In and Out:

Co-designed reform of intake and discharge in regional and rural mental health services.

YDAS Final Report

December 2025

Youth Disability Advocacy Service

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YDAS respectfully acknowledges the Aboriginal and Torres Strait Islander people of this continent. We respectfully acknowledge the traditional custodians of the Aboriginal nations within Victoria where our work takes place, and we pay our respects to Elders past and present. Bunjil's lore states that those who walk on this land must care for the Country and waterways as well as care for the children and young people. This always was and always will be Aboriginal land.

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In and Out Executive Summary

In 2024 to 2025, YDAS and YACVic Rural used co-design to try and improve intake and discharge for disabled young people in the mental health system.

We worked with

- 10 disabled young rural and regional co-designers with lived experience of the mental health system.
- 14 regional and rural mental health services.
- 78 regional and rural mental health workers.
- Including headspace, Wellways, drug and alcohol, and youth services across Warrnambool and Swan Hill.

We co-created a

- Full report and pull-out executive summary.
- Booklet outline that supports disabled young people and workers before, during and after a stay in a mental health service.
- Booklet prototype to demonstrate the final product's potential and design, by Blend Creative.
- "Year 3" plan for full design and implementation of the booklet.

Prototype print version of the In and Out Booklet

Prototype digital version of the in and Out Booklet

Prototype outline of the In and Out Booklet

The problem

Disabled young people in regional and rural Victoria face major barriers accessing mental health services, with poorly designed intake and discharge processes. Complex forms, inaccessible systems, ableism and low disability-inclusion literacy cause harm, re-traumatisation and reduced trust. YDAS and YACVic worked with disabled young people and mental health workers from regional Victoria to redesign these processes through the *In and Out* project, funded by the Department of Health's Diverse Communities Mental Health and Wellbeing Grants program and delivered by a dedicated project team.

What we did

We engaged 10 disabled young rural co-designers with lived experience of the mental health system's intake and discharge processes. Supported by YDAS youth workers, we ran a discovery process to learn about the challenges of the mental health system, then a design process to try and solve the top problems the co-designers identified as important to them. We also sought the input of mental health workers from regional and rural Victoria. They told us about their experiences helping young people and helped validate or add nuance to what our co-designers said.

What we learned

- Consumers have to retell traumatising experiences too often.
- Intake workers are not properly trained in disability inclusion.
- There is a lack of information before a stay, and referrals and follow-up from service providers post-discharge.

The solution

Co-designers determined that a booklet would be the best solution. It should provide disabled young people and workers the information they need to prepare for a stay. This includes rights, privacy, communication, accessibility and what to expect, bringing the unstated or assumed to the surface. Our young co-designers drew from existing YDAS resources to draft an outline of the booklet. This was tested with workers, who again validated and added nuance around design, distribution and implementation, including the challenges they predicted we'd face.

Why we think it will work

Workers said the most valuable parts of the booklet were the practical tools (like access needs, intake and discharge checklists). They want to adapt them to their own services or pull out parts of the booklet for specific use cases. Workers strongly supported helping young people understand their rights, build health literacy, and have more shared decision-making in their care. Workers also acknowledged gaps in their own disability knowledge and wanted training to better support disabled young people.

Workers confirmed what young people had already told us: that mental health systems are confusing, and that clear, accessible information and support to speak up about access and care needs is essential for feeling safe and in control of their care.

Workers validated our ability to deliver this workbook digitally and in-person, with no safety or ethical barriers. Instead, the main barrier was ensuring all the services, especially client facing staff, are given the information, booklet and training to use it effectively in the field.

What happens next

- Please share the report, executive summary, booklet outline and prototypes, and long-term plan with people in and around the sector. We need people to understand what disabled young people need, and workers to see and get value from the project.
- We seek year 3 funding to implement the booklet into the mental health care system and measure its efficacy.

Thank you to

Our disabled young co-designers and the communities in Swan Hill and Warrnambool for sharing their experiences and expertise. Youth Affairs Council Victoria's Rural team, the Victorian Government, and the Youth Disability Advocacy Service project team who made this project what it is.

Overview

Disabled young people face significant barriers in accessing tertiary mental health services and support. The Youth Disability Advocacy Service's consultations, Individual Advocacy service and submission for the recent Disability Royal Commission all highlight how poorly designed mental health intake processes are for disabled people.

This includes complex forms, lack of accommodation for access needs, ableism, and poor disability-inclusion literacy of clinicians. This exacerbates mental ill health, is re-traumatising, and is a barrier to service trust, engagement and effectiveness of treatment.

Meanwhile, poor discharge processes which exclude due consideration for access needs and supports are detrimental to treatment and recovery, increasing the likelihood of re-admission being required.

Youth Disability Advocacy Service and Youth Affairs Council of Victoria are worked alongside ten disabled young regional and rural Victorians to re-design the process of intake and discharge from mental health services. This re-design, named In and Out, is focussed on services within the Southern Mallee and Great South Coast regions.

In and Out is funded by the Department of Health's Diverse Communities Mental Health and Wellbeing Grants program.

The In and Out project was run by the In and Out Project Coordinator, with support from the YDAS Programs Manager, Head of YACVic Rural, YACVic Rural Development Coordinators, YACVic Rural Young Workers, and YDAS Casual Facilitators.

Discovery Process

A team of seven disabled young co-designers, aged 12 to 25 with lived and living experience of accessing the mental healthcare system were recruited to identify key issues the In and Out project will address. This was achieved through a discovery phase of co-design workshops, held from November 2024 to January 2025.

The project was then socialised across the Southern Mallee and Great South Coast from March until May. The key issues highlighted by co-designers were discussed with service providers and members of the workforce on a regional tour to their respective locales in Warrnambool, Swan Hill and surrounds.

The data from this workforce consultation process was presented to the co-designers in the design workshops held in June and July.

In the design workshops, they created a prototype of a resource to be used during intake and discharge.

Afterwards, prototypes were shown to members of the workforce for feedback. This feedback then refined the prototypes for inclusion in a ready-to-use document. This became the In and Out Trial Kit, which ultimately was a booklet and final report.

Co-designers

> *“Participants reflected that participating in co-design processes has helped to give their negative experiences a sense of purpose.”*

The In & Out young co-designer team was comprised of ten disabled young people from regional and rural Victoria.

Co-designers accessed mental health services across Ballarat, Horsham, West Wimmera, Warrnambool, Moorabool, Hepburn and the Macedon Ranges. All young people identified as experiencing psychosocial disability, including being neurodivergent. Four of the young people are also physically and/or intellectually disabled.

Participant age ranges from 16 to 24.

The majority of participants discovered the project through YDAS social media or the Young Leaders program. Other means included word of mouth and recommendations from other organisations.

Motivations for joining the project varied. One of the most common themes reflected in the participant’s expressions of interest was that co-designers wanted to protect other young people from their own traumatic experiences when accessing regional services. This included mitigating systemic ableism and sanism.

The participants' lived experiences are intersectional, including being part of the LGBTQIA+ community, or experiencing family and domestic violence, or having been in out of home care. They felt, thus, that they could offer unique insight into the complexities of barriers to accessing appropriate care from a broader perspective than disability or location on its own. Other participants reflected that participating in previous co-design processes has helped to give their negative experiences a sense of purpose.

The co-designers hold a range of relevant professional and personal experience in the youth and mental health spaces. Some have operated in lived experience consultancy and expert advisory roles. This includes for local, state, and national organisations in youth, mental health, not-for-profit and government sectors. Others are accredited peer workers or are studying qualifications in the community service sector.

Discovery Kit

YDAS In and Out Discovery Kit in PDF format.

Research, reports and other information was gathered about mental health services in the Southern Mallee and Great South Coast, especially about their intake and discharge processes.

This included information and reporting from Lived Experience Australia, Victorian Mental Illness Awareness Council, Sane, and the Victorian Department of Health.

