

1% charitable investment FY 2018

## Impact on children and youth mental health



**FUTURE GENERATION**  
GLOBAL INVESTMENT COMPANY

## Future Generation Global Investment Company Charities Year 2 Status Reports

## Project Status Update

<b>Reporting cycle:</b>	1 July 2017 to 30 June 2018 (Year 2)	<b>Date:</b>	5 July 2018
<b>Designated Charity:</b>	<i>beyondblue</i>		
<b>Funded initiative:</b>	<b>The Wonder Years: <i>beyondblue</i>'s Healthy Families Program</b>		
<b>Snapshot overview:</b>	<p>Childhood should be the 'wonder years', but we now know half of all lifelong mental health issues begin before the age of 14. A 2015 survey found over half a million children in Australia had experienced a mental health condition in the previous 12 months.</p> <p>In year one, FGG's funding supported <i>beyondblue</i> to undertake an extensive research project to establish a new evidence base on what works to build resilience in children. In year two, we have used this evidence to develop a free, practical guide for professionals working with children in education, health and community based settings, called <i>Building resilience in children aged 0–12: A practice guide</i>, available from <a href="https://beyondblue.org.au/resilience-guide">beyondblue.org.au/resilience-guide</a></p> <p>Practical, evidence-based tips were also developed for parents and caregivers, which can be found on our Healthy Families website: <a href="https://healthyfamilies.beyondblue.org.au/building-resilience">healthyfamilies.beyondblue.org.au/building-resilience</a></p> <p>The Healthy Families website is the cornerstone of <i>beyondblue</i>'s digital engagement with families. For the past two years, the website has provided parents and caregivers with easy and free access to evidence-based information and advice about raising healthy, resilient children. The support of FGG has helped hundreds of thousands of parents and caregivers to find the information and confidence they need to support the children and young people in their lives.</p> <p>We look forward to continuing this productive partnership with FGG into year three.</p>		
<b>Key achievements:</b>	<b>Building resilience in children aged 0-12: A practice guide</b> <b>Building the evidence base</b> <p>In year one, we reported on the Children's Resilience Research Project. The findings made a significant contribution to the evidence base on children's resilience, particularly what works to build resilience in children aged 0-12 years. This was then developed into a practice guide to inform professional practice.</p> <p>Since its release on 22 January 2018, the guide has been accessed 15,168 times, exceeding the target of 5,000 downloads by end of 2021 by more than 300%. It has also been translated into practical tips for parents and published on a new 'building resilience' microsite<sup>1</sup> within the Healthy Families website. The microsite supports parents and caregivers to build resilience in the home. A total of 40,013 pages were viewed by 22,586 families between January and June 2018.</p> <b>Building sector capability</b> <p><i>beyondblue</i> has made the <i>Building resilience in children aged 0-12: A practice guide</i> freely accessible to professionals across Australia who work with children, parents and families to:</p> <ul style="list-style-type: none"><li>• support professionals to better understand children's resilience</li><li>• build a common language among professionals that is evidence-informed</li><li>• inspire practice innovation among professionals working with children in education, health and community-based settings.</li></ul>		

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<sup>1</sup> A microsite is an individual web page or a small cluster of pages which are meant to function as a discrete entity within an existing website, in this case, the Healthy Families website

The media strategy built awareness of the guide and achieved the following national coverage:

- The guide was mentioned in 95 media pieces within 48 hours of its launch. The pieces reached more than 3.1 million people through print, online, TV and radio coverage.
- An exclusive to the Herald Sun was published online on Sunday 21 January 2018, followed by a page three lead story on Monday 22 January 2018.
- Features across other News Corp mastheads (including all major tabloid metro publications) on the day of the launch. Several major regional newspapers also ran the story.
- *beyondblue*'s CEO Georgie Harman was quoted on the TODAY Show and Channel 9's metro and regional news bulletins, Channel 10 and seven WIN Victorian bulletins.
- A feature article ran on parenting website, Kidspot, including quotes from CEO Georgie Harman.
- Online teachers' publication ACER published an in-depth launch piece, '[Strategies to help children build resilience](#)', and a second piece in March 2018, '[Successful resilience programs for children](#)'.
- *beyondblue*'s CEO Georgie Harman was interviewed on Radio National Drive with Patricia Karvelas.

Three key presentations contributed to professional interest:

- *beyondblue* Members Day, 5 March 2018, Melbourne
- Public Health Prevention Conference, 4 May 2018, Sydney
- Early Years Conference, 18 May 2018, Cairns.

These presentations enabled *beyondblue* to engage with a diverse range of sectors including health, welfare, education, community services and government to raise awareness and promote access to the guide to inform practice innovation.

In April 2018, *beyondblue* elicited feedback from a number of professionals who had requested a copy of the guide. Fifty professionals indicated their level of agreement<sup>2</sup> with four forced statements including:

- The guide increased my understanding about children's resilience (60% agree, 31% strongly agree)
- I found the guide useful (45% agree, 48% strongly agree)
- The guide gave practical suggestions for how I can build children's resilience (48% agree, 48% strongly agree)
- I have made changes in my work after reading the guide (52% agree, 22% strongly agree).

## **Healthy Families website**

### **Increasing individual agency**

The Healthy Families website provides high quality and evidence-based, plain language information for parents and caregivers to support mental health and wellbeing in their children across all ages. The mobile optimised website is designed for busy parents/caregivers and other family members, providing information on demand when and where they need it.

The October 2017 independent evaluation showed that:

- there were high levels of awareness of the signs and symptoms of depression and anxiety in children across all age groups, which is promising in terms of the level of community awareness about child and youth mental health
- 67% of visitors reported that the website met their information needs<sup>3</sup>

Findings relating to meeting users' information needs and level of satisfaction (refer to access below) are promising. Furthermore, after visiting the website:

- 80% of parents and caregivers claimed to have spent more time being involved in their child's life
- 80% encouraged their child to build relationship with other adults

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<sup>2</sup> All statements were rated on a 5-point Likert scale including strongly disagree, disagree, neither disagree nor agree, agree and strongly agree

<sup>3</sup> This was an overall analysis and took account of the many different types of information that visitors were looking for including information in support of their own, their partners, and/or their child or young person's mental health needs

- 78% supported their child when something was bothering them

*beyondblue* plans to build on these results with the proposed Equipping Families project (project 4).

### Improving access to support

There has been continued growth of the Healthy Families website in year two. The number of unique visitors to the website in the current year was 377,668, exceeding the projected target of 246,000 by 53.5%.

The evaluation demonstrated that the Healthy Families website was successful in reaching and engaging parents and caregivers. The results showed that:

- the website reached over half a million people (536,314) between August 2016 and Sept 2017
- there was a high level of user satisfaction. Notably, the language and tone of the website and the ease of understanding rated most highly (89% and 88% respectively)
- there was a high degree of satisfaction with the content. Most users reported that the website is meeting their information needs, including 33% of visitors who did not identify as a parent or carer of a child or young person<sup>4</sup>
- 88% of parents and caregivers said they would return to the website
- 87% of parents and caregivers said they would recommend the website to others.

Engagement and preparedness to take action is evidenced by the 50,247 mental health checklists completed by parents and caregivers, far exceeding the target of 17,000. These included:

- 35,648 expectant and new mother checklists
- 4,889 dad stress tests
- 9,710 child mental health checklists

Further results are provided in the project outcomes framework below.

**No. people supported:**

### Support provided through projects 1 and 2 during Year 2

People supported through the project: <sup>5</sup>	Support provided to date:		
	Directly Supported	Indirectly Supported	Total
	No.	Estimated	Total
Children & young people		728,899	728,899
Those who are close to & care for children & young people	377,668		
Professional service providers	15,168		15,168

Assumption: with a reach of 377,668 visits (presumably parents, caregivers or others involved in raising children), we expect to have indirectly supported the mental health and wellbeing of 728,899 children and young people in the second year (reach x average fertility rate [1.93] in Australia in 2012 (Australian Institute of Family Studies)).

<sup>4</sup> Unfortunately, there is no further information available as to who these visitors are.

<sup>5</sup> 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.

**Key observations & learnings to date:**

**Healthy Families website observations and learning**

There was a high level of reach, engagement and satisfaction with the Healthy Families website against *beyondblue*'s year one and two targets. We attribute this success to:

- the strength of community awareness of, and trust in, *beyondblue* (e.g. 84% brand recognition; ranked in the top 10 most reputable charities in Australia in 2017)
- the integration and leveraging of multiple projects, investments and campaigns including the Children's Resilience Research Project, Dadvice and Perinatal Depression and Anxiety (PNDA) awareness week
- the significant media coverage and public interest in children's resilience and the guide
- the high level of internal collaboration and in-house technical expertise
- comprehensive understanding of audience needs, including the provision of action-orientated information in an accessible format.

The independent evaluation highlighted the value of the Healthy Families website for parents and caregivers across a range of access metrics and it also found that the website is largely meeting the information needs of users. However, there is still a significant proportion of parents and caregivers who lacked confidence in their ability to identify signs and symptoms of depression and anxiety in their own children. Parental confidence will be a key focus of 'Equipping Families' (Project 4) in 2019/2020.

**Children's Resilience Research observations and learning**

Children's resilience is a complex area of research. The biggest challenge was translating the research evidence into actionable and practical recommendations that professionals can implement with children aged 0-12 years. Collated feedback on the guide to date has been overwhelmingly positive. The level of agreement among professionals that the guide is useful, practical in nature and has increased their understanding about children's resilience provides confidence that the guide can influence professional knowledge and capacity. Using the children's resilience evidence to further inform the new National Education Initiative will extend the potential to build capacity nationally and extend the reach of the evidence.

**Benefits derived from FGG funding:**

**Building resilience in children aged 0-12**

The funding from FGG allowed *beyondblue* to conduct the Children's Resilience Research Project and develop this evidence into a guide for practitioners and action orientated tips for parents and caregivers. Since January 2018, the guide has been downloaded more than 15,000 times and the webpages offering practical tips and information for parents and caregivers have received more than 40,000 views.

**Healthy Families Website**

The funding from FGG enabled the development of the Healthy Families website. This parent and caregiver resource brings together evidence-based information to support the mental health of their children.

- The website has reached 377,668 visits in year two and resulted in parents/caregivers taking positive actions to support the health of children in their care, such as spending more time with them (80% of respondents) and supporting their child when something was bothering them (78%).
- More than 50,000 people have taken action to understand more about their mental health by completing one of the checklists.

**Next steps:**

Over the coming 12 months the *beyondblue* program will focus on:

**Project 1: Children's Resilience Research**

'Building resilience in children aged 0-12: A Practice Guide' (Project 1) will continue to be freely available to professionals to support them to innovate their practice to build resilience in children. The guide is available by download from [beyondblue.org.au/resilience-guide](https://beyondblue.org.au/resilience-guide) and *beyondblue* will continue to raise awareness of the guide as appropriate.

## **Project 2: Healthy Families website**

The Healthy Families website (Project 2) will continue to be available to parents, caregivers and the broader community, providing evidence-based information on child and youth mental health.

*beyondblue* will continue to raise awareness of, and promote access to, the Healthy Families website with existing users as well as with parents and caregivers who have not previously visited the website, through our highly effective social media channels and our broad national reach. *beyondblue* will also continue to monitor the Healthy Families dashboard to develop insights on our audience needs to inform future planning especially relating to Equipping Families (Project 4).

## **Project 3: Support Service webchat (Improving early intervention pathways for young help-seekers)**

The webchat service is in high demand, particularly with younger demographics and is the communication channel of choice for the 15–25 years age group. Webchat supported 42,282 people in 2017, with 47.8% of all webchat contacts aged 15-25.

Rebuilding the current webchat service will offer greater early intervention opportunities to young people by making the service more accessible and by improving communication between the help seeker and the counsellor. Planned improvements aim to address key issues identified by users, to improve overall user satisfaction and ensure a positive help seeking experience.

An easier and more efficient real-time chat function will be developed and will be mobile device enabled, ensuring that *beyondblue* keeps up with the growing technological demands of the community.

Over the next 12 months *beyondblue* will:

- rebuild the current webchat service to address technical and accessibility issues and improve the user experience, with the new platform launching in January 2019
- aim to support approximately 10,000<sup>6</sup> young people aged between 15-25 with an improved web chat user experience
- test and learn to continually improve quality of the web chat service
- conduct a user satisfaction survey with web chat users to evaluate the effectiveness of the improved web chat user-interface.

## **Project 4: Equipping Families Project 4 (to commence in January 2020)**

This new project will aim to draw on learnings from Projects 1 and 2 and from the new National Education Initiative to identify, develop and test new content, tools and innovative engagement approaches to meet the information access needs and behaviours of parents and caregivers.

Equipping Families will determine the best way to engage parents in Healthy Families content as well as develop a narrative of normalising parenting through storytelling concentrated on developmental stages.

This will enable parents and caregivers to feel informed, equipped and confident to take positive actions during key developmental stages they and their children are experiencing. Parents and caregivers will be equipped to proactively look after their own mental health as well as support the children and young people they care for.

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<sup>6</sup> *beyondblue* Support Service Annual Report (average number of young people aged 15-25 accessing webchat in 6 months)

**Project Outcomes Framework:** [take framework from Project Overview, report on delivery against Year 2 Targets and specify Year 3 Targets]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
<b>Project 1. Children Resilience Research</b>						
Evidence	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>National best-practice guidelines, program logic and implementation recommendations developed</li> <li>Engagement and consultation with experts, professionals, parents/guardians and children</li> <li>Use of implementation recommendations influence design of <i>beyondblue</i> resilience initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Resilience research report published</li> <li>National best practice guidelines and program logic used by stakeholders</li> <li>Implementation recommendations influence design of <i>beyondblue</i> resilience initiatives</li> <li>Two manuscripts published in peer reviewed literature</li> </ul>	<ul style="list-style-type: none"> <li>Graphic design and digitisation of the Practice Guide</li> <li>Develop national dissemination strategy and commence implementation in October 2017 including: <ul style="list-style-type: none"> <li>Marketing campaign</li> <li>media campaign</li> <li>stakeholder engagement</li> <li>advocacy</li> </ul> </li> <li>Two manuscripts prepared for publication in academic journals</li> <li>Assess the feasibility of a pilot intervention into children's resilience</li> </ul>	<ul style="list-style-type: none"> <li>Practice Guide completed (January 2018)</li> <li>National dissemination strategy implemented (Jan to June 2018). Refer to 'building sector capability' for results</li> <li>Two academic manuscripts prepared: one is expected to be published in the 'Early Childhood Development and Care' journal in the next FY; the other is in development with the aim to be published next FY</li> <li>Pilot intervention into children's resilience determined to be out of scope. See rationale under children's resilience research observations and learnings.</li> </ul>	The evidence target for project 1 has been completed. Project 4 (Equipping Families) will build on this evidence base through an investigation of further areas of evidence-based support parents and caregivers are seeking and the best modality for reaching the parent and caregiver audience.
Capability	<ul style="list-style-type: none"> <li>Improve professionals' understanding of what works to build resilience in children 0-12</li> <li>Promote practice innovation aligned with best-practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>National best-practice guidelines developed</li> <li>Dissemination (# downloads) of best-practice guidelines nationally</li> <li>Uptake of best-practice guidelines and evidence of implementation nationally</li> <li>Anecdotal information about use/ barriers to use</li> </ul>	<ul style="list-style-type: none"> <li>Dissemination (# downloads) of guidelines and evidence base on a national level</li> <li>Evidence of implementation of guidelines nationally (e.g. case studies)</li> </ul>	<ul style="list-style-type: none"> <li>Rollout national dissemination strategy to promote and support the uptake of the Practice Guide</li> <li>2000 copies of the Practice Guide are downloaded in 2017/18</li> <li>Collate evidence of real-world implementation of Practice Guide</li> </ul>	<ul style="list-style-type: none"> <li>National dissemination strategy implemented (Jan to June 2018). Refer to 'building sector capability' for results</li> <li>15,168 copies of the Practice Guide were downloaded in 17/18</li> <li>Use of the Practice Guide was measured through user feedback including increased understanding (60% agree, 31% strongly agree); useful (45% agree, 48% strongly agree); practical nature (48% agree, 48% strongly agree); and implementation (52% agree, 22% strongly agree).</li> </ul>	<p>The national dissemination and media strategy have been completed, as per the budget allocation, the Guide will now continue in a maintenance phase and dissemination will be supported via key social media activities and through content being used in professional learning modules within the National Education Initiative.</p> <p>We expect a further 6500 copies of the Guide to be downloaded during 2018/19.</p>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
<b>Project 2. Healthy Families website</b>						
Agency	<ul style="list-style-type: none"> <li>Improve mental health literacy of parents and guardians</li> <li>Increase willingness of parents and guardians to seek help when required</li> </ul>	<ul style="list-style-type: none"> <li>Participant survey data on mental health literacy and help seeking behaviour</li> <li>Awareness of mental health conditions in children</li> <li>Level of confidence of parents in recognising the signs of mental health conditions in children</li> <li>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</li> <li>Parent knowledge of helpful and unhelpful behaviours to address mental health conditions</li> <li>Parent recognition of strategies to promote good mental health in children</li> <li>Parent awareness of services and supports</li> </ul>	<ul style="list-style-type: none"> <li>% survey participants indicating improved: <ul style="list-style-type: none"> <li>Increased parent awareness and knowledge of child mental health and conditions</li> <li>Increased parent ability to recognise conditions in children from pregnancy to adulthood</li> <li>Increased willingness to seek support when required</li> <li>Improved parenting practices that protect mental health and wellbeing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Specific targets are unable to be set until the evaluations findings have been released in October 2017 and a baseline has been established</li> <li>Respond to evaluation findings as required to respond to audience needs</li> <li>Take actions as necessary to increase the mental health literacy of parents and caregivers</li> </ul>	<p>Results from the independent evaluation indicated:</p> <ul style="list-style-type: none"> <li>80% of parents and caregivers reported they had spent more time being involved in their child's life</li> <li>80% encouraged their child to build relationship with other adults</li> <li>78% supported their child when something was bothering them</li> </ul>	<p>Equipping Families project will commence in January 2020. Targets will be defined as part of the business case development phase.</p>
Access	<ul style="list-style-type: none"> <li>Increase access to evidence-based resources for parents concerned about their child's mental health and wellbeing</li> <li>Enhance coordination of</li> </ul>	<b>Access</b> <ul style="list-style-type: none"> <li># unique visitors</li> <li>% return visitors</li> <li># page views</li> <li># session length</li> <li># resource downloads</li> </ul>	<b>Access</b> <ul style="list-style-type: none"> <li>200,000 annual visitors (unique)</li> <li>10% increase in average session duration (based on average Just Speak Up session duration)</li> </ul>	<b>Access</b> <ul style="list-style-type: none"> <li>Increase access to information and support (year 1 target 200,000) by 23% in year 2 to reach 246,000 unique visitors<sup>7</sup></li> <li>Develop and implement a 12-month new content and</li> </ul>	<b>Access</b> <ul style="list-style-type: none"> <li>377,668 unique visitors, exceeding target (246k) by 53.5%</li> <li>14.5% return visitors, down from 18.5% in 16/17</li> <li>942,072 page views, up from 837,155 in 16/17</li> </ul>	<p>As per the proposed budget, the Healthy Families website is now in a maintenance and monitoring phase, so the visitor numbers are expected to steady. It will be promoted through key social media activities with the following targets:</p>

<sup>7</sup> This target is based on what can be reasonably expected during a non-active campaign period and from a website which has been in market for almost 12 months. The Healthy Families year 1 reach of 339,670 unique visitors is due to the leveraging of additional Movember investment and campaign activity which cannot be sustained in Year 2.



Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
	<p>resources and ease of navigation for parents when searching for parenting mental health information online</p> <ul style="list-style-type: none"> <li>• Increase mental health literacy of parents to enhance their knowledge and skills in supporting their child's and their own mental health and wellbeing</li> <li>• Encourage help seeking behaviour among parents to support their child's and their own mental health and wellbeing</li> </ul>	<p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• # mental health checklist completions</li> <li>• # forum participation</li> <li>• # video views</li> <li>• # email subscriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Resources (# downloads, video views, pages visited)</li> </ul> <p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• # parents completing one of the three distress scales (EPDS, K10, child distress)</li> <li>• 2% increase in users registering for forums, to share their story or to receive emails</li> </ul> <p><b>User satisfaction</b></p> <ul style="list-style-type: none"> <li>• Degree to which the information provided on the website met parental needs</li> <li>• Parent satisfaction with website (i.e. easy to navigate; easy to understand; helpful; relevant; well laid out; inclusive; used appropriate language and tone)</li> <li>• Parents would recommend the website to others</li> </ul>	<p>promotions plan informed by user needs</p> <ul style="list-style-type: none"> <li>• Implement website enhancements informed by evaluation findings (due October 2017) to better meet user needs</li> </ul>	<ul style="list-style-type: none"> <li>• Session length down from 2:56 mins to 2:39 mins</li> </ul> <p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• 50,247 parents completed one of the three checklists</li> <li>• 0.4% of unique visitors registered for forums, 1.6% below set target</li> <li>• 12,669 video views</li> <li>• 410 Dadvice email subscriptions</li> </ul> <p><b>User satisfaction (information)</b></p> <ul style="list-style-type: none"> <li>• 57% of parents said the website 'mostly or fully' met their information needs around supporting their child and/or young person; 35% said it met 'some' of their needs, and 8% said it met 'a little or none' of their needs</li> </ul> <p><b>User satisfaction (website<sup>8</sup>)</b></p> <ul style="list-style-type: none"> <li>• uses appropriate language and tone - 89%</li> <li>• easy to understand – 88%</li> <li>• well laid out – 82%</li> <li>• relevant – 81%</li> <li>• easy to navigate – 79%</li> <li>• helpful – 77%</li> <li>• inclusive of my family situation – 66%</li> <li>• 87% of parents said they would recommend the website to others</li> </ul>	<p><b>Access<sup>9</sup></b></p> <ul style="list-style-type: none"> <li>• Increase access to information and support by 16% in year 3 to reach 285,000 unique visitors, an increase of 16%<sup>10</sup></li> <li>• Increase return visitors to 15%</li> <li>• Increase session length from 2:39 mins to 2:53 mins</li> </ul> <p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• 44,000 parents complete one of the three checklists available annually</li> </ul> <p><b>User satisfaction</b></p> <p><i>beyondblue</i> will not be collecting data on user satisfaction in year 3 due to the recent completion of the independent evaluation at the end of 2017.</p>

<sup>8</sup> User satisfaction reported here was rated out of five stars, with one star representing the lowest and five stars representing the highest level of satisfaction. The results reported here are the % of users who rated the website either 4 or 5 stars

<sup>9</sup> 12-month projections are based on the average movement (% increased and % decrease) per month over the previous year total.

<sup>10</sup> Ibid.

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
<b>Project 3. Support Service webchat</b>						
Access	<ul style="list-style-type: none"> <li>• Increase in rates of help-seeking in the 15-25 age group</li> <li>• Increase access to information and support through improved webchat user-interface and optimised for mobile to ensure that the webchat service can be accessed by young people via their preferred device</li> </ul>	<ul style="list-style-type: none"> <li>• Length of wait times</li> <li>• Complaints/compliments</li> <li>• User satisfaction survey (webchat)</li> </ul>	<ul style="list-style-type: none"> <li>• Webchat service rebuild and launch</li> <li>• Webchat service fully optimised for mobile devices</li> <li>• An uplift in the number of people accessing the webchat service by 5% is predicted as a result of the improved system but is not a direct success measure</li> <li>• Reduction in wait times for help seekers connecting with the webchat service</li> <li>• Expected increase of help seekers accessing webchat on mobile devices by 5% (in line with global and bb website device usage trends)</li> <li>• Improvement in qualitative feedback from the user satisfaction survey (webchat) related to technical and accessibility issues</li> </ul>			<ul style="list-style-type: none"> <li>• Webchat service rebuild and launch in January 2019</li> <li>• Increase in webchats by 5% (approx. 1,050 chats over six months) as a result of improved efficiency</li> <li>• Increase of 10% in the number of webchats being answered within one minute (up from 60% to 70%)</li> <li>• Expected increase of 5% of help seekers accessing webchat on mobile devices (up from 40% to 45%)</li> </ul>
Early Intervention	<ul style="list-style-type: none"> <li>• Provide young people aged 15-25 with better early</li> </ul>	<ul style="list-style-type: none"> <li>• User satisfaction survey (webchat)</li> </ul>	<ul style="list-style-type: none"> <li>• Overall user satisfaction rate increase by 10%</li> </ul>			<ul style="list-style-type: none"> <li>• Overall user satisfaction target of 75%<sup>11</sup></li> </ul>

<sup>11</sup> User satisfaction is rated using a Likert scale from very satisfied to not satisfied at all. The results reported here are the % of users who rated their satisfaction in the top two categories for example, very satisfied and satisfied.

