GLEE:
Guiding Lived Experience Engagement (Youth)

Project Report

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Foreword

The Guiding Lived Experience Engagement – Youth (GLEE) Project is an initiative by the Brisbane North PHN Regional Youth Advisory Group (RYAG). This project report outlines the key findings and recommendations of the project and is accompanied by the *GLEE Checklist* and the *GLEE Checklist Guide*. Together, these three documents aim to provide youth service providers with information and tools to ensure they are set up for successful and sustainable youth engagement and participation. Whilst the context of this project was to support youth mental health services to have better engagement strategies for the purpose of service design and improvement, the recommendations outlined in these documents can be broadly applied to any organisation that is working with young people and wants to uplift the youth voice. We would like to thank all the participants who generously gave their time to contribute to this piece of work and for sharing their insights.

All work for this project from the initial concept to stakeholder consultation and report writing was completed by young people, for young people. The GLEE Project has been one filled with earnest passion and commitment and is a powerful testament to the work that young people can do to drive system reform when given the right platform and supports.

We would also like to acknowledge the contributions and support of all the current RYAG members without whom this project would not have been possible: Mahalia King (lead author), Kai Boswell, Jesse Cotter, Jasmin Murphy, Kennedy Schroeder, Hannah Walker, and Jeyden Young.

We acknowledge the Aboriginal and Torres Strait Islanders as the first people of Australia and custodians of the land on which we live, work, and learn. We pay our respects to Elders past and present and honour Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual connection to land, waters, and community. We acknowledge that we are on stolen land, that sovereignty was never ceded, and this always was, and always will be Aboriginal land.

Project purpose

The overall aim of the GLEE project was to monitor and improve the lived experience engagement of young people at mental health services in the Brisbane North PHN region.

The project was led by the Regional Youth Advisory Group (RYAG) and involved extensive community consultation with a variety of services and young people which led to the development of a checklist that services can use to gauge their current level of lived experience engagement. An accompanying tool was also created that provides practical support on how to improve lived experience engagement if it does not meet the guidelines recommended in the checklist. The RYAG will also provide ongoing support to organisations in the form of a presentation/workshop to ensure that services understand the use and importance of the created tool.

To guide this work, the RYAG created the following objectives:

Objectives

- empower young people to influence service delivery and ensure services meet their needs
- provide opportunity for service providers to self-audit with organisations receiving a certificate of completion if they are deemed to have an appropriate level of lived experience engagement
- raise the profile of lived experience engagement in youth mental health services
- greater investment in youth lived experience engagement activities
- increased skill of practitioners and service providers in lived experience engagement
- overall higher satisfaction with services for young people.

Background

The RYAG is a group of young people who have a lived experience of mental health challenges and are passionate about improving the mental health system and related services for their peers. The RYAG was created in response to Objective 4 of the Infants, Children, Young People and Families chapter in the Planning for Wellbeing Regional Plan. The RYAG had the opportunity to review the actions outlined for this chapter and chose to focus on action 4.2, 'Create better lived experience engagement strategies at the service and systems level'.

The RYAG prioritised this action as they deemed it crucial that the voices of young people be heard to effectively improve the mental health response for young people and ensure supports are appropriate and meaningful. They used a series of Human Centred Design tools to develop a project to respond to this objective.

Throughout this document the terms 'youth engagement', 'youth participation' and 'lived experience engagement' are used to describe any interaction between a young person and a mental health service that is undertaken for the purpose of service design or improvement. Some examples of what this could look like include feedback surveys, ongoing advisory or reference groups, sitting on interviews or tender panels, or codesigning a new program. These interactions allow the young person to use their own lived experience to work collaboratively with the service and as explored throughout this report, there are many factors that go into making these interactions successful.

The problem

Currently, lived experience does not inform the delivery of many services leading to young people receiving inappropriate services, disengagement, and negative experiences. When a young person is receiving a service not designed for their needs, they can exit without positive outcomes and may re-enter the system again at a crisis point or avoid engaging despite a continued need.

From experience, the RYAG identified that opportunities for meaningful youth engagement in service design and delivery are lacking, and when opportunities are available, they are often not executed well. Moreover, there is limited representation of people from priority groups and a lack of diversity in those that are representing lived experience. Whilst this demographic information is not often recorded in these spaces, anecdotally the RYAG identified limited cross-sectionality within their own group and also when engaging in other service improvement activities.

