users accessing support from either: the school counsellor, online programs designed to reduce risk, and/or external services e.g. headspace • 80% users identifying resources as being relevant / useful in helping to self-manage or support another • 80% users indicating increased confidence in seeking help • Significant increase in take up of local services 	<p>School setting</p> <ul style="list-style-type: none"> • Funding sought to implement schools training program 	<ul style="list-style-type: none"> • Pending
Early Intervention	<p>ED settings</p>	<p>ED settings</p> <ul style="list-style-type: none"> • Increased proportion of young people presenting at ED receiving a comprehensive risk assessment 	<p>ED settings</p> <ul style="list-style-type: none"> • Increased proportion of at risk young people presenting at ED receiving a comprehensive risk assessment 	<p>ED settings</p> <ul style="list-style-type: none"> • Baseline data collected from 3 EDs and barrier analysis conducted • Estimates of rates of 	<ul style="list-style-type: none"> • Pending

				assessment conducted <ul style="list-style-type: none"> Recommendations regarding risk assessment practices formulated 	
School settings <ul style="list-style-type: none"> Increased numbers of at risk young people seeking and receiving appropriate help / services 	School settings <ul style="list-style-type: none"> % of at-risk young people identified as needing support through education program accessing appropriate services Increased uptake of appropriate services 	School settings <ul style="list-style-type: none"> 25% of young people identified as being at risk provided with additional support as required 	School settings <ul style="list-style-type: none"> Funding sought to implement schools training program 		
Clinical platforms <ul style="list-style-type: none"> Increased numbers of at risk young people receiving appropriate help / services 	Clinical platforms <ul style="list-style-type: none"> Number and proportion of current clients at risk of suicide /self harm accessing online support Number and proportion of users identifying support as being relevant and useful in helping to self-manage or support another Increased engagement with services 	Clinical platforms <ul style="list-style-type: none"> Increased proportion of current clients at risk of suicide /self harm accessing online support (precise estimates to be developed) 80% users identifying support as being relevant and useful in helping to self-manage or support another Increased engagement with services 	Clinical platforms <ul style="list-style-type: none"> PhD student brought on board to scope this work. This will involve developing clear estimates for service access and delivery 	<ul style="list-style-type: none"> Pending 	

Notes:

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below At exceeding target	• Establishment of ED monitoring systems has commenced
Capability	Below At exceeding target	• Funding will be sought for the school-based component of this work next year. Identifying gaps in capability in ED settings will form part of the work in 2017
Agency	Below At exceeding target	• NA
Access	Below At exceeding target	• Improved access will be achieved via the schools component for which funds are being sought and through the online clinical platforms for which a PhD student will be brought on board in 2017 to commence.
Early Intervention	Below At exceeding target	• As above
Participation	Below At exceeding target	• NA

Status against plan for implementation:

On track | At risk | Off track

Status against targeted project outcomes:



NA | Below | At | Exceeding target

Designated Charity Snapshot:

Organisation: ReachOut Australia

Description:

Focus of activity:

Main focus:  Other areas of work: 

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development

Established in 1998, ReachOut Australia has adopted innovative approach to improving health outcomes. ReachOut is an online mental health organisation for young people under 25 that provides support for mental health issues and aids in the reduction of youth suicide.

Available anytime and pretty much anywhere, 'ReachOut.com' is accessed by 110,000 Australians each month. When a young person visits 'ReachOut.com', they will be guided to practical tools designed just for their mental health needs, even when they don't know quite what they're looking for.

Our service delivery model is based on the combination of:

- Evidence-based mental health content and interventions, designed and developed in conjunction with clinical and academic partners
- Involving young people in all aspects of our service - as advisors on future service, editors for our content and promoting the service in the community
- Sophisticated online community engagement and management, creating a safe environment that allows conversation between young people whilst providing highly targeted and tailored support
- Social marketing and awareness raising campaigns that connect Australians with mental health through channels that they regularly use, driving awareness of ReachOut.com and increasing brand trust.

With over 18 years' experience in providing digital self-help, we deliver this through three key programs:

1. **ReachOut.com.** ReachOut.com provides young people 14 – 25 with a safe place online where they can explore and understand what's going on for them, learn how they can help themselves and lessen the feeling of isolation by connecting with other young people that may have experienced something similar.
2. **ReachOut/Parents.** Our newest service, ReachOut Parents aims to improve the mental health literacy of parents of teenagers, giving them the tools and information that they need to help support their child.
3. **ReachOut Professionals.** This service helps teachers and health care workers understand technology and the role it can play in supporting young people with mental health issues.

Structure: ReachOut Australia is an Australian Public Company

Size: Annual turnover: \$5,883,369

No. of employees: 20 – 199

DGR status: DGR status

Contact details: Website www.about/au.reachout.com
Address Level 2, Suite 2.04, 354 Saunders Street, PYRMONT NSW 2009
Telephone 02 8029 7777

Project Overview:

Designated Charity: ReachOut Australia

Click on charity name to learn more about the organisation

Funded initiative:

A multilevel Place-based Strategy for Youth Suicide and Self Harm Prevention

Project status:

October 2016

Design	Implementation			Extension
	Early stage	Consolidation	Later stage	
On track				

As a youth mental health organisation, ReachOut Australia is leading the evidence for digital self-help for young people. This project will investigate the barriers and challenges that young people living in regional and rural areas face, turning these learnings into recommendations for service improvements and innovations so that we better meet the needs and improve mental health outcomes of young people living in regional and rural areas.

