

Supporting Inclusive Practice Framework for Youth / Adult Mental Health Services

March 2024



Highlight: Create positive and sustainable change by:

- Improving health literacy to support self-determination.
 - Increasing inclusive practice.
- Upskilling clinical and non-clinical staff in understanding dual disability.

Developed by the Supporting People with an Intellectual Disability to Access Health (SPIDAH) Project, funded by the Commonwealth Government Department of Health and Aged Care, under the Primary Care Enhancement Program (PCEP)

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This document was created by the Western Victoria Primary Health Network (WVPHN). If part or all of this document is replicated in any format, please acknowledge the source as Western Victoria Primary Health Network.

Acknowledgements

Acknowledgement of Country

[Western Victoria Primary Health Network](#) (WVPHN) acknowledges the traditional owners and custodians of the lands and waterways. We recognise their diversity, resilience, and the ongoing place that Aboriginal and Torres Strait Islander people hold in our communities. We pay our respects to the Elders, both past and present, and commit to working together in the spirit of mutual understanding, respect and reconciliation.

Acknowledgement of people with lived experience and their supporters

Western Victoria Primary Health Network acknowledges people with lived experience, as well as their families, carers, disability and other community services and advocates. We recognise their strength, courage, and unique perspective as a vital contribution to the work in this space; to learn, grow and achieve better outcomes together. We recognise that people with lived experience have the right to the enjoyment of the [highest attainable standard of health](#) without discrimination; and have the same rights as every other Australian to have safe, effective and high-quality health care services that meet their needs.

Acknowledgement of headspace Warrnambool

Western Victoria Primary Health Network acknowledges [headspace Warrnambool](#) for undertaking the trial activity of the Youth Peer Support Worker (Mental Health), and those who supported and participated in this activity. The trial was proven to have supported service accessibility for young people to access timely and relevant health and wellbeing activities and programs.

We also wish to thank headspace Warrnambool for sharing their resources.

Background

The Supporting People with an Intellectual Disability to Access Health (SPIDAH) project represents Western Victoria Primary Health Network's (WVPHN's) contribution to the Primary Care Enhancement Program (PCEP) as part of the [National Roadmap for Improving the Health of People with Intellectual Disability \(Roadmap\)](#).

The idea of the Youth Peer Support Worker came about during the co-design phase of the SPIDAH project¹ with the qualitative data aligning with statistics from the Roadmap stating that people with intellectual disability experience substantially higher rates of mental health conditions compared with the general population.²

During the COVID-19 pandemic, many people with an intellectual disability were said to have experienced poorer mental health due to extended periods of isolation and disruptions to their usual routines.²

Supporting and sustaining a person with mental illness within the family home or residential setting can decrease the likelihood of needing urgent mental health care and presenting to an emergency department.

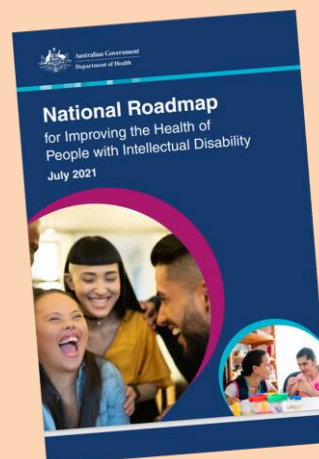
Recognising the warning signs of mental illness can be varied depending on the condition which has added complexity for people with lived experience of an intellectual disability due to diagnostic overshadowing.³

Many health professionals have had limited exposure and training opportunities during their formative years in dual disability.³ There are pockets of good practice where people with an intellectual disability and their supporters participate in the design and evaluation of mental health services, but much more needs to be done.³

Introducing a Peer Support Worker with the lived experience of a disability will create a shift towards an inclusive model within the mental health service. The Peer Support Model aligns with current practices in mental health service delivery.⁴

The Roadmap refers to the importance of mental health:

Workers in both mental health services and the disability sector need to collaborate to better understand, identify and respond to indicators of mental ill-health in line with DSM-5 assessments with reasonable adjustments tailored to the person's communication needs. To also build the capacity of supporters to be able to understand the differences between behaviours and mental health to provide detailed referral information for a timely and appropriate response. This will ensure minimising the use of restrictive practices and better protecting the human rights of people with intellectual disability. (adapted from p. 16).



The framework and the model

The 'Supporting Inclusive Practice Framework for Youth / Adult Mental Health Services' was developed by the SPIDAH project at WPHN. The SPIDAH project completed a successful trial activity of implementing a Youth Peer Support Worker in a headspace organisation in the western Victoria region.

The **aim** is to build Youth / Adult Mental Health Service organisations that promote and deliver equitable services from an inclusive practice lens by partnering with people with lived experience, their supporters and other members of the community.

This framework brings together the approach outlined for the trial activity combined with the experience of lessons learned from the trial site. This framework will support guiding Youth / Adult Mental Health Service organisations in the use of this model.

Please note: While the trial was targeted towards upskilling people with an intellectual disability and their supporters, this approach leans towards inclusive access for all community members. This includes but is not limited to people who have experienced trauma, people with an acquired brain injury, young onset dementia ⁵, people from culturally and linguistically diverse backgrounds, people with English as a second language and many others.

The introduction of Peer Support Workers with lived experience of a disability will open up the possibility of more inclusive models of care within Youth / Adult Mental Health Services. The framework is inclusive of:

- **Recruitment** of a suitable qualified candidate.
- Undertake an **internal audit** of systems and processes.
- **Develop an action plan.**
- Support and encourage **training and upskilling** of clinical and non-clinical professionals to build their confidence and competence to work effectively with this cohort.
- **Resource development** centred around health and wellbeing activities (digital and printed resources).



(Model design adapted from [here](#).)

A **reasonable adjustment** is a change to an existing approach or process which is essential to ensure a person's access to a service. Reasonable adjustments for people with disability are required under the *Commonwealth Disability Discrimination Act 1992* and the disability inclusion legislation of each state and territory.

Making reasonable adjustment for a person's disability creates an inclusive environment and facilitates meeting the NSQHS Standards, for example, providing safe and high-quality care.

[Find further information and examples of reasonable adjustments.](#)

Recruitment

Objectives:

Employment of a suitably qualified person with lived experience of disability. Suggestions:

- **Qualifications**
 - Minimum qualification (or working towards) Certificate IV in Mental Health Peer Work (highly desired), or alternative training or experience as a Peer Worker, or Certificate IV in Mental Health, or Certificate IV in Disability or equivalent Health Services or Community Services.
- **Mandatory**
 - A lived experience of a disability, or lived experience of mental illness.
 - Strong commitment to the rights and needs of individuals with lived experience and their supporters.
 - Ability to establish respectful professional relationships that have clear boundaries with people with lived experience, staff and partner organisations.
 - Understanding of the digital platforms to access primary health care.



Resources:

- See **Appendix A - Sample Position Description and Interview Questions** (inclusive of easy read position description) to be tailored to your organisational context.

Recommended tips from the trial organisation:

- Consider allocating an appropriate length of time and resourcing for the recruitment process, which accommodates and resources industrial relations consultation. Additional time in recruitment is also needed given the very specific attributes the candidate was required to possess.
- Check industrial relations and anti-discrimination laws in regards to recruitment of the Peer Support Worker. See [Exemptions | Victorian Equal Opportunity and Human Rights Commission](#). See also [Disability and the workplace | Victorian Equal Opportunity and Human Rights Commission](#).
- Allowing flexibility with the attributes, background and experience desired of the candidate, in recognition that a role with these may be difficult to recruit to if these are too specific.
- Consider the level of support and oversight that was required from the supervisor in supporting the Peer worker.
- Consider any upskilling required for the preferred candidate to undertake this role effectively. Some examples may include undertaking disability awareness training, easy English training, Child Safe Organisations training, mental health first aid, suicide first aid training (ASSIST training), building capabilities in delivering podcast episodes or other training and skills development as required.

Internal audit

An **internal audit** is a process that evaluates an organisation's internal systems and processes to identify gaps and address these areas to ensure compliance with relevant laws and legislation. More information.⁶

Objectives:

- Undertake an internal audit, inclusive of:
 - Accessibility – Gain a clear understanding of [Disability Discrimination](#).
 - Map out touchpoints people with lived experience access pre-, during and post-connecting with Youth / Adult Mental Health Services for both clinical and non-clinical supports.
 - Audit the space where people with an intellectual disability will come with their family or supports to access the service (things to consider: lighting, busyness, physical access etc.).
 - [Service Accessibility Checklist – Access for All](#)
 - [Attributes of high-performing person-centred healthcare organisations - Self assessment tool | Australian Commission on Safety and Quality in Health Care](#)
 - Identify gaps in current organisational systems and processes, including where reasonable adjustments may be required to enhance accessibility and communication:
 - Gather relevant information.
 - Review current policies and procedures.
 - Identify strengths and weaknesses.
 - Present findings and make recommendations.
 - Share the data. Implement [strategies for communicating clearly with people with lived experience](#).



Recommended tips from the trial organisation:

- Explore the opportunity for Peer Workers to provide one-on-one support. This would require the Peer Workers receiving appropriate training and support/oversight from a clinical team member, as well as having the opportunity to access supervision and de-briefing. It is recommended that one-on-one support is best provided as a role within itself, as requiring the Peer Worker to undertake other substantial tasks and duties may be overwhelming or difficult to prioritise within other commitments.

Things to consider across the patient touchpoints

All touchpoints

- All information resources, written, printed or digital, are recommended to be made available in easy read formatting. See examples by [Access Easy English](#).
- Accessibility of the webpage – in context with relevant State and Territory Guidance. For Victoria, see [Make content accessible - digital guide](#).
 - Online accessibility – The information below includes the Government Web Content Accessibility Guidelines ([WCAG](#)) [Level 2.1](#). This will assist you in fulfilling legal requirements under the the [Disability Discrimination Act 1992](#) for creating an accessible webpage:
 - [Webpage accessibility](#)
 - [Easy Read | Style Manual](#)

Pre-appointment

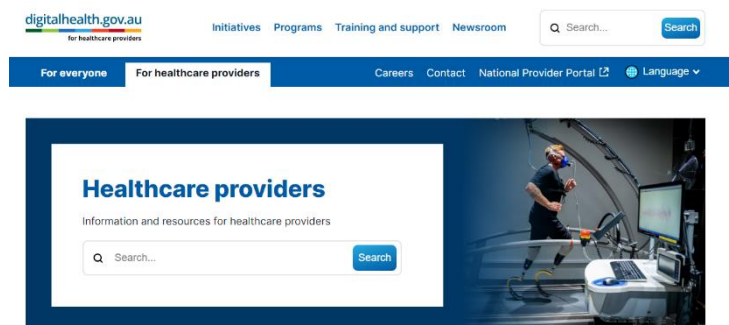
- Steps to book Youth / Adult Mental Health Service appointments in person, over the phone or online.
- Information questionnaire (paperwork) for first visit for a person with lived experience, with ability to complete the questionnaire and about me patient profile online prior to coming in.
 - Use the About Me – Patient Profile (see [‘Patient Profile Resources’](#)) and put an alert on the software. The profile will assist in understanding the patient’s usual style of communication, inclusive of whether they need a physical phone call (may not be able to read or understand written English) as opposed to the standard SMS reminder.
 - **Note:** If the patient has listed a diagnosis on their forms or is likely to be assessed for one, ensure this is accurately managed within the software so you can receive an alert when the person with lived experience accesses the service.
 - **Note:** Ensure you have patient permission to forward any personal details, such as the About Me – Patient Profile when providing a referral to other treating health professionals.
- Other preparatory things to consider include length of appointment time required (ie. may take a longer time to process information), time of day for the appointment and who is accompanying the person and what is their role (see [A legal perspective – the role of supporters in health appointments](#)).

During appointment

- On arrival, consider the person with lived experience’s needs, ie. Talking directly to them, understanding the role of their supporter, appropriate waiting room space or alternative spaces to wait, as well as prepare the team with relevant information from the Patient Profile (ie. Usual style of communication) – see webinar recording [Practical Communication Tools and Tips for People with an Intellectual Disability](#).
- At reception, have images to show the cards (Medicare Card, Driver’s licence and other cards) that patient needs to share. ([Reception training video](#) / see toolkit under [‘Reception staff and adding patient alerts to files’](#)).
- Where the person with lived experience has complex needs, it may be beneficial to contact their GP and others involved for [case conferencing and coordination](#), so everyone is across the person’s mental health needs and supports.

Post appointment

- Have a clear guide on processes and steps for people with lived experience to follow when connecting back with reception to access future activities with the service or to book their next appointment.
- Put any relevant patient information into [My Health Record](#) in a clear format so it identifies key diagnoses and supports continuity of care:
 - Services that operate as a General Practice can access My Health Record through regular processes.
 - For the other services, technically they can access My Health Record if they are classed as a health provider, depending on software may need to use a separate online portal.



Internal

- Note:
 - Consider when a medication script is being issued for the person with lived experience, that the information relating to the medication is in easy read. See pharmacy medication template under [‘Tracking signs, symptoms and side effects templates’](#).
 - If there are referrals to pathology, the hospital or other specialists, seek permission and gain consent from patient to send on their Patient Profile to the referral provider so they can understand that patient’s style of communication.
 - Encourage pathology to create a visual format of key tests, one example may be, a step by step with pictures about what to expect when you have a blood test ([examples](#)).



Resources:

Gather relevant information:

- [Disability Discrimination Act \(D.D.A.\) guide: The ins and outs of access | Australian Human Rights Commission](#)
- [RACGP Providing high quality health care to people with developmental \(intellectual\) disability](#)

Review current policies and procedures:

- [Article 9 \(Accessibility\) and Article 25 \(Health\) of the United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#)
- [Intellectual Disability \(Quality Improvement\)](#)
- [Inclusive Victoria: State Disability Plan 2022-2026](#)
- [Additional resources:](#)
 - [Guidelines for Creating Autistic Inclusive Environments \(Autism CRC\)](#)
 - [Resources for health professionals working with people with Intellectual Disability \(Council for Intellectual Disability\) \(cid.org.au\)](#)
 - [Reception Staff Training – Training by SPIDAH, Aunty Jane and Sharon](#)
- [Disability Act 2006 \(Victoria\)](#)
- [A legal perspective on the role of supporters](#)
- [Health services obligation for accessibility to all members of the community](#)

See **Appendix B - Internal audit resources from the trial organisation.**



Develop an action plan

Objectives:

- Bring together a leadership team to drive the shared team vision... ACTION.
- Set realistic timelines and milestones for completion.
- Identify key strategies for each area that requires improvement and allocate tasks with clear action plans.
- Determine how feedback and input from people with lived experience will be collected and considered.
- Propose specific actions to address the identified issues within the feedback.
- Make time and space to meet and share the actions and outcomes, with openness to innovative ideas, including asking how individuals can contribute in their own roles... BE AUTHENTIC.
- Map out an action plan with tasks required by whom, timelines, and actions.