It was also identified that young people feel that feedback is often not collected in an engaging way and not used meaningfully. Furthermore, despite an organisational interest in incorporating lived experience, services are unsure how to do so. It appears that mental health service providers are also at different stages in their lived experience engagement journey and have varying levels of resources for engagement. Whilst several frameworks exist that provide guidance on engagement of people with a lived experience, these frameworks often do not provide detail on the practical implementation and how they can be best operationalised.

Finally, whilst lived experience is considered essential to the development of responsive services that meet the needs of young people, the lived experience engagement of young people in mental health services is often not evaluated. Whilst the PHN monitors lived experience engagement through the collection of qualitative data in quarterly reports, it is recognised that additional monitoring of services and support to improve lived experience engagement would be useful. Evaluation can support continual improvement and help better understand effectiveness of strategies used.

The opportunity

Lived experience engagement is a focus for the PHN and ensuring commissioned providers who deliver mental health services across the region can effectively engage with youth is crucial. This project provides a youth perspective on how services can better engage with young people for the purpose of service design and improvement. This work was informed by established youth participation frameworks including Hart's Ladder of Participation (Hart, 1992), Shier's Pathway to Participation (Shier, 2001) and Treseder's Model of Participation (Treseder, 1997) as well as other youth checklists that have been created in Australia.

These frameworks outline the concept of different levels of youth engagement that can be thought of hierarchically. Each level carries varying influence and power with the highest level depicting shared organisational decision making between young people and services. The GLEE Checklist encompasses the breadth of potential youth engagement activities however acknowledges that whilst shared decision making is aspirational, it may not always be achievable. Implementation of the GLEE Checklist provides a unique opportunity for services to reflect on their current youth engagement and imbed new strategies to support young people to have ownership over the care they receive.

Methodology

Recruitment and consent

Participants in this project fell broadly into two categories: young people and service providers/other stakeholders.

Initially, this project was limited to working with organisations located within the Brisbane North PHN region that provide mental health support for young people under the age of 25 years. However, as the project grew, the opportunity arose to consult with a broader range of stakeholders including schools and local council members.

At the conclusion of the consultation period representatives from the following organisations/ services participated in or provided important information for this project:

1. Redcliffe and Caboolture Children and Youth Mental Health Service (CYMHS)
2. headspace Caboolture
3. headspace Strathpine
4. headspace Nundah
5. Open Doors Youth Service
6. Queensland Council for LGBTI Health (QC)
7. Mercy Community
8. Moreton Bay Regional Council
9. Somerset Regional Council
10. Kilcoy State High School
11. Yourtown

Connecting with young people was more of a challenge. One of the main barriers was timing as the consultation was occurring from October – December and young people were finishing school for the year and harder to contact. Gatekeeping was also a barrier and in future, more time needs to be allowed for relationships to be established with key contact points (schools etc). However, two focus groups were successfully completed (one at a local high school and one with representatives from a headspace centre) with several young people also completing the online survey. Two additional focus groups were also planned but were cancelled due to staff or participant illness and were unable to be rescheduled.

Data collection

Young people: Focus groups (n = 2) were conducted which ran for approximately 60-90 minutes. They were conducted in a semi-structured interview style and the list of discussion questions can be seen in Appendix A. These questions were used as a guide but the conversation was not limited to those points. Notes were taken electronically was consent from participants. There was also blank butchers' paper and sticky notes provided and participants could add additional comments to the paper at any time throughout the focus group.

Service providers: Meetings (n = 8) with service providers were conducted either in person or using a digital platform (zoom or teams). Interviews ran for approximately 60 minutes and a semi structure format was used, the broad discussion questions can be seen in Appendix 4. Prior to the interview, service providers were asked to complete a brief survey (Appendix 5) to help provide some background information. There was minimal completion of this survey (n = 1). There were also an additional three meetings conducted with non-service provider stakeholders that helped to provide additional input for this project.