This project will:

- Work with health professionals and other community-based service providers and young people in regional and rural areas to ensure we understand the challenges that young people and their communities face, and their needs from digital support services
- Increase awareness of help-seeking options for these young people – especially when in-community options may be limited or do not exist
- Define pathways for young Australians in regional and rural areas on and through ReachOut.com, so that the service is cognisant and accommodating of any unique challenges young people living in these areas may face
- Reach young people at key times during adolescence so that they better understand what is normal and what may be an issue, and are better equipped to respond to mental health and life-stage based challenges
- Ensure that local health and community services and networks understand the role that technology can play in supporting young people through difficulties
- Disseminate research findings to key audiences including other service providers (youth, health, community and education sectors), policymakers and funders, the research community, and local and national media outlets
- Better integrate digital self-help into the broader mental health system.

Project objectives:

The project will seek to drive:

It will do that by:

Policy change	<input type="checkbox"/>	Building the evidence base	<input checked="" type="checkbox"/>
Practice innovation	<input checked="" type="checkbox"/>	Developing sector capability	<input type="checkbox"/>
Sector development	<input checked="" type="checkbox"/>	Increasing individual agency	<input checked="" type="checkbox"/>
Quality service delivery	<input checked="" type="checkbox"/>	Improving access to support	<input checked="" type="checkbox"/>
Consumer/community engagement	<input checked="" type="checkbox"/>	Strengthening early intervention	<input checked="" type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Fostering socio-economic participation	<input type="checkbox"/>

FGG funding:

FGG has committed \$236,880 to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:	Committed (full project)	Distributed (current year)	Expended (last report)*
Total	\$236,880	\$236,880	-
<i>How progressed</i>			
Year 1	\$236,880	\$236,880	-
Year 2	-	-	-
Year 3	-	-	-
Year 4	-	-	-
Year 5	-	-	-

* Last report: August 2016

FGG's funding commitment will be used to leverage additional funding to support the project.

Target issue or need:

Young people in regional and rural areas of Australia are at a high risk of developing mental health difficulties, having unmet service needs, and of completing suicide compared to their urban counterparts. This project will look to specifically:

- Work with communities and establish relationships with key stakeholders to optimise service delivery results
- Identify existing service gaps and address the lack of access and availability to appropriate services and support in these areas by providing online digital self-help
- Address the stigma that still exists, increasing the numbers that seek online help
- Tackle awareness in communities of the issues that can affect mental health and the tools/support that are available online and in community
- Integrate improved online service delivery to increase the likelihood of a young person getting the right level of help for their mental health needs.

Target settings:

The project will work with community stakeholders including service providers and young people in their settings so that we understand their needs.

Targeted settings / sectors:

Health	<input checked="" type="checkbox"/>	Family services	<input type="checkbox"/>	Industry / workplace	<input type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Housing	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Justice	<input type="checkbox"/>	Other	<input type="checkbox"/>

Strategic relevance of project:

The current mental health system cannot scale to meet the needs of everyone experiencing mental health problems with regional, rural and remote communities woefully under resourced.

Online services such as ReachOut.com that focus on prevention and early intervention increase a young person's self-help capacity, and deliver low-cost, evidence-based tools that can be easily accessed by a large proportion of the population. It is expected that this project will:

- Improve the physical and mental health and wellbeing of Australian young people aged 14 – 25 years
- Improve access to information services and supports to help young Australians to stay well and
- Reduce the incidence of suicide and self-harm.

Systemic impact:

E-mental health services have the scalability and response capability to help quickly address the current and future needs of young people who require support, no matter where they are in Australia. This project will further demonstrate that that digital self-help is an effective and

engaging means of mental health support for young people and can complement traditional, face-to-face services.

Project categorisation: Helping to develop and scale the most effective programs and services

Geographic focus: Regional and Rural areas across Australia

Target population(s): The project will work with young people, friends and family as well as local service providers including educators.

• In year 1, a minimum of 40 young people in regional and rural areas will be engaged through face to face research	General population	
	Children 0 – 11 years	
• This project will look to engage 20 service providers, that would span health, school, and community settings, including professions like psychologists, GPs, nurses, school counsellors, and youth and social workers	Young people 12 – 25years	✓
	Family and friends	✓
	Service providers	✓
	Policy makers	✓

It will seek to support approximately 172,800 at risk young people over the course of five the project.

People to be supported through the project: ¹	Preliminary Targets: (on commencement of project)			
	Directly Supported	Indirectly Supported	Total	
	No.	Estimated	=	Total
Children & young people	172,800	TBC		TBC
Those who are close to & care for them	-	251,000		251,000
Professional service providers	20	TBC		TBC

The above targets are preliminary and will need to be confirmed as the project progresses.

Key assumptions underlying targets

Children and young people

Directly supported: This figure represents the total of young people to be engaged in the scoping research and Youth Advisory Board, as well as current Google Analytics figures on how many young people engage with the ReachOut.com service offering from outside major capital cities (currently approximately 110,000 per annum). As the activities for the subsequent years become clear, we will be able to make projections about expected growth in these figures based on outreach expenditure.

The projected 2020 population of young people aged 14-25 is 4.5million of which 31% (1,370,124) will live outside of capital cities. Our target of 172,800 is based on maintaining our current usage from non-capital cities as a proportion of the overall target population.

Indirectly supported: This will be provided once we have a clearer activity plan for years 2-5, which will be informed by the research conducted in Year 1. These estimates will take into account the proposed intensity of activity, the likelihood of diffuse benefits derived from this activity, and the total number of young people aged 14-25 years living in inner regional, outer regional, remote and very remote areas.

