Commissioner for Children and Young People
Western Australia

2016-17
THINKER IN RESIDENCE
Professor Jane Burns

Report of the 2016-17 Thinker in Residence

Take Action Now - Strengthening children and young people's mental health and wellbeing through technology and social media

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Alternative formats

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Commissioner's foreword

I was pleased to welcome youth participation expert and mental health advocate Professor Jane Burns to Western Australia for nine days during October 2016 and March 2017 as the fourth Thinker in Residence.

The theme of this Residency, **strengthening children and young people's mental health and wellbeing through technology and social media**, continues the long-term focus my office has placed on mental health.

Our 2015 report tabled in the WA Parliament, *Our Children Can't Wait*, found that while some progress has been made in recent years, significant gaps in mental health services still exist for children and young people, particularly for those living in regional and remote areas.

A key recommendation of this report was for *'more innovative and flexible models of service delivery and support to be adopted in regional areas, including wider and better use of technology'*, and the 2016-17 Thinker in Residence was aimed at promoting progress in this area.

During Professor Burns' Residency, which included a visit to Geraldton, more than 1,300 people attended events and meetings to discuss how children's wellbeing could be further supported by taking advantage of new and emerging technologies.

There was broad participation in the Residency at the 30 events, including by children and young people, Ambassadors for Children and Young People, leaders from government, non-government and the private sector, a range of professionals working directly with WA children and young people, and parents.

This Residency report by Professor Burns is an important resource for those with an interest and responsibility in strengthening children and young people's mental health.

Commissioner for Children and Young People Colin Pettit and Professor Jane Burns.

As the report describes, Professor Burns was impressed by the programs already in place in WA and the broad commitment of the organisations to support children and young people's wellbeing. From this solid footing, we have the opportunity to use Professor Burns' report and the enthusiasm generated from her Residency in WA to make practical improvements to mental health services for children and young people through the use of technology.

The eight principles for adopting digital technology use within services and policies outlined within this report can advance our approaches to supporting children and young people and providing access to help, when and where they need it.

Also important is to continually challenge organisations to look at the potential of social media and technology to contribute to the success of existing processes or programs, or to find newer ways of working, such as is described in the national Synergy trial.

I urge those involved in the Residency to continue the discussions commenced during Professor Burns' visit to overcome barriers within their organisations and develop these ideas using collaborative approaches.

Finally, I would like to thank the partner agencies and organisations for working together with my office and contributing their time and resources into the planning and delivery of the Residency events.

COLIN PETTIT

Commissioner for Children and Young People WA

Executive summary

My invitation to be the Commissioner for Children and Young People's 2016-17 Thinker in Residence came at an exciting time in mental health reform in Australia. As many of the partner agencies in the Thinker in Residence noted, our traditional models of care and support have been failing children and young people. While good work has been done, some of it exceptional, our approach in Australia to provide mental health services is piecemeal and not integrated.

Our children, our young people, our families and our communities are simply not receiving the right mental health care at the right time. However, there currently exists a supportive policy landscape and significant investment for digital mental health at the federal level. Western Australia too has established a clear commitment to the provision of age-appropriate mental heath services to meet the specific needs of all West Australians.[a]

To move beyond the 'bricks and mortar' mentality of service provision and to match the methods by which children and young people (and most others) access information and services in 2017 is critical. The good news is there is a wealth of research and evidence-based models that provide a starting point for practitioners to incorporate technologies into mental health service delivery. This was one of the aims of my Young and Well Cooperative Research Centre, which led the development of digital health solutions that recognised children and young people as experts and embraced self-management, stepped and collaborative care models.

2016-17 Thinker in Residence, Professor Jane Burns.

While there are a range of positive initiatives detailed in the Commissioner's review of mental health and wellbeing of children and young people, there are also significant gaps.[1] And the Commissioner is right – our children can't wait. The effects of mental ill-health can persist over an individual's lifetime and prevent them from reaching their full potential. With this in mind, the focus of my Residency was to inform and encourage further action in WA. Specifically, I aimed to:

- promote methodologies by which government and non-government agencies can use technology and social media to improve services and programs that support children and young people's mental health and general wellbeing

[a] As detailed through the strategies and service plans of the Mental Health Commission, including Better Choices. *Better Lives. Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025; Suicide Prevention 2020: Together we can save lives; Mental Health 2020: Making it personal and everybody's business. Reforming Western Australia's mental health system.*

- provide insight into evidence-based models, apps and digital technologies to support health and wellbeing across health promotion, prevention, early intervention and treatment

- provide practical strategies for parents to positively understand and manage their children's engagement with technology and social media

- develop relationships to explore the possibilities of leveraging opportunities for WA to link to national activity in child and youth mental health.

Defining wellbeing

Our language and our definitions must reflect that mental health is more than simply the absence of mental illness and need to acknowledge the strengths and diversity of individuals, rather than define individuals by the illnesses they might experience. We need to understand wellbeing as an ongoing, flexible and largely subjective process. I think it is best described as follows:

"a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society"[2]

The ways in which organisations work to promote wellbeing is fundamentally underpinned by their conceptualisations of wellbeing, therefore understanding wellbeing holistically is critical to inform effective and positive action.

Technology use by, and to support, children and young people

Technology is integrated into the everyday lives of children and young people and enables them to connect, create, proactively support each other and access information. Research clearly shows that children and young people are also using technology to support their wellbeing. Given the prolific uptake of technology by children and young people, is it important for the service sector to engage with technology also? Of course!

Innovative use of technology provides an opportunity to reach children and young people outside of conventional methods and in a way that works for them. The increased engagement of mental health professionals with digital technologies could see the online space serve as a meaningful adjunct to traditional care, allowing young users a flexible and accessible source of support that does not compromise the therapeutic relationship. Importantly, research demonstrates that online interventions can be more effective when used with support from a trained professional – be it a social worker, early years educator, teacher, advocate, case worker, therapist, health clinician or youth worker, through to a psychiatrist or psychologist – a whole range of professionals can add value to the experiences of children and young people using digital tools and an online support service.

This report's complementary document *Technology use by, and to support, children and young people* outlines more detailed research on this topic and is available on the Commissioner's website **www.ccyp.wa.gov.au**

Key messages to inform action

In reflecting on my Residency, several key messages or themes emerged for me. Firstly, despite the differences across the partner agencies, each is committed to the health and wellbeing of children and young people. This presents a lot of opportunity, but progress needs to be staged to be successful and informed by the following reflections.

- Children and young people are knowledgeable and creative. Giving them a voice and supporting them to come up with solutions to their problems and the problems faced by parents, carers and professionals is powerful. I challenge every partner agency to truly hear from children and young people.

- Parents, carers and professionals can have fears, concerns or face barriers to technology use. We need to inform and empower the adults in children and young people's lives to enhance their digital literacy and to increase their knowledge of quality e-mental health resources. Children and young people are using technology anyway and they will be better supported by tech-savvy adults and professional knowledge.

- As with all products, the quality of mental health apps varies. There are resources that will assist parents, professionals and young people to ensure they are using quality e-mental health resources and apps. One example is the 'Toolbox' of apps available on the Reachout.com website. Each app is evidence-based and rated by young people. During the Residency I was inspired to hear of stories by professionals about how these types of apps have been used to create significant benefits to young people's lives.

Further detail is provided within the report regarding these three reflections as, quite simply, they are the actions that will make the most difference in the lives of children and young people.

Taking action

To support organisations in adopting or improving the use of digital technology, the following principles are provided. These principles are designed to support 21st century approaches to using technologies to support the wellbeing of children and young people in Western Australia.

1. One size does not fit all.
2. Any child and youth-focused wellbeing or mental health initiative that works with communities must consider the role of technology.
3. Including children and young people as equal partners in solutions will not only empower them but also create and build intergenerational dialogue and a shared understanding of the digital world.
4. Communities need to feel empowered to use technology.
5. Technology will not be the solution for all communities.
6. We do not need more programs.
7. Implementation is everything.
8. Workforce development is essential.

When organisations follow these principles and engage meaningfully with all stakeholders (particularly with children and young people), then we will truly move towards more effective systems that support the health and wellbeing of all children and young people.

Further, there are exciting opportunities to leverage the work of Project Synergy to develop 21st century digital health solutions that are appropriate to the Western Australian context.

