National Youth Participation Strategy (NYPS) in Mental Health

Scoping Project Report

a.i.c.a.f.m.h.a
Promoting Mental Health For Young Australians

The need for young people's voices in the development and implementation of programs under the National Mental Health Strategy and National Suicide Prevention Strategy was identified after national consultations in late 2002 and early 2003 regarding the development of a Third National Mental Health Plan.

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The opinions expressed in this document are those of the authors and are not necessarily those of the Australian Government. This document is designed to provide information to assist government and non-government people and services working in partnership with young people.

Australia's children and young people.

In response to these consultations, the Australian Infant, Child, Adolescent and Family Mental Health Association Ltd (AICAFMHA) undertook to consult with a range of young people enabling their comments on the development of a Third National Mental Health plan to be incorporated with broader consultation responses.

In mid-2003, AICAFMHA, in conjunction with several other key Australian organisations, submitted a proposal to the Australian Government Department of Health and Ageing (DoHA) to investigate options for the voice of young people to be heard through the development of a National Youth Participation Strategy in Mental Health. A scoping project concept with the purpose of developing draft models of youth participation for programs funded under the National Mental Health Strategy and National Suicide Prevention Strategy was agreed upon in mid-2004.

implementation of their everyday practices. Action in this area by the Commonwealth has been proactive and already a number of projects have utilised these good practice models, as evidenced by the work of *headspace*.

May I take this opportunity to sincerely thank everyone who has contributed to the consultation and review processes. I would particularly like to thank the young people and workers in the field whose innovation and energy was inspiring to the entire AICAFMHA team throughout the journey.

Philip Robinson, PSM
Chair, AICAFMHA Board of Directors

Expected outcomes 07
Project parameters 08

2. Methodology 09
Scope of project 09
Project team 09
Reference Group 09
National Consultation Group 10
Communication strategy 10
Youth involvement 10
Process 10
Information collection 10
Draft models development 10
Feedback mechanisms 10
Accountability mechanism 11
Conceptualisation 12

3. Information collection 13
Literature review 13
Recognition of youth participation 13
Benefits of youth participation 15
Existing models of youth participation 16
Current practice in Australia 17
Information from case study programs 18
Summary of case study programs 19
Challenges for youth participation 21
Supports for youth participation 22
Organisation level supports 23
Youth level supports 25

4. Development of draft models of youth participation 26
Draft 'models' development 26
Draft models document development 27

5. Findings 28
Information collection process 28
Case study programs summary 30

across respondents 36
Other information 36

6. Discussion 37
Overview 37
Value of youth participation 37
Current practice 38
Models of participation 39
Support requirements 39
Factors relating to young people 39
Factors relating to workers and organisations 40
Common factors 41
Evaluation 42
Summary 42

7. Outcomes 43
Guiding Charter 43
Models of participation 43
Option 1: Step Up 44
Option 2: Hook Up 45
Option 3: Speak Up 46
Methodology consistent across all 3 options 46
Implementing support requirements 46
Supporting organisation 49
Range of information and tools 49
The Information Hub 52
Overview of implementation process 53

8. Issues 54

9. Strategies for action 55
1: Australian policy context 55
2: Youth participation model 56
3: Support for youth participation nationally 57
4: Supports for youth involvement 58
5: Supports for worker involvement 58

10. Actions undertaken 60

11. References 61

Guiding Charter 64

List of tables

Table 1: Current practice in Australia as it relates to Westhorpe's (1987) continuum of participation. 28

Table 2: Scope of youth participation across organisations. 29

Table 3: Evaluation methods reported by organisations currently practicing youth participation. 29

Table 4: Ages of young people participating in youth participation programs. 29

Table 5: Identified strengths and weaknesses of youth participation as developed and endorsed by the Reference Group utilising feedback from the information collection phase. 30

Table 6: Ages of all respondents to the online survey form. 31

Table 7: Ages of youth respondents to the online survey form. 31

Table 8: Worker level of interest in mental health. 31

Table 9: Youth level of interest in mental health. 31

Table 10: Online respondent ratings of the draft models. 32

Table 11: Online respondent interest in participation in the draft models. 32

Table 12: Common support themes identified by online respondents regarding participation in the draft models. 32

Table 13: Demographics of a selection of young people who reviewed the draft models document. 33

Table 14: Group respondent ratings of the draft models. 33

Table 15: Group respondent interest in participation in the draft models. 33

Table 16: Common support themes identified by group respondents regarding participation in the draft models. 34

Table 17: Group respondents' rating of the guiding charter for youth participation. 35

Table 18: Primary methods of communication used by groups. 35

Table 19: Summary of marketing strategies used by groups at different community levels. 35

Table 20: Priority areas for skill development identified by group participants. 35

Table 21: Preferred communication method of groups for receiving information and feedback. 35

Table 22: Group participant ratings of the materials and group process for feedback. 36

Table 23: Supporting activities for implementation of the proposed model for youth participation. 47

List of diagrams

Diagram 1: Conceptual representation of the NYPS Project process 12

Diagram 2: Concepts to incorporate into any model of youth participation using a developmental perspective. 23

Diagram 3: Example reasons for engagement along the youth participation continuum. 24

Diagram 4: Draft models for youth participation in mental health. 26

Diagram 5: A simple proposed model of youth participation for programs under the NMHS and NSPS. 44

Diagram 6: Conceptual representation of the 'Information Hub'. 52

Diagram 7: A complete proposed model of youth participation in mental health. 52

Diagram 8: Overview of implementation process for youth participation projects for programs under the NMHS or NSPS. 53

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National consultation group
Government and non-government youth peak bodies and various other organisations and workers were invited to participate in the development and review of the draft models document.

Information collection phase
AICAFMHA would like to thank the many young people, organisations and adults who have talked to us so openly and honestly about their experiences of youth participation.

Development of draft models and document
AICAFMHA would like to acknowledge the following young people for their time and energy during the Christmas break to develop the draft models and accompanying documents:

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Draft models feedback
AICAFMHA would like to thank the significant numbers of workers and young people who completed the online survey and those who participated through group discussions and forums around the draft models document.

In 2003, longstanding inadequacies in the ability of policy developers to access information and feedback from Australia's children and young people were highlighted. At this time, AICAFMHA consulted with a range of young people to enable their comments to be incorporated into the plan.

AICAFMHA, in conjunction with several other key organisations, subsequently submitted a proposal to the Australian Government Department of Health and Ageing (DoHA) to develop a National Youth Participation Strategy in Mental Health to enable the voice of young people to be heard. A scoping project to develop draft models of youth participation for programs funded under the NMHS and the National Suicide Prevention Strategy (NSPS) was agreed upon in mid-2004.

The project brief was to develop a model for children and young people to have their voice systematically incorporated into the development and implementation of national programs funded under the NMHS and the NSPS and to provide an effective and systematic process for young people aged between 12-17 years of age, to have input into these programs. The brief also was to provide responsive comment on national, state and territory based mental health care initiatives.

youth participation. The information collected was used to develop draft models to support youth participation in mental health. A broad consultation strategy, including online surveying, interviews and focus groups was undertaken to test the validity and applicability of the draft models. Feedback was incorporated into the concept with the outcome of this process being a three step model.

The literature review supported the premise that young people have an internationally recognised right for their views to be heard and taken into account regarding decisions which affect them. Participation by young people has benefits for both young people, and organisations as it ensures programs and services are appropriate and responsive. Participation empowers young people and allows them to own decisions they have made about their lives. More broadly the community benefits through capacity building and the development of social competence and social responsibility.

It was evident from the literature and consultations that youth participation models need to use a developmental approach to allow young people to develop a sense of control, sense of connectedness and sense of meaning. These key factors assist in the development of responsibility and a degree of ownership of a project and assist to maintain youth participation. Young people vary in their interests, skills and confidence so multiple strategies and flexible approaches along a continuum are needed, to enable young people to participate meaningfully. Any model developed needs to ensure an inclusive, non-judgmental approach so one form of participation is not perceived as better than another. It was also evident that youth participation in mental health is limited in Australia with levels of participation influenced by a range of factors including skill mix, organisational commitment and resource requirements.

The NYPS Project further explored factors and challenges which impact on young people's participation. Skill development for workers and young people, adequate support and funding for activities and resources was highlighted as important components for youth participation. Other challenges for young people included socio-economic status, level of wellness of those young people in the mental health system, and the ability to commit time with regard to competing interests such as school or part-time work. Supports included ensuring young people were treated with respect at a developmentally appropriate level, and that they could connect with or find meaning in the activities undertaken.

A strong theme throughout the consultation process was the need for a central organisation to coordinate activities, develop resources, assist in liaison between programs and serve as an 'information hub'. In particular, support in the development of youth friendly materials, training programs, the design of participation frameworks, and developing information sets such as dealing with consent and duty of care, were seen as activities that all youth participation activities would need to consider. An information hub was identified as a means of reducing duplication, promoting networking and sharing knowledge in the field. A guiding charter incorporating the philosophy of youth participation was also supported.

The outcomes achieved by the NYPS Project include a proposed 3 step model of youth participation and engagement. This model incorporates concepts involving base level consultation, influence and negotiation through to youth involvement in decision making and leadership. In addition, a Guiding Charter for supporting best practice in youth participation was confirmed. The concept of an information hub was introduced and includes coordination through a central organisation to support youth and worker involvement in youth participation in mental health across Australia. Finally, the project identified strategies for action at a national policy level.

The last section of this report summarises some of the actions that have already been undertaken by national programs and the Australian Government in supporting youth participation in mental health since the completion of the NYPS Project. In addition to existing programs, a new partnership between AICAFMHA and the National Youth Mental Health Foundation *headspace* is continuing this work and will be undertaking a number of activities in the future with the support of the Australian Government.

commendable, it has tended to be an opportunity limited to adult consumers of adult mental health services.

During the development of the Third National Mental Health Plan national consultations in late 2002 and early 2003 highlighted longstanding inadequacies in the ability of policy developers to access information and feedback from Australia's children and young people. In response, the Australian Infant, Child, Adolescent and Family Mental Health Association Ltd (AICAFMHA) undertook to consult with a range of young people to enable their comments on the development of a Third National Mental Health plan to be incorporated with broader consultation responses.

In mid-2003, AICAFMHA, in conjunction with several other key Australian organisations, submitted a proposal to the Australian Government Department of Health and Ageing (DoHA) to investigate options for the voice of young people to be heard through the development of a National Youth Participation Strategy (NYPS) in Mental Health. A scoping project concept designed to develop draft models of youth participation in the area of mental health was agreed upon in mid-2004.

Prevention Strategy (NSPS).

In addition, the NYPS will provide responsive comment on national and state- and territory-based mental health care initiatives.

Expected outcomes

A scoping report incorporating:

- information collated about both young people's and workers' experiences of working in partnership in Australia, primarily in the area of mental health
- a review of the international and Australian literature in regard to current practice and evidence-based principles
- models of good practice for programs under the NMHS and NSPS to consider when developing and implementing programs.

Project parameters

More than 18 programs are funded under the NMHS and NSPS. Accommodating the needs of, and consulting with, all of these programs was agreed to be beyond the scope of the NYPS Project. In conjunction with DoHA, the following case study programs were identified as the most appropriate programs to include considering they each have a degree of focus on youth.

Auseinet	The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) is a national project. The network informs, educates and promotes good practice in a range of sectors and the community about mental health promotion, prevention, early intervention and suicide prevention across the lifespan.
Reach Out!	Reach Out! was launched as a national web-based initiative in 1998 and provides online information, support and referrals to prevent youth suicide and help young people get through tough times.
Mind Matters Suite **Mind Matters**	MindMatters is a mental health promotion and suicide prevention program for secondary schools. The program uses a whole-of-school approach to improve the development of school environments where young people feel safe, valued, engaged and purposeful.
Mind Matters Plus	The MindMatters Plus initiative focuses on prevention and early intervention of mental health problems for the 20 to 30 per cent of students who have high needs and require extra support.
Mind Matters GP	MindMatters GP is currently a localised and specific project. Divisions of General Practice have paired up with some MindMatters Plus schools with the aim of developing a systematic process for referral and follow up with young people by breaking down the barriers and developing young people's skills as health consumers.
Families Matter	Families Matter develops the parent and family elements of the MindMatters initiative. It is a resource to support parents in facilitating a discussion session with other parents of students and is recommended particularly for parents of students in the 12–14 age group.
Children of Parents with a Mental Illness National Initiative (COPMI Project)	The overall aim for the Children of Parents with a Mental Illness Initiative is to promote better mental health outcomes for children of parents with a mental illness.
Community LIFE	The Community LIFE project aims to support groups in the community to plan and develop suicide prevention activities and programs.

For the purposes of the NYPS Project, young people were defined as those who are 12 to 17 years of age, based on the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 definitions (Commonwealth Department of Health and Aged Care, 2000). AICAFMHA acknowledges the need for flexibility at the upper age range for sustainability purposes and peer support.

Within this document, the term 'youth participation' means young people having a role within an organisation's structure and includes terms such as 'youth partnership' and 'youth consultation'. Youth participation may include a variety of consultation and/or decision-making activities where the role of young people is valued. Similarly, 'peer support', which means participation in some form of systematic structure to allow young people to support others to participate, incorporates terms such as 'peer leadership' and 'youth mentor'.

development of youth participation model options which may be utilised by programs under the NMHS and NSPS.

The methodology included:

- a review of international and Australian literature
- a consultation process to ascertain current practice within the field in Australia
- the development of a draft models document
- broad circulation of an online survey seeking feedback on the draft models
- substantial consultations with reference group and consultation group members and other groups regarding the draft models as described below.

Project team

A full-time project officer was employed to carry out project tasks for the initial six-month timeframe. Following discussion with the reference group and the project officer going part time, the timeframe for the project was extended for an additional four months. The project officer was guided in the implementation of the project through the formation of an expert Reference Group and a broader National Consultation Group .

Reference Group

The role of the Reference Group was to provide guidance and advice regarding strategies for project implementation, to promote networking and to support and facilitate the achievement of the project outcomes by:

- taking an 'overall' view of the project and supporting the activities developed within this framework
- providing leadership and expert advice in regard to development and implementation of project activities
- facilitating networking and broad participation through sharing knowledge of contacts and existing stakeholder networks
- participating in 'review and comment' on materials developed during the project
- providing feedback about the wider community perception of project activities
- participating in dissemination of project information to appropriate networks.

National Consultation Group

The role of the National Consultation Group was to assist in communication and consultation with a wide range of key stakeholders regarding the project process and outcomes by:

- participating in 'review and comment' on documents and other resources developed during the project
- providing feedback about community perception of project activities
- participating in dissemination of project information to appropriate networks.

Communication strategy

In order to maintain engagement of young people, workers and organisations involved and/or interested in the NYPS Project, an electronic list was established and participants were invited to register. The e-list provided a mechanism whereby:

- discussions between participants were invited
- information/research in the field of youth participation and mental health was disseminated
- fortnightly updates detailing NYPS Project progress and activities were provided.

Youth involvement

The NYPS Project was committed to including young people in all aspects of the project where feasible. Young people were involved in:

- development of marketing material, resources and formal documents
- presentations
- development of DVDs discussing youth participation in the area of mental health
- collection of data
- membership on the National Consultation Group
- consultations.

Process

Information collection

A broad literature review was undertaken to identify existing models of youth participation. In addition, consultation occurred with over 100 individuals, groups and organisations with regard to current practice in youth participation in Australia.

Comprehensive discussions were held with relevant case study programs funded under the NMHS and NSPS to identify their experience and needs in the development of models for a national youth participation strategy in mental health.

Draft models development

Utilising the information gathered through the process described above, three potential models for youth participation in mental health were developed.

Subsequent to the development of the draft models above, a comprehensive draft models document was developed, targeted at workers, groups and organisations.

A detailed description of these processes follows in chapter 4.

Feedback mechanisms

Draft models feedback

In conjunction with a group of young people, an online survey form was developed which requested feedback on the draft models. Open-ended questions were frequently used to encourage individuals and groups to provide more detailed information and allow for spontaneity.

The project team needed to ensure that both a broad range of workers and organisations were encouraged to provide feedback and that young people were informed about the document and mechanisms for providing feedback. Information about the NYPS Project, the draft models, the participation continuum and the draft models survey form were all made available on the AICAFMHA website.

In order to inform the two target groups about the draft models feedback opportunity, the online survey form was promoted via a wide range of worker and youth oriented email lists. In addition, newsletter articles, conference presentations and the distribution of youth-designed postcards and posters contributed to the broad promotion of the feedback opportunity.

Youth friendly hardcopy booklet

To further facilitate youth feedback regarding the draft models, a 'youth friendly' booklet, based on the online survey form, was developed and distributed at relevant youth conferences.

Draft models document feedback

The draft models document was made available via the AICAFMHA website a week later than the draft models and online survey form. The draft models document was also promoted via the email lists which, in turn, acted as a reminder about the online survey form. In addition, the draft models document was forwarded to all members of the Reference Group and National Consultation Group, requesting circulation to their networks and feedback.

Group consultations

AICAFMHA actively liaised with identified existing community groups to encourage participation and determine the level of supports required to participate in the feedback process. Supports identified and provided included the project officer co-facilitating a number of groups; provision of youth-friendly material, honorarium payments, transport and food, and debriefing mechanisms. All participating groups were provided with a 'group friendly' package of information to facilitate consistent information collection.

Variability in how results were recorded by groups in the community was evident, even though information to facilitate consistent collection was provided by the project officer. Not all groups reviewed the entire draft models document. Some groups provided individual results from participants, while others provided an overall group summary. For consistency purposes, the project officer aggregated feedback from the individual group members into a group summary; thus all group consultation feedback represents an averaged group opinion.

Data entry and analysis

Feedback provided via the online survey was submitted directly into a MySQL database. Data collected via the hardcopy booklets were entered into the online survey database by the project officer. The project officer also entered information from group consultations into a purpose built Access 2002 database, as was current practice information collected prior to the development of the draft models. Data were analysed using Excel 2002.