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.
Family Characteristics and Transitions, Australia, 2009-10 (available via the ABS website)

Those who are close to & care for them

Directly supported: Our funded program of activity will not actively target parents or carers, although our ReachOut Parents program is designed to support these individuals.

Indirectly supported: This will be provided once we have a clearer activity plan for years 2-5, which will be informed by the research conducted in Year 1. These estimates will take into account the proposed intensity of activity, the likelihood of diffuse benefits derived from this activity, and the number of dependent and nondependent children aged 15-24 years residing in couple and one parent families in inner regional and outer regional areas.

Professional service providers:

Directly supported: 20 service providers are to be engaged in stakeholder interviews in the first year of the project, and they may also be invited to be part of the Project Steering Committee. As the activities for the subsequent years become clear, this figure will be updated accordingly.

Indirectly supported: This is to be determined. Once we have connected with service providers we will better understand their reach and networks.

Priority group focus (where relevant):

Rural or regional communities
Homeless or at risk of homelessness
Aboriginal & Torres Strait Islander
Culturally & Linguistically Diverse
Lesbian, Gay, Bisexual & Transsexual
Other (please identify)

✓

Nature of issue or illness:

Not at risk
At risk
Mild - moderate mental health issues
Severe mental health issues or illness

✓
✓

Specific activities:

The project will include a number of activities that will be rolled out over time. They include:

- Consolidate insights from our existing research, sector research as well as community insights
- Develop relationships with in-community service providers
- Adopt a mixed methodology research approach with young people engaging them throughout the course of the project so that the service meets their needs
- Audit and test content that exists on ReachOut to identify what works, and the gaps that may exist
- Develop and run campaigns that improve a young person's ability to recognise signs and symptoms, increase knowledge about sources of help and improve their overall attitude to seeking help
- Improve ReachOut service delivery so that it meets the needs of young people, and increases the number of people that access help online which may include developing new content and tools
- Utilise technology so that provide self-directed help-seeking facilitation tools to scale
- Evaluate the project to validate outcomes.

Current focus:

The first 12 months of the project will focus on research so that we understand the landscape, identify the issues facing young people in regional and rural areas and delivering recommendations for a service design roadmap and strategy to engage this hard to reach group.

Year 1 activity

Desk research	<ul style="list-style-type: none">- Literature scan- Environmental scan- Review of internal data- Communities identification	October 2016 – January 2017
Relationship management	<ul style="list-style-type: none">- Establish and maintain community relationships	October 2016 –September

	<ul style="list-style-type: none"> - Establish and liaise with Youth Advisory Board - Establish and liaise with Service Provider Steering Committee 	2017
Service provider interviews (national, including identified communities)	<ul style="list-style-type: none"> - Understand young people's needs - Understand service landscape - Identify service providers who can champion project in identified communities - Identify service providers to join Project Steering Committee 	January-March 2017
Groups with young people	<ul style="list-style-type: none"> - Understand needs (met and unmet), attitudes and everyday life - Review marketing and communications materials - Review impressions of ReachOut and identify where RO does and does not meet their needs - Produce artefacts to show funders - Identify diary study participants - Identify Project Advisory Group members - Identify peer research candidates 	March – April 2017
Diary study	<ul style="list-style-type: none"> - Understand lived experience - Youth audit of current ReachOut service based on findings from previous activity - Produce artefacts to show funders 	April – June 2017
National survey of rural and regional young people	<ul style="list-style-type: none"> - Establish baseline data - Understand needs, attitudes and everyday life - Validate whether findings from qualitative groups apply nationally 	April – September 2017
Papers and presentations	<p>Up to 4 papers in Year 1. Areas covered might include:</p> <ul style="list-style-type: none"> - Role of digital self-help - Lived experience of rural and regional young people - The needs of young people: comparison between service provider and youth perceptions 	April – September 2017
Findings and recommendations	<p>High level research summary report prepared for external audience (e.g., sector partners, policymakers).</p> <p>More detailed and targeted insights summary prepared for internal audience to inform development of content strategy, marketing approach and product enhancements and development.</p> <p>Development of roadmap for RRR including recommendations for content, product and marketing</p>	September 2017

Key contact:

For more information about this project contact:

Judith Parke, Director of Fundraising

Telephone: 02 8029 7710 / 0406 426 617

Email: judith@reachout.com

Project Outcomes Framework: [to be updated t track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Consult with young people across diverse regional and rural areas in Australia to establish their needs and help-seeking preferences Gain insight into the lived experience of young people in select regional and rural communities Translate key insights from the funded research activities into improvements in the service offering and outreach strategies, making ReachOut.com more responsive to the needs and help-seeking preferences of young Australians living in rural and regional areas. Disseminate research findings to key audiences including other service providers (youth, health, community and education sectors), policymakers and funders, the research community, and local and national media outlets Grow the capacity of selected young people living in regional and rural areas to conduct research and evaluation Build the evidence base for digital self-help 	<ul style="list-style-type: none"> # young people involved in qualitative and quantitative research activities # research translation activities conducted internally (e.g., workshops with stakeholders, annual planning processes). # publically available reports or executive summaries # peer-reviewed journal articles and conference presentations Coverage in local and national media outlets # briefings/meetings with policymakers 	<ul style="list-style-type: none"> Focal communities for in-depth consultation identified 20 service provider interviews completed and analysed Baseline and follow-up survey of young Australians in regional and rural areas conducted and data analysis completed 8 focus groups across 4 communities completed and analysed Online diary study of 16 young people completed and analysed Peer researchers trained and involved in the collection and interpretation of evaluation data for the project 2 public reports released 10 research papers published Key recommendations in service roadmap are actioned and evident in service offering and approach to communications and marketing Future service roadmap informed by the 4 years program of research delivered Content strategy based on research insights developed and implemented Brief to inform marketing and communications strategy developed and implemented Dedicated media coverage about project activity/outputs in (TBD) 	<ul style="list-style-type: none"> Focal communities for in-depth consultation identified 20 service provider interviews completed and analysed Baseline survey of young Australians in regional and rural areas (n= TBD) completed, and preliminary data analysis completed 8 focus groups across 4 communities completed and analysed Online diary study of 16 young people completed and analysed Peer researcher candidates to be involved in the evaluation of the project identified Environment scan and consolidation of internal (e.g., analytics, surveys) and external research evidence completed 1 public report summarising the key insights prepared 2 research papers submitted Recommendations prepared for service roadmap and communications and marketing messaging Dedicated media coverage about the public report in five major metropolitan or national media outlets Dedicated media coverage about the report in the two major regional news networks 5 briefings and/or policy submissions (local/national) 	Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Capability	• N/A	• N/A	major metropolitan or national media outlets <ul style="list-style-type: none"> • Dedicated media coverage about the report in the (TBD) major regional news networks • 35 briefings and/or policy submissions (local/national) 	• N/A	N/A
Agency	<ul style="list-style-type: none"> • Increase awareness and adoption of adaptive self-help strategies and encourage changes in behaviour to foster individual agency and access to support • Increase the mental health literacy of service users from rural and regional communities • Reduce stigma (self- and perceived) within regional and rural communities 	<ul style="list-style-type: none"> • Existing online resources are refined and/or new resources developed and launched to reflect the research on needs of young people in regional and rural areas • National survey conducted to assess baseline position and post-project outcomes <ul style="list-style-type: none"> ○ % respondents reporting use of self-help strategies ○ % respondents reporting awareness of available digital and face-to-face support services ○ % respondents reporting confidence or comfort in helping themselves or seeking help for mental health problems ○ % respondents reporting less stigmatising attitude towards mental health ○ % respondents favourable subjective evaluation of ReachOut.com 	<ul style="list-style-type: none"> • Youth advisory board established and engaged in project implementation • National survey conducted to assess baseline position and post-project outcomes • Audit of existing content and assets against the research findings completed to identify service gaps • Existing online resources are refined and/or new resources developed and launched to reflect the research on needs of young people in regional and rural areas • % young people reporting improved mental health literacy evident from baseline to follow-up survey (e.g. ability to recognise signs and symptoms of common mental health problems, and knowledge of different help-options available to them including digital (targets TBC post-baseline)) 	<ul style="list-style-type: none"> • Youth advisory board established and engaged in project implementation • Establish baseline in relation to: <ul style="list-style-type: none"> ○ Awareness of and attitudes towards ReachOut and other digital support services ○ Help-seeking preferences (self-help, informal and formal help-seeking) ○ Needs and issues of concern ○ Mental health literacy ○ Media use and behaviours ○ Technology access • Audit of existing content and assets against the research findings completed to identify service gaps 	Pending
Access	<ul style="list-style-type: none"> • ReachOut.com content, user experience and marketing assets and approaches are reviewed to ensure they meet the needs of 	<ul style="list-style-type: none"> • Face-to-face user experience research and campaign testing in rural and regional communities results 	<ul style="list-style-type: none"> • Establish and nurture relationships with in-community service providers • Establish project Steering 	<ul style="list-style-type: none"> • Establish relationships with in-community service providers • Establish project Steering 	Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
	<ul style="list-style-type: none"> young people living in regional and rural communities Increase awareness of ReachOut.com within regional and rural communities to facilitate access to appropriate digital and face-to-face support services Increase the engagement and participation of young people who reside in regional and rural Australia with the ReachOut service offering Reduce the impact of barriers to young people residing in regional and rural areas accessing appropriate services in a timely manner, by improving uptake of appropriate digital and face-to-face support services 	<ul style="list-style-type: none"> Implementation of marketing campaign reflecting the research on needs of young people in regional and rural areas developed and launched in selected communities % unprompted and prompted awareness of ReachOut amongst regional and rural respondents in the Annual ReachOut Brand Study % young people recalling specific ReachOut campaign(s) Visitation (# unique visitors) from young people living in regional and rural communities Engagement of young people in rural and regional areas (e.g., unique page views, pages per session, return visitation, social media activity, time on site) % user survey respondents (overall and in regional and rural areas) reporting favourable attitudes towards/intentions to access digital and face-to-face support services 	<ul style="list-style-type: none"> Committee comprising service providers, industry and academic partners Implement marketing campaign in line with specified reach and frequency targets % unprompted and prompted awareness of ReachOut amongst regional and rural respondents in the Annual ReachOut Brand Study (targets TBC as part of campaign design) % young people recalling specific ReachOut campaign(s) (targets TBC as part of campaign design) # unique visitors from regional and rural areas visit ReachOut.com (target TBC once baseline established and project delivery plan for years 2-5 defined) ## visitors from regional and rural areas completing pre-defined on-site engagement goals (e.g., number and depth of page views, app downloads, progression through content pathways (target TBC once baseline established and project delivery plan for years 2-5 defined) ## user survey respondents (overall and in regional and rural areas) reporting favourable attitudes towards/intentions to access digital and face-to-face support services (target TBC once baseline established and project delivery plan for years 2-5 defined) 	<ul style="list-style-type: none"> Committee comprising service providers, industry and academic partners Audit existing content and assets against the research findings to identify service gaps Establish baseline in relation to the numbers of young Australians living in regional and rural areas that are aware of and access ReachOut.com 	
Early Intervention	<ul style="list-style-type: none"> Increase the propensity of young people at high risk of developing, or 	<ul style="list-style-type: none"> Click-throughs to external services and supports (Tier 1, 2 	<ul style="list-style-type: none"> Click-throughs to external services and supports (Tier 1, 2 and 3) 	<ul style="list-style-type: none"> Establish a baseline of help-seeking knowledge, intentions 	Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
	experiencing early signs or symptoms of, a mental health difficulty to seek help / access services	<ul style="list-style-type: none"> and 3) Progression through the stepped process on NextStep (from symptom selection through to service recommendations) % of young people (overall and in regional and rural areas) reporting positive help-seeking attitudes, knowledge and behaviours (as informed by the national survey, Annual User Surveys, qualitative research etc.) 	<ul style="list-style-type: none"> % progression through the stepped process on NextStep (from symptom selection through to service recommendations) (target TBC once baseline established and project delivery plan for years 2-5 defined) % of young people (overall and in regional and rural areas) reporting positive help-seeking attitudes, knowledge and behaviours (as informed by the national survey, Annual User Surveys, qualitative research etc.) (target TBC once baseline established and project delivery plan for years 2-5 defined) 	<ul style="list-style-type: none"> and behaviours amongst young people living in regional and rural areas, for a diversity of available help sources (e.g., formal, face-to-face supports, digital supports, self-help, informal supports) Establish a baseline around current behaviours onsite related to facilitating additional help-seeking (most notably NextStep and referrals through the emergency help function) 	
Participation	N/A	N/A	N/A	N/A	N/A