This research was converted into a plain English document for co-designers to consume accessibly, called a Discovery Kit. This helped them to form a deeper and clearer understanding of the services they are trying to improve.

The Discovery Kit includes details of the existing problems within Victoria's mental healthcare system, as identified by the state Government's Royal Commission into Victoria's Mental Health System. It covers challenges faced by young people and consumers, members of the workforce and the system. It grounds co-designers in the key issues.

It clearly defines what mental ill health is, what mental health services are, the varying types and scope of mental health services, and the kinds of services the In and Out project is focussed on reforming.

It also included questions for co-designers to answer, prompting thoughts, queries and potential topics of discussion for the upcoming discovery workshops. The Discovery Kit was sent to co-designers in the weeks prior to the first discovery workshop, alongside an audio version of the material.

Discovery Kit evaluation

The Discovery Kit evaluation survey was conducted via SnapForms.

Most co-designers stated the Kit was easy to understand.

Some feedback reflected the Kit would be more accessible if the layout included less text per page and if wording was more concise.

"[The Discovery Kit] is a bit clunky to read, I think a layout with less text per page would be better."

- De-identified survey response

"There are a lot of words and for someone with ADHD it makes it difficult to focus and read."

- De-identified survey response

Just over half of the co-designers shared they felt they had learned more about the mental health system because of the Discovery Kit.

"It was a very well complied and informative kit. Good job!"

- De-identified survey response

The remainder of young people shared their knowledge had not increased. However, this was found to be reflective of their lived expertise, and prior professional and personal experience in the youth mental health sector.

All co-designers stated they felt prepared and ready to commence the next phase of the project after receiving and reading the Discovery Kit.

> *"Very well written and comprehensive document - thank you so much! Looking forward to getting involved with this project!"*
>
> - De-identified survey response

Discovery workshops

After co-designers were given time to read and respond to the questions included in the discovery kit, they attended five discovery workshops. These co-design sessions were held for three hours each, online via Zoom, from November 2024 to January 2025. Sessions, conversations and transcripts were recorded with co-designer permission. Further data was collected through notation and interactive presentation software Mentimeter.

Sessions were facilitated by the In and Out Project Coordinator, Programs Manager, and casual facilitators trained in mental health first aid.

Co-designers unable to attend online sessions were offered and paid for alternative means of participation, including worksheets.

At the end of each workshop, facilitators followed a formal debriefing process to evaluate the effectiveness of each session, whilst also embedding the opportunity to express any child safety or wellbeing concerns. There were opportunities for co-designers to provide feedback throughout the discovery process, including through evaluation surveys for the discovery kit and at the end of the discovery phase workshops.

Workshop structure

1. **Welcome:** introductions and discovery kit reflections.
2. **Intake:** what do good and bad experiences look, feel, sound like?

3. **Discharge:** what do good and bad experiences look, feel, sound like?
4. **Solvable problems:** what are they, and how do they apply to In and Out?
5. **Discussion and voting:** which solvable problems will In and Out design solutions for?

Discovery workshops were structured to ground co-designers in a safe, inclusive environment where they could feel comfortable to share their lived experience of the mental health system with facilitators and other members of the group. This was achieved through the establishment of a group agreement, content warnings, as well as stating child safety procedure and how to share lived expertise safely. The lived experience of the YDAS staff was also shared to help co-designers feel that peers, representation and understanding were important to the project.

Initial sessions focussed on mapping co-designer understanding of the discovery kit and the In and Out project. It also gauged their understanding of, and engagement with, existing services and programs across regional and metropolitan Victoria, with focus on the Great South Coast and Southern Mallee.

Workshops then used empathy mapping to understand what services and members of the workforce do well, alongside what needs to improve within intake and discharge processes and why. One workshop was dedicated entirely to intake, with another dedicated to the discharge process.

In the final discovery workshops, co-designers were asked to narrow down and vote on which issues were most important to solve within the mental healthcare system, and which were most able to be solved by the In and Out project. The top two issues each for intake and discharge, with the most overlap between importance and solvability, were chosen as the focus points for the design and prototyping phase.

The results are shared later in this report.

Pivot Point

It became evident the issues co-designers voted to solve require lengthy consultation and partnership processes to be developed, standardised and piloted by mental health services in a safe and ethical manner. Due to unforeseen circumstances and delays, this was simply not possible within the project timeline.

For example, if we were to trial a new style of discharge summary, how would a service ensure those in the trial were still receiving the same level of care?

As a result, the initial project deliverables of a pilot program for one intake and one discharge solution were pivoted to a ready-to-use Trial Kit for services and workers to implement independently. To achieve this, the team adjusted the timeline to spend more time showing the results of discovery to mental health service providers and asking how to test these ideas safely and ethically.

Systemic challenges beyond the scope of In and Out.

Co-designer feedback and key issues beyond the scope of the In and Out project will be highlighted later in the project as systemic advocacy opportunities for the Department of Health's Diverse Communities team.

Discovery Workshop evaluation

Co-designers in attendance were readily and consistently engaged with workshop content and questions. The early establishment of an inclusive and friendly environment, a group agreement, informed consent to disclosure of information, and project expectations and context, meant co-designers quickly became comfortable in sharing their knowledge.

Structuring this environment in an online space included providing icebreaker activities, content warnings, and guidelines on how to share lived experience safely. It also included providing various means of communication to suit participant access needs. This included audio, Zoom chat, Mentimeter, alongside email and completion of worksheets when they were unable to attend.

A decline in workshop attendance in early January may result from loss of project momentum, co-designer trust and engagement due to unforeseen disruptions and delays faced in late November. It may also be reflective of temporary changes to participant schedules in the holiday period.

However, it highlights the need to re-evaluate what days and times of the week are most accessible for co-designers to meet. These learnings will be used to re-engage participants during upcoming design workshops in June and July.

Mental Health Service Consultations

The input of the co-designers formed an interim report that covered the above information. We wanted to know how workers felt about the insights gathered. The report and our findings were taken across the Great South Coast and Southern Mallee regions supported by the Programs Manager and the Youth Affairs Council of Victoria's Rural Development Coordinators in Warrnambool and Swan Hill.

Solvable problems identified by the young co-designers were presented to mental health service providers in each region. We sought their input on which solutions are actionable for members of the workforce. We also sought a more comprehensive understanding of the practical, regulatory, and safety requirements involved in trialling service reforms safely.

Who we spoke to

We spoke to a total of 57 mental health workers across both regions.

Warrnambool

Total workers engaged: 17

- Wellways, Mental Health and Wellbeing Hub
- Wellways, Kula Bim (Youth Residential Rehabilitation)
- Brophy Warrnambool
- Headspace Warrnambool
- Western Regional Alcohol and Drug
- Headspace Hamilton, Brophy Hamilton

Swan Hill

Total workers engaged: 40

- Swan Hill Rural City Council
- Headspace Swan Hill
- FLO Specialist Education, Swan Hill College

- Mind over Matter
- Swan Hill District Youth Service Network Meeting
- Wellways Swan Hill

Consultation structure

The In and Out Coordinator worked with the YACVic Rural Development Coordinator from each region to schedule one on one or group interview sessions. The Coordinator then toured in and around Swan Hill and Warrnambool, presenting the interim report and co-designers outputs. The In and Out Coordinator met with workers one on one or in small groups sessions. There was also a large meeting at the Swan Hill District Youth Service Network Meeting, where we used Menti to get lots of input in one hit.

Conversations would then help gauge reactions and seek additional input.

While each conversation was allowed to go where both parties needed, we generally started with the following questions:

- What are the key issues young people are facing in your region?
- What are the barriers to young people accessing mental health or other services in your region? Where are there service gaps?
- If you could wave a magic wand, what would you change or add to the youth and mental health supports here?

