



Designing a new Model of Care for Youth Mental Health

Workshop report 27th October 2021

1



Think Human
Strategy. Dialogue. Design.

Work undertaken



1. Workshop #1: describing the vision for thriving youth mental health, the threats and supports to youth mental health and rapid ideation of the system of the future
2. Synthesis of themes emerging from workshop 1
3. Workshop #2: developing design principles for the new model of care and rapid design of elements of a new model

Workshop summaries

Workshop 1

1. Visioning exercise to describe ideal state for thriving youth mental health in the future.
2. Rapid exercise to map the threats and supports to Youth mental health across levels of the 'system'
3. Ideation: Designing a youth-centred model of care
4. Drafting design principles

Workshop 2

1. Building on discussions from workshop #1, developing a set of guiding principles for designing the model of care.
2. Designing the Young person's journey to thriving mental health. Across the stages in the young person's journey, explore what good outcomes look like at each stage and how each stage links to the next. What happens / what are young people's desired outcomes/ undesired outcomes / describe key moments, key players, key system elements
3. Describing the overarching narrative of a youth-centric model of care
4. Respond to key 'How might we' design challenges (see slide 4)

Design challenges for the model of care: 'How might we...?'



The questions below were created in workshop one as a set of key questions that need to be answered in designing a new model of care, to ensure it is fit for purpose and young-person centric.

Support & context

- How might we ensure the young person is supported by the people they choose?
- How might we draw on a young person's existing networks and connections?

Culturally Inclusive and statewide

- How might we ensure it is a culturally sensitive & responsive model of care?
- How might we ensure the model of care supports regional and remote young people?

Easy to access

- How might we ensure the burden of proof is genuinely lifted from young people accessing support?
- How might we make sure there is genuinely 'no wrong door'?

Pathways & transitions

- How might we make sure there are genuine pathways for young people?
- How might we make sure young people can transition out of the system?

YP & family voice

- How might we ensure parents are supported and involved appropriately?
- How might we ensure young people's wishes are genuinely at the centre?

System-wide approach

- How might we take a system-wide approach to developing and delivering the model of care?

Workshop #1

Key elements of the vision for thriving youth mental health

- Young people are achieving their maximum potential
- Young people are genuinely connected, with a strong sense of belonging and inclusion
- Young people have high levels of mental health literacy
- Mental health is normalised and there is no stigma attached to seeking support
- Mental health services are designed as a wellbeing rather than clinical model
- Young people have key support at critical points in their development and their journey
e.g. transition points
- Young people are seen holistically and are able to see themselves holistically

Workshop #1

Key elements of the youth mental health model of care

- Needs-based, not diagnosis-based
- Enables different, individualised trajectories - with young person enabled to exercise agency/choice
- Developmentally attuned and family-oriented
- Young person is actively involved, at the centre
- Able to hold lifelong conditions and 'let go' of cure when appropriate - shifting definitions of success
- Multi-modal and accessible
- Culturally sensitive and responsive
- Early intervention and built on hope and optimism
- Future focused to offer support for what lies ahead
- Enable peer connections
- Genuinely joined up services with partnerships working towards aligned outcomes

Workshop #1/2

Key design principles to guide the design of the Youth Mental Health Model of Care

These principles were developed across both workshops as key criteria in making design decisions for the Model of Care.

- **Young people's needs at the centre of the model**, before everything else
- **Young person-led and clinician-guided**: Young people are determining the pathway of care
- **Transition, not transfer**: young person would experience a seamless journey through and between services
- **Prioritise the young person's aspiration**: processes and decisions should work backwards from their goals
- **Draw on the past to help us move forward**: up-cycle what has worked, refresh and draw from experience, but always with future focus
- **Enable collaboration and agility in service models and staff practice**: giving priority to co-location, practice that reinforces and enables joined-up working and cross-agency collaboration

Workshop #1/2

Key design principles to guide the design of the Youth Mental Health Model of Care

Examples of how the design principles can be used are included in slides 9-14. The suggested questions should be considered indicative, as an example of how questions can be used to hold the design of the Model of Care true to the principles in an iterative way, rather than designing the Model of Care first to retrospectively check it against the principles.

