



Youth Mental Health Summit

Wednesday 28 March 2007 held at the Redcliffe Area Youth Space

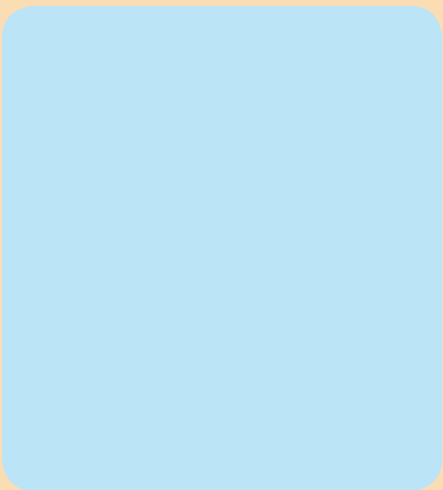




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“Over the 6 years I have been receiving support I have been fortunate to work with some very caring and supportive people. My first high school social worker that I saw in grade 10 made a huge difference in my life..... I have found that of all the therapies that are offered, I find “talk therapy” the most effective. I have tried various medications, sometimes being on up to 3 different types at once, and many times it left me feeling detached from myself and the world.”

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Executive Summary

75 % of people who have a mental illness will have their first episode before they are 25 years old.¹ It follows that if we as a community want to effectively support people with mental health issues that early intervention and prevention targeted for young people are critical.

Young people's lives are complex, and many of the issues that the youth sector work confidently on with young people (including: drug and alcohol, housing, education, employment, family relationships) both impact on and are impacted on by young people's mental health.

The Youth Sector recognises that they need confidence and competence in working in the area of mental health.

The Mental Health Sector recognise that mental health impacts upon all other areas of people's lives yet lack confidence in addressing issues with young people

Young people clearly require the commitment of both sectors to improve their capacity to engage and work with young people with mental health issues. This requires collaboration, knowledge, resources and a willingness to engage in the process.

March 28, 2007 saw the first Youth Mental Health Summit held in ten years. In the lead up to the summit the Queensland Alliance and the Youth Affairs Network of Queensland and their members worked together over several months. The process of organising the Summit provided opportunities for the youth sector and mental health sector to work together.

Given that it is young people who this lack of collaboration impacts on it was imperative that young people were involved in the organising and presentation of the Summit.

The YMHS clearly showed that young people have insight, awareness, reflections and clear ideas about the range and types of supports and services that young people require. Young people are seeking to be heard at both an individual level and a structural and policy level.

At its most simple young people are asking for the following:

1. To be listened to, to have someone to 'just be there'
2. That those professionals they have contact with are competent, confident and willing to learn.
3. That they are able to give and receive support from their peers and families.

Critical issues raised from the Summit include:

- The child and youth mental health system and the adult system are markedly different and there is little support in the transition
- The response time does not reflect young people's identification of their own need for a response
- The NGO Mental Health Sector is small and poorly resourced
- The Youth Sector require support and resourcing in the area of mental health.
- Ensuring that young people's basic economic and social rights are met is a vital step towards preventing severe mental health issues from developing and aiding young people to recover if/when they do experience difficulties

The interest in the Summit from across Queensland indicates the intent to work with young people in their local communities to provide support including prevention, early intervention and crisis/ post crisis support. While there are currently some initiatives aimed at coordination of support services for young people who may experience mental health issues these initiatives will not provide coverage across Queensland. The following recommendations seek to increase support to young people across Queensland.

Footnote:

- 1 Mental Health Council of Australia
<http://www.mhca.org.au/AboutMentalHealth/factsheets/AdolescentYouthMentalProblems.html>

Recommendations

1. Map existing youth and mental health services and workers, in Queensland. This information to be then used to
 - a. Promote existing services to local communities;
 - b. assist local youth and mental health services to identify each other and share information and expertise;
 - c. effectively plan service delivery across the State and ensure that all Queenslanders have adequate access to youth and mental health services.
 2. Increase resources for the provision of community based Youth Mental Health Services. Ensure these resources are located in services and places that young people currently access.
 3. Fund the establishment of an organisation to develop and deliver training by young mental health consumers. Current (or recent) users of youth mental health services would provide training to youth, mental health and other services based on their experience as consumers. Training and information sessions could also be delivered to young people.
 4. Establish and support a series of mechanisms of communication between young people, their families and carers and decision makers, policy makers, service providers including youth services, mental health services and the public mental health system.
 5. Make available introductory non-medical mental health training to youth services and other 'first-to-know' agencies (police, schools etc). The training to be provided cross sectors to increase the potential for shared learning.
 6. Fund a Collaboration Project based with the Youth Affairs Network of Queensland. The project would require \$600,000 over 3 years. The aim of the project would be to identify and work with 5 regions in Queensland to:
 - a. support youth and mental health services to work together and develop collaborative infrastructure (referral protocols etc).
 - b. Document this process and share successes and failures with other regions through the membership, forums, conferences and publications of YANQ and the Queensland Alliance.
- This recommendation builds upon the work carried out by the reference group and further developed at the Youth Mental Health Summit. The Collaboration Project has the capacity to have reach across Queensland.
7. Address relatively low levels of wages/salaries for community-based youth and mental health workers. This will reduce levels of turnover, reduce training costs and increase levels of trust in services.
 8. Recognise, through funding and other means, the benefit of non-medical interventions that can prevent mental health problems from developing:
 - a. safe, secure housing;
 - b. liveable income;
 - c. access to public space and recreation;
 - d. affordable public transport.
 9. Eliminate the mistreatment, including the denial of anaesthetic; delay of treatment and rough handling by emergency services to young people that self-harm.
 10. For the most part, mental illness is a whole of family issue and therefore, research and support is required not just for young people experiencing mental illness, but for entire families where mental illness is present. Families, carers, and significant others should be involved in the negotiation, development, and implementation of policy and services.



Introduction

The State's first Youth Mental Health Summit in over a decade took place on Wednesday March 28, 2007 at the Redcliffe Area Youth Space. A crowd of over 150 individuals, including young people, representatives from the Youth and Mental Health Sectors, and politicians at both the local and state level, gathered to listen to a panel of young people share their mental health experiences, take part in industry workshops, and develop recommendations for implementation to the state government of Queensland.

The Summit was funded by the Mental Health Branch, Queensland Health and announced by the Hon. Warren Pitt MLA during the period where he was to become Minister responsible to mental health in Queensland. - Queensland's Minister for Communities, Disability Services, Aboriginal and Torres Strait Islander Partnerships, and Seniors and Youth.

The idea for the Summit originated with Emma de Tassanyi, a dissatisfied client of the mental health system. Emma sought the support of the Queensland Alliance and the Youth Affairs Network of Queensland (YANQ) to bring together professionals from both sectors to initiate change, and stream line and improve services for young people transitioning into adult mental health services from the child and youth mental health system.

The Queensland Alliance represents non-government, not-for-profit organisations that work to meet the needs of people with mental health issues, including consumer groups, family and carer groups, and non-government community-based service providers across Queensland.

The Youth Affairs Network of Queensland Inc (YANQ) is the peak community youth organisation for Queensland, representing individuals and organisations from Queensland's Youth Sector.

The Summit was also sponsored by Redcliffe City Council. The funding from the Mental Health Branch, Queensland Health included a generous travel subsidy budget for delegates outside of South East Queensland; with the purpose of the subsidy being to encourage young people and NGO workers from as many areas of the state as possible.