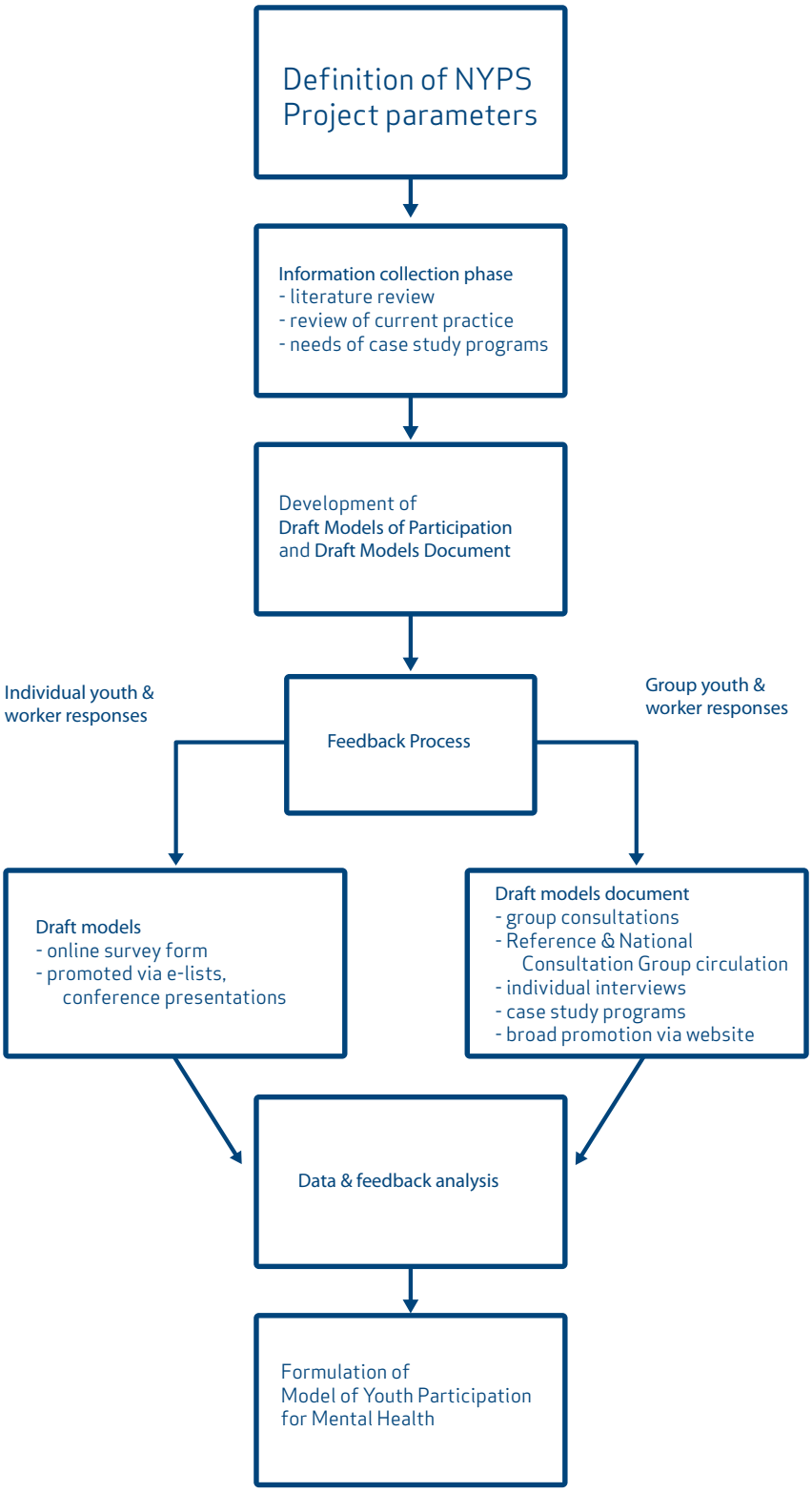
Accountability mechanism

During the information collection and feedback phases of the NYPS Project all participants were invited to identify mechanisms through which they would like to receive feedback on how their information has been used. Most identified the electronic mailing list or website as their preferred mechanism. In addition, group participants were also asked to rate the efficacy of the group consultation process in providing feedback on the draft models. The outcome of these ratings is included in the Findings section.

Conceptualisation

The process undertaken by the NYPS Project in developing a model for youth participation in mental health can be conceptualised according to diagram 1.

Youth participation in the NYPS Project process is also identified within the conceptual framework.



Points of Youth Participation in the NYPS Project

Contributed to information collected regarding current practice.

Involved in Draft Model development, online survey form & promotional materials.

Participated in online survey promotion at conferences.

Participated in feedback process through group consultations, individual interviews & online survey.

Consulted in final preparation of proposed Model.

Diagram 1: Conceptual representation of the NYPS Project process

participation in Australia

- conducted in-depth interviews with each of the case study programs to identify their experience and potential future needs.

Through this process, information regarding challenges and supports for youth participation was also collected to identify areas requiring development to facilitate future implementation of the models.

Literature review

Recognition of youth participation

The United Nations (UN) compels its member nations to properly address children's and young people's concerns through the Convention for the Rights of the Child (CRC). The convention upholds participation as the right of every child, with article 12 stating that:

> State Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with age and maturity of the child.

people's views should not only be expressed and heard but also must be taken into account in matters which affect the child. The view of the child will depend on the amount and quality of information available to help them develop their own perspective (UN, 1996).

The rationale for youth involvement and participation is well described by the young people in the Youth Declaration of Budapest (June 2004) outlined as follows:

> Young people have a fundamental role to play in the formulation of policy on health and environment and in the building of a healthier and more sustainable world. We are already making real and positive changes in our local communities, countries and internationally. We strive for innovative and successful solutions to global challenges by exchanging information, sharing best practices and by cross-cultural networking. If young people are to continue to play this essential role, it is incumbent on all Governments to support and harness our potential (WHO, 2004a).

The Youth Declaration (2004) highlights the need for national governments to provide funding to enable young people to fully participate in international processes and events. Therefore an initial investment is necessary in order to build youth participation. This will require political will and funding for coordinators funded and appointed to facilitate a variety of processes to coordinate umbrella organisations from each country.

The UN supports this view with their own youth participation manual:

> Youth participation is about developing partnerships between young people and adults in all areas of life so young people can take a valued position in our society and the community as a whole can benefit from their contribution, ideas and energies (UN, 2004).

The underlying premise of youth participation is that in encouraging youth to participate more fully in society, youth are essentially encouraged to be more knowledgeable on their rights and become more responsible citizens. It is envisaged that once young people have the opportunity to realise their potential, be respected by society and fully participate in their community, consistent with their human rights and responsibilities, society at large will benefit.

Young people's participation in forming local and public policy is believed to create a basis for responsible citizenship and a democratic society. If adult participation in politics aims to promote democracy and enable responsible citizenship, participation of young people in decisions that affect their lives can lay the foundation for this process (Singh & Trivedy, 1996).

The World Health Organisation (WHO), in its 'Strategy for Youth Participation: A framework document outlining a project plan', highlights investment in a coordination role is necessary in order to build youth participation. This initial investment will help to "kick-start" this process, which in the long-term it is hoped will be self-sustaining as the process accrues support and momentum (WHO, 2004b, p.3).

The framework also highlights the importance of engaging and involving young people in decision-making processes, especially in areas that have direct relevance to their current and future health and to encourage them to act responsibly to create a sustainable world.

There is a significant and building body of literature which highlights the fact that "children are not little adults" (Satcher, 1999). In addition, international literature is now strongly supporting the view that children, young people and their families should be involved in mental health service planning and delivery at all levels. In the United States of America, the Surgeon General's National Action Agenda for Children's Mental Health (2001) takes as one of its guiding principles a commitment to "engaging families and incorporating the perspectives of children and youth in the development of all mental healthcare planning" (Satcher, 2001).

Similarly in the United Kingdom, Professor Aynsley-Green et al. (2000) state that "the views of parents, children and adolescents together with those of clinicians dealing with young people urgently need to be incorporated into the formulation of strategy and delivery of services".

In Australia, Raphael (2000) provides an excellent summary of what is needed as part of the profile of a comprehensive mental health service system. She states:

> central to the assessment of quality in the provision of mental health care is the view of parents, carers and the young people themselves. Policy development and the planning and implementation of activities and services to promote mental health and prevent illness and the delivery and evaluation of services to address need should be informed by this view (Raphael, 2000, p.44).

Raphael goes on to acknowledge the challenges in accessing the views of children, young people and their families stating that:

> although obtaining consumers' views on needs and services for child and adolescent populations offer significant challenges, particularly because young people do not usually identify themselves as mental health care consumers, over a prolonged period of time, determining suitable mechanism and processes is fundamental to the provision of quality programs. Processes must, therefore, be developed to incorporate their experience and needs in representative ways (Raphael, 2000, p.45).

The National Standards for Mental Health Services, endorsed by the Australian Health Ministers in 1996, include a module on Consumer and Carer Participation (Standard 3). This standard outlines a range of skills, attitudes and knowledge a worker should possess or demonstrate in working in partnership with mental health consumers. The National Standards document, like many others, assumes consumers to be primarily adults and encourages their participation in developing care plans.

The Mental Health Council of Australia (MHCA), through its Education and Information Workgroup, is involved in training consumers and carers to participate in overseeing the implementation of the National Practice Standards at a service level. While young people are not excluded from participating in this process, the unique needs for supporting young people to be involved are not adequately met and no young people are routinely involved in this workgroup or process.

The Australian National Mental Health Policy and Plans have mirrored global developments documenting commitments in the area of early intervention, prevention and mental health promotion orientation and the promotion of consumer participation (Australian Health Ministers, 1992; Australian Health Ministers, 1998). Consumer involvement was directly addressed when the "Mental health statement of rights and responsibilities" was endorsed in 1991. This statement addressed consumer rights to information, education, training, treatment and available services, and participation in decision-making regarding the development of mental health policy, provision of mental health care and promotion of mental health consumer participation.

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 identifies the following as a priority for national action in the 18–25 year age group: "consult with young adults to develop and identify effective promotion, prevention and early intervention programs, settings and messages". While consultation with this age group is recognised as important, consultation with young people at an earlier age is equally important—however, less recognised—in policy and planning.

Young people have an internationally recognised right for their views to be heard and taken into account regarding decisions which affect them. Applying this right to the development and implementation of programs under the NMHS and NSPS requires the availability of appropriate and adequate supports and partnerships with adults.

Benefits of youth participation

Youth participation is recognised as being mutually beneficial to both young people and the organisations that have enabled their participation. In particular for young people, involvement in participation activities has the potential to:

- give young people a say about what is important to them
- allow young people to 'own' decisions that are made about their lives
- increase the self-confidence and skills of young people
- empower young people
- help protect children and young people (the failure to listen to children and young people is a recurring theme in many inquiries into abuse), (ECPAT, 1999; NSW Commission, 2002).

At a community level, encouraging and supporting young people to participate in decision making and the development of policies and programs which affect them can have additional benefits, such as:

- the development of social competence and social responsibility
- the development of skills in critical reflection, and comparing perspectives, which are essential to self-determination and to the development of their own belief system
- community capacity building through the learning of specific skills such as health promotion, leadership skills, and livelihood skills
- positive group experiences through the discovery that joining community activities can work for the benefit of the community as well as for them as individuals.

(ECPAT, 1999; Ausyouth, 2001; Commonwealth of Australia, 2001; Commonwealth Department of Family and Community Services, 2002; NSW Commission for Children and Young people, 2002a.)

With regard to benefits to organisations, including programs funded under the NMHS and NSPS, encouraging and supporting youth participation can:

- bring new perspectives and influence outcomes in new and unexpected ways
- make programs more responsive, understanding and considerate of young people's needs
- improve the efficiency and effectiveness of policies and programs through the incorporation of young people's views
- help improve the development and delivery of programs though the provision of more reliable information than when adults speak on behalf of youth.

Participation gives young people the opportunity to talk about what is important to them. It leads to better decision making, as they can offer their expertise on a matter and 'own' any decisions that will affect them. Participation creates better outcomes for young people and the organisations that are involved in the decision-making process, saving valuable time and energy in the long term. Youth participation contributes to the developmental needs of youth while benefiting organisations in a unique way.

Existing models of youth participation

Models of youth participation identified through extensive literature searches were used to:

- identify existing thinking in the field of youth participation
- inform the development of a filter system to assess current good practice in youth participation in Australia
- contribute to the development of the draft models for participation relating to the NYPS Project.

It is important to note that while there is a significant amount of literature relating to models of youth participation, very little of it relates to youth participation in mental health.

Several models of youth participation have been described in the literature during the past decade. These models incorporate various concepts and frameworks, including:

- a ladder comprising eight rungs, with each rung representing a degree of participation or non-participation (Hart, 1992)
- use of a grid, rather than a ladder, to represent how participation occurs, recognising that different levels of participation may be more appropriate to different situations (Lardner, 2001)
- concepts of child- and adult-initiated participation based on children's need to be empowered to be able to participate and that organisations have to assist them in this (Treseder, 1997)
- five levels of participation, with each incorporating three stages of commitment (Shier, 2001).

Review of these models raises several issues. First, these models do not discuss young people's current capacity for participation in relation to the different levels of participation. Second, these models imply that organisations should aim for the highest level of participation, with no regard for the young person's capacity to understand issues.

In addition, negative terms such as 'manipulation, 'decoration' and 'tokenism' imply that these kinds of activities are deceptive and unilaterally detrimental to young people's rights. By applying judgments to youth participation, these models can be used to limit young people's participation rather than promote it.

Youth participation should not be evaluated on the idea of decision-making being the key element (Van Beers, 1995); instead, other factors and support mechanisms—for example, peer support and skills development—should be taken into consideration.

When these limitations were taken into consideration, the continuum of youth involvement described by Westhorpe (1987) was identified as good practice for the NYPS Project and formed the basis of the filter system used to catalogue current practice in Australia. Westhorpe's continuum does not imply that more control or decision making is better: it recognises that options exist and that some will be more appropriate in some situations than others. Furthermore, this continuum acknowledges that a variety of different strategies and approaches will be utilised in an inclusive approach. The continuum describes the following conceptual options.

Ad Hoc:	where an environment is established which supports young people to contribute their ideas or information about their needs.
Structured consultation:	involves deliberate development of a strategy to seek young people's opinions about what they need or what problems they face and implies a two-way flow of information and ideas.
Influence:	involves some formal, structured input in order to ensure at least a minimal level of influence on the organisation.
Delegation:	where young people are provided with real responsibility for undertaking particular tasks within an organisation, recognising that there must be a mutual understanding of the extent of power that young people have.
Negotiation:	where young people and the organisation each contribute their ideas, information and perspectives, and decisions are reached by consensus and compromise.
Control:	implies that young people make all or many of the crucial decisions within the organisation, from policy and programming to financial management and hiring and firing of staff.

Research supports the view that total control is rare, except in organisations which are only open to young people or which are initiated, developed and managed by them. It is expected this level of youth participation will not be reached for the NYPS.

Building on this continuum is the concept of youth as researchers in participatory research projects. These can be youth-led, adult-led and intergenerational initiatives, which involve young people in various roles throughout the community. They benefit from support networks that help formulate strategies, offer training and technical assistance and provide resources that facilitate program planning and future development. At present, youth participation in community evaluation research remains relatively undeveloped as a field of practice and subject of study. There are increasing initiatives, but these tend to operate in isolation from one another and are not well recorded in the literature. Nonetheless, observations and some documented research highlight that evaluation research as a participation mechanism has great benefits for young people and organisations (Checkoway & Richards-Schuster, 2003).

Current practice in Australia

Through an online registration form and individual contact with groups and organisations, a range of information has been collected about current practice as it relates to youth participation in health, mental health and community activities across Australia. The following is a summary of the general themes from the programs consulted during the information collection process. Opportunely, a number of programs are operating at sophisticated levels in the area of youth participation, although not in the mental health area.

Many local governments are engaging young people, through Youth Advisory Committees, who are provided with specific activities and tasks to undertake for their local council. Young people are given opportunities to provide feedback to local counsellors directly; however, accountability and evaluation mechanisms appear limited.

Some health-focused projects at a community level identify the need for youth participation through their vision and mission statements; however, they acknowledge that involvement of young people is limited because of funding restrictions. Although grants often are sought for specific projects—for example, Mental Health Week, murals, pamphlets and website development—there is insufficient funding for ongoing youth participation activities.

The education sector has also developed policies and procedures to promote and support youth participation, but implementation at a local level is variable. The need for a 'whole school approach' is a belief supported by many schools in the community. Although student representative councils and core teams are encouraged to support decision-making processes, the future aim is to embed positive mental health youth participation strategies into all curriculum areas.

In each state and territory, youth peak bodies, both government and non-government, were invited to participate in the information collection process, resulting in representation being achieved for them all. Depending on the organisations' roles and responsibilities, operation techniques varied considerably; however, all employed a project officer at some level to support and coordinate youth participation activities.

The use of youth reference groups was widely evident. Support was provided to young people mainly on an individual basis enabling participation in specific activities and boards at a state and territory level. Some programs cited a lack of opportunity for young people to move on and grow in both their skills and level of input at a national level. Application processes for participation in reference groups were primarily Internet-based, with some organisations utilising follow-up mechanisms such as face-to-face interviews and phone interviews. This process ensured that the young applicants were aware of their roles and responsibilities and codes of conduct when involved with and representing the organisation.

Excepting the case study programs, the number of programs consulted at a national level was limited. The National Youth Round Table, YbBlue and CREATE were the only non-case study programs identified that currently provide a systematic process for youth participation. Even though they all target quite different population groups, they identified a need for a structured framework coordinated through a central supporting organisation. CREATE and YbBlue focus on advocacy, skills development, peer mentorship, program design and implementation at a local, state and national level for young people in care. The National Youth Round Table's goals were variable depending on the interest of the young people and what they choose to implement at a local level.

Direct liaison with young people of CALD, indigenous and homeless backgrounds was limited owing to time constraints, as workers identified the need for a relationship to be built with the project officer for this to happen. Therefore the workers provided much of the data in this area. Interestingly, in many ways, groups targeting these specific population groups consider youth participation practice and principles at all levels of program design and delivery, for engagement purposes. Using peer mentors to gain information was a common theme, while conventional processes such as reference groups were not advocated. Informal approaches such as 'chatting' during socially based activities are used to promote relationship building and trust.

Currently, input appears to be at a local level; however, many groups are encouraging young people to present their ideas and information through a variety of mediums—for example, written articles, art and DVDs—to state and national audiences.

In general, the ability of the consulted groups and organisations to provide information about the cost of supporting youth participation was limited. Many reported that funds used to support young people's involvement were 'pilfered' from other budget lines, activities undertaken were often in addition to the tasks required within an individual worker's job description, and any grant or budgeted funds grossly underestimated the true expense involved. For organisations employing a youth participation project officer, the findings were similar, with consumables and youth support expenses accounted through general revenue streams. The only 'identifiable' funds for youth participation tended to be the project officer salary amount. These issues significantly limit workers' and organisations' capacity to develop desirable youth participation practice principles.

Youth participation is occurring in health and related fields within Australia, frequently in an 'ad hoc' manner. Most organisations and groups receive no specific funding to support youth participation, despite recognition of youth participation at a policy or vision/mission level. Organisations and groups that have ongoing youth participation have an identified youth participation project officer to support and coordinate youth involvement. Accountability measures and evaluation mechanisms are limited.

Information from case study programs

The NYPS Project has been funded to develop models of youth participation that can be used by programs supported by the NMHS and NSPS. A selection of programs were identified as relevant to youth and are listed earlier in the project brief.

Discussions with representatives of each of the case study programs revealed that each of them have historically worked within a number of the conceptual areas described by Westhorpe (1987) above. Investigations were made about their experience of youth participation, future plans for youth participation, and desired outcomes from models developed by the NYPS Project. A summary of the experience and desired outcomes of each of the case study programs follows.