Closing

Throughout my Residency I met with children, young people, professionals, policy makers, parents and carers who are all committed to the health and wellbeing of children and young people across Western Australia. Their dedication is commendable, their stories of innovation inspiring. Their challenges were not dissimilar to the challenges of others, and serve as an important reminder of the importance of collaboration and dialogue. The foundation for this has been supported through the Thinker in Residence program – and I hope will continue as we move together to 21st century systems of care for children and young people.

I would like to thank those who contributed their expertise at various events, including Professor Donna Cross from the Telethon Kids Institute, Doctor Michelle Blanchard from the Butterfly Foundation and Doctor Nick Duigan from headspace Geraldton.

I also earnestly thank the many young people who shared their knowledge and lived experiences, including Lily and Greg from the CREATE Foundation, CyberSavvy Ambassadors Jeremy and Jizelle, Ming and other members of the School of Special Educational Needs – Sensory and Sophie from Geraldton. I especially enjoyed meeting Liam and the young people who make up the Commissioner's Advisory Committees in Perth and Geraldton.

PROFESSOR JANE BURNS

Professor of Innovation and Technology
The University of Sydney

Professor Donna Cross, Professor Jane Burns, CyberSavvy Ambassadors Jizelle and Jeremy, and Commissioner Colin Pettit - Thinker in Residence Parent Seminar.

Introduction

Digital transformation has fundamentally changed the way we communicate, connect and transact. In Australia, most people own a mobile phone, children and young people are prolific users of the internet and various population groups are using technologies, as demonstrated by the stARTSPEAK program supported by Disability in the Arts, Disadvantage in the Arts WA (DADAA). Disparities in access, reliability and the prohibitive costs of plans, however, must be acknowledged in all policy planning, particularly for those who are most vulnerable.

While concerns about the impact of technology on our communities is justified, the reality is that technology is pervasive, entertaining and here to stay. It is my view that, for the first time in history, we have the capacity to create opportunities for our most vulnerable populations to be connected, to feel valued and to participate in ways we had never imagined. I believe this because I am the mum of a beautiful little boy who lives his life without words – technology is his key to the world! But I also believe it because I have heard from children and young people in Western Australia, in Australia and around the world about their rights in the Digital Age and how technology has changed their lives for the better.[3]

Australia is a world leader in e-mental health research, which explores the role of technology in the creation of new models focused on the science of wellbeing and 21st century systems of care. Australia has also led the world in its provision of mental health services and community support, with models developed by Lifeline, beyondblue, Turning Point, Butterfly Foundation, ReachOut.com by Inspire Foundation, headspace and eheadspace,

Commissioner Colin Pettit, Dr Michelle Blanchard from the Butterfly Foundation, Professor Jane Burns and Ming, member of the Commissioner's 2016 Advisory Committee at the Professionals Seminar.

Early Psychosis Prevention and Intervention Centre (EPPIC), National Drug and Alcohol Research Council and many others in the NGO sector, including social enterprises such as Hello Sunday Morning, Kick.it, STREAT, Black Rainbow and PROJECT ROCKIT.

The WA service sector is coming from an area of strength to improve services to children and young people, particularly services that strengthen mental health. It was acknowledged and discussed across agencies that an integrated approach to removing barriers that both addresses demand-side considerations (such as user behaviour and awareness) and supply-side constraints (including policy, infrastructure and workforce development) is likely to achieve the greatest positive impact on health inequity.

Further, the diversity of organisations involved in the Thinker in Residence program highlights the service sector is considering the mental health and wellbeing of children and young people across the lifespan and of populations of children and young people who experience vulnerabilities.

There is clearly a commitment to collaborative effort between organisations in WA but it needs to go further if we are to develop a truly supportive system. The dangers of siloed service provision on the one hand and fragmentation of effort on the other have been around for a long time in Australia and internationally. Optimal coordination and integration of approaches seem to be desired by all and rarely achieved in practice.

Through my presentations, I highlighted ways in which government departments, non-government organisations, universities, industry and children and young people can work together to design, develop and test 21st century digital health solutions. Partners in the Thinker program considered the synergies across their focus areas and put to the forefront of their considerations the role of multi-disciplinary teams partnering with children and young people. Working with children

and young people as active partners in research, practice and policy is vital to understand how we can 'plug' technology into local communities to ensure our children and our young people get the right care at the right time and that they are supported in staying well, fit and healthy in their communities. I look forward to hearing about the work of the committees and partner agencies during 2017 and I hope there are opportunities to work with them again in the coming months.

WA is poised to continue the great work that has already occurred in the area of children and young people's mental health. I am particularly excited about creating a shared vision that is committed to using 21st century digital technologies to support mental health reform. The Commonwealth Government will invest $30 million in Project Synergy over three years to support the transformation of e-mental health and other digital services, and this chance to attract co-investment by other governments, private, technical, telecommunication and academic partners is an opportunity that could be realised in WA.

Professor Jane Burns.

Defining wellbeing

Increasingly, conversations with children, young people and families with a lived experience indicate that the terminology of 'mental health' needs to be deeper to capture the essence of how people engage with their families, across education and workplaces and with the communities in which they live, work and play.

Despite years of stigma reduction and awareness campaigns, mental health literacy across school curriculum and workplaces and teaching children and young people about 'good mental health', these approaches have not significantly changed behaviours.

Australians are very literate in discussing mental health, can identify the signs and symptoms and where to seek support and care and yet the structures (schools, universities, workplaces) and the systems (health and disability services) continue to define individuals and their families by the disabilities or illnesses they might experience rather than by the strengths and diversity they may bring to society.

Almost two decades ago the World Health Organization defined mental health as:

> *"a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"*[4]

This definition focuses on 'wellbeing' and is consistent with feedback from people with a lived experience at community consultations in Perth, in conversations with Aboriginal leaders, and in discussion with the diverse groups of children and young people I had the privilege of meeting. It is clear our language and our definitions need to reflect that mental health is more than simply the absence of mental illness.[5]

In the various discussions we had, children and young people, families and professionals talked about 'whole of person' and what it means to provide 'holistic support' to ensure people stay engaged and active participants in education, work, family and community life.

The definition of wellbeing I am most interested in is from the foresight report *The Mental Wealth of Nations* commissioned by the UK Government Department for Science:

> *"a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society"*[6]

This understanding of wellbeing as an ongoing, flexible and largely subjective process provides a useful contrast with the dominant definition of mental health, conceptualised as a state of being.

This focus on 'mental wealth' as opposed to 'mental illness' does not take away from the fact that illnesses like depression, anxiety, drug and alcohol problems, eating disorders and complex comorbid mental health conditions require high quality support and excellent clinical care. Suicide rates among young Australians are at their highest level in 10 years, despite a range of prevention strategies and investment from government.[7]

Recent research highlighted that although suicide rates among young men were still higher than women, female suicide rates had doubled over the past 10 years. It also found youth suicides were twice as likely to happen in clusters than adult suicides and that young people in regional

and remote Australia and Aboriginal young people were most at risk. Coupled with this is the fact that LGBTIQ young people have very high rates of self-harm and suicide of any population in Australia (see *Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse*[8]). Care that reaches and is appropriate for all populations is essential.

The health and wellbeing of children and young people

While many of the partner agencies and professionals participating in the 2016-17 Thinker in Residence will have a very good grasp of current mental health data, it would be remiss of me not to mention some key information that drives most of our current policy decisions.

In Australia, high quality data from the Australian Institute of Health and Welfare shows us that poor mental health accounts for 50 per cent of the total disease burden for young people aged 12 to 25 years.[9] Half of adult mental disorders have their onset before age 15 and 75 per cent by age 25. Early childhood, the transition to adolescence and early adulthood offer the greatest opportunity to promote wellbeing and support early intervention, early in the course of these disorders.[10]

Poor mental health accounts for 50 per cent of the total disease burden for young people aged 12 to 25 years.

As a measure of young children's social-emotional development, data from the 2015 Australian Early Development Census shows that 9.9 per cent of Australian children were developmentally vulnerable on the social competence domain and 8.4 per cent on the emotional maturity domain (8.4 and 8.5 respectively for WA).[11]

A national survey of young Australians' (aged four to 17) mental health and wellbeing found that one in seven (14 per cent, or 560 000) met the criteria for a diagnosis of a mental disorder, and 30 per cent of those with a mental disorder were found to have had two or more disorders at the same time.[12] The prevalence of mental disorders did not differ greatly between age groups, however there were differences between sexes and ages for different disorders. Young people themselves are concerned about mental health – rating mental health as a top 3 national concern in the 2016 Mission Australia Youth Survey.[13] In Australian young people, suicide is the leading cause of death,[14] and one in four young people will experience a mental illness.[15]

Members of the Commissioner's 2017 Perth Advisory Committee meeting with Professor Burns. These students will continue to consider how technology can support young people's mental health in their community.