The development of the Summit involved participation from a number of youth and mental health organisations, and was four months in the planning. During the early stages of the Summit planning, it was decided that actual youth involvement was imperative. The Summit Reference Group felt it was important that the actual target group have a voice in this process, and be able to take part in the recommendations they were hoping would be developed from the Summit. It was a natural step from that decision to suggest the Summit take place in a youth centre, where young people would feel comfortable and where the atmosphere would be less formal.

The journey from a simple concept to a well attended, effective Summit gathering, was inspiring and informative for everyone involved. Two different sectors came together and learned a great deal from each other, developing an even deeper level of respect and admiration for the work done by each.

It is the hope of the Summit Reference Group that "Working Together: the Youth Mental Health Summit" will be an annual event that can continue to unite young people, two sectors and Government for the ultimate benefit of young people living with a mental illness in Queensland.

The Reference Group

A Reference Group was formed and members of this group were chosen from within the networks of the two peak bodies, Queensland Alliance and YANQ.

The purpose of the Reference Group was to provide advice to the organisers about:

- themes;
- content;
- structure and process of the summit;
- do by example what we wanted out of the summit - that was for youth sector and mental health sector NGOs to work together; and
- assist the organisers to connect with young people with mental health issues.

Members of the Reference Group included:

- **Amy Winnett** Summit Organiser, Redcliffe Area Youth Space/Queensland Alliance
- **Anna Spencer** Associate Director, Jabiru Youth Service
- **Jude Bugeja** Coordinator, The Brook RED Centre
- **Andrew Matheson** Stepping Stones Club House
- **Michael Ireland** Project Officer, Carers Queensland
- **Rachel Barnett** Clinical Nurse, CYMHS
- **Jarryd Williams** Manager, Redcliffe Area Youth Space
- **Naomi Rayward** Youth Worker, Redcliffe Area Youth Space
- **Cassie Rolland**
- **Jeff Cheverton** Executive Director, Queensland Alliance
- **Louise Villanova** Sector Development, Queensland Alliance
- **David Powell** Network Development Officer, Youth Affairs Network Queensland
- **Nellie Worringham** Youth Panel Coordinator, Queensland Alliance
- **Jo Pringle** Youth Panel Coordinator, Queensland Alliance
- **Sam Lesevic** Youth Panel Coordinator, Queensland Alliance

The Reference Group included three key young people whom offered direct input. These three young people also formed and coordinated the Young People's Panel.

The Reference Group met several times prior to the Summit to form the basis of this Youth Mental Health Summit. Meetings were held on these dates and venues;

- Tuesday September 19, 2006 at YANQ
- Thursday October 19, 2006 at YANQ
- Thursday November 16, 2006 at YANQ
- Thursday December 14, 2006 at YANQ
- Tuesday January 16, 2007 at Redcliffe Area Youth Space
- Thursday February 1, 2007 at Stepping Stones Clubhouse
- Thursday February 15, 2007 at Stepping Stones Clubhouse
- Thursday March 8, 2007 at Queensland Alliance
- Tuesday March 27, 2007 at Redcliffe Area Youth Space

Following the Summit, a final Reference Group meeting will be held on Tuesday April 17, 2007 at Queensland Alliance.

“....being able to talk to someone who has been there done that.... feeling completely un-judged...”



Objectives

The Summit objectives were:

- To provide young people that have had, or are continuing to experience mental health issues an opportunity to influence the development of youth mental health service policy in Queensland.
- To identify and recognise the value of community and youth service organisations that work with young people who present with mental health issues, and to recognise their ability to provide early intervention strategies in conjunction with their child and youth mental health counterparts.
- To improve the quality of existing youth and mental health services in Queensland by:
 - sharing young people's experiences directly with youth / mental health professionals
 - sharing expertise between the youth and mental health service sectors; and
 - building on the existing skills of these two groups, enabling them to feel more confident in assisting young people with mental health issues.
- Provide young people with the knowledge and skills to assist them to:
 - seek help for themselves if and when they experience mental or emotional difficulties;
 - assist and encourage their peers to seek help.

Why We Needed A Youth Mental Health Summit

Good morning Minister Pitt, Cr Winchester, everybody else here today.

I've been given the chance to just explain why today needed to happen and I was going to try and just explain it in terms of statistics, but I wasn't really able to really get across why I personally care about this stuff. I first started to care about this stuff when I found myself in the position of being diagnosed with a mental illness.

Almost 4 years ago I had a thirty second phone conversation from someone working in the adult mental health system. I don't know the name of the person that I spoke to, I don't know what exactly their role was. What I do remember is the words 'we cannot help you'. 'We cannot help you because you are not sick enough'. I sat there with my best friend, both of us crying out of sheer frustration that we had worked our way through the list of ten people or services that could potentially help, but couldn't find anyone to help.

Less than twelve months later, I was sick enough and

I spent almost two years being 'sick enough' to receive what basically amounts to basic health care. By the time I was 'sick enough' I wasn't working, I wasn't studying, I wasn't having a life outside the walls of a hospital.

The help and support I have received over the past couple of years has quite literally kept me alive and I am grateful for that, but I did not want things to get as bad as they did. I wanted help earlier. I asked for help earlier but couldn't get it and the help I did wind up with was at times inappropriate and pretty ineffective.

So what went wrong? How could things have been better? What improvements can be made? There are no easy answers, so that is why today is happening. Today is about working out how to create services that can better meet the needs of young adults who are experiencing the onset of a mental health problem.

The events leading up to today really reflect what a huge and complicated issue this is. The concept of today's Youth Mental Health Summit has grown from

a small proposal I raised as a member of the Greater Brisbane Ministerial Regional Community Forum. At the time I thought that maybe we could organize some kind of meeting or network to develop linkages between service providers. I was thinking maybe ten people. Soon after I met Jeff Cheverton from the Queensland Alliance on the tarmac of Adelaide airport while we were waiting to board a flight back to Brissie. We were both chatting away after we noticed we were each carrying conference stuff from the Mental Health Services Conference. We caught up back in Brisbane and with David Powell from Youth Affairs and a couple of other people and soon we were talking about a forum for maybe 50 people, then it was lets have a Summit for the Greater Brisbane region and then it morphed into a state wide initiative which has brought together 165 people today.

When we were brainstorming and thinking about the possibility of something like today being held, we thought a lot about what some of the key issues are. A couple of things kept emerging.

Firstly, young people don't want to be treated alongside older adults who are living with chronic illnesses, but that is exactly what is happening in today's system when young people automatically enter the adult system at 18. When you have first been diagnosed as a 19 year old, being treated with adults who have been unwell for 20 years or something doesn't give you the message that you can get better and move beyond all of this mental health stuff.

Secondly, accessing early treatment in such a system is really difficult and in the long run, it makes things worse for everyone when treatment is delayed. Given that 75% of mental illnesses first emerge in young people aged 18-25 years, more attention has to be paid to developing effective intervention and treatment options that are going to try and stop young people from becoming chronically unwell.