Resources:

- [6 Principles For Communicating A Powerful Vision For Change](#)
- [What is a Swimlane Diagram? Understanding Swim Lanes + Process Diagramming](#)

See **Appendix C - Action plan resources** from the trial organisation.



Recommended tips from the trial organisation:

- Have collaboration meetings early to brainstorm ideas for improvement.
- Encourage all staff to gain feedback from people with lived experience attending the service for continued improvement opportunities.
- The Youth / Adult Mental Health Service will make great progress when the whole team communicate on the shared vision. It is important for all people to feel oneness within the service.
- In the planning phase, consider the Peer Support Worker working alongside Practice Nurses as this worked well at the trial site in terms of engaging practitioners in the Primary Care Space and upskilling them to work with people with lived experience of a disability. Practice Nurses are often supporting patients through the full aspects of their care, giving a thorough insight to the patient journey and ability to provide comprehensive care planning. In addition, Practice Nurses work alongside practice management, administration and reception staff and General Practitioners, and can support and upskill others within the Primary Care setting.



“

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

– Margaret Mead

PM ProjectManager

Training and upskilling

- Undertake a training needs analysis for individual team members (patient-facing and non-patient facing) to ensure they are professionally equipped to provide high quality engagement and competencies when working with people with lived experience (such as people with a disability and other priority groups).

Objectives:

The role of these strategically skilled workers will assist to:

- Identify the learning needs, skills and communication tools required to build the confidence of people with lived experience and their supporters to access Youth / Adult Mental Health Services, inclusive of telehealth services, inclusive of clinical and non-clinical, face-to-face and online (creating sustainable tools).
 - See the following resources on the [PracticeConnect webpage](#):
 - Framework – Telehealth Peer Support Worker
 - Framework – Continuous quality improvement framework towards inclusive and equitable health care
 - Here it might be useful to send out a survey to co-design with the target audiences to understand what they see themselves as needing support and upskilling in. The audience may include people with lived experience, health and mental health professionals, disability service providers, parents and others as relevant.
- Consider consent and decision making ([Medical Treatment Planning and Decisions Act 2016](#)).
 - See recording: [Consent and decision-making in 2022](#)
 - See webinar recording: [Communication and decision-making \(2022\)](#)
- **Training for people with lived experience:**
 - Increase independency with empowerment through upskilling people with lived experience in understanding their mental health, and if being prescribed medication, how it treats symptoms (see note and pharmacy medication template on page 8).
 - Support connection for people with lived experience to relevant health and wellbeing supports ensuring they have access with permission for the person's profile to be shared with relevant internal or external team members.
 - Tailor to the person with lived experience's needs to support self-determination by:
 - Building their independence, and
 - Building their supporters capacity to know how to best support them on the journey.
- **Training for supporters (family and or workers):**
 - Legislative requirements and indirect and direct discrimination about access to health services and what that means.
 - The process of substitute consent and autonomy in healthcare decisions.
 - Childhood development, referrals and other appropriate health support for people with lived experience.
- **Training for professionals:**
 - It is important the training covers how to provide inclusive, welcoming, comprehensive and safe services for people with lived experience.
 - Look at current touchpoints and where reasonable adjustments and resources are



Internal

- required for inclusive practice and accessibility, inclusive of website accessibility.
- Legislative requirements and indirect and direct discrimination about accessing health services and what that means.

Activities and deliverables:

- Develop and deliver training to individuals and small groups with lived experience and their supporters on understanding mental health, how to access supports both face-to-face and via digital platforms inclusive of telehealth, tailored to an individual's needs.
- Develop and deliver training to clinical and non-clinical professionals on supporting people with lived experience accessing health care face-to-face as well as using digital platforms.



Things to consider –

- Written information in easy read formatting
- Social stories
- Other formats

Being mindful that people learn in different ways and take on board information at a different pace.



Resources:

- Video: [Health services obligation for accessibility to all members of the community](#)
- Video: [A legal perspective on the role of supporters](#)

Resources for parents with disability:

- [Powerful Positive Parents \(positivepowerfulparents.com.au\)](http://positivepowerfulparents.com.au)

Resources for clinical and non-clinical professionals who work with people with lived experience of disability:

- [Intellectual disability and youth mental health \(Orygen\)](#)
 - [Additional resources](#)
 - [Neurodevelopmental disorders and youth mental health - Orygen, Revolution in Mind \(hyperlinked click on doc\)](#) →
- [In focus: Child mental health and disability \(Emerging Minds\)](#)
 - [E-learning: Understanding child mental health and disability](#)
 - [E-learning: Child-centred and family-focused practice with children with disability](#)
 - [E-learning: Child-centred and communication-focused practice with children with disability](#)
- [Teen depression: Teenagers with disability \(Raising Children Network\)](#)
- [Mental illnesses & disorders | Your Health in Mind](#)



See **Appendix D - Training and development resources from the trial organisation.**

Tips:

- Training and development facilitated by Peer Worker has successfully broadened the knowledge of staff and wider community.
- The Peer Worker delivered group sessions with a co-facilitator. This further enhanced the session by having a person with lived experience of disability to support with running the group.
- The Peer Worker was able to successfully create and present information on topics of interest for staff.
- Develop and deliver a training curriculum in collaboration with peer worker, clinical staff and other relevant team members from staff survey results of what they would like upskilling and increased knowledge of – see sample in Appendix D.

Resource development

Objectives:

Connect with people with lived experience and their supporters to review all resources developed to further refine.



- Undertake mapping exercise of existing resources.
- Undertake resource development across multiple platforms inclusive of but not limited to:
 - written information resources (easy read / easy English formatting),
 - audio resources (podcast episodes if applicable),
 - visual resources (social stories, videos, images).
- Promoting the uptake of patient profiles (see '[Patient Profile Resources](#)') articulating how people communicate and take on information, including the time they need for processing.
- Promote access to using digital platforms such as [My Health Record](#) to assist in communication.
- Providing secondary consultation to:
 - Youth / Adult Mental Health Services staff for promoting relevant information resources
 - [Victorian Dual Disability Service](#) (VDDS) (dual disability refers to intellectual disability and mental health)
 - people with lived experience and their supporters to access telepsychiatry if applicable.
- Connect with other locally available services to consider if they align with inclusive practice.
- Assist people with lived experience to connect with locally available health and wellbeing supports.
- Assist people with lived experience to navigate to your organisations webpage where the people with lived experience can access resources and other organisations that focus on health and wellbeing. Note: You will need to make your webpage available in easy read format (links on page 6).

Resources:

- Playlist (webinars, videos, Community of Practice): [Inclusive Practice and Reasonable Adjustments \(Increase your knowledge on ID\) - YouTube](#)
- [Council for Intellectual Disability \(cid.org.au\)](#)
- [Victorian Advocacy League For Individuals With Disability \(VALID\)](#)
- [Disability Advocacy Resource Unit \(DARU\) – DARU is a statewide service established to resource the disability advocacy sector in Victoria](#)
- [Barwon Disability Resource Council \(BDRC\)](#)
- [Inclusion Melbourne: Intellectual Disability Support Services Melbourne](#)
- [Inclusion Australia – The national voice for people with intellectual disability](#)
- [Easy Read Service | Scope Australia](#)
- [Access Easy English](#)
- [Edhealth Australia – Diabetes support solutions for people with a disability](#)
- [Victorian Dual Disability Service - St Vincent's Hospital Melbourne \(svhm.org.au\)](#)
- [CDDH – Better Health Better Lives \(monashhealth.org\)](#)



Tips:

- Ensure multiple staff complete easy read training and support and facilitate accessibility across the organisations with this lens (refer to page 7-8) - Always consider alternative communication options to be inclusive and accessible for all members of the community.
- At all times, all documentation developed should be reviewed by people with lived experience for any quality enhancements or feedback.
- Always have a review date for information resources and adjust as required to ensure the information is up to date.

See **Appendix E - Information resources from the trial organisation.**

Sustainability and continuous improvement towards inclusivity

Objectives:

Development of an evaluation template, to support systems improvement:

- Progress towards meeting the objectives of the role, inclusive of cost benefits.
- Uptake of support offered by the Peer Support Worker.
- Qualitative and quantitative feedback for quality improvement, including the impact of training and service user satisfaction.

Activities and deliverables:

- Participate in reporting and evaluation processes as defined by the organisation.
 - Consider providing monthly verbal feedback to the wider team or your organisation.
 - Consider providing a quarterly progress report to ensure continued support and sustainability of the role.





Resources:

- [Quality Improvement - Practice Connect](#)
- [Practice Incentives Program Quality Improvement Incentive | Australian Government Department of Health and Aged Care](#)
- [The NSQHS Standards | Australian Commission on Safety and Quality in Health Care](#)

Tips:

- It is recommended to use surveys and share feedback in easy read formatting. Ensure the format is tailored to the person with lived experiences needs or on relevant platforms (phone call, video conversation etc.) See Appendices for samples:
 - **Appendix F - Sample survey for people with lived experience**
 - **Appendix G - Sample survey for supporters and professionals**
- It is recommended that the leadership group, inclusive of the Peer Worker:
 - Provide a monthly progress report of tasks associated with inclusive practice.
 - Provide opportunity for further feedback for individuals to share what they have done in their roles, and share any feedback from people with lived experience and supporters with the broader team so they are hearing about the differences that are being made.
 - See Appendices for report examples:
 - **Appendix H - Sample monthly progress report template**
 - **Appendix I - Sample final report template**



Success isn't just about what you accomplish in your life; it's about what you inspire others to do...

Appendices

Appendix A - Sample position description and interview questions

- Pages 17-20: Sample position description
- Pages 21-25: Sample easy read position description
- Page 26: Sample interview questions

Sample position description

Position title	Peer Support Worker		
Classification	SCHADS Level 3 (PayPoint will be dependent on qualification and years of experience within the relevant field consistent with the SCHADS Award)		
Hourly rate		Annual:	
Status			
Hours per week			

Primary purpose of the role

The Youth Peer Worker will be an integral member of the Community Awareness and Engagement Team, using their lived experience expertise to increase primary care service access, improve mental health and well-being and promote early help-seeking behaviour in young people living with a disability.

The Youth Peer Worker will undertake a key role in ensuring Youth / Adult Mental Health Service are accessible and responsive to the co-occurring needs of young people living with a disability who are experiencing mild to moderate mental health problems.

The Youth Peer Worker will connect young people with a disability to mental health and well-being supports through targeted promotional activities, provision of information and advice, development of accessible resources and assistance to navigate digital mental health services.

The Youth Peer Worker will upskill professionals supporting young people with a disability to promote accessibility, inclusive practice and enhance their capabilities to deliver effective services.

The Youth Peer Worker will work collaboratively with clinicians and young people with disabilities to develop individualized goal plans tailored to their recovery needs and to provide links to appropriate resources and community supports.

The Youth Peer Worker is required to promote and represent the program within appropriate service and community networks, to develop strong working relationships with other agencies, including government and non-government organisation, community, education and health sectors and Consortium agencies.

The role will require the holder to participate actively in team meetings, team planning days and agency activities to ensure an integrated approach to service delivery.

Organisational responsibilities and accountabilities

This position is required to establish appropriate community contacts, develop and maintain professional working relationships with a broad range of stakeholders and funding partners in the provision of the program's services to achieve improved outcomes for young people.

This position works closely with the team and other program areas. Subsequently, this position requires an ability to make sound decisions, in some instances in crisis or stressful situations, whilst maintaining confidential and professional boundaries. The role is required to maintain accurate records, expected to actively participate in and contribute to program service planning and evaluation

Internal

along with all annual improvement activities to achieve program and organisational outcomes.

As this position regularly engages with external stakeholders, the incumbent must be able to work collaboratively with others, maintain professionalism and actively promote the organisation's services to the region.

Key responsibilities

Personal and Professional

- Embrace the organisation's commitment to child safety and wellbeing and demonstrate this through practice that reflects equity and inclusion, cultural safety and ensuring the safety and wellbeing of all children and young people.
- Participate in the Performance Management process as required.
- Demonstrate a commitment to ongoing skill development and training both personally and professionally.
- Comply with relevant program Service Standards.
- Participate in supervision and professional development as negotiated with Line Manager.
- Participate actively in team meetings, team planning days and agency activities to ensure an integrated approach to service delivery.

Technical Skills

- Co-design an Engagement Plan to identify target groups and promotional activities required to connect to young people with a disability in the local community.
- With the support of the Community Awareness and Engagement Worker, develop and deliver a peer support training package to young people with a disability to build their mental health literacy and advise them on how to access youth mental health services.
- Deliver health and well-being activities for young people with a disability, including co-facilitation of social or activity-based groups.
- Promote the Peer Worker role and the support available for young people with a disability to other Primary Care providers, including General Practitioners.
- With the support of the Community Awareness and Engagement Worker, develop and deliver a training package for professionals to build their capacity and confidence to work effectively with young people with a disability.
- Develop health and well-being resources for young people with a disability which may include online resources, social media content, podcasts and webinars.
- Undertake an audit of the building to provide feedback and recommendations on the physical and environmental accessibility of the service for young people with a disability.
- Review and adapt existing service information and promotional materials to ensure the content is compliant with Easy Read format.
- Provide on-site orientation and facilitate introductions to team members for young people with a disability in ensuring a safe, accessible and welcoming service environment.
- Assist young people living with a disability to access a range of digital supports, including online services, evidence-based health and wellbeing apps and telehealth appointments.
- Identify service gaps and systems of work where reasonable adjustments are required to increase accessibility for young people with a disability.
- Provide accessibility and inclusive practice feedback, advice and strategies to clinicians who are working with young people with a disability.
- In collaboration with clinicians, support young people with a disability to develop their Wellness Goal Plans and provide advice on other appropriate services, resources and social support groups that they can connect with.
- Attend monthly project implementation meetings to update funding body on activities and initiatives implemented.
- Contribute to the preparation of monthly and quarterly project reports for the funding body.
- Contribute to the development of key performance indicators, measures and monitoring systems to ensure service outcomes are achieved and evaluated utilising the accountability framework.
- Maintain positive relationships with schools, community groups, service agencies and youth related sectors to facilitate referral pathways to Youth / Adult Mental Health Services.
- Ensure self and team members have access to and comply with legislation, standards,

Internal

- policies, practices and procedures relevant to the program.
- Ensure a professional and ethical standard of care and service provision according to the philosophy of the organisation.
- Participate in all core training to ensure integrity of the agreed model of service delivery.

Customer Service

- Promote the program's services and the Agency throughout the region.
- Maintain effective working relationships with a broad range of stakeholders and services, across a variety of sectors to ensure an integrated and collaborative approach that supports positive client outcomes.
- Demonstrate an awareness and practice in response to the diverse needs of clients.