The Coordinator took notes and captured information on a Mentimeter survey, then synthesised the conversations into a larger collection of insights.

Menti results from Swan Hill Youth Network input.

What we learned from workers

Mental health workers shared similar themes and concerns to what our co-designers had shared. Workers additionally held a more nuanced and detailed understanding of the constraints of the system they work within. In other words, *why* the shortfalls exist. Their insights matched the information we'd gleaned from the Discovery Kit, about a system stretched beyond its limits, lacking up to date training and practice development, in need of deep reform. Workers were generous and candid, admitting to their own service faults, but at the same time demonstrated a powerful desire to help and support people in need of mental health services. The largest frustration was lacking the resources to help everyone equitably.

1: Workers are operating in "gap-filling mode" because the system has holes.

- Across both regions, workers described having to stretch beyond their formal scope to meet basic needs, because there simply aren't enough services to refer to, or the right type of service isn't available when young people need it.
- In Warrnambool, staff described limited non-clinical options and anxiety about what happens if key funding isn't renewed.

2: Access is being blocked by structural barriers, not just "motivation" or "engagement"

- Workers repeatedly pointed to barriers that sit outside an individual young person's control:
  - poverty and low socioeconomic status
  - family violence
  - unsafe or impractical telehealth options
  - housing insecurity (including young people living in tents)
- In Swan Hill, workers described state border rules limiting access to Victorian services for people "just across the river."
- Some of these issues are larger than mental health reform can cover, such as the broader need for family violence and poverty prevention, but the rigidity of the system and its barriers is within the remit of government reforms.

3: Intake, referral and information-sharing systems are exhausting for both young people and workers.

- A strong pattern is “the story gets told again and again” and forms don’t travel with the young person.
- In Warrnambool, workers described repeated contact attempts, duplicated information, inconsistent intake processes, and other services rejecting release-of-information forms unless their own version is used.
- In Swan Hill we heard about long waits, lengthy intake processes, and frustration with how people move through the system.

4: Workforce capacity is thin, and acute needs are high, so services get used in ways they weren’t designed for.

- Workers described services designed for early intervention being pulled into higher-risk coordination and safety planning, because there’s nowhere else for young people to go.
- Demand pressure and system bottlenecks, including escalation pathways through the emergency department, that can be slow and repeatedly retraumatising.

5: Neurodivergence is a major through-line, and workers are asking for practical support, not judgement.

- Across both regions, workers described autism and ADHD showing up frequently alongside anxiety.
- They also saw other participation barriers occurring alongside disabilities, including school attendance.
- Workers called for disability and neurodiversity training for workers and volunteers. They are concerned about getting it wrong, which is a very human, responsible response in an under-resourced system.
- This mirror broader themes from past YDAS projects, including our Together: Access and Inclusion training, that learned most people do not know what they don’t know, and freeze up or don’t ask, for fear of accidentally humiliating someone.

6: Service trust is fragile, and reputation matters in small communities.

- Workers raised significant community distrust connected to past experiences and perceived gatekeeping. This could tarnish a new worker’s reputation before they’d even started as a legacy of the service they work for.

- In Warrnambool, distrust of CAMHS came through as a major barrier, affecting both young people's willingness to engage and workers' ability to transition people to the right level of care.
    - There is a perception that CAMHS have too high thresholds for accepting a consumer, thus refusing care.
    - Workers said they'd seen young people who were clearly unwell refused care.
    - They felt CAMHS could have a stigma towards neurodivergent young people, trauma histories, alcohol and drug use and emerging personality disorder traits.
- Distrust of these services can have a ripple effect as young people don't use services in the intended order, leaving other community services holding risk beyond their scope.

7: AOD and mental health are tightly linked, but services are still siloed.

- Workers described dual diagnosis of AOD and mental health issues as common and noted how stigma and separation between mental health and AOD creates delays and poorer outcomes.
- Some services explicitly called out siloing as a barrier and raised concerns about emergency responses not being trauma-informed for young people with AOD issues.
- "Huge community-wide issues with AOD" and the pressure that creates for every other service.

8: Workers want solutions that are practical, shareable, and supported by peers.

- There is an appetite for approaches that:
    - reduce duplication,
    - create warm pathways or referrals,
    - and embed peer work more strongly.
- Warrnambool workers explicitly raised the need for a bigger peer workforce.
- In Swan Hill, workers described wanting more walk-ins, more effective triage, and models that avoid young people having to retell their story
- "Make it easier to enter and stay connected."

9: Insights shared by both workers and co-designers.

- Systems and process often mean consumers need to retell traumatising experiences.
- A need for proper, modern training in disability inclusion, including if and how they should ask about disability status and access needs, and how to then support those needs.
- Consumers preferred means of communication are often not respected, as existing processes stymie the chance.
- Workers may assume the goals of someone's care based on their identity, instead of asking about needs and recovery goals.
- If the needs of a consumer are not seen as an emergency in the triaging system, then lack of resources can mean consumers may not receive the care they'd prefer or need.
- Consumers must access the emergency department for care when they would rather see a mental health service in the community.
- Services can't provide specialist care or the right type of care for the consumer when they need it. Or the service has to work beyond its scope to support a person, leaving both exposed to risk.
- Services have long wait times, limited availability, and little to no inpatient beds.

Observations and Trends

Pain Points in the Current Mental Health System

What hasn't worked in the past and present.

1: A breakdown of communication between clinicians, consumers, and services.

- Within intake, the scope of what care services can provide and the length of time a consumer will spend in a service is often not clearly defined or communicated. It can also mean consumers have to retell their lived experience and other personal information to multiple workers and clinicians.

- Within discharge, a lack of warm referrals, outreach and follow-up with consumers post discharge causes consumer distrust, traumatisation, and increases risk of readmission.
- Across both processes, there is a lack of communication and education for consumers on their rights when entering and exiting services.

2: A lack of adequate training, especially in disability inclusion.

- Workers often misunderstand disability, engage in ableist language or hold biases about specific conditions or medications.
- Additionally, there is insufficient support for other diverse and multiply marginalised groups (e.g., LGBTQIA+, BIPOC, migrant and refugee communities.)

3: Stigmatising and traumatising/retraumatising practices.

- Consumers shared that the forced, repeated retelling of their traumatic experiences during intake was itself a cause of traumatisation and service distrust.
- There was also a commonly held confusion and frustration about why services could not seem to review, access or read case notes beforehand, reducing the need to repeat stories.
- Consumers also shared they had experienced use of minimising language from workers and service providers. They also experienced being stereotyped because of their mental health and/or disability.

4: Access barriers

- Access barriers included long wait times and limited availability of services, especially in rural areas. This means many consumers must receive mental health care in metropolitan areas instead and are regularly separated from their support people and families.

- There is also an over-reliance on emergency services and departments as pathways to mental health support, due to community and secondary service gaps.

5: Gaps in the discharge process

- Discharge plans often do not follow the Victorian Chief Psychiatrist's pre-existing guidelines on transfer of care and shared care, as detailed in the Mental Health and Wellbeing Act 2022.
- When shown these guidelines, consumers were surprised they existed and felt they were a good start, a baseline that should be met in the first place. However, there were some adjustments the group would make to how the information should be shared with consumers.
- Consumers also shared they were discharged prematurely, without proper readiness or any establishment of ongoing support, such as warm referrals or post-discharge follow-up.

Needs for an Accessible Mental Health System

An imagined future state.

1: Trauma-Informed and Inclusive Care:

Workers should be trained in trauma, disability, and diversity (LGBTQIA+, BIPOC, neurodivergence), holding empathy and understanding of lived experience at the core of their practice.

"When it comes to my epilepsy, because specialists in one field often are so unaware about any other, it makes me think they're uneducated and biased. It makes me feel like they're not going to be able to empathise with any of my other struggles because of that disability."