I don't want today to be about bad attitude, no staff, no money, lack of resources or who is responsible for fixing all of this. I reckon we are all responsible and I'm sure that everyone here is more than aware of the problems plaguing every sector of the mental health system. But I think today is about putting all of that aside and for one day just saying 'okay, that is the way things are at the moment, it sucks, but what can we do to work with what we have and how can we make

things better in some little way'. So today has to be a group effort. I want people to listen, not everyone is going to agree, but talk to each other and work out how you can help each other to work more closely and commit to making one small change when you go back out into the community.

I don't normally go around sharing cheesy quotes, but I couldn't resist today. Margaret Mead said:

'Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has'

- Margaret Mead

So if today everyone here today takes away one new idea and used that new idea to help just one other young person, that is at least 165 young people who may get some benefit from today.

Thanks to everyone for being here today. I hope today is useful. Enjoy it and make the most of it.

Speech presented by Emma de Tassanyi

Minister Pitt's Speech

- The first thing I must do today is thank and congratulate Emma. I'm told this summit would not have taken place if it wasn't for Emma's hard work and perseverance — so for that, Emma, we really are grateful. I am told that you came up with the idea, you ran with it and you convinced everyone that it would be a good idea. Congratulations.
- I also acknowledge the outstanding contribution of members of the Redcliffe Area Youth Space, who are hosting us here today.
- I appreciate the opportunity to be with you today and to discuss some of the many issues associated with the subject of youth mental health in Queensland. This summit provides an avenue through which ideas, experiences, and opinions can be aired, challenged, debated and analysed.
- I would also like to acknowledge and thank Queensland Health, for providing funding of \$30,000 to cover the cost of staging the event.

HEALTH ACTION PLAN:

- From the outset today, I want to reassure you that Queensland Government's commitment to mental health continues to remain very firm.
- Figures from Queensland Health show that mental health spending in this state has risen from \$240 million in 1997-98 to a record \$600 million this financial year. The government is spending an extra \$366 million over five years to further enhance mental health services in Queensland and provide extra support to sufferers of mental illness. This increase will contribute to improved access for people with mental illness and mental health problems and increased service responsiveness in partnership with the non-government sector. This is a very clear demonstration of the level of importance the Queensland

Government places on mental health service delivery in this State.

- The government's commitment is exemplified by its support for and involvement in this summit, which has come about through the spirit of cooperation shown by everyone involved. I am told that the planning committee has received excellent support from various organisations and individuals. This clearly demonstrates the enthusiasm and dedication behind the decision to hold the summit — which is the first of its kind in the past 10 years.
- A couple of years ago, an article was published in Reader's Digest that quoted Dr Jane Burns, a senior program manager with Beyond Blue, a national depression initiative funded by the Federal and State governments.
- Dr Burns was commenting on a national mental health survey, which showed that as many as one in five adolescents had reportedly experienced symptoms of depression at some stage. Dr Burns said factors such as the soaring divorce rate and rising academic pressures could push kids to the brink. She said that as a result, adolescence for many teenagers was no longer just a moody period from which they eventually emerged as well-adjusted young adults. Dr Burns said adolescents could suffer the same chronic depression that was once considered an adult disease.
- That statement is very significant because it pinpoints the fact that diverse community attitudes exist about this subject — and that our approach to it needs to change.

TIMES CHANGE:

- People of my generation sometimes find it difficult to understand why teenagers of today are more likely to suffer from mental health problems.

- When I was a teenager most of us did not even recognise or admit the fact that there was a mental health problem in the adolescent community. We heard stories about how tough it was for our parents and grandparents — and it was tough. We heard war stories, accounts of the Great Depression, graphic descriptions of oppressive teaching methods and so on. While the majority of us did not experience these hardships first-hand, we were close enough to them to be influenced by them.
- So the reaction of some people — and it is quite a natural reaction — is that today's teenagers have everything. They have money and time and technology. They have greater access to higher education. They have work and travel opportunities we could only ever dream about. However, what many people do not realise is that not all of these advantages and opportunities are available to all adolescents.
- Today's pressures and problems may not be the same as the past but they can be just as serious — and they can present themselves in many different ways. What appears to be a great opportunity for one person may be a painful experience for another.
- That's why I repeat Dr Burns' simple statement — that adolescents can suffer the same chronic depression that was once considered an adult disease.
- It highlights the fact that if we can make a real impact on reducing levels of mental ill health in adolescents, we will reduce the incidence of the problem in adulthood. This raises a number of issues — and certainly reinforces the reality that anxiety and depression are very real and growing problems within the 12 to 17-year-old age group.
- It tells us that some methods of treatment and care that were appropriate five or 10

years ago are almost certainly no longer effective or appropriate.

- It tells us that the approach we use to help with and solve mental health issues for adults is not appropriate for adolescents.
- It tells us we have to be flexible, innovative, intuitive and not afraid to listen to every bit of advice we get — because we never know where the best advice may come from.

THE SUMMIT:

- This summit provides all delegates with the opportunity to listen and learn from the experiences of others. Most importantly, young people will be able to tell their stories — and share their experiences. This allows both workers and young people to listen and offer significant advice about ways in which services can be delivered. Services have to be responsive to young people's needs — and the optimum level of responsiveness can only be achieved if all options are made available.
- Another imperative is communication — there is no use having various options and an array of services if those needing the services don't know about them. And when it comes to communication in the youth mental health area, personal contact and understanding is absolutely essential.
- This point was reinforced in a powerful way last month when the Premier and I attended the youth forum on alcohol and drugs. On that occasion, it was both compelling and emotional to hear first-hand from the young people directly affected by an issue. I am confident that the same will occur today.
- Research tells us that young people are at greater risk of developing mental health problems if they are:
 - socially alienated or disadvantaged
 - unemployed
 - early school leavers

- of Aboriginal and Torres Strait Islander descent, or
- residents in rural and remote Australia.

- While these are the most at-risk groups, we cannot forget that anxiety and depression can strike in any suburb, any district, any socio-economic level and any family. No individual or group is immune to the effects of mental illness. It is a debilitating, painful and costly disease that can strike when least expected and can produce devastating results.

- If we are looking to achieve the best results from the services we provide, relevant government departments have to collaborate closely in the planning and delivery of those services. There is a compelling need for closer links between mental health and educational services.
- Better communication between the various units that comprise mental health services is also essential. This would promote a clearer understanding of the focus of programs in different units. It would also enable a young person to be referred to the particular program that would provide the most appropriate assistance and care.

TRANSITION TO ADULT SERVICES:

- We have to concentrate on the continued demand for information, education, and raising awareness — as well as reducing the stigma of mental ill health for young people and their support networks.
- We need to focus on the need for a range of training and supports to assist youth and mental health workers — to meet young people's mental health needs. The identification of mental health service gaps for young people also needs special attention.
- Another aspect of utmost importance is the transition of young people to the adult mental health system. I believe there is general acknowledgement of the concerns about young people making this transition.
- The age of 18 is the general point at

which a young person becomes ineligible for youth mental health services but may be accepted for service within the adult system. Many adolescents find that the prospect of change can be challenging to say the least — for some, it is frightening. For young people who are feeling vulnerable, the process of moving from a youth-friendly mental health service to a generic adult system can be very difficult. Research tells us that transitioning at any point in life can be a time of considerable vulnerability. It is therefore crucial to plan each step — and to provide support along the way as necessary.

- It has been clearly demonstrated that strong social ties, participation in meaningful and interesting activity, and a sense of purpose and worth are all linked with better physical and mental health. At the same time, being socially isolated or inactive can threaten our health and wellbeing.
- Those elements must be fully considered and woven into the services being provided.