Members of the Commissioner's 2017 Geraldton Advisory Committee who took part in a workshop with Professor Burns and will continue to consider how technology can support young people's mental health in their community.

Aside from its significant social impact, mental ill-health has enormous economic implications. Economic modelling estimates that in 2009 the direct costs of untreated mental disorders in Australian young people totalled $10.6 billion.[16] One of the studies supported by the Young and Well Cooperative Resesarch Centre shows that mental illness in young men aged 12 to 25 costs the Australian economy $3.27 billion per annum, or $387,000 per hour across a year, in lost productivity.[17]

> **If not treated effectively, the effects of mental ill-health can persist over an individual's lifetime.**

Only 13 per cent of young men, and 31 per cent of young women seek professional assistance.[18] Timely and evidence-based treatments are only encountered by a small proportion of those young people who do receive care.[19][20] If not treated effectively, the effects of mental ill-health can persist over an individual's lifetime[21] and lead to further occupational, economic and interpersonal difficulties. For school-aged children, a mental health problem coupled with a lack of support can result in poor school engagement and lower grades. The Australian Institute of Health and Welfare indicate that mental illnesses account for 12 per cent of Australia's total burden of disease.[22] Mental and substance use disorders were the main causes of disease burden in late childhood and adolescence.[23]

There exists a strong evidence base supporting the role of e-mental health solutions in supporting wellbeing and providing the right care at the right time, particularly when supported by trained professionals. Early intervention is critical if we are to ensure that children and young people are able to contribute to the economy, lead fulfilling lives and participate actively in their communities.[24]

The journey towards person-centred services

The Young and Well Cooperative Research Centre

Established on 1 July 2011, the Young and Well Cooperative Research Centre (Young and Well CRC) was an Australia-based, international research centre that united young people aged 12 to 25 years with researchers, practitioners, innovators and policy makers from over 70 partner organisations across the not-for-profit, academic, government and corporate sectors. The project funding for Young and Well CRC finished on 30 June 2016, however, the ways of working and learnings from Young and Well CRC continues through Project Synergy.

As founder and CEO of Young and Well CRC, I helped to support its mission to keep young people safe, supported, connected, creative and empowered with a goal to improve the mental health and wellbeing of young people through the use of technology. Young and Well CRC was the world's first 'research hub' that focused on a partnership with young people that positioned them at the centre of the organisation and driving its research agenda.

Many of Young and Well CRC's partners worked both together and independently to develop a range of new and innovative technology solutions that aimed to increase young people's access to mental health services, whether face-to-face or online. The programs utilised interactive technology that allowed for the delivery of information, health interventions and services in a variety of static and interactive formats including traditional text-based content, audio and visual podcasts, 'serious' gaming, online forums, mobile phone applications, diagnostic screening and stepped care, treatment and direct links to service providers. The Young and Well CRC's 75 partners facilitated the adoption and dissemination through their extensive networks and many of the products are still being used today.

Synergy: The legacy of Young and Well CRC

Today the legacy of the Young and Well CRC lives on through Project Synergy, which reimagines what a new 21st century system of mental health care looks like.

Fundamentally, Synergy positions the person and the community at the centre of the care model and explores how technologies can support compassionate and person-led care, reduce waiting times, and ensure people get the right care at the right time, around the clock.

This new model is about self-management and empowerment, but it is more than that – it is about integrated, online services and an acknowledgement that young people with a lived experience and the communities in which they live have a critical role to play in reimagining this new system.

The following vignette provides an example of how the Synergy model can integrate into traditional services to provide a seamless person-centred model of care.

With the support from the Commonwealth Government, Project Synergy will continue to develop digital mental health solutions in Australia over the next three years.[b]
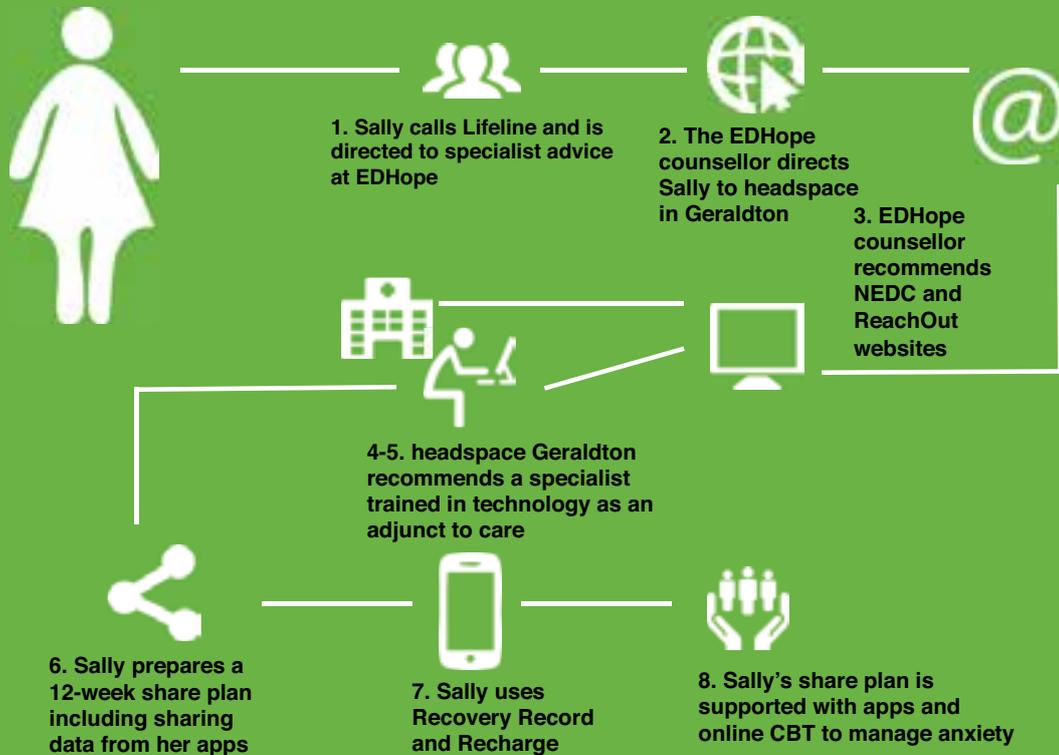

Members of the 2016-17 Thinker in Residence multi-agency Advisory Committee.

[b] *See Appendix 2 for further information on Project Synergy.*

17-year-old Sally in Geraldton with an eating disorder

1. Sally calls Lifeline and is directed to specialist advice at EDHope

2. The EDHope counsellor directs Sally to headspace in Geraldton

3. EDHope counsellor recommends NEDC and ReachOut websites

4-5. headspace Geraldton recommends a specialist trained in technology as an adjunct to care

6. Sally prepares a 12-week share plan including sharing data from her apps

7. Sally uses Recovery Record and Recharge

8. Sally's share plan is supported with apps and online CBT to manage anxiety

1. Sally calls lifeline and because she described issues with eating is triaged to Eating Disorder Hope (EDHope)

2. The EDHope counsellor directs Sally to headspace in Geraldton

3. EDHope counsellor also recommends National Eating Disorders Collaboration (NEDC) and ReachOut.com

4. Sally prints information to take to her headspace visit

5. Headspace Geraldton recommends a specialist trained in using technology as an adjunct to care

6. Sally develops a 12 week share plan which she implements with online support from a multidisciplinary team who have access to her data and plan

7. Sally uses the Recovery Record app and Recharge during her treatment to manage her eating

8. Sally's share plan is further supported with apps and online cognitive behavioural therapy to manage anxiety

Other vignettes can be viewed on the Commissioner's website **www.ccyp.wa.gov.au**

Focus of the Thinker in Residence

As the 2016-17 Thinker in Residence, I presented to, and had discussions with, more than 1,300 children and young people, parents, caregivers and professionals, at around 30 events and meetings. I was delighted to meet with the Thinker in Residence partner agencies; I appreciate the support and interest of all, and acknowledge their deep commitment to children and young people's wellbeing.

The 2016-17 Thinker in Residence was structured in two phases. Phase One aimed to increase awareness about how technologies can be used to improve mental health and wellbeing for children and young people and how organisations could use technology to enhance or improve services and programs. Phase Two focused on how organisations translated this research to practice and policy. During Phase Two, it was incredibly inspiring to hear of the ways people had already taken action after attending Phase One.