Continuous Quality Improvement

- Assist Youth / Adult Mental Health Services on providing feedback on service delivery, quality improvements and future planning.
- Seek and review consumer feedback regarding the effectiveness of the programs services as part of organisation's Clinical Governance Framework.
- Participate in program evaluation activities that promote advantaged thinking and contribute to improved outcomes for clients.
- Participate in and contribute to the organisation's quality improvement processes and other activities to meet service and accreditation standards.

Team Work and Communication

- Ability to work in a team and participate in group discussions as well as working independently.
- Support the Line Manager to promote the development of a learning culture within the program team that fosters and drives improved client outcomes.
- Participate in daily and weekly team meetings and team planning days.
- Develop, support and maintain a positive team approach across the program area, Agency and with other service providers and partners.
- Manage conflict and disputes in a professional manner and in accordance with the organisation's policy and procedures.
- Promote effective team communication and development by working professionally and cooperatively with all stakeholders to achieve the Agency's objectives.
- Participate in the development of consumer participation activities within your team and Agency.
- Undertake other appropriate duties as directed by the Line Manager.

Administration and Documentation

- Ensure all relevant program planning, documentation; evaluation and reporting are completed in a timely and accurate manner.
- Ensure all relevant policies and procedures are implemented and adhered to, including the complaints handling procedures and methods for responding to critical incidents.

Key selection criteria

Qualifications:

- Relevant qualifications in Peer Work, Community Services, Health Promotion, Social Work, Psychology, Youth Work or equivalent.

Experience, Skills and Abilities

The successful candidate will have the best combination of the following characteristics:

- **Essential:**
 - Lived experience of disability
 - An interest and passion in the mental health and well-being of young people living with a disability.
 - Excellent communication and interpersonal skills, including the ability to liaise effectively

Internal

- with a diverse range of people, families and stakeholders
- Capacity to effectively engage and work creatively with young people.
- **Desirable:**
 - Confidence to work one-on-one with young people to provide support, information and assistance on how to access Youth / Adult Mental Health Services.
 - Confidence to co-facilitate groups with other team members.
 - Knowledge of the common mental health, substance use and social problems faced by young people and knowledge of youth mental health and alcohol and drug services.
 - Proven organisational skills including the ability to handle a variety of tasks concurrently and within specific timelines.
 - The ability to adhere to policy and procedures.
 - Ability to maintain positive, effective working relationships with colleagues, peers, and relevant stakeholders in a wide range of government, business and community organisations to negotiate and advocate on behalf of young people.
 - The ability to use Microsoft office suite of products.

See easy English sample over page.

Sample easy read position description



210 Timor Street, Warrnambool VIC 3280

03 55618888

hswarrnambool@brophy.org.au

www.headspace.org.au/headspace-centres/warrnambool

Easy Read Job Description

Job Title:

headspace Youth Peer Worker



headspace Warrnambool is looking for someone with lived experience of disability to work as a youth peer worker.

This job description has information about the job and how to apply.



The Youth Peer Worker will work within the headspace Community Awareness and Engagement Team.

The Youth Peer Worker will use their lived experience to help make headspace services easier to use for young people with disabilities.

The Youth Peer Worker will use their lived experience to support the headspace Warrnambool team members in providing the best care to young people with a disability.



This is a paid position.

It can be up to 3 days a week.

We can talk through anything you think you might need to be comfortable at work.

You will be paid for the hours that you work.

Here is what the youth peer worker will do in this job:



Youth Peer Worker will:

- Meet with health care workers and young people in the community to help make headspace services easy to access for all.



The Youth Peer Worker will:

- Give presentations and talks.



The Youth Peer Worker will:

- Support with hosting group sessions with other headspace team members



The Youth Peer Worker will:

- Create mental health resources in easy read format for young people with disability.



The Youth Peer Worker will:

- Learn new skills through training and education opportunities.

Internal



Here are the skills that you need for the job:

- You have a lived experience of disability.
- You would like to help youth peers living with a disability.
- Interest in mental health and wellbeing.
- You can work as part of a team.



To do this job:

- You must be able to at least work one day a week.
- You must be able to work with a range of people, families and stakeholders.
- You can engage and work well with young people.



To do this job:

You must be able to come to training sessions which may be face-to-face or online.



The Community Awareness Team can provide support to help you come to the training sessions.

Internal



You must be able to present to health care workers at training places, health care settings and other organisations.



The Community Awareness Team can provide support to help you when you give presentations.

Here is how headspace Warrnambool will help you:



We will give you training to learn about your role and about public speaking and presentations.



The Community Awareness and Engagement team will help you prepare and support you with any tasks.

How to apply for the job:



Head to <http://brophy.org.au/work-with-us/job-vacancies/>

Go down the page to find Youth Peer Worker – headspace.

Click on application form.

Tell us your:

- Name
- Email Address
- Telephone Number

We would also like you to tell us about:

- Your lived experience with a disability
- Interest in mental health and wellbeing of young people living with a disability.



You can send your information to



Sample interview questions

Personal and professional:

- What motivated you to apply for this position?
- What do you understand to be key tasks that the Peer Worker would be undertaking in the role?
- Can you please outline your lived experience that you would bring to this role as a person living with a disability?

Technical

- The peer worker will assist people living with a disability to access services. This might involve tasks like showing people with lived experience how to use telehealth, providing an orientation of the building or sitting in on an appointment.
 - How would you ensure that a person with lived experience felt safe and welcomed?
 - What might be some additional considerations or needs for a person living with a disability when they are accessing a service?
- The peer worker will be required to review various areas of our services and provide feedback on how accessible the service is for people with lived experience of a disability. This might include reviewing forms, brochures and other resources and completing an audit on the building. The peer worker will also need to adapt existing resources and create new resources.
 - What are some ways that you could provide feedback to the team?
 - What steps would you undertake to review an existing resource?
 - What steps would you undertake to create a new resource?
- Delivering presentations and training is a key task of the peer worker role.
 - Can you describe what you would need to do to prepare for a presentation or training session?
 - Can you think of any challenges that might occur when delivering presentations and training?

Teamwork and culture

- How would you establish working relationships with your other team members?
- What are three words you would use to describe your ideal working environment?
- If there was an issue or concern for you in the workplace, what steps would you take to address this?
- Confirm: Is there any reason you would be unable to undertake the responsibilities of this position as described in the position description?

Do you have any questions of the interview panel?

Other suggested checks

- Confirm possession of WCC or ability to obtain one.
- Inform of ability to commence relies on National Police Check being completed and NDIS Check.
- Referees (Confirm they are recent and their relationships with them, can they be contacted?)
- Notice required by current employer – if applicable?
- Holidays Planned?

Inform applicant of timeframe for decision making

Thank Interviewee for their time.

Appendix B - Internal audit resources from the trial organisation

- Pages 27-32: Sample Environmental Scan Checklist

Sample Environmental Scan Checklist



BFYS/headspace **Environmental Scan Checklist:**

Building Location: _____

Please include comments and circle your overall impression for each section:

First Impressions	Yes	No	Comments
Do you feel welcome?			
What does the environment look like to young people?			
Imagine visiting the Community Youth Complex in a wheelchair. What obstacles do you encounter? What is at your eye level?			
Is there signage or information posted for how non-English speaking families can get assistance with language needs?			
Are there windows or elements that introduce natural light?			
Does the artificial lighting promote a calming environment?			

1
2
3
4
5

Improvement Opportunities
Acceptable
Outstanding

Signage & Wayfinding	Yes	No	Comments
How are you able to find your way?			
Are signs helpful, clear and easy to follow?			
Did you need to rely on directions from staff?			
Imagine navigating with a stroller or with a family member in a wheelchair. What challenges are present?			

1 2 3 4 5

Improvement Opportunities Acceptable Outstanding

Information	Yes	No	Comments
How is information displayed?			
Collect samples of information that are available: brochures; pamphlets			
Is there information available in multiple languages?			
Are there Easy Read Information or resources available?			

1 2 3 4 5

Improvement Opportunities Acceptable Outstanding

Seating	Yes	No	Comments
Is there enough seating available?			
Are there tables available for young people to sit things down or to work?			
Is the seating arranged in an appropriate and welcoming way for all young people?			
Is the seating comfortable?			
Is there line-of-sight in waiting areas so reception staff can see young people waiting?			

1
2
3
4
5

Improvement Opportunities
Acceptable
Outstanding

Artwork	Yes	No	Comments
Does artwork reflect a calming environment?			
Does the art displayed represent different cultures?			
How do you like other design elements? Furniture, Color of walls, floors?			

1
2
3
4
5

Improvement Opportunities
Acceptable
Outstanding



Elevators	Yes	No	Comments
Is it easy to locate the elevators?			
How long do you wait for an elevator?			
When the elevator arrived, does staff acknowledge young people waiting and give young people preference to enter first?			

1 2 3 4 5

Improvement Opportunities Acceptable Outstanding

Restrooms	Yes	No	Comments
Are the locations of the restrooms easy to find?			
Are they easy to access?			
What is your overall impression of the restrooms?			

1 2 3 4 5

Improvement Opportunities Acceptable Outstanding

Staff	Yes	No	Comments
Is it easy to identify staff? (For example: name tags, lanyards)			
Do staff make eye contact, smile or acknowledge young people in waiting areas?			

1 2 3 4 5

Improvement Opportunities Acceptable Outstanding

Sounds	Yes	No	Comments
What do you hear as you navigate?			
In care areas, are voices low and respectful?			
As you listen to interactions, are you hearing supportive language? (For example: "How can I help you?")			

1
2
3
4
5

Improvement Opportunities
Acceptable
Outstanding

Privacy	Yes	No	Comments
How is young peoples information and privacy guarded?			
When staff are asking young people questions at reception, are they using quiet voices?			

1
2
3
4
5

Improvement Opportunities
Acceptable
Outstanding

Appearance of environment	Yes	No	Comments
Is the environment clean?			
Are the hallways, waiting areas & reception areas free of clutter?			
Do you feel safe?			
Are there physical barriers (half walls, locked doors)?			

1
2
3
4
5

Improvement Opportunities
Acceptable
Outstanding

Overall Summary Score:		
What was your overall impression of this location and share overall comments:		
<u>Improvement Opportunities</u>	<u>Acceptable</u>	<u>Outstanding</u>

Thank you for your feedback! We really appreciate you taking the time to complete this!

If you wish to hear back from us around what improvements have been made from your feedback, please feel free to leave your contact details (email or mobile number):

Appendix C - Action plan resources from the trial organisation

- Pages 33-35: Sample Youth Peer Worker Proposal (environmental enhancements)
- Pages 36-38: Sample Community Awareness and Engagement Plan

Sample Youth Peer Worker Proposal (environmental enhancements)

SPIDAH Project Proposal -

ROOM IMPROVEMENTS FOR YOUNG PEOPLE LIVING WITH A DISABILITY

SUMMARY:

After completing an audit, Youth Peer Worker wanted to propose some changes that could be made to make the headspace consult rooms more disability accessible and friendly. The items listed are evidence-based items that can help make the rooms more accessible for young people with a disability. This will make their experience at our headspace centre more fulfilling and by doing so this will encourage them to come back or to come to our centre.

The motivation behind this is to make headspace accessible for everyone. Getting young people with a disability to access mental healthcare can be hard, so by making our headspace centre disability friendly and inclusive we will be able to engage in early intervention for the young people.

People living with a disability may experience:

- Overstimulation from lighting (too bright) or sounds.
- Restless and fidgeting
- Find it hard to concentrate
- Trouble with communication
- Trouble engaging in sessions
- Find it hard to process and express their emotions
- Find it hard to calm down and de stress in their appointment.

WHAT IS CURRENTLY WORKING WELL:

- headspace Fidget Toys are currently placed in all headspace counselling rooms
- Rooms currently have a calm and welcoming feel to them due to colour tones, salt lamps and plants (although the lights can be rather bright).
- Clinicians have also commented that young people tend to grab or use the rugs and pillows when sitting on the couch.

SENSORY ITEMS THAT CAN POSSIBLY ENHANCE THE ROOMS:

- **Bubble Tubes:** are a calming autism friendly light. With their bright and colourful bubbles some benefits are:
 - Developing visual tracking
 - Auditory awareness
 - Social interaction
 - Calming or stimulate the young person to engage in their session.

Links & Prices:

- [Sensory LED Bubble Tubes - Great for Sensory Zones - Back in Stock! – disAbility equip online](#) 120cm- \$395
- **Projectors:** are a great alternative to lighting. Projectors are autism friendly and can be projected onto walls, floors, ceilings, and mirrors. Benefits of a projector are:
 - Improve orientation through visual stimulation.

Internal

- Help with communication.

Links & Prices

- [Sensory Projector Light – Sensory Tools Australia](#) \$35.95
- [One Fire Galaxy Projector,Night Light Projector Star Projector Bedroom Ocean Wave Projector Kids White Noise Music Bluetooth Starlight,Star Projector Lamp Ceiling Timer Sensory Led Adults Gift Room : Amazon.com.au: Lighting](#) \$54.00 from Amazon
- **LED Strip Lights:** Light sensitivity is a big factor for young people with disabilities. It can be a factor if they choose to return to an environment, as the lights could be too much. LED strip lights can help with:
 - Creating a calm and relaxed atmosphere
 - Communication of emotions
 - Light sensitivity by dimming the lights to an appropriate brightness for the young person to help them feel comfortable.

Links & Prices:

- [LED Strip Light 3m - Black - Kmart](#) 3m- \$14.00. Changes colour plus has the remote so no phone app required.
- **Fiber Optics:** are lights have great benefits in sensory rooms, some benefits are:
 - Sensory integration and sensory processing to allow for engaging in the environment.
 - Calming and reducing anxiety
 - Alerting and engaging for young people who are withdrawn.

Links & Prices:

- [Fiber Optic Light – The Sensory Specialist PTY LTD](#) \$13.95
- **Weighted Blankets and Toys:** Weighted blankets can provide deep pressure and sensory input to the body. Clinicians have expressed that young people tend to grab the blankets in the consult rooms already. Allowing the young person to feel comfortable in their session will want them coming back. The benefits of weighted blanket/toys are:
 - Deep pressure and sensory input to the body
 - Calming effect for sensory processing disorders
 - Helps with anxiety and stress from overstimulation.

Links & Prices:

- [Therapeutic Sensory Calming Weighted Blanket || - with Aromatherapy Po – disAbility equip online](#) 3.2kg blanket- \$229.00
- [Weighted Calming Sensory Cuddly Toy - Sydney the Soothing Sloth - Auti – disAbility equip online](#) 1.5kg toy- \$89.00
- **Fidget Toys:** Fidget toys aren't only good for young people with a disability but for all young people. Clinicians have expressed many young people that come through already love fidget toys, however sometimes they go missing from the rooms. Clinicians have also pointed out that fidget toys are a good way of getting a young person to engage in their sessions. Some benefits of fidget toys are:
 - Encouraging focus
 - Reducing self-stimulation behaviour
 - Calming and de-stressing
 - Allows for more engagement in sessions, as the fidget toy helps calm the young person and allows for more conversations.