CONCLUSION:

- This summit gives each of you the opportunity to have your say in planning for future youth mental health services in Queensland. I encourage you to make the most of this opportunity and to play your part in providing this state with the best possible services available.
- To all those involved with the staging of this conference, I again say thanks — and with that, I have much pleasure in declaring the Youth Mental Health Summit officially open.

**Speech presented by Hon Warren Pitt
MLA, Minister for Communities, Disability
Services, Seniors and Youth**

“I live in supported accommodation through an organisation offering housing for youths aged 16-21 who are homeless or at risk of homelessness. I was fortunate to find them when I did, or there is a good chance I wouldn’t be sitting here today, and my situation would be very different. Unfortunately, organizations such as this are few and far between, and not everyone is as lucky as I am to have a roof over my head and a stable environment to fall back on in times of crisis.”

The Program

The Reference Group came up with this fantastic one day program for the Summit;

9:00am	Welcome to Country Peter Bird and Lorraine McKenzie, Mereki Association
9:10am	Official Opening Siyavash Doostkhah, Director of YANQ Councillor Koliana Winchester, Redcliffe City Council Lillian van Litsenburg, State Member for Redcliffe Hon Warren Pitt MLA, Minister for Communities, Disability Services, Seniors and Youth
9:20am	Why we needed a Youth Mental Health Summit Emma de Tassanyi – Summit Instigator
9:30am	The Public Mental Health System in QLD Dr Ness McVie, Principal Advisor in Psychiatry Mental Health Branch, Department of Communities
9:40am	What works? What could work? Young Persons Panel
10:30am	Morning tea
11:00am	Split Session: a) Youth Work and Mental Health Practice: Commonalities, Differences & Challenges Louise Villanova & Molly Galea, Queensland Alliance b) Facilitated discussion for Young People Emma de Tassanyi, Jo Pringle, Nellie Worringham, Sam Lesevic & members of the Young Persons Panel.
12:00pm	Lunch & Entertainment
1:00pm	Workshops (a – f)
2:15pm	Afternoon tea
2:45pm	Workshops (g – l)
4:00pm	Closing Ceremony: Where to from here....
5:00pm	Social Sausage Sizzle (optional attendance)

The Workshops

The Reference Group brainstormed over 24 workshops to achieve the Summit's objectives. Given time and available resources, listed below are the workshops which were offered on the day.

	Workshop title & Presenter(s)
a	Building Resilience: Teaching skills to prevent anxiety and depression Derek Amenkowicz, Pathways Health & Research Centre W
b	Young People, Homelessness and Mental Health Sally Foster, Homeless Health Outreach Team and Angela Barnes, Team Coordinator, Brisbane Youth Service W
c	Using the Reach Out! Website as a Tool for working with Young People Carolyn Morey and Bec Coleman, Reach Out! W & YP
d	Learning Circle: Youth and Mental Health NGO workers sharing their experiences and identifying ways in which the sector can come together Anna Spencer, Jabiru Youth Service and Jude Bugeja, The Brook RED Centre W & YP
e	The Challenges of Self-harm: A facilitated discussion Gigi Lacey, TAFE Mental Health, Nellie Worringham, Consumer Advocate and Naomi Rayward, Redcliffe Area Youth Space W & YP
f	Young People sharing Stories through Movement, Drama and Voice Jen Barrkman, Queensland Alliance and Deb Driscoll, Brisbane Playback YP only
g	Make-your-own Recovery Toolkit Jo Pringle, Consumer Advocate and Rachel Barnett, CYMHS W & YP
h	Who makes the Decisions in Your Service? Models of Decision Making that give Control to Service Users. Andrew Matheson, Stepping Stone Clubhouse W & YP
i	Young Indigenous Men Taking their Rightful Place – how one Aboriginal community achieved results Bradley Baird, Gurriny Yealamucka Health Service and Janya McCalman, James Cook University W
j	Mental Health Promotion: Using 'Process Drama' to advocate a Strength's Based Approach Gail Fotheringham and Tracey Sparksman, Youth Health Promotion, Mental Health Foundation of New Zealand W & YP
k	Learning Circle: Youth and Mental Health NGO workers sharing their experiences and identifying ways in which the sector can come together Anna Spencer, Jabiru Youth Service and Jude Bugeja, The Brook RED Centre W & YP
l	Roads to Recovery – A facilitated discussion about the Hospital to Community transition Michael Connor, Stepping Stone Clubhouse W & YP

Summit Photos





Young People's Panel

Aim:

The goal of the panel is to give young people the opportunity to voice their opinions, views and personal experiences about mental health. This information will hopefully encourage mental health services and non-government organizations to increase the standard of support they provide.

Over the past 8 weeks, our team has been busy interviewing young people to find out the real issues involved in youth mental health. As consumers ourselves, we were also able to raise issues which we felt needed to be addressed, and the youth panel is a reflection of our findings.

Objectives:

- 1 Give Young People an opportunity to influence the development of Youth Mental Health services
- 2 Increase recognition of the value of community services:
 - (a) that can intervene early to prevent mental health problems; and
 - (b) are youth-specific and recovery focused
- 3 Share Young People's experiences directly with youth/mental health professionals
- 4 Share expertise between youth and mental health service sectors
- 5 Build on the existing skills of youth and mental health workers to increase confidence working with young people with mental health problems
- 6 Provide young people with the knowledge and skills to:
 - (a) seek help for themselves
 - (b) assist/encourage peers to seek help

Members of the young people's panel:

- **Paige Anderson** Young Mother – Young Parents Program
- **Kim Clemments** Brisbane
- **Donna Baker** Young Carer - Monto Community Development Council Inc
- **Kelly Riggs** YSC Spiritus Care Services, Chinchilla
- **Katrina Walker** YSC Spiritus Care Services, Chinchilla
- **Rhianon Stuart** Interlink Housing and Support, Woodridge
- **Cassie Rolland** Brisbane

Questions for the panel:

- 1 What are some of the biggest issues surrounding young people today?
- 2 What's one of the best supports you have received? (What's worked)
- 3 What is one of the biggest challenges you have faced?
- 4 Do you think your experience is different living in rural/remote area?
- 5 How does your community understand mental illness?
- 6 Have you been apart of peer support programs? If so has it helped to break barriers and isolation? What's it been like?
- 7 If money was no issue what would the support look like for young people and mental health?

The Queensland Alliance employed the young people's panel coordinators Nellie Worringham, Jo Pringle and Sam Lesevic.

Outcomes

From the Summit, these were the challenges and solutions identified:

Challenges	Solutions
PUBLIC ATTITUDE	
Stigma	Community wide education campaign
Focus on mental illness rather than mental wellness.	Be careful of the language we use. It can frame expectations.
Schools negative attitudes towards mental health (eg. expelling or suspending young people who self harm)	Increase number of support staff for teachers. 'Whole of school' responses. Need education within schools about mental health issues.
PROFESSIONAL DEVELOPMENT	
Lack of professional knowledge Lack of recognition of the skills that NGO youth / mental health services do have.	Base community health workers in community services. More intersectoral meetings / morning teas / etc to develop relationships and trust between sectors. Services need to share resources. Buddy system so that mental health / youth workers can share ideas.
Lack of cultural competence. Loss of culture equals loss of meaning.	Need to view culture as a strength. Culture allows us to live life fully. Cross-cultural training to increase cultural competency.
High staff turnover and worker burnout.	Buddy system might help. Workers need to realise it's not about them (ie. self blame) - young people will 'change' when they are ready. Workers need to look after themselves - professional boundaries. Services need to support workers better (debriefing, professional supervision). Acknowledge the valuable skills workers have. Reduce fear about 'causing harm' - there is no 'right thing to say or perfect time to say it'.
Competitive funding that undermines efforts to work together.	Joint tenders, consortiums etc. MOU's
Lack of, or poor training or access to information.	Ensure TAFE / University courses cover mental health. Share training. Broadband internet connections for regional / remote services.

