

In and Out:

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

YDAS Interim Report

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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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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 working alongside eight 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 is 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.

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 is to be socialised across the Southern Mallee and Great South Coast from March until May. The key issues highlighted by co-

designers are to be 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 will be presented to the co-designers in future design workshops, held in June and July.

In these design workshops, they will create and prototype two recommendations, or instruments of change, one for intake and one for discharge.

Afterwards, prototypes will be tested by members of the workforce through means such as roleplay and demonstration, where there will be the opportunity for services to provide critique. This feedback will refine the prototypes for inclusion in a ready-to-use document. This will be known as the In and Out Trial Kit.

The resulting Trial Kit will then be disseminated to local service providers across regional and rural Victoria for independent use.

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 is comprised of seven 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. Three 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.

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.”

- 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

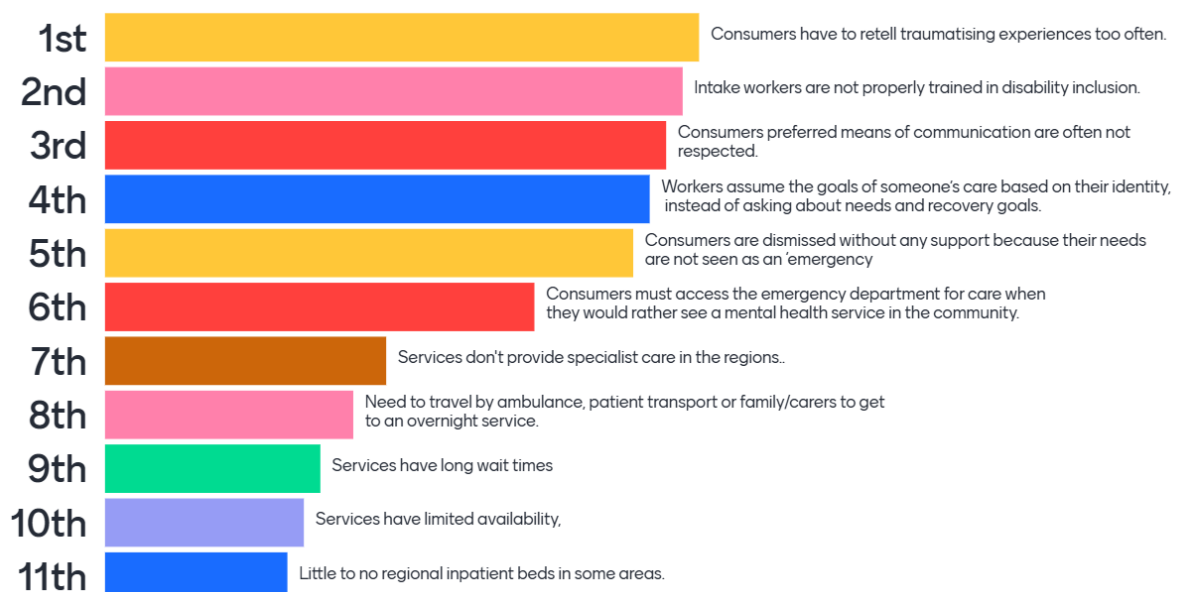
In co-design, solvable problems are issues designers can develop solutions for, with the resources they have and within the project's scope.

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:

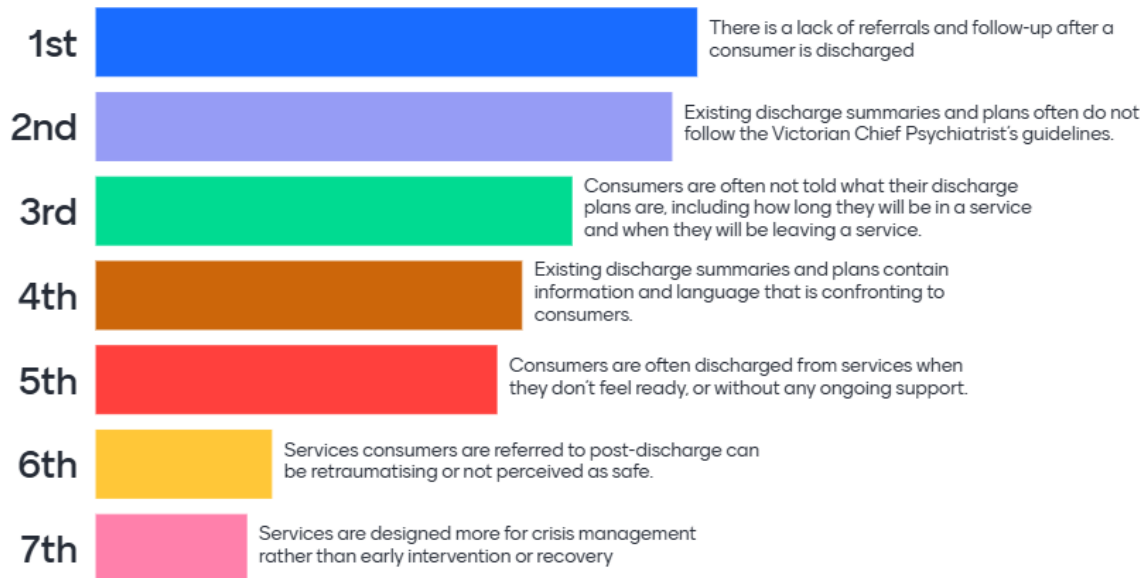
- 1. Consumers have to retell traumatising experiences too often.**
- 2. Intake workers are not properly trained in disability inclusion.**



Discharge

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

- 1. There is a lack of referrals and follow-up from service providers, post-discharge.**
- 2. 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.

1. Trauma-informed Practice:

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

2. Accessibility:

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

3. Safety and Inclusion:

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

4. 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.

5. 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.

6. 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.

7. 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 are within the scope of this project and will go 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.

What's next?

Regional tour

The In and Out project will be socialised across the Great South Coast and Southern Mallee regions from the beginning of March until the end of May. The In and Out Project Coordinator will be 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 will be presented to mental health service providers in each region. This will assist the In and Out Coordinator in learning which solutions are actionable for members of the workforce. The coordinator will also gain a more comprehensive understanding of the practical, regulatory, and safety requirements involved in trialling service reforms safely.

Design workshops

Post-socialisation, the In and Out Coordinator will collate and analyse data and learnings from consultations with mental health services. These learnings will be shared with co-designers, during five design-phase workshops to be held across June and July. This will assist them in creating feasible, viable, and desirable solutions equipped to meet the needs of both consumers and the mental health workforce.

Workshops will be facilitated by the In and Out Coordinator and casual facilitators. Design workshops will begin with ideation and structured brainstorming, then broader ideas will be conceptualised, and prototyped in the final sessions.

Prototype with Mental Health Service Providers

Prototypes developed by co-designers will be presented to mental health service providers for trial. Trial and prototyping sessions will be run in safe workshop environments with members of the workforce, using techniques like roleplay, demonstration, and critique circles to refine them. Workforce and service prototyping will help determine what is included within the Trial Kit and what format it will take.

Trial Kit

The initial project plan included a period in which service providers would actively pilot the solutions co-designers and workforce members created.

Due to unforeseen delays, it was concluded a pilot process within services and the workforce could not be completed in a safe, ethical and comprehensive manner within a limited time frame.

As an alternative to piloting solutions, the information and solutions garnered from design workshops and workforce prototyping will be consolidated into a read-to-use document or other medium, called a Trial Kit.

This Trial Kit will provide the key information required for a mental health service to facilitate the pilot of solutions the co-designers created.

References

Department of Health, State Government of Victoria. Transfer of care and shared care, Chief Psychiatrist's guideline on Transfer of care and shared care under the Mental Health and Wellbeing Act 2022. Updated 18 July, 2024. Accessed 18 February, 2025. <https://www.health.vic.gov.au/chief-psychiatrist/transfer-of-care-and-shared-care>

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