Ethical/safety considerations/risk management

It was not expected that there would be any significant risks beyond normal day-to-day life associated with participating in this project. However, the following mitigation strategies were adopted to minimise any possible risks to participants:

Table 1. Possible risks for participating in the GLEE project and relevant mitigation strategies

Risk	Mitigation strategy
Distress related to participating in a focus group	Schools and services nominated a support person, e.g. guidance officer, Chaplain, nurse, youth worker etc, who was available during and after the focus group to provide support to young people if necessary. It was also requested for services to share their existing risk mitigation strategy if they had one in place that could be used. Each focus group started and ended with a check-in and young people were reminded of self-care information and crisis support such as MH CALL, Kids Helpline, and Lifeline.
Distress related to participating in the survey	At the start and end of the survey contact details for relevant supports were provided for the young person to access if needed. It was assumed that service providers completing the survey will have their own strategies for managing distress in the workplace as completing the survey did not include any tasks that are out of the scope of their general work duties.
Working with vulnerable populations (young people)	All project staff/RYAG members who will be engaging with people under the age of 18 or those identifying with living with a mental illness had the relevant qualifications, e.g. Blue Card or Yellow Card. In all focus groups there was someone present who is trained in how to work with vulnerable populations.
Young people may not understand the extent of what it means to participate in the study	Informed consent was gained from all young people and there was the opportunity for young people to ask questions. The consent form was explained using appropriate language with no jargon so that it was accessible to the target audience.
Participants do not wish to continue with the study	As part of informed consent participants were made aware that they were allowed to withdraw their consent for the project at any time without consequence.
Personal information becoming compromised or shared in non-approved ways	Online survey data was stored on a secure server using My Voice. The only people with access to this information were those directly involved in the project.

Project findings

Overall, this project was incredibly well received, and a general finding was that both young people and mental health services were wanting to increase levels of youth engagement and felt the project was needed. Whilst a large amount of information was gathered, the findings have been categorised based on participant type (service provider or young person) with a summary for each category followed by a list of key findings. Findings have also been categorised into general themes based on the interview/focus group questions.

Service providers

The enthusiasm and interest from service providers was perhaps one of the most unexpected and refreshing findings from this project. However, common themes emerged that services felt unsupported on a systems level to incorporate youth engagement activities and perceived cost was a consistent barrier. It was also determined that for youth engagement to be successful and sustainable, there needed to be both staff who value and champion the youth voice as well as policies that protect ongoing lived experience engagement activities. Different service providers echoed similar thoughts that youth engagement is often a 'nice to have' but something that falls to the wayside when more crucial tasks arise. Meaning that without staff who are passionate and committed to youth engagement activities, it is something that often gets left behind.

As such, youth engagement often becomes a 'passion project' for a particular staff member who becomes the holder of knowledge and when that staff member moves on from their role, the knowledge is lost. Therefore, a clear balance is needed where lived experience engagement is protected in policy to ensure it has adequate funding and supporting structures and also that staff are trained to understand the value and importance of youth engagement to ensure it stays a priority.

Services were mixed as to whether they had a framework or policy that protected youth engagement however, all acknowledged it as a priority area and many services were hoping to become more youth-driven services in the future. Cost, time and systemic restraints were consistent barriers with many services feeling 'stuck' in their ability to effectively create youth engagement opportunities due to strict funding agreements. This speaks to how youth engagement is viewed on a broader level and suggests that it is not a consideration by funding bodies despite community (consumer) partnership being a core component of the National Safety and Quality Standards for community managed organisations (ACSQHC, 2022).

Purpose and organisational supports

- Service providers are wanting to increase their lived experience engagement and are open to support to improve their current processes.
- Service providers feel they do not have the organisational structures in place to fully support a lived experience informed model and are often unsure who's responsibility it is to champion youth engagement activities.
- It is essential to have both staff who value lived experience engagement and policies that protect and enforce engagement activities to create a culture where lived experience is able to inform service delivery. If staff are passionate but it is not embedded into policy and funding agreements, then the engagement activities can be unreliable and subject to organisational restraints (and are often the first processes to go when there are budget or time constraints). If there is policy but no staff who value lived experience, the activities are done superficially, and young people's voice is not integrated into the service.