Summary of case study programs

Reach Out!

Reach Out! endeavours to ensure that the service engages meaningfully with young people between the ages of 16 and 25. There are currently two streams of youth participation programs:

- the Reach Out! Youth Advisory Board (ROYAB)
- the Youth Ambassadors program.

The ROYAB requires a three-month commitment and participants are given a small honorarium. The young people involved in ROYAB participate at the levels described by Westhorpe as 'influence' and 'delegation', meaning there is a structured mechanism for youth input and that they have a degree of responsibility in undertaking specific tasks.

Youth Ambassadors drive the development and delivery of Reach Out! by contributing ideas for the service, content for the website and promoting the service in their networks and local communities. Youth Ambassadors operate at the 'delegation' and 'negotiation' levels described by Westhorpe. They also encourage 'ad hoc' participation by members of their own communities.

Reflecting their substantial experience in youth participation, Reach Out! identified the following desired outcomes from models developed through the NYPS Project:

- models recognise that young people have a valuable and genuine role in program service design and delivery, and evaluation processes
- models encourage organisations to work together where appropriate
- a sustainable and flexible approach to participation where the focus is proactive, not reactive
- a systematic approach so that youth are aware of their responsibilities and the resources available
- consideration of skills development so that young people can provide peer support and undertake specific tasks—for example as moderators in public forums on websites.

MindMatters

A youth participation philosophy has been embedded throughout the MindMatters program. How this is achieved across local and community levels varies markedly; however, current mechanisms include:

- core teams of young people and adults developed as the 'driving force' supporting the adoption of MindMatters practice and principles as a whole-of-school approach (functioning at an 'influence' level)
- the Community Matters booklet within the MindMatters pack provides audits and surveys for students so that they can have their say as to what they want, empowering them within the journey (allowing 'ad hoc' involvement and 'structured consultation')
- structured learning experiences that empower and engage young people to become the driving force in resource development (demonstrating 'structured consultation' and 'influence').

Based on these experiences, the MindMatters program identified their desired outcomes from the NYPS Project models as:

- incorporating skills development of youth so that 'core teams' can establish action plans and implement and evaluate programs within their own state or area
- providing a forum for young people from various groups (Reach Out, Kids Helpline, Office for Youths, Local Councils) to share concerns, ideas and strategies in a collaborative way with other programs (under the NMHS and NSPS)
- encouraging development of peer support processes—for example transition from primary to high school—and role models for youth, especially within the indigenous community.

Families Matter

The primary focus of Families Matter is to increase parents' and carers' awareness of risk factors and to develop resiliency in young people within a school environment. Current strategies within this focus incorporate participation activities ranging from 'ad hoc' involvement through to 'influence', depending on the experience and abilities of the school community. Interestingly, the Families Matter program has incorporated a commitment to developing greater youth participation in their long-term program goals.

The Families Matter program identified their desired outcomes from models under the NYPS Project as:

- supporting young people to engage in youth participation
- encouraging young people and parents to work together
- supporting communication between programs to allow information sharing and skill development.

MindMatters Plus

While there was no specific requirement for youth involvement most programs reported that students have become actively involved in many of the plans and initiatives. Some have indicated that there is potential for students becoming involved in the MindMatters Plus school team in the future. This indicates participation at an 'ad hoc' and, in some cases, 'structured consultation' level. According to MindMatters Plus, desired outcomes for the NYPS Project to consider in developing models include:

- youth are involved from the very start in the design and implementation of programs
- a mechanism for identification of the practical needs of youth with special needs so that the approach is inclusive
- allowing flexibility depending on the skills, interest and motivation of youth.

MindMatters GP

MindMatters GP is currently a localised and specific project, with the Divisions of General Practice across Australia paired up with some MindMatters Plus schools. No 'youth strategy' is specifically documented in the MindMatters GP plan; however, youth participation is being undertaken in 'impromptu' processes which include:

- young people involved in steering community to develop processes for GPs to engage with students
- young people defining questions and supporting school forums with GPs
- resource development—for example, posters, pamphlets, wallet cards and improving the local GP's environment—acknowledged through school credit for the young people involved
- peer support, with young people supporting others to access GPs in their area
- evaluation of processes through surveys which gather student perspectives.

According to the levels described by Westhorpe, young people are involved in 'ad hoc', 'structured consultation' and 'influence' while participating in these processes.

Auseinet

Auseinet currently supports a national consultative consumer committee group. Historically, when young people have engaged with the group, the necessary supports have been inadequate; thus, sustaining youth involvement has been difficult. No formal or systematic process currently exists for young people to contribute to the development and implementation of programs. This indicates very occasional 'ad hoc' involvement of youth in Auseinet programs.

Despite existing limitations, Auseinet was keen to incorporate youth participation in its programs and supported the development of models through the NYPS Project that would:

- enable youth to be consulted with regard to resource development as required
- support youth in identifying issues regarding promotion, prevention and early intervention (PPEI) within their systems and presentations about PPEI.

COPMI Project

In the past, the Children of Parents with Mental Illness (COPMI) Project utilised a supported process for young people, consumers and carers to be involved in the development of project resources and in informing processes for circulating information. A variety of mechanisms have been used to engage the young people and children, depending on their developmental level. Consideration for the opinion of youth was demonstrated when resources that were developed, including posters and post cards, had a limited circulation due to negative feedback. This process is consistent with Westhorpe's levels of 'structured consultation' and 'influence'.

The COPMI Project identified the following desired outcomes from models developed through the NYPS Project:

- enabling youth to be involved in the development of media resources
- ensuring youth participation was considered by states and territories in the development of COPMI programs at a local level.

Community Life

Liaison with Community Life was difficult because of timing issues, as the project moved from phase 1 into phase 2. Although consumer participation during phase 1 was not evident, it has been reportedly incorporated into plans for phase 2 of the project.

Overarching key themes identified by the case study groups for consideration by the NYPS Project in the development of draft models were:

- acknowledgement of the need for the voice and perspective of young people to be heard in the development and implementation of programs
- acknowledgement that programs currently involving young people vary along a continuum of partnership
- the need to provide a range of mechanisms for young people to be involved that would ensure an inclusive and sustainable approach is achieved
- models must provide the necessary flexibility to ensure the different needs and experiences of the case study programs are taken into consideration
- consistent acknowledgement of the need for someone, or some supporting organisation, to take an active role in facilitating youth participation processes and providing a 'working structure' so that young people and programs have the necessary framework to consistently use youth participation mechanisms at a national level.

The case study programs demonstrated that a range of youth participation options are already in practice in Australia. Youth participation primarily incorporates 'ad hoc', 'structured consultation' or 'influence' conceptual options (Westhorpe, 1987). No plan is currently in place for systematic implementation of youth participation across programs funded under the NMHS or NSPS. Programs typically improvise when undertaking activities involving young people and 'pilfer' funds from other areas of the program. Programs and workers involved in youth participation activities are often poorly supported and are unlikely to network with other programs involving youth. Capacity is limited for expanding youth participation incorporating good practice principles.

Challenges for youth participation

Youth participation in health, mental health and/or community programs can be diminished, inhibited or interrupted by a range of challenges. A conference of young people involved in various projects, which was supported by the Child and Youth Foundation of the Philippines (CYFP), International Youth Foundation (IYF) and National Council of Child and Youth Development, identified a range of barriers to young people's participation (CYFP, 1996). These barriers were also supported by the literature developed in Australia and can be divided into those that are adult or worker based and those that are youth based (Youth Leadership Advisory Team, 2000; Wieringa, 2003; NSW Commission for Children and Young people, 2004; NSW Commission for Children and Young People, 2002c).

Barriers relating to adults/ workers included:

- adult/parent mindset: a lack of parental support was identified as a consistent barrier, with parents fearing loss of control over young people as they become more confident and assertive as a result of their experiences
- community resistance: where widespread perceptions that young people's opinions and abilities are subordinate to that of adults
- differently skilled young people lack opportunities to participate: because of a misconception that differently skilled young people need to be protected from harm or undue stress
- the organisational mindset: where organisations recognise participation of young people in theory but not in practice
- fast turnover of staff and volunteers: affecting the continuity and capacity to follow-up young people seeking to become more involved in program activities
- organisational disagreement: where issues regarding the type and manner in which young people may participate in projects may hinder their committed involvement. Support of the whole organisation is necessary.

The barriers identified that relate to young people include:

- inequality: with class distinctions preventing young people from lower income families to interact with, and assume responsibilities in conjunction with, those from high-income families
- crisis situation of young people: can damage the capacity of young people to participate as they struggle with various stressors and other societal problems
- lack of skills and training of young people: where the areas of leadership, communication, as well as social and psychological awareness are substantial barriers to young people working efficiently with their peers
- part-time jobs: with young people expected to contribute to the family income, hence blocking their capacity to increase their participation
- lack of time: where school and work obligations inhibit young people from getting more intensely involved.

The views of these young people were supported by many of the service providers and other young people who were consulted as part of the NYPS information collection process.

In addition to these challenges for young people and workers/ organisations, extra challenges can also be faced by particular subgroups of young people. A study of youth participation in Education, Training and Employment in Western Australia in 2004 highlighted several groups as 'at risk' of not participating in youth-focused programs at any level, whether it be local, community, state or interstate (Department for Education and Training, 2004).

These groups include young people who are:

- living in a corrective, psychiatric or child-care institution or refuge
- living independently or in a non-family situation
- living as a foster child with a legal guardian
- of indigenous descent
- having either a personal, family or household income that is low
- living in a household with two or more families
- living in a rented dwelling (including housing commission)
- living in a single parent family.

The first four 'at risk' characteristics, as listed above, are over-represented in the 15–19 year old population, when compared to the national population, and had a high (67.3%) likelihood of not participating. It should also be noted that being an indigenous person or a foster child were also low predictors of participation, with results being 83.5% for both (Department for Education and Training, 2004).

Again, these views are supported by culturally and linguistically diverse (CALD) indigenous and homeless groups across Australia (NMHS, 2000). A potential strategy for minimising some of these challenges was identified through the information collection process of the NYPS Project. Utilisation of local youth and/or mentors within the community was identified by researchers as a means of not only increasing the likelihood of initial engagement but, more importantly, instilling a sense of connectedness to community and therefore promoting long-term involvement.

Other challenges for implementation of youth participation in mental health identified during the information collection process include:

- mental health promotion seen by organisations as a developing area
- internet and website development, a relatively new area for some organisations
- organisations are finding broad mental health promotion strategies difficult to evaluate
- previous negative experiences of youth participation attempts
- complexity and confusion around duty of care issues and roles or responsibilities—for example staff may experience difficulty establishing clear boundaries when working with young people under the age of 18
- involvement of young people in participation programs is typically transient resulting in sustainability issues
- organisational constraints such as financial and time limitations imposed owing to competing demands.

A range of organisational and environmental barriers to youth participation have been identified. Duty of care, skill development, adult mindsets, organisational mindsets and the transient nature of young people and workers in the mental health system are some primary issues. Limited specific funding and poor worker supports contribute to youth participation seeming 'too hard' at times.

Supports for youth participation

While the transient nature of young people's involvement in youth participation activities presents a significant challenge, effective and inclusive engagement and recruitment mechanisms can help achieve sustainability.

One method of effectively supporting recruitment is the Wheel of Participation model developed by Brian Hill (Halldorson et al., 1996). This model is based on the idea that all people are connected to different levels and structures within their life and society, and therefore any approach needs to connect with youth at different levels within society to ensure a diverse group is engaged:

- Locally – where word of mouth is the 'key' with a focus on the immediate community of the young person/s—for example school and community leaders
- Community – by incorporating youth friendly, positive materials that promote youth participation at a variety of community locations frequented by young people—for example, youth centres, libraries, schools and sports centres
- State – by promoting youth participation options in state forums—for example, state based youth magazines, radio, conferences and state events such as Big Day Out
- Interstate/national – providing materials and information to young people at a local level about youth participation activities at a national level.

The literature searches and anecdotal information collected during this phase of the NYPS Project have identified a range of supports that relate specifically to either workers and organisations or to young people.

Organisation level supports
Reviewing the literature has enabled identification of key areas for workers and organisations to consider when developing their capacity to encourage and support youth participation. These include:

- development of youth-conscious thinking with training aimed at competence building, awareness raising, and challenging attitudes towards young people
- training on collection of youth-specific information should be accessible to policy makers, planners and researchers
- training of researchers and educators in participatory action research with young people. This requires workers and group leaders within organisations finding out about the young people's background and environment; thus enabling each person to be treated as an individual
- restructuring existing programs with increased coordination and collaboration between programs in order to enable young people's participation
- separate training for workers and organisations on youth-conscious thinking, young people's participation, methods of intervention, and research.

(Gale et al., 1999; Amigos, 2000; Office of Employment and Youth, 2000; Barkman, Machtmes & Myers, 2002; NSW Commission for Children and Young People, 2002b; Kids Help Line, 2003; Office for Youth, 2003; Office for Youth, 2004; SWS Carer Respite Centre, 2004; Youth Affairs Council of Victoria, 2004b; Youth Affairs Council of Victoria, 2004; Youth Affairs Council of Victoria, 2004c)

Youth level supports
Literature in the youth participation field strongly advocates for a developmental approach to be undertaken. These approaches should recognise that young people experience various dramatic changes and increased pressures as they make the transition from middle childhood to adolescence—from 12 to 17 years of age. Policies aimed at supporting adolescents should equip young people with strong social skills, help them both withstand the temptations of destructive risks and overcome the effects of unhealthy choices, and prepare them for the coming roles and responsibilities of adulthood (Arnold, 1997; Ausyouth, 2001; Center for the Study of Social Policy, 2003).

Ages 18 through to 24 mark the transition into adulthood and is another period of increased responsibilities and societal expectations for young adults. As mentioned earlier, for sustainability purposes of the NYPS the lower end of this age range will need to be engaged especially in the area of peer mentors and youth researchers (Center for the Study of Social Policy, 2003).

Diagram 2 provides an overview of what any youth participation model using a developmental perspective needs to incorporate (Phillips, 1990). Several other models support this view and highlight the fact that these areas are essential in development and growth of protective factors and resilience (Walker & Kelly, 2002; Newmann, Wehlage& Lamborn, 1992; Amigos, 2000; Education Foundation, 2002; Kids Help Line, 2003; Peer Support Foundation, 2004; The Mental Health Foundation – an online event, 2004).

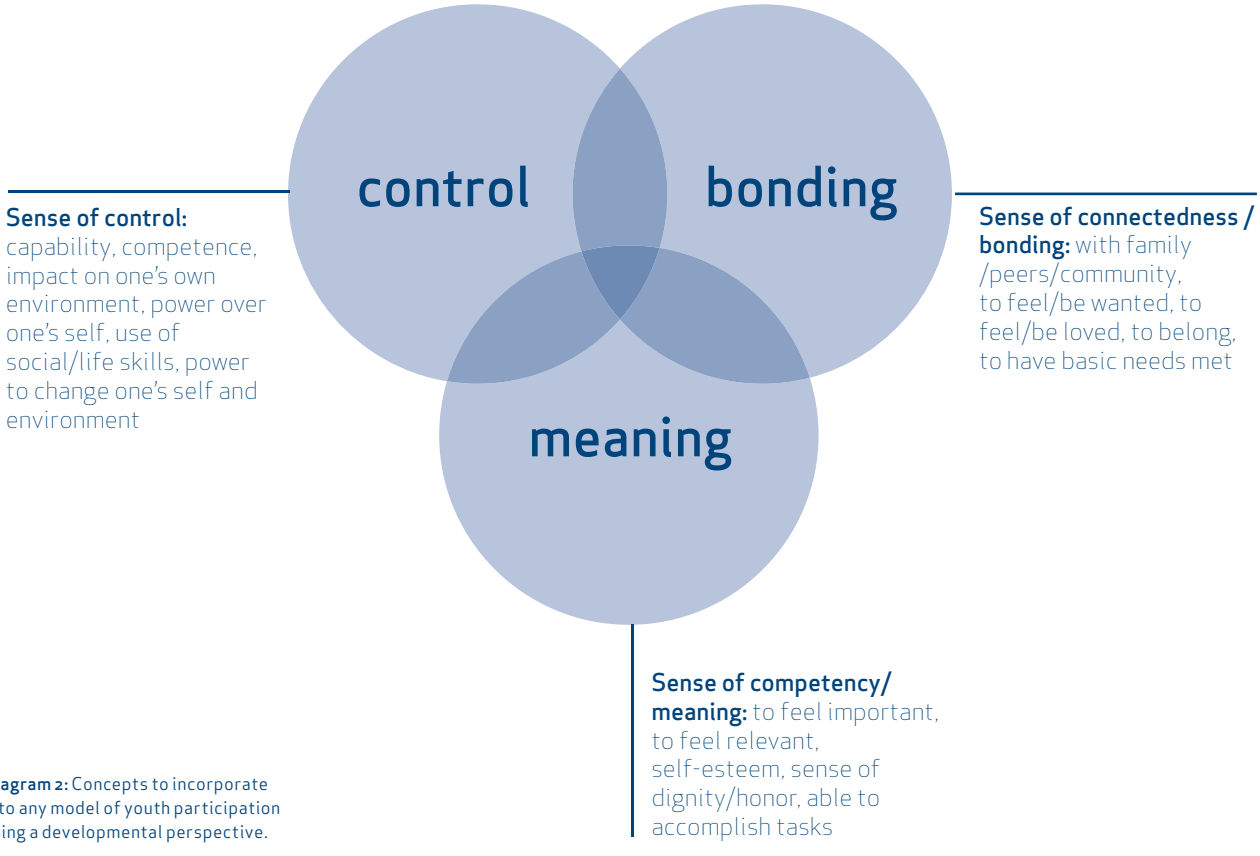


Diagram 2: Concepts to incorporate into any model of youth participation using a developmental perspective.

The development of responsibility and a degree of ownership of a project can support and help maintain youth engagement in participation. Both the literature and current practice has identified a range of tangible and strong motivators to engage and maintain youth in participation. The roles and responsibilities young people are currently participating in include:

- administrators: participating in the day-to-day operations of agencies through bookkeeping, typing, research, and data collection
- advocates: developing policy papers and joining unions, rallies, campaigns, conferences and public debates on issues relevant to their lives
- counsellors and peer supporters: by listening to others and providing support on various issues
- decision-makers: sitting as members of the board
- mentors or educators: involved in teaching younger children or adult members of their community
- income generators: helping generate income for their families and their organisations
- monitors and evaluators: assessing and evaluating the effectiveness of their programs
- managers: ensuring the daily care of the environment and creation of diverse landscapes for their household, school, or community
- researchers in participatory action research projects: identifying their research problem, designing the research methodology, implementing the research, analysing the data, and drawing conclusions from the analysis.

(CYFP, 1996; Hart, 1997; ruMad, 2002; Stacey & Henderson, 2002; Walker & Kelly, 2002.)