- Young co-designer

Intake and discharge processes should not retraumatise or stigmatise, instead work to actively build trust and ongoing rapport with consumers, other service providers and points of referral.

“The best [workers] don’t push you to discuss events over and over, because they understand the impact of trauma and how repeating it can be retraumatising.”

- Young co-designer

2: Accessible and Streamlined Processes:

Paperwork should be minimised and replaced or supplemented by face-to-face interactions with consumers, where appropriate and desired. There needs to be clear and upfront communication about consumer rights, service scope and availability, and what happens next in a consumer’s care.

“I think it would have helped to know [my rights] to be able to advocate for myself.”
- Young co-designer

“In general [services] don't communicate very well. Especially in public services and in Headspace in my experience. Places like that don't really communicate very well to you, like I think they just assume that you understand how government funding works.”
- Young co-designer, from Warrnambool

3: **A Person-Centred Approach**:

Time needs to be spent understanding individual consumer contexts and lives, building trust and rapport with workers and the service. Consumers need to be empowered and informed to have autonomy and control over their goals of care and treatment decisions, wherever possible. Care needs to be holistic, with consideration for all facets of health including mental, physical and social wellbeing.

“I feel like intake workers often don’t understand disability. Some do not understand autism and how to talk about it. Perceptions of what disability ‘looks’ like are often not correct, and when medical professionals spread those perceptions, it makes it harder for disabled people.”

1. Young co-designer

4: Comprehensive and Consistent Support:

Prior to exiting a service, consumers should be provided with warm referrals and options for ongoing follow-up and contact to prevent relapse and readmission.

"There's a lack of properly caring about once someone leaves [a service]. It's like [workers] get [consumers] to the point they're not about to immediately hurt themselves, or they have someone to look after them. But then they just pass them on, a lot of the time they'll just give you the Google search of mental health supports in your area. Clearly, if someone is approaching in distress and needing emergency intake, they need more than that."

- Young co-designer, from Macedon Ranges

"The lack of follow ups and referrals after discharge is really bad. I think I've had a hard time with that, especially."

- Young co-designer, from Warrnambool

5: Peer Support:

Peer workers should be embedded throughout regional areas and services, who can relate to consumer experiences and best understand the systems consumers are accessing from a lived experience perspective.

"I personally would LOVE more peer workers in the regional areas. In my intake experience in Melbourne I had loads of peer workers, and they changed my life!"

- Young co-designer, from Hepburn and Ballarat

6: Adherence to existing Government guidelines:

Services need to follow existing transfer of care and shared care guidelines during discharge planning and processes, as outlined by the Victorian Chief Psychiatrist's guidelines (September 2023).

"In my after-visit summary, I didn't get who my support people were. If I had an appointment, follow up appointment, then they did include it. But I didn't always have one. They included the medication, nothing on admission goals or recovery plans, but they did do a safety plan that included like relapse prevention, and like who to call in a crisis. No incident reports or notes. No next of kin information."

- Young co-designer

7: Specialist services embedded in regional and rural Victoria

Specialist, tertiary mental health services for complex and chronic mental ill health should be embedded throughout regional and rural Victoria.

"Just traveling in general for services is really really difficult. The reason why I couldn't make last week's meeting was because I had to travel 3 hours to get to an appointment. I think that to me is really important."

- Young co-designer, from Warrnambool

Solvable Problems

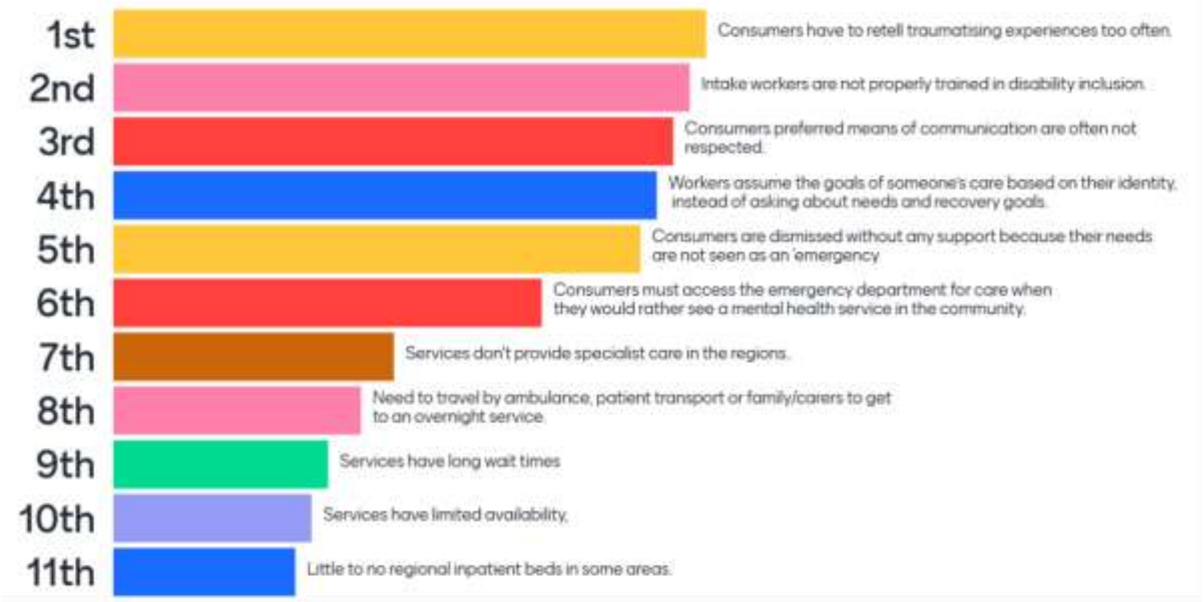
In co-design, solvable problems are issues designers can develop solutions for, with the resources they have and within the project's scope.

Co-designers voted along two axes of priority: most important and most solvable. Important focused on what they felt in their hearts, and for themselves as consumers. Solvable focused on what their heads told them, and what was practical in mental health services and our scope. The group discussed these results and YDAS finalised choices.

Intake

The top two most solvable problems for intake, as voted by co-designers, were:

- **Consumers have to retell traumatising experiences too often.**
- **Intake workers are not properly trained in disability inclusion.**



Discharge

The top two most solvable problems for discharge, as voted by co-designers, were:

- **There is a lack of referrals and follow-up from service providers, post-discharge.**
- **Existing discharge plans and summaries often do not follow the Victorian Chief Psychiatrist's guidelines.**

Design Principles

These principles describe the most important elements of the solution and act as guardrails that keep consumers voices centred.

After consolidating information gathered from co-designers, the core tenets of what solutions must entail were refined into key design principles. These principles will inform the direction of design ideation, conceptualisation, development and prototyping of solutions across co-designer and workforce groups.

2. **Trauma-informed Practice:**

   Solutions must champion trauma-informed practice, aiming to destigmatise mental health and to actively prevent traumatisation of consumers and workers.

3. **Accessibility:**

   Solutions must be accessible to consumers, service providers and the workforce, both physically and attitudinally, with accommodations for all types of disabilities.

4. **Safety and Inclusion:**

   Solutions must cultivate a safe and inclusive environment for everyone, with consideration for the barriers diverse and multi-marginalised groups face.

5. **Proactive follow-up and continuity of care:**

   Solutions must redirect the burden of care placed on consumers to follow-up on their mental health support, placing onus on service providers and the workforce to provide proactive follow-up and continuity of care.

6. **Person-centred and goal-oriented care:**

Solutions must hold the personhood and experience of the consumer at the forefront, aligning with their recovery goals and aims of care wherever possible.

7. **Clear and transparent communication:**

   Solutions must prioritise streamlined, clear communication between members of the workforce, services and consumers, including around service length, scope and capacity.

8. **Peer support and lived expertise integration:**

   Solutions must centre the voices and perspectives of those with lived and living expertise, including consumers, peer support workers and other lived experience practitioners.