- There are differences in how lived experience is incorporated in services that are community based as opposed to those that are more clinically focused. It is suggested this is reflective of the medical model that underpins clinical treatments whereby the clinician is inherently positioned to be the knowledge holder as opposed to the young person. This power dynamic may be challenging to shift and adds weight to the argument for consultation to take place earlier.
- There is definite interest to use lived experience for service improvement and design but still some hesitation on the place of youth lived experience workers (commonly known as peer workers) in the broader organisational workforce.
- There is incongruence between how service providers view their level of lived experience engagement and the perceptions of young people (particularly when it comes to how information is used).
- Most services have a young person on their board of directors, however some services acknowledged that having only one young person may not be enough as the board setting can be intimidating and young people are outnumbered and will not have had as much experience working in that space.
- Only one service provided youth participation training to staff members (it was also created and delivered in partnership with young people).
- Many services have young people sit on interview panels but not all.
- Organisational structure greatly influences the ease at which new processes can be implemented with some services that fit within greater systems identifying bureaucratic barriers to change.

Location and timing

- Most services only offer engagement opportunities during typical business hours.
- Most services offer blended (online and in person) formats for advisory group meetings, however there are limited engagement opportunities that happen off site.

Facilitators/staffing

- Services that had a designated role for youth engagement had the most consistent opportunities, however no services had an identified young person with a lived experience employed in the role. There were also few young people employed in these services more generally.
- There is a desire in moving to self-governed advisory groups and more youth-led processes, but services need support to implement this and is not viewed as something currently achievable.
- Engagement activities were generally run by one or sometime two members of staff meaning there is limited diversity and representation of identities.
- Services working with specific populations that employ identified staff have additional barriers regarding maintain boundaries whilst working and living life as part of a specific community.
- There are some misconceptions present about engaging people with a lived experience and concerns raised about risk management.

Recruitment

- Most services rely on internal advertising (posters, word of mouth) to promote their engagement opportunities, but some utilise public social media platforms primarily Facebook.
- A strong induction process sets young people up for success in the role, but many services do not have one in place due to the costs associated with developing one (primarily time costs and perceived benefits).
- Turnover of young people is a common issue and is impacted by young people aging out of services, moving for study, changes in work commitments etc.
- High variance in engagement levels also impacts the ability for services to plan for engagement activities as the unpredictable nature of current engagement may only have low youth engagement but high staff investment.
- Partnering with 'disengaged' young people is consistently challenging.

Budget

- Funding is an ongoing issue and many service providers are limited in the activities they can engage with due to having service agreements that dictate what their funding can be used for. This means that lived experience engagement projects are often done in unsustainable ways or in a limited capacity. Even larger organisations do not have adequate protected funding for youth engagement and rely on donations and corporate partnerships.
- Funding is delegated without prior community consultation which forces service providers to retroactively adapt the program to meet community needs rather than letting community guide the process which would have more meaningful impact.
- Services are mixed as to whether they remunerate young people for their time. Some pay young people a set hourly rate, others provide gift cards, others provide catering and some provide no remuneration.
- There is a large burden of 'invisible time' (conversations outside of meetings, follow up, admin) that is often not accounted or budget for that creates a barrier for engagement activities.

Consultation activities

- Strategies for youth engagement are highly variable from online surveys, reference/ advisory groups, attendance at forums and engagement networks.
- Project based opportunities tend to have higher engagement rates.
- Not all services offer personal development opportunities for young people to support them to increase their skills in community engagement.
- Services are interested in expanding the scope of activities offered to include more ongoing opportunities such as mentoring and expanding the youth peer workforce.

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Young people

The key findings from young people highlighted shared values of intersectionality, representation, accessibility, and passion. Whilst it was not surprising that young people were driven to engage in consultation activities by wanting to reduce stigma and making services better for their peers, it was somewhat surprising that these spaces are also viewed as one where young people can make friends and connect with like-minded people. Moreover, whilst there were some different preferences regarding technical details around location, timing, and format, young people consistently valued communication, trust, transparency, and flexibility.

Motivations and general findings

- Young people participate in engagement activities to not only make change in the mental health space but also to meet friends and connect with like-minded people.
- Perceptions of the use of feedback is divided with some young people feeling that mental health services take their feedback onboard and other young people feeling feedback is obtained purely to meet administrative requirements and is not implemented.
- Young people are passionate about reducing stigma around mental illness.
- Young people value services investing in establishing relationships with them so that they feel they can trust the service. This is particularly true in regional areas where young people have limited access to services. Without this, young people are less likely to participate in engagement opportunities.
- Young people highly value communication and transparency in how findings are used and are more understanding of organisational constraints to making change when barriers are explained to them.
- Communicating the purpose of lived experience engagement is challenging (e.g. consulting about consulting) and may be a new concept to many young people.
- Young people feel they cannot make meaningful change without the support of decision makers which is currently lacking.