It was a pleasure to hear about the many positive initiatives underway, in development and being investigated to meet the needs of children and young people across WA in this new era of digital communication and transformation. I heard from many organisations that seek to understand the capabilities and capacity of children and young people, rather than focusing on their mental ill-health, and that are working to support children and young people to develop a sense of agency.

Across the two phases I was cognisant of the range of adults who influence the health and wellbeing of children and young people – be it parents, carers, professionals working directly with children and young people, or those who make decisions that affect their lives. Given that children and young people are using technology to support their wellbeing, we have an obligation to engage in this space

and ensure our children and young people are receiving the best support possible.

The focus of my Residency in WA was to:

- promote methodologies by which government and non-government agencies can use technology and social media to improve services and programs that support children and young people's mental health and general wellbeing

- provide insight into evidence-based models, apps and digital technologies to support health and wellbeing across health promotion, prevention, early intervention and treatment

- provide practical strategies for parents to positively understand and manage their children's engagement with technology and social media

- develop relationships to explore the possibilities of leveraging opportunities for WA to link to national activity in child and youth mental health.

Key messages to inform action

Technology moves so quickly parents, carers and professionals often struggle to keep up. The evidence about what works, what is safe and how to keep informed is not always clear. Given the changing and pervasive nature of technology, and the shift from information only to social connectivity, it is critical to involve children and young people in designing services to ensure they are appealing, relevant and engaging. Equally important is equipping adults with the skills, knowledge and confidence to engage with technology for the benefit of children and young people's mental health.

The intergenerational digital disconnect can create an uncomfortable space for professionals, parents and carers with concerns about their digital literacy, perceived risks and lack of knowledge. Having tech-savvy adults around them supports children and young people to engage online in safe, smart, respectful and responsible ways.

Organisational engagement with technology can hamper professionals' use, and during my Residency I heard frustrations from some professionals regarding unsupportive environments and prohibitive policies. The capacity of organisations to provide innovative and effective services will be limited when there is not supportive leadership, processes or infrastructure in place. Ultimately, it is to the detriment of our children and young people if organisations and systems do not engage with technology.

At the Young and Well CRC we used co-design to position children and young people as equal partners with professionals, researchers and members of the community. Taking a co-design approach makes objectives, activities and interventions more meaningful and relevant to children and young people, thereby increasing effectiveness.

In my discussions with children and young people I was impressed with their smart and innovative ideas, their willingness to explore new ways of thinking and their belief that anything is possible. During the Residency, I met children and young people who are passionate about making their world a better place. I enjoyed participating in workshops with the Commissioner's two 2017 Advisory Committees; one in Perth and one in Geraldton. I also had the pleasure of meeting amazing children and young people living in out of home care, on the Autism Spectrum, working on a cybersafety app with Professor Donna Cross and living with hearing and vision impairment, chronic illnesses and disabilities.

If we are to truly recognise the benefits of digital technology, organisations must work to develop the capacity of their workforce, and of parents and carers, to use digital technologies to support the wellbeing of children and young people. Bridging the digital disconnect and creating intergenerational dialogue is critical, and it was exciting to hear examples of this occurring between the first and second phases of the Residency. With this important agenda in mind, the following sections explore ways organisations can empower children, young people, parents, carers and professionals to support the implementation of the principles to support 21st century approaches.

Children and young people as partners in research and service design

As Thinker in Residence and with the support of Residency partner agencies, I had the opportunity to speak with and hear the views of a number of children and young people about the role of social media and technologies in their lives.

Ming from the Commissioner's 2016 Advisory Committee presenting at the Professionals Seminar

Participating in these discussions, in my first week, were young people in out of home care, children and young people living with disability or sensory impairment, young Aboriginal leaders, and young people taking a co-creation role in building digital resilience in their school. On my return, the Commissioner had established two Advisory Committees of young people from Perth and Geraldton. During this time we ran two participatory design workshops discussing Project Synergy (described in Appendix 2) and its role in supporting young people to get the right care at the right time.

A resounding theme, regardless of the diversity of the groups, is that children and young people are using technologies to communicate, connect, create and support their own wellbeing. For some of the young people I spoke to, particularly those young people living with disability, assistive technologies have fundamentally changed their lives – providing them with an opportunity to have a voice, share their stories and connect with their peers, in ways they had never dreamed possible.

For young people this is exciting, however for parents and those who care for them this level of autonomy can be a cause for concern.

A strong evidence base now exists that children and young people have an important role to play in driving change and innovation in the area of youth mental health.

Put simply, involving young people in the design and creation of services produces better services. Services that support active youth participation foster resilience.[25] It is good for the individuals who participate and it contributes to the development of mental health services that are appealing, relevant and engaging for young people generally.[26 27 28]

The Adolescent Health series in The Lancet argued "it is now time to put the young person, not the specific issue, centre stage".[29]

Youth participation can be defined as young people's involvement in decision-making processes from which, traditionally, they have been excluded.[30][31] Adopting a youth participation approach is an effective way of ensuring organisations keep abreast of developments in the use of social media and new and emerging technologies and develop a deep understanding of the ways in which young people are engaging with technologies. Young people are in an "optimal position to determine the relevance of efforts geared towards youth".[32] To encourage and support adolescents and young adults to seek professional help early for emerging mental health problems, services must be informed and guided by the young people they serve.[33]

Co-design (also known as participatory design or co-creation) positions young people as equal partners with professionals, researchers and members of the community. The intent and purpose of running co-creation and design workshops in local communities is to test assumptions, and to place equal value on all contributions. This process is iterative, creating a cycle of design, trial and testing that rapidly prototypes, tests and improves on design. When something does not work in the design phase, or it fails testing, it is removed – this means money is not wasted on activities or building technologies that do not work. It also means that something built for one population group can be tested with different population groups to retain what is valid and remove or add what is required to customise.

The co-design approach is underpinned by three principles that actively support and benefit stakeholders. In this context stakeholders include children and young people, families and carers, professionals, policy makers, service providers and researchers.

1. All stakeholders are involved as **active participants** throughout the design process from problem setting to problem solving.

2. All stakeholders contribute as **design partners**, participating in idea generation as well as providing opinions and feedback on existing design concepts.

3. Proposed interventions are understood and **continually evaluated** on whether they are relevant, meaningful and engaging to all stakeholders who stand to benefit from them, as well as taking into consideration potential for harm and their anticipated impact on mental health and wellbeing outcomes.

Members for the School of Special Educational Needs: Sensory Advisory Committee participating in a Thinker in Residence workshop.

The co-design framework has six stages:

1. **Identify**
   Identify the problem from the perspective of young people and the evidence base

2. **Define**
   Identify the beneficiaries and define the problem space and objective with them

3. **Position**
   Understand how the intervention needs to be positioned and framed in order to have impact for young people and relevance to young people

4. **Concept**
   Identify, generate and evaluate potential concepts that represent what the intervention needs to be and do to engage young people and deliver appropriate mental health and wellbeing outcomes

5. **Create**
   Evolve, build and refine an intervention that is useful and usable by young people and safe and effective from a mental health and wellbeing perspective

6. **Use**
   Deliver, use, evaluate and debate the intervention based on how young people experience and use the intervention and its impact

Taking a co-design approach to reimagining a national youth mental health system enables us to make mental health objectives meaningful and relevant to young people so that activities and interventions are more effective. It does this by providing a way for young people to participate meaningfully in the design process regardless of their prior expertise in design or mental health and empowering them to take an active role in making decisions about their own care. A co-design approach supports researchers and practitioners to develop empathy for, and connection to, the lives and lived experiences of young people, and then work together to identify and prioritise which

issues young people think are most important. With this understanding, service developers can create an intervention that draws on young people's understanding of how to achieve maximum usability, impact and benefit to them in the context of young people's lives.[34]

A co-design approach supports:

- **empowerment and meaningful participation of children and young people**
- **researchers and practitioners to develop empathy and connection**
- **interventions that are meaningful and effective.**

CyberSavvy Ambassadors Jeremy and Jizelle presenting at the Parents Seminar.