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
	<p>intervention pathways via their platform of choice</p> <ul style="list-style-type: none"> <li>• Improve quality of service through enhanced webchat system responsiveness: <ul style="list-style-type: none"> <li>- decreased waiting time to connect</li> <li>- less disconnection issues</li> <li>- faster response times as counsellor and user not waiting long periods of time due to communication lag</li> <li>- longer text/ writing space</li> <li>- increased rapport between the user and the counsellor</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative feedback from the user satisfaction survey (webchat) related to satisfaction</li> <li>• Complaints/compliments</li> </ul>	<ul style="list-style-type: none"> <li>- Degree to which the information discussed with user was helpful</li> <li>- Satisfaction with the webchat counsellor</li> <li>- Users would recommend the webchat to others</li> </ul>			<ul style="list-style-type: none"> <li>- Degree to which the information discussed with user was helpful</li> <li>- User satisfaction with the webchat counsellor</li> <li>- Users would recommend the webchat to others</li> </ul>
Participation	N/A					

**Overall Performance assessment:**

Change Lever	Assessment	Comments
Evidence	Below   At   <b>Exceeding target</b>	<ul style="list-style-type: none"> <li>The evidence from the Children's Resilience Research Project has been fully established and translated into the 'Building resilience in children aged 0-12: Practice Guide'. The guide has been widely disseminated to professionals working with children and will continue to be disseminated nationally, as per building sector capability</li> <li>The evidence has also been translated into practical tips for parents and caregivers and published on the Healthy Families website to maximise the reach of this evidence and the opportunities for enhancing positive parenting strategies</li> <li>The assessment of 'exceeding' is based on the translation of the guide for multiple additional audiences including parents and caregivers on the Healthy Families website and with 'educators' by using the evidence to inform components of the new national education initiative.</li> </ul>
Capability	Below   At   <b>Exceeding target</b>	<ul style="list-style-type: none"> <li>'Building resilience in children aged 0-12: A practice guide' has been widely disseminated (15,168 copies) from January to June 2018</li> <li>User feedback on the guide demonstrates that the guide is perceived as being useful, practical and builds knowledge on children's resilience</li> <li>The assessment of 'exceeding' is based on the overall dissemination of the guide against the original target established (target of 5,000 over three years and 2000 in 17/18) as well as the inclusion of the evidence to inform a new national education initiative as reported in building sector capability.</li> </ul>
Agency	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"> <li>While independent evaluation findings relating to reach, access, engagement and satisfaction with the Healthy Families website were very high, the evaluation did not demonstrate a change in parents' and caregivers' knowledge, attitudes and beliefs as a result of visiting the Healthy Families website. This is to be expected during this early stage of the behaviour change process. The next phases of our work will use the learnings from the Healthy Families website and the national education initiative to further investigate and develop targeted resources that support behaviour change and parental confidence as a key focus of Equipping Families (Project 4).</li> </ul>
Access	Below   At   <b>Exceeding target</b>	<ul style="list-style-type: none"> <li>Following the strong performance of the Healthy Families website in Year 1, there has been continued growth of the website in Year 2 – this is despite reduced marketing and despite the website having been in market for almost two years which is a very positive result</li> <li>Metrics relating to access including reach, engagement and satisfaction with the website <b>exceeded</b> most of the Year 2 targets</li> <li>The user satisfaction results are incredibly positive, with 87% pf parents indicating they would recommend the website to others.</li> </ul>
Early Intervention	Below   At   Exceeding target	<ul style="list-style-type: none"> <li>NA – Early Intervention has not been a focus in Year 2 and is therefore not reportable.</li> </ul>
Participation	Below   At   Exceeding target	<ul style="list-style-type: none"> <li>NA – Participation is not a focus in <i>beyondblue's</i> Healthy Families Program and is therefore not reportable.</li> </ul>

Status against plan for implementation:

**On track** | At risk | Off track

Status against targeted project outcomes:

Below | At | **Exceeding target**

## Project Status Update

**Reporting cycle:** 1 July 2017 – 30 June 2018 (Year 2)

**Date:** 30/06/18

**Designated Charity:** Black Dog Institute

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

**Snapshot overview:** The Youth Centre of Research Excellence in Suicide Prevention has been established to undertake knowledge translation initiatives that will reduce suicide attempts and deaths in young people. In accordance with our underlying premise that reductions in suicide rates will only be advanced with better knowledge and technical innovation, we have now engaged three research fellows with expertise in youth mental health, suicide prevention and technology development and evaluation, to lead the three key studies outlined in our program of research. These appointments have enabled us to meet the deliverables associated with the following research priorities:

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

Key to our success in the second year of this funded initiative have been:

- Attracting additional high-quality researchers to lead the identified research priorities;
- Attracting seed funding from philanthropic and other external agencies, to undertake development (Study 1) and support enhancements in the system under evaluation (Study 2);
- Attracting competitive research funding from the National Health and Medical Research Council to scale up technologies in the target population (Study 3);
- Integrating researchers into our internal mentoring and capacity building program, to ensure they are adequately supported and have ongoing opportunity for growth and development;
- Continued engagement with the Black Dog Lived Experience Advisory Panel to inform system design, development and testing;
- Leveraging our internal IT capacity and capability to support system development and testing. This has minimised research and development costs and ensured a nimble approach in line with feedback from consultation with lived experience;
- Establishing strong partnerships with key stakeholders in the settings (schools and hospital) we wish to influence change and knowledge translation.

**Key achievements:** 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:

- Attracted a high quality research fellow with expertise in suicide prevention to lead the study;
- Secured seed funding to develop app content and prototype using a co-design process with young people, develop the app and undertake initial testing.

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:

- Completed recruitment for the first feasibility study of the text message intervention, with 15 participants recruited via the Emergency Departments at the 3 participating hospitals - the Royal Prince Alfred Hospital in Sydney, the Darling Downs Hospital in Toowoomba, and the Royal Brisbane Hospital;
- Demonstrated strong user engagement with the online brief therapeutic content (13/15 participants, 87%), importantly with the early content targeting the initial crisis period following discharge;
- Observed large reductions in suicidal thinking after 6 weeks. This will be verified as follow-up data collection continues;
- Integrated new interventions for comorbid alcohol use and suicide attempt into the text messaging system;

- Commenced recruitment for a second feasibility study, using a tailored version of the intervention for when alcohol has been a significant factor in a participant's presentation to the emergency department.

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

- Following the first feasibility study in young people, undertaken extensive refinements within the app to overcome barriers associated with data acquisition;
- Completed a second feasibility study with 32 participations where we have demonstrated a 50% data acquisition rate of sensor data. This is on par or better than other passive sensing apps that have been developed worldwide. Key in obtaining high data acquisition rates was to use push notifications to trigger data scans, which is a unique feature of our solution.

Building the **evidence** base: Background literature for Studies 1-3 complete, and research protocols developed for Studies 2 and 3, with ethics approval obtained; consultation complete; design specifications developed; systems developed and tested; initial pilot studies complete (Study 2 and Study 3) and further studies underway (Study 2 and Study 3). Two papers published to date:

- Larsen, Shand, Morley, Batterham, Petrie, Reda, Berrouguet, Haber, Carter, Christensen. Mobile Text Message Intervention to Reduce Repeat Suicidal Episodes: Design and Development of Reconnecting After a Suicide Attempt (RAFT). JMIR Ment Health. 2017 Oct-Dec; 4(4): e56.
- Boonstra, Nicholas, Wong, Shaw, Townsend, Christensen. Using smartphone sensor technology for mental health research: Clear obstacles and hidden challenges. JMIR, accepted 22 May 2018.

Building sector **capability**: Three research fellows supported, with mentoring and development plans in place. In addition, there are two research and IT development officers supported across the Youth Centre of Research Excellence in Suicide Prevention, along with six mental health nurses across the three hospital sites where Study 2 is being implemented.

Increasing individual **agency**: Not applicable in Year 1.

Improving **access** to support: Not applicable in Year 1.

Strengthening **early intervention**: Not applicable in Year 1.

#### No. people supported:

To date, 102 people have been directly supported through the research program and we are on target in meeting our deliverables for this stage of the research program. We anticipate supporting 200 young people in Study 1, 25 young people in Study 2, and 140 young people in Study 3. Upon conclusion of these trials, numbers of people indirectly supported will swell as we translate these digital applications into practice, as outlined in our Knowledge Translation plan.

People supported through the project: <sup>1</sup>	Support provided to date:			
	Directly Supported	Indirectly Supported	Total	
	No.	Estimated	=	Total
Children & young people	102	-		103
Those who are close to & care for them	-	-		-
Professional service providers	6	-		6

Sixteen young people have participated in the design, development and testing phase of Study 2, and an additional fifteen people who have presented to emergency departments have been supported by the intervention. Within Study 3, 39 students have participated in the initial pilot, with 32 people participating in the second feasibility study. There are two staff in each hospital site

<sup>1</sup> 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.

that have been trained in study protocol and procedures and are directly supporting the research trial.

**Key observations & learnings to date:**

Consultation is critical as part of the knowledge translation strategy and successful implementation. Through this process, we have been able to mitigate implementation barriers and improve uptake of programs by individuals.

With specific reference to Study 2, it was discovered that significant real-world optimisation is required in the study settings. Initial stakeholder consultation identified participant recruitment strategies which were likely to be effective; however, in practice these required additional optimisation to operate within the emergency department workload.

With specific reference to Study 3, we have found reliable access to Wi-Fi and availability of data across personal plans is a limitation to passively collect sensor data in adolescent populations, particularly in regional areas. We are continuing to look at other data modalities that might be less reliant on these parameters and which might be a useful adjunctive data point that could be integrated to the next version of the solution.

**Benefits derived from FGG funding:**

Through establishment of the Youth Centre of Research Excellence in Suicide Prevention we have:

- Successfully obtained funding through a private foundation to co-design and develop an engaging, youth-friendly smartphone-based app that young people can use to manage suicidal thoughts.
- Successfully obtained \$2m in competitive funding from the National Health and Medical Research Council to support the full-scale implementation and evaluation of initiatives to detect and prevent poor mental health and suicide risk.
- Expanded the cohort of Australian researchers with expertise in suicide prevention research through the ongoing capacity building of research fellows in the Centre.

**Next steps:**

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

- Develop detailed a study protocol for Study 1 and obtain ethical approval for its 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.
- Develop a follow-on study under Study 2, which includes additional support for friends/family of the young person, with information on how to support someone following discharge from hospital.
- Continue to refine and extend the app prototype which enables detection of social networks developed for Study 3, in preparation for large-scale trial in 20,000 young people set to commence in 2019. Preparation will involve a third feasibility study which seeks to confirm that behavioural markers (or digital phenotypes) previously reported in smaller pilot studies accurately predict symptoms associated with poor mental health and suicide risk.

## Project Outcomes Framework:

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Evidence	<ul style="list-style-type: none"> <li>Determine whether, and under what circumstances, social connectedness indicates risk of suicidality, suicide attempt and escalating mental health distress</li> <li>Deliver in a timely fashion, evidence-based smartphone applications shown to have efficacy in reducing suicide ideation and attempts</li> </ul>	<ul style="list-style-type: none"> <li>Correlation between objective social connectedness and mental health outcomes</li> <li>Reduction in symptoms of depression and anxiety</li> <li>Reduction in severity of suicidal thinking</li> <li>Improvement in capacity to cope with suicidal thoughts</li> <li>Number of knowledge translation (KT) outputs</li> </ul>	<ul style="list-style-type: none"> <li>Number of settings (schools, EDs, general practice) enrolled to deliver study programs</li> <li>Number of young people engaged with study programs</li> <li>Correlation between objective social connectedness and mental health outcomes</li> <li>Reduction in symptoms of depression and anxiety</li> <li>Reduction in severity of suicidal thinking</li> <li>Improvement in capacity to cope with suicidal thoughts</li> <li>Number of knowledge translation (KT) outputs e.g. publications, research snapshots, slide shares, social media messages</li> </ul>	<ul style="list-style-type: none"> <li>Protocol for Study 1 developed, specifying sample size, target setting, primary and secondary outcomes and statistical analysis plan (this will inform full project targets)</li> <li>Ethics approval for conduct of Study 1 obtained</li> <li>Knowledge translation plan developed for overall program</li> <li>Consultation undertaken with young people to inform app design and delivery for Study 1</li> <li>Specifications for CBT smartphone app (Study 1) quantified and prototype developed</li> <li>Three ED sites recruiting for pilot Study 2</li> <li>Feasibility testing undertaken in one school for pilot Study 3</li> </ul>	<ul style="list-style-type: none"> <li>Protocol development, ethics, consultation and app design for pilot Study 1 delayed whilst awaiting appointment of postdoctoral research fellow (occurred May 2018)</li> <li>Three ED sites recruiting for pilot Study 2</li> <li>Feasibility testing undertaken for pilot Study 3</li> <li>Knowledge translation plan for overall program in development (awaiting finalisation of Study 1 scope)</li> </ul>	<ul style="list-style-type: none"> <li>Protocol for Study 1 developed, specifying sample size, target setting, primary and secondary outcomes and statistical analysis plan (this will inform full project targets)</li> <li>Ethics approval for conduct of Study 1 obtained</li> <li>Consultation undertaken with young people to inform app design and delivery for Study 1</li> <li>Specifications for CBT smartphone app (Study 1) quantified and prototype developed</li> <li>Recruitment completed for pilot Study 2</li> <li>Evaluation testing commences for pilot Study 3</li> </ul>



Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Capability	<ul style="list-style-type: none"> <li>• Build capacity in suicide prevention research</li> <li>• Extend the availability of effective treatments for suicidal thinking across the health system (Study 1)</li> <li>• Improve aftercare for young people following discharge from hospital (Study 2)</li> <li>• Develop technology that can predict suicide risk (Study 3)</li> </ul>	<ul style="list-style-type: none"> <li>• Number of new researchers with expertise in suicide prevention</li> <li>• Number of research outputs (grants, publications) generated</li> <li>• Ehealth platforms to deliver effective smartphone applications to young people are identified</li> <li>• Number of hospitals delivering text messaging intervention as part of routine care</li> <li>• Model to detect social networks and predict withdrawal as an indicator for suicide risk exists and is integrated in relevant settings</li> </ul>	<ul style="list-style-type: none"> <li>• At least three early career researchers emerge with skills and capacity to lead independent suicide prevention research programs</li> <li>• eHealth platforms to deliver effective smartphone applications to young people are identified for product integration (e.g. stepped care models in primary care; Project Synergy platform)</li> <li>• Young people receive effective aftercare on discharge, as measured by time-to-event analysis (for repeat suicide attempt)</li> <li>• Model to detect social networks and predict withdrawal as an indicator for suicide risk exists and is integrated in relevant settings</li> </ul>	<ul style="list-style-type: none"> <li>• Appoint postdoctoral fellow to lead Pilot Study 1, and develop associated mentoring and development plan</li> </ul>	<ul style="list-style-type: none"> <li>• Postdoctoral research fellow appointed to lead Study 1</li> <li>• Mentoring and development plan to support capacity building developed and implementation underway</li> </ul>	<ul style="list-style-type: none"> <li>• Preliminary research outputs (grants, publications) for Studies 2 and 3 generated <ul style="list-style-type: none"> <li>• Four grants submitted</li> <li>• Two papers submitted for peer review publication</li> <li>• Four conference presentations submitted</li> </ul> </li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Agency	<ul style="list-style-type: none"> <li>• Perceived relevance and usefulness of smartphone applications with end-users</li> <li>• Increase awareness and knowledge of available sources of help</li> <li>• Increase rates of help-seeking</li> <li>• Improved wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• % study participants reporting ownership / engagement with smartphone applications and find them useful</li> <li>• % study participants reporting increased awareness and knowledge of available supports for suicidal thinking and behaviours</li> <li>• % study participants reporting increased confidence or comfort in seeking help for suicidal thinking and behaviours</li> <li>• % study participants reporting improved mental health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• % study participants reporting ownership / engagement with smartphone applications and find them useful</li> <li>• % study participants reporting increased awareness and knowledge of available supports for suicidal thinking and behaviours</li> <li>• % study participants reporting increased confidence or comfort in seeking help for suicidal thinking and behaviours</li> <li>• % study participants reporting improved mental health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Pending, these results not anticipated until Year 3</li> </ul>	<ul style="list-style-type: none"> <li>• NA in Year 2</li> </ul>	<ul style="list-style-type: none"> <li>• Preliminary results from Pilot Study 2 inform overall project objectives. (NB Precise metrics will be established once we have preliminary pilot data available to inform this).</li> </ul>
Access	<ul style="list-style-type: none"> <li>• Improve access to effective and quality therapeutic suicide prevention support through smartphone applications</li> </ul>	<ul style="list-style-type: none"> <li>• Number of settings (schools, EDs, general practice) engaged to translate programs into practice</li> <li>• Number unique users accessing smartphone apps</li> </ul>	<ul style="list-style-type: none"> <li>• Number of settings (schools, EDs, general practice) engaged to translate programs into practice</li> <li>• Number unique users accessing smartphone apps</li> </ul>	<ul style="list-style-type: none"> <li>• Pending, these results not anticipated until Year 4-5</li> </ul>	<ul style="list-style-type: none"> <li>• NA in Year 2</li> </ul>	<ul style="list-style-type: none"> <li>• Pending, these results not anticipated until Year 4-5</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Early Intervention	<ul style="list-style-type: none"> <li>• Improve capacity of individuals and their circle of support (friends, family, school counsellors, mental health professionals) to detect suicide risk</li> <li>• Increase proportion of at risk young people to receive help / access therapies</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in number of young people referred to health services for suicidal behaviours</li> <li>• Reduction in number of repeat suicide attempts</li> <li>• Decreased length of hospital stay</li> <li>• Decreased length of psychiatric hospital stay</li> <li>• Reduction in suicide-related mortality</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in number of young people referred to health services for suicidal behaviours</li> <li>• Reduction in number of repeat suicide attempts</li> <li>• Decreased length of hospital stay</li> <li>• Decreased length of psychiatric hospital stay</li> <li>• Reduction in suicide-related mortality</li> </ul>	<ul style="list-style-type: none"> <li>• Pending, these results not anticipated until Year 3-5</li> </ul>	<ul style="list-style-type: none"> <li>• NA in Year 2</li> </ul>	<ul style="list-style-type: none"> <li>• Pending, these results not anticipated until late Year 3 / Year 4-5</li> </ul>

Notes: Evidence Change Lever: Our research program comprises a series of pilot studies in each of the three priority areas, where we test feasibility, acceptability and efficacy of interventions and methods. Once we demonstrate success across these metrics, the interventions will be integrated within large pragmatic randomised controlled trials of effectiveness and/or introduced at-scale. As such, full program targets for number of settings (schools, EDs, general practice) to deliver study programs and number of young people engaged in programs will be specified following completion of the pilot studies. Similarly, the proportional change we expect to see such as reduction in symptoms of depression and anxiety, reduction in severity of suicidal thinking, and improvement in capacity to cope with suicidal thoughts will be determined based on effect sizes observed in pilot study results.

Unfortunately, progress of Study 1 was hampered by delays in recruiting a high-quality postdoctoral research fellow with the necessary skills and expertise in suicide prevention research to lead in this area. There is a dearth of suicide prevention researchers in Australia, however, a key objective in establishing the Youth Centre of Research Excellence in Suicide Prevention is to expand upon this cohort and generate new researcher capability, mentoring and encouragement. We are making progress in this area. With the appointment of Dr Jin Han to lead Study 1, we anticipate having ethics approval for the initial consultation with young people in place by September 2018; consultation complete by November 2018; App design specifications complete by February 2019; research trial protocol finalised by May 2019; and ethics approval for the research trial in place by June 2019.

**Overall Performance assessment:**

Change Lever	Assessment	Comments
Evidence	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"><li>• Study 1 now has dedicated personnel to establish, develop and deliver protocol. Study is on track to meet targets.</li><li>• Study 2 is on track and exceeding targets.</li><li>• Study 3 is on track in meeting targets.</li></ul>
Capability	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"><li>• Research fellows have been appointed with available funds, and capacity building / mentoring plans developed and implemented.</li></ul>
Agency	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"><li>• As expected for stage of research program. These change levers will come into play in Years 3-5.</li></ul>
Access	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"><li>• As expected for stage of research program. These change levers will come into play in Years 4-5</li></ul>
Early Intervention	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"><li>• As expected for stage of research program. These change levers will come into play in Years 3-5</li></ul>

Status against plan for implementation:

**On track** | At risk | Off track

Status against targeted project outcomes:

Below | **At** | Exceeding target

## Project Status Update

<b>Reporting cycle:</b>	01 July 2017 – 30 June 2018 (Year 2)	<b>Date:</b>	30 June 2018
<b>Designated Charity:</b>	Brain and Mind Centre		
<b>Funded initiative:</b>	<i>Youth Mental Health and Technology Program (known as Brain and Mind-Youth Platform)</i>		

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 BMC 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 study 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 expansion 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).<sup>1</sup>

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 BMC 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 contributes 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 with reference to rates of participation in effective care, education and employment, reductions in disability, suicidal ideation and risky 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%.

<b>Snapshot overview:</b>	Year 1 FGG funding supported the installation of the Brain and Mind-Youth Platform at five <i>headspace</i> sites in NSW (Ashfield, Bondi Junction, Camperdown, Hurstville and Miranda). Its etools assess, report and guide real-time results and recommendations regarding mental health and wellbeing and include the development of a 'share plan' with a health professional. To date, approximately 600 'share plans' have been created.
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<sup>1</sup> Current negotiations are also exploring international uptake in North and South America.

This installation has also been accompanied by implementation of a pilot training program for participating *headspace* staff (health professionals, managers and administrators) including clinical (i.e. staging), service (i.e. stepped care) and digital (i.e. Brain and Mind-Youth Platform) modules. The training program also includes the ‘zero suicides in care’ philosophy.

Over this time, continued rapid prototyping of the technology has occurred in response to every-day young person and health professional use of the Platform as well as changing in response to the maturing service and technology environments. Importantly, it now includes more personalised assessment and further intervention, and will soon include real-time and aggregate *headspace* service (and clinician) metrics.

Year 2 FGG funding has significantly contributed to the expansion of the study to include other *headspace* sites in NSW and interstate. This work more specifically focused on participatory design methodologies that aimed to “discover, evaluate and prototype” new elements pertaining to use of the Platform by culturally diverse groups (i.e. culturally and linguistically diverse populations; Aboriginal and Torres Strait Islander peoples; lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied populations), younger people (aged 12-15 years) and supportive others (i.e. family, friends and other caregivers).

Year 3 FGG funding is focused on continuing to develop the Platform with consideration to these target populations and includes rapid prototyping and iterative user (acceptance) testing as well as progressive expansion of the Platform into *headspace* sites across metropolitan, regional and rural Australia (including the Central Coast, Murrumbidgee, South and West/ Far West of NSW; North Queensland, Central Queensland and the Sunshine Coast; Northern Territory; South Australia; and, South-West Western Australia).

**Key achievements:**

To date, key achievements have included:

1. Implementation and sustainment of the Brain and Mind-Youth Platform into five *headspace* sites in NSW.
2. Continuous participatory design, rapid prototyping and iterative user (acceptance) testing of the Platform – more recently focusing on culturally diverse groups (i.e. culturally and linguistically diverse populations; Aboriginal and Torres Strait Islander peoples; lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied populations), younger people (aged 12-15 years) and supportive others (i.e. family, friends and other caregivers).
3. Ongoing training program for participating *headspace* staff (including health professionals, managers and administrators).
4. Progressive expansion to other *headspace* sites across metropolitan, regional and rural Australia.
5. Implementation and management of the ongoing research and development agenda including overall project evaluation.

**Building the evidence base:**

The research, development and evaluation of this study continues to iteratively inform the (re)development of the Brain and Mind-Youth Platform. We are currently developing new elements of the Platform which will be suitable for culturally diverse groups, younger people and supportive others.

**Building sector capability:**

Approximately 80 *headspace* staff have now been trained to use the Brain and Mind-Youth Platform across NSW, VIC and SA. In addition to use of the Platform, this has included clinical staging, stepped care and improved identification and response to suicidality (i.e. ‘zero suicides in care’ philosophy). Importantly, the continued, progressive expansion of the study into *headspace* sites across metropolitan, regional and rural Australia over the next 12 months, will further improve confidence of health professionals working with young people (aged 12-25 years) presenting with suicidal ideation (including both thoughts and behaviours).

#### Increasing individual **agency**:

Ongoing support of the Brain and Mind-Youth Platform, has allowed almost 600 young people to experience more efficient access to clinical assessment and immediate results as well as proactive and shared treatment planning with their health professional. Current work is exploring individual agency for culturally diverse groups, younger people and supportive others.

#### Improving **access** to support:

To date, almost 600 young people have used the Brain and Mind-Youth Platform to facilitate more efficient assessment and treatment planning within participating *headspace* sites; and approximately 80 *headspace* staff have now been trained to use the Platform and have completed associated clinical, service and suicide prevention modules. Whilst 53% of young people completed the survey between 9am-5pm the remaining 47% completed the survey outside of traditional clinic hours; and, 10% of young people completed their assessment after 11pm in the evening.

Further development of the Platform will also allow younger people (aged 12-15 years) and their supportive others to gain greater access to, and better quality of, care. The aim of working with diverse populations will further enable more positive attitudes towards help-seeking through appropriateness of the technology to culture.

#### Strengthening **early intervention**:

Continued development of the Brain and Mind-Youth Platform with a focus on culturally diverse groups, younger people and supportive others within regional and rural areas will enhance early intervention in young people experiencing a first episode of help seeking. Training *headspace* staff to use the Platform and assist with care options suitable to this population will help to match young people's individualised needs to the right care at the right time.