Young people vary in their interests, skills and confidence. These, and other factors, can influence their willingness and ability to participate at different levels along the youth participation continuum. Diagram 3 shows examples from young people as to why they might engage with different concepts within the continuum.

Ad Hoc	Structured consultation	Influence Delegation	Negotiation Control
"Already involved in a group, but have a bit of an interest in mental health." **James**	*"Interested but don't like being around groups of people or speaking in a public place."* **Eric**	*"Like face-to-face and knowing where the information is going. Parents OK about travel."* **Jess**	*"Looking at a job in youth work or maybe research as a career. Enjoy hanging out with other young people."* **Shane**

Diagram 3: Example reasons for engagement along the youth participation continuum.

Skill development is specifically identified in the literature and current practice as a key factor in determining young people's ability to participate:

- Confidence: Arnold (1997) highlights the importance of confidence in laying the foundations for participation through the ability to express oneself and to negotiate one's rights that are established early in life. Young people who are constantly listened to, well appreciated, encouraged to exercise freedom of choice and allowed to explore and discover things for themselves are expected to have a higher level of participation and are more likely to join group activities.
- Self-esteem: social and emotional well being are critical factors in developing a young person's capacity to participate. Encouraging the young person to join situations where they can demonstrate competence can help develop their self-esteem Hart (1992). Self-esteem helps young people gain the confidence to contribute their ideas and skills to group undertakings.
- Perspective-taking: Hart (1992) identifies the ability of perspective-taking as a critical factor in developing the young person's capacity to participate.
- Extra support: young people 'at risk' need special attention when it comes to helping them develop their capacity to participate. For instance, Warburton and Cruz (1996) identified psychological and emotional consequences of abuse, including lack of self-esteem; lack of confidence; self-hate; feeling like an outcast; feeling unworthy; unloved and unlovable; and feeling degraded and violated. These are feelings which may severely limit the young person's capacity to participate.
- Environment: according to Hart (1992), some environments are more conducive to the development of young people's participation. Middle-income families value autonomy. This practice supports a young person's efforts towards independence. In contrast, low-income families value obedience so that a young person's attempts at independence may be blocked. In addition, some cultures offer different participation opportunities for boys and girls.

Supports are required for young people, workers and organisations. Effective marketing of youth participation encourages and supports recruitment and engagement of young people. Opportunities for skill development for both workers and youth encourage participation, as does receipt of some recognition or reward. Young people are more likely to participate in activities where they experience some control, recognise meaning and feel connected. Workers and organisations need support in providing skills, youth-friendly materials and opportunities, and recognition. Appropriate funding, access to a support network, and guiding resources assist youth participation.

that was relevant and accessible to a range of young people.

Model I was identified as 'Going to the source' and equated to 'structured' or 'ad hoc' consultation (Westhorpe, 1987). This level involves young people being asked for their views, ideas and feedback about specific issues. Their views are valued and taken into account; however, the degree of influence on the outcome is limited.

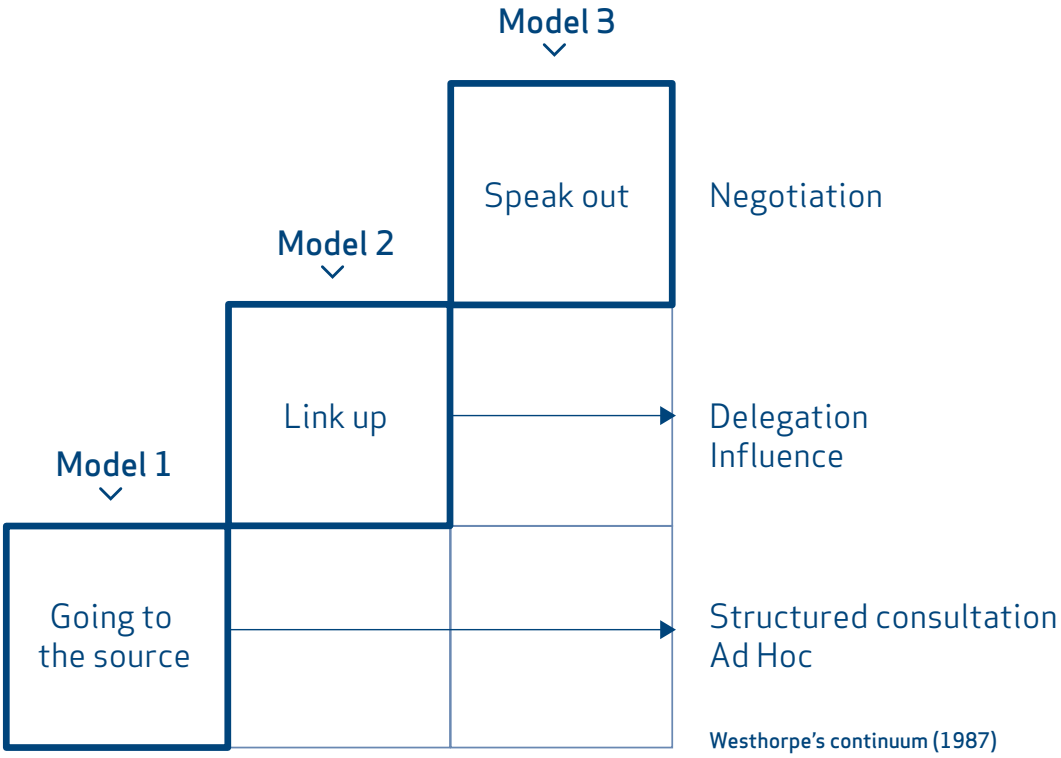


Diagram 4: Draft models for youth participation in mental health.

Model 2 was called 'Link up' and related to the continuum concepts of 'influence' and 'delegation' (Westhorpe, 1987). 'Link up' involves young people having a more direct influence on projects and programs, as they are provided with real responsibility and clear guidelines for undertaking particular tasks. Young people and adults have an agreed understanding of working together to achieve specified outcomes; therefore young people's level of influence is extended.

Model 3 was 'Speak out'. At this level, conceptually identified as 'negotiation', young people and projects each contribute their ideas, information and perspective with decisions reached by some form of consensus (Westhorpe, 1987). Young people representing their community by researching ideas and beliefs at the local level may be involved in a peer-mentoring program and show leadership through consultations with projects and programs at a national level.

Draft models document development

Subsequent to the development of the draft models above, a comprehensive draft models document was developed that targeted workers, groups and organisations. The draft models document contained a substantial amount of information, as listed below.

NYPS Project background information:

- Scope and parameters of the project
- Project history and development
- Details of the project website
- Information about AICAFMHA
- Some theory of youth participation.

Information about the draft models:

- Definition of each model as described above
- Example uses and applications for each model
- Potential strengths and weaknesses of each model
- Possible needs from a facilitating agency
- A case study program example for implementation.

A guiding charter for youth participation:

- Incorporating AICAFMHA's beliefs about the value and process of youth participation.

Information about possible marketing strategies to engage young people:

- Theoretical background information
- Influencing variables.

A section on skills development:

- Theoretical background including taking a developmental perspective
- Undertaking skills audits
- Discussion of school credit (where youth participation activities are recognised at a curriculum level)
- Information about inclusiveness.

A feedback response form.

with case study programs under the NMHS or NSPS

- the feedback process in relation to the draft models, primarily via online survey
- the feedback process relating to the draft models document, incorporating group responses, interviews, written submissions and case study programs.

Information collection process

During the information process described earlier in the document, several quantifiable characteristics of current practice were identified. These aspects are reported below, along with a selection of qualitative findings.

The information collection process aimed to ascertain community experiences in the field of youth participation. A positive by-product was the subsequent engagement of these participants for the draft models feedback process. Information was provided by 120 young people, workers and organisations, with 90 of these reporting experiences with youth participation. An additional nine contacts provided details of youth participation programs without detailing their experience.

information, along with some self-selection, was used to determine the range of conceptual options from Westhorpe's (1987) continuum of participation currently in practice in Australia. Table 1 suggests that the bulk of youth participation activities are at a 'structured consultation' or 'influence' level.

Participation concept	n=90	%
Control	1	1
Negotiation	0	0
Delegation	2	2
Influence	11	12
Structured consultation	16	18
Adhoc involvement	6	7
Insufficient information to classify	54	60

Table 1: Current practice in Australia as it relates to Westhorpe's (1987) continuum of participation.

Participants in this process were asked to identify the scope of their youth participation activities in order to gauge whether they typically occurred just within an organisation, or also across organisations or sectors. The high level of across sector/organisation participation indicated in table 2 was unexpected; however, it may, in part, reflect varying interpretation of the definition of sectors.

Scope of participation	n=90	%
Just within an organisation	18	20
Across related organisations	20	22
Across sectors / organisations	37	41
No response	15	17

Table 2: Scope of youth participation across organisations.

Of the 90 responses received, only 28 organisations reported comments on evaluation. This is perhaps indicative of some of the skill development issues raised by groups during the information collection process of the project (see table 3).

Evaluation method	n=90	%
None	5	6
Satisfaction survey	11	12
Pre/post participation survey	7	8
Other evaluation method	5	6
No response	62	69

Table 3: Evaluation methods reported by organisations currently practicing youth participation.

The ages of young people involved in youth participation programs was identified by the NYPS Project as a significant factor to consider in the development of potential models. Defining an upper age limit for youth participation is an area of debate currently in practice and in the literature. The debate broadly relates to the definition of a young person versus a young adult and is an area affected by a range of issues, including consent and duty of care. The key age ranges targeted by participating programs are listed in table 4.

Age range	n=90	%
11–21	14	16
12–25	12	13
15–25	8	9
5–18	5	6
<25	2	2
No categorisation provided	49	54

Table 4: Ages of young people participating in youth participation programs.

Anecdotal findings from discussions with community groups and individuals enabled the following limiting factors to be identified:

- youth participation was not common practice in the mental health field
- the involvement of young people is often recognised as important in organisational policy or vision/ mission statements but not frequently implemented (because of conflicting duties and lack of funds)
- funding is generally short-term and for a specific event such as mental health week
- organisations employing a 'youth participation project officer' were the only ones to report ongoing youth participation activities
- groups and organisations are not able to accurately identify the financial cost of supporting youth participation
- accountability and evaluation mechanisms are not routinely implemented
- a systematic process and support framework is required for successful and coordinated youth participation to occur.

Discussion with community groups and the case study programs enabled collation of a range of strategies currently in use within Australia for engaging and working with young people in the mental health field. These strategies involve:

- focus groups with young people
- development of a partnership framework with young people
- a mental health survey of young people and children
- a design competition for mental health
- a school based transition program
- development of websites
- mental health training for school personnel.

Strengths and weaknesses of youth participation in the development and implementation of programs under the NMHS and NSPS were assessed through the literature review and Reference Group feedback and are summarised in table 5.

Identified strengths	Identified weaknesses
Youth are acknowledged as experts.	Level of involvement in decision making is variable and therefore young people may not always recognise the outcome as their own.
Youth have some form of input.	Can be time-intensive for young people and adults.
Youth are able to explore issues or information in some depth.	Supports and resourcing to address barriers can be costly.
Increased credibility with the broader community.	Youth's actual input can be limited.
Can challenge and expand existing approaches.	Youth may have to fit into adult structures and environments.
Can be tailored to young people's interests and needs.	Confusion over expectations can cause conflicts.
Developmental benefits for young people involved.	

Table 5: Identified strengths and weaknesses of youth participation as developed and endorsed by the Reference Group utilising feedback from the information collection phase.

Case study programs summary

Desired outcomes identified by the case study programs provided the 'building blocks' for the NYPS draft model development. As major stakeholders and representatives of other programs funded under the NMHS and NSPS, it was essential to address their perceived needs. Case study programs were consulted using a variety of mechanisms throughout the project. Desired outcomes identified by all case study groups included:

- flexibility in processes to address the changing needs of groups and young people
- networking with established groups and organisations in the community
- skills development for staff and young people
- an inclusive approach where the developmental needs of young people are considered
- clarity about the roles and responsibilities of young people and adults in the process
- engagement strategies where the interest of youth is maintained.

Most identified that initially they would use the strategy for resource development, namely article writing, website review, posters and media releases. Some advocated for a peer support program to be embedded into the model for sustainability. One case study goal suggested that implementation of good practice principles through NYPS would provide a positive role model to state-based projects.

Draft models feedback

Young people, workers and organisations were invited to give comment on the draft models primarily via an online survey and hard copy booklet. Additional information relating to the draft models and supporting processes was collected during group consultations and through feedback provided to the project officer.

The online survey form and hard copy booklet was completed by 114 respondents. Feedback relating to the draft models was also collected from 36 community groups and National Consultation Group members. These 36 group responses represented the thoughts and opinions of 203 young people and 131 workers. No age categorisation or level of interest in mental health was requested of group participants.

Between the online survey and the group respondents, draft models feedback was received from 262 (58%) young people and 186 (42%) workers. Results from the online and hard copy booklet respondents are reported separately from the group and interview respondents because of different methods of data collection.

Online survey / hard copy booklet feedback

The following results relate to the feedback collected from the 114 respondents to the online survey form and hard copy booklet.

Characteristics of respondents (online/hard copy)

Respondents were asked to indicate their age according to five groupings provided on the form. The spread of ages, both workers and youth, is summarised in tables 6 and 7.

Age of respondent	n=114	%
less than 12 years	8	7
13–15 years	19	17
16–21 years	12	11
22–25 years	29	25
26+ years	45	39
No response	1	1

Table 6: Age of all respondents to the online survey form.

Of the respondents 55 (48%) identified themselves as workers and 59 (52%) as young people. While the age distribution of the total respondents is skewed to the older age groupings, as expected by the inclusion of worker ages, it is encouraging to note the representation of respondents in younger age ranges when the results for youth respondents are viewed alone.

Ages of youth respondents	n=59	%
<12	8	14
13-15	19	32
16-21	10	17
22-25	20	34
26+	2	3

Table 7: Ages of youth respondents to the online survey form.

Tables 8 and 9 summarise the reported level of interest in mental health according to worker respondents and youth respondents. As expected, the results show workers aligned themselves much more strongly with a high level of interest than did the young people.

Level of interest	n=55	%
Low	5	9
Medium	9	16
High	41	75

Table 8: Worker level of interest in mental health.

Level of interest	n=59	%
Low	11	19
Medium	16	27
High	29	49
No response	3	5

Table 9: Youth level of interest in mental health.

An age factor also appeared to influence the level of interest in mental health reported by young people, with only 11 (41%) respondents under 16 years of age reporting a high level of interest (with 26% each for medium and low interest) compared with 18 (56%) of those over 16 years reporting a high level of interest (with 28% medium and 13% low interest).

Involvement in youth participation activities results indicate 32 (58%) workers and 36 (61%) young people identify themselves as current participants in youth participation. Given the relatively high number of young people who responded to the online survey form, the few reporting current involvement in youth participation activities was unexpected.

Draft models results (online/hard copy)

In relation to each of the three draft models, online and hard copy respondents were asked to rate their preference for the model and whether they could see themselves participating in such a model. The results to these questions are collated in tables 10 and 11. They indicate largely positive responses to the models and high levels of interest in participation for models 1 (Going to the Source) and 2 (Link Up) in particular.

Further to their level of interest in participating in each of the draft models of participation, online and hard copy respondents were invited to list supports they would require to facilitate their participation. Responses were invited in relation to:

- personal supports (what a young person would need personally to participate)
- supports from other adults (what workers and organisations would need to support young people)
- supports from a central organisation (what supports would a young person or worker/ organisation need from a central organisation such as AICAFMHA).

In analysing the data, the number of theme occurrences was counted (c), and the percentages indicate the relative preference for each theme. Table 12 summarises support themes common to each of the models.

Additional themes relating to Model 1 – Going to the Source

While identifying significant personal supports for model 1, 32 (19%) respondents also included computer/internet access. This was expected, with participation in model 1 relying heavily on electronic forms of communication.

Online survey form respondents were asked to provide any additional comments in relation to each of the draft models. The need for a feedback mechanism was strongly supported by 13 (34%) respondents in relation to model 1. Of the respondents, 5 (13%) also commented that this model would be particularly useful for broad-based consultations; however, 4 (11%) respondents noted they would need to be linked with other models for more in-depth information collection.

Rating	Model 1		Model 2		Model 3	
	n=114	%	n=114	%	n=114	%
Great	23	20	31	27	47	41
Pretty good	41	36	41	36	23	20
OK	32	28	25	22	13	11
Unsure	9	8	6	5	11	10
Not good	6	5	1	1	9	8
No response	3	3	10	9	11	10

Table 10: Online respondent ratings of the draft models.

Interest in participation	Model 1		Model 2		Model 3	
	n=114	%	n=114	%	n=114	%
Yes	84	74	87	76	72	63
No	19	17	11	10	23	20
No response	11	10	16	14	19	17

Table 11: Online respondent interest in participation in the draft models.

Common support theme	Model 1		Model 2		Model 3	
Personal supports	c=113	%	c=98	%	c=74	%
Payment/voucher	22	19	14	14	19	26
Transport/accom costs	19	17	38	39	31	42
Support from local worker	8	7	7	7	9	12
Supports from other adults	c=113	%	c=97	%	c=80	%
Promotion material / supporting org	41	37	30	31	24	30
Information for consents	1	1	17	18	14	18
Supports from central org	c=69	%	c=70	%	c=69	%
Youth friendly information/ framework for consultation	43	62	15	21	21	30
Promotional material	32	46	8	11	4	6

Table 12: Common support themes identified by online respondents regarding participation in the draft models.

Additional themes relating to Model 2 – Link Up

Access to the phone and/or a computer was noted by 13 (13%) respondents as a personal support in relation to model 2. It was also indicated by 14 (14%) respondents that some funding support and reimbursement of expenses on consumables would be helpful.

Support with developing a forum structure was raised by 9 (30%) respondents as an additional comment for model 2. Also raised were issues of ensuring adequate representation—6 (20%) respondents—and support for model 2 in conjunction with model 1—5 (17%) respondents.

Additional themes relating to Model 3 – Speak Out

The concept of youth participation being recognised as part of a traineeship or with school credits was raised by 6 (8%) respondents as a personal support in relation to model 3. Reimbursement for expenses on consumables was also noted by 7 (9%) respondents.

Ensuring a representative consultation group was again a strong issue for 12 (30%) respondents in relation to additional comments about model 3. Interestingly, while there was support by 10 (25%) respondents for this model in that the level of youth ownership was viewed as positive, there was an underlying concern by 8 (20%) respondents that the model structure may be "too big", and by 4 (10%) that it was difficult for young people to access without significant supports.

Draft models document feedback

Group / interview feedback

The following results relate to the information collected from 36 community groups and represent the aggregated thoughts and opinions of 203 young people and 131 workers. The data and comments presented incorporate the characteristics of group participants, thoughts on the draft models and support themes, and additional information relating to the guiding charter, communication methods, marketing, and skills development.