The suggested questions may require further work internally to align with the key systemic challenges in designing the new Model of Care in line with these principles.

Principle #1: Young people's needs at the centre of the model, before everything else



As the Model of Care is designed, ask key questions of different proposed draft model(s) to ensure the best alignment with the design principles. For example:

Does this draft model:

- enable us to hear and understand the young person's needs?
- give greater priority to anything else, over the young persons needs?
- keep the young person's needs at the centre, throughout the journey and at different transition points?
- provide mechanisms to 'course-correct' if the young person's needs are no longer at the centre?

Principle #2: Young person-led and clinician-guided



As the Model of Care is designed, ask key questions of different proposed draft model(s) to ensure the best alignment with the design principles. For example:

Does this draft model:

- enable the young person to voice their preferences for next steps?
- increase the young person's sense of agency over decision-making?
- support a positive relationship and partnership between young person and clinician?
- provide mechanisms to resolve if the young person's wishes and the clinician's advice conflict?

Principle #3: Transition, not transfer



As the Model of Care is designed, ask key questions of different proposed draft model(s) to ensure the best alignment with the design principles. For example:

Does this draft model:

- ensure no young person is 'dropped' at a transition point?
- ensure the young person has consistent & continuous connection to a known person in the Mental Health system?
- support the building of new positive relationships between young person and clinician as their journey progresses?

Principle #4: Prioritise the young person's aspiration



As the Model of Care is designed, ask key questions of different proposed draft model(s) to ensure the best alignment with the design principles. For example:

Does this draft model:

- enable a young person to voice their aspirations, and refine them over time?
- support the dignity of risk in enabling the young person to make informed choices about their direction and aspiration?
- provide easy, positive pathways back into support if required?

Principle #5: Draw on the past to help us move forward



As the Model of Care is designed, ask key questions of different proposed draft model(s) to ensure the best alignment with the design principles. For example:

Does this draft model:

- build on what we know is working well?
- address the key challenges we can see in the current system?
- draw on the voice of lived experience in how the system has helped and hindered young people in the past?
- keep us stretching towards our vision (cf Slide 5)?

Principle #6: Enable collaboration and agility in service models and staff practice



As the Model of Care is designed, ask key questions of different proposed draft model(s) to ensure the best alignment with the design principles. For example:

Does this draft model:

- make it easier to work across agencies for the benefit of the young person?
- make it easier to work in multi-disciplinary teams for the benefit of the young person?
- make it easier to deliver timely services & respond quickly to the young person's needs?
- pay attention to points of handover and transition to ensure a smooth pathway for the young person?

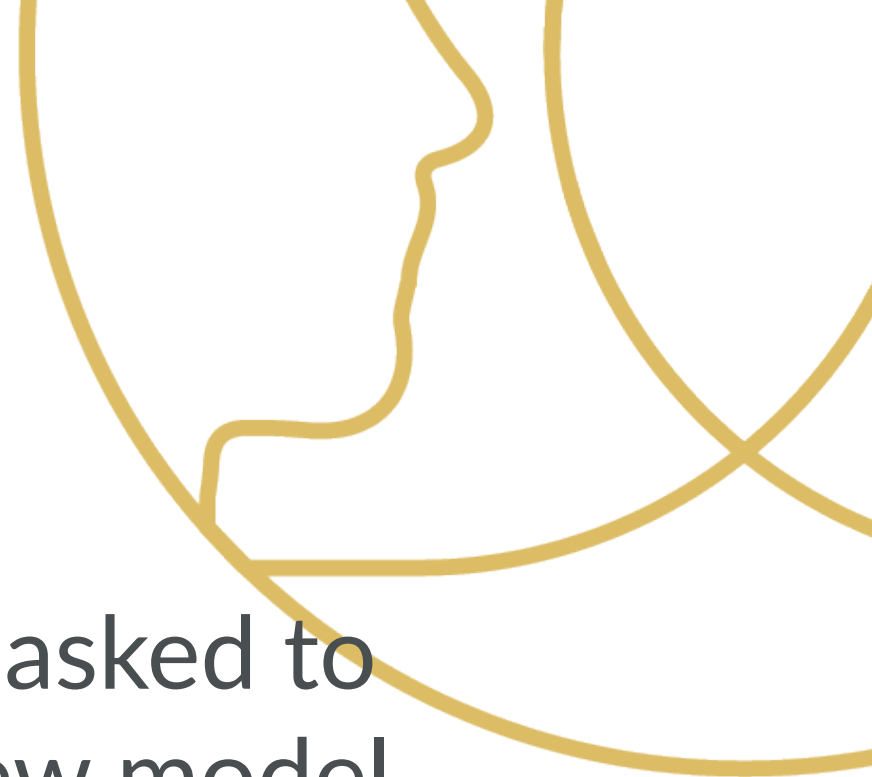
Youth mental health model of care: overarching narrative