Challenges

Solutions

SERVICE MODELS

<p>Service not Accessible</p> <ul style="list-style-type: none"> • opening hours too inflexible • simply not enough services • resources are not where the young people are • adult focused, intimidating 	<p>Share workers.</p> <p>Need up to date regional directories of services.</p> <p>Improve referral systems (NGO <--> Clinical)</p> <p>Services need to describe themselves better - what is it we do!</p> <p>Encourage more young workers and those with own experience of mental health.</p> <p>Collaborative case management.</p>
Adhoc inconsistent assessments.	
Homelessness. A safe place to live that is accessible to services is a basic right.	
Getting support to young people.	<p>Young people get lots of support from peers. Therefore education for young people generally would help.</p> <p>Reliable information on the Internet - young people use the 'net to get a lot of their information.</p>
Young people's past negative experience.	<p>Base workers with expertise in the services that young people access (youth services, drop-in centres).</p>
Giving young people 'control'. There is a fear, or culture against doing this in many services.	<p>Use consensus decision making process to make small changes and gradually challenge power structure within services.</p> <p>What about a Youth CAG?</p>

OTHER

Advocating effectively at a broad level.	Take issues outward (broaden) and upward (eg. to Peaks, to Government, wider community)
<p>Treatment of young people that self harm in Accident and Emergency services. Some examples of young people:</p> <ul style="list-style-type: none"> • being denied treatment ("you're just seeking attention", 'we only have time for people who didn't hurt themselves on purpose'. • or treated very harshly (eg. no anaesthetic, rough handling - 'maybe this will teach you not to do this to yourself'. 	Advocacy campaign by Peaks.
Intervening early to prevent problems getting worse.	<p>More services in the ground.</p> <p>Move away from a 'treatment only' model, to teaching ALL young people resilience skills (eg. Friends program).</p>
Boredom	More activities for young people in communities.
Making connections into the community for young people in hospital.	

These were the similarities and differences identified between Youth and Mental Health sectors:

Similarities	Differences
<ul style="list-style-type: none">• Relationship focused.• Strengths based.• Recognise basic needs (human rights) - eg. Housing• Principles of:<ul style="list-style-type: none">- young people as experts- collaboration• Goals of linking clients with and strengthening support networks.	<ul style="list-style-type: none">• Assessments (clinical)• Medical model• NGOs interact more with schools• Insecurity of community services vs. 'security' of hospital

Other issues identified from the Summit included:

- Infrastructure for youth
- Policy/procedure review

Outcomes from the Young People's Session:

Key discussion themes

1. Relationship building

- Young people want to build relationships with all workers that are in a position to provide support. The important roles of such relationships were reflected in the discussion of the idea that young people want consistent and positive support that is provided before they reach crisis point.
- It was suggested that such relationships help prevent and manage crises more effectively.
- Young people simply want someone to 'just be there', listen and hear what they say and for people to believe what they are saying.

2. Training, education and role models

- Young people want GPs, youth workers, teachers, police and other people they consider as leaders or role models, to receive education and training on how to best help young people. A very strong theme emerged surrounding this and GPs were highlighted as people they would most like to receive education and training.
- One example that was discussed was the help that is and can be provided by police. They would like to build a relationship with police in, for example, schools.
- Young people want to be involved in training and education of support people.
- The young people that attended this session wanted role models that were willing to share their personal experiences to demonstrate that they understand the issues they are experiencing.
- The participants suggested that more education about mental health was needed and they thought that this had to start earlier on, such as in primary schools.

3. Friends and families

- Young people want to know how to help and support their friends.
- Developing action plans with friends and families would help young people feel more in control and help.
- The idea of control was raised and it was expressed that young people do not want to be forced to do anything, but it was also raised that they want people to offer to help because it can be difficult to ask for help.

Engagement

Young people suggested that they are made aware of places and people that they can go to for help and support. Some suggested strategies to promote awareness were:

- Youth spaces
- Newspapers
- Centrelink
- Radio
- Internet and phone
- Support groups
- Providing free food to encourage people to seek help
- Friendly and approachable teachers, GPs, police etc who are able to refer young people to appropriate sources of further help.

All the workshops ran successfully. Some workshop presenters gave a brief summary of their sessions (these are to follow). Contact details for Organisations are available in Appendix C.

“We live in a world where people suffer in silence because they are afraid to seek the help they need. If there is one thing I have learnt on my journey it’s that people really do care and there are people who genuinely want to help you. The road isn’t easy, and I’ve still got a long way to go. But at the end of the day, I know that there are people who love me, and care for me and that when I get to the end of this rough road that I’m on, I’m going to emerge a stronger and better person.”

Workshop Summaries

Youth Work and Mental Health Practice: Commonalities, Differences & Challenges

Facilitated by Louise Villanova & Molly
Galea, Queensland Alliance

PURPOSE:

To outline and explore the similarities and differences between the Youth Sector and Mental Health Sector.

BACKGROUND & HISTORY:

Youth Work	Mental Health
Pre 1970 Volunteer and church welfare agencies - Children's Services Act 1965	Magical/religious Moral Hygiene Medical
1970s First government funding in Australia	Rise of moral treatment Systemic Medication
1980s Systemic approach to young people	Queensland History:
1985 Supported Accommodation Assistance Program (SAAP)	1869 First asylum
1986 Youth Allowance	Early 1900s Moral reform
1989 Our Homeless Children – Burdekin Report	1970s Start of community mental health care
1990s Early intervention and prevention services Reconnect, Youth Support Coordinator, YACCA Programs	1990's Deinstitutionalisation begins in earnest Disability services Health services
1992 Juvenile Justice Act,	
1999 Child Protection Act	
2000s Targeted funding SAAP continues Increase in professionalisation of youth work Increasing managerialism – more data, tendering, etc	

CONSTRUCTION:

Youth Work	Mental Health
Construction of young people by society Ideal Victim Parasite Threat	Social construction Medical Psychological Ecological

**Youth Work and Mental Health Practice:
Commonalities, Differences & Challenges**
continued/...

FRAMEWORKS:

Youth Work	Mental Health
Draws upon a range of theories	Medical
Social Justice – Access, Equity, Participation and Rights	Psychosocial rehabilitation
Relationship based support	Recovery-oriented
Resilience building and strength based	Advocacy & consumer control
Young people are central	Peer support
Reflective Practice – supervision external and internal	

PRACTICE:

Youth Work	Mental Health
Case work	Part of range of service providers
Outreach	Individual
Group work	Group
Peer Support	Day programs
Community development	Residential rehabilitation
Arts based practice	Step-up, step-down
	Self-help

STRATEGY:

Youth Work	Mental Health
Networking	Recovery – consumer's responsibility
Collective work	Assumptions of recovery
Structural advocacy	Psychosocial rehabilitation
	Principles of PSR

ARE YOU RECOVERY ORIENTED?