Characteristics of group participants (group/interview)

Demographic characteristics of young people participating in the document review process were not requested; however, 11 of the 36 (31%) groups provided information as to how the young people 'define' themselves. Table 13 summarises these characteristics of the 89 young people from those 11 groups. It is of interest that a substantial number—36 (40%)—identified they had experienced significant and serious mental health issues.

People with disabilities are identified as a target population under the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 (NMHS, 2000). None of the young people identified themselves as having a disability in this small sample.

Draft models results (group/interview)

Group respondents rated their preference for each of the draft models and provided an opinion about whether they could see themselves participating in such a model. Tables 14 and 15 summarise this information.

Characteristic	n=89	%
COPMI	5	6
Experienced significant/ serious mental health issues	36	40
Currently homeless	12	14
Guardianship of the Minister	2	2
Grief and loss issues, (suicide by close friend/family member)	3	3
Same sex attracted youth	15	17
indigenous	3	3
Culturally and Linguistically Diverse	1	1
Rural – living in an isolated community	6	7
No response	6	7

Table 13: Demographics of a selection of young people who reviewed the draft models document.

Rating	Model 1		Model 2		Model 3	
	n=36	%	n=36	%	n=36	%
Great	10	28	9	25	27	75
Pretty good	17	47	17	47	3	8
OK	8	22	8	22	6	17
Unsure	1	3	1	3	0	0
Not good	0	0	0	0	0	0
No response	0	0	1	3	0	0

Table 14: Group respondent ratings of the draft models.

Interest in participation	Model 1		Model 2		Model 3	
	n=36	%	n=36	%	n=36	%
Yes	32	89	26	72	14	39
No	4	11	9	25	21	58
No response	0	0	1	3	1	3

Table 15: Group respondent interest in participation in the draft models.

Participating groups were also asked to identify supports that would facilitate their involvement with each of the three models. Support themes related to:

- personal supports (what a young person would need personally to participate)
- supports from other adults (what workers/organisations would need to support young people)
- supports from a central organisation (what supports would a young person or worker/organisation need from a central supporting organisation, such as AICAFMHA).

In analysing the data, the number of theme occurrences was counted (c), and the percentages indicate the relative preference for each theme. Table 16 summarises support themes common to each of the models.

Additional themes relating to Model 1 – Going to the Source

In addition to the supports for model 1 identified above, 6 (11%) group respondents also placed importance on personal supports such as having a youth friendly space for meetings, 9 (17%) placed importance on access to a computer/internet, and 10 (19%) on having promotional material supplied by a central organisation.

Allowing adequate time for review of materials and responses was rated by 7 (14%) group respondents as a support from others. Co-facilitation of consultation sessions was identified by 5 (11%) group respondents as a notable support required from a central agency.

Additional themes relating to Model 2 – Link Up

Personal supports, in addition to those above, included adequate time for review of materials by 5 (15%) respondents and availability of promotional materials by 6 (18%). Allowing time was also identified by 5 (14%) respondents as a support from others, along with support with session facilitation by 9 (25%) respondents.

Facilitation support was strongly identified by 12 (19%) respondents, again as a support from a central organisation. The development of a relationship or connection with a central organisation or worker was noted by 10 (16%) respondents.

Additional themes relating to Model 3 – Speak Out

Flexibility in the consultation format was identified by 5 (10%) respondents as a personal support, along with the concept of a traineeship or school credits for involvement by 10 (21%) and support from a central organisation by 13 (27%) respondents.

The following supports from other adults or from a central organisation were also noted:

- relationship with a central worker—3 (10%)
- respect or recognition for contributions—3 (10%)
- training for young people—10 (21%)
- information for carers and about consent—5 (10%).

Common support theme	Model 1		Model 2		Model 3	
Personal supports	c=54	%	c=34	%	c=48	%
Payment/voucher	5	9	7	21	5	10
Transport/accom costs	3	6	8	24	5	10
Support from local worker	7	13	5	15	6	13
Supports from other adults	c=49	%	c=36	%	c=29	%
Promotion material/ supporting org	14	29	11	31	10	35
Information for consents	1	2	1	3	4	14
Supports from central org	c=46	%	c=62	%	c=48	%
Youth friendly information/ framework for consultation	26	57	16	26	16	33
Promotional material	5	11	9	15	7	15

Table 16: Common support themes identified by group respondents regarding participation in the draft models.

Additional feedback (group/interview)
Members of the National Consultation Group, community groups and incidental visitors to the NYPS Project website were encouraged to provide feedback on the draft models document. This document contained information additional to the draft models for participation, such as a guiding charter, possible marketing strategies, communication methods, skills development and options for the presentation of information and feedback. Tables 17 to 22 summarise the feedback collected in relation to each of these areas of the draft models document.

Group respondents were asked to provide comment on and rate the guiding charter. Comments have been incorporated into the charter, and ratings indicating a high level of support are summarised in table 17.

Rating	n=34	%
Great	17	50
Pretty good	13	38
OK	4	12
Unsure	0	0
Not good	0	0

Table 17: Group respondents' rating of the guiding charter for youth participation.

Tables 18 to 21 report on communication methods, marketing strategies, areas for skill development and preferred feedback methods. Options raised by the respondents were counted, and the percentage figures are based on the total number of options for each area in question. The larger 'n' figures for these tables indicate that most groups responded with more than one option.

Method of communication	n=77	%
Phone/SMS	28	36
Face to face	15	19
Email	25	32
Post/Newsletter	9	12

Table 18: Primary methods of communication used by groups.

In addition to the areas for skill development listed in table 20, 3 (3%) young people and group leaders also identified organisation/ time management, and 5 (5%) each identified understanding mental health and understanding programs under the NMHS and NSPS as areas for further development which would facilitate their participation.

Marketing strategies	Local		Community		State		National	
	n=24	%	n=33	%	n=31	%	n=18	%
Word of mouth	10	42	3	9	1	3	-	-
School	4	17	8	24	-	-	-	-
Media (TV, Radio, etc)	-	-	-	-	2	6	5	28
Presence at events	2	8	4	12	7	23		
Promotional materials/brand	3	13	7	21	4	13	4	22
Existing groups / leaders	4	17	8	24	3	10	1	6
Newsletter	-	-	3	9	-	-	2	11
Website/s	-	-	-	-	4	13	2	11
Other	1	4	-	-	10	32	4	22

Table 19: Summary of marketing strategies used by groups at different community levels.

Skill area	n=100	%
Communication	14	14
Information technology	10	10
Public speaking/presenting	13	13
Media	9	9
Arranging and running meetings	9	9
Researching	8	8
Other areas	37	37

Table 20: Priority areas for skill development identified by group participants.

Feedback method	n=66	%
Face to face	27	41
Camp	6	9
Forums	6	9
Hard copy	2	3
Conference call	6	9
IT/Online	9	14
On the job	10	15

Table 21: Preferred communication method of groups for receiving information and feedback.

All groups providing feedback about the draft models document were asked to rate the group process by incorporating their level of satisfaction with the group structure and the materials provided. Table 22 indicates that all of the 29 groups that responded to this item rated the group between 'OK' and 'Great'.

Rating	n=29	%
Great	7	24
Pretty good	17	59
OK	5	17
Unsure	0	0
Not good	0	0

Table 22: Group participant ratings of the materials and group process for feedback.

Feedback from case study programs

Case study programs were provided a hard copy of the draft models document. The project officer then presented the information verbally, responding to questions to ensure programs could provide an informed comment.

The underlying beliefs and philosophies for each of the draft models were supported with the need for a flexible, developmental and inclusive approach. A continuum approach, where one form of participation is not perceived better than another, was strongly advocated for. Case study programs supported the implementation of combinations of models, as concerns were raised about the way strong relationships would be established with the community if only model 1 was undertaken. The idea of some form of 'school credit' that would acknowledge participation by young people was supported by all, with many viewing this as an essential characteristic to engage young people at risk or who have a tenuous engagement within their school setting.

Concern was raised about attempting to implement and sustain models of good practice without a central supporting organisation coordinating the process. Indeed, a high level of consultation framework, support and skills development for both staff and young people was identified. A presentation format for each of the models was discussed by all. Unsurprisingly, most identified the need to highlight a central supporting organisation's role and mechanisms available to address the needs of the program that are accessing the service.

Case study programs supported the view that the draft models be a 'foundation for youth participation' that could be adopted by some of the national programs funded by the NMHS or NSPS. During the review process examples of how case study programs could utilise the models were discussed; however, the need for further discussion with DoHA was noted in regard to funding options when implementing a process.

Cohesion and divergence across respondents

Online and group respondents rated their preference for the three models strongly as 'OK' to 'Great'. There was a high level of interest in participation across both online and group respondents, particularly in relation to models 1 and 2. The most noticeable data turnaround related to interest in participating in model 3 (Speak Out). Of the online respondents, 72 (63%) had 'yes' responses; whereas the group respondents, perhaps because of a higher level of group experience, had only 14 (39%) 'yes' responses.

The need for a central organisation was clearly identified by all respondents across all models and at all levels of support. Having access to youth friendly promotional materials to facilitate marketing and engagement was also a priority.

Group respondents clearly articulated a need for adequate time to be allowed for participants to review and respond to consultation materials.

Additional comments collected from the online respondents indicated strong support—that is, 13 (34%)—for a feedback mechanism to be incorporated into model 1. Concerns about ensuring adequate representation with regard to participants were noted by 6 (20%) respondents in model 2, and 12 (30%) in model 3.

Any other information

Some case study programs identified a need for a name change, with current headings reported to be 'mis-leading'. Anecdotal feedback from some young people indicated also that the names for the different models "could do with a change", as titles like 'Going to the Source' were not reflective of the activities within the models and were not likely to inspire young people to engage.

exhaustive account of the literature or current youth participation practice within Australia; however, a variety of information and data have been collected that will contribute to further consideration and action. In addition, a range of key resources and literature has been identified that will contribute to any future implementation.

The project has been successful in developing many contacts with individuals and groups and developing some communication methods to encourage networking between them. Notwithstanding, there are likely to be many individuals, groups and organisations who did not participate in the consultations and feedback opportunities offered by the NYPS Project. Some of these individuals, groups and organisations may have been aware of the project but chose not to participate owing to a variety of external constraints—for example competing work demands. Others may only have become aware of the project more recently. Information about the project has been widely distributed via an electronic email list providing fortnightly updates about project progress and activities, and subscribers to this list continue to be added.

of the Child (CRC), to which Australia is a signatory, compels its member organisations to properly address children's and young people's concerns. Australian mental health policy documents acknowledge the right of consumers and carers to participate in the development and provision of mental health services. Typically, however, these policy documents have an 'adult consumer' focus. A range of supports are available within Australia to facilitate adult consumer participation in mental health. Each state has an adult Consumer Advisory Group (CAG), and additional supports and training opportunities are available through the MHCA.

Contrasting with this, there is a significant lack of support available to facilitate the involvement of young people. Appropriate policy recognition, funding and support frameworks are required to facilitate youth participation in mental health at a national level. The World Health Organisation has recognised this need for support and advocates initial investment in the development of frameworks to facilitate effective youth participation (WHO, 2004a). Involving young people in the development and implementation of programs supports the concept of citizenship, as young people add new knowledge to the process and have an opportunity to make decisions that affect their lives (Singh & Trivedy, 1996).

In principle, workers and organisations within the community acknowledge the need, and recognise the benefits, of involving young people in the development and implementation of programs. However, the level of support and structural assistance required to consistently engage young people results in sustainability issues, and, consequently, youth involvement is often time-limited.

This view is supported by some of the case study programs—for example Reach Out! highlighted the need for a structured framework for youth participation for sustainability to be achieved. Historically, the experiences of other case study groups highlight the fact that although feedback at a national level has been identified as a desired goal, it has not always been achieved because of the level of support required; the skills of workers; time constraints; and/or project design.

Current practice

Current practice within Australia, as it relates to Westhorpe's (1987) continuum of participation, indicates that most young people are engaged in 'structured consultation' and 'influence' participation activities. Research supports the view that it is essential to provide young people with a variety of opportunities along the continuum in order to ensure access to youth participation activities by young people with a range of skills and experiences. Participants should be supported to develop their skills and expand their experiences, which are identified as motivating factors for sustainability purposes.

The age of young people involved in youth participation activities has been an area of debate in the literature and in practice. The literature recognises the right of children and young people to participate at all levels according to their developmental stage. In practice, however, there are some confounding factors that may complicate participation. They include duty of care, provision of information to gain consent for participation, and the level of support required by younger participants. Not surprisingly, the findings of the NYPS Project for age of participants are skewed in favour of youth at the upper age range (15–25 years). Findings also reflect duty of care and consent issues are areas likely to require substantial support in the implementation of any models of youth participation in mental health, particularly as they relate to models 2 and 3. Transparency with young people and their guardians with regard to consent and duty of care issues is critical for effective engagement and to provide clarity around roles and responsibilities.

The level of support required for successful and effective youth participation was clearly identified by workers and organisations. Supports for workers included skill development in evaluation, participation framework design and organisational orientation to youth participation. The ability of most organisations to commit adequate funds to support workers and facilitate youth participation is reflected in the 'ad hoc' manner of implementation in many organisations and the fact that designated budget lines are not available.

Workers report having to 'add' youth participation support activities to their existing jobs and having to 'borrow' funds from other organisational areas to meet young people's needs—for example, for transport, food and printed materials. Workers and organisations alike report a limited capacity to undertake youth participation in a coordinated and ongoing manner.

The findings show almost half of the community groups involved with youth participation activities were participating in activities across sectors. Taken at face value, the finding suggests that young people's interest in youth participation programs, where their influence has an impact on a broad audience, could be a motivating factor. Nevertheless, a question arises about the accuracy of this result, since it is possible that groups define cross-sectoral activities differently. An example of this is where a group provides input into a range of mental health programs that are delivered by different mental health organisations. Some groups would consider this as cross-sectoral, as they are working across services. On the other hand, others would recognise that all the services are within the mental health sector and therefore classify themselves as working across organisations only.

Models of participation

The purpose of the NYPS Project was to develop an effective and systematic process for the 'voice' of young people to be heard in relation to programs funded under the NMHS and NSPS. In reviewing the literature and current practice, it was clear that hierarchical models of participation have significant limitations and can be used, in some cases, to limit participation. Similarly, the sole use of 'level of decision making' in evaluating youth participation can negatively influence the degree of implementation achieved (Van Beers, 1995). Rather, a continuum model was preferred as most appropriate where a range of conceptual options are available to be applied to different situations. The NYPS Project took this continuum concept into consideration when it developed the draft models for youth participation in mental health.

Responses from the 262 young people and 186 workers indicate excellent levels of satisfaction with each of the model concepts. Satisfaction levels between 'OK' and 'Great' in excess of 72% for online respondents and 94% for group respondents indicate high levels of support for the draft model concepts presented. These results are further encouraged by reports that over 74% of online respondents and more than 72% of group respondents were interested in participating in either model 1 or model 2.

That only 63% of online respondents and 39% of group respondents indicated an interest in participating in model 3 is perhaps reflective of some of the issues discussed above relating to duty of care and consent. In fact, additional comments supplied by online survey respondents indicated theoretical support for model 3, although there was a sense that the model may be "too big" for young people and groups to effectively access without significant and ongoing high level supports.

Comments about the models frequently included the concept of models 2 and/or 3 being "good with model 1" or "would work well with models 1 and 2". In addition, respondents identified that models would be best applied in different situations, such as model 1 being "good for broad based consultations", while models 2 and 3 elicited responses related to defining a limited consultation topic. These comments support the conceptualisation of a model of youth participation that incorporates a range of participation options. These options should work together and interact to maximise effectiveness and support optimal outcomes.

These findings support the conceptualisation of a model of youth participation in mental health which:

- can be applied as a whole or in parts without judgment about 'more' being 'better'
- acknowledges that more complex participation strategies should be based on, and implemented in conjunction with, simpler strategies to improve sustainability.

Support requirements

The feedback process for the draft models and the draft models document highlighted a range of factors that may support or challenge youth participation in mental health. In addition to these, the literature also describes a range of supports and challenges. These factors can be broadly categorised into factors that:

- relate directly to young people
- relate to workers and/or organisations
- have an impact in common across potential participants relating to resources, information and supports.

Factors relating to young people

Appropriate recognition of young people's involvement is essential to encouraging and maintaining their participation. Monetary payment or a voucher is accepted as good practice, along with appropriate reimbursement of transport and accommodation expenses. Recognition may also incorporate some form of certification stating the activities undertaken by the young people.

A model of youth participation in mental health needs to consider the developmental stage that young participants are at. Each will have different skills and experience and a different level of interest in mental health. A good practice model will provide for young people, from a range of developmental stages, to participate and will recognise and support skill development. The literature identifies the opportunity to develop new skills as a motivating factor for recruitment and maintaining engagement of young people in participation activities.

The ability of young people to participate will also be influenced by external factors such as access to effective communication tools—for example, email, internet and SMS. These factors were identified by feedback process respondents as integral to their ability to participate effectively and feel valued. The use of a payment or voucher to recognise the contribution of young people was identified with particularly strongly.

The importance of effective marketing in engaging young people can not be underestimated; thus youth-friendly (and youth developed) promotional materials and strategies must be used. Findings highlight the need for a variety of promotion and marketing strategies to be employed in engaging and recruiting young people for participation, including local, community, state and national mechanisms (Halldorson et al., 1996). Other motivating factors, including skills development and feedback about outcomes, are important in maintaining youth involvement.

The literature also supports the need to provide a variety of 'youth friendly' materials for consultation activities to account for the young people's various learning styles (Gardner, 2001). For example, during the group feedback process, a variety of strategies, including interview, questionnaire, survey, photographs and video or DVD, were utilised to present consultation information to young people. Feedback about how the information was presented was very positive, with most groups (83%) indicating it was either great or pretty good (with 17% rating information as 'OK').

The implementation of any model of youth participation initially will require a key focus on recruitment strategies, both for the establishment of the youth participation strategy and for its sustainability.

Several community groups that participated in consultations raised the issue of overload. These groups indicated that any model needs to recognise that sometimes young people are too busy with other activities in their lives to take on a participatory role. Other groups indicated that their agenda for activities was set well in advance; therefore they would need substantial notice to plan for participation in areas of interest to them. Another confounding factor in the development of student participation is the high level of awareness that secondary staff have of the caution required to not place additional demands on students.

Young people's interest in youth participation activities will vary depending on their sense of control, connectedness and meaning (Phillips, 1990). It must be acknowledged that young people have a choice about whether they participate in relation to a given topic, and that they will have different interests. A model of participation must allow for flexibility for young people to opt in and out as they wish.

Factors relating to workers and organisations

The relationship that develops between young people and workers takes time. A supportive workplace, or organisational culture, can have a considerable impact on the success of youth participation strategies. Allowing the time for trusting and respectful relationships to develop will contribute positively to youth participation outcomes. Both the time available to develop meaningful relationships and the high rates of staff turnover in some organisations can prove challenging to this process.