Location and timing

- Flexibility is important to young people to increase accessibility and support engagement by those who may be unable to attend in person consultations but would like to attend remotely.
- It is generally preferred to participate in activities outside of typical business hours due to schooling and other commitments.
- Preferences for location of engagement activities are mixed with some young people preferring meeting onsite (e.g. at the service) as this provides privacy and a safe space to discuss sensitive issues. Other young people prefer services to come to them for feedback as travel is often a barrier to engaging with service consultation activities.

Facilitators/staffing

- Young people from specific populations feel more comfortable participating in activities that are led by identified members of their communities or those displaying meaningful allyship.
- Young people preferred talking to other young people.
- Some young people found it hard to establish trust in a service due to frequent staff turnover and this was a barrier to engaging in participation opportunities.
- It is recognised when young people are 'treated like a kid' by staff members and feel more comfortable providing feedback to those that value their autonomy and opinions in a non-judgemental way.

Recruitment

- Intersectionality and diversity is important to young people and young people would like to see more diversity in reference groups.
- Engagement activities tend to exclude the younger and older end of the 'youth' spectrum with most people engaging in these activities being between 16-21 years of age. It was identified that transitional periods (e.g. graduating high school) are times of disengagement as some services have strict age criteria such as being under 18 years.
- Facebook was not a preferred social media platform but Instagram, Twitter and Tik Tok were.
- As well as social media, public spaces including transport hubs, libraries, shopping centres, and schools are preferred locations for finding out about engagement opportunities.
- Advertisements should be created by young people as this makes them more relatable and engaging.

Budget

- Young people do not expect but greatly appreciate compensation for their time. Gift cards, travel compensation, and meals are viewed as appropriate remuneration for some activities.

Consultation activities

- Young people are interested in engaging in a variety of activities but do not always have time for consistent commitment due to school, work, and other commitments. This is also influenced by fluctuating health needs.
- Young people are less likely to engage in surveys that are sent out via email but like to provide ad hoc feedback to staff or complete surveys that are advertised in waiting rooms whilst waiting for appointments.
- Accessibility is a key theme that young people identified as an area of improvement for services and wanted to have more involvement in improving this.

Recommendations

Recommendations have been categorised into 'systems level' and 'service provider level' to acknowledge that for youth engagement to truly drive mental health service design, there are changes that need to be made across different levels of organisational power. There are also recommendations made for future areas of investigation that could guide the future direction of this project.

Systems level

- Funding needs to be allocated at a larger systems level and should be written into service agreements that allows for organisations to fund lived experience engagement activities. This reduces smaller organisations being disadvantaged due to not having discretionary funding to use for youth engagement.
- Funding needs to be consistent and protected to increase longevity and sustainability.
- The burden of community consultation should be shifted to a higher level to ensure that service agreements reflect the needs of young people. This ensures program KPIs are based around outcomes that young people have identified and reduces services trying to retrofit the needs of their young people around program goals.
- Start youth consultation before service agreements are created to ensure the youth voice is heard at all stages and is able to influence program development. Organisations may face barriers in incorporating feedback due to constraints in service agreements.
- Service agreements need to reflect the time, money, and work that goes into effective youth engagement activities.
- Consult broadly with young people at schools where possible

Service provider level

- Lived experience engagement should be incorporated within position descriptions to ensure responsibility is delegated to staff in a permanent way.
- Have an organisational framework for youth participation and engagement.
- Education about youth participation and lived experience for staff members at youth services.
- Have a formal induction process for all youth reference groups.
- Advertise engagement opportunities in public spaces in the community rather than just inviting select young people.
- Have feedback opportunities for advisory group members and those not engaged in ongoing activities to ensure a diverse representation of voices are heard.
- Consultations should happen near public transport or have transport reimbursed.
- Increase diversity of activities to improve accessibility for a broad range of ages.
- It is essential to clearly communicate the purpose of any engagement activities. Young people are very passionate about making change, however may not have knowledge of the complexities of funding bureaucracy. Acknowledging limitations is important so as to not over promise and under deliver.
- Have flexibility in where meetings occur. Young people struggle to participate in meetings scheduled during traditional business hours and are more likely to attend if there are options that are after 5.00 pm or on weekends.