Youth Work	Mental Health
<ul style="list-style-type: none"> • How much discomfort will I sit with while someone tries out new choices, particularly those I think are unhelpful? • What assumptions do I have about this person – based on diagnosis, appearance, history or lifestyle? • Am I aware of my own unhealthy ways of coping? • Do I have hope? 	

Adapted from Mead & Copeland, 2000

PARTICIPATION:

Youth Work	Mental Health
Peer support	Peer support
Service development and management	Consumer advocacy
Policy	Service provision
	- By ally
	- By service user

**Youth Work and Mental Health Practice:
Commonalities, Differences & Challenges**
continued/...

ETHICAL PRACTICE:

Youth Work	Mental Health
Autonomy	
Beneficence	
Justice	
Non malificence	

(Corey, Corey and Callinan)

Case scenario

CARLA

- Carla 18, self harms regularly – cutting and taking overdoses
- Homeless, family in Melbourne, limited contact, staying with older friend who has young children – however Carla recently self harmed and friend doesn't want her back
- Carla is in hospital for a few nights. The hospital social worker contacts your service.

Small groups (consisting of workers from each sector discuss the following

- How might you work with Carla?
- What could you offer in the short term?
- In the long term?
- What sort of things would you discuss with Carla?
- What would be the point of your involvement with Carla?
- Would you have any reservations about working with Carla?

What did you discover?

- Similarities in philosophy
- Similarities in approach
- Were there any differences?

Make-your-own Recovery Toolkit

Facilitated by Jo Pringle, Consumer Advocate and Rachel Barnett, CYMHS

Jo, a young consumer; along with the Royal Children's Hospital Child and Youth Mental Health Service conducted an interactive workshop for participants around making a recovery toolkit. The workshop which proved hugely successful, involved participants decorating the outside of a cardboard box, and then filling it with items to assist in the recovery of someone suffering from a mental health problem.

Such items included a candle to help light the way, a stress ball, positive affirmations, a feather to help ease the fall, a lollypop when things turn sour, individual supports with contact numbers and a maintenance and medication plan to name but a few!

In addition to this, time was spent focussing on the importance of recovery, what workers can do to help; and tips to help young people manage and deal with stress.

For more information Please contact Rachel Barnett (RCH & HSD, Child and Youth Mental Health Service) on 07 3636 7878.



Young People, Homelessness and Mental Health

Presented by

Sally Foster Clinical Nurse Homeless Health Outreach Team (HHOT, Qld Health)
e: Sally_foster@health.qld.gov.au or
p: 07 3834 1673

Angela Barnes Program Manager Brisbane Youth Service
e: abarnes@brisyouth.org or
p: 07 3252 3750

Outline of the Presentation:

Mental Health is a growing area of health care in Queensland, health services continue to struggle with the practice methods to promote and increase the health of marginalised populations. One such group are those who are homeless with the literature consistently displaying a strong link between Homelessness and Mental Health. Within the homeless population, young people are a key sub-group.

The Homelessness Health Outreach Team (HHOT) are the first governmental mental health team set up in Queensland to address the needs of this population. HHOT is a multidisciplinary allied health team, comprised of nurses, social workers, occupational therapists, indigenous health workers, psychiatrists, psychologists and a team leader. HHOT work collaboratively with government and non – government agencies to address the needs of people who are homeless, aiming to provide a service that is recovery orientated.

Brisbane Youth Service (BYS) is a medium sized non-government organisation that has been offering holistic service to young people and young families who are homeless or at risk of homelessness for 30 years in the inner-city of Brisbane. BYS has a health team but has never had a focused mental health worker despite expressing the need for one for many years.

In April of 2006 HHOT began a weekly outreach clinic in the BYS drop-in. The details of this working relationship has been outlined via the development of a formal Memorandum of Understanding between the two organisations. The primary principle of this partnership is to provide an, accessible, responsive and holistic mental health service to homeless young people, with the aim of increasing young peoples knowledge and awareness, develop their skills, minimise the negative impacts of their mental health challenges, provide a smoother transition into mainstream services, decrease stigma and provide better mental health outcomes.

This presentation explored several case studies to highlight the different ways this new partnership is providing support to each service and to young people and invited the participants to share their thoughts, ideas and experiences.

It was also highlighted that a BYS lead consortium has been the recipient of a small grant from the new Federal Governments Headspace Initiative and with the employment of a consultant was working on a model of developing a Community of Youth Services in Brisbane under this initiative. This is aimed at improving young peoples access to mental health services and any

“Communication is essential in the role of recovery.... I have found that you need to let the people who care about you know what’s going on for you in order for them to be able to help you. This is a skill that has taken me years to learn, and one I am still learning more about every day.”

Learning Circle – Youth and non government mental health workers getting together to share their experiences and identify ways in which the sectors can be strengthened.

Facilitated by Anna Spencer, Jabiru Youth Service and Jude Bugeja, The Brook RED Centre

Participants were asked to identify gaps to working together:

Gaps:

- Lack of non government in mental health services that cater for and engage young people
- Lack of funding opportunities for sector development
- Lack of resources for both sectors
- No NGO services specializing in youth mental health issues .
- Unaware of organisations from either sector.
- Lack of education and training opportunities
- Lack of recognition of the professionalism of both sectors by Clinical mental health workers
- Lack of confidence in working with young people that identify as having mental health issues.
- Minimal communication with clinical services youth and adult
- Different needs for the under 25 age group

Resolutions

- As workers identify alternative services within the organisations community.
- Recognize skills of each sector
- Seek partnerships and develop relationships cross sectors- Memoranda's of Understanding, referral processes
- Undertake joint projects
- Create a register of services that span both sectors
- Link together to provide and expand training and education opportunities
- More Collaboration to apply for joint funding

Sharing Stories Using Movement, Drama and Voice

Facilitated by Jen Barrkman, Participation Consultant, Queensland Alliance
p: 07 38322600

What starts, stops or supports young people's participation? Using improvisation and movement a small group of young people gathered to explore their stories and to act them back using dramatic form based on Playback theatre. We used action processes to make connections and find out where everyone was from and then explored what supported young people to participate in their life. Families, friends, pet, camps, meeting new people, student support groups, fun activities, supportive youth workers, guidance officers, mentors, being listened to, feeling safe and chocolate were raised. Not having a place to live, lack of trust, negative people and peer pressure were some of the things that created limits on people's participation. Activities to warm up to movement and music helped us to share stories which we then acted back for each. Everyday stories emerged - a bike accident, grief and laughter at a funeral, anger and concern for a partner. Then young people chatted about their life and reflected on their journey and their experiences at the summit. Thanks for participating!



Roads to Recovery - A facilitated discussion about the Hospital to Community Transition:

Presentation of Peer Outreach Support as an innovative model to assist young people in the transition from hospital to the community in a partnership between Stepping Stone Clubhouse, the University of Queensland and the Princess Alexandra Hospital

Presented by

Michael Connor, Peer Outreach Coordinator,
Stepping Stone Clubhouse

Bruce Ferriday Peer Outreach Coordinator,
Princess Alexandra Hospital

Andrew Daniels, Peer Outreach Volunteer,
Stepping Stone Clubhouse &

Amanda Price, Peer Outreach Volunteer,
Stepping Stone Clubhouse

The workshop was basically broken into three main parts.