Links & Prices:

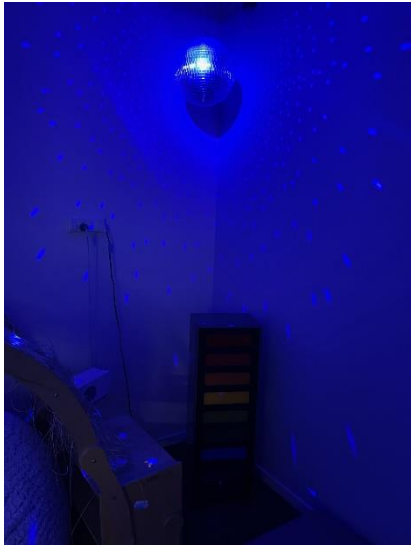
- [Fidget Toys Australia | Buy Sensory Fidget Toys Online - Fun Fidgets | Sensory Toys and Fidgets](#) Range of different prices, they also have packs (bundles) available.

EXAMPLE SENSORY ROOMS FROM OTHER ORGANISATIONS:

Community Awareness & Engagement Team went to Mpower to see their sensory space. They met with speech pathologist Jasmin Prewett, and she showed them through the room and how the room gets used. Jasmin also showed all the different items they have and different times the sensory items may need to be used.

Jasmin was also kind enough to provide us with Proloquo2go Crescendo Core Word Board. This would be a beneficial resource to have in each room. Community Awareness & Engagement Team were able to take some photos of the space while they were there.

Please see photos below:



Internal

Sample Community Awareness and Engagement Plan

SUPPORTING PEOPLE WITH AN INTELLECTUAL DISABILITY TO ACCESS HEALTH (SPIDAH) PROJECT

Training and Development

Service requirements	Date / timeline	Staff member responsible	Partners	Completed	Outcome / evaluation
Develop the Position Description for the Peer Support Worker and align the position within their employee classification structure					
Recruit Peer Support Worker					
Peer lived experience information sessions and onsite tours for people with an intellectual disability and their family, friends and carers.					
Internal training delivered to upskill staff members in working with people with an intellectual disability and delivery of dual disability responses.					
Provide secondary consults (During clinical team meeting + individual consults)					
Training for clinical + non clinical staff (Team meetings / Staff events)					

Continues over page.

Internal

Information and Resources

Service requirements	Date / timeline	Staff member responsible	Partners	Completed	Outcome / evaluation
Internal documents within the organisation, including policy and procedures of inclusive practice.					
Creation of easy read resources, information, video and audio.					
Creation of dual disability single session and brief intervention toolbox modules.					
Develop a plan and assist in setting out goals tailored to the individuals needs of the recovery journey (Wellness Plan, My Plan + Goal Setting).					

Engagement and Advocacy

Service requirements	Date / timeline	Staff member responsible	Partners	Completed	Outcome / evaluation
Environmental audit (service gaps + systems of work adjustments) - Focus Group					
Develop and deliver a peer support program to upskill people with an intellectual disability on how to access mental health services (Communication, accessing supports, promoting group programs)					
Co-design sessions to develop Easy to Read service information and promotional materials -Focus Group					
Connecting with GP primary care providers to promote the SPIDAH initiative					
Obtain the consent (written consent where possible) of people with lived experience, those that support during the trial					

Internal

Project Coordination

Service requirements	Date / timeline	Staff member responsible	Partners	Completed	Outcome / evaluation
Weekly Project Management Meetings					
Monthly Project Meetings (phn)					
Monthly Project Networking Meeting					
Monthly Project Report					
Quarterly Performance Reports					
Final Report					
Oversight + supervision of Peer Support Worker					
Invoicing + contract admin					

Appendix D - Training and development resources from the trial organisation

- Page 39: Approach for Training and Development (Flow Chart)
- Pages 40-42: SPIDAH Training Register for staff & Clinicians
- Pages 43-44: Examples of Group Session Outlines
- Page 45: SPIDAH Staff Drop In Session Topics
- Pages 46-51: Example SPIDAH Staff Drop In Session Presentation

Example approach for Training and Development (Flow Chart)

WORK STREAM: TRAINING & DEVELOPMENT

SHARED VISION AND APPROACH

- By delivering health and wellbeing activities or sessions to young people around youth mental health and accessing services, builds the capacity and awareness of the community around mental health and breaking down the stigma that is often attached to it. There is a shared vision that young people living with a disability should have the same opportunities in knowing how to access and receive support from youth mental health services, telepsychiatry and health appointments.

UPSILLING TO DELIVER ACTIVITY & TRAINING CONTENT

- Before commencing in the role, Youth Peer Worker had advised that they had experience in facilitating youth advocacy and peer support groups.
- Further resourcing was needed due to Youth Peer Worker not having the full recommended qualifications, or training.
- Sessions were supported by one a headspace and/or Brophy staff member due to the content that is discussed and the questions that might be asked.
- Through support of the headspace team, Youth Peer Worker began to develop confidence and skills within this area as time went by.

HOW YOUTH PEER WORKER ROLE WAS PROMOTED

- Youth Peer Worker role was promoted internally and externally through several channels:
 - Direct email
 - Youth Peer Worker brochure drop offs
 - Brophy Intranet
 - Meet the team profile
 - Brophy Regional Staffie
 - Peer worker Network Meetings
 - Presenting at headspace consortium meeting
 - Presenting at Western phn meetings

HOW YOUNG PEOPLE AND STAFF WERE ENGAGED IN TRAINING

- **Young people:**
 - Leveraging off
 - existing Brophy groups that have identified neurodiverse young people
 - existing relationships with external partners
- **headspace Staff Members:**
 - **Drop In Sessions:**
 - Topics were identified from a staff survey
 - Youth Peer Worker presented these topics to staff that wanted to build their capacity and confidence when working with young people with disability.
 - **Training Register:**
 - This register can be referred to for online training and information for staff to access when they need.

SPIDAH Training Register for Staff & Clinicians

Topic: Overall Intellectual and Disability Training			
Training Name:	Short description:	Training duration (Approx):	Link:
Introduction to Disability Awareness	This Disability Awareness eLearning training resource seeks to challenge ingrained cultural and attitudinal barriers that perpetuate discrimination and provides participants with a general overview of the legislative framework which supports the inclusion of people with disability in Australia.	1 Hour	Introduction to Disability Awareness - Disability Awareness
Understanding Child Mental Health and Disability	This course explores mental health for children aged 0-12 years who are living with disability. It will help you to identify the factors that support a child's social and emotional wellbeing and introduce you to key concepts in disability-aware practice. It will also describe the importance of considering the mental health of children living with disability, and why these children may be more vulnerable to developing mental health concerns.	1 Hour	Emerging Minds Learning
Child Centred and Communication Focused Practise with Children with Disability	Child-centred and communication-focused practice with children with disability explores strategies that support the mental health of children with disability. It focuses on two broad approaches that can help you understand and respond to children with disability in ways that support their social and emotional wellbeing:	1.5 Hours	Emerging Minds Learning
Child Centred and Family Focused Practise with Children with Disability	Child-centred and family-focused practice with children with disability explores strategies that support the mental health of children with disability. It focuses on two broad approaches that can help you to understand and respond to children with disability in ways that support their social and emotional wellbeing:	1.5 Hours	Emerging Minds Learning

Internal

WVPHN - Understanding Dual Disability-Intellectual Disability and Mental Health	<p>Learning Outcomes:</p> <ul style="list-style-type: none"> Define mental illness, intellectual disability and behaviour disorders. Identify the prevalence and nature of mental illness in people with an intellectual disability. Identify the importance of understanding dual disability, intellectual disability and mental health. Identify the benefits of having an understanding of dual disability, intellectual disability and mental health. Identify opportunities for multidisciplinary care to support the mental health of people with an intellectual disability. 	1.5 Hours	Understanding Dual Disability: Intellectual Disability and Mental Health 2022.10.18 - YouTube
WVPHN - Support and Treatment of Mental Health For People With an Intellectual Disability	<p>Objectives:</p> <ul style="list-style-type: none"> Identify difficulties in managing people with intellectual disability and co-morbid mental disorders. Review modifications to practice. Revise biopsychosocial approach. Highlight the principles that inform good management practice. 	1 Hour	Support and Treatment of Mental Health for People with an Intellectual Disability (ECHO 2022.11.08) - YouTube
WVPHN - A Deep Dive into Positive Behaviour Supports	<p>Objectives:</p> <ul style="list-style-type: none"> Define positive behaviour support. Identify the positive behaviour support framework. Review positive behaviour support in the NDIS landscape. 	35 Minutes	A Deep Dive into Positive Behaviour Supports (ECHO Didactic Presentation 2023.05.09) - YouTube
Topic: ASD			
Training Name:	Short description:	Training duration (Approx):	Link:
Working with adolescents and young people with ASD	This module is for clinicians working with young people who have Autism spectrum disorder. It will cover: The features of ASD in adolescents and young people. Providing mental health treatment and creating treatment plans for young people with comorbid ASD. Developing long term support teams for young people with ASD and comorbid ASD. Engaging young people's families in treatment and care. The evidence for the use of cognitive behavioural therapy in mental health treatment for	1 Hour	Course: Working with adolescents & young people with ASD (orygen.org.au)

Internal

	young people with ASD.		
Autism Friendly Charter Online Course	The Autism Friendly Charter was created by Autism SA in collaboration with individuals on the autism spectrum and their families. The Autism Friendly Charter Training includes five modules with a focus on developing your understanding of autism and to develop confidence in applying autism friendly practices to support inclusion.		Autism Friendly Charter Online Course - Autism Friendly Charter
Amaze- What is Autism	This course provides an introduction and overview of autism and how to be an autism positive person. After completing the course you will be able to, understand what autism is, and the diversity of the experience of autism. Understand the social model of disability and learn the importance of strengths-based language. Understand what it means to experience the world as an autistic person and appreciate the diversity and uniqueness of the Autistic community. And also to identify practical ways to be an autism positive person.	1 hour approx..	Training - Amaze can empower you to become more autism-inclusive.
Topic: ADHD			
Training Name:	Short description:	Training duration (Approx):	Link:
Introduction to ADHD Awareness	Attention Deficit Hyperactivity Disorder (ADHD) is a neurobehavioral disorder that has become widely recognised. This course clarifies ADHD and discusses all the components and benefits of understanding this condition. We provide information to assist you in diagnosing the disorder and exploring its various treatments. We explain what the key terms of ADHD are. We answer practical questions relating to the diagnosis of this condition.	4-5 hours	Introduction to ADHD Awareness Free Online Course Alison



Passport 2 Employment Session Plan

Date of Program: 31st July 2023

Venue: South West TAFE

Number of Participants: 14-17 young people

Facilitators: |

Activity	Facilitator	Minutes
Stress Symptoms <ul style="list-style-type: none"> • Psycho-education around what is stress • Brainstorm with group where stress is felt in the body, and ways people may behave when stressed 		5 Minutes
Stress Bucket <ul style="list-style-type: none"> • Using a bucket to represent how much stress one person can handle, each person places a stress ball in a bucket and names a stress they may experience • Talk about warning signs the bucket is getting full • Discussion around coping strategies to help empty the bucket and keep the levels manageable. 		10 Minutes
Breathing exercise <ul style="list-style-type: none"> • Psychoeducation related to breathing • Square breathing activity 		5 Minutes
Discussion about headspace <ul style="list-style-type: none"> • Discussion about services offered at headspace and how to engage 		5 Minutes



Merri River School Session Plan

Date of Program: Monday 13th November 2023

Venue: Merri River School

Number of Participants: 15-20 People

Facilitators:

Relevant Contact Information: |

Activity	Facilitator	Minutes
Stress Symptoms <ul style="list-style-type: none"> Brainstorm what is mental health Psycho-education around what is stress Brainstorm with group where stress is felt in the body, and ways people may behave when stressed 		10-15 Minutes
Stress Bucket <ul style="list-style-type: none"> Using a bucket to represent how much stress one person can handle, each person places a stress ball in a bucket and names a stress they may experience Talk about warning signs the bucket is getting full Discussion around coping strategies to help empty the bucket and keep the levels manageable. 		10-15 Minutes
Breathing exercise <ul style="list-style-type: none"> Psychoeducation related to breathing Square breathing activity		5 minutes
Wellbeing Bingo <ul style="list-style-type: none"> Psychoeducation related to the importance of find strategies to help with managing stress and finding new strategies 		5-10 Minutes
Discussion about headspace and Brophy services <ul style="list-style-type: none"> Discussion about services offered at headspace and Brophy and how to engage 		5 Minutes

SPIDAH Staff Drop In Session Topics

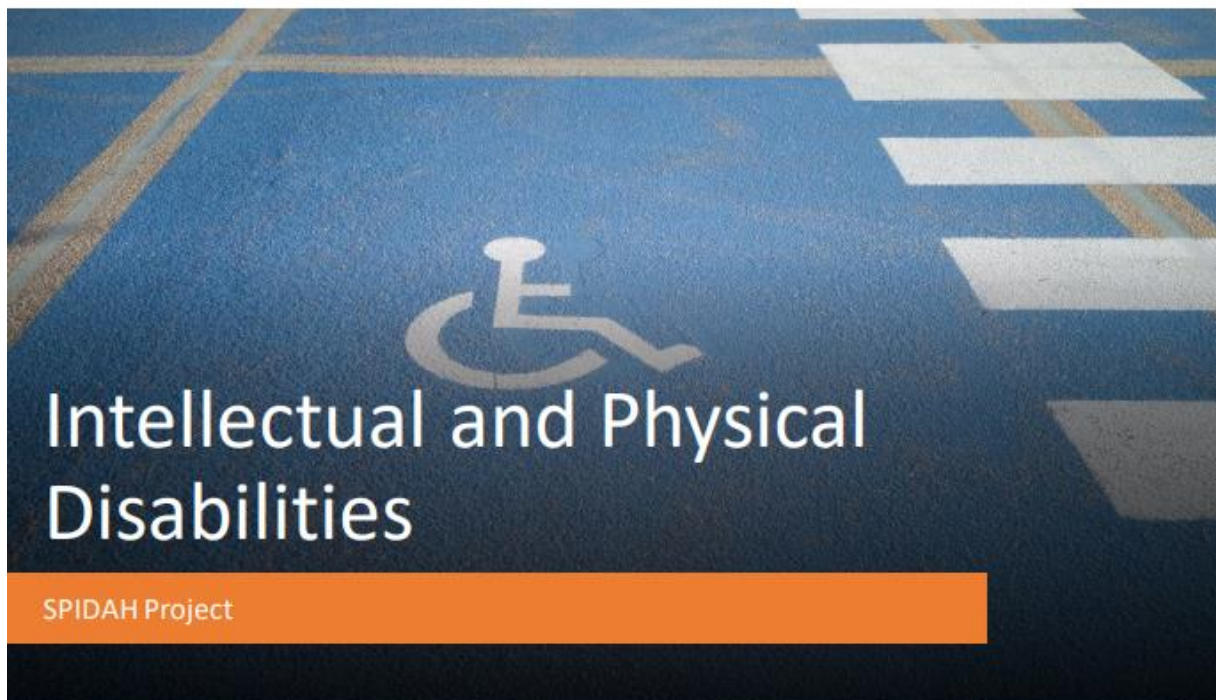
SPIDAH Drop In Sessions:

Sessions facilitated weekly by Youth Peer Worker too assist with building the capacity of staff knowledge. These sessions are open to all staff to come along and learn more about specific topics.