The following narrative was developed in workshop 2 as the summary of each stage of the young persons journey. Please note that this was a rapid exercise and as such is a starting point to create a cohesive narrative that drives the design of the model of care. Stage 1 narrative was created post-hoc following subsequent conversations with OCP.

Stage 1: Young person recognises they need support	A young person experiences mental distress. They may or may not recognise this as distress, but all is not OK. They may or may not have support to reach out for help, or know where or how to get help, nor even if help is required, with potential to discount their experiences as 'normal'. The settings where a young person is when they experience distress are supportive and make it easier to recognise the need for help and reach out for it, or be offered it.
Stage 2: First contact with the Mental health system	When a young person and/or their family supports reach out they are heard, validated, given hope and guidance and are accepted for services quickly to respond to the perceived need Young person: "It was easy to find. I feel welcome and safe, listened to and heard." There is a sense of collaboration and connection between all the key players, with young people able to find the right place and get the information they need. Young people and/or family supports feel glad they reached out and understand what the options are for them to get support.
Stage 3: Accessing and tailoring services and supports	Young person: "Getting help was easy. I feel safer now, and supported." Accessing services helps young people feel safe in the present and hopeful for the future. The model of care enables workers to keep listening to the young person and building on their story incrementally to provide tailored support appropriate to their age, stage, previous pathway and future goals. Key players collaborate so the wealth of knowledge can be accessed to support better therapeutic pathways, There is an acknowledgment that therapy and recovery are not linear and the model of care enables at options, recognising that the right support is more important than diagnosis.
Stage 5: Leaving services, or transitioning to other services	When the time comes for a young person to leave or transition to a new service they are supported and have a framework in place: to feel <i>confident</i> and <i>capable</i> of tackling their next steps; to feel <i>knowledgable</i> and <i>comfortable</i> about their needs, service options and transition processes; and feel satisfied and positive about their journey thus far, and empowered to continue their journey in the direction of their choosing.

Youth mental health model of care: stages



The following eight slides contain the data created in workshop 2, where participants were asked to map out the stages in the young person's journey and what ideally would be in place in a new model of care. The first slide for each stage reflects the data captured in the workshop, with edits to structure and layout to improve readability and logic. This includes where participants described an action, key moment, desired or undesired outcome but had not described the immediate system response; Think Human has attempted to draw from elsewhere in the participant responses, including from the ideation exercise carried out in workshop one, to describe a system response.

The second slide for each stage provides a summary, as suggested by Think Human, of some key 'takeaways' from these discussions to apply to the new model of care.

These summaries should be considered as indicative only; Think Human recommends that subject matter experts review the workshop data that precedes each summary slide and consider what key messages they glean to apply to the model of care design.

Finally, it should be noted that Stage 3 is an amalgamation of stages 3&4 as presented in the workshop due to significant overlap in content.