#### Fostering socio-economic **participation**:

Early intervention fosters continued participation in education, employment and training; and, also allows supportive others to continue to be fully engaged in their own employment as a result of reduced days off to care for their young people. It is already known from the first 600 young people using the Platform, that there were improved rates in functioning which included education, employment and training.

#### No. people supported:

People supported through the project: <sup>2</sup>	Support provided to date:			
	Directly Supported	Indirectly Supported	Total	
	No.	+	Estimated	= Total
Children & young people	~600		500	1100
Those who are close to & care for them	100		0	100
Professional service providers	80		0	80

Specified targets are indicative as they 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 study. 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. It

<sup>2</sup> 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.

is estimated that approximately 250 supportive others /carers in year 3 will be supported by the technology in addition to young people.

Please note: the number of people supported to date are currently less than targets originally specified. This is a direct result of an opportunity presented to the research team that has allowed for the rebuild and update of the back-end technology that enables the Brain and Mind-Youth Platform to operate. This rebuild is almost complete, and it is expected that numbers of people supported will increase exponentially as the Platform is progressively expanded into other *headspace* sites across metropolitan, regional and rural Australia.

**Key observations & learnings to date:**

Key observations and learnings to date have focused on understanding the importance of the provision of highly-personalised clinical assessment, immediate feedback of results, proactive treatment planning and online monitoring of progress as a means to dramatically improve the health outcomes of young people with depression.

**Benefits derived from FGG funding:**

In 2016, the benefits derived from FGG funding included the development and implementation of the Brain and Mind-Youth Platform into five *headspace* sites in NSW (Ashfield, Bondi Junction, Camperdown, Hurstville and Miranda). To date, almost 600 digital 'share plans' are suggesting more efficient recognition of suicidal ideation, more effective treatment rates, increased participation in employment, education or training as well as a reduction in alcohol and/or other substance misuse. Outcomes from 2017 research indicated the need for further development in three specific populations: culturally diverse groups (i.e. culturally and linguistically diverse populations; Aboriginal and Torres Strait Islander peoples; lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied populations); younger people (aged 12-15 years); and, supportive others (i.e. family, friends and other caregivers). In 2018, benefits derived from FGG funding include determining how the Platform will be developed to best meet the needs of these populations; and, progressively expanding the study to *headspace* sites across metropolitan, regional and rural Australia (including the Central Coast, Murrumbidgee, South and West/ Far West of NSW; North Queensland, Central Queensland and the Sunshine Coast; Northern Territory; South Australia; and, South-West Western Australia).

**Next steps:**

Continued participatory design, rapid prototyping and iterative user (acceptance) testing of the Brain and Mind-Youth Platform; as well as progressive expansion of the study to *headspace* sites across metropolitan, regional and rural Australia. Importantly, expansion of the study is currently dependent on the very near future delivery of the rebuilt back-end technology that supports the Platform.



**Project Outcomes Framework:** [take framework from Project Overview, report on delivery against Year 1 Targets and specify Year 2 Targets]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery- Year 2	Target – Year 3
Evidence	<ul style="list-style-type: none"> <li>Improved numbers of young people in effective care</li> <li>Improved everyday function of young people (eg. increased rates in education, employment, training)</li> <li>Lower young person self-reported levels of symptomatology/ disability</li> <li>‘zero suicides in care’ and reduced rates of associated risky behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Number of primary health care services enrolled in the study</li> <li>Number of young people and health professionals using the Brain and Mind-Youth Platform</li> <li>Rates of effective treatment (including number of sessions, length of session, further assessments and interventions recommended)</li> <li>Young person functional outcomes (including rates in education, employment, training; rates smoking daily or engaging in hazardous alcohol or other substance use)</li> <li>Young person health outcomes (including symptomatology and disability) Numbers of escalated cases displaying suicidal behaviours including self-harm</li> </ul>	<ul style="list-style-type: none"> <li>~20 primary health care services enrolled in the study</li> <li>~20,000 young people and ~200 health professionals using the Brain and Mind-Youth Platform</li> <li>Improved rates of effective treatment from 50% to 80%</li> <li>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%.</li> <li>Working towards a ‘zero suicides in care’ philosophy by reducing suicidal ideation by 50%</li> <li>Research, development and evaluation of study to continuously and iteratively inform the (re)development of the Brain and Mind-Youth Platform</li> <li>Study learnings reflected in current health service reform</li> <li>Up to five research papers published</li> </ul>	<ul style="list-style-type: none"> <li>~Five primary health care services enrolled in the study</li> <li>~5,000 young people and ~50 health professionals using the Brain and Mind-Youth Platform</li> <li>Improved rates of effective treatment</li> <li>Improved young person functionality and health outcomes</li> <li>Working towards a ‘zero suicides in care’ philosophy</li> <li>Research, development and evaluation of study to continuously and iteratively inform the (re)development of the Brain and Mind-Youth Platform</li> </ul>	<ul style="list-style-type: none"> <li>To date, 13 primary health care services have now enrolled in the study</li> <li>Due to rebuild however, there is currently only 600 young people users and ~80 <i>headspace</i> staff trained in the use of the Brain and Mind-Youth Platform</li> <li>Preliminary analyses of the 600 young people users suggest overall improved rates in functionality and health outcomes via more effective triage, individual needs assessment and matching service to needs</li> <li>Through the training program, participating health professionals continue to commit to working towards the ‘zero suicides in care’ philosophy</li> <li>The research, development and evaluation of this study continues to iteratively inform the (re)development of the Brain and Mind-Youth Platform (as evidenced in the current rebuild)</li> </ul>	<ul style="list-style-type: none"> <li>Up to 5 more primary health care services enrolled in the study (including metropolitan, regional and rural Australia)</li> <li>~5,000 young people and ~100 <i>headspace</i> staff (health professionals, managers, administrators) using the Brain and Mind-Youth Platform</li> <li>Improved rates of effective treatment</li> <li>Improved young person functionality and health outcomes</li> <li>Working towards a ‘zero suicides in care’ philosophy</li> <li>Research, development and evaluation of study to continuously and iteratively inform the (re)development of the Brain and Mind-Youth Platform</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery- Year 2	Target – Year 3
Capability	<ul style="list-style-type: none"> <li>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</li> <li>Improved health professional delivery of effective care via better triage, assessment and management of young people presenting for care</li> <li>Increased health professional ability to identify and respond to the needs of young people presenting with suicidal behaviours</li> <li>Increased health professional confidence in working with young people presenting with suicidal behaviours</li> <li>Strengthen health professional support/ service network</li> </ul>	<ul style="list-style-type: none"> <li>Number of health professionals participating in training and evaluations of that training</li> <li>Rates of effective treatment (including number of sessions, length of session, further assessments and interventions recommended)</li> <li>Health professional self-reported ability and confidence of working with young people presenting with suicidal behaviours</li> <li>Quantitative assessments of health professional user experience regarding improvement in health service support and network via the Brain and Mind-Youth Platform</li> <li>Qualitative assessments of health professional user experience regarding improvement in health service support and network via the Brain and Mind-Youth Platform</li> </ul>	<ul style="list-style-type: none"> <li>200 health professionals participating in training and evaluations of that training</li> <li>Improved rates of effective treatment from 50% to 80%</li> <li>Working towards a ‘zero suicides in care’ philosophy by reducing suicidal ideation by 50%</li> <li>Increased rate of participating health professional self-reported ability and confidence of working with young people presenting with suicidal behaviours</li> <li>Positive health professional user experience regarding improvement in health service support and network via the Brain and Mind-Youth Platform</li> </ul>	<ul style="list-style-type: none"> <li>~50 health professionals participating in training and evaluations of that training</li> <li>Improved rates of effective treatment</li> <li>Working towards a ‘zero suicides in care’ philosophy</li> <li>Increased rate of participating health professional self-reported ability and confidence of working with young people presenting with suicidal thoughts and behaviours</li> <li>Positive health professional user experience regarding improvement in health service support and network via the Brain and Mind-Youth Platform</li> </ul>	<ul style="list-style-type: none"> <li>~80 <i>headspace</i> staff (health professionals, managers, administrators) have participated in the training program</li> <li>Preliminary analyses of <i>headspace</i> staff responses trend towards increased ability and confidence of working with young people presenting with suicidal behaviours; and qualitative data suggests <i>headspace</i> staff have a positive user experience with the Brain and Mind-Youth Platform resulting in improved health service outcomes</li> </ul>	<ul style="list-style-type: none"> <li>~100 <i>headspace</i> staff (health professionals, managers, administrators) participating in training and evaluations of that training</li> <li>Improved rates of effective treatment</li> <li>Working towards a ‘zero suicides in care’ philosophy</li> <li>Increased rate of participating health professional self-reported ability and confidence of working with young people presenting with suicidal thoughts and behaviours</li> <li>Positive health professional user experience regarding improvement in health service support and network via the Brain and Mind-Youth Platform</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery- Year 2	Target – Year 3
Agency	<ul style="list-style-type: none"> <li>Increased use of the Brain and Mind-Youth Platform by young people and health professionals</li> <li>Increased awareness of available sources of help online (and offline) for both the young person and health professional</li> <li>Increased confidence in accessing sources of help online (and offline) for both the young person and health professional</li> <li>Matching needs to the right care at the right time!</li> </ul>	<ul style="list-style-type: none"> <li>Number of primary health care services enrolled in the study</li> <li>Number of young people and health professionals using the Brain and Mind-Youth Platform</li> <li>Google analytics to understand online user behaviour including time online and exit points etc</li> <li>Quantitative assessments of young person and health professional user experience regarding awareness and confidence of seeking help online</li> <li>Qualitative assessments of young person and health professional user experience regarding awareness and confidence if seeking help online</li> </ul>	<ul style="list-style-type: none"> <li>20 primary health care services enrolled in the study</li> <li>~20,000 young people and ~200 health professionals using the Brain and Mind-Youth Platform</li> <li>~200 health professionals participating in training and evaluations of that training</li> <li>Increased numbers of young people and health professionals reporting better awareness and confidence of seeking help online</li> <li>Improved rates of effective treatment from 50% to 80%</li> <li>Working towards a 'zero suicides in care' philosophy by reducing suicidal ideation by 50%</li> </ul>	<ul style="list-style-type: none"> <li>~Five more primary health care services enrolled in the study</li> <li>~5,000 young people and ~50 health professionals using the Brain and Mind-Youth Platform</li> <li>~50 health professionals participating in training and evaluations of that training</li> <li>Increased numbers of young people and health professionals reporting better awareness and confidence of seeking help online</li> <li>Improved rates of effective treatment</li> <li>Working towards a 'zero suicides in care' philosophy</li> </ul>	<ul style="list-style-type: none"> <li>To date, 13 primary health care services have now enrolled in the study</li> <li>Due to rebuild however, there is currently only 600 young people users and approximately 80 <i>headspace</i> staff trained in the use of the Brain and Mind-Youth Platform</li> <li>Preliminary analyses of both young people and health professional participants have indicated better awareness of, and confidence, seeking help online</li> </ul>	<ul style="list-style-type: none"> <li>Up to 5 more primary health care services enrolled in the study (including metropolitan, regional and rural Australia)</li> <li>~5,000 young people and ~100 <i>headspace</i> staff (health professionals, managers, administrators) using the Brain and Mind-Youth Platform</li> <li>Increased numbers of young people and health professionals reporting better awareness and confidence of seeking help online</li> <li>Improved rates of effective treatment</li> <li>Working towards a 'zero suicides in care' philosophy</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery- Year 2	Target – Year 3
Access	<ul style="list-style-type: none"> <li>Improved access to, and uptake of care through, online technologies such as the Brain and Mind-Youth Platform and its associated tools</li> <li>Improved young person user experience when engaging with a health professional who has accessed the training program</li> <li>Increased rates of young people seeking help and accessing services online (or offline)</li> </ul>	<ul style="list-style-type: none"> <li>Number of primary health care services enrolled in the study</li> <li>Number of young people and health professionals using the Brain and Mind-Youth Platform</li> <li>Number of health professionals participating in training and evaluations of that training</li> <li>Google analytics to understand online user behaviour including unique users accessing online resources</li> <li>Quantitative assessments of young person user experience regarding relevance and usefulness of the Brain and Mind-Youth Platform</li> <li>Qualitative assessments of young person user experience regarding relevance and usefulness of the Brain and Mind-Youth Platform</li> </ul>	<ul style="list-style-type: none"> <li>~20 primary health care services enrolled in the study</li> <li>~20,000 young people and ~200 health professionals using the Brain and Mind-Youth Platform</li> <li>Increased numbers of young people reporting satisfaction with care and positive attitude towards help seeking</li> <li>Improved rates of effective treatment from 50% to 80%</li> </ul>	<ul style="list-style-type: none"> <li>Five more primary health care services enrolled in the study</li> <li>~5,000 young people and ~50 health professionals using the Brain and Mind-Youth Platform</li> <li>Increased numbers of young people reporting satisfaction with care and positive attitude towards help seeking</li> <li>Improved rates of effective treatment</li> </ul>	<ul style="list-style-type: none"> <li>To date, 13 primary health care services have now enrolled in the study</li> <li>Due to rebuild however, there is currently only 600 young people users and approximately 80 <i>headspace</i> staff trained in the use of the Brain and Mind-Youth Platform</li> <li>Preliminary analyses of user experience suggests young people participants are satisfied with the care provided and have a more positive attitude towards help seeking (both online and offline)</li> </ul>	<ul style="list-style-type: none"> <li>Up to 5 more primary health care services enrolled in the study (including metropolitan, regional and rural Australia)</li> <li>~5,000 young people and ~100 <i>headspace</i> staff (health professionals, managers, administrators) using the Brain and Mind-Youth Platform</li> <li>Increased numbers of young people reporting satisfaction with care and positive attitude towards help seeking</li> <li>Improved rates of effective treatment</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery- Year 2	Target – Year 3
Early Intervention	<ul style="list-style-type: none"> <li>Increased rates of young people seeking help and accessing services online (or offline)</li> <li>Improved treatment outcomes for young people</li> </ul>	<ul style="list-style-type: none"> <li>Number of primary health care services enrolled in the study</li> <li>Number of young people using the Brain and Mind-Youth Platform</li> </ul>	<ul style="list-style-type: none"> <li>~20 primary health care services enrolled in the study</li> <li>~20,000 young people using the Brain and Mind-Youth Platform</li> <li>Improved rates of effective treatment from 50% to 80%</li> <li>Working towards a 'zero suicides in care' philosophy by reducing suicidal ideation by 50%</li> </ul>	<ul style="list-style-type: none"> <li>Five more primary health care services enrolled in the study</li> <li>~5,000 young people using the Brain and Mind-Youth Platform</li> <li>Improved rates of effective treatment</li> <li>Working towards a 'zero suicides in care' philosophy</li> </ul>	<ul style="list-style-type: none"> <li>To date, 13 primary health care services have enrolled in the study</li> <li>Due to rebuild however, there is currently only 600 young people users of the Brain and Mind-Youth Platform</li> <li>Preliminary analyses of the 600 young people users suggest improved rates in functionality and health outcomes via more effective triage, individual needs assessment and matching service to needs. Through the training program, participating health professionals have committed to working towards the 'zero suicides in care' philosophy</li> </ul>	<ul style="list-style-type: none"> <li>Up to 5 more primary health care services enrolled in the study (including metropolitan, regional and rural Australia)</li> <li>~5,000 young people using the Brain and Mind-Youth Platform</li> <li>Improved rates of effective treatment</li> <li>Working towards a 'zero suicides in care' philosophy</li> </ul>
Participation	<ul style="list-style-type: none"> <li>Improved rates of social and economic participation for young people (eg. increased rates in education, employment, training)</li> </ul>	<ul style="list-style-type: none"> <li>Number of young people currently in education, employment and training</li> </ul>	<ul style="list-style-type: none"> <li>Increased rates of young person participation in education, employment and training from 70% to 85%</li> </ul>	<ul style="list-style-type: none"> <li>Increased rates of young person participation in education, employment and training</li> </ul>	<ul style="list-style-type: none"> <li>Preliminary analyses of the 600 young people users suggest improved rates in functionality including more participation in education, employment and training.</li> </ul>	<ul style="list-style-type: none"> <li>Increased rates of young person participation in education, employment and training</li> </ul>

**Overall Performance assessment:**

Change Lever	Assessment	Comments
Evidence	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"><li>Due to rebuild of the back-end technology that supports the Brain and Mind Youth Platform, participant numbers have been low. Consequently, only preliminary analyses have been run on Year 2 data and these findings have not significantly varied from Year 1. With increased participants expected during Year 3, statistical analyses will be re-run and numbers subsequently reported.</li></ul>
Capability	Below   <b>At</b>   Exceeding target	
Agency	Below   <b>At</b>   Exceeding target	
Access	Below   <b>At</b>   Exceeding target	
Early Intervention	Below   <b>At</b>   Exceeding target	
Participation	Below   <b>At</b>   Exceeding target	

Status against plan for implementation:

**On track** | At risk | Off track

Status against targeted project outcomes:

**Below** | At | Exceeding target

## Project Status Update

<b>Reporting cycle:</b>	01 July 2017 – 30 June 2018 (Year 2)	<b>Date:</b>	3 July 2018
<b>Designated Charity:</b>	Butterfly Foundation for Eating Disorders		
<b>Funded initiative:</b>	Youth Intensive Outpatient Program (Youth IOP)		
<b>Snapshot overview:</b>	<p>The Youth Intensive Outpatient Program (IOP) seeks to establish an evidence based program centred on effective, early intervention for young people with eating disorders. The program provides outpatient treatment to young people with an eating disorder and/or disordered eating aged 14-24 years. For those needing more intensive treatment, the IOP is a community based treatment program aimed at people over the age of 16 years who are experiencing an eating disorder and would benefit from intensive meal therapy and group therapy to assist recovery. Both programs are run from Butterfly House in Crows Nest, Sydney and have been developed to meet a service gap in the community regarding appropriate and effective outpatient eating disorder treatment.</p>		

In the last 12 months, there have been 23 young people enrolled in the two Butterfly IOPs. Eight were young people aged between 16-24 years enrolled in the IOP and 15 young people, with early signs and symptoms of bulimia nervosa and binge eating disorder, participated in the 20-session Youth IOP program.

Butterfly has conducted three rounds of the Youth IOP, in July 2017, January and April 2018. An internal formative evaluation was conducted in February 2018 and its recommendations have been used to drive internal continuous quality improvement and refinements to the program's clinical and business model. This program is run concurrently with the IOP which is available for those who require more intensive treatment.

Butterfly has partnered successfully with headspace Chatswood and Brookvale and with Sydney North Primary Health Network developing referral pathways into and out of the program. We have recently developed a new partnership with Karrikin Youth Mental Health Services with an aim to provide further individualised support for those graduating from our programs.

<b>Key achievements:</b>	<p>Butterfly Foundation has focused on promoting the program, building referral pathways and rolling out the Youth IOP and IOP. These programs occur concurrently and aim to provide effective, community-based intervention for young people and to integrate this method of treatment into our systems of care. Key achievements are as follows:</p>
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- Eight young people aged between 14-24 years attended the IOP
- Conducted three rounds of the 20-session Youth IOP with a total of 15 participants aged 14-24 years
- Continued development of referral pathways from health professionals in the Sydney region, including a strong community partnership with several headspace centres in the Northern Sydney region
- Implementation of the program's evaluation framework, to demonstrate effectiveness and scope opportunities for further development
- Implementation of a sustainable fee for service structure, including establishment of Medicare rebates

#### Building the **evidence** base:

- Butterfly has developed a robust evaluation framework that will provide program quality improvement and will contribute to the evidence base for effective early intervention treatment approach for eating disorders in the community based context in Australia

**Building sector capability:**

- Through delivery of the Youth IOP and the IOP in Crows Nest, Butterfly has increased access to outpatient eating disorder services for those living in Sydney
- Butterfly clinicians have worked closely alongside external treatment providers, in many instances upskilling the existing and potential eating disorders workforce
- Butterfly senior leadership has worked closely with headspace, the Sydney North Primary Health Network (SNPHN) and the Northern Sydney Local Health District to increase collaboration between our organisations and to develop cross referral pathways
- IOP clinicians have developed collaborative therapeutic relationships with local private eating disorder specialists, general practitioners and public hospital clinicians

**Increasing individual agency:**

- There has been high client engagement as evidenced by high attendance rates
- Therapists worked with clients to develop their self-management skills and the clients have qualitatively reported improvement in skills
- All clients are assisted in their connections to community-based support at discharge from the programs

**Improving access to support:**

- IOP intake clinicians have provided assessment to 39 young people with diagnosed eating disorders and/or disordered eating
- Of those, 15 young people enrolled in the Youth IOP and 8 young people within the IOP
- Those who did not enrol were triaged to appropriate services within their community. Some reasons for not enrolling were that individuals were assessed to need inpatient hospitalisation, need less intensive treatment or not able to commit to the program hours

**Strengthening early intervention:**

- 15 clients enrolled in the Youth IOP and 8 clients enrolled in the IOP, with 70% of clients reporting a decrease in distress and eating disorder symptomology
- 58% of clients connect with community-based therapy post-program. This is lower than anticipated and we have recently developed a new partnership with Karrikin Youth Mental Health Services who provide intensive case management support. Our joint aim is to provide further options for individualised support to those graduating from our programs.

**Fostering socio-economic participation:**

- The programs strongly encourage engagement in usual life activities and are run after hours so participants can attend work, university or school
- All 23 clients enrolled in the programs remained engaged in school, work and/or tertiary education
- Feedback about the program illustrated that there were high levels of social connectedness, improved participation in everyday activities and improved communication with their families

**No. people supported:**

People supported through the project: <sup>1</sup>	Support provided to date:			
	Directly Supported	Indirectly Supported	Total	
	No.	Estimated	=	Total
Children & young people	23	46		69
Those who are close to & care for them	46	60		106
Professional service providers	23	60		100

<sup>1</sup> 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.



Butterfly Youth IOP and the IOP have enrolled 23 young people with eating disorders, aged between 14 – 24 years, whilst indirectly supporting an estimated 46 siblings and parents and approximately 60 grandparents and other close family members.

We directly supported 23 health professionals as the primary treatment provider and indirectly supported 60 professional services providers, such as psychologists, dietitians, GPs, through client case management and information sharing.

**Key observations & learnings to date:**

**Innovation:** The Youth IOP is designed to meet a service need that is currently not available in outpatient eating disorder treatment in Sydney. The approach of CBT-e, in conjunction with a therapeutic approach, including meal therapy, high staff to client ratio and inclusion of family members, that is based on the work of Carolyn Costin in the US, provides clients with an environment and program structure which is safe, accessible and evidence-based to support someone experiencing disordered eating and eating disorders. The program is designed to sit within the eating disorder continuum of care, with pathways between each needing to be stepped up and stepped down, depending on the complexity of needs and type of eating disorder.

**Sector development:** The development of the Youth IOP meets a service gap in early intervention care as well as developing workforce capacity providing eating disorder treatment in an outpatient group setting. The team is comprised of psychologists, mental health nurses and a dietitian who develop therapeutic skills in group therapy, individual therapy and the newer therapeutic area of meal therapy.

**Quality service delivery:** The IOP and Youth IOP aim to deliver a quality service that is appropriate, evidence-based and effective in supporting someone with an eating disorder or disordered eating.

Quality improvement measures as well as a robust evaluation framework are embedded in the design of the program and guide program development and improvements. A formative evaluation was conducted internally after two rounds of the Youth IOP and with an aim of refining day to day service delivery, improving design and preparing for further evaluation activity. The recommendations which are separated into clinical and business development aspects are currently in review with the clinicians and senior Butterfly leadership.

**Consumer/community engagement:** The Youth IOP and IOP encourage the involvement and presence of family and loved ones. There are identified therapy sessions within the programs that have been developed to educate and provide a non-judgemental and supportive environment for families, carers and friends.

**Benefits derived from FGG funding:**

Butterfly has been able to source additional funds from two headspace centres in Sydney to enable headspace clients to attend the Youth IOP at a subsidised cost (normally \$60 a session – subsidised rate of \$30 a session if they are a headspace client).

**Next steps:**

Over the next 12 months, the project will:

- Conduct three more Youth IOP concurrently with the IOP at Butterfly House, Crows Nest. The programs will directly support approximately 20 young people currently at risk, along with their families.
- Offer Medicare rebates, for psychological therapy and dietetic sessions, to ensure integration and sustainability of the program alongside mainstream health services.
- Continue to develop referral pathways with public and private mental health professionals to build the reach of the program and recruit appropriate clients to the program.
- Partner with a community based mental health organisation to deliver a Youth IOP external to Butterfly House to scope the scalability of the Youth IOP.