- The traditional structure of monthly meetings may not always be effective for ongoing youth consultation. A project-based structure where young people are engaged more intensively in short bursts may be more impactful and provided needed flexibility.
- Have processes in place to support young people who age out of the service to transition into other roles if they would like to stay connected to the service. This increases continuity and sharing of knowledge. Trust that young people will move on when they are ready.

Future areas of investigation

- Explore the number of young people employed by youth services. Young people reported feeling more comfortable engaging in youth engagement activities if they were led by identified peers however no services had a young person employed in this role. Some services that also provide social based activities have minimums for staff ages however, this was the minority of services. Only one service invited a young person who was also a member of staff to participate in the focus group. It is suggested that barriers to employing young people in mental health services are further explored as although not all roles will be able to be filled by a young person (clinical roles that require more years of training and experience), there are many community engagement roles that would be suited to skilled young people.
- Continue to build networks and relationships with stakeholders to facilitate ongoing community support for the implementation of youth engagement in mental health service reform. Whilst the project aimed to collate information about how lived experience is currently being used for service improvement, services could benefit from ongoing conversations to support implementation and learn from each other.
- Develop strategies for partnering with 'disengaged' young people and working alongside them to create mental health services that meet their particular access needs.
- Improve consultation with diverse populations and in regional areas.

GLEE Checklist and Guide

By compiling the findings and recommendations, the GLEE Checklist was created which aims to provide service providers with a guide to reflect on their current level of youth engagement and make improvements. The checklist starts with a list of 'Do's and Don'ts' which are broad recommendations based on the thoughts of young people. They can be applied to any youth engagement activity and can be viewed as the foundations for successful youth engagement.

The checklist itself is broken into three sections representing before, during, and after the consultation activity. Within these three sections there are categories to make the checklist more digestible. Many of the individual checklist items have suggestions to prompt reflection and potential improvement areas however, for areas where services may need additional guidance, the GLEE Checklist Guide is also available and is matched to each item in the checklist. The guide aims to be a practical implementation tool that offers ideas for how to embed youth engagement based on ideas directly from young people. It is suggested that the checklist is reviewed annually to assess any areas of growth or need. The RYAG is also available to provide support with implementing the GLEE Checklist and to support organisations to improve their engagement with young people with a lived experience for the purpose of service design and improvement.

Summary

This report aims to provide youth mental health services with tools and information to improve how they engage with young people with a lived experience for the purpose of service design and improvement. The accompanying documents, the GLEE Checklist and the GLEE Checklist Guide provide foundational guides for services to improve their youth engagement in a youth friendly, youth created way. Whilst not an exhaustive list, the recommendations outlined in this report also provide ideas for systemic change and tangible goals that have the potential to inform the development of more youth-led services. It is hoped that this report shows the power of young people in creating exciting and meaningful change when given the appropriate platform and supports.

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Appendix A. Discussion Questions – Young People

The purpose of consulting with young people:

- Have you ever given feedback to a health service? Why/Why not?
- What would encourage you to provide feedback or engage in service consultation?
- What sort of decisions are important for you to be involved in?
- What sorts of questions do you think mental health services should ask young people when designing a new program or service?

Location:

- Where would you like to provide feedback (e.g., office, park, zoom, phone)?

Facilitators:

- What staff characteristics make you feel more comfortable to provide feedback? Think about age, gender, staff member role, relationship.

Timing:

- When would you prefer to provide feedback or engage in consultation activities (e.g., after school, on weekends, during school lunch breaks)?

Recruiting participants:

- Are you aware that organisations often have reference groups where they consult with young people for service improvement?
- How would you like to find out about these opportunities?

Budget:

- What would you like to receive as compensation for your time and feedback?

Consultation activities:

- How do you like to provide feedback (e.g., text, email, online survey, in person, ongoing reference groups)?
- Do you prefer group discussion and/or one on one?
- What's important to you about how these discussions are carried out?
- Data collection, storage and dissemination considerations:
- Do you have any concerns about participating in consultation processes that are related to privacy (e.g., needing parental consent, disclosing sensitive information)?

Evaluation:

- How do you think mental health services can better involve young people in designing and improving the services they use?
- Do you feel that mental health services listen to young people and use the feedback provided in meaningful ways?
- What would you like to see services do with your feedback/how should it be used?
- What would help you feel that you can trust services to use your feedback effectively?