Stage 1: The young person recognises their need for support

Storyline	A young person experiences mental distress. They may or may not recognise this as distress, but all is not OK. They may or may not have support to reach out for help, or know where or how to get help, nor even if help is required, with potential to discount their experiences as 'normal'.	
	What is happening?	Model of care characteristics to respond
Young person feelings	1. Distress 2. May feel expectations or anxiety put on them intentionally or unintentionally by others or by self. 3. Pressure to 'just go in and get better'	1. Model of care needs to lessen distress and pressure from first point of contact - including outreach materials and messaging conveyed by other partners outside the direct mental health system 2. & 3. Create a sense of pathways and partnership from the outset, to manage expectations of 'quick fix'
Young person actions	1. Young person may not want to seek support as they are afraid of losing autonomy - model of care 2. Young person may not recognise need or be supported to reach out for help	1. Branding and information that makes clear that young people are in charge and will retain - and build - autonomy / 2. Education and promotion in early years and in other settings (e.g. education & community) to improve prevention and early intervention
Key connections and partners	Parents / Friends / Teachers / Sports coaches / youth services / GPs	Young person defines who their key supports are and receive support from the system to manage those who are not their supports of choice but of necessity & who may have differing desired outcomes (e.g. parents). requires clarity of language to define roles e.g. carer / support person / significant person / nominee
Key moments	1. First awareness of distress or need 2. Initial conversations about distress or need 3. Initial conversations with family/carers	1. Accessible online presence - 'just Google it' 2. Trained staff within community and educational settings who can smooth the pathway to support and provide reassurance. Community social hub model where people can safely access information, advice and support without any entry criteria. Focus on wellness. Embed support services where young people are: sports clubs, faith based organisations, schools, tertiary education settings 3. Trained staff to provide reassurance and support to anxious family/carers e.g. adult sensitivity training; education and awareness for 'support people' of pathways for young people
Young people want...	1. to feel safe, validated and heard 2. to have options 3. to be able to access support for as long as they feel they need it 4. to feel better	1. Highly skilled professionals at front-end of service provision, offering consistent compassion 2. Clear pathways, clearly explained and differentiated, with support for decision-making 3. Flexible end points and smooth transitions between services and into adult services 4. Preventive health support to stay outside formal mental health services if possible 5. Governance model that supports community-based mental health support
Young people do not want...	1. To feel different to their peers for seeking mental health support 2. to feel judged or stigmatised 3. to face a financial barrier to pursuing support 4. to feel worse	1. Community education and awareness raising from highly skilled, empathetic communicators 2. Discreet access to information and advice, including online, 24 hour and early years focus on normalising mental health. Private mental health settings. 3. Adequately resourced public health services to meet community youth mental health needs

Stage 1 summary

Key qualities of the system	Key elements for Model of Care design
• Warm and approachable • Normalising mental health questions and concerns • Sense of safety • Integrated with other services	• Multi-channel outreach channels - including easy to access online information and pathways • Connections with other agencies and supports in a young person's life • Strong community presence • Supporting increased mental health literacy