Notes:

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below At Exceeding target	<ul style="list-style-type: none"> All of our services are developed based on rigorous research evidence and are subject to clinical review. This project will build on this solid foundation by generating unique insights about young people living in regional, rural and remote Australia, which will be shared across the sector.
Capability	Below At Exceeding target	<ul style="list-style-type: none"> N/A
Agency	Below At Exceeding target	<ul style="list-style-type: none"> Our service is designed to empower and enable young people to undertake digital self-help. This research will enable us to identify any gaps or opportunities to more effectively activate young Australians living in regional, rural and remote areas towards self-help.
Access	Below At Exceeding target	<ul style="list-style-type: none"> Our service is designed to be accessible for all young people, however this project will enable the refinement of our service model to ensure the service is inclusive of, and responds to the unique needs of young people living in regional, rural and remote Australia.
Early Intervention	Below At Exceeding target	<ul style="list-style-type: none"> Our service is designed to facilitate early intervention, however this project will enable the refinement of our service model to ensure the service is responsive to the needs of young people living in regional, rural and remote Australia.
Participation	Below At Exceeding target	<ul style="list-style-type: none"> N/A

Status against plan for implementation:

On track | At risk | Off track

Status against targeted project outcomes:



Below | **At** | Exceeding target





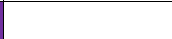

Designated Charity Snapshot:

Organisation: SANE Australia

Description:

Focus of activity:

Main focus:  Other areas of work: 

Research	Public Policy & Advocacy	Community Education & Awareness	Non-clinical Supports	Clinical Services	Sector Training & Development
					

SANE Australia is a national mental health charity working to provide 4 million Australians affected by complex mental illness with better support, stronger connections, less discrimination and longer lives. SANE Australia has thirty years of experience in improving mental health services for, and attitudes towards, people affected by complex mental illness via programs including:

- A telephone helpline, email and chat service manned by trained health professionals
- The SANE Online Forums, offering peer support through the lived experience of individuals, families and carers in a safe, anonymous and supportive environment
- The SANE website, providing resources and information about mental illness and how to access support
- The SANE Speaker program, giving voice to people with complex mental illness who share their stories with the community to reduce stigma, impart messages of hope and encourage help-seeking
- A Suicide Prevention program, improving how people are supported in suicide prevention and bereavement
- Mindful Employer program, providing managers and employees with information and skills to respond to mental health issues in the workplace
- SANE Media Centre, promoting the responsible portrayal of mental illness and suicide in the media and helping health professionals engage
- Policy and Engagement, advocating for improved mental health and support services.

Case Study: Stephanie's story

Stephanie is 26 and has struggled with different mental illnesses for almost a decade. She was diagnosed with Borderline Personality Disorder (BPD) after her first suicide attempt, just before her 23rd birthday.

BPD is a complex and often misunderstood illness involving co-morbidity and self-harm. In Steph's case she had an eating disorder – a combination of bulimia and anorexia. Her illness meant that she could be totally fine one minute and then something would trigger her into a complete suicidal episode and a 24-hour downward spiral.

She says mental illness takes over your *mind* to kill you. "The only way to get better is to make a choice. But it's very difficult to even want to choose that when your illness takes over every single thought."

Steph believes being part of a community of people who have had similar struggles can be a big help. She says having a place like the SANE Forums where you can go any time of the day is really important. "Reading about others' experiences or having someone empathise can provide a lot of hope during your darkest moments."

Watch Steph's story: <https://www.youtube.com/watch?v=Lqor7MtYNXI>

Read her story: <https://www.sane.org/people-like-us/1812-stephanie>

Stephanie featured in a series of videos produced by SANE Australia to raise awareness of complex mental illness and promote the benefits of online peers support.