It is the experience of community groups, case study programs and the NYPS Project that engaging young people and running group programs face-to-face is the most preferred and effective mechanism. It provides a high level of information and encourages engagement. However, it also consumes a large amount of time and energy. Significant coordination regarding the consultation framework is needed for effective face-to-face interactions. The identification of group requirements before meetings allows for budgetary planning; nevertheless flexibility is still required because of unexpected issues such as alternative or additional transport needs. In the education sector, secondary school staff are highly aware that training students to be involved in new roles and the implementation of student-led projects will require staff supervision and support that are generally provided on top of their other required roles.

The feedback process has highlighted that skills development for workers is an important issue. Many respondents indicated an interest in undertaking youth participation activities but they also required a range of supports themselves. Supports identified include information about gaining consent and consent guidelines; developing frameworks for consultation; and a network for sharing ideas, resources, information and experience. In developing a mechanism to encourage youth participation in mental health, providing adequate supports to workers needs substantial consideration.

During the information collection process, organisations were generally unable to clearly identify the level of funding committed to facilitating youth participation. Furthermore, the amount of worker time utilised was also difficult to establish. Workers report taking on youth participation activities as an 'add-on' to their existing position, and group leaders report finding funds wherever they could to support the young people involved—for example transport and payment. These findings suggest that the capacity of workers and organisations to take on additional roles and activities compliant with good practice in youth participation is severely limited. This is particularly relevant to mental health services where there are existing stressors on the system.

The youth and worker factors discussed above support the conceptualisation of a model of youth participation in mental health which:

- is flexible
- recognises that young people and workers or groups have different skill levels and experience and so they may access the model in different ways.

Common factors

Feedback respondents, including young people, workers and existing community groups, consistently identified the need for support in the development of:

- promotional materials to engage young people
- 'youth-friendly' consultation materials
- training processes for skills development
- a framework for consultation
- consent guidelines and information for carers
- promotion and advocacy for youth participation at a local and community level
- relationships with other workers
- appropriate evaluation mechanisms.

Given the high degree of commonality across responses, it is wasteful of time and resources to expect workers, groups and organisations to each develop their own solutions and pathways to address these supports. Indeed, youth participation in mental health would benefit from ensuring some consistency in practice across these support areas.

A strongly held view in the field is that many of these common supports should be provided by a central supporting organisation. This would contribute to consistency in the use of tools and in information sharing. Consistency in youth participation coordination processes relating to programs under the NMHS and NSPS would thereby reduce duplication.

Organisations in the community report that their capacity to respond to these common factors is limited, primarily because of insufficient time and competing demands. Competing demands on workers, organisations and young people sometimes means that even when a variety of mechanisms for comment are provided and practical supports offered—namely co-facilitation, transport and food—their ability to participate within the defined time period is sometimes limited.

Case study programs have identified their interest and/or skills in the field of youth participation as varying significantly; however, during Reference Group meetings and individual feedback, all acknowledged the need for a central supporting organisation to take on responsibility for generic activities at a national level. Feedback process respondents also indicated that a central supporting organisation could perform a liaison role between programs under the NMHS and NSPS and the different community groups and individuals that have expressed an interest in youth participation. A central supporting organisation would act as an 'information hub'. The hub would allow, for example, the pooling of knowledge in the field; the development and promotion of new resources; and the maintenance of databases of contacts, existing resources, current practice, and ongoing networking. This concept is described further in the 'Outcomes' section of this document.

Although the establishment of a supporting organisation would have significant initial costs associated with it, it is expected that these costs would reduce substantially over time. The initial development of information networks, resource databases and skill development tools takes time and resources but, once established, can be maintained at significantly lower cost. The initial cost incurred needs also to be balanced against the costs of supporting each organisation or program to develop these tools independently

Evaluation

Evaluation of youth participation activities appears limited, with low response rates achieved during the information collection process. There was also limited information identified in the literature relating to evaluation. The paucity of effective evaluation mechanisms available for youth participation activities can compound organisational issues where time, expense and outcomes generally need to be justified. This is an area that participants recognise needs to be addressed to ensure ongoing support for, and expansion of, youth participation. Skill development will be required for workers and organisations as well as young people to encourage implementation of effective evaluation mechanisms. The capacity of many organisations to provide this skill development for workers and/or young people is limited.

Summary

There is significant support in the literature and in the community for youth participation in mental health. The findings indicate a high level of support for the draft model concepts initially presented by the NYPS Project, and respondents view them as parts of a continuum.

These findings support the conceptualisation of a model of youth participation in mental health which:

- is flexible
- can be applied as a whole or in parts without judgment about 'more' being 'better'
- recognises that young people and workers or groups have different skill levels and experience and so may access the model in different ways
- acknowledges that more complex participation strategies should be based on, and implemented in conjunction with, simpler strategies that improve sustainability.

It is clear that any model of youth participation requires substantial supports to facilitate involvement from a representative range of young people. Supports for workers and organisations have been identified and discussed in relation to the organisational capacity to provide them. The concept of a central supporting organisation to act as a liaison between programs under the NMHS and NSPS and to serve an 'information hub' function has been introduced.

The information collected and the consultation findings have been used to modify the draft models. The following section describes the final outcomes relating to a proposed model of youth participation in mental health and related implementation issues.

philosophy of youth participation

- a three-step model of youth participation
- a concept for a central organisation constituting an 'information hub' to support youth participation in mental health across Australia.

Guiding Charter

Project findings support the Guiding Charter (see page 64). The charter highlights what is good practice for the NYPS and should guide the development of any model or mechanism of youth participation for programs under the NMHS or NSPS.

The term 'Guiding Charter' is used by many of the government and non-government youth peak bodies around Australia to highlight their 'bottom lines' regarding good practice when working with young people in the field of youth participation. Group respondents during the review of the draft models document were provided an opportunity to review the document and their comments were incorporated into the charter. A high level of support was noted, with minimal changes incorporated.

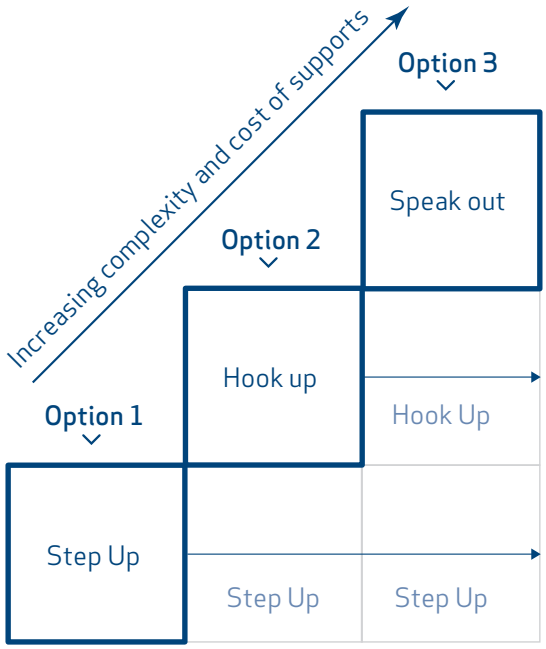
It is hoped that young people, workers and organisations in the community will be invited to become signatories to the Guiding Charter and adopt its beliefs and principles within their own work in the area of youth participation.

practice into consideration, a model for youth participation in mental health has been developed and is shown in diagram 5. The model encapsulates the concepts evaluated through the draft models feedback process and responds to the opinion that each of the draft models forms part of a whole continuum of participation. Labels have been changed reflecting the feedback from young people.

The model identifies mechanisms young people may access so that their voice is heard in the development and implementation of programs under the NMHS and NSPS at a variety of decision-making levels depending on the needs identified by the program.

The model correlates with the conceptual options described by Westhorpe (1987) and uses a 'step' approach of building complexity and degree of youth participation. Within the model, each subsequent step is underpinned by the previous step/s. The diagram shows option 3 at the top; however, this is not necessarily to be interpreted as the highest priority or most desirable level. Rather, it indicates the option of most complexity. The option utilised by a program under the NMHS or NSPS will be determined by the type and level of consultation and participation required.

Models of Youth Participation in Mental Health



Negotiation

Delegation

Influence

Structured consultation

Ad Hoc

Westhorpe's continuum (1987)

Diagram 5: A simple proposed model of youth participation for programs under the NMHS and NSPS.

Option 1: Step Up

We are checking out what the adults are saying and even though they decide what we check out at least we are starting to get involved and our voice is starting to be heard. (Jess, NYPS Consultation)

At this level young people are asked for their views, ideas and feedback about specific issues. Young people participate through 'structured' or 'ad hoc' consultation as identified by Westhorpe (1987). Young people's views are valued and taken into account; however, the degree of influence on the outcome is limited.

Applications:

- to comment on policy and national plans
- to share concerns or ideas about programs
- to review marketing tools and resources
- to focus test new program initiatives and resources
- sharing of personal stories, journeys and experiences.

Option 1: Step Up

Methodologies:
Through one-off consultations, young people may be asked to comment on already-developed information or asked to brainstorm ideas for a specific issue for a program under the NMHS and NSPS.

- Within established groups, the identified supports that are required—such as transport, food and honorarium payment—and youth-friendly material are provided to support group leaders and their young people to be involved.
- Youth friendly online options are provided—for example, surveys, forums and conferencing. Acknowledgement and support of young people's skills is provided through electronic vouchers—for example Amazon for books, or Internet café vouchers so they can access internet facilities.

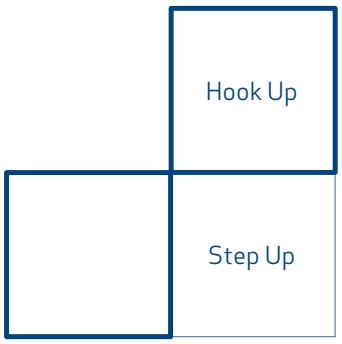
Option 2: Hook Up

> We have more ongoing contact, so the programs have to answer back to us when we put in requests for either more information or actions. (Michael, NYPS Consultation)

With option 2, young people have a more direct influence on the programs, as they are provided with real responsibility and clear guidelines for undertaking particular tasks. Young people participate through 'influence' and 'delegation' consultation, as identified by Westhorpe (1987). Young people and adults have an agreed understanding of working together to achieve specified outcomes; therefore their level of influence is extended.

Applications:

- a series of state-based forums, defined by a time period
- young people and mental health programs share concerns, ideas and collaboratively problem-solve strategies
- development and review of good practice principles, policies and strategic plans
- youth participation in resource design and review
- presentation and attendance by young people at state-based conferences
- peer mentoring to ensure sustainability of processes for longer-term projects.



Option 2: Hook Up

Methodologies
Young people involved in option 1, established groups in the community and/or groups interested in mental health are supported to connect on an ongoing basis at a national- or state-based level through agreed upon communication mechanisms. These could include:

- online: forums, workshops and conferencing
- face-to-face: teleconferences, conference calls, web cam discussions, camps, and meetings at a state level.

When young people meet with programs, they represent themselves and their own ideas. Establishment of an ongoing consultation process enables a relationship with the organisation and workers. This may support young people to feel comfortable and confident to participate in presentations at a national or state level—for example launches of materials developed as part of the process.

Option 3: Speak Up

They do this in the UK a lot where we take the lead in collecting the data so when we meet with programs we are not just talking from our personal experiences but from the community we represent. (Shane, NYPS – Consultation B)

At this level young people and projects each contribute their ideas, information and perspective. Decisions are reached by some form of consensus. Young people's participation is at a level of 'negotiation', as identified by Westhorpe (1987). Young people are actively involved in all aspects of the consultation process, from design, to implementation, dissemination and evaluation. Young people research the ideas and beliefs of their local communities and/or the young people involved in option 1 and/or 2, and then present this collective data to programs under the NMHS or NSPS. At this step, young people act as 'youth researchers' within the consultative process.

Applications:
National-based forums with young people and program to share concerns, ideas and problem-solve strategies in a collaborative way

- young people liaise with program and broader group in the community around the development and review of good practice principles, policies and strategic plans
- resource design with projects and their trial, implementation and review with the broader community
- presentation and attendance at national conferences
- young people sit on program committees, which meet on a regular basis.

Methodologies
Young people would need to be supported to connect with programs under the NMHS and NSPS when developing the research methodology. Young people as researchers could follow up with information through:

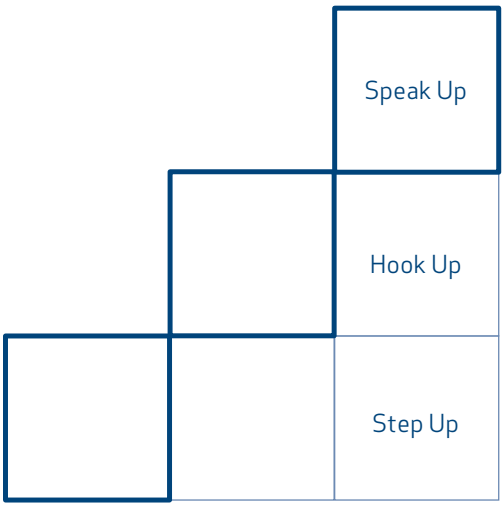
- established mechanisms—that is option 1 and/or option 2
- their local community, depending on the needs of the program and the skills of the young person.

Methodology consistent across all 3 options
No particular option guarantees that consultation will be participatory and all options have advantages and disadvantages. Selection of the options should be based on the program's needs, desired outcomes, the type of data required and the characteristics and preferences of the young people involved.

The following methodologies, from the literature review and consultation processes, could be used across any or all options for adults and youth researchers to gather information and evaluate processes:

- individual interviews
- focus groups
- questionnaires
- task-orientated and activity-based methods
- role plays
- written methods
- visual methods.

Implementing support requirements
Supporting activities have been identified for each of the options within the proposed model of youth participation. As expected, the activities increase in scope and complexity as the model 'steps up'. Strong support exists for the responsibility of these activities to rest with a central organisation. Each section of table 23 contains a subset of the total role and responsibility that a central supporting organisation could take for each model.



Option 3: Speak Up

Action	Option 1	Option 2	Option 3
Consultation framework: Actions that support the development of a consultation framework in relation to the specific project's needs for programs under the NMHS or NSPS.			
• Clarification of needs with programs funded under the NMHS and NSPS	■	■	■
• Negotiation regarding the option to be implemented	■	■	■
• Inform program of expected cost of consultation	■	■	■
• Development of appropriate contractual requirements	■	■	■
• Development of a feasible consultation plan and format	■	■	
• Connecting with established groups in the community	■	■	
• Development of information sheets and relevant consents to ensure transparency and address duty of care needs	■	■	■
Consent and duty of care: Actions that support the development of information for young people and guardians to address consent and duty of care issues and laws, which vary from state to state.			
• Provision of an information sheet to guardians, group leaders and young people about the project, including parameters, codes of conduct, roles and responsibilities, time frames and other barriers to young people's involvement in regard to the consultation process to ensure transparency		■	■
• Follow up with relevant consents, with young people and guardians when under the age of 18 years of age		■	■
• Undertake a 'Working with Children Check' with youth researchers to ensure the safety of young people involved in the consultation process. (NSW Commission for Children and Young People, 2003)			■
Promotion and recruitment: Actions that establish and sustain connections with young people in the community by providing promotional materials that can be used by individuals, groups and organisations to promote the concept of youth participation in mental health.			
• Marketing of consultation process through a variety of mediums	■	■	■
• Developing a database for collected information to be collated	■	■	■
• Developing youth-friendly material for online processes	■	■	

Action	Option 1	Option 2	Option 3
Skills development/implementation support: Actions that facilitate training and support for young people, workers and programs under the NMHS and NSPS to implement projects using a variety of mechanisms.			
• Coordinate and facilitate ongoing state-based communication strategies using a variety of mechanisms		■	
• Encourage networking between program under the NMHS and NSPS and young people involved		■	■
• Identification of supports available for youth researchers at a local level (i.e. other young people/group leaders)			■
• Provision of skills development opportunities		■	■
• Support of youth researchers to liaise with programs under the NMHS and NSPS when undertaking the following processes:			■
– defining the research question			■
– developing the methodology			■
– supporting young people to research/collate information through a variety of mechanisms—model 1, model 2 and/or their local group dependent on needs of research project			■
– collecting the data			■
– data analysis and report preparation			■
– disseminating the findings for accountability purposes, including presentations at national conferences			■
– evaluating the process with young people and projects			■
Implementation support, information sharing: Actions supporting establishment of mechanisms encouraging workers and young people to share their knowledge, experience, resources and skills in field of youth participation in mental health.			
• Analysis of data with group members		■	
• Development of report of outcomes	■		
• Cooperative development of report		■	
• Provision of findings to program under the NMHS or NSPS			
Accountability: Actions that encourage feedback about information provided in regard to the process and scope of activities, as well as outcomes.			
• Negotiation with program under the NMHS or NSPS about information to be feedback to consultation participants	■	■	■
Evaluation: Actions that support reliable and consistent evaluation mechanisms implemented to promote sustainability and ensure good practice for youth participation in the field of mental health.			
• Evaluation of process relating to youth participants and program	■	■	■
Promotion: Actions that support youth involvement in the development and implementation of programs under the NMHS and NSPS promoted to the wider community.			
• Support young people to participate in presentations regarding the consultation process, outcomes and/or their participation		■	■

Table 23: Supporting activities for implementation of the proposed model for youth participation.

Regarding option 3, the supporting organisation would need to negotiate the following areas with the programs under the NMHS or NSPS during the contractual stage of the project to ensure the efficacy of the youth research project:

- legal and ethical issues involved in the employment of young people as researchers
- willingness by adult researchers to share information and to provide appropriate training—for example interview techniques
- acceptance by adult researchers that peer researchers may not interview in consistent or expected ways and that, as a consequence, the type of data collected may vary
- clear explanations of the ethical and behavioural limits of obtaining data
- support mechanisms for young researchers when presented with issues—for example participant distress
- ongoing support and access to briefing and debriefing strategies throughout the implementation process
- support provided by adults to protect the safety of the youth researchers
- appropriate compensation.

Supporting organisation

> We're all so busy that we want to do it but we need someone to bring it all together and do all the organising and coordinating jobs. The stuff that takes a lot of time and energy. (Ali, NYPS Consultation)

Respondents during the feedback process, including case study groups under the NMHS and NSPS, young people, workers and existing community groups, consistently identified the need for support in the development of:

- promotional materials to engage young people
- 'youth-friendly' consultation materials
- training processes for skills development
- a framework for consultation
- consent guidelines and information for carers
- promotion and advocacy for youth participation at a community, state and national level
- relationships with other workers
- appropriate accountability and evaluation mechanisms.

Youth participation in mental health is a developing field in Australia, and there is limited evidence-based information available in the literature regarding methods of implementation of youth participation activities in mental health. This relative paucity of information, coupled with the identified skills requirements of workers to support young people, has resulted in limited application of youth participation strategies in the mental health field. In addition, the time and resource commitment required to effectively engage and support young people to participate is often prohibitive.