Sessions that were completed with staff are below:

- **Session One:** Intellectual and Physical Disabilities
 - Presented the PWDA Language Guide
 - How to accommodate and support a young person with an intellectual and physical disability in counselling sessions.
 - Further training or resources
- **Session Two:** Youth Peer Worker (Disability) – Referral Form
 - Presenting the referral form to staff if they were wanting to request any assistance from Mikayla in her role.
- **Session Three:** ASD (Part 1)
 - introduction to ASD
 - how it affects a young person
 - some resources I have plus some training modules I have come across that would be beneficial.
- **Session Four:** ASD (Part 2)
 - How to frame questions for young people living with ASD
 - What strategies will work within a workplace setting
 - Possible improvements that can be made to consultation/meeting rooms
- **Session Five:** ADHD (Part 1)
 - What is ADHD?
 - Signs and Symptoms
 - Types of ADHD
 - How does ADHD effect a young persons life
 - Ways to manage ADHD
- **Session Six:** ADHD (Part 2)
 - ADHD in the workplace
 - Self-care with ADHD
 - Time management for people with ADHD
- **Session Seven:** SACID Resources
 - Provided a brief overview to the team on some resources from the South Australian Council for Intellectual Disability (the resources contain psycho-ed, and some CBT-based activities).
 - Discussed the following with clinical staff members and asked for their ideas:
 1. What types of mental health presentations or situational stressors might benefit from use of these resources (***anxiety, stress, anger***)
 2. Are there any other cohorts of young people who might benefit from these resources beyond young people with intellectual disability? (***ie, young people from a CALD background, young people with learning difficulties, younger age groups***).
 3. Do you have any ideas for how you could use these resources in your work with young people (***groupwork activity ideas***)

Example SPIDAH Staff Drop In Session Presentation



Hand out PWDA Language Guide

- People with Disability Australia have released a 'guide to language about disability'. This guide reflects on the social model of disability as well as the human right model.
- The guide also goes over ableism and the impact of ableist language, which is a big thing around disability the language you use is vital.
- In the document are tables of commonly used phrases, the tables show what to say and what not to say. Best to read these as they are important!

Today's Focus Question

How to accommodate and support a young person with an intellectual and physical disability in counselling sessions.



Firstly, what is intellectual disability?

Intellectual disability is a lifelong condition that affects a person's intellectual skills and their behaviour in different situations.

It can include difficulties in communication, memory, understanding, problem solving, self care, social and emotional skills as well as physical skills.

People with intellectual disability have the same feelings, rights and aspirations as everyone else.

Intellectual disability does not define who a person is, how they should be treated or how they want to live.



People with an intellectual disability are more likely than other people of the population to experience depression, anxiety, and other mental illnesses. The Australian Institute of Health and Welfare estimates that, 57% of people with intellectual disability also experienced some form of psychiatric disability.

People with intellectual disability may experience a reduced capacity to participate in standard clinical assessment processes, which can make diagnosis very difficult and result in limited access to appropriate mental health care.



Ways to Support and Accommodate

- The communication of people with an Intellectual Disability can vary from person to person. Some people will be very talkative, and others may have very limited to no verbal communication. This makes it tricky in a counselling session.
- Extra sessions may be beneficial for people with a disability as this will help with the young person feel comfortable in a session, build trust with the clinician and it also allows for the young person with the disability to understand the questions being asked to them, to think about the questions, to think of relevant information from memory and to find words to communicate their thoughts and feelings.
- Individuals with intellectual disability often struggle to tell their stories in a direct, sequenced manner, remembering details and understanding cause and effect. Sometimes other alternatives can be beneficial, alternatives like art therapy, not being in a clinical setting so having the session out in a park for example or a café (only is possible of course!)
- However, longer sessions are not necessarily required or advised for clients with intellectual disability, because prolonged concentration can be tiring for many clients. Instead, shorter sessions on a more frequent basis might be helpful





Expression and Style of Counselling

- Clinicians can enhance therapeutic outcomes by allowing many creative means of expression, in two categories: embodied expression and projected expression.
- **Embodied expression** includes media such as dancing and music, acting, role play, use of masks, and characterization, embodied games, and whole person movement.
- **Projected expression** includes art, sand tray work with symbols, written stories and poetry, and drama which expresses the person's story through an external character.
- These techniques are highly beneficial for clients with intellectual disabilities because they do not depend for effectiveness on verbal communication, allowing instead indirect expression.



More ways for clinicians to support:

- Update the intake paperwork process to be more accessible (large print and simple language) I have rewritten the consent form still with all the relevant information provided however, it is much easier for people with a disability or any young person to read and understand.
- Ensure there is access to the clinic entrance, waiting room, and therapy room (signs, movable furniture, adjustable lighting) for mobility aids.
- Have access to interpreters or translation services for deaf or hard of hearing clients.
- Allow a family member/friend or support person to attend an appointment with the young person. A lot of information can be given in an appointment which can be very overwhelming for them or they may not understand the info given to them so a support person will help them with that.
- Allow for Telehealth appointments. Sometimes people with an intellectual disability will need to change appointments with less than 24 hours' notice. Changing to telehealth means that they can still attend their appointment just from the comfort of their own home.



Physical Disabilities

- A physical disability can result in a range of challenges and changes in a person's life. These changes may include barriers to a person being able to reach their goals in life. Therefore, early intervention through counselling to assist the individual to adjust to the disability can provide skills and strategies to equip a person to more effectively manage issues as they arise.
- Counselling to assist with pain management is designed to help a person to manage their pain, so they are able to function the best they can in their life despite the presence of pain. Counselling can focus on helping a person to predict their patterns of pain and to learn how to manage their pain through the use of psychological and behavioural strategies.

Barriers that effect someone with a physical disability getting counselling

- Disability stigma can often be attributed to misunderstandings and lack of familiarity with causes and types of disabilities, misperceptions about the abilities of persons with disabilities.
- Fear of access barriers- A person with a mobility impairment might worry about their ability to access a building or if they can get around the building with no issues.
- Not having a Counsellor who fully understands their disability. People with a disability will feel like they're not being understood.
- Cost. Cost can be a big factor of a lot of health things for a person with a disability. Especially if they don't have NDIS. Sessions here at headspace are free however if you were thinking of referring a young person on to something to help them further, please take into consideration the cost for them. Cost of things can play a huge part in the mental health of a person with a physical disability as their ability to work may be reduced.

Ways to accommodate and support

- A person with a physical disability needs will vary from person to person. Most importantly the young person needs to be comfortable in their session. This could include having a comfortable chair for them to sit in, a chair that is easy to move some people with a physical disability can have trouble pulling chairs in and out.
- Having the clinician listen to everything they have to say, often doctors or their medical team won't listen to the young person, and they often feel their needs are overlooked. Sometimes they just need a place to vent, having a physical disability is mentally exhausting and they just want to let their frustrations out.
- Ask if the person with a physical disability needs any help. As much as they want to be independent some people don't ask for help when they actually need it, so just asking the simple question helps a lot.
- Check for accessibility when planning activities that require the young person to enter new environments. New environments can be overwhelming for a young person with a physical disability as they need to make sure the environment can accommodate their needs and still allow for them to be comfortable.
- Ensure there is access to the clinic entrance, waiting room, and therapy room (signs, movable furniture, adjustable lighting) for mobility aids.
- The young person may want to get up and move around in their appointment. Sitting for periods of time can make their bodies sore or uncomfortable, so getting up to move around or have a stretch will help them!
- Researching about the young person's disability before they come to their session. This will help a lot as you will have an understanding on how different factors and barriers affect them. If you need help with a disability, please reach out and I'll try my best to get info and resources for you!

Further Training and Resources if you're interested

The following training sessions are helpful with gaining more of an understanding into intellectual disabilities and physical disabilities. If you would like more resources or info, please pop in and see me I'm more than happy to find info to help you further and to help the young person you're helping!

- Introduction to Disability Awareness ([Introduction to Disability Awareness - Disability Awareness](#))
Goes for about 1 hour and you get a certificate at the end of this!
- Emerging Minds- Understanding Child Mental Health and Disability ([Emerging Minds Learning](#))
Goes for about 1 hour and you get a certificate at the end of this
- Human Rights Commission Australia- [Access for all: Improving accessibility for consumers with disability | Australian Human Rights Commission](#)
- If you have a young person with a physical musculoskeletal disability, there is an online support group called 'Teen Talk' for ages 12-20. Please email me if you would like more info on this as I help run this group!
[MSK Kids Teen Talk](#)

Appendix E - Information resources from the trial organisation

- Page 53: Approach for Information Resources (Flow Chart)
- Pages 54-56: **headspace Warrnambool Brochure example** (3 pages)
 - The headspace Warrnambool Brochure Easy Read is more accessible for those that have an intellectual disability.
- Page 57: **Youth Peer Worker (Disability) Brochure** (1 page)
 - Developed for young people, family and friends and service partners, this handout is to promote the Youth Peer Worker (Disability) role.
- Pages 58-59: **Youth Peer Worker (Disability) – Referral Form and Example of Secondary Consult Request** (2 pages)
 - The purpose of the referral form was for staff members to formally request Youth Peer Worker assistance.
- Pages 60-67: **Understanding Mental Health – headspace Easy Read Factsheet** (8 pages)
 - This easy-read psychoeducation resource supports young people living with a disability understand information about mental health.
- Pages 68-74: **7 tips for a healthy headspace – Easy Read Fact Sheet** (7 pages)
 - This easy-read psychoeducation resource supports young people living with a disability understand healthy headspace tips.
- Pages 75-83: **Mental Health Wordlist** (9 pages)
 - Mental health Easy Read Wordlists are commonly used mental health and wellbeing terms presented in a way that people who are not familiar with English, or who have low literacy or learning difficulties may have a better understanding of mental health terminology.
- Pages 84-94: **Your Rights in Healthcare** (11 pages)
 - This resource ensures that young people with an intellectual disability have an understanding of their rights when it comes to their healthcare.
- Pages 95-98: **Sharing your information - Understanding Consent** (4 pages)
 - Easy Read Consent & Share your information resource ensures that young people with an intellectual disability can understand and access information relating to consent when accessing mental health services.
- Pages 99-111: **Drug and Harm Reduction Fact Sheet** (13 pages)
 - The Easy Read Drug and Harm Reduction resource was developed out of an identified need to have accessible Alcohol and Other Drugs resources available. Young people with an intellectual disability have the right to understand and access to information that relates to their health and wellbeing (this includes Drug and Alcohol information as well as harm minimisation strategies).

Approach for Information Resources (Flow Chart)

WORK STREAM: INFORMATION RESOURCES

SHARED VISION AND APPROACH

- There is a shared vision that it's important to providing young people with the ability to access psychoeducation and promotional materials to help further support their understanding around mental health and wellbeing topics and how to access headspace services. These materials being provided in different formats to be accessible to all.

PROCESS OF IDENTIFYING & ADDRESSING THE NEED FOR RESOURCES

- Though a targeted plan the identified & addressed resources were:
 - **Existing resources that could be enhanced:**
 - Understanding Mental Health fact sheet
 - 7 tips for a healthy headspace Fact sheet
 - headspace My Plan
 - headspace Wellness Plan
 - headspace Warrnambool Brochure
 - Consent information
 - Client Access Policy
 - Youth Alcohol and Other Drug Fact Sheets
 - Inclusive healthcare Information
 - **New resources developed:**
 - Environmental Audit
 - Youth Peer Worker Brochure
 - Youth Peer Worker Referral Form
 - Mental Health Wordlist

UPSKILLING NEEDED TO CREATE EASY READ RESOURCES

- 10 selected headspace team members attended easy read training with the council of intellectual disability, providing us with skills to create easy read materials.
- Before commencing in the role, Youth Peer Worker had advised that they had experience in creating different resources through their advocacy and peer support group work.
- Youth Peer Workers was unable to complete easy read training.
- Through support from CA & E team
 - Easy Read resources and links from training were shared to support Youth Peer Worker to develop resources.

HOW ARE THE RESOURCES BEING DISSEMINATED

- All easy read resources have been saved in an easily accessible folder for staff as a SPIDAH resource library.
- Staff members also have an alternative form or resource to help support young people with mental health jargon.
- These easy read resources will also be useful as handouts for future group sessions.
- These resources can not only be used for young people living with a disability but also can be useful for those aged 12-14 years who may not be aware or understand mental health terminology as well as those that may have low literacy skills.

about headspace



We are headspace.

headspace is a **youth mental health** service.



Youth is when a young person is age is between 12-25 years old.

Mental health is about how you think and how you feel.



We can help you with 4 parts of your life.

when you feel:

- sad
- angry
- worried



The Youth Peer Worker (Disability) role at headspace Warrnambool has been funded through the Supporting People with an Intellectual Disability to Access Health (SPIDAH) project by the Western Victoria Primary Health Network.



Internal



OR

need health check ups
sexual health information



OR

finding a job
learning new skills



OR

use illegal drugs
drink too much alcohol

It's important to reach out to headspace when:

- feelings start to bother you
- when you do not feel in control of your feelings



headspace have **mental health workers** that can help you with your feelings.

Mental health workers are people who help you with your mental health.



The Youth Peer Worker (Disability) role at headspace Warrnambool has been funded through the Supporting People with an Intellectual Disability to Access Health (SPIDAH) project by the Western Victoria Primary Health Network.



Internal



If you're worried about your feelings, it is important to talk to someone.

That might be:

- a family member
- a friend
- a support person
- a healthcare worker

Contact headspace for free, youth friendly, confidential service.



Call: 1300 276 749



Website: <https://headspace.org.au/headspace-centres/warrnambool/>



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Youth Peer Worker (Disability) Brochure



Meet Mikayla!

Hi, I'm Mikayla and I'm the Youth Peer Worker here at headspace Warrnambool! I have a physical disability myself I have Rheumatoid Arthritis, I was diagnosed when I was 11 years old.

Having a disease that only effects older adults it was tough going through this at a young age and having to navigate a lot along the way with healthcare services, education, employment and just being a young person with this.