Firstly, there was some open discussion about what it was like being admitted into a psychiatric unit for the first-time, as well as their experience as an inpatient and then their transition back into the community as an outpatient. The discussion was lead by Andrew who gave personal insight into how he coped with being diagnosed, for the first time, with a mental illness. He spoke about having to deal with his own stigma towards people with mental illness and his gratitude towards a peer that took him under her wing and provided him with support in the way of a friendship. She assisted him with a basic understanding of his diagnosis, the symptoms, treatment and behaviours associated with that illness. Upon discharge, Andrew felt he was slumping again and sought his own private treatment with the help of his family and friends.

Amanda talked about what it was like to be admitted into hospital, the fear of not knowing what to expect and her feeling that her rights being taken away from her.

"I was drugged and put into isolation and had a cardiac arrest".

I became dependent on the system and even now still struggle with knowing how to look after myself back in the community. Amanda then spoke about becoming a member of Stepping Stone and her role in the Peer Outreach Project (POP).

The discussion then moved into an examination of the POP. Based on a pilot study conducted by Genesis Clubhouse in the US, this two year research project sought to measure the effectiveness of Peer Outreach Support. Members of Stepping Stone Clubhouse, like Andrew and Amanda, would visit the Psychiatric inpatient unit at the PA Hospital and provide support to inpatients willing to participate in the project. Participants in the experimental group would receive immediate support as an inpatient and then a 2 week follow-up phone call as an outpatient. At the end of the project those in the experimental group would be compared against peers in a control group that did not receive the support. If the results from the pilot study in the US are replicated, it would show that if an inpatient receives support from someone who themselves have had some experience of mental illness it will make a significant difference in their life; with both an increase in level of functioning and lower re-admittance rates.

Finally, there was some discussion about whether this Peer Outreach model could be utilised in assisting young people in their transition from hospital to the community. There was consensus that whilst issues surrounding young people may be specific to their age group the use of peer support would address any generational differences. There was strong support for more peer/consumer consultant type positions; especially within an inpatient unit of major hospitals like the Princess Alexandra and the RBH. The workshop ended with a discussion on the need for providing more scientific evidence, like the POP, in support of funding applications; especially if it shows how financially better off the funding body would be by funding such a project.

Evaluations

All delegates were given an Evaluation Form in their Summit Pack to provide feedback on the Youth Mental Health Summit. Opportunity to return their completed Evaluation Form was given at the Closing Ceremony on the day of the Summit and following the Summit via email or fax to the Summit Organiser.

Please refer to Appendix D for a copy of the Evaluation Form.

The percentage of delegate type whom has completed and returned their Evaluation Form to date were:

17% Mental Health Workers
40% Youth Workers
14% Young Persons
17% Youth Mental Health Workers and
12% Others.

When asked to describe an aspect of the Summit that stood out for the delegate, 52% of evaluated population said it was the Young People's Panel – the sharing of their stories and experiences. One person said 'it was fabulous and they could have listened longer'. Other aspects which stood out for delegates included the networking opportunities and some workshops namely Bradley Baird's "Young Indigenous Men Taking their Rightful Place – how one Aboriginal community achieved results".

86% of delegates identified they did make a connection with an organisation and will follow up with in the future. Some of these organisations include Headspace, Youth Emergency Services, The Brook RED Centre and Reach Out!

Of the evaluated population, 45% of delegates strongly agreed (5) and 50% agreed (4) that they felt the Summit provided opportunities for young people to be heard and only 0.02% of that population strongly disagreed (1) to this. 40% of delegates strongly agreed (5), 45% agreed (4) that they learnt from others at the Summit with only 0.09% were indifferent (3).

Asked if they felt more confident working with young people around mental health issues following the Summit - 31% strongly agreed (5), 19% agreed (4), 36% were indifferent (3) and 0.07% strongly disagreed (1).

17% of the evaluated population identified themselves as a young person (this included workers who are also a young person) strongly felt they were more confident seeking help for themselves and/or encouraging their friends/family to seek help for mental health issues.

A variety of feedback was returned when asked if there was anything about the Summit that the delegate thinks could have been done differently. Feedback included nothing it was good; shorten the formalities and allow more time for the "nuts and bolts"; and the suggestion of a two day summit.

Overall the feedback on the venue and catering was good. Some delegates were delighted with the Redcliffe Area Youth Space as a venue and believed it provided a youthful and casual environment for the Summit.

“One of the biggest challenges I have faced is my on going battle with self harm. This is very much a taboo issue with many people. If I could stop right now, I would, however, it's a battle that I am going to continue to face until I have found peace with myself and my past.”

APPENDIX A - Registrations

Registration forms were available online via the Queensland Alliance and YANQ websites.

Initially the Reference Group intended capacity for 100 people however due to the overwhelming response shortly following announcement of the Summit, capacity was raised to 150. Well over 150 registrations were received of which about 165 delegates were confirmed to attend (which allowed for a small "no-show" rate) and remaining registrations were waitlisted should numbers fall below 150 on the day. Details of those waitlisted were taken for receipt of the Post Summit report.

The delegates were a mix of government, non-government and young people from all over Queensland, the percentage of mix were as follows:

66% Non Government Organisation
20% Young People and
14% Government Organisations

Please note that Young Persons working for NGOs were not included in these statistics.

Funding from the Department of Communities included a portion of the funds be allocated to travel assistance

for workers and young people wishing to attend from outside of South East Queensland. The travel subsidy criteria were:

1. Eligible people were youth or mental health worker who attended with a young person, preference given to young person with mental illness;
2. Priority given to encourage people of Indigenous background to attend;
3. Priority given to those who have not had opportunities to attend conferences or state-wide events previously.

The Travel Subsidy Application Form was available online via the Queensland Alliance and YANQ websites. All Travel Subsidy Applications were directed to Queensland Alliance and YANQ for approval.

The travel subsidy budget catered for 16% of the registrations and attracted workers and young people from areas such as Cairns, Townsville, Hervey Bay, Chinchilla, Gladstone, North Rockhampton, Mount Isa, Pimlico, Monto and Yeppoon.

APPENDIX B - Media

The Summit was promoted through Queensland Alliance and YANQ networks and via youth, local, community and mainstream media. Press releases were distributed four and two weeks prior to the event. Media coverage included:

20 March
Courier Mail page 53 'Today' section

21 March
Redcliffe and Bayside Herald page 14
SE Advertiser page 16

27 March
ABC Longreach Morning Show
ABC Mt Isa

28 March
ABC Radio news
SBS Radio news
NOVA Radio News
Westside News page 13
ABC Drivetime Kelly Higgins Devine

30 March
JJJ Hack

04 April
Redcliffe and Bayside Herald page 30

Media representatives for the Summit included Jeff Cheverton, Queensland Alliance; Siyavash Doostkhah, YANQ; Nellie Worringham, Queensland Alliance; Jo Pringle, Queensland Alliance and Sam Lesevic, Queensland Alliance.