Stage 2: young person's first contact with mental health system

Storyline	There is a sense of collaboration and connection between all the key players, with young people able to find the right place and get the information they need. Young people and/or family supports feel glad they reached out and understand what the options are for them to get support.	
	What is happening?	Model of care characteristics to respond
Young person feelings	1. Distress & nervousness 2. Wants to feel safe and heard	1. Highly skilled professionals, embedded within systems and services that young people already access e.g. school, community setting. Increased health literacy throughout community about mental health to reduce stigma, and targeting key professionals e.g. educators. Focus on developing peer literacy on emerging mental health needs to ensure support is sought early. 2. Remove requirement for burden of proof.
Young person actions	1. Young person finds a contact point to discuss options for mental health support 2. Young person has opportunity to share what they want/need 3. Young person tells their story 4. Young person shares who they want included as supports 5. Young person knows what will happen next	1. Multiple access channels to meet varying needs and preferences - phone, social media, in-person, schools / community outreach. 'Walk-in' options that do not require an appointment. Using mobile services to go to the young person, designed with young people to ensure non-stigmatising and approachable. 2. Model of care offers opportunity for conversation alone with clinician, without parents, or with support, according to young persons needs and preferences. System provides highly skilled empathetic professionals at the entry points to support 3. Story is captured and checked back with the young person, with informed consent given to share it in order to provide joined up support & avoid retelling 4. Assess, as needed. Consider how much is required up front & co-design treatment plan and pathway with the young person 5. Pathways and options are described and documented, and given to the young person in written/visual form for future reference and for ease of navigation.
Key connections and partners	Parents / Friends / Teachers / NGOs / youth services / GPs / kids helpline / Centrelink / Housing / disability services / Emergency departments	Young person defines who their key supports are and that is respected by the system, whilst supporting other key players who may also be experiencing distress (e.g. parents/carers). All players in the system and surrounding systems are trained and skilled to support the young person. Opportunities for self-referral, without need to disclose to support people in order to seek support.
Key moments	1. First attempt to find support - self-directed research by YP or family/friends 2. First telephone contact to book appointment (<i>n.b. suspect most YP do not see a phone call as 'first choice' communication channel</i>) 3. First face to face contact	1. Information available at multiple points. Priority to easy to access, safe online information 2. Model of care is designed to respond to young people's communication preferences & native channels (<i>e.g. social media - requires research with YP to determine this. First port of call may be Commissioner for CYP re existing research?</i>) 3. Highly skilled professionals at point of entry, with strong interpersonal and empathetic communication skills 4. Options for and easy access to peer supports from the very first contact
Young people want...	1. to feel safe, validated and heard 2. to feel their needs will be met 3. to feel less distressed after making contact	1. Highly skilled professionals at front-end of service provision, offering consistent compassion 2. Provide a sense of hope & reassurance that there is support available 3. Clear information about how to keep in contact, take next steps and who will support them
Young people do not want...	1. to be told they are at the wrong service 2. to be criticised or judged for their choices/lifestyle 3. to lose autonomy or control over decision-making	1. Ensure that there is affirmation that every step forward is the right step, a clearly articulated outcome to every interaction & a supported pathway to the next step 2. Highly skilled professionals document the young person's story, without judgement (<i>bearing out the system design principle: Draw on the past to help us move forward</i>) 3. Clearly documented decisions are signed off by the young person who has autonomy to say no to a particular pathway without that closing off support

Stage 2 summary

Key qualities of the system	Key elements for Model of Care design
• Providing affirmation of young person making contact • Offering hope and reassurance • Open door - to come in and go out • Empathetic and non-judgemental	• Highly-skilled professionals at front-end / first point of contact • Staged assessment - minimal upfront • Ability to capture people's stories and details effectively • Visible & realistic pathways and options • First point of contact priority for follow-up / keeping young person connected • Options for self-referral • Peer supports • Young person as active co-designer of care and pathways