Consistent with the view of the WHO (2004b), workers, groups and young people have clearly indicated strong support for a central organisation to be established that can provide a range of supports to facilitate broader implementation of youth participation in mental health. The range of information and tools that a central supporting organisation could provide is discussed here.

Range of information and tools

Networking / information sharing / reference point

A range of information has been developed at state and territory level, but a limited amount of evidence-based literature is available. Workers, young people and organisations have indicated that the support of peers and easy access to relevant information is very important to them. Establishment of a mechanism encouraging workers and young people to share their knowledge, experience, resources and skills will contribute positively to the field of youth participation in mental health. An array of strategies may be employed in supporting networking and information sharing. These include development of an interactive website, use of an email discussion list, newsletters and state, community and national meetings and forums.

Many group respondents to the draft models document reported that a support for them in youth participation would be "someone who we could call for help". Provision of a freecall number was also identified by some respondents. A supporting organisation could act as a reference point for workers, organisations and young people where they could access information relevant to their needs at a particular time.

Promotion / marketing / recruitment / advocacy

These are priority areas for action as indicated in the findings relating to supports for the draft models. The scope of promotional and marketing strategies will need to incorporate activities at a local, community, state and national level (Halldorson et al., 1996), and having youth- and adult-friendly promotional materials available in an online environment supports their wide use. Facilitating promotion, marketing and recruitment needs to occur at two levels.

At a broad level, there is a role for the supporting organisation to provide promotional materials that can be used by individuals, groups and organisations to promote the concept of youth participation in mental health. These materials can be used to promote and market young people to have a voice and to encourage them to join the communication network and/or to register their interest in participating in a project. In this way, recruitment is supported and young people become engaged. Alternatively, young people may be provided with an opportunity to comment in a general way regarding mental health, mental health services, and other relevant issues.

At a more specific level, a role has been identified in the findings for the supporting organisation to provide youth-friendly promotional and marketing materials for particular projects relating to programs under the NMHS or NSPS. Again, these materials can be utilised to recruit young participants and to provide information about the project.

Once established, part of the promotion process will be the incorporation of feedback about projects already undertaken. This will increase the efficacy of programs implemented by enabling young people and groups to see the impact they can have and encourage more people to become involved.

During and in addition to promotion activities, a supporting organisation would be active in advocating for youth participation in a variety of ways. Workers identified a need for a supporting organisation that could support them sometimes in advocating, within their own service, for youth participation activities to be incorporated.

At a national and state level, a supporting organisation would play a substantial role in advocating for youth participation and the rights of young people to be fully incorporated into the appropriate policy and implementation plans in the area of mental health.

Young people also identified an advocacy role for a supporting organisation, indicating that it would be helpful for them to have some assistance in persuading their schools and teachers to support their involvement in youth participation activities related to mental health. Further to this, a supporting organisation could also be involved in advocating with schools to establish a credit system for young people involved in youth participation activities. In this way, young people would receive acknowledgement and recognition for participation and skill development from the wider community and this would contribute to recruitment and engagement.

Consultation framework / implementation support

Findings very clearly support the need for a central supporting organisation to provide assistance in the development of consultation frameworks in relation to specific projects for programs under the NMHS or NSPS.

The range of support requirements to fully implement the options described within the proposed model for youth participation in mental health have been listed earlier in this section.

A priority for workers and organisations identified by the NYPS Project was receiving support in dealing with issues of consent, duty of care and provision of information to carers. There is no single or best way to obtain consent for young people under the age of 18. Participants over 18 also require appropriate information to make an informed decision regarding their involvement.

There are many issues relating to the gaining of consent. Ensuring that information about projects is clear and understandable is vital in obtaining informed consent rather than implied consent. There may also be a need to include consents about how information collected is used. Once again, various examples are already available in the community that could be utilised to supplement consent information provided by a supporting organisation.

Duty of care issues and laws vary from state to state. Within states, many people are not aware of, or are unclear about, duty of care requirements. Youth participation could be supported through the provision of summarised information relating to issues relevant to each state and territory. In this way, the supporting organisation could again act as a reference point.

The development of information for carers and parents was another area to figure prominently in the findings from the draft models feedback process. Appropriate and accessible information contributes to the gaining of consent and can also support promotion, recruitment and engagement of young people and their families. This promotes relationship-building, and, as a result, guardians feel comfortable with their young person participating in inter- and intra-state activities such as conference presentations.

Training / skills development

Workers and young people bring varying skills and experience to youth participation activities. Some areas of skill development have been identified by young people and workers during the feedback process relating to the draft models document.

In particular, workers identified skills development needs in the areas of evaluation methodology; working with young people; consent issues and duty of care; running meetings with young people; and researching.

Young people have similar needs concerning skill development, including working with adults, effective communication, public speaking and presentation skills, researching, and using technology such as telephone conferencing.

There is a high degree of commonality in skills development need across each of these target groups. Although several resources are already available in local or state areas, they may not be widely known. The development of new resources to meet the needs of participants in youth participation projects and the promotion of existing resources are tasks that could effectively be undertaken by a supporting organisation.

Further to skills development resources, findings indicate a need for a central organisation to support workers in delivering training both to other workers and to young people. The supporting organisation could play a role in co-delivery of skill development resources that are also available in an online environment.

Database of contacts

Through the NYPS Project, the beginning of a database of contacts has been established. There are significant privacy and consent issues limiting public knowledge of much of the information collected. This will be an ongoing issue in the area of youth participation. Management of the database of contacts by a supporting organisation will overcome many of these issues, as well as having other positive spin-offs. For example, a supporting organisation will enable the development of a relationship or connection between participants and a central supporting worker, which is a highly desired outcome as identified in the findings.

In order to enable a responsive strategy, a baseline level of contact needs to be maintained with potential project participants. Preservation of engagement and ongoing active recruitment is critical to ensuring an available pool of participants for projects. Maintaining the integrity of the database with current information should be a priority.

Accountability / evaluation

Accountability and evaluation have been identified as issues affecting youth participation, both in the findings and in the implementation supports for the proposed model of youth participation. Workers have identified skills development issues in relation to evaluation. Sustainability of youth participation will depend on reliable and consistent evaluation mechanisms.

Part of having an effective youth participation strategy is ensuring accountability to participants and their guardians. This involves adequate provision of information about the process and scope of activities, as well as providing feedback about outcomes and the impact of the participation process and where information has gone.

A supporting organisation can contribute within each of these areas by providing information and through developing consultation frameworks in relation to specific projects undertaken by programs under the NMHS or NSPS.

The Information Hub

Clearly, there are significant benefits of establishing a central supporting organisation to facilitate and advance youth participation in mental health. Information, resource and skills needs have been clearly articulated by young people, workers and groups.

In developing a conceptual representation of the role of the supporting organisation, the range of activities and type of information required has been considered (see diagram 6). The role of the supporting organisation has been conceptualised as an Information Hub, incorporating a central organisation and illustrating the key segments of information and resource support.

Further to this conceptualisation, the Information Hub would be well suited to an online environment. All of the background materials for each segment of the Hub could be located on a website, ensuring easy accessibility for many people. An online Information Hub could also be utilised to document progress in the application of youth participation strategies in mental health.

In developing and maintaining the Information Hub, the supporting organisation would have a responsibility to incorporate youth participation practices. This would contribute significantly to credibility, appropriateness of the information developed, informing the development of resources and encouraging others by providing a role model.

Incorporating the Information Hub into the conceptualisation of the proposed model of youth participation in mental health is achieved by viewing it as underpinning the step model, as illustrated in diagram 7.

The Information Hub concept with content managed by a central supporting organisation

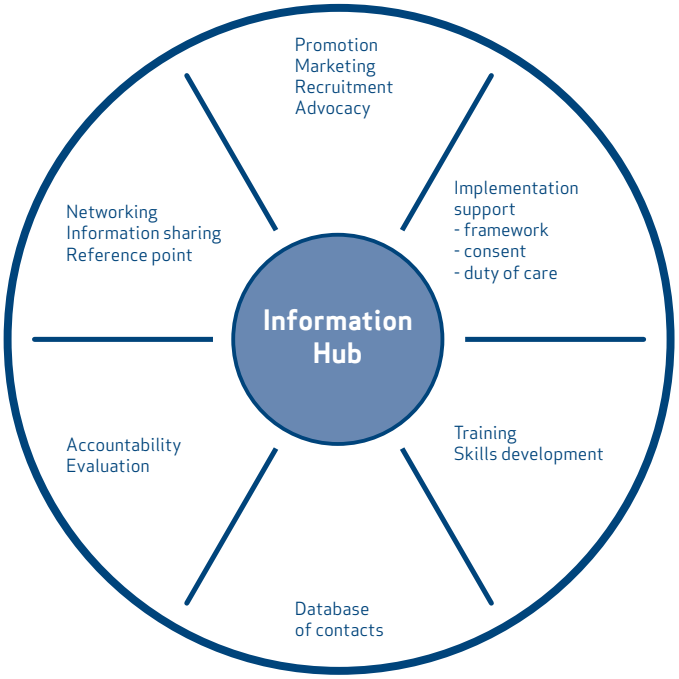
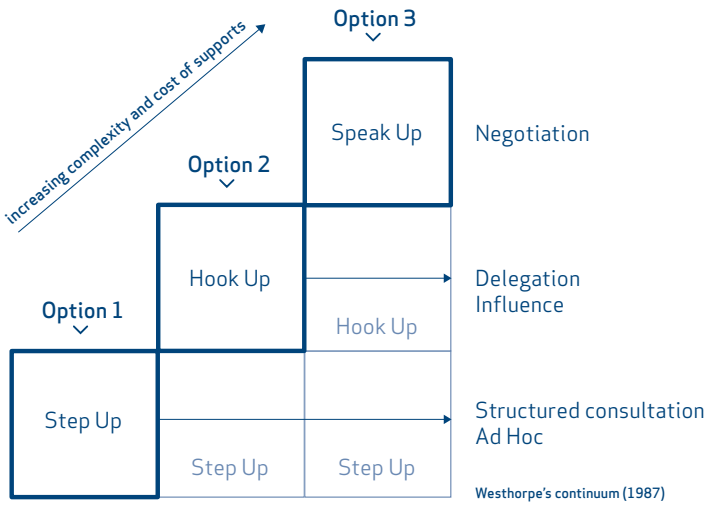


Diagram 6: Conceptual representation of the 'Information Hub'.

Proposed model of youth participation in mental health



Supporting Organisation
The Information Hub

Diagram 7: A complete proposed model of youth participation in mental health.

Overview of implementation process

Implementation of the step model in youth participation projects for or with a program under the NMHS or NSPS would follow a similar path for each project. Components of the process have been discussed in detail earlier in this section. Diagram 8 identifies the stages and key tasks that any implementation would need to incorporate.

Diagram 8 also identifies the segments of the Information Hub that would be relevant at each stage of the project implementation.

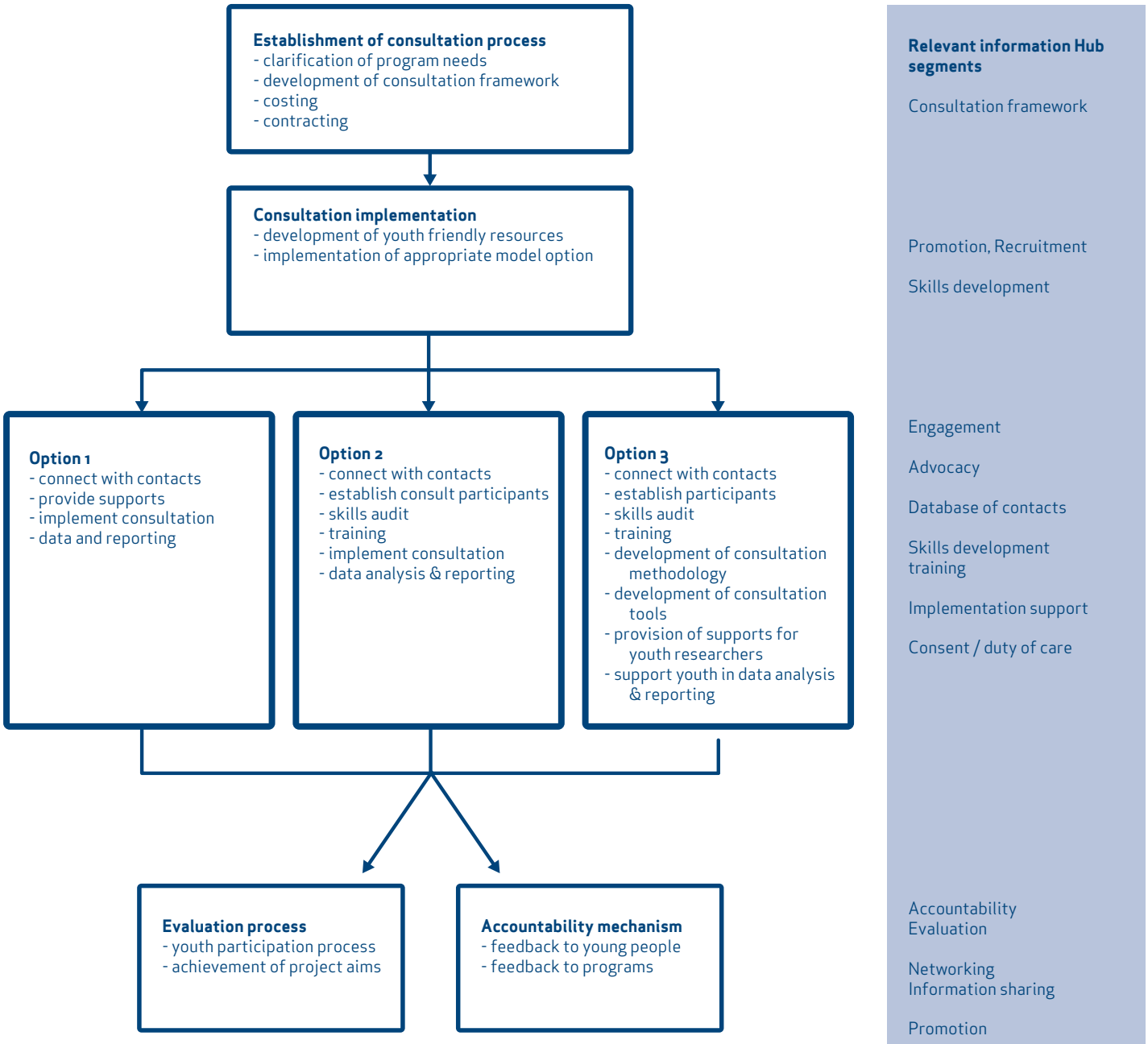


Diagram 8: Overview of implementation process for youth participation projects for programs under the NMHS or NSPS.

frameworks and supports to undertake youth participation strategies. Similarly, formal structures have not been developed at a community and local level; consequently knowledge of needs and resources is limited.

- Youth participation is not consistently embedded in the development and implementation of programs. Lack of frameworks and supports have resulted in the community viewing youth participation as an 'add on' to their already busy work schedules, and not an opportunity to save valuable time and energy in the long term.
- Evaluating the effectiveness of youth participation strategies can be difficult because of issues with collating quantitative information; thus outcomes become subjective.
- It is difficult to predict young people's involvement in youth participation strategies, as their ability and motivation to participate varies depending on a variety of factors.
- Providing different mechanisms for youth participation increases the complexity, time and cost of the youth participation program; however, providing such mechanisms is essential in order to ensure an inclusive approach is achieved.
- Expecting young people to fit into the parameters of pre-determined projects may increase the likelihood of barriers, especially if fixed time constraints are implemented.

for the physical and/or social-emotional well being of the young person, begins and ends.

- Some models of youth participation have primarily focused on decision-making processes and have not taken into consideration the broader role young people can play within an organisation—namely, peer mentors, presenters, facilitators and resource developers—resulting in lost opportunities.
- Programs that undertake youth participation activities have felt supported at a state level, through their local Office for Youth; however, there is a sense of isolation when attempting to support young people to contribute at a national level.
- The skills and experiences of young people and workers vary considerably throughout the community. Coordination of supports and funds to address their specific needs has not been undertaken, thus limiting their ability to participate.
- Initially, outcomes may be limited; and therefore long-term commitment and time is needed.
- Evaluation of how to best engage indigenous and CALD populations groups in working in partnership needs further research because of the limitations of this scoping report.

9. Strategies for action

Based on the information collected and the findings of the feedback process relating to the draft models and document, some strategies for action have been developed. These strategies have been grouped under the following headings:

- Australian policy context
- Youth participation model
- Model supports
- Supports for youth involvement
- Supports for worker involvement.

1: Australian policy context

It is recommended that:

1.1: Australian mental health policy acknowledges the unique characteristics of children and young people with mental health issues and addresses their rights and needs as consumers of mental health services.

The Convention for the Rights of the Child, which Australia is a signatory to, states that young people have a right to 'express their views freely in all matters' which affect them. It stresses that young people's views should not only be expressed and heard but also taken into account. Literature, specifically in the area of mental health within Australia, strongly supports this view and identifies young people's views in the area of promotion, prevention, delivery and evaluation of mental health services as critical.

1.2: Australian mental health policy at all levels be more responsive to young people by incorporating specific actions and a supportive youth participation framework for enabling the 'voice' of young people to be heard.

In Australia, Raphael (2000) provides an excellent summary of what is needed as part of the profile of a comprehensive mental health service system. She states that:

central to the assessment of quality in the provision of mental health care is the view of parents, carers and the young people themselves. Policy development and the planning and implementation of activities and services to promote mental health and prevent illness and the delivery and evaluation of services to address need should be informed by this view (p.44).

Additionally, youth participation allows young people some 'ownership' of decisions which affect their lives and contributes to their social competence and responsibility (NSW Commission for Children and Young People, 2002a).

1.3: programs funded through national and state mental health initiatives and the NSPS routinely have a youth participation component incorporated into their planning that is supported by appropriate funding.

Young people are the 'experts' in the field when developing and implementing programs designed for them. Involving young people leads to better decision making, as incorporating their perspectives often makes programs more responsive. This increases their efficiency and effectiveness through the provision of more reliable information than when adults speak on behalf of young people.

All case study programs participating in the NYPS Project support the principle of youth participation; however, in practice, implementation is limited because of insufficient resourcing.

1.4: Australian mental health policy be cognisant of the unique needs of children and young people as carers of adult mental health service consumers.

Children and young people are increasingly recognised as providing a valuable role in caring for consumers of mental health services. Children of parents with a mental illness need special consideration in mental health policy to ensure they do not remain 'hidden' and to ensure their own mental health is appropriately supported (AICAFMHA, 2004).

2: Youth participation model

It is recommended that:

2.1: youth participation be at the forefront of planning for mental health services which target young people. The models need to be responsive to the needs of young people and be adaptable to meet local needs. Ensure that all future funding in the area of youth mental health has the capacity to support youth participation strategies.