APPENDIX C - Contact Details

Organisation	Address	Suburb	PCode	Telephone
Anglicare Central QLD & Youth Links Inc	PO Box 5156 CQMC	North Rockhampton	4702	07 4927 8200
Bentley Park College	6 Hester Street	Edmonton	4869	07 4055 5573
BoysTown's Youth Pathways	22 Loraine Street	Capalaba	4157	07 3906 4912
Brisbane Playback				
Brisbane Youth Service				
Caboolture Area Youth Service	PO Box 1628	Caboolture	4510	07 5495 8201
Cadet	96 Milford Road	Boonah	4310	
Cadet	60 George Street	Caloundra	4551	07 5436 6000
Cadet	15 Cranes Road	Ipswich	4305	
Caloundra Youth Focus Inc.	PO Box 14	Golden Beach	4551	07 5492 2498
Career Keys	U2/37 Barkly Place	Marsden	4132	07 3274 4407
Carer Respite Centre	19 Hayes Street	Caboolture	4510	07 5498 3315
Carers QLD	15 Abbott Street	Camp Hill	4152	07 3843 1401
CCYPCG	PO Box 12671 George St	Brisbane	4003	07 3247 5509
CEA NAYSS Program	PO Box 215	Salisbury	4107	07 3710 8122
Centacare	195 Abbott Street	Cairns	4870	07 4044 0130
Centacare	2 Corbould Street	Mount Isa	4825	07 4743 4449
Child and Youth Mental Health Service - Royal Children's Hospital and Health Service District	PO Box 1507	Fortitude Valley	4006	07 38351409
Commission for Children, Young People and Child Guardian	T&G Building, 141 Queen Street	Brisbane	4000	07 3247 5145
Community Connections	5 Nundah Street	Nundah	4012	07 3266 5199
Community Focus Assoc. / Discovery Program	22 Beach Road	Maroochydore	4558	07 5479 3110
CRS Australia	PO Box 10720 Adelaide St	Brisbane	4000	07 3247 1500
CYMHS	c/ CFTU, Royal Children's Hospital	Herston		07 3636 7878
Department of Child Safety	GPO Box 806	Brisbane	4001	07 3234 2202
Department of Communities	10-20 Walkers Road	Caboolture	4510	07 5428 8300
Department of Communities	PO Box 2427	Toowoomba	4350	07 4699 4213
Department of Communities - Youth Justice	27 Cornmeal Parade	Maroochydore	4558	07 5475 9751
DETA	PMB 250	Mansfield DC	4122	07 3422 8661
Disability Services QLD	75 William Street	Brisbane	4000	07 3247 3764
Equal Access	PO Box 7097	Gladstone	4680	07 4972 7663
Gurriny Yealamucka Health Service				
Headspace				
Hervey Bay CAG & GEMS	103 Hammond Street	Hervey Bay	4655	07 4125 4215
Homeless Health Outreach Team				
Interlink Housing & Support	8/94 Wembley Road	Woodridge	4114	07 3808 5378
Jabiru Youth Service	Shop 6/67 Dunsford Street	Zillmere	4017	
James Cook University				

Organisation	Address	Suburb	PCode	Telephone
Livingstone Shire Council	40 James Street	Yeppoon		07 4939 9212
Mental Health Council of Australia	9-11 Napier Close	Deakin West	ACT 2600	02 6285 0809
Mental Health Foundation of New Zealand	81 New North Road	Eden Terrace, Auckland	1003	09 300 7026
Mental Illness Fellowship of North Queensland	159 Kings Road	Pimlico	4812	07 4725 3664
Milperra State High School	Parker Street	Milperra	4068	07 3379 5588
Monto Community Development Council Inc	PO Box 97	Monto	4630	07 4166 1733
MSIT - Yeronga				07 3892 0423
Multicultural Centre for Mental Health & Well Being	PO Box 3135	Yeronga	4104	
Office for Youth - Department of Communities	GPO Box 806	Brisbane	4001	
Pathways Health & Research Centre				
Port Phillip Specialist School and Avalon Exchange	12 Wendy Court	Rosedale South	4123	
QPASTT	PO Box 6254	Fairfield	4103	07 3391 6677
QPASTT	50 Shottery Street	Yeronga	4103	07 3120 1531
Queensland Alliance	PO Box 919	Spring Hill	4004	07 38322600
Queensland Injectors Health Network Ltd	59 Sixth Avenue	Cotton Tree	4558	07 5443 9576
Reach Out!	PO Box 1790	Rozelle	2039	02 8585 9300
Redcliffe Area Youth Space	PO Box 18	Redcliffe	4020	07 3283 8769
REspec	Shop 6/67 Dunsford Street	Zillmere	4017	07 3263 8722
Royal Brisbane Womens Hospital				
Royal Flying Doctor Service	11 Barkly Highway	Mt Isa	4825	
Salvation Army Employment Plus	PO Box 413	Ipswich	4305	07 3813 3400
SAPH Vision Quest Assoc. Inc	PO Box 7350	Gold Coast MC	9726	07 5533 3817
SOLAS	6/27 Granville Street	Pimlico	4812	07 4728 6368
SOLAS	Rotary International House, James Cook University	Townsville		
South Burnett CTC Inc.	PO Box 490	Kingaroy	4610	07 4162 2566
Spinifex State College - Residential Campus	83 Transmission Street	Mount Isa	4825	
Spiritus Care Services	PO Box 698	Chinchilla	4413	07 4662 7094
Spiritus Care Services	Binnie Street	Tara	4421	07 4669 4379
Stepping Stones Club House	PO Box 249	Coorparoo	4151	07 3847 1058
The Brook RED Centre	25 Brook Street		4101	07 3846 4209
The Salvation Army Employment Plus	PO Box 797	Caboolture	4510	07 5431 4300
The Salvation Army Employment Plus	PO Box 477	Cotton Tree	4558	07 5451 7604
The Spot	51 Eastern Road	Browns Plains	4118	
Toowoomba Club House	3/2B Cecil Street	Toowoomba	4350	
Young Parents Program				07 3357 9944
Youth & Family Services Inc	2-4 Rowen Street	Slacks Creek	4114	07 3286 1500
Youth Affairs Network QLD	30 Thomas Street	West End	4101	07 3844 7713
Youth Emergency Services	1430 Sandgate Road	Nundah	4012	07 3357 7655
Youth Housing Project	52 Rosemount Terrace	Windsor	4030	07 3857 5999
Youthlink	305 Severin Street	Cairns	4870	07 4031 6179

APPENDIX D - Evaluation Form

Please help us to Evaluate the Queensland Youth Mental Health Summit

All Delegates

1) Are you a (circle whichever is appropriate)

- ☐ Youth Worker
- ☐ Mental Health Worker
- ☐ Young Person

2) Can you describe an aspect of the Summit that stood out for you today?

3) Have you made a connection with an organisation today that you will follow up with in the future?

Yes / No Comments: _____

Please indicate your agreement with the following statements on a scale of
1 (strongly disagree) to 5 (strongly agree)

4) I felt the Summit provided opportunities for young people to be heard?

1 2 3 4 5

5) I was able to learn from others at the Summit (young people, youth workers, mental health workers)?

1 2 3 4 5

6) I feel more confident now working with young people around mental health issues?

1 2 3 4 5

7) For young people - I feel more confident now seeking help for myself and/or encouraging my friends/family to seek help for mental health issues?

1 2 3 4 5

8) Was there anything about today's Summit that you think could have been done differently?

Venue/Catering

9) Do you have any comments about the venue or catering?

Thank you for your comments and taking the time to fill this out.