I understand how mentally hard it can be to have a disability at a young age so over the years I've been really advocating for change and more awareness around young adults not only having arthritis but any chronic health conditions.

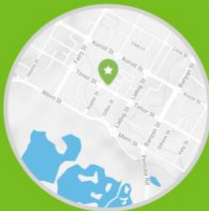
As Youth Peer Worker using my lived experience, I hope to increase primary care service access, improve mental health and well-being, as well as helping with promoting an early help-seeking behaviour in young people living with a disability.

My role within the team is part time.



Hours:

- Mon: 9am – 5pm
- Tues: 9am – 7pm (App Only)
- Wed: 9am – 7pm (App Only)
- Thurs: 9am – 5pm
- Fri: 9am – 5pm
- Sat & Sun: CLOSED



Level One – Brophy Community & Youth Complex (L.R. Access)
210 Timor Street Warrnambool, VIC, 3280
Gundijmara Country
Ph: 1300 276 749
Email: hswarrnambool@brophy.org.au



How can I find out more?

headspace.org.au provides info and resources to help you maintain your wellbeing.



Is it an emergency?

If you are in an emergency situation or need immediate assistance, contact mental health services or emergency services on 000. If you need to speak to someone urgently, call Kids Helpline 1800 55 1800 or Lifeline 13 11 14.

headspace Warrnambool is operated by Brophy Family and Youth Services Inc, headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health.



Youth Peer Worker (Disability)

Supporting young people aged between 12-25 who live with a disability



SPIDAH Project Overview:

The Youth Peer Worker role is funded by Western Victoria PHN's Supporting People with Intellectual Disability to Access Health or SPIDAH Project aims to improve how primary health care services are delivered to meet the needs of people with an intellectual disability.

Youth Peer Workers role in the project will involve working alongside the community and our headspace team including:

- People with a lived experience of intellectual disability as well as their families and carers
- Disability workers, service providers and advocates
- Practice nurses and staff
- Multidisciplinary team of mental health professionals

By working with all involved in delivering and receiving primary health services, we aim to improve our understanding on how we as a health care provider can better tailor and target those services for local needs.



Youth Peer Worker can help with:

- Deliver awareness sessions to young people with a disability to build their mental health literacy and advise them on how to access youth mental health services.
- Deliver health and well-being activities for young people with a disability, including co-facilitation of social or activity-based groups.
- Have easy read mental health and well-being resources available for young people.
- Provide on-site orientation for young people with a disability in ensuring a safe, accessible and welcoming service environment.
- Assist young people living with a disability to access a range of digital supports available.
- Building the capacity of headspace clinicians and staff by providing them with training opportunities to educate them further around working with young people with a disability.
- In collaboration with headspace clinicians, support young people with a disability to develop their headspace Wellness Goal Plans and provide advice on other appropriate services, resources and social support groups that they can connect with.

headspace Warrnambool:

At headspace Warrnambool, we provide a range of programs, services and support for young people aged 12-25 years for things that might be affecting your health and wellbeing.

To find out more about all the services, programs, group sessions and activities available – or to make an appointment – you can call, email or drop in.

What to expect:

If it's your first time at a headspace centre, you will meet first with one of our access & engagement workers for an intake meeting.

The team member will help explore areas of your life that you would like to improve, and make a plan with you on how to do this. Sometimes when things aren't going so well it's hard to see the positives in life, but these will be an important part of your plan too.

It's ok to feel nervous about getting help for the first time. You're welcome to bring a family member, friend or significant other for support. It can really help to have them involved.

For more information about programs and headspace services:

- Website: headspace.org.au/Warrnambool
- Socials: [headspace warrnambool](#)

Want to get in touch?

Due to being a part time role it would be best to email hswarrnambool@brophy.org.au for any enquiries or requests and will be answered by a team member ASAP.

Youth Peer Worker (Disability) – Referral Form and Example of Secondary Consult Request



**Youth Peer Worker (Disability)
Referral Form for Clinicians**

Requesting Youth Peer Workers assistance with the following:	
<ul style="list-style-type: none"> <input type="checkbox"/> Requiring support with a secondary consultation <input type="checkbox"/> Attending an appointment with young person's consent <input type="checkbox"/> Requiring further resources and information <input type="checkbox"/> Requiring support with group facilitation <input type="checkbox"/> Requiring support with reasonable adjustments (supporting a person with disability to access headspace services) <input type="checkbox"/> Work and study team requiring assistance in groups, building resumes or external support. <input type="checkbox"/> Other: 	<p>Brief description of your request:</p>

Requested By:

An example Youth Peer Worker Referral Form – Secondary Consult



**Youth Peer Worker (Disability)
Referral Form for Clinicians**

Requesting Youth Peer Workers assistance with the following:	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Requiring support with a secondary consultation <input type="checkbox"/> Attending an appointment with young person's consent <input type="checkbox"/> Requiring further resources and information <input type="checkbox"/> Requiring support with group facilitation <input type="checkbox"/> Requiring support with reasonable Adjustments (supporting a person with disability to access headspace services) <input type="checkbox"/> Work and study team requiring assistance in groups, building resumes or external support <input type="checkbox"/> Other: 	<p>Brief description of your request:</p> <p>I am working on a few documents and resources for the young people that I work with in YES, but also for other clinicians to use in their sessions. It would be fantastic to work together to make sure that these resources are as accessible and user friendly as they can be.</p> <p>Thanks</p>

Understanding Mental Health – Easy Read Factsheet



What is Mental Health?



Understanding your feelings

Feelings are your emotions.

They can be good or not so good feelings.

Good feelings are:

- happy
- joy
- excited



No so good feelings are:

- being upset
- down
- sad
- worried
- angry



These feelings are all normal feelings that we can often feel from time to time.

What is mental health?

Mental health is about how you think and how you feel.
Feelings can change how you think and what you do.
When you feel good you can do everyday things.
When you do not feel so good it gets hard to cope.

This might mean you:

- Can not sleep
- Can not think clearly
- Do not feel like eating
- Stop taking showers

This can be a **mental health problem**.

A mental health problem is when feelings start to bother you. It can also be when you do not feel in control of your feelings.



It is best to get help as soon as you can.
People can feel better quickly if they get the right help.

Everyone has not so good feelings like these sometimes.

These feeling usually go away quickly.

But if they last for more than 2 weeks or more, or keep coming back, they can stop you from coping.



A **sign** can be changes in what is normal for you.

This means changes that last for a long time.

These changes make it hard for you to cope.

What can cause mental health problems?

- Too much stress
- Feeling lonely
- Difficult life experiences
- Not knowing how to cope with your feelings
- Family history of mental health problems
- Grief
- Medical reasons

Who gets mental health problems?

Lots of people have a mental health problem some time in their lives. Intellectual disability and mental health problems are not the same.



All people need some support to have good mental health.

It is OK to ask for help:

Choose a person in your life who you trust. Talk to them about how you feel. This person could be a:

- Family member
- Friend
- Doctor
- Worker
- Advocate
- Telephone Helpline



EXAMPLE:

James phoned his doctor.

He told him how he was feeling.

He said James should go to a **mental health clinician**.

Mental health clinician is a person that knows a lot about mental health.

They can help you feel better.

GP Mental Health Treatment Plan



Your doctor can make a plan with you to help you get better. Your doctor may say you need to see a mental health clinician.

Medicare helps pay for this.

Some names of mental health problems:

A doctor or mental health clinician can ask questions about:

- A persons feelings
- Changes in what is normal for them.

They will try find out the right information about the person.

Then they might put a name to what the person is going through.

This can help to get the right mental health care.

Some of these names are:

Anxiety

Schizophrenia

Depression

Bipolar Disorder

Psychosis

Remember

I can take charge of my health when:

- I know what mental health is.
- I take notice of changes in my feelings and actions.
- I reach out for support to get better.
- I try new things to help me get well again.
- I know what might cause me to be unwell.
- I know that all kinds of people can become unwell.

If you need to talk to someone you can call:

- eheadspace - 1800 650 890
- Lifeline - 13 11 14
- Beyond Blue - 1300 22 4636

Please note:

This info guide is not the same as advice from your doctor.

This info guide does not know about:

- Your needs
- Your mental health problems
- Or what is right for you.

You should always talk to your doctor about your health.

7 tips for a healthy headspace

Tip 1. get in to life

Doing 'stuff' matters, because it:

- gives me confidence
- gives me energy
- gives me motivation.

How can I do more 'stuff'?

I can:

- make a list of things I enjoy doing or things I want to do
- set goals that feel easy
(I will go for a short walk with my friend)
- make a plan
(I will go for a short walk with my friend on Saturday)
- stick with my plan
(I will go for a short walk with my friend on Saturday even if it rains)
- think about how it made me feel
(walking with my friend makes me feel calm)
- be kind to myself and give myself time to get better at new things.



"I know that doing things I enjoy - such as reading, listening to music, going out in nature - helps lift my mood. It gives me a chance to get out of my own head for a while."

Alessandra

Tip 2. learn skills for tough times

Learning skills for tough times is important because it:

- helps me understand myself
- gives me a feeling of achievement
- builds my confidence
- lifts my energy
- improves my motivation.

Some skills that can help me in tough times are:

- deep breathing
- taking a break from social media
- going outside for a walk
- thinking kind thoughts about myself
- exercising
- being mindful or meditating
- spending time with family or friends
- drawing or painting my feelings
- writing in a diary or a journal
- writing down what is happening and different ways I can handle it.



Tip 3. create connections

Spending time with people who care about me:

- gives me energy
- makes me feel like I belong
- helps me relax
- makes me feel supported.

How can I improve the ways I connect with people? I can:

- stay friends with people who make me feel happy and let me be myself
- be friends with lots of different people, like school friends, work friends, neighbours, older people and people who like what I like
- be honest and share my thoughts and feelings with my friends
- be kind to myself in social situations, I know it can be hard to talk to people sometimes
- remember to look after myself, looking after myself teaches me how to care for others too
- be brave and speak to someone new.



Tip 4. eat well

What I eat can change the way I feel. Eating well can help me to feel better. Eating well:

- gives me more energy
- helps me sleep better
- helps me concentrate
- helps me feel good.

To feel good I can eat:

- colourful fruits and vegetables
- wholegrain cereals and breads
- beans, lentils and nuts
- unsweetened yoghurt
- olive or canola oil
- fish (tinned is fine).

**I don't have to be perfect,
I can choose to eat well
most of the time.**



Tip 5. stay active

Staying active:

- helps me sleep better
- gives me more energy
- gives me confidence
- helps me feel less stressed and worried.

How can I stay active? I can:

- choose activities I like to do
- ask a friend to join me
- join a club or sports team
- try something new
- ask someone I trust to help me be more active
- plan to be active
- stick to my plan
- be active even when I don't feel like it.



Tip 6. get enough sleep

Sleeping well is good for my wellbeing because it:

- gives me more energy
- helps me to remember and concentrate better
- makes me less likely to crave extra snacks
- helps me cope with tough times.

How can I sleep better? I can:

- watch a movie or TV show before bed instead of being on social media, YouTube or gaming
- decide to go screen free an hour before bed
- turn down the brightness on my phone or computer at night
- use a mindfulness app like Smiling Mind everyday
- try to get up at the same time everyday
- avoid caffeine at least 6 hours before bed
- try not to nap in the daytime.



Tip 7. cut back on alcohol and other drugs

Cutting back on alcohol and other drugs is good for my mental health because it:

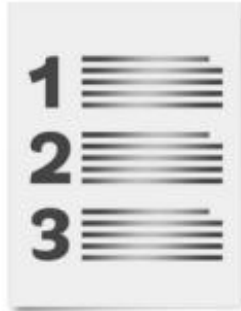
- helps me to remember and concentrate better
- helps me to avoid hangovers and comedowns
- gives me motivation
- helps me to sleep well
- helps me to cope with tough times.

How can I cut back? I can:

- **start slow:** choose to take a short break that feels okay for me. Maybe choose one more alcohol or other drug free night per week.
- **be patient:** making changes takes time. I know I need to give my body and mind time to reset.
- **stay healthy:** eating well, staying active, getting enough sleep and spending time with people who care about me helps me to cut back.
- **be kind to myself:** ups and downs are normal. I know that I will get better at cutting back every time I try.



mental health wordlist



This is a list of some words used in the headspace's easy read information sheets.

It tells you what the words mean.



Care plan

A **care plan** is a list of things you can do to help you get better.

A care plan is sometimes called a treatment plan.



Case manager

A **case manager** is a health worker who helps plan and organise your care and other services you will get.



Complaint

A **complaint** is when you tell someone you are not happy with something.



Confidential

Confidential means information about you that people should not share with others.

Mental health care workers only share confidential information when

- you say it is OK or
- when there is a good reason or
- when the law says they must



Consent

Consent is when you give permission or agree something is OK.



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Designated carer

A **designated carer** is a person who you have chosen to be told information about your mental health.

Designated carers are people who you know well.



Discharge plan

A **discharge plan** lists the treatment and support you will get when you go home.



General practitioner

Your **general practitioner** is your regular doctor.

General practitioners are also known as a GP.



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Guardian

A **guardian** is a person who helps you make decisions about parts of your life when you cannot make decisions by yourself.



Health passport

A **health passport** is a list of important information about you and your health.

Some people have a health passport to take to different appointments or hospital.



Illegal drugs

Illegal drugs are ones that the law does not allow you to have.



Level of care

Your **level of care** is worked out by mental health workers to know how often you should see them to feel better



Mental health

Mental health is about how you think and how you feel.



Mental health problem

A **mental health problem** is when feelings start to bother you.

A mental health problem can also be when you do not feel in control of your feelings.



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Mental health worker

Mental health workers are people who work to help you with your mental health.



Mental illness

Mental illness is when your feelings and thoughts make it hard to cope.



Peer worker

A **peer worker** is someone who has a lived experience of mental health problems.

A peer worker can support you and help advocate for you.



The Youth Peer Worker (Disability) role at headspace Warrnambool has been funded through the Supporting People with an Intellectual Disability to Access Health (SPIDAH) project by the Western Victoria Primary Health Network.





Privacy

Privacy means other people cannot see or hear things about you that you do not want them to know.



Psychologist

A **psychologist** helps you with your mental health by talking with you.

Psychologists help you find things you can do to feel better.

Psychologists do not give you medication.



Recovery

Recovery means getting better so you can do the things you want to do.



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Respect

Respect is showing care about who you are and what is important to you.



Responsibilities

Your **responsibilities** are what you need to do.



Talking therapy

Talking therapy is when you talk with a mental health worker to learn ways to cope with how you think or feel.



Treatment

Treatments are things that can help you feel better.



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Treatment plan

A **treatment plan** is a list of things you can do to help you get better.

A treatment plan is sometimes called a care plan.