A participatory approach is ideally applied from the inception of the project through to use and evaluation, but can also be introduced gradually and after a project has already commenced the design process. Figure 1 provides three possible scenarios of use and the Young and Well CRC innovative methodologies guide provides more guidance on adopting a participatory approach.[35]

Figure 1: Co-design approach

SCENARIO 1
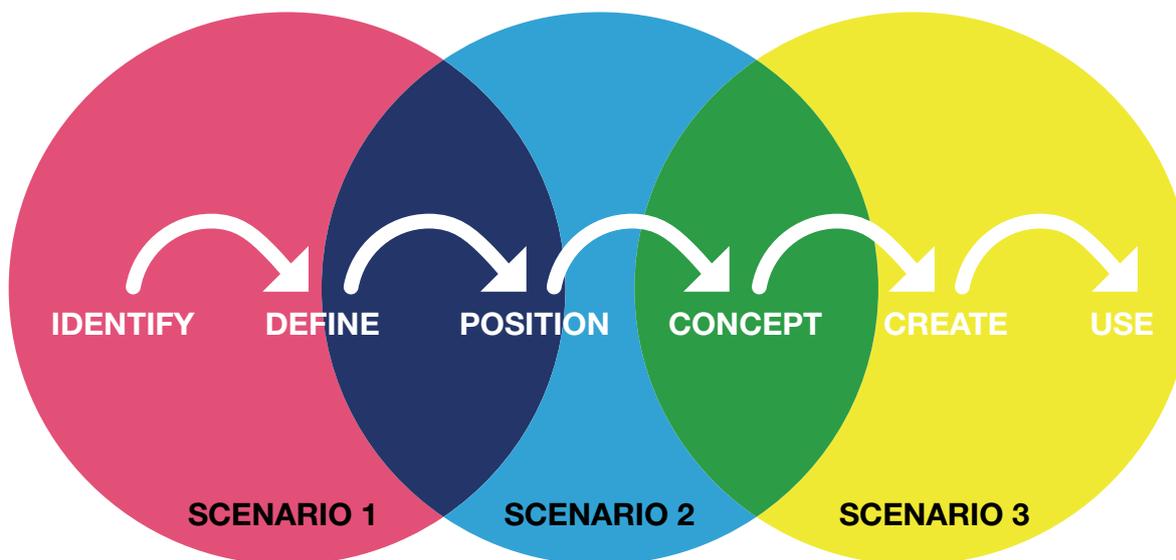
You need to understand what young people perceive as a problem, or you want to understand particular issues in the context of young people's lives and where there is potential for the most impact.

You might use a combination of:
Surveys
Co-design Workshops (Discovery)
Focus Groups
Online Discusions
Facebook Polling

SCENARIO 2

You have defined the area of focus, the impact and outcomes, you need to understand how the issue is perceived by young people, how it should be positioned so as to be meaningful and engaging, and generate potential concepts and strategies.

You might use a combination of:
Focus Groups
Brand Testing
Friendship Interviews
Online Discussions
Card Sorting
Co-design Workshops (Design)
Crowdsourcing

SCENARIO 3

You have existing concepts, prototypes, products or services and need to know if they are engaging for young people, and how they might be improved.

You might use a combination of:
Co-design Workshops (Prototyping)
Usability Testing
Pilot Testing
Mobile Diaries

Within my Residency, conversation focused on ensuring use of culturally appropriate technologies for young people from CALD and Aboriginal backgrounds. Using a co-design approach with similar groups of children and young people and repurposing existing digital tools to ensure they are culturally appropriate and designed in collaboration would work towards increasing access to services and better use of these services. In developing such digital tools, consideration must be given to appropriate use so as not to trigger trauma or leave young people unsupported. Digital tools in this context should be used to support conversations about wellbeing and clinical care.

Similarly, a focus on prevention and early intervention, or broader notions of wellbeing and self-care, particularly for children and young people in circumstances in which they are not able to easily access supports, was another area of discussion during my Residency. This work argues for a strength-based approach to the promotion of wellbeing in children and young people and takes a holistic view of wellbeing, and children and young people are best-positioned to provide insight into what promotes their health and wellbeing.

There are a variety of ways in which children and young people can be empowered to partner with agencies and communities to develop digital solutions that work for them. Below are some ideas of activities designed to hear from and work with children and young people. Importantly, these approaches can be adapted to hear from and be safe spaces for different population groups, including children and young people who identify as LGBTIQ, CALD, Aboriginal or who are in care, or experiencing mental health concerns.

Empower children and young people to partner with agencies and communities to:

- critique current websites or apps, explore what they like, what they dislike and how they would change or redesign the service

- explore and critique current service offerings and suggest how technology can be meaningfully embedded to support them and their lives and the activities of the organisation

- investigate and create mock 'tool boxes' of apps for wellbeing they would use. Theme the apps relating to 'sleep', 'food and mood', 'active body, active mind', 'safe and well online'.

- use Seligman's PERMA Model (positive emotion, engagement, relationships, meaning and accomplishments) to describe what the words mean to them

- co-design a wellbeing app and create their own user journey. Children and young people can determine the focus of the app as relevant to them, for example, wellbeing, peer support

- explore digital technologies as storytelling tools. A fantastic example was showcased through DADAA during my Residency

- train professionals in the use of technology, through a series of seminars and talks regarding apps and digital tools

- train children and young people as CyberSavvy ambassadors, shifting the dynamic from teacher as the educator to student as the trainer on all things digital

- create an education tool kit for their parents and carers on staying safe and well online. The eSafety Commission website tools and resources would be useful here

- run a forum for parents and carers or professionals where children and young people discuss how they use digital health resources and tools, and

- advocate for effective digital mental health solutions to ministers, director generals and other decision-makers.

Adapting these approaches to specific service-sector contexts will provide children and young people with useful tools and resources to support the self-management of their wellbeing, including stressful life events such as bullying, exam stress, feeling shy, moving homes, relationship breakups and body image issues, and ensure they have supportive and technically-skilled adults to support them.

Empowering the adults in children and young people's lives

Having tech-savvy adults around young people supports them to engage online in safe, smart, respectful and responsible ways. Professor Donna Cross provided a perfect analogy to adults' concerns about risks presented to children and young people via technology. Professor Cross explained that in 26 years our approach to safety has been to 'block' children and young people's access. She used an analogy to a swimming pool – we do not simply block access to pools, instead we teach children and young people the skills that are needed to stay safe, particularly if they are very young or have particular needs. We do not provide this education and leave them to swim on their own, instead we swim with them and we supervise. Professor Cross emphasised 'blocking' is not the solution to concerns, education is the best way to provide support – for children and young people, and the adults in their lives.

As such, a key challenge for promoting children and young people's online safety lies in building adults' familiarity with the platforms young people use, along with their technical skills and understanding of the attractions of using technology. This will enable adults to take advantage of the full suite of tools that are available to them to support children's online safety and use of tools to support wellbeing. The digital disconnect presents some major challenges for parents and professionals in both understanding and navigating technologies used in the 21st century.

Rather than adults being the educators, discussion within the Residency focused on how children and young people could train and exchange knowledge with their parents and professionals to enhance digital literacy. Living Labs for Intergenerational Dialogue explain how this can be achieved respectfully and with good outcomes across the generations.[36]

Technology moves so quickly parents and professionals often struggle to keep up. The evidence about what works, what is safe and how to keep informed is not always clear either.

There are however a variety of sources of advice available to parents, carers and professionals, including:

- working and speaking with the children and young people
- within my presentations on the Commissioner for Children and Young People website **www.ccyp.wa.gov.au**
- Using technologies safely and effectively to promote young people's wellbeing: A Better Practice Guide for Services **www.health.nsw.gov.au/kidsfamilies/youth/Pages/YH-publications.aspx**
- National Safe Schools Framework Student Wellbeing Hub, as suggested by Professor Donna Cross **https://studentwellbeinghub.edu.au/resources#/**
- Office of the Children's eSafety Commissioner's website **www.esafety.gov.au/**

An opportunity to empower children and young people and to support the development of the workforce exists in WA between CREATE Foundation and the Department of Community Services – this opportunity must be seized.

It is acknowledged that many children and young people in care experience mental health problems. There is significant potential for young people in care to receive mental health support through technology-based services. This could have particular benefit in the young person having access (and control over) some of their own information when dealing with any change in their care or caseworkers and counsellors.

Within the Thinker in Residence program, former WA State Coordinator for CREATE Katherine Browne gave a presentation on 'What's Wanted' – with input from young people and Departmental staff, drawn from the *Speaking Out About Raising Concerns in Care* report and Young People in Care Sector Summit 2016. Matthew Wilding, Director Strategy and Innovation from the then Department for Child Protection and Family Support gave a presentation on outlining what's proposed, including:

- Sortli, an app for 15 to 18 year-olds to help transition to independence and adult life

- Viewpoint, an enhancement of existing service

- new apps (It's My Life, Have My Say, What's Going On)

- Kicbox App (Kids in care box of stuff).