Project Opportunities

Discussion with the co-designers and research the team gathered over time revealed opportunities for improvement in the system. Some of these were within the scope of this project and went towards the next phase, while others are useful reflections for the health system and the Mental Health and Wellbeing team in their ongoing reforms.

An integrated care approach to intake and discharge:

- Replace traditional forms of intake and consumer engagement with conversational and trauma-informed approaches, reducing stigma and traumatisation.
- Develop clear, engaging intake guides and training modules for staff.
- Streamline communication processes between services, clinicians, consumers and families so consumer retelling of lived experience is minimised wherever possible.

Expansion of the peer workforce:

- Leverage peer workers within intake and discharge processes across regional and metropolitan Victoria to rebuild service trust and rapport.

Standardisation of discharge practices:

- Create standardised discharge plans that include follow-up calls, warm referrals, and clear instructions for next steps in a consumer's treatment.

Innovative education and training programs:

- Design workshops for the mental health workforce on disability awareness and trauma-informed care, tailoring content to region-specific needs.
- Facilitate education for young consumers on their rights surrounding mental healthcare in the state of Victoria, including the Mental Health and Wellbeing Act 2022 and with specific focus on intake and discharge procedures.

Design Process

Discovery was about spending time uncovering the details of the problem. We asked questions about the problem, and through those questions, we learned how both disabled young people and mental health service workers engage in the problem.

In design, we began asking questions about how to *solve* the problem. Both workers and young people got to learn from each other's input, then make choices about what they felt would work best. We kept it open at first, allowing lots of ideas to surface. Then we applied the lived experience and knowledge in the room to make choices and narrow down the options. We used the real-world constraints that both sides of discussion provided and trusted them to hone their concept into something workable. Then we tested those assumptions over and over. At the end, we had a clear product with a clear purpose, and the necessary awareness of challenges that may arise and the opportunities the product can provide to the whole mental health ecosystem.

Design workshops

After engaging with regional mental health services, the In and Out Coordinator brought our co-designers back for another round of workshops to assist in creating feasible, viable, and desirable solutions equipped to meet the needs of both consumers and the mental health workforce.

The co-designers attended 6 weekly workshops from June 2025 to July 2025. Each workshop was 2 hours in duration.

Sessions, conversations and transcripts were recorded with co-designer permission. Further data was collected through notation and interactive presentation software Mentimeter.

Each session was facilitated by the In and out project coordinator, a young person facilitator and a mental health and child safety support person.

At the end of each workshop, facilitators followed a formal debriefing process to evaluate the effectiveness of each session, whilst also embedding the opportunity to express any child safety or wellbeing concerns. There were opportunities for co-designers to provide feedback throughout the design process, including through weekly evaluation surveys, in group feedback and group reflections.

Workshop structure

The content and focus of each workshop varied week by week but within each we followed a consistent general structure.

1. **Introductions** and icebreakers to reacquaint each other.
2. **Recap** of what we have done in workshops so far.
3. **Workshop core content:** setting up a key question or focus.
4. **Activity:** a Menti or open discussion to gather input.
5. **Check out:** acknowledging the heavy topics and providing ways to debrief, get help or step out of this space.
6. **Evaluation survey:** to measure the effectiveness of the process.

Each week we formatted the workshop with a goal in mind. This may be discussing the key question or coming to an agreement with the group. We also allowed for a stretch goal or additional content in case the group moved through all the content quickly. Stretch goals also helped pre-empt the structure and focus of the workshop for the next week. We used a flexible model, knowing what we needed generally at the start, of the workshops, but allowing room to adjust our agenda week by week. Co-designers were told of this approach so they could trust our guidance, as we knew uncertainty can be a barrier to participation

Weekly workshop focus and topics

Workshop 1

- Project recap.
- Rural tour recap: What we had learned from mental health workers
- Reflections: From co-designers on what they learned from workers
- Outcomes:
    - Co-designers created their own comprehensive group agreement together.
    - Co-designers were generally surprised to hear mental health workers had the same problems and concerns about the mental health system as they did.

Workshop 2

- Workshop 1 recap
- Questions via menti
    - What do you want workers to know about working with disabled young people?
    - What do you wish you knew as a disabled young people before going into mental health service?
    - Who would you want the resource to be focused on?
    - What type of resources would want to create?
- Outcomes:
    - Co-designers shared a large number of ideas in response to each of our questions. They were carefully considered and focused responses which reflect the knowledge and thoughtfulness of the group.

Workshop 3

- Workshop 2 recap
- T-plan activity – We asked co-designers to select an idea either their own or another suggested in the menti to elaborate on using a T-plan format (see the discovery kit for details). We then asked them to present their idea back to the group.
- Outcomes:

    - Each co-designer created their own t-plan with an original idea.
    - The ideas contained similar themes in content and form.

Workshop 4

- Ideas recap - Facilitators grouped the ideas into three common themes: A guide/booklet, video or checklist
- Feasibility activity – Facilitators explained the concept of feasibility. Young people then placed the idea on a feasibility matrix. We asked for feedback on their reasoning.
- Outcome:
    - Using the matrix and in reflection after the activity they agreed that while video may be helpful, creating original video content can be time consuming, requires a high skill level and would be expensive.

Out of 10, (1 = low, 10 = high) rate the effort and impact of each of the ideas:

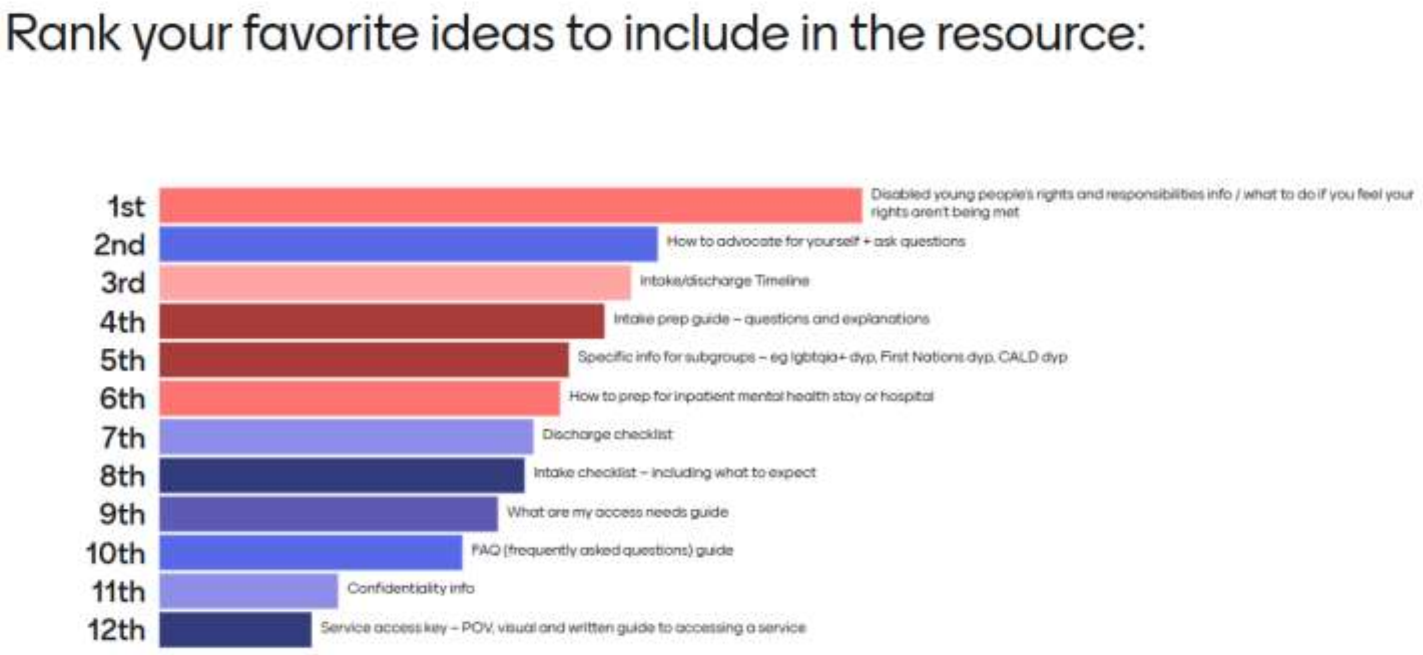
Workshop 5

- Choosing our final idea – based on the feasibility matrix, with discussions among the group.
- Topics activity – facilitators collated all the topics for the resource's content that had been suggested thus far. We asked the young people to vote for the ideas that they would like to spend more time fleshing out as a group.
- Expanding on topics activity – The top 5 topics were then explored together as a group.