The model of youth participation proposed within this report would be one such model that could be adopted locally. The proposed model of youth participation:

- is flexible
- can be applied as a whole or in parts without judgment about 'more' being 'better'
- recognises that young people and workers and groups have different skill levels and experience and so they may access the model in different ways
- acknowledges that more complex participation strategies should be based on, and implemented in conjunction with, simpler strategies to improve sustainability.

This model is also supported by input from young people through the NYPS project.

2.2: any model of youth participation that is utilised in the mental health field recognises different developmental levels and ensures young people feel a sense of ownership, empowerment and independence.

Providing a developmental framework for young people is essential to enabling them to be 'active' participants and not feel like the process is 'tokenistic'. The experiences and skills young people already have need to be acknowledged, with additional training and development options provided as required. The skills young people develop during their involvement in the NYPS should not only be recognised by programs under the NMHS and NSPS but also by the wider community through some form of 'participation accreditation'.

2.3: the model of youth participation adopted in the mental health field provides participation activities across a continuum of conceptual options.

Westhorpe (1987) has described a continuum of youth participation with a range of conceptual options. These conceptual options have been incorporated into the proposed model of youth participation in mental health. The three-step model identifies the following conceptual options.

Option 1: Step Up
Young people participate through 'structured' or 'ad hoc' consultation, as identified by Westhorpe (1987). Young people's views are valued and taken into account; however, the degree of influence on the outcome is limited.

Option 2: Hook Up
Young people participate through 'influence' and 'delegation' consultation, as identified by Westhorpe (1987). Young people and adults have an agreed understanding of working together to achieve specified outcomes, and therefore their level of influence is extended.

Option 3: Speak Up
Young people's participation is at a level of 'negotiation', as identified by Westhorpe (1987). Young people are actively involved in all aspects of the consultation process, from design, to implementation, dissemination and evaluation.

3: Support for youth participation nationally

It is recommended that:
3.1: a key national organisation be identified and supported to assist workers and organisations to implement effective youth participation strategies in mental health.

The feedback process has highlighted that skill development for workers is an important issue. Many respondents indicated an interest in undertaking youth participation activities but they also required a range of supports themselves. Supports identified include providing information to gain consent and consent guidelines, developing frameworks for consultation, and a network for sharing ideas, resources, information and experience.

3.2: a key national organisation be identified and supported to provide appropriate assistance to young people to facilitate their involvement in youth participation activities in mental health.

Young people vary in their interests, skills and confidence. These and other factors such as skills, degree of 'ownership', accessibility of information and relationships with workers can influence their willingness and ability to participate at different levels along the youth participation continuum. Young people need to be provided with a variety of mechanisms for participation and steps along the continuum of youth participation to ensure a holistic approach is achieved. Roles and responsibilities for young people within the NYPS need to be diverse to ensure inclusive and motivating practices are achieved.

3.3: a key national organisation be funded to provide a range of supports, information and resources to facilitate the development and implementation of effective youth participation activities.

Feedback from respondents, including young people, workers and existing community groups, consistently identified the need for support in the development of:

- promotional materials to engage young people
- 'youth-friendly' consultation materials
- training processes for skills development
- a framework for consultation
- consent guidelines and information for carers
- promotion and advocacy for youth participation at a local and community level
- relationships with other workers
- appropriate evaluation mechanisms.

There is a strong opinion in the field that many of these common supports should be provided by a central organisation. This will also contribute to consistency of tools, information sharing and coordination of the youth participation processes relating to programs under the NMHS and NSPS. The implementation of any model must incorporate provision of the necessary support mechanisms to ensure a positive experience for those involved and thereby contributing to their future willingness to participate.

3.4: a national organisation be adequately funded to promote youth participation at local, community, state and national levels and to maintain a database of potential participants.

Through the NYPS Project, the beginning of a database of contacts has been established. There are significant privacy and consent issues limiting public knowledge of much of the information collected. To enable a responsive strategy, a baseline level of contact needs to be maintained with potential project participants. Preservation of engagement and ongoing active recruitment is critical in ensuring an available pool of participants for projects and in maintaining an understanding of their support requirements for consultation framework development. Maintaining the integrity of the database with current information should be a priority.

3.5: any national approach that is developed has accountability and evaluation mechanisms embedded into a youth participation strategy.

Accountability and evaluation have been identified as issues affecting youth participation, both in the findings and in the implementation supports for the proposed model of youth participation. Sustainability of youth participation will depend on reliable and consistent evaluation mechanisms. In addition, general processes need to be evaluated periodically to ensure the needs of young people, workers and programs under the NMHS and NSPS are being addressed.

Part of having an effective youth participation strategy is ensuring accountability to participants and their guardians. This involves adequate provision of information about the process and scope of activities, as well as providing feedback about outcomes and impact of the participation process and where information has gone.

4: Supports for youth involvement

It is recommended that:

4.1: young people be able to access the necessary skills and supports to participate in a style which addresses their developmental needs and learning styles.

A model of youth participation in mental health needs to consider the developmental stage that young participants are at. Each will have different skills and experiences and a different level of interest in mental health. A good practice model will provide for young people from a range of developmental stages to participate and will recognise and support skill development.

The ability of young people to participate will also be influenced by external factors such as access to effective communication tools, such as email, internet and SMS, and receipt of some form of monetary benefit. All of these factors were identified by feedback process respondents as integral to their ability to participate effectively and feel valued.

4.2: young people be appropriately recognised and remunerated for their participation.

The findings of the NYPS Project feedback process indicate a strong preference for a model that supports young people's contribution to be recognised in school or workplace environments.

The project has identified that young people should be supported to participate without cost to them as individuals or their group. The use of a payment or voucher to recognise the contribution of young people was strongly identified.

5: Supports for worker involvement

It is recommended that:

5.1: youth participation in mental health be supported through the provision of appropriate assistance and skill development for workers and organisations to ensure their active involvement.

The report highlighted that, while interested in undertaking youth participation activities, skills development for workers is an important issue. Supports identified include providing information to gain consent and consent guidelines, developing frameworks for consultation, and a network for sharing ideas, resources, information and experience.

Separate skills development training for workers might also be required to challenge some of the workers' underlying beliefs about the role of young people within their organisation. This would aid the development of participatory processes so that young people's 'voice' is not only heard but also taken into consideration when making decisions.

5.2: organisations allocate appropriate time and resources to youth participation in order to achieve effective outcomes.

The relationship that develops between young people and workers takes time. A supportive workplace, or organisational culture, can have a considerable impact on the success of youth participation strategies. Allowing the time for trusting and respectful relationships to develop will contribute positively to youth participation outcomes. The time available to develop meaningful relationships and the high rates of staff turnover in some organisations can prove challenging to this process.

5.3: workers involved in youth participation be supported in developing skills relating to effective and appropriate evaluation methodologies.

Evaluation of youth participation activities appears limited, with low response rates achieved during the information collection process. There was also limited information identified in the literature relating to evaluation. The report indicated that workers identified the need for skill development in relation to evaluation. This is an area that participants recognise needs to be addressed to ensure ongoing support for, and expansion of, youth participation.

The paucity of effective evaluation mechanisms available for youth participation activities can compound organisational issues where time, expense and outcomes generally need to be justified.

of the 'information hub', as outlined in the report, could also provide a range of supports to facilitate broader implementation of youth participation in mental health.

headspace is in the process of developing a national strategy for improving the provision of mental health services to young people. There may be some scope for *headspace* to address some of the issues and recommendations made by this project. The main issues could include 'advocating' for youth participation in services; developing 'promotional materials'; managing and maintaining a 'database' containing information regarding potential project participants; and providing information on the website regarding 'external funding sources' for particular youth participation activities such as Foundation for Young Australians (FYA).

Australian Government has provided funding to AICAFMHA and *headspace* for the development of a series of factsheets based on the findings of this report. These factsheets will be made available via the websites of both AICAFMHA and *headspace* and limited supplies of hard copy documents will be available.

State youth peak bodies could further assist in 'skill development' of young people through developing resources and having information available online.

11. References

AICAFMHA (2004). Principles and Actions for Services and People Working With Children of Parents With a Mental Illness, Stepney: Australian Infant Child Adolescent and Family Mental Health Association

Aynsley-Green, A. et al (2000), Who is speaking for children and adolescents and for their health at the policy level? British Medical Journal, 321 (7255): 229

Amigos (2000, The Amigos Project Peer Training Manual. www.cyh.com/SubContent.aspx?cp=399&p=407

Arnold, C. (1997). Early Childhood Development, Laying the Foundations for Participation. Nepal: Save the Children and Redd Barna. September.

Australian Health Ministers. (1992), National Mental Health Policy. Canberra: Mental Health Branch, Commonwealth Department of Health and Family services.

Australian Health Ministers. (1998). Second National Mental Heath Plan. Canberra: Mental Health Branch, Commonwealth Department of Heath and Family Services.

Ausyouth. (2001). "It's the way that you do it that counts - Good practice in youth development - framework and principles." www.thesource.gov.au/ausyouth.

Barkman, S., Machtmes, K., Myers, H. (2002). Four-Fold Youth Development. A research Based Model Linking Program Development, Purdue University.

Center for the Study of Social Policy (2003). Policy Matters, Setting and Measuring Benchmarks for State Policies. www.cssp.org/index.html

Checkoway, B. & Richards-Schuster, K. (2003). "Youth Participation in Community Evaluation Research." American Journal of Evaluation. 24(1), 21-33

Commonwealth Department of Family and Community Services (2002). "Inclusive Consultation - A practical guide to involving people with disabilities." www.iplan.nsw.gov.au/engagement/stories/alphabetical.jsp›.

Commonwealth Department of Health and Aged Care (2000), National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra

Commonwealth of Australia (2001). Evaluation - a guide for good practice, Commonwealth of Australia.

CYFP (Child and Youth Foundation of the Philippines). (1996). "Sustaining the Development of Civil Society. A Country Paper on Youth Participation in the Philippines. IN Meeting Report; Youth Participation: Challenges and Opportunities Conference." Nakhon Pathom, Thailand.

Department for Education and Training (2004). Engaging Youth, Youth Participation in Education, Training and Employment in Western Australia. Government of Western Australia.

ECPAT, U. (1999). "Standing up for Ourselves - A study on the Concepts and Practices of Young People's Rights to Participation." International Young People's Action Against Sexual Exploitation of Children. www.ecpat.net/eng/Ecpat_inter/projects/youth_participation/youth.asp

Education Foundation (2002). "r.u.Mad?" www.rumad.org.au.

Gardner, H. (2001). "The Theory of Multiple Intelligence." www.multipleintelligences.com.

Halldorson, L. et. al. (1996). Claiming Our Place in the Circle: indigenous Children's Rights. A report on the Caring for indigenous Children Capacity Building Workshop and a Plan for action. Victoria, Canada: The school of Child and Youth Care, and the Aboriginal Liaison Office, University of Victoria and UNICEF.

Hart, R. (1992). (1992). Children's Participation: From Tokenism to Citizenship. Florence: UNICEF. International Child Development Center.

Hart, R. (1997). Children's Participation; The Theory and Practice of Involving Young Citizens in Community Development. UNICEF.

Lardner, C. (2001). "Youth Participation - A new model." www.lardner.deomon.co.uk.

Newmann, F., Wehlage, G. & Lamborn, S. (1992). "The Significance and sources of student engagement." Student Engagement and Achievement in American Secondary Schools, (pp. 11-39). New York: Teachers College Press.

NMHS (National Mental Health Strategy) (2000). National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000. A joint Commonwealth, State and Territory Initiative under the Second National Mental Health Plan, Commonwealth of Australia.

NSW Commission for Children and Young People (2002a). Participation: Meeting together-deciding together - Kids participating in case-planning decisions that affect their lives. www.kids.nsw.gov.au/publications/tpsmeeting.html

NSW Commission for Children and Young People (2002b). Participation: Sharing the stage, NSW Commission for Children and Young People.

NSW Commission for Children and Young People ((2002c)). "Research and resources about participation." www.kids.nsw.gov.au/files/tpsresources.pdf.

NSW Commission for Children and Young People (2003). "Working with Children Check Guidelines." www.kids.nsw.gov.au/check/guidelines.html.

NSW Commission for Children and Young People (2004). "Participation: Count me in! Involving children and young people in research." www.nswcommisson.gov.au.

Office for Youth, Vic. (2004). "Consulting with young people about their ideas and opinions." www.youth.vic.gov.au/participation/participation.

Office of Employment and Youth, S.A. (2000). Youth Participation Handbook: A guide for Organisations seeking to involve young people on boards and Committees. Adelaide.

Peer Support Foundation (2004). Peer Support Program, Peer Support Foundation.

Phillips, N. (1990). "Wellness During Childhood/Adolescent Development." Prevention Forum 10 (4).

Raphael, B. (2000). Promoting the Mental Health and Wellbeing of Children and Young People. Discussion Paper: Key Principles and Directions. National Mental Health Working Group, Department of Health and Aged Care, Canberra.

Satcher, D. (1999). Mental Health, a Report of the Surgeon General. www.surgeongeneral.gov/library/mentalhealth/home.html

Satcher, D. (2001), Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (www.surgeongeneral.gov/topics/cmh/)

Shier, H. (2001). "Pathways to Participation: Openings, Opportunities and Obligations." Children and Society 15: (107-111).

Singh, N. & Trivedy, R.H. (1996). "Approaches to Child Participation: A discussion Paper." Save the Children (UK), Delhi, India

Stacey, K. & Henderson, S. (2002). "Enacting policy in mental health promotion and consumer participation." Australian e-Journal for the Advancement of Mental Health (AeJAMH) 1(1).

SWS Carer Respite Centre, C.N. (2004). "Gaining ground - Getaway camp - survivor." Youth Affairs Council of Victoria (2004)

Treseder, P. (1997). Empowering Children and Young People: Training Manual Promoting Involvement in Decision-Making. Save the Children in association with Children's Rights Office, London: Save the Children.

UN (United Nations) (2004). Youth Participation Manual. www.unescap.org/esid/hds/Youth/part-manual.asp.

UN (United Nations) (1996). "The World Programme of Action for Youth to the Year 2000 and Beyond." UN Youth Information Bulletin, 1(89, 1-13).

Van Beers, H. (1995). "Participation of Children in Programming." Radda Barnen. August.

Walker, D. & Kelly, M. (2002). The Art and Craft of Motivating students at, http://7-12educators.about.com/library/weekly/aa082400a.htm.

Warburton, J. & Cruz, T.C. (1996). A right to happiness: Approaches to the Prevention and Psycho social Recovery of Child Victims of Sexual Exploitation. NGO Group for the Convention of the Rights of the Child. www.crin.org/NGOGroupforCRC/about.asp

Westhorpe, G. (1987). Planning for youth participation: A resource Kit. Youth Sector Training Council of South Australia.

Wieringa, A. (2003). Sharing a new story: Young People in Decision Making. Foundation for Young Australian and Australian Youth Research Centre. www.youngaustralians.org/resources/downloads/Sharing_a_New_Story.pdf

WHO (World Health Organisation) (2004a). Strategy for youth participation: A framework document outlining a project plan. www.euro.who.int/Document/EEHC/EEHC1-9.pdf.

WHO (World Health Organisation) (2004b). Youth Tobacco, Rapid Assessment and Response Guide. www.who.int/hpr/youth/html/yt-rar/Contents.html.

Youth Affairs Council of Victoria (2004a). Consulting Young People about their Ideas and Options, A Handbook for Organizations working with young people. Office for Youth, Victoria.

Youth Affairs Council of Victoria (2004b). Taking Youth People Seriously, Creating Change in Youth Community, A Handbook for Young People. Office for Youth, Victoria.

Youth Affairs Council of Victoria (2004c). Young People on Boards and Committees, A handbook for organizations working with young people. Office for Youth, Victoria.

Youth Leadership Advisory Team (2000). Answers. A handbook for youth by youth in foster care. www.ylat.usm./maine.edu.

Guiding Charter:

We believe young people have the right to participate in the development, implementation and evaluation of programs which affect their well being. We recognise the need for this process to be facilitated in a respectful manner using a developmental framework, which embraces diversity. One size does not fit all!

1. Youth participation strategies will be clear and transparent about their aims and processes to ensure valid consent to participate is provided. This will also result in an increased awareness of the benefits in participating.

2. Workers and the young people will agree on the issue of confidentiality at the beginning of the project ensuring that the privacy of young people is protected.

3. A diverse group of youth will be represented. Attention will be given to sampling relevant groups of young people and appropriate sub groupings to enable all participants to be active in their groups.

4. We will recognise and consider young people's:
   a. developmental level;
   b. social-emotional wellbeing;
   c. potential for participation when designing activities; and
   d. cultural sensitivities.

   Tasks young people are expected to undertake will be matched with these factors.

5. Activities for young people will be fun and engaging. Group sessions, break in activities, shorter activities, and games will be used to make projects more enjoyable for young people. If young people are not enjoying themselves, getting bored, or dropping out, methods will be changed and adapted to the young people's interest.

6. A structured framework will be adopted where:
   a. roles are defined;
   b. available supports and resources are highlighted;
   c. project goals and outcomes are specified;
   d. skills and experiences of all involved (young people and adults) are recognised.

7. Skills development activities will be specifically designed and implemented to suit the needs of youth and adult service providers.

8. Accountability mechanisms will be incorporated throughout the participation process. These will be negotiated with the young people directly involved in the project and aim to provide them with an awareness of the end product and formally acknowledge their involvement so they feel appreciated.

(Johnson V., 1996; Woolcombe, 1996; Theis, 1997; ECPAT, 1999; Office of Employment and Youth, 2000; NSW Commission for Children and Young People, 2002; Office for Youth, 2003; The Australian Youth Foundation, 2003; NSW Department of Education and Training, 2004; Office for Youth, 2004; Youth Affairs Council of Victoria, 2004a); Youth Affairs Council of Victoria 2004b; Youth Affairs Council of Victoria 2004c)

Abbreviation list	
AGCA	Australian Guidance Council of Australia
AICAFMHA	Australian Infant Child Adolescent and Family Mental Health Association Ltd
APAPDC	Australian Principals Associations Professional Development Council
Auseinet	Australian Network for Promotion, Prevention and Early Intervention for Mental Health
CAG	Consumer Advisory Group
CALD	Culturally and Linguistically Diverse
COPMI	Children of Parents with a Mental Illness
CRC	Convention for the Rights of the Child
CYFP	Child and Youth Foundation of the Philippines
DoHA	Australian Government, Department of Health and Ageing
ECPAT	End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes
MHCA	Mental Health Council of Australia
NGOs	Non-Government Organisations
NMHS	National Mental Health Strategy
NSPS	National Suicide Prevention Strategy
NYPS	National Youth Participation Strategy
PPEI	Promotion, Prevention and Early Intervention
ROYAB	Reach Out! Youth Advisory Board
UN	United Nations
UNICEF	United Nations International Children's Economic Fund
WHO	World Health Organisation
YA	Youth Ambassadors

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