A perfect opportunity exists to bring CREATE together to co-design a system of apps and e-tools ensuring children and young people in care own their own data and use their own data.

As evidence of this opportunity working in action, the single most powerful story I heard from a CREATE educator was how she had downloaded her own mindfulness app to help keep her

grounded as she travelled to her appointments. This illustrates beautifully a potential partnership between young people in care and their case workers in relation to having a conversation about technology and how it might support greater engagement, connectivity and reduce administrative burden.

Agencies can work in a variety of ways to develop the capacity of their workforce, parents and carers to use digital technologies to support the wellbeing of children and young people.

Following are some suggested activities agencies could adapt to suit their communities.

Workforce

All agencies can enhance the capacity of their workforce through:

- professional education and training for professionals in the area of digital literacy, specialising on children and young people

- staff training in the use of digital health tools – through the use of champions within the workforce, workshops run or informed by children and young people as service users, online programs, webinars or other professional development

- design of co-creation workshops with children, young people and adults to solve key issues for professionals such as digital safety, sexting, mental health online, and children's rights in the digital age

- showcasing examples or practices to develop professionals' understanding of technology as an adjunct to other forms of mental health care, both from the child or young person and family perspective.

Parents and carers

All agencies can empower parents and carers to support children and young people:

- promote digital content and webinars. An overview of several quality e-mental health resources is provided in Appendix 1

- provide accessible information for families, particularly when in crisis

- communicate with parents and carers about the organisation's use of technology and provide supportive strategies for parents and families regarding technology use

- write a monthly blog on new technologies (apps, games, online interventions) and promote via social media

- design co-creation workshops with children, young people and adults to solve key issues for parents and carers such as digital safety, sexting, mental health online, screen time, children's rights in the digital age

- design co-creation workshops to develop digital family and caregiver tools associated with the technologies that children and young people are using

- run digital technology training forums across diverse communities.

Rio Tinto prides itself on being a good corporate citizen by supporting the 'mental wealth' of local communities through building local businesses and strengthening communities. They have also adopted a proactive approach to wellbeing informed by the needs of the workforce and their families. Part of their Wellbeing Strategy and the activities contained within focus on raising awareness and building wellbeing through inclusion of family and community. In particular, Rio Tinto have an online platform that provides information and resources for their workforce and their families, additionally, families are flown to fly-in fly-out sites so they can see where their loved ones live and work when they are away from home. The range of strategies implemented by Rio Tinto highlight technology should be used in conjunction with other forms of support focused on the community.

Utilising quality e-mental health resources

During my Residency I spoke to educators, mental health service providers, parents and young people about simple apps that could be used to support mental health.

Many expressed concern about the quality of e-mental health resources. I was pleased to explain how Young and Well CRC's partners – Queensland University of Technology, Reachout.com and Flinders University – had created a collection of mobile apps in a 'Toolbox' available on the Reachout.com website and, working with young people, built an app rating scale.

The Toolbox is a collection of more than 50 wellbeing apps endorsed by professionals that are available online. The website asks young people what their goals are and recommends what apps could support them to reach those goals. These could include:

- improving relationships

- being more independent

- dealing with tough times

- being healthier

- managing thoughts and emotions.
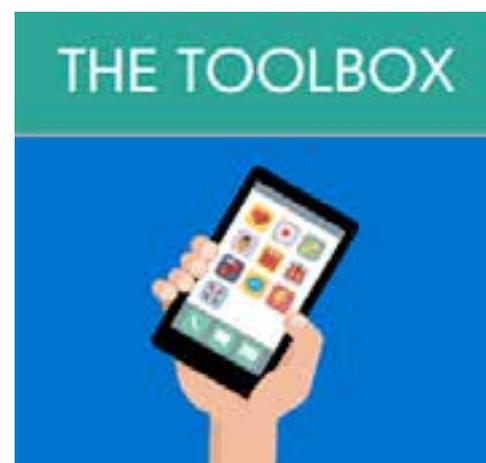
The apps on the site have been given reviews by young people aged 13 to 25 to help others know which apps are best to use, as not all apps are created equal.

A highlight of the Residency for me was hearing Bernadette Atrache (a Special Needs Education Teacher) present on her adaptation of technologies in her role as a teacher. This included how she has used apps in practical situations to build rapport, empower students, reduce anxiety, build resilience and enhance personal motivation.

She detailed her top five apps: Music eScape, ReachOut WorryTime, ReachOut Breathe, Appreciate a Mate and Breakup Shakeup. 'Stories from the field' were provided as case studies illustrating how apps can be used in practice to help students with special needs (in hospitals, special educational units etc.). She outlined 'where to next?' about how this technology use could be built upon, including proposing students in hospitals or schools have access to Wi-Fi to download apps and use them for self-treating mental health difficulties when necessary, as part of a holistic plan.

Bernadette displayed how relatively simple changes can be made to support the wellbeing of children and young people. Any organisation could adapt Bernadette's approach to work with children and young people. Organisations should support their workforce in developing a resource or information for workers that increases their awareness and ability to support children and young people's wellbeing via technology-based services.

Similarly, organisations must consider how they inform parents and carers of their technology use as an organisation, and how the organisation supports parent and carer technology use to enable consistent support for children and young people.

Provided in Appendix 1 are descriptions of a range of quality e-mental health apps and resources.

Charlotte Diaz (L) and Tara Martin (R) from Rio Tinto with Professor Burns and Commissioner Pettit during the Thinker's visit to Geraldton.

Taking action

During my Residency I heard of varying levels of organisational engagement with technology. For organisations to increase engagement with technology there is first a need to acknowledge technology as part of children and young people's lives.

Polices and information management approaches in organisations sometimes restrain rather than support the use of technology. While such policies remain in place, the capacity of organisations to provide innovative and effective services will be limited. This is particularly true in the area of disability, child protection and mental health services where restrictive policies inhibit the use of technologies. Cost is also a considerable concern, given the potential to further alienate those who do not have the resources to purchase internet access, software or assistive technologies.

Further, organisations must address the concerns regarding the capacity of staff to use technology and the perceived risks to children and young people. While children and young people are often portrayed as 'digital natives', they may not be equipped to use technology to manage their mental health and wellbeing and, as such, conversations with professionals are critical.

Through these conversations professionals can gain insight into how children and young people use technology, gain technical skills, and reinforce safe and supportive technology use. Through our research we found that children and young people are willing and able to discuss their technology use and those involved in the Thinker program were enthusiastic about supporting staff development. Children and young people are powerful positive advocates and I encourage organisations to partner with them to champion technology use.

"I see two things coming out of today. The power of technology, and relationships – for technology to drive relationships and for relationships to provide protection around technology." (Thinker in Residence workshop participant)

Technology does not replace service provision but rather is used to value-add and the importance of relationships and conversations cannot be understated. Indeed, experiential learning and being able to take 'safe risks' is essential for development. The group of children and young people with sensory impairments that I met during the first phase of my Residency were well aware of risk but also knew how to minimise this risk, for example, by having a closed group online. As humans we explore and are curious, and all people will find themselves in unsafe environments so we need to be having conversations with our children and young people and equipping them to navigate technology.

"For a long time, people with disability were also protected from risks 'out there'. Facing risks in a controlled and supported way is better than not doing it at all." (YDAN representative at Thinker in Residence workshop)

Principles to support 21st century approaches

To support organisations in this endeavour, the following principles are designed to support 21st century approaches to using technologies to support the wellbeing of children and young people in WA.

The principles have been developed based on the research knowledge of children and young people's technology use and what we know works for the promotion and support of wellbeing, and also informed by conversations during the Thinker in Residence program.

1. **One size does not fit all.** Solutions using technology need to be designed with and for the population that is going to use them. For example, if you are designing a resource for young people who are Aboriginal and/ or LGBTIQ then include those young people in co-design. If you are designing a service for young people living with complex mental health conditions, involve them in creating the solutions that meet their needs.

2. **Any child and youth-focused wellbeing or mental health initiative that works with communities must consider the role of technology.** Technology is an ingrained component of most children and young people's lives and they use it to communicate and connect with their peers in ways we had never imagined. Ignoring the positive role technology can play in providing support when and where it is needed can only limit the benefits of any wellbeing program.