Stage 3: young person is accessing & tailoring services

Storyline	Accessing services helps young people feel safe in the present and hopeful for the future. The model of care enables workers to keep listening to the young person and building on their story incrementally to provide tailored support appropriate to their age, stage, previous pathway and future goals. Key players collaborate so the wealth of knowledge can be accessed to support better therapeutic pathways, There is an acknowledgment that therapy and recovery are not linear and the model of care enables options, recognising that the right support is more important than diagnosis.	
	What is happening?	Model of care characteristics to respond
Young person feelings	1. Feeling safe, heard and supported 2. In control and aware of options and next steps 3. Feeling known, and feeling better than they did at the start / without support	1. Regular early check-ins to confirm service suitability to young person's perceived need 2. System allows young person to 'ease in' to support services 3. Leveraging existing health supports where they exists as a pathway to proactive outreach and intervention e.g. perinatal mental health checks
Young person actions	1. Young person accesses support locally 2. Young person accesses suitable support - not just in clinical terms, but also in terms of culture, sexuality and gender, social context etc. 3. Young person can step up support as required, and then step down again 4. Young person can transfer easily to more appropriate services as needs & context change	1. Services are colocated in local centres designed for non-stigmatising, youth-centric service delivery - services have 'relevance' to their life stage. Funded youth centres and hubs. 2. Holistic view of young people in assessment and ongoing service provision. Genuine commitment, from political level down, to work across silos for benefit of young person. 3. Intentional design of handovers and transition points (Design principle: Transition, not transfer) to ensure young people do not fall through cracks or feel abandoned. Crisis services are tailored and equipped for periodic care. 4. Design model of care to minimise need for unnecessary reassessment; at new service entry points take an incremental approach to assessment, building on current knowledge to refine holistic picture of young person.
Key connections and partners	Not just clinical staff - retain connections as appropriate with Parents / Friends / Teachers / NGOs / youth services / GPs / kids helpline / Centrelink / Housing / disability services /Emergency departments / peers	Model of care protects confidentiality & privacy of young person and their decision-making rights whilst working with their support people Colocation of services minimises handovers and silo-ed approaches to maintain consistent support for the young Young person decides who attends services with them - with or without support person. Peer support available for family/carers/support people as well as for young person if desired GPs are integrated into treating team and involved appropriately throughout the young person's journey. True partnership approach and multi-disciplinary teams.
Key moments	1. Points of service intersection and transition 2. Reassessments 3. Moments of escalating need (e.g. suicidal ideation)	1. Service transition points are designed to minimise friction for young people- friction is absorbed at the back end, and minimised through better co-working between services. (<i>opportunity to learn from regional services?</i>) 2. See pt. 4 above 3. Timely responses & immediate options for increased support.
Young people want...	1. to be treated with dignity and respect 2. to have their needs met in a holistic and appropriate way 3. to feel embedded in community and feel they belong 4. to minimise requirement for reassessment 5. to have contact with consistent staff who know them	1. Staff are trained in 'soft skills' as well as clinical skills 2. Model of care responds to whole person, not limited to clinical needs 3. local service provision (see pt 1 above) 4. See pt. 4 above 5. Peer supports sit alongside clinical staff and offer consistency. Staff changes are managed with warm handover and introductions to young person and their needs
Young people do not want...	1. to feel abandoned by the system, particularly at critical moments 2. to be 'priced out' of the services they need 3. to be turned away or lose services because they do not meet the criteria 4. to be criminalised for mental illness	1. Pay attention to the consistency of relationships between young people and clinicians / other service provider 2. Prioritise mental health supports in commissioning and funding decisions 3. Supported exits or transitions, and flexible criteria