**Project Outcomes Framework:** [take framework from Project Overview, report on delivery against Year 1 Targets and specify Year 2 Targets]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Evidence	<ul style="list-style-type: none"> <li>Develop a robust evaluation framework and conduct a formative evaluation of the program</li> <li>Generate an evidence base for effective early intervention treatment approach for eating disorders in the community-based context in Australia</li> </ul>	<ul style="list-style-type: none"> <li># (%) of clients quantitative data collected and analysed</li> <li># (%) of clients who participated in qualitative measures</li> <li># of reports and presentations of evaluation findings at national and international conferences</li> <li>Recommendations from the evaluation used to inform treatment options for young people with eating disorders in Australia</li> </ul>	<ul style="list-style-type: none"> <li>80% of clients quantitative data collected and analysed</li> <li>80% of clients participant in qualitative measures</li> <li>4 reports and presentations on evaluation findings at national and international conferences</li> <li>Recommendations from the evaluation used to inform treatment options for young people with eating disorders in Australia</li> </ul>	<ul style="list-style-type: none"> <li>Internal evaluation conducted on the program model</li> <li>80% of quantitative data collected and analysed</li> <li>80% of clients participate in qualitative interviews</li> </ul>	<ul style="list-style-type: none"> <li>Internal evaluation conducted. Report disseminated internally in June 2018.</li> <li>85% quantitative data collected and analysed</li> <li>85% of client feedback collected and analysed.</li> <li>Qualitative interviews conducted with stakeholders and staff (clinicians and management) as part of evaluation</li> </ul>	<ul style="list-style-type: none"> <li>External evaluation conducted</li> <li>80% of quantitative data collected and analysed</li> <li>Semi – structured interviews are conducted with participants, staff and stakeholders</li> </ul>
Capability	<ul style="list-style-type: none"> <li>Increase access to early intervention services</li> <li>Increase collaboration and connection between services</li> <li>Establish referral pathways between private and public health systems</li> <li>Improve service delivery capacity at Butterfly Foundation</li> </ul>	<ul style="list-style-type: none"> <li># of clients enrolled in the Youth IOP</li> <li># (%) of clients being referred to the Youth IOP from the primary care sector (GP, headspace, community mental health service, private practice)</li> <li># (%) of clients being referred to the Youth IOP from the tertiary care setting (hospitals – public and private hospital setting)</li> </ul>	<ul style="list-style-type: none"> <li>100 enrolled in the Youth IOP over the life of the project</li> <li>Develop collaborative relationships with primary and tertiary stakeholders in areas where the Youth IOP is operating.</li> <li>60% of clients being referred to the Youth IOP from GPs, headspace, community mental health service, private practice and schools)</li> </ul>	<ul style="list-style-type: none"> <li>18 clients enrolled in the Youth IOP</li> <li>Collaborative working relationships maintained with primary and tertiary stakeholders</li> <li>60% of clients referred to the Youth IOP from GPs, headspace and schools</li> </ul>	<ul style="list-style-type: none"> <li>23 clients enrolled in the Youth IOP and IOP</li> <li>Collaborative working relationships maintained with primary (headspace and SNPHN) and tertiary (NSLHD) stakeholders</li> <li>52% referred from GPs, headspace, and community mental health practitioners</li> </ul>	<ul style="list-style-type: none"> <li>30 clients enrolled in the Youth IOP</li> <li>New collaborative relationships are built with local community mental health organisations</li> <li>Maintain collaborative relationships with existing partners</li> <li>60% of clients referred by service partners</li> </ul>
Agency	<ul style="list-style-type: none"> <li>Decrease clients distress and eating disorder symptomatic behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Measurement of functioning using standardised instrument (eg. EDQLS)</li> </ul>	<ul style="list-style-type: none"> <li>70% of clients report decrease in distress and eating disorder symptomatic behaviour</li> <li>50% report a decrease in psychosocial impairment</li> </ul>	<ul style="list-style-type: none"> <li>70% of clients report decrease in distress and eating disorder symptomatic behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Over 70% of clients report decrease in distress and eating disorder symptomatic behaviour</li> </ul>	<ul style="list-style-type: none"> <li>70% of clients report decrease in distress and eating disorder</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
	<ul style="list-style-type: none"> <li>Decrease psychosocial impairment secondary to eating disorder</li> <li>Increase self-awareness and resilience</li> <li>Develop self-management skills</li> <li>Increase motivation and willingness to engage with further (necessary) treatment</li> </ul>	<ul style="list-style-type: none"> <li>Self-report through questionnaire and semi-structured interview</li> <li># of clients connected to community-based therapy post program for pre-determined length of time.</li> </ul>	<ul style="list-style-type: none"> <li>secondary to their eating disorder</li> <li>80% connect to community based therapy post program</li> </ul>	<ul style="list-style-type: none"> <li>70% of clients report a decrease in psychosocial impairment secondary to their eating disorder</li> <li>80% of clients connect to community based therapy post program</li> </ul>	<ul style="list-style-type: none"> <li>50% report a decrease in psychosocial impairment secondary to their eating disorder</li> <li>58% clients connect to community based therapy post program</li> </ul>	<ul style="list-style-type: none"> <li>symptomatic behaviour</li> <li>50% report a decrease in psychosocial impairment secondary to their eating disorder</li> <li>60% clients connect to community based therapy post program</li> </ul>
Access	<ul style="list-style-type: none"> <li>Increased tendency for at risk young people to seek help/access services</li> </ul>	<ul style="list-style-type: none"> <li># clients graduating from the Youth IOP</li> </ul>	<ul style="list-style-type: none"> <li>80 clients graduated from the Youth IOP across sites in Australia</li> </ul>	<ul style="list-style-type: none"> <li>15 clients graduated from the program</li> </ul>	<ul style="list-style-type: none"> <li>14 clients graduated from the program</li> </ul>	<ul style="list-style-type: none"> <li>24 clients graduated from the program</li> </ul>
Early Intervention	<ul style="list-style-type: none"> <li>Develop and implement an evidence-based early intervention program to young people at risk or experiencing early stages of an eating disorder</li> </ul>	<ul style="list-style-type: none"> <li># of clients enrolled in the Youth IOP</li> <li>Measurement of symptoms and behaviours using standardised instruments</li> <li># of clients connected to community-based therapy post program for pre-determined length of time</li> </ul>	<ul style="list-style-type: none"> <li>100 clients enrolled in the Youth IOP</li> <li>70% of clients report a decrease in distress and eating disorder symptomology</li> <li>60% connect to community-based therapy post-program</li> </ul>	<ul style="list-style-type: none"> <li>18 clients enrolled in the Youth IOP</li> <li>70% of clients report a decrease in distress and eating disorder symptomology</li> <li>80% of clients connect to community-based therapy post-program</li> </ul>	<ul style="list-style-type: none"> <li>15 clients enrolled in the Youth IOP and 8 clients enrolled in the IOP</li> <li>70% of clients report a decrease in distress and eating disorder symptomology</li> <li>58% of clients connect with community-based therapy post-program</li> </ul>	<ul style="list-style-type: none"> <li>30 clients enrolled in the Youth IOP</li> <li>70% of clients report a decrease in distress and eating disorder symptomology</li> <li>60% of clients connect with community-based therapy post-program</li> </ul>
Participation	<ul style="list-style-type: none"> <li>Increased participation in education or work</li> <li>Increased social connectedness</li> </ul>	<ul style="list-style-type: none"> <li># (%) of clients maintaining engagement/ re-engaging with education and/or employment</li> <li># (%) of clients identifying improved social participation/ connectedness</li> </ul>	<ul style="list-style-type: none"> <li>60% of clients maintaining engagement/ re-engaging with education and/or employment</li> <li>60% of clients identifying improved social participation/ connectedness</li> </ul>	<ul style="list-style-type: none"> <li>60% of clients maintaining engagement/ re-engaging with education and/or employment</li> <li>60% of clients identifying improved social participation/ connectedness</li> </ul>	<ul style="list-style-type: none"> <li>100% of clients maintaining engagement/ re-engaging with education and/or employment</li> <li>80% of clients identifying improved social participation/ connectedness</li> </ul>	<ul style="list-style-type: none"> <li>70% of clients maintaining engagement/ re-engaging with education and/or employment</li> <li>70% of clients identifying improved social participation/ connectedness</li> </ul>

### Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below   At   <b>Exceeding target</b>	<ul style="list-style-type: none"> <li>Internal formative evaluation conducted, recommendations used internally to refine the clinical program model and business model.</li> </ul>
Capability	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"> <li>Strong collaboration with headspace and the SNPHN.</li> <li>Continued effort to develop referral pathways with private practitioners and GPs in the community setting</li> </ul>
Agency	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"> <li>Outcome measurements and client feedback collected.</li> <li>High engagement as evidenced by high attendance rates and low drop-outs.</li> </ul>
Access	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"> <li>23 clients enrolled - 15 young people in the Youth IOP, 8 young people in the IOP</li> </ul>
Early Intervention	Below   <b>At</b>   Exceeding target	<ul style="list-style-type: none"> <li>39 face-to-face assessments were conducted with a Butterfly therapist and individually triaged to the most appropriate level of care.</li> <li>23 (60%) enrolled in the Youth IOP/IOP with other clients referred to more intensive treatment, to another specialist for co-morbid mental health conditions or unable to commit to the program timetable.</li> </ul>
Participation	Below   At   <b>Exceeding target</b>	<ul style="list-style-type: none"> <li>All clients participated well in the programs, as evidenced by high attendance rates and low drop outs.</li> <li>All clients have remained in school, tertiary education and/or work</li> </ul>

Status against plan for implementation:

**On track** | At risk | Off track

Status against targeted project outcomes:

Below | **At** | Exceeding target

## Project Status Update

**Reporting cycle:** July 1 2017 to 30 June 2018 (Year 2) **Date:** 24 July 2018

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

**Funded initiative:** **Aboriginal and Torres Strait Islander Youth Mental Health Traineeship Program**

**Snapshot overview:** The **headspace** Aboriginal and Torres Strait Islander Youth Mental Health Traineeship Program creates education and employment opportunities for Aboriginal and Torres Strait Islander young people interested in establishing a career in the mental health and wellbeing sector. The program supports trainees to undertake a Certificate IV in Mental health or an equivalent qualification, whilst providing them with paid employment, support, professional development and on the job experience at **headspace** Centres in a youth engagement capacity. The program is delivered in collaboration with **headspace** centres that are based within regional communities. The program originated in Darwin and has expanded to Broome and Townsville.

### **This program is building the Aboriginal and Torres Strait Islander mental health workforce**

- Two trainees have completed the traineeship with **headspace** Darwin (year 1), and gone on to secure permanent employment.
- Four Aboriginal and Torres Strait Islander young people are currently working for **headspace** as trainees (year 2).
- One trainee has completed the Certificate IV in Mental Health, another is near completion and four are currently completing the course.
- Two Aboriginal professionals have had the opportunity to work in a leadership role as the Traineeship Coordinator.

### **This program is reaching Aboriginal and Torres Strait Islander young people in rural and remote areas.**

The trainees undertake a variety of youth and community engagement activities. Since June 2017, the program has assisted and directly supported:

- 494 Aboriginal and Torres Strait Islander young people from regional rural and remote areas.
- 53 family, friends and community members.
- 214 professionals in across NT, WA and QLD who provide services to Aboriginal and Torres Strait Islander young people.

### **This program is increasing the involvement of Aboriginal and Torres Strait Islander young people in the design and delivery of mental health services.**

- All trainees are part of their **headspace** centre's youth advisory group
- Trainees established the **headspace** Darwin Aboriginal Youth Reference Group (hDAYRG)
- **headspace** Darwin has created an Aboriginal Focus Group to increase the cultural awareness and capability with the centre.
- One of the trainees from the pilot program is now a member of the **headspace** Youth National Reference Group (hYNRG).

### **This program is expanding - as it attracts in-kind and financial support**

The success of the Darwin pilot led to a grant from NT Primary Health Network (PHN) and in-kind support from **headspace** National, **headspace** Darwin and Anglicare NT. This has enabled the **headspace** Aboriginal and Torres Strait Islander Youth Mental Health Traineeship Program to expand to additional **headspace** centres in year 2.

- Year 1 Darwin
- Year 2 Darwin, Broome and Townsville
- *Discussions are underway with an additional seven **headspace** centres, who are interested in creating similar traineeship roles at their centres or becoming involved in the program*

## Key achievements:

### Community engagement

As part of their role, trainees focus on stakeholder engagement and consultation, increasing community awareness of **headspace** and increasing the mental health literacy of Aboriginal and Torres Strait Islander young people through the facilitation of a series of activities and programs. These activities serve to reduce stigma, promote help seeking behaviour and educate young people in relation to mental health whilst promoting **headspace** services to Aboriginal and Torres Strait Islander young people, their families, communities and other service providers.

*"Since I've started the traineeship I've had a lot of Indigenous kids and parents come ask me personally about the services we provide. I feel as if I am easier to approach."*

**Kholan, Trainee, headspace Townsville**

The Traineeship Program has enabled **headspace** Darwin to develop and maintain partnerships with different health and community organisations that provide services to the four targeted rural communities. These include Anglicare-NT, Team Health, Danila Dilba Health Service, Larakia Nation, Clontarf, STARS Academy and the NT Department of Education. In addition, the trainees attend local youth network meetings. This provides another mechanism to build relationships and enables **headspace** staff to learn more about local services supporting Aboriginal young people and their families so that they can work collaboratively with others to provide a holistic service to Aboriginal young people.

The trainees from **headspace** Broome and **headspace** Townsville are working with community organisations and young people in surrounding communities to better understand their needs and develop strategies for deeper engagement with them over the next six months. Both **headspace** Townsville and **headspace** Broome have identified key Aboriginal and Torres Strait Islander stakeholders in their local communities with whom they will engage and form partnerships over the duration of the traineeship. **headspace** Broome note that having the trainee at the centre has strengthened the centre's relationship with the Broome Youth and Families Hub 'Drop in' Centre which is well attended by Aboriginal and Torres Strait Islander young people. **headspace** Townsville has also found the trainee role invaluable as the trainee has assisted his colleagues in gaining a better understanding of how to respond to the needs of Aboriginal and Torres Strait Islander young people in Townsville.

### Access to support

The Traineeship Program employs Aboriginal staff and assists **headspace** centres to:

- Build trust and meaningful relationships with local Aboriginal and Torres Strait Islander young people.
- Expand the scope of service delivery to young people and communities that have previously had limited exposure to **headspace** services due to their rural or remote location.

Due to their distance from central townships, rural communities may not have access to outreach services. The Traineeship Program overcomes many of the barriers to accessing support such as lack of public and personal transport, technology, and lack of youth orientated or appealing services, since the trainees travel to the communities to provide young people with access to mental health education and support.

Over the past 12 months, the **headspace** Darwin program has effectively engaged Aboriginal and Torres Strait Islander young people, as well as teaching, health and welfare staff who are based in targeted remote communities such as Belyuen, Batchelor and Jabiru. Several consultations were held between the schools and programs that service these communities. This resulted in the development of tailored ongoing and single session educational programs that the trainees developed and delivered. These workshops covered topics such as wellbeing, feelings and emotions, self-care, building a strong foundation, bullying, self-esteem and self-worth, nutrition, relationships, gender stereotypes, respect, and information on **headspace** services. The trainees also engaged in activities to build rapport and engagement with young people such as cooking, sports and physical exercise. In 2018, the new trainees will continue working with these

communities as well as working with Naiuyu (Daley River) and Katherine communities to understand and address the wellbeing needs of young people in those communities.

The **headspace** Townsville trainee attended and co-facilitated mental health literacy school sessions in the Burdekin area which is over an hour from the **headspace** centre, thereby increasing **headspace** Townsville's reach into more rural areas. The Trainee is also currently developing and contributing to several social inclusion groups that will facilitate access and engagement to **headspace** services in the Townsville area. Another key component of the trainee's role is to build relationships with local Aboriginal and Torres Strait Islander organisations and visits are planned with the Integrated Team Care at the **headspace** centre's Lead Agency and the local Aboriginal and Torres Strait Islander health services.

In Broome, the trainee role has facilitated access to **headspace** services by:

- Conducting tours of the centre for Aboriginal young people
- Providing transport for young people to attend their appointments at the centre
- Engaging Aboriginal young people in conversation about opportunities to join the Youth Advisory Committee, attend events and provide feedback on the centre's services.
- Adding images and information to the waiting room to help make Aboriginal and Torres Strait Islander young people, family and friends feel welcome.
- Increased the centre's capacity to attend events of significance including the Kimberley Stolen Generation 'Sorry Day' and the Kullarri NAIDOC festival.

*"The value of having an Aboriginal trainee of similar age profile to walk and talk this group through the centre was in-valuable and also highlighted the potential opportunities that exist for Aboriginal and Torres Strait Islander young people within the sector something a number of the group had not previously considered."*

**Dave, Centre Manager, headspace Broome**

### **Building the evidence base**

The Aboriginal and Torres Strait Islander Youth Mental Health Traineeship will develop a Youth Participation and Cultural Engagement framework for remote areas. Trainees from all three **headspace** centres are working with community groups and Aboriginal and Torres Strait Islander young people in their local area and in more remote locations, to better understand and develop innovative initiatives to engage, and work closely with these groups.

**headspace** Darwin has undertaken consultations with communities, young people and schools to develop workshops for remote communities. In addition, Aboriginal and Torres Strait Islander young people are providing their views on **headspace** centres and services in number of ways:

- The trainees are all members of their centre's youth advisors group and are engaging and promoting the voices of other Aboriginal and Torres Strait Islander young people
- Darwin has convened the Darwin Aboriginal Youth Reference Group and an Aboriginal Focus Group

All of these consultations and activities will inform the development of the Youth Participation and Cultural Engagement framework.

### **Building sector capability**

Staff cultural awareness (SCA) surveys have been undertaken in all three **headspace** centres. High levels of staff and centre cultural awareness were reported at all centres at the start of the program. Staff confidence was also high and staff reported good levels of cultural support being available. Darwin is the only centre where sufficient time had elapsed for a second survey to measure any change. This follow up survey found lower levels on all four measures (see page 7). Three of the measures examine support to staff, staff's cultural awareness and staff confidence in delivering culturally appropriate services. The reduction in these measures was largely due to a reduction in the strength of agreement with statements, as opposed to staff members disagreeing with statements (i.e. an increase in those who somewhat agree or agree with statements compared to those who strongly agree/agreed). It is worth noting that qualitative

data from the SCA survey found a more nuanced understanding of Aboriginal and Torres Strait Islander mental health by staff in December compared to March. It is possible that with increased understanding comes greater appreciation of complexity and this could reduce staff member's confidence in their own cultural awareness and practice and increase their need for support. It is also worth noting that a smaller proportion of staff stated that they needed support in working with Aboriginal and Torres Strait Islander young people (64% at baseline and 56% at follow-up). The reduction in the fourth measure, centre's cultural practice, was due to fewer staff agreeing with the questionnaire item that assistance with transport was being provided by the centre.

In all sites the response rate to the youth satisfaction survey was low (see page 7). Those who did respond reported high levels of satisfaction with **headspace**, but further work is required to increase the number of Aboriginal and Torres Strait Islander young people providing feedback on the service.

#### **Socio-economic participation:**

The traineeship program has provided significant personal and professional development opportunities for all trainees and coordinators.

*"I still can't thank you guys enough. Best thing about all it all feels like you guys gave me an opportunity to say 'stuff you' to all you mob who think I'm dumb, because I dropped out of high school. I'm doing my cert IV in Mental Health, makes me feel really empowered, so proud."*

**Trainee**

The socio- economic impact of this program extends beyond the trainees.

*"Just for young people to see other Indigenous young people who are doing well and succeeding, doing a traineeship and working in mental health, I think it gives them like an opportunity to think about 'well maybe I can do this'. It's not only talking about mental health, though giving them someone to look up to"*

**Community Engagement Manager**

*"My Mrs is doing uni now after seeing me getting into it, she's doing her Cert III in Business with her sister. The whole families doing uni because they've seen me doing uni, my Mother in law now has a job after seeing me working every day. Everyone's starting to straighten their lives around me and I think it's from the aura coming here and working with you guys"*

**Trainee**

#### **No. people supported:**

#### **People supported through the project: <sup>1</sup>**

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

#### **Support provided to date:**

	<b>Directly Supported</b>	<b>Indirectly Supported</b>	<b>Total</b>
No.	+ Estimated	= Total	
Children & young people	494	1189	1683
Those who are close to & care for them	53	72	125
Professional service providers	214	116	330

<sup>1</sup> 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.



**Key observations & learnings to date:**

Role Models

Aboriginal Mental Health Trainees who deliver workshops, facilitate conversations around mental health and engage communities, are seen as role models by other Aboriginal young people. Seeing Aboriginal young people in these roles, can inspire and encourage other Aboriginal young people to seek similar opportunities.

Peer Support

The importance of Aboriginal young people reaching out to other Aboriginal young people cannot be overstated. As the trainees are young Aboriginal people, they are relatable and approachable to other Aboriginal and Torres Strait Islander young people. This has helped break down barriers and encouraged young people to engage in activities – something that non-Indigenous staff had struggled to achieve.

Outreach

The Traineeship Program appears to be successful in reaching young people in rural and remote communities as the trainees travel to, engage and work closely with local service providers, schools and community members to tailor programs for Aboriginal young people.

Measuring staff cultural competence and client satisfaction

Prior to the next progress report, all survey questions will be reviewed to ensure the information captured is beneficial for the program requirements and useful for **headspace** centres to use as a guide to further develop the centres' capability when working with Aboriginal and Torres Strait Islander young people and communities.

Trainees based in Darwin have already assisted in further developing the young person's satisfaction (YPS) survey to ensure it is both youth and culturally appropriate. Additional efforts will be made to improve the response rate for this survey.

**Benefits derived from FGG funding:**

FGG funding has allowed **headspace** to develop and implement a unique, youth specific, Aboriginal and Torres Strait Islander Mental Health Traineeship Program that has provided training and mentoring to empower six Aboriginal and Torres Strait Islander young people across the NT, WA and QLD to build their skills as mental health workers. This would not have been possible without FGG funding.

Building on the outcomes of the pilot program, the key benefits from the program to date include:

- Providing education and employment opportunities for Aboriginal young people within the mental health sector.
- Assisting **headspace** centres in Darwin, Broome and Townsville to strengthen and build sustainable relationships with Aboriginal and Torres Strait Islander young people, communities and service providers in their region.
- Increasing the mental health literacy, awareness and access to mental health services and support for Aboriginal and Torres Strait Islander young people who live in and around Darwin, Broome and Townsville as well as young people living in regional and remote areas.
- Enhancing cultural awareness, appropriateness and effectiveness of **headspace** services for Aboriginal and Torres Strait Islander young people at **headspace** Darwin.
- Increasing the cultural awareness, support and confidence of **headspace** staff in delivering culturally appropriate services across the participating sites.

**Next steps**

**headspace** Darwin

1. Continue to support the trainees to complete their Certificate IV in Mental Health studies.
2. Finalise the initiatives and activities to be delivered in the rural and remote Aboriginal communities of Jabiru, Belyuen and Batchelor, Naiyu (Daly River) and Katherine.
3. Continue conversations with Team Health (Darwin) and engage with Belyuen as co-facilitators of the Pathways Program (educational program at Belyuen Community for secondary students).
4. Coordinate fortnightly events held with the community to engage young people.

#### **headspace Broome**

1. The trainee will commence their studies in July at 'Marr Mooditj' in Perth. This consists of completing two-week study blocks each fortnight in Perth for the next six months.
2. Planning community engagement activities in communities around Broome.

#### **headspace Townsville**

1. The trainee will commence studies in June with 'Jobtrain' who offer face to face classes two evenings a week.
2. The trainee will focus predominantly on engaging Aboriginal and Torres Strait Islander young people from surrounding communities and developing a Yarn Safe Yarning Circle for young men aged 12-15.
3. The trainee will start to build relationships with Aboriginal and Torres Strait Islander organisations in the coming months.

#### **headspace National will:**

1. Continue to use the learnings from the Traineeship Program to inform the development of future traineeships within **headspace** centres across Australia.
2. Investigate the possibility of recruiting a national Traineeship Coordinator to explore other opportunities to create sustainable traineeship and employment opportunities for Aboriginal and Torres Strait Islander young people who are living in regional and remote areas of WA and QLD, subject to funding.
3. Work with the centres to review the 'young person's satisfaction survey' and ensure that the method of capturing young people's experiences at **headspace** is both youth and culturally appropriate.
4. Facilitate videoconferencing opportunities for the trainees to connect and develop their peer network in which they can share their experiences and ideas.
5. Seek to simplify processes (recruitment, training, evaluation), identify a single registered training provider and program resources that all trainees can access to ensure consistency in learning and development and program delivery across all sites.