3. **Including children and young people as equal partners in solutions will not only empower them but also create and build intergenerational dialogue and a shared understanding of the digital world.** Children and young people are smart and they want to be involved in designing and continuing to improve the society in which they live, the

communities in which they live and learn, and the services they use. Children and young people have consistently displayed a desire to share their knowledge and their expertise. Fostering this knowledge exchange builds links and understanding between generations and provides a rich information source for service providers. Co-design of services is a key strategy in the aim of including children and young people as equal partners.

4. **Communities need to feel empowered to use technology.** Adults have a deep desire to protect children and young people and keep them safe in both the online and physical worlds. To be truly successful in this, adults (parents, teachers, service providers) must understand how to educate and enable young people to manage their online lives to be both safe and maximise the benefits our digital age provides. Establishing community cohesion around the use of technology is critical to good mental health.

5. **Technology will not be the solution for all communities.** Individuals and communities vary in relation to the way in which they use technology to connect, communicate and provide care. In some situations, a technology-based approach may not be possible or provide significant benefit. It is important for service providers to be flexible in their approach to service delivery for specific communities.

6. **We do not need more programs.** At a federal and state level we have thousands of well thought out programs and evidence-based interventions, and we have a lot of data. However, this information is not coordinated and we waste significant scarce resources on programs that do not work, conduct more research when we already have clear information and continue to build and fund new things. The focus needs to move towards the practical

consolidation, strengthening and adapting of services to improve accessibility and effectiveness. The nation-wide trial of Synergy is an opportunity to work with a specific group (for example children and young people in the Kimberley) and bring together online content and support that meets their particular needs.

7. **Implementation is everything.** Even the best programs will not be successful if not implemented well and integrated with face-to-face services. Technology-based mental health services are only part of the range of supports that children and young people need for positive mental wellbeing.

8. **Workforce development is essential.** Organisational culture and leadership, evaluation and infrastructure are all important factors in establishing successful technology-based mental health services. Professional development requires both a top-down and bottom-up approach to the promotion of wellbeing.

Leveraging the opportunities of Project Synergy

Building on the strengths in WA highlighted to me throughout my Residency and capitalising on the activities of Project Synergy could help position WA as an innovation state.

The Commonwealth Government has announced a further $30 million investment to support the community roll out of Project Synergy in 12 community-led, and community-designed trials. Below I provide recommendations focused on leveraging this opportunity in WA.

I have made a commitment to work with the Commissioner for Children and Young People, the

WA Mental Health Commission and the partner agencies in the Residency to determine if it is possible to match revenue of up to $2 million to conduct two of the Synergy trials in the West. The recommendations in the table on the following pages assume the following:

- Potential research and development capacity, and/or building this capacity, across research institutes in WA including Telethon Kids Institute, Edith Cowan University, The University of Western Australia, Murdoch University and other research think tanks.

- A proportion of children and young people included in co-design, co-creation and as partners in the research and development will have a diversity of lived experiences and come from a variety of backgrounds, including Aboriginal, CALD, disability etc.

- Each opportunity aims to redesign or rebuild a current aspect of the mental health system and is consistent with the National Mental Health Commission's recommendations

- The technology build and the Synergy Platform will meet the standard requirements of the Digital Transformation Agency (this standard is a requirement of all government funded websites, resources and tools).

- The potential to match funds for two WA specific trials has the support of the Commonwealth Department of Health, with a minimum of $2 million dedicated to WA, with matched cash funds.

- The importance of building on community capacity and already established relationships will be critical to community-led Synergy trials, therefore those sites that have already established community hubs of excellence who are looking to 'plug technology in' to support their approach are highly favourable.

Table 1: Long-term activities with linkage to Project Synergy National Trials

Across these activities there can be an emphasis on the same approach but with different population groups (i.e. Aboriginal, LGBTIQ, CALD) to customise and tailor technologies

Opportunity/recommendation	Expected outcomes	Potential WA and National Partners
Establish schools focused on digital health To capitalise on the $6 million investment into Synergy as a technology platform and establish a group of 10 'early adoption' schools focused on digital health, using the Synergy Ecosystem, including wellbeing and clinical staging into stepped care models. This model is based on 100 Young and Well Digital Schools each making a small co-investment to build a ground swell of schools interested in changing their whole-school practice. It builds on PESA (Positive Education Schools Association) and has as a core principle the 'pay it forward' mentality. **Population group:** School students and educators.	• To give children and young people in schools useful tools and resources to support the self-management of stressful school and life events such as bullying, exam stress, feeling shy, relationship breakups and body image issues. • To enable stepped care with a focus on wellbeing into a digital staging model that interfaces across schools and primary health care to ensure that children and young people get the right care earlier.	WA Department of Education; Independent and Catholic Schools; MindMatters and KidsMatter; WA Primary Health Alliance; headspace local; headspace National; Child and Adolescent Mental Health Service (WA); Future Generation Global philanthropic funding; RioTinto.

Nick Duigan Manager Geraldton headspace co-presented at the Geraldton Parents Seminar.

Opportunity/recommendation	Expected outcomes	Potential WA and National Partners
Create Living Labs Create Living Labs in kindergartens, schools and through community centres to build a Brains Trust of Parents and Caregivers. These groups could capitalise on the Synergy Ecosystem to build and create parent resources that support the use of Project Synergy. Build intergenerational dialogue across schools and communities that include children and young people as peer educators. **Population group:** Young children and their families.	To more clearly assess the needs of young children from a developmental and behavioural perspective. Plus, improved: ● approaches that treat mental health as a primary issue in children's health and welfare ● culturally sound and evidence-based technology-enabled interventions that can detect and assess developmental and behavioural issues in children early and effectively ● professional education and training for clinicians in the area of digital literacy, specialising on children ● understanding of technology as an adjunct to other forms of mental health care, both from the child and family perspective.	Meerilinga; Emerging Minds (Children of Parents with a Mental Illness); WA Department of Education; UnitingCare child care; Future Generation Global philanthropy; beyondblue

Opportunity/recommendation	Expected outcomes	Potential WA and National Partners
Person-centred models of mental health care **Population group:** Young people and their family who are accessing existing primary health care services.	To give young people and their family/caregiver choice on the use of technology to support and capture the management of their mental health. Plus, improved: ● mental health triage assessments and referrals ● resource allocation modelling, including process improvements and modelling based on staffing needs ● 'hub and spoke' cluster model embedded into the service, which improves triage approaches to more specialised services, such as acute care facilities, in regional centres (hubs) and rural locations (spokes) ● professional education and training for headspace/ eheadspace mental health clinicians in the area of digital literacy ● understanding of technology as an adjunct to other forms of mental health care.	Child and Adolescent Mental Health Service (WA); WA Primary Health Alliance; WA Mental Health Commission; headspace National; Future Generation Global philanthropic funding; eheadspace; headspace local; Orygen Youth Health

Opportunity/recommendation	Expected outcomes	Potential WA and National Partners
Post-hospital mental health tracking and support **Population group:** Young people who are discharged from hospital and access coordinated care with a focus on stepped care.	To implement efficient and accurate technologies that track the mental health care journey of people who are discharged from hospitals and specialist-private clinics who access mental health care outside of specialised care. Plus, improved: • mental health services for individuals who access existing primary care services • "Zero Suicide Strategy" across populations that utilises emerging technology support services • access to, and accuracy of, data concerning the mental health care management and journey of individuals who are discharged from hospital.	WA Primary Health Alliance; Mental Health Commission; BUPA, Medibank; Healthscope; ConNetica; University of Western Sydney.
Integrated eating disorder supports **Population group:** Young people with an eating disorder who are accessing existing online services.	To prevent and reduce the rehospitalisation of individuals with an eating disorder. Plus, improved: • mental health triage assessments and referrals • technologies that support individuals with an eating disorder and which prevents and reduces their need for hospitalisation and re-hospitalisation • data and insights into the way individuals with an eating disorder respond to technology-enabled mental health care services as an adjunct to traditional mental health care • professional education and training for eating disorder clinicians in the area of digital literacy.	The Butterfly Foundation; Healthscope; BUPA; WA Primary Health Alliance.