Stage 3 summary

Key qualities of the system	Key elements for Model of Care design
• Culturally-responsive and appropriate • Empathetic and non-judgemental • Listening and responsive • Tailored and dynamic • Sense of belonging and safety • Consistency of services and staff	• Peer supports • Intentional design of service transition points to ensure warm transition, not cold transfer • Information transfer to reduce need for retelling of story • Step up and step down service options • Co-located and collaborative services

Stage 4: young person transitions between systems or leaves the system

Storyline	Reduce repetition of storytelling to reduce risk of re-traumatising. Key players collaborate so the wealth of knowledge can be accessed to support better therapeutic pathways, There is an acknowledgment that therapy and recovery are not linear and the model of care enables options, recognising that the right support is more important than diagnosis.	
	What is happening?	Model of care characteristics to respond
Young person feelings	1. Feeling their needs have been met 2. Feeling ready to leave, not rushed out	1. & 2. Exits and transitions are co-designed with young person, with appropriate supports
Young person actions	1. Young person is at centre of decision-making about leaving services or into adult services 2. Young person has full access to their information, their diagnoses and their care plans moving forward 3. Young person is part of designing exit strategy 4. Young person can say farewell to service providers and feels safe and supported as they head to new services / out of services	1. Model of care designed for stepped care and supported handover. Provided options and contacts for best fit for them, and family as appropriate. Care coordination approach to handovers between services. 2. Clear exit process that includes full disclosure and control of information and treatment plans by young person. Model of care promotes informed decision making to empower young person to leave service when they feel ready. 3. Exit process is tailored and modified to suit each young person, co-designed with them. Ongoing check-ins and re-entry points designed in as required. 4. Warm exits from services, as well as warm referrals into new ones. The system honours long-term relationships and enables closure and relationally sensitive endings. Robust information-sharing protocols between services
Key connections and partners	Families / clinicians / community / funding bodies / GPs / psychiatrists / work, school, study / lived experience peers	With integration of GP into care team, this provides ongoing consistency and connection back into services, and opportunity for informal check-ins outside the specialist mental health system.
Key moments	1. Initial engagement regarding exit strategy 2. Saying farewell 3. Handover or exit point	1. Service expectations and young person's needs are routinely reviewed in partnership with the young person to identify changing needs and potential exit points as appropriate. Regular 'check-ins' 2. Intentional design of exit processes paying tuition to long-term relationships of trust & reassurance of possibility to return as required - 'fluid' exit from services 3. Celebration of successes and achievements
Young people want...	1. predictability during transitions and exits 2. agency over own transition 3. possibility of re-entry if required	1. clearly articulated processes and designed pathways for exit from service 2. co-design approach to service transitions 3. System navigation to re-enter services if required, without going back to the start again
Young people do not want...	1. to feel hopeless 2. to have to retell their story from the start 3. to feel disconnected or fall through the gaps in service handovers 4. to 'age out' of key supports	1. Clear pathways ahead beyond current service provision. Key contacts are made with the young person to continue their support, or re-engage as required 2. Robust information-sharing protocols between services to ensure the young person's story is honoured and 'handed over' with their permission 3. Transition support at key transition points between systems 4. Soft exit criteria e.g. age group requirements