- Outcome:
    - A Booklet was chosen as the final idea
    - The group was great at building on each other’s ideas for each of the topics.

Workshop 6

- We re-presented their top 5 topics for adding any additional ideas.



Design workshop evaluation

The group of co-designers were highly engaged, and we had consistent attendance across the six workshops. We noted that the quality of the contributions remained high and consistent regardless of the number of people in attendance.

The majority of the group participated in the prior discovery workshops. Three new young people joined for the design workshops.

The group were excellent at using all the communication options offered from the Zoom chat, Mentimeter and audio/visual format.

An evaluation survey was completed at the conclusion of each workshop.

Across the 6 workshops we got 35 responses to the survey. Over time there were 39 individual attendances. That means a completion rate of 89%. For context, 25%+ is considered excellent as a benchmark.

Across all the questions we asked, none had a negative (Disagree or Strongly Disagree) or even Neutral response. All were positive (Agree or Strongly Agree).

I liked the way workshops were run.

    - Strongly Agree 54%
    - Agree 46%

- I liked the way facilitators worked with me.
    - Strongly Agree 69%
    - Agree 31%
- I liked the way facilitators communicated with me.
    - Strongly Agree 69%
    - Agree 31%
- I liked contributing to the workshops.
    - Strongly Agree 90%
    - Agree 20%
- I understand how my input helped the project.
    - Strongly Agree 66%
    - Agree 34%
- The workshops were the right length of time.
    - Strongly Agree 66%
    - Agree 34%
- The workshops were accessible to me.
    - Strongly Agree 83%
    - Agree 17%

Some suggested changes were:

- Make sure to continue to have breaks after heavy topics and point out beforehand there is a break after (the heavy topic)
- (include a) link to (zoom) meeting in every new email
- After the speaking order maybe having a brief moment for people to add anything that came up

Positive comments included:

- Tonight was great!
- Very much liked the break timing it coincided with when I would usually take a break
- great to be able to contribute in the way that suits me
- Facilitation ran very well, thanks so much!

Final result

The co-designers chose to create a booklet (digital and hard copy) focused on a series of topics. Including:

- Disabled young people's rights and responsibilities
- How to advocate for yourself
- Intake/discharge timeline
- Intake prep guide
- Intersectional identities (Queer, First Nations, Culturally and linguistically diverse)
- How to prep for inpatient mental health stay or hospital visit
- Discharge checklist
- Intake checklist
- What are my Access Needs?
- FAQ (frequently asked questions) guide
- Service Access Key

The booklet is a flexible resource that can be used by young people to advocate for themselves, to be used by services to guide young person care or by people who support young people such as families, carers or support workers.

Each topic can be used as a standalone resource.

A physical and digital resource was prioritised for access reasons.

Prototyping with Mental Health Services

A prototype outline of the booklet as developed by co-designers was presented to mental health service providers. With a much clearer concept, our final step was to take a more realised product to workers and test how this could be deployed in the field, what benefits and challenges it would create, and how workers could envision its implementation.

Who we spoke to

We spoke to a total of 21 mental health and community workers across both regions.

Warrnambool

- Wellways Warrnambool: 3
- Headspace Warrnambool: 6
- Headspace Hamilton: 2
- Warrnambool WRAD (drug and alcohol service): 1

Swan Hill

- Wellways Swan Hill: 3
- Youth Inc/YACVIC/My Plan Connect: 4
- Headspace Swan Hill: 2

The list of interview questions focused on how the resource could be used in workers' respective settings and the challenges to its implementation. The questions were piloted with YDAS staff members who have a background in youth mental health. The questions were then refined with their feedback.

Interview structure

Interview Questions

- **Most Helpful Parts:** *"What parts of the resource do you think are the most helpful or important?*
- **Application in Work:** *"How do you think you could use this resource in your work?*
- **Challenges or Barriers:** *"What are some of the challenges that might make it hard to use this resource in your role or organisation?*
- **Support Needs:** *"What are some ways we could support you to use this resource in a practical way?*
- **Additional FAQ:** *"Is there a question you think we should add to the 'Frequently Asked Questions' section?*
- **Final question:** *"Is there anything else you'd like to share about the resource, or anything we haven't asked that feels important?"*

What we learned from workers

1: Main insights from workers about the booklet.

- **Practical elements:** Workers said they were most interested in the practical elements of the resources such as the intake and discharge checklists, Access Key, social scripts, Access needs template.
- **Customisation:** They were interested in customising the practical elements to their services and young people's needs
- **Mental health inpatient service info:** Many workers expressed a deep need for mental health inpatient information for themselves, young people and the community. They expressed a keen desire to demystify the inpatient experience so young people would feel more comfortable seeking this kind of support.
- **Young people's rights:** Workers consistently expressed they want young people to be aware of their rights and a desire to support them to advocate for themselves both within services and the wider community.
- **Booklet was relevant to all:** Workers frequently expressed that the booklet would be applicable to all their young people or clients regardless of age or disability. This indicates there are wider service delivery gaps around intake and discharge beyond this project's scope.
- **Accessibility and neurodiversity:** There was an interest in exploring the access needs in specific areas of neurodiversity such as Autism and ADHD.
- **Time and effort:** The majority of workers indicated they would be willing to put in the time as individuals and teams to integrate the booklet into their existing processes, adapt the resources or create their own resources using the booklet, such as creating an Access Key.
- **Training:** There was some interest in training around the booklet or disabled young people more widely. Services that had more experience and knowledge about disability were better able to identify knowledge gaps and gaps in the accessibility of service delivery. More trained orgs knew what they didn't know, so to speak.

- **Understanding disable young people's needs:** Workers acknowledged a gap between themselves, their knowledge of disability and understanding what young people wanted from mental health services. They mentioned they didn't know they could ask "Do you have a disability?" or said, "I didn't know that young people wanted us to ask about their access needs".
- **Customising with local young people:** They often mentioned they wanted to collaborate with disabled young people who have used their services to customise the resource *to* their service.
- **Care collaboration:** Workers liked the idea of using the booklet to create greater collaboration with young people on their mental health care. They brought up shared decision making across a variety of areas from meeting their access needs, to privacy and information sharing with support people and services. They emphasised that even discussing basic rights like being able to choose to see another worker or care provider, was important but often missed moment of collaboration.
- **Peer workers:** Workers told us about the importance of the peer workforce to supporting the rights of young people in services and continuing to centre the needs of disabled young people in service delivery.
- **Health literacy and knowing how mental health service work:** Workers frequently identified that young people often have low levels of knowledge about how to access services or what to expect out of an appointment. Workers said it would be very helpful to demystify the process for young people by using the booklet.
- **Young people's disabled identity introduces complexity:** Workers often said they were not sure about young people's ability to self-identify disability or their own access needs. Workers who had a wider understanding of disability could see the distinction between talking about access needs vs. identifying specific disabilities. They suggested young people may not want to self-identify as *disabled* for fear of discrimination, stigma, being deemed "too complex" or not being believed about their access needs. This could be compounded with additional intersecting identities creating additional barriers.