Opportunity/recommendation	Expected outcomes	Potential WA and National Partners
Drug and alcohol supports **Population group:** Young people with comorbid mental health and drug/alcohol issues.	To identify mental health conditions earlier and better engage with this high-risk cohort of people who have a drug and alcohol issue. Plus, improved: • treatment approaches for people with a comorbid mental disorder that draws on technology-enabled mental health care tools • understanding of the relationship between mental and physical illness and the risk factors that can lead to an onset of a physical or mental health condition • professional education and training for clinicians in the area of digital literacy • understanding of technology as an adjunct to other forms of mental health care.	National Drug and Alcohol Research Centre - Centre of Research Excellence; Turning Point; WA Primary Health Alliance

Appendix One – Quality e-mental health resources

A guide for young people, parents, carers and professionals

Young and Well CRC Apps for Young People

Breakup Shakeup - KidsHelpline data shows us that one of the main reasons young people ring KidsHelpline is because of a relationship breakup. Developed by with the Queensland University of Technology and young people, the app aims to help young people manage distress and improve their wellbeing during a romantic relationship breakup by providing ideas for fun, easy things to do to help cope and helping young people to plan activities and increase their social support to speed the recovery process. The use of the app by teleweb service providers such as Kidshelpline and eheadspace acts to support the counselling advice provided over the phone or online.

Goalzie - Reachout.com, Western Sydney University and digital agency Zuni worked with school children in the west of Sydney in NSW to design this app, which aims to help young people get into the practice of asking others for help if they're in trouble. It allows users to challenge their friends to complete goals (such as writing a resume or doing a workout) or face chosen consequences (such as washing the car, not using Facebook for two days etc). The app also promotes Next Step, a help-seeking decision support tool, designed with 13 youth service organisations to ensure that young people get to the right support in a few simple steps.
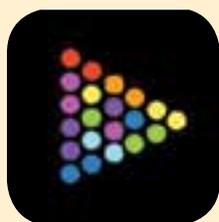
Music eScape - This app marries the evidence base from music therapy with the popularity of iTunes and Spotify. With just the swipe of a finger, young people can draw a music journey starting at how they currently feel and ending at how they want to feel, and the app matches this to a music journey that uses songs from their own music library.

Appreciate a Mate - The Safe and Well Online team conducted a five-year longitudinal study exploring the role of positive messaging and experiential learning. Based on evidence that gratitude is good for your mental health, young people can send customised messages, inspirational quotes and compliments to their friends using the '@ppreciate' app. They can then share the pictures on Instagram, Tumblr, Facebook and Twitter.

Recharge - Move Well, Sleep Well, Be Well - Bringing together the evidence regarding good sleep hygiene, this app is designed to improve young people's wellbeing (particularly men's) by helping to regulate their sleep/wake cycle. Participants are taken through a personalised six-week program helping to establish good sleep routines and encourage positive behaviours such as exercising.

Other Apps for Young People

Smiling Mind - A guided meditation app developed by psychologists and educators designed to help bring mental health and wellness into users lives. It has meditation programs suited for ages 7 to 11, 12 to 15 and 16 to 25 years.

ReachOut WorryTime - The app helps young people control anxiety by scheduling worrying so that it is confined to a specific time each day. Learning to capture and then postpone worrying makes it less intrusive and can bring about a greater sense of control.

ReachOut Breathe - The app helps young people to reduce the physical symptoms of stress and anxiety by measuring their heart rate through an iPhone or Apple watch and helping them to slow down their breathing by following visual prompts.

Headspace Meditation - This app provides free meditations for young people to help them find clarity and calm using evidence-based stress reduction and cognitive therapy techniques. It has programs for various age groups, starting from children aged '5 and under'.

The Check-in (by youthbeyondblue) - Developed in consultation with young people, this app helps young people to take the fear out of having a conversation with a friend who could be struggling. It provides building blocks for how they could approach their friend and give them the confidence to know what to do if their friend says they do need support.

Others

'Smart' fitness activity trackers - A variety of biometric devices (watches, wristbands or clip-on pedometers) are on the market which help users to improve their general wellbeing by increasing their exercise, tracking their progress towards short and longer term goals as well as setting positive sleep/wake cycles. These include (but are not limited to) brands such as Fitbit, Garmin and Jawbone.

Hello Sunday morning - Hello Sunday Morning is an online community platform that aims to promote a movement towards a better drinking culture. It encourages participants to share stories of how they have enjoyed their Sunday mornings after refraining from drinking too much alcohol. It also provides technology to support individuals in changing their relationship with alcohol, such as their 'Daybreak - Drink less' app.

Rewrite Your Story - Developed by the Office of the Children's eSafety Commissioner, Rewrite Your Story is interactive online information portal helping young people to receive guidance and support from friends and professionals relating to bullying, and empowering them to rewrite their story. It also contains resources for parents and teachers.

reword - This headspace tool is available online (not as an app) and helps young people to identify cruel or intimidating language in real time, prompting users to reconsider their potentially hurtful message or social media post before hitting send. Visit the ~~reword~~ website **http://reword.it**

ImageUp - This all-in-one app developed by Telethon Kids Institute in participation with young people allows them to post to Instagram, Twitter and Facebook at the push of a button, track their likes and retweets and keeps them Cyber Savvy about image sharing. Each time a young person posts they are shown short messages so they can pause for thought and decide if they really want to post the image. Helpful alternatives are also provided for when young people receive an unwelcome request.

The Toolbox - The Toolbox is a collection of more than 50 wellbeing apps endorsed by professionals, and rated by young people, that are available online. It is available at the Reachout.com website **http://au.reachout.com/sites/thetoolbox**

headspace.org.au - headspace has a two-page list of Apps for children and young people's mental health, available on its website **headspace.org.au**

Appendix Two – Fact sheet for Project Synergy

What is Project Synergy?

Project Synergy is the term used to describe the 12 community research trials that will be delivered over three years using $30 million funding provided by the Australian Government's Department of Health (2017-19). Each trial will test the efficacy of the Synergy Online System with different groups of people in different settings and locations, with different partner organisations. All trials use participatory design methods and a research and development (R&D) cycle.

What is participatory design and the R&D cycle?

Participatory design is where solutions to problems identified are co-created and co-designed with the end-user, and then trialled with end-users in real life settings. The R&D cycle that each trial will follow always begins with participatory design workshops. End-users help inform the (re)development of the Synergy Online System through the continuous and iterative use of participatory design, user (acceptance) testing and rapid prototyping methodologies as well as naturalistic (clinical) studies in the community.

What is the Synergy Online System?

The Synergy Online System is a technological platform that moves the centre of mental health care from service providers to the person, and family, seeking care. The system is consistent with the Australian Government's mental health reform agenda which prioritises and supports reform of national mental health care services.

Who owns the Synergy Online System?

The University of Sydney owns the Synergy Online System. The University has exclusively licensed the Synergy Online System to InnoWell Pty Ltd for three years (2017-19) to ensure the technology is extended and applied in the community.

What are the origins of the Synergy Online System?

The System was developed by the Young and Well Cooperative Research Centre (CRC) and the University of Sydney's Brain and Mind Centre. On 30 June 2016, the Young and Well CRC novated the technology and related IP to the University of Sydney.

What is InnoWell Pty Ltd?

InnoWell has been established by PWC and the University of Sydney to facilitate reform of traditional and new online mental health services and to position Australia as a global thought leader in digital health solutions. InnoWell will commercialise evidence-based, tech-enabled products and services that use the Synergy Online System. InnoWell will deliver the Project Synergy trials in partnership with other organisations.

How will the trials engage with other organisations?

Each research trial will involve InnoWell partnering with at least one organisation that will provide the setting, access to the appropriate population group in the community and 'real-world' implementation of the technology solution in practice.

What are the KPIs for the research trials?

The Project Synergy trials' key performance indicators focus on real reform of Australia's mental health sector to deliver the right care, at the right place, first time, every time. This will be measured by assessing the:

1. inclusion of people defined as end-users (general population, clients, supportive others, health professionals, service providers, those with a lived mental health experience) in the creation, design, development and evaluation of all technology solutions

2. implementation of, and training (clinical, service, digital) for, technology solutions integrated into partner organisations (traditional/online services)

3. achievement of mental health service reform within partner organisations and across the mental health sector more broadly

4. increased collaboration (not competition) between partner organisations and across the mental health sector more broadly, and

5. improved end-user experience of mental health services as delivered by partner organisations as well as overall improved health outcomes.

Who can provide more information?

Professor Jane Burns on 0438 161 516 (CEO of InnoWell) or Professor Ian Hickie AM on 0438 810 231 (Professor and Co-Director of the University of Sydney's Brain & Mind Centre).

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