Structure:

SANE Australia is a national organisation that has been operating for 30 years and is a public company limited by guarantee. It is governed by a Board of Directors that meet 6 times a year. The

Board has 2 sub-committees, a Risk and Audit Committee that meets 4 times a year and a Governance and Nominations Committee. SANE has a risk management plan that is overseen by the Risk and Audit Committee. SANE has 30 employees working across the different organizational streams and two offices, Melbourne and Sydney.

Size: Annual turnover: \$4 million

No. of employees: 30

DGR status: DGR status

Contact details: Website www.sane.org
Address PO Box 226. South Melbourne, 3205
Telephone 03 9682 5933

Project Overview:

Designated Charity: SANE Australia

Click on charity name to learn more about the organisation

Funded initiative: SANE 360° Help Centre: supporting young adults

Project status: August 2016	Design	Implementation			Extension
		Early stage	Consolidation	Later stage	
	On track				

Through this project, SANE Australia will actively target young adults aged 18 to 30 at risk of, or experiencing, complex mental illness (and their families and carers) via a multi-media campaign aimed at helping them to access information, advice and support through our national mental health Help Centre, accessible via mobile device, computer or telephone.

This project will:

- Extend service reach, particularly in rural and regional areas where access to services is generally limited, via our online and telephone supports
- Support and encourage early intervention
- Promote access to online peer support via the SANE forums
- Encourage self-help and enable young adults to help themselves
- Encourage involvement in the SANE Speaker program, giving them the opportunity to share their story and support others
- Inform young adults and their families about complex mental illness
- Enable young adults to access support anytime, anywhere, as and when they need it
- Reduce stigma and increase connectedness via SANE's online environment
- Provide an avenue for young adults to access support who may otherwise be reluctant to use face-to-face services for reasons of stigma or preference.

Of importance, this project will benefit:

- Any young adult - aged 18 to 30 - who is affected by complex mental illness, as well as their carers, relatives, friends and families
- Young adults experiencing less prevalent mental illness that are often more poorly understood and stigmatized, such as those experience psychosis and borderline personality disorder and
- Young adults in regional and rural areas who have limited access to services and supports.

Project objectives:

The project will seek to drive:

It will do that by:

Policy change	<input type="checkbox"/>	Building the evidence base	<input type="checkbox"/>
Practice innovation	<input checked="" type="checkbox"/>	Developing sector capability	<input type="checkbox"/>
Sector development	<input type="checkbox"/>	Increasing individual agency	<input checked="" type="checkbox"/>
Quality service delivery	<input checked="" type="checkbox"/>	Improving access to support	<input checked="" type="checkbox"/>
Consumer/community engagement	<input checked="" type="checkbox"/>	Strengthening early intervention	<input checked="" type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Fostering socio-economic participation	<input type="checkbox"/>

FGG funding:

FGG has committed \$214,790.50 to the project to date as part of FGG's inaugural 2016/17 funding round.

FGG funding:	Committed (full project)	Distributed (current year)	Expended (last report)*
Total	\$ 214,790.50	\$ 214,790.50	-
<i>How progressed</i>			
Year 1	\$ 214,790.50	\$ 214,790.50	-
Year 2	-	-	-
Year 3	-	-	-
Year 4	-	-	-
Year 5	-	-	-

* Last report: August 2016

FGG's funding commitment will be used to leverage additional funding to support the project.

Target issue or need:

Young people today face new challenges as they transition to adult life studying and beginning their working lives in an increasingly uncertain and frantic world. For the people living with complex mental illness, many of whom may have experienced trauma, the pressures are even more pronounced. In particular, we are concerned that 75% of mental health problems first appear before the age of 25, yet more than 70% of young women and 80% of young men who need help and support do not access services for their mental health. There are many reasons for this including lack of awareness, complex and confusing pathways to support, stigma, fear and cost. Furthermore, in rural and regional Australia, issues of mental ill health are compounded by reduced access to supports and services, stigma, drought, bushfires and hard economic times.

SANE seeks to address the issues of access and engagement by supplementing traditional forms of face-to-face support and encouraging help-seeking via a youth targeted campaign to a range of anonymous and safe online and telephone supports that can be accessed anywhere in Australia. We are also looking to connect with more young people living with complex mental illness who are willing to share their story on how they manage their daily challenges.

Target settings:

The project will work across a range of settings with a emphasis on provision of digital and telephone based mental health services.

Targeted settings / sectors:

Health	<input checked="" type="checkbox"/>	Family services	<input type="checkbox"/>	Industry / workplace	<input type="checkbox"/>	Community	<input checked="" type="checkbox"/>
Housing	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Justice	<input type="checkbox"/>	Other	<input type="checkbox"/>

Strategic relevance of project:

This project will leverage SANE's strong track record in providing and promoting technologically innovative, user-friendly and safe resources, as well as addressing the needs of young adults in rural and regional areas to increase access to supports and encourage help-seeking behaviours.

Systemic impact:

This project will utilise online resources to support traditional forms of face-to-face services and encourage early intervention, stigma reduction and a greater uptake of peer support.

Project categorisation:

Develop and scale effective programs and services

Geographic focus:

Australia wide with an emphasis on people living in rural and regional areas

Target population(s):

The project will work with:

- Young adults aged 18-30 at risk of, or experiencing, mental ill health
 - Their family, friends and carers
 - Key services providers that offer supports to this target group and
 - Agencies that are involved with training young adults such as Universities, TAFES and employment services.
- General population
Children 0 – 11 years
Young people 12 – 25years
Family and friends
Service providers
Policy makers

✓
✓
✓

The project will seek to support approximately 2.5 million at risk young people, their families and friends over the next five years.