## Project Outcomes Framework:

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3																																																																
Evidence	<ul style="list-style-type: none"><li>Develop an Aboriginal and Torres Strait Islander youth participation and cultural engagement framework for remote areas through community consultation.</li></ul>	<ul style="list-style-type: none"><li>The establishment of an Aboriginal and Torres Strait Islander Youth Advisory Committee</li><li>Identification of key community stakeholders.</li><li>Number of consultations and meetings held.</li><li>Framework developed.</li></ul>	<ul style="list-style-type: none"><li>Aboriginal and Torres Strait Islander youth participation and cultural engagement framework for remote areas developed and implemented across the national <b>headspace</b> centre network.</li><li>Number of community consultations undertaken.</li></ul>	<ul style="list-style-type: none"><li>Develop an Aboriginal Youth Advisory Committee, that includes young people from the targeted communities</li><li>Record process of consultations with other organisations and communities</li><li>Strengthen established relationships and increase consultation in targeted communities.</li></ul>	<ul style="list-style-type: none"><li>In May 2018, <b>headspace</b> Darwin developed an Aboriginal Youth Advisory Group (hDAYRG) with a mix of young Aboriginal young people living around Darwin and Palmerston.</li><li>Each trainee is involved in their centres’ Youth Reference Group.</li><li>An electronic spreadsheet has been created to capture stakeholder consultations along with youth and community engagement activities.</li><li>Relationships maintained with schools and service providers that run programs in Belyuen, Batchelor, and Jabiru</li></ul>	<ul style="list-style-type: none"><li>hDAYRG members are involved in developing innovative approaches to engage at least 20 Aboriginal young people at <b>headspace</b> Darwin</li><li>Young people from targeted communities are involved with the hDAYRG.</li><li>The number and details of stakeholder consultations are recorded</li></ul>																																																																
Capability	<ul style="list-style-type: none"><li>Improve the quality, consistency and cultural appropriateness of mental health services delivered across <b>headspace</b> centres.</li><li>Increase knowledge across the <b>headspace</b> network of the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia.</li><li>Increase the effectiveness of <b>headspace</b> services and programs for Aboriginal and Torres Strait Islander young</li></ul>	<ul style="list-style-type: none"><li>Level of satisfaction of Aboriginal and Torres Strait Islander young people with the cultural appropriateness and quality of <b>headspace</b> services.</li><li>Level of cultural awareness; confidence to deliver culturally appropriate services; and support received as reported by <b>headspace</b> staff.</li><li>Level of knowledge about the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia as reported by <b>headspace</b> staff.</li></ul>	<p>Across the national <b>headspace</b> centre network increase or maintain level of:</p> <ul style="list-style-type: none"><li>satisfaction for Aboriginal and Torres Strait Islander young people.</li><li>cultural awareness of staff.</li><li>staff confidence to deliver culturally appropriate services.</li><li>staff feeling culturally supported</li><li>staff knowledge about the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia.</li></ul>	<ul style="list-style-type: none"><li>YPS survey piloted at 3 <b>headspace</b> centres to test the scale and determine current level of satisfaction with <b>headspace</b> services.</li><li><b>headspace</b> centre/s involved in the traineeship results maintain or improve levels of:</li><li>Satisfaction of Aboriginal and Torres Strait Islander young people.</li><li>cultural awareness of staff.</li><li>staff confidence to deliver culturally appropriate services.</li><li>staff feeling culturally supported</li><li>staff knowledge about the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia.</li></ul>	<p>Young person satisfaction survey ratings:</p> <table><tr><td>• 4.5 out of 5</td><td>Darwin (June 2017 n=4)</td><td></td></tr><tr><td>• 2.2 out of 3</td><td>Darwin (December 2017 n=3)</td><td></td></tr><tr><td>• 4.9 out of 5</td><td>Broome (March 2018 n=10)</td><td></td></tr><tr><td>• 4.6 out of 5</td><td>Townsville (March 2018 n=3)</td><td></td></tr></table> <p>Staff cultural awareness survey ratings:</p> <table><tr><td></td><td>Darwin</td><td>March ‘17</td><td>Dec ‘17</td></tr><tr><td>• Centre’s cultural practice</td><td>5.3/6</td><td></td><td>5.1/6</td></tr><tr><td>• Staff cultural awareness</td><td>5.4/6</td><td></td><td>5.1/6</td></tr><tr><td>• Staff confidence</td><td>5.1/6</td><td></td><td>4.8/6,</td></tr><tr><td>• Cultural support to staff</td><td>4.8/6</td><td></td><td>4.5/6</td></tr></table> <p>Broome</p> <table><tr><td>• Centre’s cultural practice</td><td></td><td>5.8/6</td><td></td></tr><tr><td>• Staff cultural awareness</td><td></td><td>5.5/6</td><td></td></tr><tr><td>• Staff confidence</td><td></td><td>5.1/6</td><td></td></tr><tr><td>• Cultural support to staff</td><td></td><td>4.8/6</td><td></td></tr></table> <p>Townsville</p> <table><tr><td>• Centre’s cultural practice</td><td></td><td>5.3/ 6</td><td></td></tr><tr><td>• Staff cultural awareness</td><td></td><td>5.3/6</td><td></td></tr><tr><td>• Staff confidence</td><td></td><td>4.8/6</td><td></td></tr><tr><td>• Cultural support to staff</td><td></td><td>4.8/6</td><td></td></tr></table>	• 4.5 out of 5	Darwin (June 2017 n=4)		• 2.2 out of 3	Darwin (December 2017 n=3)		• 4.9 out of 5	Broome (March 2018 n=10)		• 4.6 out of 5	Townsville (March 2018 n=3)			Darwin	March ‘17	Dec ‘17	• Centre’s cultural practice	5.3/6		5.1/6	• Staff cultural awareness	5.4/6		5.1/6	• Staff confidence	5.1/6		4.8/6,	• Cultural support to staff	4.8/6		4.5/6	• Centre’s cultural practice		5.8/6		• Staff cultural awareness		5.5/6		• Staff confidence		5.1/6		• Cultural support to staff		4.8/6		• Centre’s cultural practice		5.3/ 6		• Staff cultural awareness		5.3/6		• Staff confidence		4.8/6		• Cultural support to staff		4.8/6		<ul style="list-style-type: none"><li>50% increase in young people completing the satisfaction assessment.</li></ul> <p><b>headspace</b> centres maintain or improve levels of:</p> <ul style="list-style-type: none"><li>Satisfaction for Aboriginal and Torres Strait Islander young people.</li><li>Cultural awareness of staff.</li><li>Staff confidence to deliver culturally appropriate services.</li><li>staff feeling culturally supported</li><li>Staff knowledge about the mental health needs and beliefs of Aboriginal and Torres Strait Islander young people in remote Australia.</li></ul>
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Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3																
	people and their families. <ul style="list-style-type: none"><li>• Increase capability of <b>headspace</b> centres and staff to work with Aboriginal and Torres Strait Islander young people and community organisations.</li></ul>	<ul style="list-style-type: none"><li>• Level of engagement by young people, their families and the local community with the <b>headspace</b> centre.</li><li>• Number of partnerships developed.</li></ul>	<ul style="list-style-type: none"><li>• number of partnerships developed.</li></ul>	<ul style="list-style-type: none"><li>• 8 partnerships developed with organisations that provide services to the targeted communities</li></ul>	The program has developed and maintained 9 partnerships with organisations that provide services to the targeted communities across NT, QLD & WA <ul style="list-style-type: none"><li>• <b>headspace</b> Darwin four partnerships maintained and two new.</li><li>• <b>headspace</b> Townsville - two new Aboriginal Health Organisations to partner with</li><li>• <b>headspace</b> Broome are working with the Aboriginal youth program in KAMSC.</li></ul>	Dependent on funding: <ul style="list-style-type: none"><li>• 10 partnerships developed with organisations that provide services to the targeted communities</li></ul>																
Access	<ul style="list-style-type: none"><li>• Increase accessibility to mental health support for Aboriginal and Torres Strait Islander young people and their families.</li><li>• Build and strengthen relationships with Aboriginal and Torres Strait Islander communities to increase awareness, access and engagement.</li></ul>	<ul style="list-style-type: none"><li>• Number of Aboriginal and Torres Strait Islander young people accessing <b>headspace</b> services, supports or activities (at the centre or within the community).</li><li>• Number of families participating in the care of their young person.</li></ul>	<ul style="list-style-type: none"><li>• Number 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.</li><li>• <b>headspace</b> centres located in regional and remote areas develop and maintain strong relationships with Aboriginal and Torres Strait Islander communities.</li></ul>	Dependent on funding: <ul style="list-style-type: none"><li>• Engage approximately 500 Aboriginal and Torres Strait Islander young people living rural areas</li><li>• Engage approximately 300 family and community members</li><li>• Support and engage more than 100 professionals providing services to Aboriginal and Torres Strait Islander young people</li><li>• Approximately 4000 young people to be engaged throughout the project living locally and from rural/remote areas.</li><li>• Improve data collection processes around community referrals and family participation.</li><li>• Increase the proportion of young people at <b>headspace</b> Darwin who identify as Aboriginal and Torres Strait Islander.</li></ul>	Engaged through the program to date: <ul style="list-style-type: none"><li>• Approximately 500 Aboriginal and Torres Strait Islander young people living in regional and rural areas in NT, QLD and WA.</li><li>• Approximately 1,200 additional young people</li><li>• Approximately 125 family and carers of Aboriginal and Torres Strait Islander young people</li><li>• Approximately 330 professionals who provide services to Aboriginal and Torres Strait Islander young people</li></ul> Unable to capture and quantify due to limitations in current data collection processes: <ul style="list-style-type: none"><li>• The number of referrals for young Aboriginal people made from community organisations to <b>headspace</b> services.</li><li>• The number of families participating in the care of young person accessing <b>headspace</b> services.</li></ul> <b>headspace</b> has improved its data collection methods for capturing information on number of people the program has reached, which explains why some of the Year 2 targets have not been met. % of clients who identify as (1 June 2018): <table><tr><td></td><td>Darwin</td><td>Broome</td><td>Townsville</td></tr><tr><td>Aboriginal</td><td>16.5%</td><td>37%</td><td>10.6%</td></tr><tr><td>Torres Strait Islander</td><td>0.8%</td><td></td><td>0.01%</td></tr><tr><td>Aboriginal and Torres Strait Islander</td><td>0.8%</td><td></td><td>2.6%</td></tr></table>		Darwin	Broome	Townsville	Aboriginal	16.5%	37%	10.6%	Torres Strait Islander	0.8%		0.01%	Aboriginal and Torres Strait Islander	0.8%		2.6%	Dependent on funding: <ul style="list-style-type: none"><li>• Directly engage approximately 600 Aboriginal and Torres Strait Islander young people living regional and remote areas</li><li>• Engage approximately 2000 additional young people</li><li>• Engage approximately 200 family and carers of Aboriginal and Torres Strait Islander young people</li><li>• Support and engage more than 350 professionals whom provide services to Aboriginal and Torres Strait Islander young people</li></ul>
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Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Participation	<ul style="list-style-type: none"> <li>Increase the number of qualified Aboriginal and Torres Strait Islander Mental Health Workers.</li> </ul>	<ul style="list-style-type: none"> <li># of Aboriginal and Torres Strait Islander mental health workers who are recruited, trained, mentored, and retained within the traineeship program.</li> </ul>	<ul style="list-style-type: none"> <li>On the assumption of a minimum of two workers per site per annum and based on current funding levels at least 10 Aboriginal and Torres Strait Islander mental health trainees complete a one year traineeship after five years.</li> </ul>	Dependent on funding: <ul style="list-style-type: none"> <li>Employ four new trainees to be based in the Northern Territory (2) and another site located in either regional Queensland or Western Australia (2)</li> <li>Employ a 1 FTE Project Coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>Pilot program in Darwin 2017, one trainee has completed and the other is being supported to complete the course work by end of year.</li> <li>Both trainees from the pilot program in Darwin, have secured employment.</li> <li>Four new trainees have been recruited for the 2018 program, based at <b>headspace</b> Darwin, Broome and Townsville</li> <li>0.6 FTE Traineeship Coordinator has been recruited to oversee the <b>headspace</b> Darwin Program</li> </ul>	Dependent on funding and outcomes: <ul style="list-style-type: none"> <li>At least two of the four trainees from 2018 secure ongoing employment</li> <li>Employ five new trainees in the Northern Territory, regional Queensland and/or Western Australia</li> <li>Employ a 1 FTE Project Coordinator</li> </ul>

#### Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	At target	<ul style="list-style-type: none"> <li>The <b>headspace</b> Darwin Youth Advisory Group has been established and will continue to grow over 2018</li> <li>There were some early challenges due to changing staff in the Traineeship Coordinator role and within other agencies the program has built relationships with. This has impacted on consistent engagement with targeted remote communities. This will continue to be monitored as the project progresses over the next six months.</li> </ul>
Capability	At target	<ul style="list-style-type: none"> <li><b>headspace</b> has participated in a number of local and rural community and youth engagement initiatives across Darwin, Broome and Townsville that the centres would have not been able to do without the Traineeship positions. The recruitment of Aboriginal staff at these centres has also helped centres leverage relationships with young people and other Aboriginal and Torres Strait Islander service providers that they previously haven't been able to effectively engage.</li> <li>The project continues to reach young people, family and community members who previously had little to no awareness of <b>headspace</b> and ways to access mental health support. This will continue to grow as the project develops.</li> </ul>
Access	At target	<ul style="list-style-type: none"> <li><b>headspace</b> has participated in a number of local and rural community and youth engagement initiatives across Darwin, Broome and Townsville that the centres would have not been able to do without the Traineeship positions. The recruitment of Aboriginal staff at these centres has also helped centres leverage relationships with young people, other Aboriginal and Torres Strait Islander service providers that they previously haven't been able to effectively engage.</li> <li>The project continues to reach young people, family and community members, that previously had little to no awareness of <b>headspace</b> and ways to access mental health support. This will continue to grow as the project develops.</li> </ul>
Participation	Below/At target	<ul style="list-style-type: none"> <li>All four trainee roles have been recruited, however due to delays in recruitment to the Broome and Townsville positions, the trainees have had to wait until the second semester intake for the Mental Health Certificate IV programs. All trainees are well engaged at <b>headspace</b> and continue to build confidence, develop their knowledge, capacity, skills and engagement with other Aboriginal young people. They are expected to complete their studies at the end of 2018, early 2019.</li> </ul>

Status against plan for implementation:

On track

Status against targeted project outcomes:

At target

## Project Status Update

**Reporting cycle:** 1 July 2017 - 30 June 2018 (Year 2)      **Date:** June 2018

**Designated Charity:** Orygen

**Funded initiative:** To reduce self-harm, suicide attempts and suicides we will test a comprehensive place-based strategy across the north and west of Melbourne which will:

- mobilise community support;
- identify at-risk youth;
- ensure better care in clinical settings and emergency services through training and cultural change; and,
- trial new interventions that will reduce self-harm and suicide risk, and provide best quality evidence-based care to young people following self-harm and suicide attempts.

We will use the capacity we have as the National Centre for Excellence in Youth Mental Health to support the roll out of better treatments and care across Australia and make them available internationally.

### Snapshot overview:

#### **Mobilise community support**

Advisory group: We have established an advisory group for the project, which includes a number of key stakeholders from various community settings. The advisory group meets quarterly.

Community forum: In September 2017, ahead of World Suicide Prevention Day, we hosted a community forum that brought together around 100 community leaders including young people, sporting organisations, local government, community groups and digital media experts.

Social media campaign: We have hosted 2 co-design workshops, one at Facebook with 12 young people from across the region, and one with minus18 youth, at Melbourne Museum. These co-design workshops will support the development of evidence-based social media guidelines and a national social media campaign designed by and for young people, due for release in August 2018.

#### **Identify at-risk youth**

Online settings: We are developing and testing novel treatment options for young people at risk, including online solutions via the e-Orygen innovation lab. The study is being led by a PhD student.

School settings: We have used the FGG to funds to leverage additional funding from the National Health and Medical Research Council (NHMRC) to commence a large-scale five-year piece of research into the effectiveness of suicide prevention resources for high school students.

This is a collaboration with The Department of Education and Training, and Lifeline. This funding will initiate and maintain the program in up to twenty schools over a 5-year period.

Tertiary settings: Consultation is underway with the Faculty of Medicine at the University of Melbourne to examine ways of conducting suicide awareness training with medical students.

Refugee and migrant youth: We have a new PhD student due to commence in October 2018, whose PhD project will focus on working with young people at risk of suicide who identify as cultural and linguistically diverse (CALD), and those who come from refugee and migrant backgrounds.

#### **Ensure better care in clinical settings and emergency services through training and cultural change**

We have completed barrier analysis interviews with 16 staff from Sunshine Emergency Department (ED), and surveyed an additional 67 staff; preliminary analysis of these data indicates that the greatest barriers to providing best practice care include a lack of resources (including appropriate treatment spaces, lack of bed access, not enough mental health staff available) and insufficient knowledge and training of staff to respond appropriately. A number of staff also highlighted the

presence of negative or stigmatising attitudes of staff towards patients who have self-harmed. We will shortly commence data collection at Footscray, Williamstown and Royal Melbourne Hospital.

As a result of the barrier analysis activities, we have provided training to approximately 30 new ED staff at Sunshine Hospital on how to conduct risk assessments and provide best practice care to patients who present with self-harm. We will continue to deliver this training to new ED staff rotations every six months.

We have provided training to 23 clinicians in order to build their capacity to better identify, support and refer young people at risk. Evaluation of the training showed that the content was well-received by participants and that, overall, participants felt better equipped to assess risk and support the needs of young people following the training.

**Trial new interventions that will reduce self-harm and suicide risk; provide best quality evidence-based care following self-harm and suicide attempts**

Work is progressing on the adaptation of an Oxford University resource titled 'Coping with Self-harm: A guide for parents and carers'. This brochure explains what self-harm is, why young people may engage in self-harm, and provides coping strategies and resources to assist in supporting a young person who self-harms. The work of this project has attracted the attention of some Primary Health Networks (PHN) and as a result we have leveraged funds to extend this project to an additional site in Western Australia.

**Key Factors - challenges, enablers, influencing factors, adjustments made to the project**

Key enablers for the success of these projects has been our ability to leverage additional funding from other sources. The work funded by FGG in the North-West region of Melbourne has been recognised by other funding bodies as leading the way in community-based suicide prevention initiatives. In turn, we have received over \$2 million combined funding from The William Buckland Foundation, The Victorian Department of Health and Human Services (DHHS), the Western Australia Primary Health Association (WAPHA) and The National Health and Medical Research Council (NHMRC) to support the existing research agenda within the region and extend our activities both state-wide and nationally. This has allowed us to expand our workforce, increasing the capacity of the suicide prevention research community by supporting PhD and clinical Masters students, and early career researchers. Additionally, we can ensure that the findings of the research will be generalisable across diverse areas and the outputs of the project will have a long-lasting impact on young people and communities across Australia.

Another strength of our work has been our partnerships with various community organisations through our project advisory groups, and youth participation in every aspect of our work. The inclusion of focus groups and individual consultations in our research agenda allows us to give a voice to young people from at-risk and marginalised populations. Partnering with young people increases the relevance and acceptability of interventions and increases the likelihood of access by the targeted demographic.

We have faced challenges in the recruitment of parents and carers for the Coping with Self-Harm project. It has proven difficult to engage parents and carers for participation in focus groups due to factors such as the scheduling commitments, as well as the sensitive nature of the topic of self-harm. To overcome these barriers, we have replaced large focus groups with one-on-one interviews. Additional funding provided from Western Australia Primary Health Alliance (WAPHA) has facilitated the expansion of this project in South Perth, providing a supplementary recruitment source for parents and carers. We are now on-track to meet our recruitment target in the next few months.

The sheer volume and the poor quality of triage data from our Emergency Department project also presents a challenge, in that it requires a great deal of manual cleaning, sorting and coding prior to analysis. There is a great deal of inconsistency in the quality and detail of triage notes between ED sites, and even within individual hospitals depending on staff and shift rotations. To address this challenge, we are engaging the support of a third-party data management company and have employed a research fellow (0.4EFT) to support data coding and the development of an integrated

database that can automatically perform these data manipulations, provide high quality case detection, and potentially enable real-time reporting of hospital data in the future.

We had initially intended to conduct a series of consultations with GPs and young people regarding best practice for assessing young people at risk of suicide via a partnership with the MJA's national CPD program. The workshops we were due to attend with GPs were unfortunately cancelled by the organisers, so we were unable to conduct activities as planned. With WAPHA's support, we were also able to adapt this project for the South Perth region and have recently conducted the first series of consultations with GPs and young people. We are currently investigating alternative GP recruitment sources in Melbourne, and will shortly commence focus group consultations with young people through our North-West youth networks.

#### **Key achievements:**

##### **Building the *evidence* base:**

This project focuses on building the evidence base in terms of the prevalence of self-harm presentations to four ED sites across the North-West region, the clinical and demographic characteristics of those who present and the treatment received. In addition to gathering epidemiological data we are also building the evidence base with regard to the barriers to delivering optimal treatment in these settings. We have collected and analysed triage data from Western Health and we are in the process of replicating this work at Royal Melbourne Hospital. Additionally, these findings and the barrier analysis results from Sunshine Hospital have been used to inform the development of training materials delivered to Western Health staff.

Young people require specific attention when it comes to suicide prevention, however efforts need to be based on robust evidence to determine what works best. We have recently completed a large systematic review and meta-analysis examining various youth suicide prevention initiatives across settings. We found that interventions delivered in both clinical and educational settings appear to reduce self-harm and suicidal ideation post-intervention. In community settings, multi-faceted, place-based approaches seem to have an impact. The manuscript of this paper is currently under-going peer-review for publication.

In the past year, we have published a number of academic papers, a significant proportion of which were a direct result of the North-West body of work funded by FGG. See Appendix.

##### **Building sector *capability*:**

FGG's investment in this body of work, and the associated funding that has flowed as a result of that investment, has allowed us to significantly expand our work force under the leadership of Dr Jo Robinson. In June 2017, the suicide prevention unit included 4.0 FTE staff, most on part-time, 12 month contracts. At present, the unit now employs 7.4 FTE staff, the majority now being full-time, 24-month contracts, including a full-time project manager and 0.4 Research Fellow. We also support two full-time PhD students, and FGG funded activities have supported the completion of two clinical masters' student theses. This expansion means that we are increasing capacity in the suicide prevention research sector and providing career development and mentorship to junior and early-career researchers, as well as higher-degree research students.

As previously mentioned, the findings of the ED work has informed the development of staff training. This will be provided regularly to new ED staff across Western Health.

Training has also been provided to headspace clinicians and counsellors from Hobsons Bay City Council in order to build their capacity to better identify, support and refer young people at risk.

##### **Improving *access* to support:**

We are improving access to clinical services through the piloting of the 'Affinity' online intervention module. This program allows clinical patients experiencing suicidal ideation to participate in moderated online therapy, supported by Orygen clinical services. By reducing the physical and logistic barriers that many young people experience in accessing mental health services, this online program allows participants to engage with therapy in a manner that best suits them.



The training of ED staff is hoped to improve the quality of care provided by in EDs by increasing staff knowledge and competence, and creating better referral pathways for on-going care.

#### Strengthening **early intervention**:

We will be providing early intervention through our engagement with schools from 2019 onwards. The SafeTALK in Schools program provides universal suicide prevention training to all students in year 10, as well as teachers, student well-being staff and parents. This program also includes measures to identify high-risk students and refer them to appropriate services.

Similarly, the Affinity study, a moderated online therapy program facilitates early intervention by screening and referring clinical patients who are at risk. This program provides support to young people in need and is the first program within Orygen's online platforms that directly targets suicidal ideation.

#### Fostering socio-economic **participation**:

N/A

#### No. people supported:

People supported through the project: <sup>1</sup>	Support provided to date:				
	Directly Supported		Indirectly Supported		Total
	No.	+	Estimated	=	Total
Children & young people	90		NA		90
Those who are close to & care for them	100		NA		100
Professional service providers	133		NA		133

As it is only the first year of actual implementation of the project, this is a modest estimate of the amount of people supported to date. Projections for the amount of those indirectly supported are hard to estimate.

These numbers identify young people directly supported by the project thus far, either through participation in research activities, attendance at community events or enrolled in our online clinical support program. In 2019 we will commence the school-based component, which will seek to deliver awareness training to approximately 7,000 young people, plus parents, over 5 years. Additionally, on-going training and capacity building of ED clinicians will impact upon the approximately 1,225 young people who present to EDs within catchment for self-harm each year (6,125 over 5 years). We therefore predict that with the school program and on-going improvements to ED clinical care, numbers of young people both directly and indirectly supported will increase exponentially over the next 4 years of the project.

Through the development of the carer's resource and the community forum, we have directly supported approximately 100 people who are close to and care for young people. This number will increase in year 2 of the project, as the carer's resource is made available to parents through Orygen and headspace's clinical services. The school study will also increase capacity of parents, teachers and carers to support young people.

We have directly supported at least 133 ED and headspace staff via training provision, or their participation in barrier analysis activities. Once again, this number will continue to increase with on-going discussions with staff and routine training provision.

<sup>1</sup> 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.

**Key observations & learnings to date:**

The key strengths and learnings of this project over the last 12 months have come from our partnerships with young people and members of the community across the North-West region. These partnerships have guided our work in the region and have led to the development of a blueprint for suicide prevention across the region. Alongside evidence-based research and empirical data collection, this community element ensures that the work we are doing will have a sustainable and significant impact on community efforts to reduce suicide rates across the region.

Although still in its early stages, our North-West body of work has also been integral in securing additional funding and extending our work across other regions in Victoria and nationally, including funding partnerships with PHNs and the DHHS. Our unique position in the region and the existing support for our research has set us apart as leaders in practical and community-focussed efforts to support young people at risk of suicide and their families.

More specifically the ED project has enabled us to develop a profile of who presents to the ED with self-harm, to understand the rates of re-representation and to be able to characterise the treatment received by young people in these settings.

**Benefits derived from FGG funding:**

The funds obtained from FGG have enabled us to develop a much more strategic approach to youth suicide prevention across north and west Melbourne. It has allowed us to grow the team and to support a number of PhD students hence growing capacity in the sector.

More specifically and as mentioned above, the National Health and Medical Research Council (NHMRC) is providing \$666,281 in funding over five years through a partnership grant for research into the effectiveness of suicide prevention resources for high school students. This is a collaborative partnership between Orygen, The Department of Education and Training, and Lifeline that will enable Orygen to extend upon our existing body of work; generously funded by Future Generation Global Investment Fund.