Stage 4 summary

Key qualities of the system	Key elements for Model of Care design
• Empathetic and non-judgemental • Compassionate & honouring of long-term relationships and supports • Empowering & enabling • Connected	• Robust information handover systems • Soft exits, with possibility of re-engagement • Clear pathways & options beyond the youth mental health service system • Co-designed pathways with young person

Key enablers of a new model of care



At the end of the second workshop, participants were asked what they saw as the key enablers of the new model of care. Their responses are below:

- Youth leadership positions in the Department of Health and LHNs e.g. youth coalition in every LHN, including advocacy work
- Mechanism of accountability for each LHN to embrace and implement the model
- Bi-partisan political buy-in to drive a new model
- Dedicated youth mental health research to illuminate current service gaps and projected gaps if there is no system change if the youth population grows
- Joint funding streams
- Focus on and commitment to equity of regional access
- Outcomes and evaluation embedded in model

Next steps

These two workshops provided an opportunity for a mixed group of stakeholders to undertake two sprints of work to rapidly develop:

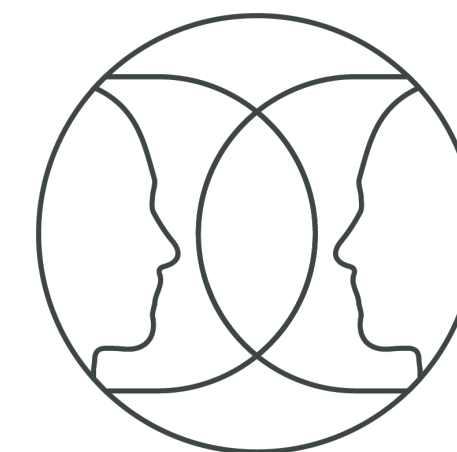
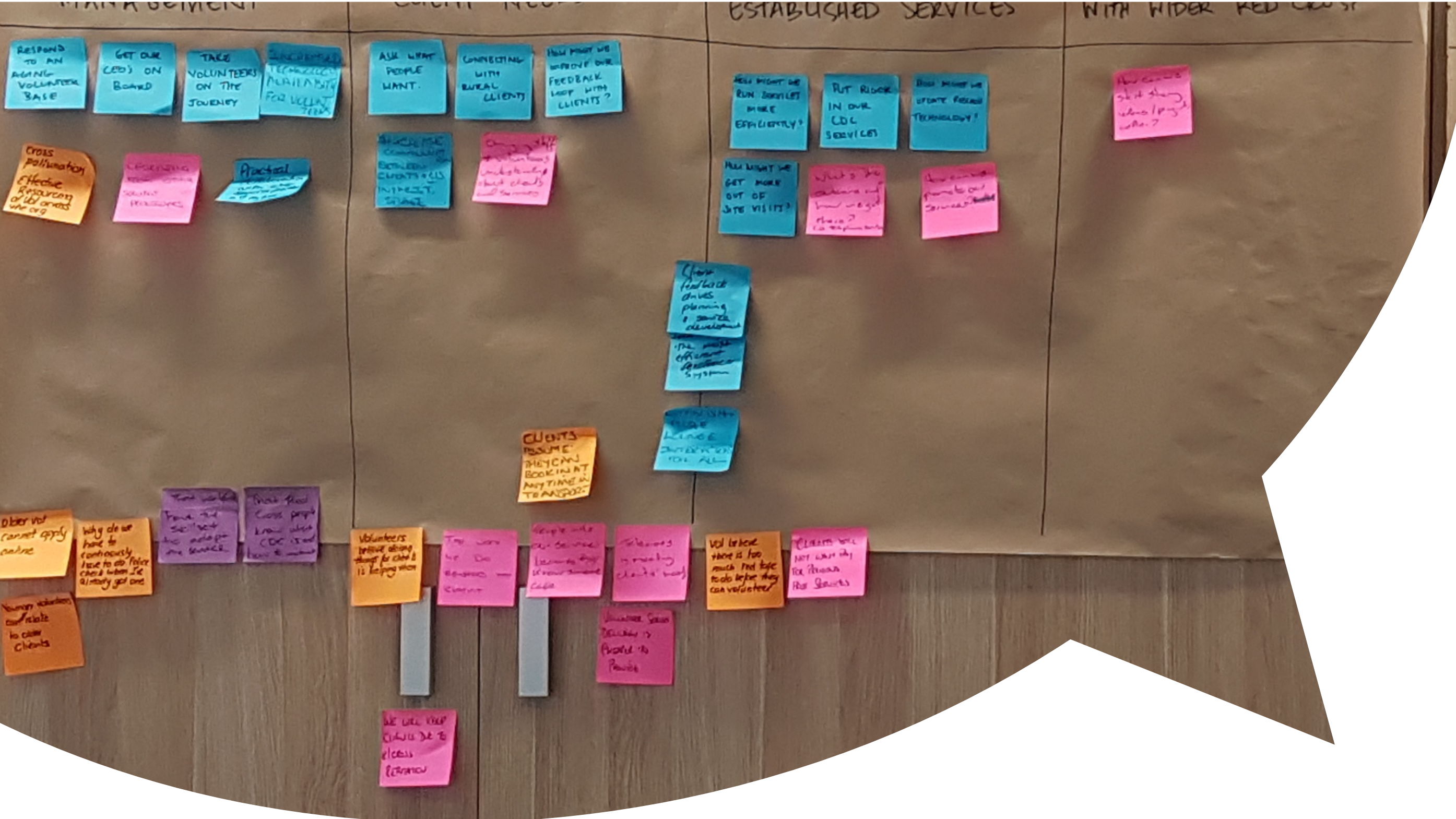
- elements of a draft vision for the future
- draft design principles to guide the development of a model of care for Youth Mental Health
- key design challenges to be addressed
- a description of what needs to happen at each stage in the young person's journey
- key enablers of a successful model of care for youth mental health

The following slide outlines some suggested next steps, as perceived by Think Human, that align with the design principles created by the workshop participants.

It would be our recommendation that the voice of lived experience continues to shape the development of the model of care, to ensure it meets the real needs of young people in ways that are appropriate to them.

Next steps

1. Describe young people's pathways through the system across a range of service user types and needs, including complex mental health needs, Aboriginal mental health, Regional and remote and issues of intersectionality.
2. Use the draft design principles and key characteristics, elements and qualities of the Model of Care at each stage, developed in these workshops, to draft a model of care that responds effectively to these pathways and identify ways to test the model on a small scale (e.g. at a discreet number of dispersed locations, or in one LHN).
3. Pay attention to the interface with other systems and services supporting and engaging young people - education, primary health care, community networks and services, sports clubs etc. and engage them in designing a model of care that draws on these interrelated systems.
4. Apply the principles developed in these workshops in how you move forward, with young people's needs at the centre of the model, being young person-led and clinician-guided. Ideally this would involve ongoing dialogue and co-design between lived experience, clinicians and service planners in finalising the model of care. Within this process the draft principles may be refined as you learn more through applying them.
5. If time and resource do not allow for a detailed co-design process moving forward, the Office for the Chief Psychiatrist may look to undertake more targeted activities with key informants to test discreet elements of the Model of Care for suitability, for example with Aboriginal, culturally and linguistically diverse, regional and rural stakeholders or specific cohorts of clinicians and/or young people.



Think Human
Strategy. Dialogue. Design.