Preliminary Targets: (on commencement of project)**People to be supported through the project:** ¹

Children & young people
Those who are close to & care for them
Professional service providers

Directly Supported	Indirectly Supported	Total
No.	Estimated	Total
6,000	960,000	966,000
9,600	1,500,000	1,509,600

The above targets are preliminary and will need to be confirmed as the project progresses and we implement more accurate ways to collect data on the ages and issues facing people who contact our services. The current estimate is calculated by:

The number of people directly supported is based on those people within the 18-30 year old age group or their family or carers who currently join the SANE forums as members or make contact with SANE's help-centre, Facebook or Speakers program plus an incremental increase per year ending with a total of a 20% increase (from the base-line) by the end of the project.

The number of people indirectly supported is based on those people within the 18-30 year old age group or their family or carers who currently view information via the website, through online campaign channels or as unique visitors on the forums plus an incremental increase per year ending with a total of a 20% increase (from the base-line) by the end of the project.

¹ Directly Supported = people who are able to be specifically identified as having participated in project activity or having accessed services or supports provided through it. Indirectly Supported = based on demographic or other project estimates rather than being able to be specifically identified as having participated in project activity or having accessed services or supports provided through it.

We

Priority group focus (where relevant):

Rural or regional communities
Homeless or at risk of homelessness
Aboriginal & Torres Strait Islander
Culturally & Linguistically Diverse
Lesbian, Gay, Bisexual & Transsexual
Other (please identify)

✓

Nature of issue or illness:

Not at risk
At risk
Mild - moderate mental health issues
Severe mental health issues or illness

✓
✓

Specific activities:

The project will include a number of activities that will be rolled out over time. These may be adjusted as the project adapts and evolves as a result of feedback and evaluation: Those activities include:

- Research the needs of young adults at risk of, or experiencing complex mental illness, particularly young adults living in regional areas
- Develop a targeted strategy to engage young adults via a multi-channel campaign with youth-specific messaging and stories of lived experience
- Develop content for the campaign specific to young adults, including videos, blogs, ads and other written resources
- Develop a SANE Forums App for users to access the SANE online forums easily from their mobile devices
- Develop and deploy a multi-media campaign to encourage young adults, particularly regional young adults, to access SANE's HelpCentre and online forums
- Grow the SANE Speaker program to include a larger number of young adults speaking about their experiences of mental ill health
- Engage with youth specific services, training and vocational agencies to promote the campaign and help-centre services
- Evaluate the campaign and impact of Sane HelpCentre channels on young people's mental health outcomes.

Current focus:

Over the next 6 – 12 months we will:

- Research the needs of young adults at risk of, or experiencing, complex mental illness, particularly young adults living in regional areas
- Develop a targeted strategy to engage with young adults via a multi-channel campaign with youth-specific messaging and stories of lived experience
- Develop content for a campaign specific to young adults
- Scope potential University partners for evaluation
- Test content and evaluation to inform the next stage of the project.

Key contact:

For more information about this project contact:

Sarah Coker
Telephone: 0430 101 964
Email: sarah.coker@sane.org

Project Outcomes Framework: [to be updated t track outcomes year by year on a rolling basis as annual targets are confirmed]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Evidence	<ul style="list-style-type: none"> Contribute to the emerging body of research that examines the effectiveness of digital mental health services in improving mental health outcomes for young adults Use research (including desktop research and internal evaluations) to inform ongoing service design and delivery 	<ul style="list-style-type: none"> # young people involved in qualitative and quantitative research and evaluation activities relating to the project # published reports on research findings and campaign (SANE service offering) outcomes 	<ul style="list-style-type: none"> Complete research into the needs and issues facing young adults effected by complex mental illness, including those residing in regional areas Develop evaluation approach and framework that specifically assesses the impact of the SANE campaign and youth focused resources and events Baseline and evaluate campaign outcomes overall and by geography including: <ul style="list-style-type: none"> Service and support needs Awareness of available services and supports Help-seeking practice Social connectedness Satisfaction with SANE service offering Complete a final report on the effectiveness of campaign outcomes and the impact of SANE's HelpCentre services on the mental health of young adults 	<ul style="list-style-type: none"> Complete research into the needs and issues facing young adults effected by Complex Mental Illness, particularly those living in regional areas Complete development of evaluation framework Baseline # of young people using SANE's services overall and by geography Conduct initial survey of young adults accessing SANE's Help Centre services to inform research and baseline user satisfaction and outcomes 	Pending
Capability	<ul style="list-style-type: none"> Develop and/or tailor SANE HelpCentre resources and services to address the specific needs of young adults, particularly those residing in regional areas based on research Promote SANE's Help Centre services to young adults and their family and friends, particularly in regional areas Increase the awareness, engagement and participation of 	<ul style="list-style-type: none"> Qualitatively assess and scope online services that SANE could offer for young adults based on research findings which will include mental health, education and employment services and engage them in the project # youth focused online community building / support events conducted or resources developed by type # of young adults using services 	<ul style="list-style-type: none"> Complete scoping of youth services Complete scoping report on service needs in relation to Forums Conduct 3 multi-media campaigns to promote SANE service offering over the course of the project Conduct at least 10 youth 	<ul style="list-style-type: none"> Complete scoping of youth services Develop a targeted campaign strategy to engage young adults with youth-specific messaging and stories of lived experience Conduct at least 2 youth 	Pending