Acknowledgement:

- How would you like your contributions to be acknowledged?
- What language do you prefer to use (e.g., young people, children and adolescents etc.)?

Appendix B. My Voice Survey Questions – Young People

1. What is your name (optional)
2. What is your email (optional)
3. How old are you?
4. Have you ever received support from a mental health service before? If yes, who:
   a. headspace
   b. CYMHS
   c. Private psychologist
   d. Other – please list
5. Did you know that you are able to provide feedback about any mental health supports you may have received?
   a. Yes
   b. No
6. Have you ever given feedback to a mental health service? Why/why not?
7. What would motivate you to provide feedback about a service?
8. What sorts of questions do you think mental health services should ask young people when designing a new program or service?
9. How do you think mental health services can better involve young people in designing and improving the services they use?
10. Do you feel that mental health services listen to young people and use the feedback provided in meaningful ways? What makes you feel this way?
11. What would you like to see services do with your feedback?
12. What would help you feel that you can trust services to use your feedback effectively?
13. Where and how would you like to provide feedback or participate in discussions about service improvement?
    a. Online groups
    b. Face to face groups
    c. At the service centre
    d. At a neutral location e.g. local park or library
    e. Individual online feedback e.g. survey
    f. Individual face to face
    g. At school or other community group venue
    h. Other – please list
14. If giving feedback in person, what staff characteristics make you feel more comfortable to provide feedback? For example, is it important to you that you know the staff member or don't know them, that it's someone of a similar age, similar cultural background, a manager, etc.
15. Are you aware that organisations often have reference groups where they consult with young people to help make their services better?
    a. Yes
    b. No
16. How would you like to find out about these opportunities?
17. How do you currently find out about opportunities like this?
    a. School
    b. Community groups
    c. Online – please list website
    d. Social media – please list platform
    e. From friends
    f. From family
    g. Other – please list
18. What would you like to receive as compensation for your time and feedback?
19. Do you have any concerns about participating in consultation processes that are related to privacy (e.g., needing parental consent, disclosing sensitive information)?
20. Is there anything else you would like to add about how mental health services can work better with young people to improve their services?

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Appendix C. Discussion Questions – Service Providers

The purpose of consulting with young people:

- How do you provide opportunities for young people to engage in consultation processes and providing feedback?
- For what purpose do you use these?
- How does your organisation include young people's voices in its policies?
- What processes are in place to support impromptu feedback provided to staff by their clients (young people)?

Location:

- If you currently consult with young people, could you please tell me about where these meetings are held?

Facilitators:

- Could you please tell me about any training that staff receive to be able to consult with young people (e.g. do you use staff that regularly work with young people when gaining feedback?)
- Do you have designated people for young people to provide feedback to outside of their clinicians/ support team?
- Are the young people accessing your supports made aware of feedback process?

Timing:

When does consultation usually take place (e.g. business hours only)?

Recruiting participants:

- Could you please share some information about how you recruit young people to engage in your organisation's consultation processes?
- How does your organisation promote/advertise these consultation opportunities?
- Can you please share how many young people you would engage with for service improvement each year?

Budget:

- Do you have a budget to fund youth engagement processes in regard to both staffing and compensation for young people?

Consultation activities:

- Can you please tell me about any different methods/age appropriate activities that you use to gain feedback from young people?
- Have you previously consulted with young people on their preferred methods of providing feedback?

Evaluation:

- Can you please tell me about how you use young people's feedback about your organisation services?
- Is all evaluation done internally or are their ever opportunities for young people to be involved in external evaluation?

Acknowledgement:

- Can you please tell me about your organisation's current processes for acknowledging the contributions of young people?
- What language do you use when referring people aged under 25 years of age (e.g. young people, children and adolescents etc.)

Appendix D. My Voice Survey Questions – Service Providers

1. What organisation/service are you representing?

2. Is lived experience engagement at the service and governance levels a priority for your organisation? If so, how is this priority demonstrated?

3. Can you please provide some brief examples of the lived experience engagement activities you implement within your organisation?

4. Do you have a specific framework that informs your engagement of people with a lived experience? Please provide details.

5. Do you monitor and evaluate lived experience engagement at your service and organisation? If so, what does this look like?

6. What are the challenges you experience in engaging lived experience at your service?