2: Challenges with the booklet and workers' suggested solutions.

- **Too much information:** Workers acknowledged the booklet contains a lot of information that some young people might find overwhelming or difficult to engage with. Workers said that they didn't want to give too much information especially at initial or screening appointments.
  - **Suggested solution:** Workers being able to select relevant resources or pages from the booklet to support existing processes.
- **Too much paperwork:** Workers often have large amounts existing questions and paperwork that must be completed before support can begin. They felt that although important, addressing the paperwork and the booklet at one initial appointment would be too much.
  - **Suggested Solution:** A few services suggested sending a link before the first appointment would be helpful for young people and for workers. Giving young people time to prepare for the first appointment, pre-emptively answer questions and setting clear expectations on both sides.
- **Disability knowledge:** None of the existing services currently (at the time) asked about access needs during intake. Some did have screening questions around disability, for example: "Do you have a disability? Yes/no," but they didn't indicate that this information led to any discussion with the young people about service accessibility.
  - **Suggested Solution:** Practical and hands on training for workers and services on accessibility, emphasising how to ask questions and what to do with the information.
- **Information accessibility:** Workers indicated that accessibility of the information in the booklet was important. They noted they often support people with low literacy skills.
  - **Suggested Solution:** It was important the information be available in Easy English or audio versions.
- **Booklet longevity:** Workers wanted the booklet to be a resource that could continue to be used long term. They mentioned issues like keeping it updated, staff knowledge with staff turnover, continued access of hard copies vs. online copies.

    - **Suggested Solution:** Digital versions are easier to keep up to date and have wider accessibility. A whole of service improvement approach by services would integrate the booklet into staff induction and add disability focused annual reviews to policy and service.
- **Young people self-identifying disability:** Young people not identifying with the label of "disabled" when asked "Do you have a disability?".
    - **Suggested Solution:** Ask about both disability and access needs, separately. Provide examples of access needs so young people know what we mean.

Booklet Trial kit

In and Out has worked with 10 disabled young people and 78 workers from regional mental health services. The project's goal is to improve access, inclusion and safety for regional disabled young people in intake and discharge when staying in a service. The complexities of the mental health system are so vast that co-designers felt they could not feasibly change processes themselves. Instead, it was best to try and better prepare disabled young people for what to expect. TO arm them with knowledge. And in turn, educate workers on how to better accommodate disabled young people. Our co-designers determined that the best way to help is to create a booklet that prepares young people for their stay, and gives them more awareness on their rights, expectations, and how to advocate for them. An outline of the booklet has been vetted by workers and now has a clear path forward.

Prototype print version of the In and Out Booklet

Prototype digital version of the in and Out Booklet

Prototype outline of the In and Out Booklet

We co-created a

- Full report and pull-out executive summary.
- Booklet outline that supports disabled young people and workers before, during and after a stay in a mental health service.
- Booklet prototype to demonstrate the final product's potential and design, by Blend Creative.
- "Year 3" plan for full design and implementation of the booklet.

All mental health services YDAS spoke to for the In and Out project acknowledged that a booklet that prepares young people for intake and discharge would be useful for the disabled young people that they support. The overwhelming majority could identify specific aspects of their intake and discharge procedures where the resources in the booklet would be helpful for their professional practice and their organisational processes.

The initial project plan included a period in which service providers would actively pilot the solutions co-designers and workforce members created. As we developed the concept it became clear a pilot process within services and the workforce could not be completed in a safe, ethical and comprehensive manner within the limited time frame.

As an alternative to piloting solutions, the information and solutions garnered from design workshops and workforce prototyping have been consolidated into a trial kit.

Below is a plan for how, in a subsequent phase of funding and project delivery that we are referring to as "Year 3," the booklet can be co-created and delivered to mental health services and young people.

Using the booklet

Disabled young people and workers can use the booklet prototype and outline now, but with a disclaimer:

> *These resources are a proof of concept. They draw from existing resources, language and imagery designed for different contexts. You are welcome to use them but know that YDAS cannot guarantee they will be effective in the field. We recommend you seek your own advice.*

If you use them, please give us your feedback using this survey.

Plan for Year 3

What needs to be created

The final booklet including content, text, design, art needs to be created, based on the version drafted by the co-designers and included in this report.

Supporting materials that help workers communicate and learn about the booklet, including a poster and templated messaging guide for email, text and websites, and for exchanges from leadership to workers, from workers to clients, from comms to community.

An evaluation survey that a worker and/or young person can fill out. This should be short and easy but aim to capture what did and did not work for the user, as well as any benefits, efficacy or improvements.

How it would be created

The booklet will be codesigned by a small group of disabled young people. The final formatting and graphic design will be completed either internally with the YDAS communications team or by an external designer like Blend, who provided the proof of concept in this report.

Supporting materials will be designed by YDAS then tested and developed with both disabled young people and workers, to make sure it's framed and structured to meet their needs. Production will be finished by the YDAS Communications team or with an external designer.

The evaluation survey will be created by YDAS and integrated into the booklet itself, as well as within the supporting materials for workers.

Traits of the booklet design:

- Both a digital and print copy.
    - The digital version will provide links directly to further resources, and the ability to fill out elements with a digital device and send it to their mental health services if they choose. Workes can then email the booklet to young people in advance of attendance and make it

    available on their websites and social media. Young people can then use it any device they already own.
    - The print version allows a more visible presence in services and community. It can then be placed as front desks and displays, and in community spaces like libraries, hospitals and other spaces young people frequent. This also helps bridge the socioeconomic digital divide and can be more accessible for both workers and young people in the moment.
- The booklet should be modular, so workers are “able to select relevant resources or pages from the booklet to support existing processes.” Being able to clearly distinguish specific sections and print or email them separately or being able to pull out parts of the printed versions.

The best version would be to co-produce the exact text and style direction with 5 disabled young people through co-production workshops, where disabled young people literally write new content and adapt existing YDAS content, sketch thumbnails and page layouts. We would then work with a graphic design partner to develop the final resource. Our Communications team and Programs team would then both digitally and physically hit the pavement, getting the resource into community spaces, mental health services, and anywhere else young people may see it.

The simpler version is to develop the text and style internally, using YDAS staff’s combination of lived experience and professional expertise, then get it designed and printed by a supplier, before delivering it to locations.

The cheapest version is to condense this into a short, sharp project with minimal staffing costs, minimal consultation, that focusses on adapting existing content and handing to the external team to finish.

How it would be trialled

Once the booklet and supporting materials are created, YDAS would engage four partner organisations to trial the booklet. **Formal partnerships** would be struck with four mental health services that have at least one targeted youth service, across two regional local government areas (LGA). These partners would trial the booklet in their services, with support from YDAS.

A partner would receive:

- Digital copies of the booklet (both digital and print versions in case they wish to print themselves)
- Printed physical copies of specific sections of the booklet for partner organisations, e.g. access checklists or about your rights.
- Copies of the supporting materials: printed poster and digital messaging guide.
- Together: Access and Inclusion training to support the staff on best practice, including how to ask questions, how to ask about access needs, and how to then use that information in service.
- 2 to 3 meetings with YDAS staff to discuss the best ways the partner can implement the booklet into their service.

A partner would be expected to meet the following aims:

- **Complete Together training and attend meetings** with YDAS on ways they could incorporate the booklet into their work and on disability and mental health more broadly.
- **Integrate the booklet** into the processes of frontline administration, intake and clinical staff. This would include socialising the booklet with key staff, and placing printed assets in waiting rooms, entrances, wards, etc.
- **Identify a young person** (disabled or not) who is going to have at least an overnight stay and thus will go through an admission/intake and discharge process.
- **Send the young person a digital copy** of the booklet in advance of the young person attending the service to be admitted. Via email and/or text message. Using the supplied language guide for support.
- At least one (1) part of the **booklet to be used** by a worker within a real intake or discharge scenario, either with the young person at the time, or by reading the information the young person sent or provided. This could include asking about access needs and then adjusting the intake or discharge accordingly.
- **The worker filling out an evaluation** describing the interaction and the observed efficacy or suggested improvements of the booklet. The partner can work with YDAS to find the easiest way

to supply this information, for example by relating it over the phone to YDAS, or having a manager fill it out on behalf of the worker.