Additionally, Western Australia Primary Health Association (WAPHA) has provided \$203,750 in funding over two years to focus on identifying barriers associated with accessing primary care, improve best practice for risk assessments, and to increase the capacity of parents and carers to support young people at risk. As such, we have adapted two projects originally funded by FGG, and will be able to provide output and interventions from these studies specifically tailored to the South Perth community.

Based on our work in emergency departments in the North-West region, the Victorian Department of Health and Human Services has commissioned an extension of this work to four additional hospital sites across Victoria, including two regional hospitals. This contract provides \$580,691 over three years, and represents a significant investment in developing state-wide sentinel systems for self-harm data monitoring and improved clinical care.

**Next steps:**

- 1) In the next 12 months we will continue our work activities as described. We will continue our work in Western Health and Royal Melbourne Emergency Departments, conducting routine data collection and analysis. In addition to these activities described in the original application, we will also extend the project to four additional hospital sites with the support of additional DHHS funds.
- 2) The barrier analysis work will also continue in the additional sites and, importantly, will be expanded to include a consumer and carer focus.
- 3) We will commence the school-based component of the project in early 2019.
- 4) The pilot study of our moderated online social therapy program for young people at risk of suicide will be completed.

- 5) We will continue the co-design and development of online materials to promote help-seeking and support young people to have safe conversations about suicide online. This will lead to the publication of evidence-based guidelines for the safe communication about suicide on social media, as well as a national social media campaign designed by young people, for young people. The guidelines are due to be launched in August 2018.
- 6) We will expand our activities in training and capacity building of clinicians by conducting a series of consultations with GPs and young people in Melbourne and WA, focussing on identifying barriers associated with accessing primary care and improving best practice for risk assessments. As a result of these consultations, we will commence the development and dissemination of a suite of educational resources that are co-designed with young people and clinicians.
- 7) We will complete consultation exercises with young people, parents and carers on the Coping with Self-Harm carer's resource and re-develop this for an Australian audience. This will lead to translational resources for parents and carers that can be distributed across community and clinical settings.
- 8) We will conduct consultations with medical students and pilot the integration of suicide prevention training to medical school curricula.
- 9) Provide regular training to new ED staff rotations across Western Health.
- 10) We will host a community forum during October, 2018. This forum will focus on suicide prevention in educational settings and will bring together community leaders, high schools and young people.
- 11) We will continue to work with partner agencies to develop a model of stepped-care to support young people by assessing their needs in accessing care, and offering alternative referral pathways such as moderated online social therapies and interventions. We will continue to train and up-skill service providers and gatekeepers to respond appropriately and identify young people at risk.

**Project Outcomes Framework:** [take framework from Project Overview, report on delivery against Year 2 Targets and specify Year 3 Targets]

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Evidence	<p>Strengthen the evidence base with regard to:</p> <p>Self-harm presentations to ED across NW Melbourne</p> <p>Barriers to delivering optimal treatment to young people at risk of suicide / self-harm</p> <p>Feasibility &amp; efficacy of delivering online treatment to young people at risk</p>		<p>To establish a sentinel monitoring system for self-harm presentations to the ED</p> <p>To conduct a Barrier Analysis study with ED staff</p> <p>To consult with young people &amp; GPs regarding best practice when assessing young people at risk.</p> <p>Trial an online platform (Affinity) with young people at risk</p>	<p>To collect prospective data on self-harm presentations from the existing sites &amp; to commence data collection from the Royal Melbourne hospital site</p> <p>To conduct 3 workshops with GPs and one workshop with young people</p> <p>To commence recruitment of participants into the online pilot trial of the Affinity site</p>	<p>Data collection from 3 Western Health sites is on-going and data collection from Royal Melbourne Hospital has commenced.</p> <p>Given challenges noted above (see key factors), consultations with young people and GPs will not go ahead in Melbourne. GP consultations will now take place in South Perth in partnership with WAPHA.</p> <p>The online pilot study is underway and the baseline recruitment targets (20 young people recruited from Orygen's Mood clinic) have been met.</p>	<p>Finalise methodology and write protocol paper for ED study; to be submitted for publication by 30 June 2019.</p> <p>Conduct file audit on 10-20% of ED self-harm presentations to check and finalise case ascertainment procedures.</p> <p>Complete preliminary analysis of all data to establish rates of self-harm presentations across local EDs.</p> <p>Prepare recommendations to inform Sentinel system development.</p> <p>Complete online pilot study- 20 participants to complete 8-week trial of online intervention. Follow up assessments will be complete by June 30 2019.</p>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
Capability	To improve the capacity of young people, professionals and family members to identify and support young people at risk of suicide via provision of education, training and resources		<p>To deliver training for young people in education settings to help them to identify risks in themselves and others and increase help-seeking</p> <p>To develop and deliver gatekeeper training to improve early identification and intervention to support at risk young people (e.g. in universal health and education settings)</p>	<p>Work in educational settings will be dependent on the outcome of the funding bid.</p> <p>GP project: To have conducted a focus group with young people and 3 workshops with approximately 200 GPs focusing upon best practice with regard to risk assessment</p> <p>To have conducted workshops with clinicians, young people</p>	<p>Funding secured via NHMRC Partnership grant. Partners are Lifeline and the Victorian Department of Education. This will provide training to approximately 2,500 school students, plus teachers and parents.</p> <p>GP consultations- see above.</p> <p>ED training has been developed and delivered to an initial cohort of 30 Western Health staff.</p> <p>Risk-assessment training has also been delivered to 23 headspace clinicians and youth counsellors to support at-risk young people.</p> <p>Consultations have been</p>	<p>Obtain ethics approval from the University of Melbourne, the Department of Education and the Catholic Education Office to commence the school study.</p> <p>Commence recruitment of schools into this study. Up to five schools will be recruited in the coming year with the potential for a further 15 to be recruited in subsequent years.</p> <p>Provide ED practitioner training to new Western Health ED staff every 6 months. Based on the previous year this is likely to involve approximately 60 staff members over the coming year.</p> <p>There are no specific targets around this but if headspace and / or our partner councils requests further training it will be delivered.</p>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
			To develop resources for families to better support young people engaging in self-harm	and family members and to have developed and evaluated a resource for families of young people who self harm.	conducted with over 30 young people and 10 parents/carers to date.  Given challenges in the recruitment of parents for consultations, the development of this resource will be completed in Year 3.	Conduct interviews with between 6-12 more parents.  Re-develop the hardcopy resource and develop a suite of online resources to supplement it.  Disseminate the resource to families of young people who self harm via the 4 headspace centres across the region and two local councils (Hobsons Bay and Wyndham). The acceptability and utility of the resource will be evaluated over the next 12-18 months.
Access	To improve access to services for young people across NW Melbourne via scoping online platforms for service delivery		To develop an online platform (Affinity) that can deliver moderated social therapy to young people at risk of suicide who are utilising our clinical services  To deliver online cognitive behavioural therapy to young people in school settings via an online platform facilitated by school counsellors	To commence the online pilot study (as per above)  Work in educational settings will be dependent on the outcome of the funding bid (as per above)	The online pilot study is underway and the baseline recruitment targets have been met.  Funding secured via NHMRC Partnership grant.	20 participants to complete 8-week trial of online intervention.  Obtain ethics approval to conduct school study.  Commence recruitment of schools into this study. - Please see above.
Early Intervention	To strengthen early intervention by improved access to services, raising awareness of help-seeking and improving the capacity		Access to services will be improved by increasing the capacity of frontline staff to respond to young people who present via guidelines, training and other means	To complete the barrier analysis work at each site and identify strategies to improve service delivery and access	Barrier analysis conducted in 1 ED with 83 staff members. Barriers to delivering optimal practice identified from 1 ED and developed into site-specific training module.	Complete barrier analysis at remaining 3 ED sites. This will involve conducting consultations with up to 100 staff members.

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
	of services to respond in a timely manner				ED practitioner training provided to 30 Western Health ED clinicians and included in on-going training schedule.  Training provided to 23 headspace clinicians and Hobsons Bay counsellors.	A report will be prepared for all participating hospitals and a journal article prepared for publication.  Provide on-going training to ED staff across all sites (number to be determined).
			Awareness of individual risk and help-seeking options will be increased via a social media campaign rolled out across the region	Co-design workshops with young people will have commenced and campaign development and delivery will be underway	2 co-design workshops have been conducted with young people across the region.  Phase one of the social media campaign is underway- the development of guidelines for safe peer-to-peer communication about suicide online.	Launch social media guidelines (August 21, 2018) via a webinar and Facebook Live event.  Conduct approximately 2- 4 additional co-design workshops with up to 12 young people per workshop.
			Early intervention will be strengthened via providing online treatment and support options	To commence the online pilot study (as above)	Online pilot study- as above.	Develop and roll-out associated social media campaign materials via existing networks and via social media platforms. Evaluate their reach and likely impact.  Complete follow-up assessments with the 20 young people who participated in this pilot study. This will assess the safety and acceptability of the online platform. An article reporting on these outcomes will be drafted for

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
						publication in a peer reviewed journal.

Notes:

#### Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	At target	<ul style="list-style-type: none"> <li>ED data monitoring and barrier analysis is on-going. Funding secured to extend the project to 4 additional hospitals</li> </ul>
Capability	At target	<ul style="list-style-type: none"> <li>Training resources are being developed for ED practitioners.</li> <li>Funding secured for school project.</li> </ul>
Agency Access	At target	<ul style="list-style-type: none"> <li>N/A</li> <li>Schools component has been successfully funded for 5 years.</li> <li>A pilot study is underway to assess the acceptability and safety of the online therapy platform</li> </ul>
Early Intervention Participation	At target	<ul style="list-style-type: none"> <li>As above.</li> <li>N/A</li> </ul>

Status against plan for implementation:

**On track** | At risk | Off track

Status against targeted project outcomes:

Below | **At** | Exceeding target



## APPENDIX: PUBLICATIONS 2017-2018

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### PUBLISHED

- Bailey E, Rice S, Alvarez-Jimenez, Robinson J, Nedeljkovic M, Theoretical and empirical foundations of a novel online social networking intervention for youth suicide prevention: a conceptual review. (2018) *Journal Affective Disorders*, 238: 499-505
- Curtis S, Thorn P, McRoberts A, Hetrick S, Rice S, Robinson J. Caring for young people who self-harm: A review of perspectives from families and young people. (2018) *International Journal of Environmental Research and Public Health*, 15(5):950
- Reifels L, Ftanou M, Krysinska K, Machlin A, Robinson J, Pirkis J. Research priorities in suicide prevention: Review of Australian research from 2010-2017. (2018) *International Journal of Environmental Research and Public Health*, 15(4):807
- Bailey E, Robinson J, McGorry P (2018) Depression and suicide amongst medical practitioners in Australia. *Internal Medicine Journal*, 48: 254-258.
- Robinson J, Bailey E, Caelear A (2018) Suicide prevention in educational settings: A review. *Australasian Psychiatry*,
- Too LS, Pirkis J, Milner A, Robinson J, Spittal M (2018). Clusters of suicidal events among young people: Do clusters from one time period predict later clusters? *Suicide and Life Threatening Behavior*
- Shand F, Vogel L, Robinson, J (2018). Improving patient care after a suicide attempt. *Australasian Psychiatry*

### IN PRESS

- Witt K, Milner A, Spittal M, Hetrick S, Robinson J, Pirkis J, Carter G (In press *European Child & Adolescent Psychiatry*). Population attributable risk associated with the repetition of self-harm behaviour in young people presenting to clinical services: A systematic review and meta-analysis.
- Hetrick S, Robinson J, Burge E, Blandon R, Mobilio B, Rice S, Simmons M, Alvarez-Jimenez M, Goodrich S, Davey C. Youth Co-design Of A Mobile Phone app to facilitate self-monitoring and management of mood symptoms in young people with major depression, suicidal ideation and self-harm (In press *Journal Medical Internet Research*).
- Sutherland G, Milner A, Dwyer J, Bugeja L, Woodward A, Robinson J, Pirkis J. Implementation and Evaluation of the Victorian Suicide Register. (In press *Australian & New Zealand Journal of Public Health*).

### SUBMITTED

- Robinson J, Bailey E, Witt K, Stefanec N, Milner A, Pirkis J, Currier D, Condrón P, Hetrick S, What works in youth suicide prevention? A systematic review and meta-analysis. Submitted to *Lancet Psychiatry*
- Krysinska K, Finlayson-Short L, Hetrick S, Harris M, Salom C, Bailey E, Robinson J. Support for people bereaved or affected by suicide and for their carers in Queensland: Quality of resources and a classification framework. Submitted to *Advances in Mental Health*
- Finlayson-Short L, Krysinska K, Hetrick S, Harris M, Salom C, Bailey E, Robinson J. A Survey of People with Lived Experience of Suicide or Suicide Attempt in Queensland: Their Experiences Using Supports and Resources. Submitted to *Crisis*
- Finlayson-Short L, Hetrick S, Stefanec N, Krysinska K, Harris M, Salom C, Bailey E, Robinson J. A Systematic Review of Evaluations of Supports and Resources for People Affected by or who have Attempted Suicide: Are they Effective in Improving Quality of Life and Suicide-Related Behavior? Submitted to *Archives of Suicide Research*

### OTHER

- McGorry P, Chanen AM, Robinson J. Upstream of EDs, downstream of headspace: helping the “missing middle”. *MJA InSight*. 2018

## Project Status Update

**Reporting cycle:** 1 July 2017 – 30 June 2018 (Year 2)

**Date:** 28 July 2018

**Designated Charity:** ReachOut Australia

**Funded initiative:** 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 these 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 ascertain what is needed 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, and
- better integrate digital self-help into the broader mental health system.

**Snapshot overview:** **We have put together a short video to bring to life the highlights from year 2 and to say thank you to our generous supporters. Please check out the video here [reachout.click/FGGthankyou](https://reachout.click/FGGthankyou)**

Year 2 activities focused on leveraging the extensive research insights from Year 1 to ensure we can better service the needs of young people living in regional, rural and remote (RRR) Australia. Key activity for Year 2 has been implemented according to the project plan.

The insights have been translated directly into our service through a suite of new content addressing priority issues of employment, financial and family-related stress, a collection of new images to better represent regional and rural young people's experience on site, and a new national awareness campaign so that young people in these communities know that help is available to them, when and where they need it.

In addition, ReachOut leveraged the insights to transform the broader mental health landscape, through our partnership with Mission Australia on the report "Lifting the weight: Understanding young people's mental health and service needs in regional and remote Australia", a submission to the Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia and multiple publications and conference presentations.

Across the year, collaboration has proven a key enabler for the project.

- Our partnership with Mission Australia on the "Lifting the weight" report enabled analysis of extensive data and qualitative research insights and has the potential to improve mental health service design and provision, resulting in better mental health outcomes and a reduction in youth suicide.
- ReachOut partnered with University of NSW, Charles Sturt University, University of Sydney and Newcastle University, Orange Aboriginal Medical Service and Aboriginal Community Controlled Care Organisations (regional NSW) to submit an application for a National Health and Medical Research Council Grant to increase rural indigenous youths' level of access to mental health resources and services. The application has been shortlisted and we are awaiting an outcome by October 2018.

- Our relationship with the Centre for Regional and Remote Mental Health continues to provide invaluable community connections and local insight with the centre facilitating introductions to secondary schools and the Clarence Youth Action group in the Clarence Valley (regional NSW).
- Kinross Wolaroi School in Orange (regional NSW) generously allowed our creative team access to their campus and classrooms for a photoshoot.

The project has also encountered challenges, largely related to timing of key activities.

- Recruitment of the Aboriginal and Torres Strait Islander PhD student has taken longer than expected due to a restructure within one of the host institutions.
- Implementation of a new analytics solution has been more complex than anticipated. The new tool provides impressive accuracy, however presents challenges in terms of processing the sheer volume of data. We are currently finalising the most accurate and efficient method of automating the transformation from the analytics data to a more definitive remoteness categorisation. This will result in more straightforward, real-time data that can guide optimisation of content. We expect this to be finalised in August 2018 and will allow us to update our baseline and Year 2 reporting.
- The opportunity to partner with Mission Australia increased the scope of the research report and delayed the launch of the report, and subsequent lobbying and media activities.
- The launch of the national awareness campaign was delayed until May 2018 to allow for multiple rounds of focus group testing to ensure the concept resonated with RRR young people.
- The launch of the ReachOut Schools pilot project to co-design a ReachOut Wellbeing Toolkit for RRR Schools was delayed until August 2018 due to availability of the local schools.

While there have not been any significant changes to project scope, we have updated some of the targets to be more specific, as noted in the Project Outcomes Framework.

#### Key achievements:

FGG's funding of \$332,136 for Year 2 has allowed us to transform the mental health landscape; initiating evidence-informed service reform and improving digital self-help on ReachOut.com so that the service better meets the needs of this target group. Particular achievements against the change levers are summarised below.

##### Building the **evidence** base:

- The significant investment in research in our first year continues to pay dividends. ReachOut Australia and Mission Australia held the national launch of 'Lifting the Weight', at Parliament House in Canberra in June 2018. The report gained extensive media coverage across ABC radio networks, ABC News 24, ABC Morning Breakfast, Triple J, WIN News, SBS The Feed and FM Radio in Canberra.
- Briefings on the report were provided to two Ministers, one Shadow Minister and one Senator.
- The preliminary research findings of the FGG-supported research informed our submission to the Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia.
- We have presented at a national conference, published one journal paper and have two others in progress.

##### Increasing individual **agency**:

- We collaborated with young people across New South Wales and South Australia to translate the key research findings regarding employment, financial, and family-related stress into a suite of new content including videos, comics and articles.
- In addition, the insights have informed new content designed to support parents and carers living in RRR areas to build their personal support networks and communicate effectively with their teenagers.
- Young people and parents from across Australia reviewed the content and provided feedback during production. One young person living in an area with high unemployment told us the content *"made me feel motivated to continue looking for work. It also reassured me that I'm doing the best I can."*

##### Improving **access** to support:

- 155,751 total users from RRR areas engaged directly with ReachOut to improve their mental health and wellbeing.

- A pilot content promotion campaign achieved more than 25,000 visits (20,000 users) to ReachOut.com, enabling us to understand how best to reach young people in regional and remote areas (and the costs involved in doing so).
- Development and production of a national awareness campaign – designed to facilitate self-help and early help-seeking among young people – was completed in May 2018. The campaign was tested with young people living in regional and remote locations. The testing indicated that the campaign resonated with young people living in these areas and would encourage them to engage with ReachOut's services. The campaign is expected to draw an additional 50,000 young people from rural and remote areas to ReachOut.com by 30 September 2018.

Responding to the new awareness campaign, RRR focus group participants said: *"My first thoughts after watching this was that even if you are going through a hard time you will always have someone to talk to you and support you."*

*"It is a very effective video and the four people giving their personal experiences helps viewers find something that they can possibly relate to, it makes us feel not so alone and know to reach out for help if we need it."*

#### Strengthening **early intervention**:

- 2,726 regional users visited the Urgent Help page on ReachOut that provides contact details and direct links through to crisis support services.

No. people supported:	People supported through the project: <sup>1</sup>	Support provided to date:			
		Directly Supported		Indirectly Supported	Total
		No.	+	Estimated	= Total
	Children & young people	121,812		910	122,722
	Those who are close to & care for them	27,118		-	27,118
	Professional service providers	10,903		321	11,224

The figure of 121,812 for **children and young people directly supported** reflects the number of young people that clicked through from targeted content on social media, and the number of unique visitors that Google Analytics recorded as living outside the capital cities who accessed our service during the period 1 July 2016 to 30 June 2017. Because Google Analytics does not provide information on the age of visitors below 18 years, we make an informed assumption that 65% of visitors to ReachOut.com are within our target age range of 14-25 years – this is based on the typical breakdown of service users that we see in routine monitoring and evaluation data.

The 910 **indirectly supported** refers to young people who were involved in testing or production of the awareness campaign, or visited a ReachOut stall at a regional university or TAFE during 'O week'.

The figure of 27,118 for **those who are close to and care for children and young people directly supported** reflects the number of people that Google Analytics recorded as living outside the capital cities who accessed our ReachOut Parents service during the period 1 July 2017 to 30 June 2018.

The figure of 1003 **professional service providers directly supported** represents the proportion of visits to ReachOut.com that Google Analytics recorded as originating from outside the capital cities during the period 1 July 2017 to 30 June 2018, which we apportion to service providers. This is based on the assumption that 6-7% of visitors are visiting for professional purposes – which is based

<sup>1</sup> 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.

on the breakdown of service users that we see in routine monitoring and evaluation data. The 321 service providers indirectly supported represents the number of service providers involved in the year 1 research project who received a summary of the research findings, and the numbers of service providers in regional and rural areas who were sent ReachOut resources to use and promote within their service.

**Key observations & learnings to date:**

Through marketing efforts across the year we have observed that on average, it costs four times more to get a young person living in a remote area to visit ReachOut.com than it does a young person living in a regional or metro area and we have adjusted our media schedule to reflect this requirement.

The investment in research in Year 1 has enabled major improvements to service delivery, major sector partnerships and national lobbying opportunities.

As noted above, collaboration has been a key enabler of the project and provided opportunities that otherwise would not have been possible. We recognise that building these relationships and partnerships takes time and that we will factor this into our future timeline.

**Benefits derived from FGG funding:**

ReachOut was able to leverage FGG and Department of Health Suicide Prevention Funding to develop a national awareness campaign and to negotiate significant discounts for regional cinema and Spotify advertising.

Antipodes and Pinnacle have become funding partners for ReachOut Australia after introductions through FGG.

**Next steps:**

To overcome the significant barriers to help-seeking amongst young people living in RRR areas, it is critical to increase access to relevant online services.

Funding will focus on:

- an advertising campaign designed to facilitate access by 60,000 young people living in regional and remote areas to ReachOut's tools and resources
- utilising the insights from 'Lifting the Weight' Report in policy submissions and funding proposals to support improved mental health service design with a focus on digital technologies
- continuing to translate research insights to make the service more responsive and inclusive
- completing the ReachOut Schools pilot project within Grafton NSW, including a workshop to co-design a ReachOut Wellbeing Toolkit for RRR Schools and scaling this resource through national promotion, and
- publishing a new series of content to provide support to the family networks that are crucial to facilitate timely help-seeking for RRR young people.