Voluntary

It's **voluntary** if you agree and choose to go for mental health support or treatment.

You have a choice to leave or not continue if you want.



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Your Rights in Healthcare



Your health rights



The Youth Peer Worker (Disability) role at headspace Warrnambool has been funded through the Supporting People with an Intellectual Disability to Access Health (SPIDAH) project by the Western Victoria Primary Health Network.



Australian Charter of Healthcare Rights

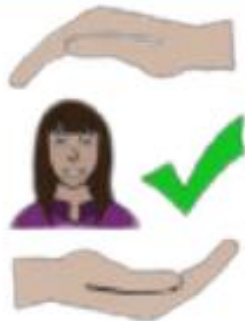


This **rights** can help you at:

- headspace
- your doctors
- your nurse
- hospital



- community health service
 - other places you go to get help and stay well
- They are places you go for **health care**.



You have the right to

- be safe



- keep things private if you want to. Like:
- your information
- your body



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You also have the right to



- ask questions



- Be listened to.
- be believed.



- have choices about all the parts of your care. Like
 - who you see
 - what happens to you
- and
- have time to think about your choices.



More rights. You have the right to



have more help when you want it. Like

- some one to help at appointments
- some one who can sign
- information in a way you understand



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What you must do



You want good health care.
There are some things you must do..



You must:



- give answers that are true
- be open and honest so we can help each other.



- anything you take to stay well. Like
- medication
- anything you react bad to - **allergies**

What the health staff must do

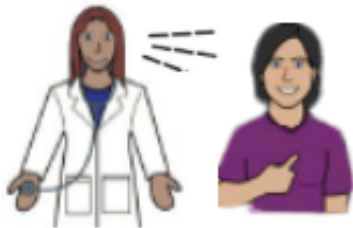


The health staff must give you good health care.
They are some things they must do.



They must:

- get to know you. They may ask about different things in your life.



- speak to you



- tell you about your health
- tell you things in a way you can understand

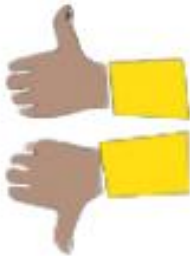
You can ask questions



You have a right to ask questions about your healthcare.



- What can I do to help?
- What can I do to feel better?
- What happens if I do nothing?



- what is good about this outcome?
- what is bad about this outcome?



- How much will it cost?



When you do **not** understand you can



- ask them to tell you again

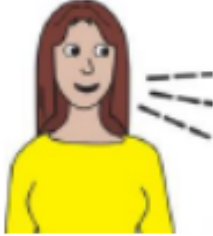


- ask your support person

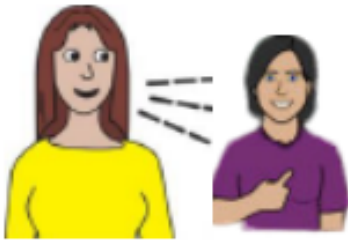


- Ask for other help. Like
- In a different language
- In sign language

Speak Up.



Always speak up if you do **not feel well** or you do **not feel safe**.



At headspace you can tell

- your worker
- the staff at reception



At home you can

- call your doctor
- or use Page .. to contact help.



In an emergency call 000.



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Keep your mind well.



When you are not feeling great you can feel bad.



You may feel

- sad
- worried
- scared.



You can tell someone how you feel

- talk to your worker
- talk to your doctor
- talk to a friend

Get Help



SW Healthcare Mental Health service

1800 808 284

Lifeline

131114



eheadspace

1800 650 890

Kids help line

1800 551 800



Beyond blue

1300 224 686

Q life

1800 184 527



Yarning SafeNStrong

1800 95 95 63

After hours GP line

1800 022 222



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sharing your information



This easy read information sheet is about health workers keeping your information **confidential**.

Confidential means information about you that people should not share with others.

Health workers only share confidential information when:

- you say it is OK or
- when there is a good reason or
- when the law says they must



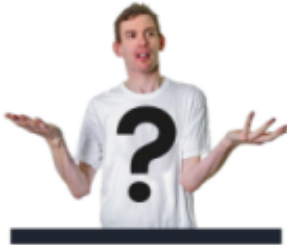
When you go to a mental health service like headspace you will need to fill in some forms.

Internal



Mental health workers will ask you questions about:

- who you are
- where you live
- how you feel



Mental health workers need to explain what they ask in a way that you understand.

You can ask them questions so that you understand.



You can ask mental health workers who they will share your information with.

You can ask mental health workers where they will keep information about you.



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Mental health workers should ask for your **consent** to collect information about you.

Consent is when you give permission or agree something is OK.

Sometimes they do not need to ask you.

Mental health workers can only share information about you if:



- you said they could tell a family member or support person
- they need to get help to stop you or another person getting hurt
- when they need to for your treatment
- the law says they must



If you have a **guardian** who makes decisions about your health they will be told information about you.

A **guardian** is a person who helps you make decisions about parts of your life when you cannot make decisions by yourself.



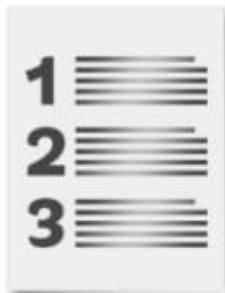
You can talk to the mental health worker if you want to know more about confidential information.



You can also talk to someone you trust.

That might be:

- a family member
- a friend
- a support person
- a hospital worker



There is a list of what some words mean in this information sheet. **headspaces mental health wordlist**



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Drug & Harm Reduction Facts:



Keeping Safe:

Don't mix substances.

If you want to try something do some research on it first!

Make sure you are with friends who aren't taking anything to make sure you're safe.

Don't take too much for your first time, start small so you know the effects.

Don't be pressured into taking a substance.

Make sure your phone is charged while you're out in case you need help

Just because it is legal, doesn't mean it is safe!





Have a plan on how you will get home at the end of the night.

Don't share equipment to reduce the risk of blood borne viruses and illnesses.

Pressured means an attempt to persuade someone to do something.

Legal means connected to the law and are permitted by law.

Blood Borne Viruses and illnesses means viruses that are spread by blood or body.

Types of Drugs:

COCAINE:

Cocaine is an **illegal substance**.

It is **illegal** to have, giveaway or sell.

Cocaine is a white powder.

It can also be known as coke, nose candy, snow or white dust.

Cocaine can be smoked, injected or snorted.

Cocaine is a powerful substance that is a **stimulant**.

Illegal means actions not in accord with law.

Stimulant means a substance that raises levels of nervous activity in the body.



INHALANTS/SOLVENTS:



Also known as gas, glue, nangs, poppers, chroming and aerosols.

Inhalants are legal to buy.

It is an **offence** if you buy/sell them.

Inhalants are breathed through your nose and mouth.



They are very dangerous as they are chemicals and can cause death.

Inhalants means common household, industrial and medical products that produce vapours.

Offence means a breach of a law or rule an illegal act.

CAFFEINE AND ENERGY DRINKS:



Also known as coffee, tea, espresso, red bull, monster.

Caffeine and energy drinks are legal to have and to buy.

Legal substance.



It is a stimulant, which speeds up the messages between your brain and body.

It is important to know how many you are drinking to avoid becoming **dependent**.

Dependent means a person who realise on something.

CANNABIS:



Also known as bud, weed, grass, pot, dope, and hash

Cannabis is **illegal** to have and sell.

Cannabis can be smoked, eaten or **vaporised**.



Cannabis can slow down your reactions and reflexes.

It can also **impair** memory and make you feel stressed and anxious.

Vaporised means cause something to turn, from a solid or liquid state into gas.

Impair means something that affects the mind or the body.

ALCOHOL:

Also known as booze, spirits, grog and piss.

Alcohol is legal for anyone over 18 years old.



Alcohol is a **dependent substance**.

Alcohol is unsafe for people under 18 as it affects the **development** of your body and brain.

Dependent Substance means a person is physically dependent on a substance such as alcohol or drugs.

Development means the process of growth, progress or change.



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VAPING:

Vaping is illegal in Victoria for anyone under 18 years old.

It is illegal to have and sell.

Vapes can have nicotine or vapes without **nicotine**.

Vaping is not risk free and there are harms included.

Nicotine means a chemical found in Tobacco (cigarette)



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METHAMPHETAMINE:



Also known as ice, meth, crystal meth, glass, yaba and shard.

It is illegal to have, give away or sell.

Is an illegal substance.

Methamphetamine is a stimulant which speeds up the messages between your brain and body.



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MDMA/ECSTASY:



Also known as MD, pills, pingas, molly, caps and bikkies.

It is an illegal substance to have, giveaway or sell.

MDMA comes in tablets or pills in different shapes, sizes and colours.

It can come in a liquid or powder.

It can be swallowed, crushed or snorted.



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SYNTHETIC DRUGS:



Synthetic drugs are **banned** in Victoria.

Synthetics are used to copy drugs like cocaine.

Synthetic means substances or products made by chemical synthesis, as plastics or artificial fibers.

Banned means officially or legally not allowed.



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Need support:



If you're worried about your own, or someone else's **substance** use.

Contact DARE for free, non-judgmental information, advice, and support.

Substance use means uncontrolled use of alcohol or drugs that affects everyday life.



GET IN TOUCH:

Call: 5561 8888



Website: www.brophy.org.au

Appendix F - Sample survey for people with lived experience

Feedback and consent form

You may need support to fill in this form.

Youth Peer Support Worker (Mental Health)



Thank you for connecting with the Peer Support Worker at our Youth / Adult Mental Health Service.

This role aims to support people with accessing youth mental health services and other programs.



We want to hear what you liked about the support provided to you.

We want to hear your ideas of how this could be better.

I thought the information shared was: (Please circle your answer)



Very poor



Not good



Average



Good



Very good

Internal

What did you like about the support from the youth peer support worker?



What are your ideas of how this support and information shared could be better?



The next part of the form asks about consent.



Consent means that you are saying yes or no to something.



Is it okay for someone to contact you to talk more about the information in this form?

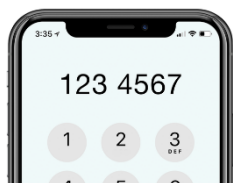


Tick a box below to say Yes or No.

- Yes – please share your contact details.
- No – please **do not** share your details.



Your name:



The best way to contact you (phone / email):



The person's name who is supporting you:



The best way to contact the person who is supporting you:



Appendix G - Sample survey for supporters and professionals

Feedback and consent form

Peer Support Worker (Mental Health)

Thank you for connecting with the Peer Support Worker at our Youth / Adult Mental Health Service.

This support aims to build the capacity and skills of people with lived experience of an intellectual disability to confidently access youth mental health services and other programs while looking to improve accessibility to our service.

This form aims to capture feedback regarding the Peer Support Worker (Mental Health) program. In your feedback, please consider what is working well and opportunities for improvement.



Please select the box that best describes you:

- Family member
- Disability support worker
- Primary health care professionals (please specify): _____
- Other (please specify): _____

Did you directly engage in this support and or support someone to connect with the peer support worker?

- Yes
- No

Feedback

Overall, I thought the Youth Peer Support Worker support was: (Please select your response)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very poor | Not good | Average | Good | Very good |

What is working well?

- Connecting into the Peer Support Worker Program
- The format of the Peer Support Worker information
- Resources
- Other (please specify): _____

If you would like, please share further feedback: _____

What are the opportunities for improvement?

- Connecting into the Peer Support Worker Program
- The format of the Peer Support Worker information
- Resources
- Other (please specify): _____

If you would like, please share further feedback:

Would you encourage others to connect to the peer support worker for support? in this program?

Please answer yes, maybe or no and explain why.

Please share any additional comments or feedback:

Consent

The consent form is requested as the work undertaken by the Youth Peer Support Worker will be evaluated to learn if this was a successful program.

If you share your details, you may be contacted by (...add organisation with relevant details).

(...Add organisation privacy statement and privacy collection statement)

Do you provide your consent for someone to contact you further to support the evaluation of this program?

- Yes – please share your contact details below.
- No – please **do not** share your details.

Name: _____

The best way to contact you:

- Phone: _____
- Email: _____

Primary health care professionals only:

Are you a staff member at our Youth / Adult Mental Health Service?

Yes

No

Do you think that the Peer Support Worker role has created better access for people with lived experience of an intellectual disability to access youth / adult mental health and other relevant programs?

Yes

No

Please specify:

Do you think that the Peer Support Worker program is a sustainable solution to access quality health care for people with lived experience of an intellectual disability?

Yes

No

Please specify:



Internal

Appendix H - Sample monthly progress report template

This report is presented under the following three work streams:

- Training and Development
- Information Resources
- Engagement and Advocacy

Work Stream: Training and Development

This section of the report aims to capture the delivery of training and development sessions across the reporting period.

This may include but not be limited to:

- *Internal training delivered to upskill staff members in working with people with an intellectual disability and delivery of dual disability responses.*
- *Facilitating and or co-facilitating dual disability focus group/s to inform and co-design key strategies and local target groups.*
- *Accessibility of programs and differences due to reasonable adjustments.*
- *Peer lived experience information sessions for people with an intellectual disability and their family, friends and carers.*
- *On site tours for people with an intellectual disability and their family, friends and carers.*
- *Psycho-education workshops for people with an intellectual disability and their family, friends and carers.*
- *Co-design sessions to develop Easy to Read service information and promotional materials.*

	Total number of sessions delivered this Choose an item. was # add number	Additional comments
Session title	Add title	
Date	Click or tap to enter a date.	
Content	Add short summary of content of this session eg. 1-2 brief dot points.	
Outcome	Add short summary of outcomes eg. 1-2 brief dot points.	
Mode of delivery	Choose an item.	
Facilitated by	Choose an item.	
Attendees	# Add total number of attendees for this session <ul style="list-style-type: none">• # people with lived experience of an intellectual disability• # supporters (family, friends, carers, support workers)	

Internal

	<ul style="list-style-type: none"> • # other (please specify) <p>Was their representation from (tick box):</p> <p>Place-based: <input type="checkbox"/> Warrnambool / regional centre, <input type="checkbox"/> Rural areas, <input type="checkbox"/> Remote</p> <p>Population groups: <input type="checkbox"/> First Nations, <input type="checkbox"/> CALD community, <input type="checkbox"/> LGBTIQ+, <input type="checkbox"/> Other (please specify)</p> <p>Age ranges (lived experience participants only): <input type="checkbox"/> 12-17 years, <input type="checkbox"/> 18-25 years, <input type="checkbox"/> Other (please specify)</p>	
Feedback	Add any feedback if received from this session.	
Session title		
Date		
Content		
Outcome		
Mode of delivery		
Facilitated by		
Attendees		
Feedback		

Add more rows as required.