The more times this loop can be achieved during the trial, the better.

Other recommended but non-essential activities partners can do:

- Mental health services leadership and workers **collaborate with disabled young consumer representatives** on how to incorporate booklet resources into existing intake and discharge procedures.

Additional to the partnerships, YDAS would distribute and disseminate the booklet and associated learning to the broader Victorian community, especially to workers, services and young people related to the mental health system.

- Digital version of booklet available on the YDAS website. Each section, resource or tool, will be available separately to read or download from the website.
- Focus on digital distribution via text, email, website access to organisations and community spaces across Victoria.
- Printed sections of the booklet distributed to other organisations and community spaces in the partner's LGA.
- Initial print runs limited to 50 copies per resource/tool, with reorders on request or at quarterly reviews.
- Aim to get:
    - 50 booklets
    - into 10 locations
    - each across 4 civic centres.
    - So, a total of 40 locations and 2,000 units.
- Two large meetings, events or webinars held for non-partner services within the LGA. These would explain how the booklet was created and how it can work in services, as well as ways to directly access the booklet and begin using it. This should extend reach of the booklet via existing and new networks.
- Supplied physical promotional materials such as posters and staff desktop quick reference guide.

What we hope to learn or see

From a risk management and mitigation standpoint:

- Formalised partnerships with agreements that lock in clear goals and aims, negotiated in good faith, mitigate risk of lack of commitment, follow through, or long-term incorporation into intake and discharge processes. Services said that staff time, resourcing or knowledge was not the biggest factor that prevented similar changes from being implemented. It was simply choosing where to use their time to focus their efforts.
- It is essential for mental health services to listen to and centre the voices of disabled young people. We have repeatedly shown via the codesign process that these are changes that disabled young people want. They want services to include information about disability and rights their practice. Workers often said that they would be happy to implement changes was important to the young people they support wanted in their service provision.

We will create an evaluation process that prioritises low-friction and ease-of-use, recognising that workers and young people have significant demands on their time, energy and cognitive load.

The following are the suggested survey questions, with *for required.

- *Are you a: young person/mental health worker
- *When did you use the booklet/section? Intake/during stay/discharge/other
- *Was the booklet/section easy to use? Y/N – optional: Why?
- *Do you think the booklet make your experience at the service:
    - Safer? Y/N – optional: Why?
    - More accessible? Y/N – optional: Why?
    - Feel more inclusive? Y/N – optional: Why?
- *How did you use the booklet/section? Text entry.
- What did you like about the booklet or your experience? Text entry
- What would make the booklet or your experience better? Text

Examples of positive evaluation outcomes:

- **Statements we are hoping for from young people in their evaluation:**
    - A young person says they learned something new about their rights in the service.
    - They say it gave them a sense of power, control or better understanding of what they were about to do.
    - That they asked for something they might not have overwise.
    - That a worker said something or did something that the young people appreciated, related to the booklet or perceived as new.
- **Statements we are hoping for from workers in their evaluation:**
    - That they learned something new from the booklet or training.
    - That they overcome a fear or hesitation by using the knowledge in the booklet to apply good or new practice.
    - That they recognised a positive change or experience in a young person, compared to past experiences.
    - That they felt more confident in how to ask questions and support a disabled young person and/or their access needs.

How the booklet may be used throughout a service journey:

- **Before first appointment:** Because of the workers having read the booklet and done a Together training, they send an access key and a section of the booklet out to young people before they attend their first appointment in person or online via text or email.
- **Intake appointment:**
    - A worker uses the booklet's intake checklist to structure the appointment.
    - The young person and worker complete the access needs template together.
    - Together they discuss the young person's rights and responsibilities using the booklet resource.
- **During service provision:** Young person experiences a period of acute mental health crisis, and their worker recognises they will need to pass on information about the crisis to their supervisor.

The worker uses the rights and privacy section of the booklet to collaborate on care and decision making with the young person. Worker explains they will need to information share to make sure the young person is safe. Worker helps young person feel safe and supported in crisis.

- **Discharge:**
  - A worker uses discharge template at final appointment or towards end of service, updating the usual process.
  - A young person is provided the booklet or section of the booklet relevant to discharge expectations *before* they are discharged.
  - A young person asks for something of the worker, in relation to their discharge, based on what they learned they should receive in the booklet.

Costs

The following are calculated at 2025-25 financial year rates and would be subject to change, pending CPI increases and up to date information, but give a general guide.

Booklet design

The best version $176,759 over a year. This includes costs for 5 disabled young co-producers, workshops and content creation, and staff costs; a design studio like Blend Creative finishing the materials; and printing and distribution costs.

The simpler version $99,925 over a year. This *excludes* disabled young co-producers and includes internal consultations with disabled staff; staff costs to create the content; a design studio like Blend Creative finishing the materials; and printing and distribution costs.

The cheapest version $62,215 over 6 months. This excludes disabled young co-producers and internal consultation and includes staff costs to create the content; a design studio like Blend Creative finishing the materials; and printing and distribution costs.

Partnerships

Trial with 4 partners would be an additional $182,675 over a year. This includes additional staff time to manage the project and relationships; YACVic Rural time for coordinating regional partners; 6 Together: Access and Inclusion training sessions; funding for 4x partners to support the implementation of the kit in-service; and evaluation activities.

Summary

The In and Out project aimed to identify the needs of disabled young people at intake and discharge from mental health services. Then, to develop a codesigned resource to address those needs. YDAS engaged in this process with disabled young co-designers, who created a booklet covering a wide variety of topics chosen as important to them, and that would be effective in solving the problems identified. We then consulted with workers in youth mental health services to receive feedback on ways to make the booklet practical for workers and the young people they support.

The result is a booklet in outline form, with a proof on concept to demonstrate how it could look after full production, and a plan for how to then roll the booklet out into mental health services and the community. The next step is to share this work with the entire community and our stakeholders. We must secure the means to create the final booklet and pilot it in real world spaces. We can than test its efficacy in making mental health intake and discharge processes more accessible, inclusive and safe for disabled young people.

Thanks

Thank you to our disabled young co-designers (whose name we have withheld for privacy) for their time and expertise they so willing shared about some of the most difficult experiences that have ever had to face. This work is for you and all future young people that go through the system, so they do not have to face the same challenges that you did. Nothing about us without us!

Thank you to the communities in Swan Hill and Warrnambool for sharing their experiences and expertise. Including workers from:

- headspace Swan Hill
- headspace Warrnambool
- headspace Hamilton

- Youth Inc. Swan Hill
- WRAD Health
- Wellways Warrnambool, Kula Bim (Youth Residential Rehabilitation)
- Wellways Swan Hill and Mildura
- My Plan Connect Swan Hill
- Brophy Warrnambool
- Swan Hill Rural City Council
- FLO Specialist Education, Swan Hill College
- Mind over Matter
- Swan Hill District Youth Service Network Meeting

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Mental Health and Wellbeing Act 2022 (Vic).

How VMIAC chose the word Mental Health Consumers (vmiac.org.au)

Statewide and specialist mental health services (Victorian Department of Health)

About Victoria's mental health services (Victorian Department of Health)

What are complex mental health issues? (sane.org)

Royal Commission into Victoria's Mental Health System - final report (Victorian Government)

- Plain Language version of the Summary.pdf
- Easy Read version of the Summary.pdf

Missing Middle Research Reports (Lived Experience Australia)