## Project Outcomes Framework:

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual Delivery – Year 2	Target – Year 3
<b>Evidence</b>	<ul style="list-style-type: none"> <li>Consult with young people across diverse regional and rural areas in Australia to establish their needs and help-seeking preferences</li> <li>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</li> <li>Grow the capacity of selected young people living in regional and rural areas to conduct research and evaluation</li> <li>Build the evidence base for digital self-help</li> </ul>	<ul style="list-style-type: none"> <li># young people involved in qualitative and quantitative research activities</li> <li># publicly available reports or executive summaries</li> <li># peer-reviewed journal articles and conference presentations</li> <li>Coverage in local and national media outlets</li> <li># briefings/meetings with policymakers</li> </ul>	<ul style="list-style-type: none"> <li>Baseline and follow-up survey of young Australians in regional and rural areas conducted and data analysis completed <b>Baseline complete</b></li> <li>2 publicly available reports or executive summaries <b>1 public report released</b></li> <li>10 peer reviewed journal articles and conference presentations published <b>1 research paper published</b></li> <li>Dedicated media coverage about project activity/outputs in major metropolitan or national media outlets <b>In progress</b></li> <li>Dedicated media coverage about the report in the major regional news networks <b>In progress</b></li> <li>35 briefings and/or policy submissions (local/national) <b>5 complete</b></li> <li>Peer researchers trained and involved in the evaluation of the project</li> </ul>	<ul style="list-style-type: none"> <li>2 research papers published</li> <li>2 presentations at national conferences</li> <li>Recruit a PhD candidate to partner with in conducting consultation with Aboriginal and Torres Strait Islander young people in RRR community/ies</li> <li>Dedicated media coverage about project activity/outputs in 2 major metropolitan or national media outlets and 2 major regional news networks</li> <li>3 briefings and/or policy submissions (local/national)</li> </ul>	<ul style="list-style-type: none"> <li>1 research paper published, 1 conference presentation, 1 paper submitted, 1 conference abstract accepted</li> <li>In-principle support from the Centre for Rural and Remote Mental Health and the Wollotuka Institute to jointly supervise a PhD student<sup>1</sup></li> <li>1 public report '<i>Lifting the weight</i>' released with Mission Australia</li> <li>Launch event for report held at Parliament House with 50 politicians and key sector partners</li> <li>Media coverage regarding Lifting the Weight report on ABC TV, online, and national radio, Triple J, SBS The Feed, WIN TV and ABC regional radio</li> <li>Five face-to-face briefings with two Ministers, two Shadow Ministers and one Senator</li> <li>Research used in a Senate Inquiry submission and a funding proposal to the NSW government</li> <li>Implemented new analytics solution to accurately track rural users</li> </ul>	<p><b>Key targets:</b></p> <ul style="list-style-type: none"> <li>10 briefings and/or policy submissions (local, state, national)</li> <li>2 research papers published, 1 national conference</li> <li>Recruit a PhD candidate to partner with in conducting consultation with Aboriginal and Torres Strait Islander young people in RRR community/ies</li> </ul> <p><b>Supporting activity</b></p> <ul style="list-style-type: none"> <li>Dissemination of '<i>Lifting the weight</i>' 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</li> </ul>

Agency	<ul style="list-style-type: none"> <li>• Increase awareness and adoption of adaptive self-help strategies and encourage changes in behaviour to foster individual agency and access to support</li> <li>• Increase the mental health literacy of service users from rural and regional communities</li> <li>• Reduce stigma (self- and perceived) within regional and rural communities</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• National survey conducted to assess baseline position and post-project outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Youth advisory board established and engaged in project implementation <b>In progress</b></li> <li>• Audit of existing content and assets against the research findings completed to identify service gaps <b>Complete</b></li> <li>• Existing online resources are refined and/or new resources developed and launched <b>In progress</b></li> <li>• National survey conducted to assess baseline position and post-project outcomes (see detailed targets below)</li> </ul>	<ul style="list-style-type: none"> <li>• Youth advisory board established and engaged in project implementation.</li> <li>• Audit the current sites against the research insights to identify strengths, gaps and opportunities</li> <li>• Develop 30 pieces of new content + photographs that respond to the research insights from Year 1 across youth and parent services</li> </ul>	<ul style="list-style-type: none"> <li>• RRR young people participated in ReachOut's Content Squad review</li> <li>• Audited the current sites against the research insights to identify strengths, gaps and opportunities</li> <li>• Overall 30 new content pieces produced covering priority issues</li> <li>• Developed a new Work &amp; Money topic to respond to most prevalent issues identified in the research. Travelled to regional South Australia and NSW for filming</li> <li>• Developed new content on families to respond to concerns regarding the importance of family in these communities</li> <li>• New content designed to support parents and carers living in RRR areas to build their personal support networks and communicate effectively with their teenagers</li> <li>• Clinical Advisory Group review of content</li> <li>• Positive user feedback from RRR young people and parents through user review panels</li> <li>• New suite of photography from a school in regional NSW</li> </ul>	<p><b>Key targets</b></p> <ul style="list-style-type: none"> <li>• Develop 10 pieces of new content that respond to the research insights across youth and parent services. <i>N.B. this has reduced from 30 in Year 2 to 10 in Year 3 as the focus for this year is increased awareness and visitation to ReachOut.com</i></li> </ul>
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Access	<ul style="list-style-type: none"> <li>ReachOut.com content, user experience and marketing assets and approaches are reviewed to ensure they meet the needs of young people living in regional and rural communities</li> <li>Increase awareness of ReachOut.com within regional and rural communities to facilitate access to appropriate digital and face-to-face support services</li> <li>Increase the engagement and participation of young people who reside in regional and rural Australia with the ReachOut service offering</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Results of face-to-face user experience research and campaign testing in rural and regional communities</li> <li>Implementation of marketing campaign reflecting the research on needs of young people in regional and rural areas developed and launched in selected communities</li> <li>% prompted awareness of ReachOut amongst regional and rural respondents in the Annual ReachOut Brand Study</li> <li>% young people recalling specific ReachOut campaign(s)</li> <li>Visitation (# unique visitors) from young people living in regional and rural communities</li> <li>Engagement of young people in rural and regional areas with the RRR content (Unique visitors, average time on site, total RRR views of Work &amp; Money content)*</li> </ul>	<ul style="list-style-type: none"> <li>Establish and nurture relationships with in-community service providers <b>In progress</b></li> <li>Implement marketing campaign in line with specified reach and frequency targets <b>In progress</b></li> <li>27% prompted awareness of ReachOut amongst regional and rural respondents in the Annual ReachOut Brand Study (baseline 19%)<sup>3</sup></li> <li>20% young people recalling specific ReachOut campaign(s)</li> <li># unique visitors from regional and rural areas that visit ReachOut.com <b>[target TBC pending baseline form new analytics solution]</b></li> <li>200,000 visits from young people living in regional and rural areas driven by digital marketing campaigns (based on consistent investment in marketing) <b>In progress</b></li> <li># visitors from regional and rural areas completing on-site engagement goals (Unique visitors, average time on site, total RRR views of Work &amp; Money content) <b>[target TBC pending baseline from new analytics solution]</b></li> </ul>	<ul style="list-style-type: none"> <li>Launch national digital advertising program to drive 50,000 visits from young people living in priority regional and rural communities</li> <li>Nurture relationships with in-community service providers via regular communications and responses to support requests</li> <li>Explore local touchpoints and opportunities to connect with regional, rural and remote young people within their communities</li> <li>27% prompted awareness of ReachOut amongst regional and rural respondents in the Annual ReachOut Brand Study<sup>3</sup></li> <li>Conduct a ReachOut Schools pilot project within one region of NSW, including a workshop with a minimum of 6 schools to co-design a ReachOut Wellbeing Toolkit for RRR Schools</li> </ul>	<ul style="list-style-type: none"> <li>20,000 new users driven to ReachOut.com through content promotion to young people in regional and remote areas (via postcode).</li> <li>305 printed collateral packages distributed to 286 regional and 19 remote locations</li> <li>The national awareness campaign is expected to draw 50,000 young people from rural and remote areas to ReachOut.com by 30 September 2018</li> <li>Cinema campaign ran from 14–28 June at 62 regional locations.</li> <li>155,751 unique visits from young people in rural and regional areas, with an average session duration of 2 minutes and 14 seconds. This is higher than general patterns of site engagement</li> <li>25,082 page views of new multimedia content addressing key issues for regional and rural young people, of which 2,172 were located outside a capital city<sup>2</sup></li> <li>Planned the co-design workshop with Grafton (a town in regional NSW) schools in August 2018</li> </ul>	<p><b>Key targets</b></p> <ul style="list-style-type: none"> <li>60,000 young people living in regional and remote communities access ReachOut.com through continued promotion of national awareness campaign and delivery of digital advertising program</li> <li>10% increase in the number of regional and remote schools signed up to ReachOut Schools (increase from 569 to 625 schools). <i>N.B. this growth target is based on facilitating deeper engagement with a smaller number of schools to maximise impact.</i></li> <li>625 ReachOut Schools received the ReachOut Wellbeing Toolkit</li> </ul> <p><b>Supporting activity</b></p> <ul style="list-style-type: none"> <li>21% prompted awareness of ReachOut amongst regional and rural respondents in the Annual ReachOut Brand Study (December 2019).</li> <li>Complete a workshop with a minimum of six schools to co-design a ReachOut Wellbeing Toolkit for RRR Schools</li> </ul>
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Early Intervention	<ul style="list-style-type: none"> <li>• Increase the propensity of young people at high risk of developing, or experiencing early signs or symptoms of, a mental health difficulty to seek help / access services</li> </ul>	<ul style="list-style-type: none"> <li>• Click-throughs to external services and supports from the urgent help page</li> <li>• National survey conducted to assess baseline position and post-project outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Number of click-throughs to crisis support services from the urgent help page</li> <li>• Increase in young people in regional and rural areas reporting positive help-seeking attitudes and behaviours as informed by the national survey in years 1 and 5 (see detailed targets below)<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Click-throughs to external services and supports (Tier 1, 2 and 3).</li> </ul>	<ul style="list-style-type: none"> <li>• 2,726 regional users visited the Urgent Help page on ReachOut that provides contact details and direct links through to crisis support services</li> </ul>	<b>Key target</b> <ul style="list-style-type: none"> <li>• 3,000 regional users visited the Urgent Help page on ReachOut that provides contact details and direct links through to crisis support services</li> </ul>
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#### Notes:

1. The Wollotuka Institute is currently undergoing a restructure which has delayed the recruitment process. This will carry into Year 3 of the funding.
2. This is likely an underestimation of the proportion of views that are from regional and rural locations due to the reliance on data capture from Google Analytics.
3. Prompted brand awareness target revised from 35% to 27% based on updated baseline data.
4. Annual User Survey replaced by longitudinal study including RRR participants.

#### Additional notes:

- The full project targets have been updated to reflect the results of the baseline survey.
- Visitation targets will be set and year 2 results updated pending implementation of the new analytics solution.
- The following targets were removed as they have been replaced by more specific measures in the year 5 evaluation.
  - Increase user survey respondents (overall and in regional and rural areas) reporting favourable attitudes towards/intentions to access digital and face-to-face support services as follows - To be achieved by end of grant: ReachOut is relevant to me from 78% to 83%, ReachOut is relevant to my friends from 65% to 70%, ReachOut makes it easy to help myself from 65% to 70%.<sup>4</sup>
  - 75% progression through the stepped process on NextStep (from symptom selection through to service recommendations).

#### Detailed baseline survey targets

##### Agency

- 51% of young people report they *have* engaged with self-help when they were experiencing a serious or stressful problem (baseline 46.4%)
- 47% of young people report they *would* engage with self-help if they were experiencing an everyday issue (baseline 41.6%)
- 21% of young people report they would engage with self-help if they were experiencing a tough time (baseline 16.3%)
- 37% of young people report they *would* engage with formal sources of help if they were experiencing an everyday issue (baseline 32%)
- 71% of respondents' favourable subjective evaluation of ReachOut.com (baseline 66%)

##### Early intervention:

- 90% of young people report they *have* engaged with informal sources of help when they were experiencing a serious or stressful problem (baseline 85.6%)
- 53% of young people report they *have* engaged with formal sources of help when they were experiencing a serious or stressful problem (baseline 47.6%)
- 94% of young people report they *would* engage with informal sources of help if they were experiencing a tough time (baseline 89.2%)
- 75% of young people report they *would* engage with formal sources of help if they were experiencing a tough time (baseline 70.7%)
- 47% of young people report they have accessed, used or interacted with mental health/support services (baseline 41.8%)

**Overall Performance assessment:**

Change Lever	Assessment	Comments
Evidence	Exceeded target	<ul style="list-style-type: none"><li>• The results of the Lifting the Weight report, completed in partnership with Mission Australia, exceeded the year 2 key targets for media coverage and policy briefings set in the Project Plan</li></ul>
Agency	At target	<ul style="list-style-type: none"><li>• Met key targets as per Project Plan</li></ul>
Access	Below target	<ul style="list-style-type: none"><li>• The target was to drive 50,000 visits from young people living in priority regional and rural communities</li><li>• A pilot content promotion campaign achieved more than 25,000 visits (20,000 users) to ReachOut.com</li><li>• The launch of the national awareness campaign was delayed until May 2018 to allow for multiple rounds of focus group testing ensuring the concept resonated with young people living in regional and remote areas. It is expected to draw 50,000 young people from rural and remote areas to ReachOut.com by 30 September 2018.</li></ul>
Early Intervention	At target	<ul style="list-style-type: none"><li>• Met key targets as per Project Plan</li></ul>

Status against plan for implementation:

On track

Status against targeted project outcomes:

At target

## Project Status Update

<b>Reporting cycle:</b>	1 June 2017 – 30 June 2018 (Year Two)	<b>Date:</b> 3 July 2018
<b>Designated Charity:</b>	SANE Australia	
<b>Funded initiative:</b>	<b>SANE 360° Help Centre: Supporting Young Adults with Complex Mental Illness</b> <p>This project enables SANE Australia to enhance access to evidence-based services, resources, information and referral pathways for young adults aged 18–30, at risk of, or experiencing complex mental illness. Young adults experience unique psychosocial, physiological and social stressors. The onset of illnesses such as schizophrenia, bipolar, personality disorders, bulimia nervosa and binge eating disorders is more likely to occur in emerging adulthood (De Girolamo <i>et al.</i>, 2012).</p> <p>This project aims to reduce stigma and barriers to care for young adults, promote help-seeking and early access to treatment. We measure this against four key indicators:</p> <ul style="list-style-type: none"><li>• Increased confidence and capacity to seek help</li><li>• Reduced feelings of stigma/self-stigma</li><li>• Increased knowledge and awareness of complex mental illness</li><li>• Connection with others of similar lived experiences</li></ul> <p>Key to the 360° Help Centre project is ensuring that our Help Centre services are suitable and effective for young adults. These services currently include:</p> <ul style="list-style-type: none"><li>• Helpline 1800 phone, online chat and email services, provided by specialist mental health professionals from 10am to 10pm, Monday to Friday</li><li>• Online peer support via the SANE Forums, which is professionally moderated 24/7</li><li>• Authoritative, high-quality information and resources on <a href="http://sane.org">sane.org</a></li></ul>	
<b>Snapshot overview:</b>	<p>Through a collaborative partnership with youth mental health organisation <a href="http://batyr">batyr</a>, SANE engaged 14 Young Ambassadors who experienced a range of complex mental illnesses. These Young Ambassadors were enabled to:</p> <ol style="list-style-type: none"><li>1. Participate in capacity building training to equip them to co-produce story-telling content.</li><li>2. Produce 15 pieces of ‘first-person’ content, including user-generated videos, long-form videos, blog articles, and social media posts.</li><li>3. Facilitate two service review workshops with 21 young adults exploring their experiences of help-seeking, leading to recommendations for future service design.</li><li>4. Convene an advocacy event with Senator Deborah O’Neill, Shadow Assistant Minister for Innovation, Shadow Assistant Minister for Mental Health, and Senator for NSW, exploring important issues for young adults living with complex mental illness in Australia.</li><li>5. Participate in the Project Advisory Group.</li><li>6. Be involved in delivering live discussions in the SANE Forums.</li></ol>	
<b>Key Achievements:</b>	<p><b>Young Ambassadors’ experiences of participating in the program</b></p> <p>The Young Ambassadors were surveyed before and after the program, reporting personal growth across a number of areas. Although this group already had high levels of mental health literacy, 50% further increased their understanding of SANE’s work, 21% were more confident to share their story of mental illness, 21% felt they had stronger connections with others who have similar experiences, and 14% were more confident to seek help.</p> <p>One participant said, <i>“I really enjoyed the process of making the videos and felt validated in sharing my experiences and advocating for others experiencing similar mental health issues.”</i> All Young Ambassadors indicated that they had developed new skills particularly around sharing their story, facilitation of workshops and in mental health advocacy.</p>	

### Reach and impact of Young Ambassador content

The content co-created with Young Ambassadors was successful in reaching and engaging audiences across a range of online channels.

Content was disseminated through posts and ads on SANE's and batyr's social media channels. The combined reach of the content featured on Facebook was **559,967**, including an estimated **360,000** unique views by young adults aged 18–34 years old. We achieved the following:

- **Facebook engagement:** The total number of actions (likes, comments and shares) young adults took in relation to the content: **137,821**.
- **Unique page views:** The number of young adults aged 18–34 who looked at the content on SANE's website: **8,703**.
- **Clicks to seek help:** Total click throughs by young adults aged 18–34 from promoted Facebook content to specific webpages designed to encourage people to seek information, connection and support via the Help Centre: **1,757**. Unique page views by young adults to the "Get Help" page increased by 18%.
- **SANE Forums:** **920** unique visitors to date have accessed the SANE Forums live discussion posts about mental health topics for young adults, with **7,322** total views.

From 18 April 2018 to 20 June 2018, young adults aged 18–30 represented:

- **7,549** visitors to [sane.org](http://sane.org) (compared to 7,539 in Year One) representing an increase of less than 1%
- **1,531** unique visitors to the **SANE Forums** (compared to 1,665 in Year One) representing a slight decrease of 4%
- **195** young adults registered as a member of the **SANE Forums** (compared to 133 in Year One) representing an increase of 19%
- 12% of callers to the **1800 Helpline** (compared to 8% in Year One)
- 75% metro vs 25% rural/regional location (static compared Year One)

### Experiences of those engaging with Peer Ambassador content

Pop-up surveys were used on all of web pages where the content was located as a way of measuring impact. A total of 226 people responded to the survey between 21 May and 15 June 2018. Of those, 35% were aged between 18 and 30 years and 12% were aged between 14 and 18 years. The remaining 53% were aged between 31 and 76 years old. Of those 18–30 81% lived in major cities, 17% in regional areas and 2% in remote areas around Australia.

Results show that the content was particularly influential in increasing young adults knowledge and awareness of mental illness, it led to increased confidence to seek help for their own mental health concerns and those who viewed it reported a greater sense of connection with others affected by mental illness as a result of the content they viewed.

### Service Review Workshop findings

The service review workshops aimed to provide information that would inform changes to the SANE Help Centre services. This will lead to a more accessible and engaging service offering for 18–30-year-olds. Several recommendations emerged from the workshops that are applicable to the integrated SANE Help Centre services. These were that services:

- are tailored for individuals, with people able to get support from experts with similar demographics such as age, gender, cultural background etc
- support young adults around a range of complex issues rather than sending them to another service if they have multiple needs or co-morbidities
- utilise social media to inform young adults about the services available
- clearly explain what the service offers, who it is aimed at and what to expect when a young adult engages
- provide help for people at all points in their journey – new to diagnosis, information gathering, ongoing support and counselling, and crisis support.

**Year 3  
summary:**

The following twelve months will see us continuing to enhance access to the SANE Help Centre through a trial of two new interventions focused on young adults. Through an expanded Young Ambassadors program focusing on a more diverse range of young adults, SANE will also develop additional cross-sector partnerships to deliver integrated training, content and resources addressing complex mental illness. We will also continue to measure psychosocial outcomes against the SANE Wellbeing Index.

**No. people  
supported:**

People supported through the project: <sup>1</sup>	Support provided to date:				Total
	Directly Supported		Indirectly Supported		
	No.	+	Estimated	=	Total
Children & young adults	1,135		368,160		369,295
Those who are close to & care for them	N/A		N/A		
Professional service providers	N/A		N/A		

The estimated number of young adults **directly** supported is based on those aged 18–30 years who:

- participated in the Young Ambassadors Program or a co-design workshop,
- registered to the SANE Forums as registered members,
- unique views of the SANE Forums live discussions,
- contacted the SANE Help Centre services (1800 phone, webchat, email)

The estimated number of young adults **indirectly** supported is based on those within the 18–30 year-old age group who:

- viewed information via sane.org,
- viewed content dissemination on Facebook,
- unique visitors to the SANE Forums

**Key  
observations  
& learnings  
to date:**

Our activities have provided further insight into how best to engage young adults in co-design and advocacy activities, as well as the dissemination of content to encourage help seeking by their peers. We validated the assertion that young adults respond to content that is made by them and for them. In particular, “first-person” content leads to substantial increases in knowledge and awareness of complex mental illness and encourages membership to the SANE Forums and use of the 1800 Helpline.

Young adults want to access mental health services that are affordable, are delivered by professionals and importantly they want to understand how these services operate before they engage with them. These findings will be helpful in implementing changes to SANE’s integrated Help Centre to make it more appealing and accessible for this cohort.

<sup>1</sup> 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.

**Benefits  
derived from  
FGG funding:**

The activities undertaken in the **SANE 360° Help Centre** project have succeeded in increasing the levels of access young adults aged 18–30 have to the Helpline and Forums. The activities have also continued to encourage young adults to [sane.org](http://sane.org) where they can access resources and information. We can see a promising association between young adults' engagement with SANE's services and an increased sense of connectedness, help-seeking and knowledge, and understanding of complex mental illness.

The project has also provided opportunities for real engagement and co-design for young adults. It has empowered those participating to take the lead in sharing their stories via self-generated content, through the Project Advisory Group, skill development workshops, and through direct advocacy with decision makers. These opportunities have had a powerful impact on the young adults who have found the experience rewarding, validating and important in developing their transferrable skills.

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## Project Outcomes Framework: SANE Australia

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
Evidence	<ul style="list-style-type: none"> <li>Contribute to the emerging body of research that examines the effectiveness of digital mental health services in improving mental health outcomes for young adults</li> </ul>	<ul style="list-style-type: none"> <li># of research articles submitted for peer review journal</li> </ul>	<ul style="list-style-type: none"> <li>Complete a literature review into the needs and issues facing young adults affected by complex mental illness</li> </ul>	<ul style="list-style-type: none"> <li>A Literature Review into the needs of young adults in rural and regional areas with complex mental illness submitted for publication to one peer reviewed journal. (Partially achieved)</li> </ul>	<ul style="list-style-type: none"> <li>The literature review is currently under consideration</li> </ul>	<ul style="list-style-type: none"> <li>The published journal article is promoted through SANE's communication channels</li> </ul>
		<ul style="list-style-type: none"> <li># of presentations on research findings and project activities and (SANE service offering) outcomes</li> </ul>	<ul style="list-style-type: none"> <li>8 presentations of project outcomes at conferences or symposia by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>Presentation of findings this project at two National or International conferences (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>This work has been presented at 2 national conferences. The International Association for Youth Mental Health Conference in September 2017 reaching a total of 50 people and the National Mental Health Reform Conference in June 2018 reaching a total of 100 people.</li> </ul>	<ul style="list-style-type: none"> <li>Presentation of findings from this work at two National or International conferences</li> </ul>
	<ul style="list-style-type: none"> <li>Ongoing service design and delivery is informed by research</li> </ul>	<ul style="list-style-type: none"> <li># of published reports on research findings and project activities and (SANE service offering) outcomes</li> </ul>	<ul style="list-style-type: none"> <li>5 published project status reports on project outcomes by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>Year two project status report is submitted by July 5 2018 (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>Year two project status report is submitted</li> </ul>	<ul style="list-style-type: none"> <li>Year three project status report is submitted by July 2019</li> </ul>
	<ul style="list-style-type: none"> <li>Develop evaluation approach and framework that specifically assesses the impact of the SANE project activities and young-adult-focused resources and events</li> </ul>	<ul style="list-style-type: none"> <li>Online surveys (eg Annual Forum Survey, Help Centre Snapshot, Website Snapshot) to establish baseline data set (Year one) and annual measurement (Year two - year five)</li> </ul>	<ul style="list-style-type: none"> <li>A final report on the effectiveness of project outcomes and the impact of SANE Help Centre services on the mental health of young adults is completed. This includes analysis of the impact of the project activities on young adults:</li> </ul>	<ul style="list-style-type: none"> <li>An evaluation framework for year two is completed to inform the assessment of impact of year two activities (Achieved)</li> <li>A full project evaluation of year two activities is</li> </ul>	<ul style="list-style-type: none"> <li>An evaluation framework for year two has been completed</li> <li>A full project evaluation of year two has started and is on track to be completed by September 2018</li> </ul>	<ul style="list-style-type: none"> <li>An evaluation framework for year three is completed to inform the assessment of impact of year three activities</li> <li>A full project evaluation of year three activities is conducted to inform</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
			<ul style="list-style-type: none"> <li>Service and support needs</li> <li>Awareness of available services and supports</li> <li>Help-seeking practice</li> <li>Social connectedness</li> <li>Satisfaction with SANE service offering</li> </ul>	conducted to inform SANE's Help Centre, Forums and Website service design and delivery and to inform year three project activities (Partially achieved)		SANE's Help Centre, Forums and Website service design and delivery and to inform year three project activities
Capability	<ul style="list-style-type: none"> <li>SANE's reach to young adults is extended through strengthened partnerships with organisations that provide specific support services for young adults</li> </ul>	<ul style="list-style-type: none"> <li># of new and existing partnerships with young-adult-focused organisations</li> </ul>	<ul style="list-style-type: none"> <li>5 partnerships with young adult focused organisations by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>A partnership with a youth focused mental health organisation (batyr) is established in order to increase SANE's capacity to effectively engage young adults experiencing complex mental illness in the project (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>A formal partnership has been established with batyr leading to increased access to young adults with complex mental illness to achieve the project objectives</li> </ul>	<ul style="list-style-type: none"> <li>The partnership with batyr continues to help achieve year three project goals</li> <li>A new partnership with a youth focussed mental health or media organisation is established</li> </ul>
		<ul style="list-style-type: none"> <li># of online community building / support events or activities in which partner organisations are involved in delivery</li> </ul>	<ul style="list-style-type: none"> <li>Young-adult focused partner organisations are involved in 10 online events by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>Partners organisations are involved in 2 online events promoting the mental health needs of young adults (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>Partner organisations have been involved in three online events promoting the mental health needs of young adults. The three events involved ReachOut and covered: <ul style="list-style-type: none"> <li>➤ "significant life changes for young adults" (19 September 2017, 2552 views)</li> <li>➤ "how being a carer changes once your loved one turns 18" (26 September 2017, 3099 views)</li> <li>➤ "how to talk to your parents about mental illness" (5 June 2018, 1671 views)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Partner organisation/s are involved in 3 online events promoting the mental health needs of young adults</li> </ul>



Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
	<ul style="list-style-type: none"> <li>SANE Help Centre and online resources and services address specific needs of young adults</li> </ul>	<ul style="list-style-type: none"> <li># of young adults participating in co-design or consultation activities</li> </ul>	<ul style="list-style-type: none"> <li>10 young adults participate in co-design or consultation activities by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>2 co-design workshops engaging 20 young adults are delivered to determine the most acceptable mental health services for the target group (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>2 co-design workshops engaging 21 young adults about their experiences of and suggestions for mental health services were delivered in May 2018</li> </ul>	<ul style="list-style-type: none"> <li>20 young adults are involved in SANE service and information review activities</li> <li>10 young adults are involved in reviewing online information provided on the SANE website to reflect the needs of young adults as discussed at the May 2018 service review workshops</li> <li>SANE develops a young adult social media strategy to pinpoint the best way to reach and them online</li> <li>SANE reviews the helpline, email and chat services and implements 2 changes to reflect the needs of young adults as discussed at the May 2018 service review workshops</li> <li>SANE reviews the Forums and implements 2 changes to reflect the needs of young adults as discussed at the May 2018 service review workshops</li> </ul>
Agency	<ul style="list-style-type: none"> <li>Resources produced are suitable and appropriate for young adults who have been consulted as part of their design and development</li> </ul>	<ul style="list-style-type: none"> <li># of young adults participating in co-design or consultation activities</li> </ul>	<ul style="list-style-type: none"> <li>10 young adults participate in co-design or consultation activities by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>2 co-design workshops engaging 20 young adults are delivered to determine the most acceptable mental health services for the target group (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>2 co-design workshops engaging 21 young adults about their experiences of and suggestions for mental health services were delivered in May 2018</li> </ul>	<ul style="list-style-type: none"> <li>20 young adults are involved in SANE service and information review activities</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
	<ul style="list-style-type: none"> <li>Young adults are able to access user-generated content about complex mental illness via SANE's website</li> </ul>	<ul style="list-style-type: none"> <li># of pieces of young-adult-focused user-generated content</li> </ul>	<ul style="list-style-type: none"> <li>5 young-adult-focused user-generated pieces of content are produced and disseminated</li> </ul>	<ul style="list-style-type: none"> <li>5 young-adult-focused user-generated pieces of content are produced and disseminated (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>13 pieces of user-generated content have been produced and disseminated reaching a total of 166,621 people</li> </ul>	<ul style="list-style-type: none"> <li>5 young-adult-focused user-generated pieces of content are produced and disseminated</li> </ul>
		<ul style="list-style-type: none"> <li>Records of content produced &amp; analytics of reach &amp; impact: <ul style="list-style-type: none"> <li>➢ Facebook reach</li> <li>➢ Facebook engaged</li> <li>➢ FB audience gender/age/location</li> <li>➢ Time on page</li> <li>➢ Unique page views</li> <li>➢ Clicks to Forums</li> <li>➢ Clicks to Spotlight</li> <li>➢ Clicks to Get Help</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>3 integrated phases of co-designed digital content specific to young adults including videos, blogs, ads and other written resources are developed and disseminated with a total of 15 pieces of content produced by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>A second integrated phase generating 15 pieces of co-designed digital content are created and disseminated (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>A second integrated phase generating 15 pieces of content was created and disseminated to 559,967 number of people</li> </ul>	<ul style="list-style-type: none"> <li>A third integrated phase of co-designed digital content generating 20 pieces of content that address mental health literacy and reduce stigma are created</li> </ul>
		<ul style="list-style-type: none"> <li>Service use data Online surveys (eg Annual Forum Survey, Help Centre Snapshot, Website Snapshot)</li> </ul>	<ul style="list-style-type: none"> <li>Increase of 20% of young adults accessing SANE Help Centre services and resources compared to baseline</li> </ul>	<ul style="list-style-type: none"> <li>5% increase in young adults aged 18–30 accessing SANE Help Centre services and website resources compared to year one (Partially Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>We have seen increases in young adults aged 18–30 accessing the 1800 SANE Helpline signing up as members to the Forums although visits to the website have remained static and there has been a slight decline in unique visitor to the SANE Forums compared to year one: <ul style="list-style-type: none"> <li>➢ 7,549 visitors to sane.org (compared to 7,539 in year one) representing an increase of less than 1%</li> <li>➢ 1,531 unique visitors to the SANE Forums (compared to 1,665 in year one) representing a</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>10% increase in young adults aged 18–30 accessing SANE Help Centre services and website resources compared to year one</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
					decrease of 4% ➤ 195 young adults registered as a member of the SANE Forums (compared to 133 in year one) representing an increase of 19% ➤ 12% of callers to the 1800 helpline (compared to 8% in year one)	
			<ul style="list-style-type: none"> <li>• Increase of 10% in young adults from rural and regional areas accessing SANE’s resources</li> </ul>	<ul style="list-style-type: none"> <li>• 2% increase young adults from rural and regional areas accessing SANE’s services and resources compared to year one (Partially Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• The proportion of young adults from rural and regional areas accessing SANE’s services and resources compared to year one has remained static at 25%.</li> </ul>	<ul style="list-style-type: none"> <li>• 5% increase young adults from rural and regional areas accessing SANE’s services and resources compared to year one</li> </ul>
			<ul style="list-style-type: none"> <li>• 80% of young adult service users report increased access to relevant, understandable and useful information</li> </ul>	<ul style="list-style-type: none"> <li>• 60% of young adult service users report increased access to relevant, understandable and useful information (Partially Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• An analysis of data relating to young adult service users access to relevant, understandable and useful information is underway and set to be completed by September 2018.</li> </ul>	<ul style="list-style-type: none"> <li>• 70% of young adult service users report increased access to relevant, understandable and useful information.</li> </ul>
			<ul style="list-style-type: none"> <li>• 80% of young adult service users report increased confidence and capacity to seek help</li> </ul>	<ul style="list-style-type: none"> <li>• 60% of young adult service users report increased confidence and capacity to seek help (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• 67% of young adult service users report increased confidence and capacity to seek help</li> </ul>	<ul style="list-style-type: none"> <li>• 70% of young adult service users report increased confidence and capacity to seek help</li> </ul>
			<ul style="list-style-type: none"> <li>• 80% of young adult service users report decreased feelings of stigma/self-stigma</li> </ul>	<ul style="list-style-type: none"> <li>• 60% of young adult service users report decreased feelings of stigma/self-stigma (Partially achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• An analysis of data relating to young adult service users feelings of stigma/self-stigma is underway and set to be completed by September 2018</li> </ul>	<ul style="list-style-type: none"> <li>• 70% of young adult service users report decreased feelings of stigma/self-stigma</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
			<ul style="list-style-type: none"> <li>80% of young adult service users report increased knowledge and awareness of complex mental illness</li> </ul>	<ul style="list-style-type: none"> <li>60% of young adult service users report increased knowledge and awareness of complex mental illness (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>87% of young adult service users report increased knowledge and awareness of complex mental illness</li> </ul>	<ul style="list-style-type: none"> <li>70% of young adult service users report increased knowledge and awareness of complex mental illness</li> </ul>
			<ul style="list-style-type: none"> <li>80% of young adult service users report increased sense of connectedness</li> </ul>	<ul style="list-style-type: none"> <li>60% of young adult service users report increased sense of connectedness (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>68% of young adult service users report increased sense of connectedness</li> </ul>	<ul style="list-style-type: none"> <li>70% of young adult service users report increased sense of connectedness</li> </ul>
	<ul style="list-style-type: none"> <li>Young adults have more opportunities to share their stories of CMI</li> </ul>	<ul style="list-style-type: none"> <li># of young adults living with complex mental illness under the age of 30 who have joined the SANE Peer Ambassador program</li> </ul>	<ul style="list-style-type: none"> <li>15 young adults living with complex mental illness under the age of 30 have joined the SANE Peer Ambassador program</li> </ul>	<ul style="list-style-type: none"> <li>10 young adults living with complex mental illness under the age of 30 have joined the SANE Peer Ambassador program (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>12 young adults living with complex mental illness under the age of 30 have joined the SANE Peer Ambassador program</li> </ul>	<ul style="list-style-type: none"> <li>5 young adults living with complex mental illness under the age of 30 have joined the SANE Peer Ambassador Program</li> </ul>
		<ul style="list-style-type: none"> <li># of young adults with complex mental illness have who have been trained to share their story by 30 June 2021.</li> </ul>	<ul style="list-style-type: none"> <li>30 young adults living with complex mental illness have participated in lived experience story-telling, advocacy and content production training workshops training by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>10-20 young adults living with complex mental illness have participated in lived experience story-telling, advocacy and content production training workshops (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>14 young adults living with complex mental illness have participated in lived 2 workshops exploring story-telling, advocacy and content production training</li> </ul>	<ul style="list-style-type: none"> <li>15 young adults living with complex mental illness have participated in lived experience story-telling, advocacy and content production training workshops</li> </ul>
		<ul style="list-style-type: none"> <li># of events or speaking (online and in person) opportunities young adults are involved in</li> </ul>	<ul style="list-style-type: none"> <li>Young adults are involved in 40 events (online and in person) or speaking opportunities by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>Ambassadors have been involved in 5 events or speaking opportunities (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>Young adult ambassadors have been involved in 5 events or speaking opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Young adult ambassadors have been involved in 5 events or speaking opportunities</li> </ul>
Access	<ul style="list-style-type: none"> <li>Young-adult can access appropriate and accessible online peer support and professional mental health services via SANE's Forums, Help Centre and website</li> </ul>	<ul style="list-style-type: none"> <li>Records of content produced &amp; analytics of reach &amp; impact: <ul style="list-style-type: none"> <li>➤ Facebook reach</li> <li>➤ Facebook engaged</li> <li>➤ FB audience</li> <li>gender/age/location</li> <li>➤ Time on page</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>3 integrated phases of co-designed digital content specific to young adults including videos, blogs, ads and other written resources are developed and disseminated with a total of</li> </ul>	<ul style="list-style-type: none"> <li>A second integrated phase generating 15 pieces of co-designed digital content are created and disseminated (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>A second integrated phase generating 15 pieces of content was created and disseminated to 559,967 people</li> </ul>	<ul style="list-style-type: none"> <li>A third integrated phase of co-designed digital content generating 20 pieces of content that address mental health literacy and reduce stigma are created</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
		<ul style="list-style-type: none"> <li>➤ Unique page views</li> <li>➤ Clicks to Forums</li> <li>➤ Clicks to Spotlight</li> <li>➤ Clicks to Get Help</li> </ul>	15 pieces of content produced by 30 June 2021			
	<ul style="list-style-type: none"> <li>• Young adults at risk, or experiencing CMI are more willing and able to seek help / access support services</li> </ul>	<ul style="list-style-type: none"> <li>• Service use data Online surveys (eg Annual Forum Survey, Help Centre Snapshot, Website Snapshot)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase of 20% of young adults accessing SANE Help Centre services and resources compared to baseline</li> </ul>	<ul style="list-style-type: none"> <li>• 5% increase in young adults aged 18- 30 accessing SANE Help Centre services and website resources compared to year one (Partially Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• We have seen increases in young adults aged 18- 30 accessing the 1800 SANE Helpline signing up as members to the Forums although visits to the website have remained static and there has been a slight decline in unique visitor to the SANE Forums compared to year one:</li> <li>• 7,549 visitors to sane.org (compared to 7,539 in year one) representing an increase of less than 1%</li> <li>• 1,531 unique visitors to the SANE Forums (compared to 1,665 in year one) representing a decrease of 4%</li> <li>• 195 young adults registered as a member of the SANE Forums (compared to 133 in year one) representing an increase of 19%</li> <li>• 12% of callers to the 1800 helpline (compared to 8% in year one)</li> </ul>	<ul style="list-style-type: none"> <li>• 10% increase in young adults aged 18- 30 accessing SANE Help Centre services and website resources compared to year one</li> </ul>
	<ul style="list-style-type: none"> <li>• SANE Help Centre services are promoted to young adults</li> </ul>		<ul style="list-style-type: none"> <li>• Increase of 10% in young adults from rural and regional areas accessing SANE's resources</li> </ul>	<ul style="list-style-type: none"> <li>• 2% increase young adults from rural and regional areas accessing SANE's</li> </ul>	<ul style="list-style-type: none"> <li>• The proportion of young adults from rural and regional areas accessing SANE's services and</li> </ul>	<ul style="list-style-type: none"> <li>• 5% increase young adults from rural and regional areas accessing SANE's</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
				services and resources compared to year one (Partially Achieved)	resources compared to year one has remained static at 25%.	services and resources compared to year one
	• There is a greater awareness, engagement and participation by young adults in SANE services		• 80% of young adult service users report increased access to relevant, understandable and useful information	• 60% of young adult service users report increased access to relevant, understandable and useful information (Partially Achieved)	• An analysis of data relating to young adult service users access to relevant, understandable and useful information is underway and set to be completed by September 2018.	• 70% of young adult service users report increased access to relevant, understandable and useful information.
			• 80% of young adult service users report increased confidence and capacity to seek help	• 60% of young adult service users report increased confidence and capacity to seek help (Achieved)	• 67% of young adult service users report increased confidence and capacity to seek help	• 70% of young adult service users report increased confidence and capacity to seek help
			• 80% of young adult service users report decreased feelings of stigma/self-stigma	• 60% of young adult service users report decreased feelings of stigma/self-stigma (Partially achieved)	• An analysis of data relating to young adult service users feelings of stigma/self-stigma is underway and set to be completed by September 2018	• 70% of young adult service users report decreased feelings of stigma/self-stigma
			• 80% of young adult service users report increased knowledge and awareness of complex mental illness	• 60% of young adult service users report increased knowledge and awareness of complex mental illness (Achieved)	• 87% of young adult service users report increased knowledge and awareness of complex mental illness	• 70% of young adult service users report increased knowledge and awareness of complex mental illness
			• 80% of young adult service users report increased sense of connectedness	• 60% of young adult service users report increased sense of connectedness (Achieved)	• 68% of young adult service users report increased sense of connectedness	• 70% of young adult service users report increased sense of connectedness
Early Intervention	• SANE Help Centre services provide information to young adults and their family	• Records of content produced & analytics of reach & impact: ➤ Facebook reach	• 3 integrated phases of co-designed digital content specific to young adults including videos, blogs, ads	• A second integrated phase of digital content including 15 pieces of content that address mental health	• A second integrated phase generating 15 pieces of content was created and	• A third integrated phase of co-designed digital content generating 10 pieces of content that address

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
	and friends on pathways to care	<ul style="list-style-type: none"> <li>➤ Facebook engaged</li> <li>➤ FB audience gender/age/location</li> <li>➤ Time on page</li> <li>➤ Unique page views</li> <li>➤ Clicks to Forums</li> <li>➤ Clicks to Spotlight</li> <li>➤ Clicks to Get Help</li> </ul>	and other written resources are developed and disseminated with a total of 15 pieces of content produced by 30 June 2021	literacy and reduce stigma are created (Achieved)	disseminated to 599,967 people	mental health literacy and reduce stigma are created
	<ul style="list-style-type: none"> <li>• SANE Help Centre services educate, de-stigmatise and encourage young adults to access support for their mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Service use data including online surveys (eg annual Forum survey, Help Centre snapshot, website snapshot)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase of 20% of young adults accessing SANE Help Centre services and resources compared to baseline</li> </ul>	<ul style="list-style-type: none"> <li>• 5% increase in young adults aged 18–30 accessing SANE Help Centre services and website resources compared to year one (Partially Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• We have seen increases in young adults aged 18–30 accessing the 1800 SANE Helpline signing up as members to the Forums although visits to the website have remained static and there has been a slight decline in unique visitor to the SANE Forums compared to year one:</li> <li>• 7,549 visitors to sane.org (compared to 7,539 in year one) representing an increase of less than 1%</li> <li>• 1,531 unique visitors to the SANE Forums (compared to 1,665 in year one) representing a decrease of 4%</li> <li>• 195 young adults registered as a member of the SANE Forums (compared to 133 in year one) representing an increase of 19%</li> <li>• 12% of callers to the 1800 helpline (compared to 8% in year one)</li> </ul>	<ul style="list-style-type: none"> <li>• 10% increase in young adults aged 18–30 accessing SANE Help Centre services and website resources compared to year one</li> </ul>

Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
			Increase of 10% in young adults from rural and regional areas accessing SANE's resources	• 2% increase young adults from rural and regional areas accessing SANE's services and resources compared to year one (Partially Achieved)	• The proportion of young adults from rural and regional areas accessing SANE's services and resources compared to year one has remained static at 25%.	• 5% increase young adults from rural and regional areas accessing SANE's services and resources compared to year one
			• 80% of young adult service users report increased access to relevant, understandable and useful information	• 60% of young adult service users report increased access to relevant, understandable and useful information (Partially Achieved)	• An analysis of data relating to young adult service users access to relevant, understandable and useful information is underway and set to be completed by September 2018.	• 70% of young adult service users report increased access to relevant, understandable and useful information.
			• 80% of young adult service users report increased confidence and capacity to seek help	• 60% of young adult service users report increased confidence and capacity to seek help (Achieved)	• 67% of young adult service users report increased confidence and capacity to seek help	• 70% of young adult service users report increased confidence and capacity to seek help
			• 80% of young adult service users report decreased feelings of stigma/self-stigma	• 60% of young adult service users report decreased feelings of stigma/self-stigma (Partially achieved)	• An analysis of data relating to young adult service users feelings of stigma/self-stigma is underway and set to be completed by September 2018	• 70% of young adult service users report decreased feelings of stigma/self-stigma
			<ul style="list-style-type: none"> <li>• 80% of young adult service users report increased knowledge and awareness of complex mental illness</li> <li>• 80% of young adult service users report increased sense of connectedness</li> </ul>	<ul style="list-style-type: none"> <li>• 60% of young adult service users report increased knowledge and awareness of complex mental illness (Achieved)</li> <li>• 60% of young adult service users report increased sense of connectedness (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• 87% of young adult service users report increased knowledge and awareness of complex mental illness</li> <li>• 68% of young adult service users report increased sense of connectedness</li> </ul>	<ul style="list-style-type: none"> <li>• 70% of young adult service users report increased knowledge and awareness of complex mental illness</li> <li>• 70% of young adult service users report increased sense of connectedness</li> </ul>



Change Lever	Objective	Metrics	Target – Full Project	Target – Year 2	Actual delivery – Year 2	Target – Year 3
Participation	<ul style="list-style-type: none"> <li>• SANE's online community is inclusive of young adults affected by CMI</li> </ul>	<ul style="list-style-type: none"> <li>• Online community index</li> </ul>	<ul style="list-style-type: none"> <li>• Online community index maintained at 730</li> </ul>	<ul style="list-style-type: none"> <li>• The Online Community Health Index is maintained at 730 (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• The online community index was maintained at 740</li> </ul>	<ul style="list-style-type: none"> <li>• The Online Community Index is maintained at 730</li> </ul>
	<ul style="list-style-type: none"> <li>• Young adults are less isolated and more connected due to their involvement in SANE's online community events</li> </ul>	<ul style="list-style-type: none"> <li>• Online surveys (eg Annual Forum Survey, Help Centre Snapshot, Website Snapshot)</li> </ul>	<ul style="list-style-type: none"> <li>• 80% of young adult Forums users reporting a higher sense of social connection and peer-support</li> </ul>	<ul style="list-style-type: none"> <li>• 60% of young adult service users report a higher sense of social connection and peer-support. (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• 68% of young adult service users report increased sense of connectedness</li> </ul>	<ul style="list-style-type: none"> <li>• 70% of young adult service users report a higher sense of social connection and peer-support.</li> </ul>
	<ul style="list-style-type: none"> <li>• SANE provides opportunities for young adults to develop their transferable skills via involvement in co-design of the project, review of content, advocacy events with other young adults and advising on SANE's program and service development</li> </ul>	<ul style="list-style-type: none"> <li>• Records of advisory group meetings and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• 10 young adults have joined the project advisory group by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>• 5 young adults have joined the project advisory group by 30 June 2018 (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• 7 young adults have joined the project advisory group by June 2018</li> </ul>	<ul style="list-style-type: none"> <li>• 5 young adults have joined the project advisory group by 30 June 2019</li> </ul>
		<ul style="list-style-type: none"> <li>• Records of workshops</li> </ul>	<ul style="list-style-type: none"> <li>• 30 young adults living with complex mental illness have participated in lived experience story-telling, advocacy and content production training workshops training by 30 June 2021</li> </ul>	<ul style="list-style-type: none"> <li>• Pre and Post feedback from Young Ambassadors indicates increased sense of connection and peer support, growth in transferable skills, and confidence. (Achieved)</li> </ul>	<ul style="list-style-type: none"> <li>• 21% of Young Ambassadors indicated an increased sense of connection</li> <li>• 100% of Young Ambassadors indicate growth in transferable skills, and confidence.</li> </ul>	<ul style="list-style-type: none"> <li>• 50% of Young Ambassadors indicated an increased sense of connection</li> <li>• 100% of Young Ambassadors indicate growth in transferable skills, and confidence.</li> </ul>

## Overall Performance assessment:

Change Lever	Assessment	Comments
Evidence	Below   <b>At</b>   Exceeding target	We are on track to contribute to the emerging body of research that examines the effectiveness of digital mental health services in improving mental health outcomes for young adults via the journal article and two presentations at national conferences. Ongoing service design and delivery continues to be informed by research and we use an evaluation approach and framework that specifically assesses the impact of the 360° Help Centre project activities.
Capability	Below   <b>At</b>   Exceeding target	SANE's capability to achieve the project goals has been supported by a formal partnership with batyr, and ReachOut have been engaged via in 3 online events promoting mental health information and support to young adults. We have working to ensure that SANE's Help Centre and online resources and services address the specific needs of young adults via the delivery of 2 co-design workshops engaging 21 young adults about their experiences of and suggestions for mental health services and will use this data to inform the implementation of changes to SANE's services in year three.
Agency	Below   <b>At</b>   Exceeding target	We are ensuring that resources produced are suitable and appropriate for young adults who have been consulted as part of their design and development through a second integrated phase generating 15 pieces of content disseminated to 599,967 people. This has led to increase in young adults accessing SANE's helpline and joining the SANE Forums. We have also increased the agency of young adults by involving them in skills workshops, public speaking, facilitation and advocacy opportunities throughout year two.
Access	Below   <b>At</b>   Exceeding target	The co-designed content created has helped to ensure that young-adults can access appropriate and accessible online peer support and professional mental health services via SANE's Forums, Help Centre and website.
Early Intervention	Below   <b>At</b>   Exceeding target	Early intervention has been achieved via the promotion of content that directly links young adults to authoritative information and help seeking options via SANE's Helpline, email, chat, website and Forums services. The nature of the co-designed content and wide dissemination via social media ensured that we targeted young adults both at risk of mental health difficulties and those already experiencing symptoms.
Participation	Below   <b>At</b>   Exceeding target	The 360° project has provided numerous opportunities for real engagement and participation via co-design of self-generated content, in the Project Advisory Group, skill development workshops and though direct advocacy event with decision makers. These experiences have boosted confidence, knowledge of complex mental illness and skill development in advocacy and story-telling for the Young Ambassadors who took part.

Status against plan for implementation:

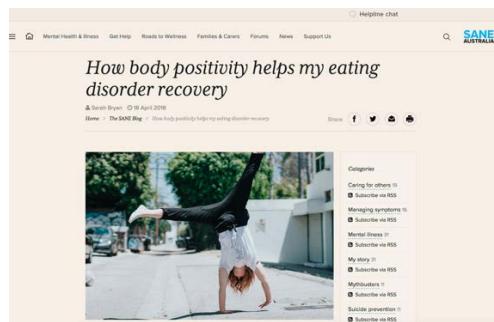
**On track** | At risk | Off track

Status against targeted project outcomes:

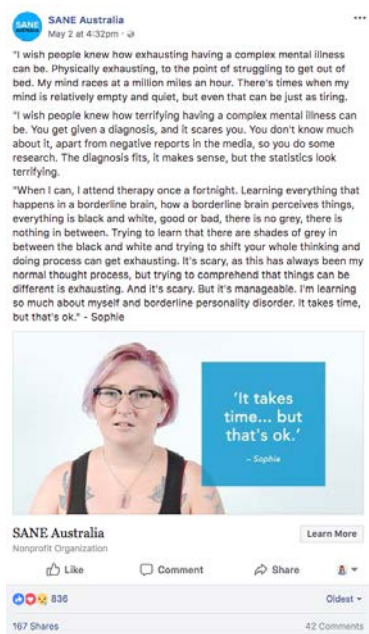
Below | **At** | Exceeding target

## Appendix 1 – Selected Examples of Content Produced

1) Blog post – promoted 18<sup>th</sup> April. [Link](#)



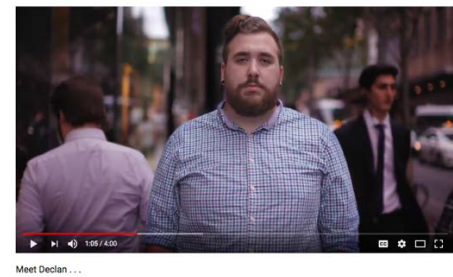
2) First person Facebook vignette - promoted 2<sup>nd</sup> May 2018. [Link](#).



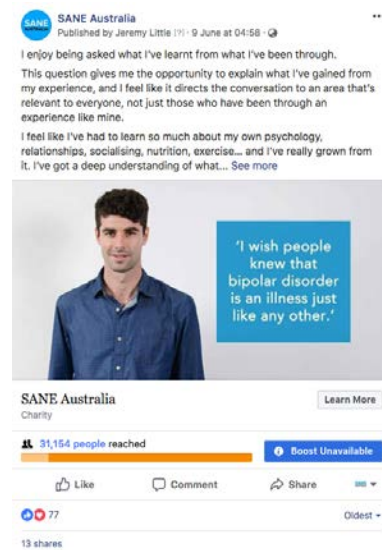
3) Blog post – promoted 4<sup>th</sup> May 2018. [Link](#)



4) Storytelling video – promoted Monday 21<sup>st</sup> May. [Link](#)



5) First person Facebook vignette - promoted 9 June 2018. [Link](#)



6) Spotlight on young adults. [Link](#)