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
	<p>young people with the SANE service offering, particularly young adults residing in regional areas</p> <ul style="list-style-type: none"> Expand and strengthen partnerships with organisations that provide support services for young adults, particularly in regional areas to support service dissemination and delivery Using the SANE Forums syndication model, disseminate youth focused or tailored forums via youth-focused partner websites Work with youth-focused partners / organisations to promote forums and encourage young adults to participate in the forums (and other SANE service offerings) 	<p>(unique users), including metropolitan vs regional breakdown</p> <ul style="list-style-type: none"> #of new and existing partnerships with youth focused organisations # online community building / support events or activities in which partner organisations are involved in delivery 	<p>focused online events</p> <ul style="list-style-type: none"> Increase of 20% of young adults accessing SANE's HelpCentre services and resources compared to baseline Increase of 10% in young adults from rural and regional areas accessing SANE's resources Establish 5 new partnerships with youth focused organisations Youth partners/organisations are involved in 10 online events 	<p>focused online events</p> <ul style="list-style-type: none"> 5% increase in young adults accessing SANE's HelpCentre services and resources compared to baseline 2% increase in young adults accessing SANE's Help Centre services from rural and regional areas Establish at least 1 new partnership with a youth focused organisation Youth parnters/organisations involved in 2 online events 	
Agency	<ul style="list-style-type: none"> Consult with young adults about resources produced in the project Support the creation of user-generated content to inform young people and their families and friends about complex mental illness Encourage young adults to share their stories of complex mental illness via the SANE Speaker program 	<ul style="list-style-type: none"> # of young adults participating in consultation activities # (%) of youth focused / tailored activities utilising user generated content # of resources utilising user generated content # of young adults sharing stories via SANE Speaker program 	<ul style="list-style-type: none"> 10 young adults participating in consultation activities 5 youth focused / tailored activities utilising user generated content 15 pieces of content specific to young adults, including videos, blogs, ads and other written resources 15 speakers under the age of 30 have joined the SANE Speaker program Young adult speakers involved in 40 events or speaking opportunities 	<ul style="list-style-type: none"> 2 young adults participating in consultation activities 3 pieces of content specific to young adults, including videos, blogs, ads and other written resources 3 speakers under the age of 30 have joined the speaker program Young adult speakers have been involved in 5 events or speaking opportunities 	

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 1	Actual Delivery – Year 1
Access	<ul style="list-style-type: none"> • Provide access to youth focused online peer support and professional mental health services • Develop a Forums App so that the service can be accessed more easily from mobile devices • Increase the ability and / or propensity of young people at risk, or experiencing complex mental illness to seek help / access per support / services 	<ul style="list-style-type: none"> • # of young adults using services (unique users), including metropolitan vs regional breakdown • # of young adults using the Forums App <p>Young adults report increased access to relevant, understandable and useful information about complex mental illness</p>	<ul style="list-style-type: none"> • Increase of 20% of young adults accessing SANE's HelpCentre services and resources compared to baseline • Increase of 10% in young adults from rural and regional areas accessing SANE's resources • 80% of young adult service users report increased access to relevant, understandable and useful information • Forums App developed and being used by 500 young adults <p>80% of young adult service users report increased access to relevant, understandable and useful information</p>	<ul style="list-style-type: none"> • Increase of 5% of young adults accessing SANE's HelpCentre services and resources compared to baseline • User feedback survey developed • Forums App is developed and being used by 100 young adults 	Pending
Early Intervention	<ul style="list-style-type: none"> • SANE's Help Centre services educate, de-stigmatise and encourage young adults to access support for their mental health • SANE's Help Centre services provide information to young adults and their family and friends on pathways to care 	<ul style="list-style-type: none"> • Young adults report increased confidence and capacity to seek help • Young adults report reduced feelings of stigma and self/stigma • Young adults report increased knowledge and awareness of complex mental illness 	<ul style="list-style-type: none"> • 80% of young adult service users report increased confidence and capacity to seek help • 80% of young adult service users report reduced feelings of stigma and self/stigma • 80% of young adults report increased knowledge and awareness of complex mental illness 	<ul style="list-style-type: none"> • Initial survey of young adults accessing SANE's Help Centre services is completed 	Pending
Participation	<ul style="list-style-type: none"> • Build a strong online community which is inclusive young adults affected by complex mental illness • Facilitate peer-support discussions and involvement in online community events to reduce feeling of isolation and increase social connection • Reduce isolation and strengthen social connectedness 	<ul style="list-style-type: none"> • Online community index • SANE forum users report a higher sense of social connection and peer-support 	<ul style="list-style-type: none"> • Online community index indicates high sense of community • 80% of young adult service users report a higher sense of social connection and peer-support 	<ul style="list-style-type: none"> • Initial survey of young adults accessing SANE's Help Centre services is completed • Online community index indicates high sense of community 	Pending

Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below At Exceeding target	• We are currently on track for this program objective
Capability	Below At Exceeding target	• We are currently on track for this program objective
Agency	Below At Exceeding target	• We are currently on track for this program objective
Access	Below At Exceeding target	• We are currently on track for this program objective
Early Intervention	Below At Exceeding target	• We are currently on track for this program objective
Participation	Below At Exceeding target	• We are currently on track for this program objective

Status against plan for implementation:

On track | At risk | Off track

Status against targeted project outcomes:

Below | **At** | Exceeding target