Summary of Training and Development

Questions	Comments
How are training and development opportunities being promoted?	
What is working well?	
What is not working well?	
What are the gaps?	
What are opportunities for improvement?	
How are you working towards inclusive	For example, this may include considering holistic health needs such as oral health, counselling, other

Internal

health care with a holistic and integrated model?	health supports, and the implementation of reasonable adjustments (ie. communication style such as pictures, easy read, social stories, videos) across these services tailored to the individual's needs.
How are sustainable solutions being worked towards / achieved?	
Any additional comments?	

Work Stream: Information Resources

This section of the report aims to capture the development and delivery of information resources across the reporting period.

This may include but not be limited to:

- A targeted community awareness and engagement plan.
- Internal documents within the organization, including policy and procedures of inclusive practice.
- Creation of easy read resources, information, video and audio.
- Creation of dual disability single session and brief intervention toolbox modules.

	The total number of <u>new</u> resources developed this Choose an item. was # add number	Additional comments / Feedback received
Resource name	Add title and hyperlink if publicly available, and number of hits if accessible eg. downloads or views	
Purpose / Content	Add summary of purpose and content of this resource	
Resource name		
Purpose / Content		

Add more rows as required.

	Total number of <u>enhanced</u> resourced developed this Choose an item. was # add number	Additional comments / Feedback received
Resource name	Add title and hyperlink if publicly available, and number of hits if accessible eg. downloads or views	

Internal

Purpose / Content	Add summary of purpose and content of this resource	
Summary of changes made	Add summary of what information was changed / updated / enhanced	
Resource name		
Purpose / Content		
Summary of changes made		

Add more rows as required.

Summary of Information Resources

Questions	Comments
How are the resources being used and how are they being promoted?	Eg. List online, newsletters, internal documents etc.
What is working well?	
What is not working well?	
What are the gaps?	
What are opportunities for improvement, including future resources?	
How are you working towards inclusive health care with a holistic and integrated model?	
How are sustainable solutions being worked towards / achieved?	
What resources do you plan to develop next month?	
What future resources would be beneficial?	As resources that would be ideal, or you have heard through feedback.
Any additional comments?	

Work Stream: Engagement and Advocacy

This section of the report aims to capture the engagement and advocacy of the Peer Support Worker (Mental Health) across the reporting period.

Engagement		
Promotional activities (for this reporting period) <i>Tick box only.</i>	<input type="checkbox"/>	Emails
	<input type="checkbox"/>	Meetings (face-to-face or online)
	<input type="checkbox"/>	Website
	<input type="checkbox"/>	Social media
	<input type="checkbox"/>	Flyer
	<input type="checkbox"/>	Radio
	<input type="checkbox"/>	Podcast
	<input type="checkbox"/>	Other (please specify) – [Add notes, for example, app.]
Groups or organisations promoted to (for this reporting period): <i>Tick box only, and if possible, add organisation names promoted to.</i> <i>This refers to the Telehealth Peer Support Worker promoting and sharing information about the program to support buy-in.</i>	<input type="checkbox"/>	Youth
	<input type="checkbox"/>	Parents
	<input type="checkbox"/>	Aged persons
	<input type="checkbox"/>	First Nations people
	<input type="checkbox"/>	LGBTIQ+
	<input type="checkbox"/>	Culturally and Linguistically Diverse populations
	<input type="checkbox"/>	Other vulnerable populations, such as but not limited to victims of domestic and family violence, homeless, alcohol and other drugs
	<input type="checkbox"/>	Disability service provider
	<input type="checkbox"/>	Primary health care clinics
<input type="checkbox"/>	Other (please specify) – [Add notes, for example, app.]	
Internal business partners:	-	[Add notes. Eg. Quality teams, marketing and communication teams, mental health team, clinical team involved]

Internal

<i>Internal teams involved in promotion, training or learning</i>		in promotion of the Peer Support Worker Program via their networks.]
Internal referrals from Peer Support Worker to internal teams or programs: <i>Referrals from this program to internal teams.</i>	#	<ul style="list-style-type: none"> • # [Team referred to: Commentary to provide more information / context of why the referral was needed.] • # [Repeat and add information as required.]
Internal referrals from internal teams or programs to Peer Support Worker: <i>Referrals from internal teams to this program.</i>	#	<ul style="list-style-type: none"> • # [Team referred from: Commentary to provide more information / context of why the referral was needed.] • # [Repeat and add information as required.]
Identifying external points of referral into the Peer Support Worker Program: <i>This aims to identify where the referral to the Peer Support Worker is originating from.</i>	#	Referred from [add group / organisation name.] <ul style="list-style-type: none"> • Which groups are represented by the organisation (eg. Lived experience, family, disability support workers, primary health care professionals and or other) • Outcomes – such as: <ul style="list-style-type: none"> - Have any resources, protocols or processes been developed? Are there opportunities to test drive / practice implementing skills to improve competence and confidence?
	#	[Repeat as needed.]
	#	[Repeat as needed.]
Feedback by group regarding engagement and promotion activities: <i>Consider referral processes, promotion tools used and engagement.</i>	-	Feedback from Choose an item.: [Add notes and repeat for all groups as relevant and needed.]

Describe any specific advocacy activities delivered or supported by the Telehealth Peer Support Worker

Secondary consultation:	# Add description
--------------------------------	-------------------

Internal

<i>Peer Support Worker providing insights to additional works within the organisation.</i>	
Other advocacy:	# Add description

Describe any specific advocacy activities delivered or supported by the Peer Support Worker (Mental Health)	
Citizen advocacy: matching people with disability with volunteers	Please add comments or N/A if not applicable for this reporting period.
Family advocacy: helping parents and family members advocate on behalf of the person with disability for a particular issue	
Individual advocacy: upholding the rights of individual people with disability by working on discrimination, abuse and neglect	
Legal advocacy: upholding the rights and interests of individual people with disability by addressing the legal aspects of discrimination, abuse and neglect	
Self-advocacy: supporting people with disability to advocate for themselves, or as a group	
Systemic advocacy: seeking to remove barriers and address discrimination to ensure the rights of people with disability (that SPIDAH can assist with)	

Summary of Engagement and Advocacy

Questions	Comments
What is working well?	
What is not working well?	

Internal

What are the gaps?	
What are opportunities for improvement, including future resources?	
How are you working towards inclusive health care with a holistic and integrated model?	
How are sustainable solutions being worked towards / achieved?	
Any additional comments?	

Appendix I - Sample final report template

This report

Peer Support Worker (Mental Health)

The detail in this report will reflect if evidence indicates the Peer Support Worker role has assisted in building the capacity of people with lived experience of an intellectual disability, to access Youth / Adult Mental Health Service or other relevant services, inclusive of primary health care providers and digital health platforms to support better quality and timely health care outcomes.

The report will include both qualitative and quantitative data that assists in determining the success of this trial activity, inclusive of but not limited to:

- Summary of overall performance against the key activities / timelines.
- Summary of overall performance against targets and outcomes.
- Key learnings and recommendations for future investment and sustainability.

The sample template is outlined on the following pages.



Recruitment and preliminary work

- Recruit a suitably qualified Peer Support Worker with lived experience of a disability.
- Undertake an audit of all clinical and non-clinical touchpoints in the organisation with a view to develop an action plan identifying areas for improvement in the short-medium and long-term.

Approach

- **Please share the approach you took for recruitment.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Recruitment - Consider including:
 - Processes to create position description to attract the right candidate.
 - Position within organisation structure and why.
 - Reasonable adjustments required during interview stages.
 - Onboarding processes, including if any additional training / costs were required to upskill for the position of peer support worker.
 - Audit – Consider including: Processes involved to identify client touchpoints.
 - Auditing process.
 - Action plan – short, medium and long-term.

Add text here.

Lessons learned

- **Please share your key learnings for recruitment.**
The following table is an example of how you may like to report on key learnings.

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for recruitment.**
 - Recruitment – Consider including:
 - How the approach supported identifying a suitable candidate.
 - A copy of the position description.
 - Any other key information.
 - Audit – Consider including:
 - A copy of the action plan.
 - Provide a progress report on outcomes – what has been completed to date, what are the next steps / priorities, and what is longer-term and timelines.

Add text here.

Recommendations

- **Please add any recommendations for recruitment:**
 - Eg. If you were to undertake this activity again or if another organisation would undertake this activity, please share your recommendations on how this could have been undertaken more effectively or efficiently. You are welcome to recommend the approach you have taken in this activity.
 - Please share any other recommendations for consideration for local, state, national or systemic levels if relevant.

Add text here.

Work Stream: Training and Development

- Develop and deliver training to individuals and small groups with lived experience of an intellectual disability on how to access mental health services, inclusive of telepsychiatry, health appointments and video consultations via digital platforms including tools tailored to an individual's needs to support service accessibility.
- Develop and deliver training internally to support upskilling of staff within the organisation.

Approach

- **Please share the approach you took for training and development.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Consider including:
 - Was there a shared vision and approach in the organisation for training / development.
 - Was any upskilling required for the peer support worker role to deliver training content.
 - How you promoted the peer support worker role (internally / externally).
 - How you engaged people with lived experience in training, including how training was delivered - (eg. Facilitating, co-facilitating, co-design sessions, workshops, walkthrough of service, target audiences, duration, face-to-face, online).
 - How you engaged internal staff to participate in training, including how training was delivered.
 - Are the training solutions (internally / externally) sustainable?
 - Are there opportunities for further training (short, medium and long term).

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for training and development.**
 - Consider including:
 - A copy of any key documents (ie. Promotional materials, presentation / training materials, list of training resources).
 - Data (qualitative and quantitative data).
 - Feedback from training attendees where possible (internal / external).

Add text here.

Recommendations

Add text here.

Work Stream: Information Resources

- Identify any gaps in available resources and seek out opportunities to either develop suitable resources or programs to meet the needs of people with an intellectual disability, for example, sexual health resources, clinics and services.
- Develop and deliver a range of resources and promotional activities and tools required to connect with participants with an intellectual disability.

Approach

- **Please share the approach you took for information resources.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Consider including:
 - Was there a shared vision and approach in the organisation for information resources.
 - What was the process for identifying information resource needs?
 - Process for addressing these resource needs (eg. Identifying pre-existing resources / resource creation / resource enhancements or adjustments).
 - Was any upskilling required for the peer support worker role or other team members (eg. easy read training session) to create information resources.
 - How you promoted / disseminated / used the information resources (internally / externally).
 - Are the information resources (internally / externally) sustainable?
 - Are there opportunities for further resources (short, medium and long term) are costs required.

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for information resources.**
 - Consider including:
 - A copy of any key documents / hyperlinks if available (ie. Promotional materials, information resources, list of information resources).
 - Data (qualitative and quantitative data).
 - Feedback from document users where possible (internal / external) – eg. Were the documents user-friendly, in what ways were they beneficial as assessed by people with lived experience of an intellectual disability.
 - The following table is an example of how you may like to report on resources.

Title of information resource	Short description of information resource (please hyperlink if possible)	Feedback (including number of views if possible)
Add text here. Add more rows as needed.	Add text here.	Add text here.

Recommendations

Add text here.

Work Stream: Engagement and Advocacy

- Develop and deliver a strategy for connecting with GPs and other primary health care providers including resources, promotional activities and tools required to promote the Peer Support Worker's role to support quality health care.
- When supporting a person to access internal and external resources and programs, ensure that the service is accessible for a person with lived experience of an intellectual disability (inclusive practice and resources).

Approach

- **Please share the approach you took for engagement and advocacy.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).
 - Consider including:
 - Engagement – internally / externally – processes for building connections / partnerships in the local region, in particular with GP clinics and primary health care professionals.
 - Please include all groups you have shared your work with – including presentation delivery, conferences, network meetings / other.
 - Advocacy – how did you identify areas requiring advocacy? How did you advocate? To who?
 - it may be helpful to consider the following advocacy areas

Citizen advocacy: matching people with disability with volunteers
Family advocacy: helping parents and family members advocate on behalf of the person with disability for a particular issue
Individual advocacy: upholding the rights of individual people with disability by working on discrimination, abuse and neglect
Legal advocacy: upholding the rights and interests of individual people with disability by addressing the legal aspects of discrimination, abuse and neglect
Self-advocacy: supporting people with disability to advocate for themselves, or as a group
Systemic advocacy: seeking to remove barriers and address discrimination to ensure the rights of people with disability (that SPIDAH can assist with)

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please share the outcomes for engagement and advocacy.**
 - Consider including:
 - A copy of any key documents / hyperlinks if available (ie. Information resources, other relevant documents).
 - Data (qualitative and quantitative data).

Internal

- Feedback from engagement and advocacy processes (internal / external) – eg. Connections / partnership with peer support worker and outcomes.
- The following tables are examples of how you may like to report on engagement and advocacy.

Add text here.

ENGAGEMENT		
Topic / Area of engagement	Short description of topic / engagement activities	Outcomes
Add text here.	Add text here.	Add text here.

ADVOCACY		
Topic / Area of advocacy	Short description of topic / advocacy activities	Outcomes
Add text here.	Add text here.	Add text here.

Recommendations

- **Please add any recommendations for engagement and advocacy:**
 - Eg. If you were to undertake this activity again or if another organisation would undertake this activity, please share your recommendations on how this could have been undertaken more effectively or efficiently. You are welcome to recommend the approach you have taken in this activity.
 - Consider if any recommendations note actions as longer-term / requiring additional investment in order to pursue – what does this look like?
 - Please share any other recommendations for consideration for local, state, national or systemic levels if relevant.

Add text here.

Holistic Tailored **Wrap-around**
 Alternative communication methods **collaborative** Confidence
Clear communication Longer appointments
 Open and caring environment **Trust** Prevention-focused **Interdisciplinary**
Reasonable adjustments Bulk-billed **Individualised**
 Flexibility of time Tolerance and understanding of behaviours
Trauma-informed **Integrated** **Listening** Training
 Coordinated Flexible MBS items No assumptions
 Stronger connection across health sector **Multidisciplinary**
 Respect **Cultural sensitivity**

Reports and evaluation

- Provide monthly verbal updates and deliver monthly written progress reports.
- Deliver a final report summarising the background, approach, lessons learned, outcomes, and recommendations.
- Participate in and support people with lived experience of an intellectual disability and their supporters to participate in evaluation.

Approach

- **Please share the approach you took for reports and evaluation.**
Consider using a flow chart or steps taken. As much as possible - please include timeframes / processes / roles involved (including any decision-maker responsibilities).

Add text here.

Lessons learned

	Key learnings
Successes / enablers	Add text here.
Challenges / gaps	Add text here.
Other	Add text here.

Outcomes

- **Please add commentary on the outcomes** for participating in this trial activity overall.
 - Please include qualitative and quantitative data where available.
 - Please include feedback of the role provided by people with lived experience.

Add text here.

Recommendations

Add text here.

Additional comments

Please add any additional comments on the trial activity if relevant.

(For example, this may be any information not yet captured elsewhere in this report which you feel is important to share).

Add text here.

Final comments

Please add any final comments if relevant.

Add text here.