SERVICES AND PROGRAM ENTRY

CATEGORY:
Psychosocial and/or Support

ENTRY TITLE:
i.am: Ownership of post-suicide outcomes by children and young people.

NAME OF APPLICANT:
Claire van Heyningen

ORGANISATION:
New Horizons

Additional Information about Entry (1 x A4 page).

More than a third of young people in Australia have experienced mental ill health, and that number is growing: issues relating to mental health among young people have increased by almost 50% the last 15 years.

Further, suicide is the leading cause of death among Australians aged 15-24, and in 2022 alone, 304 Australian young people (aged 18-24) took their own lives. That's a third of all youth deaths. In the same year, 77 children and adolescents (aged under 17) took their own lives.

In the face of these statistics and recognising the urgent need for action, highlighted by NSW Health's Towards Zero Suicides initiative, i.am boldly seeks to stop this trend and forge a path toward meaningful change. By creating a safe space and individualised psychosocial support for children and young people with lived experiences of suicidality and self-harm, i.am is committed to stopping this trend while transforming youth mental health services.

Launched in October 2020 and commissioned by NSW Health as part of the Toward Zero Suicides initiative, i.am is a psychosocial program for young people founded on lived experience and peer support. The program has been extensively co-designed and co-produced by young people, from inception to growth and continuous improvement, and focuses on ownership of outcomes by children and young people.

i.am delivers post-suicide, non-clinical, individualised psychosocial support to achieve goals young people set their way. The service is generally provided on weekdays, focusing on after-school hours, and can be provided in a range of environments, from in-home, or a local park, to a cafe or shopping centre.

i.am's Children and Young People Champions (CYPC) work in unison with each individual participant to develop a support plan to address factors that impact youth wellbeing such as:

- family and home life
- interpersonal relationships and challenges
- bullying
- drugs and alcohol use
- emotional or mental wellbeing
- education and employment, and
- navigating gender and sexual identity

CYPC also help young people navigate the complex systems of supports available in their region. This could include but is not limited to clinical, non-clinical, health or housing support. The individualised program typically runs for between six and nine months, and can involve face to face sessions, telehealth sessions or group sessions, depending on what each young person wants and needs.

The i.am program does not have a lower age bracket, and children as young as six years old have accessed this service, highlighting the direct need for mental health supports for children and young people. With the minimum age for other youth mental health services 12 years, i.am is the only service for younger children in NSW.

With the funding term for i.am expiring in 2024, the team is currently exploring options for continuing the service over the long term, so more children and young people can access vital mental health supports in a way that suits them.

Address the following Criteria (max. 10 X A4 pages).

1. *Evidence of a significant contribution to the field of mental health on a local, state or national level.*

i.am has made a significant contribution to youth mental health in Western Sydney, Southwestern Sydney, the Mid-North Coast and the Tamworth regions. Since inception, and as at the time of this submission, i.am has supported 587 participants and received over 1000 referrals, with 202 of those referrals identifying as Aboriginal or Torres Strait Islander. At the time of writing, 216 participants are currently active.

The impact of suicidality and self-harm extends beyond the sphere of the young person themselves, and has broader implications for their family, schools, workplaces and social circles.

Family and carers are involved in working with all children and young people under the age of 16 in the i.am program. In the period from September 2022 – June 2023, there were 122 children and young people who had families and carers involved in their consent, safety planning and ongoing support. At a conservative estimate, if each of these 122 children and young people had three people in their safety plans (who have been part of the discussion), the program reaches another 366 people. Most participants over 16 have two people in their safety plans, so again, a conservative estimation would see the program impacting over 800 additional people.

It is important to note that family support provided to the parents and carers of the i.am program is tailored to the specific needs of each family and has been well received.

i.am has received over 1000 referrals from Local Health Districts, the headspace National Youth Mental Health Foundation, General Practitioners, schools, family members, friends, and the young people themselves.

Over 125 diverse goals have been achieved through i.am. Due to the individualised nature of the program, the type of goals and number of goals differ between each person. i.am works with young people to understand their individual situation, and determine their goals and aspirations. Sometimes, goals may include accessing other services and long-term supports, such as psychology or the NDIS. Other times, it may include supporting a young person in distress to develop strategies to support their wellbeing long-term, end their homelessness or engage with their families in a positive way.

Support to achieve individual goals may also include working together to identify what a young person determines that they need next, such as getting into the workforce, engaging with school, or getting a driver’s licence.

It’s also important to note the increasing scope and geographic spread of the i.am. program. The program began in October 2020, with two sites in Western Sydney (Blacktown) and the Mid North Coast (Coffs Harbour). The first young person joined this program in July 2021. Since then, a third site was established in Hunter New England (Tamworth), with the first young person joining this program in November 2021. A fourth site was established in Southwest Sydney (Bankstown) in September 2021, with the first young person joining the program in April 2022.

In August 2022, the catchment zone for referrals in Southwestern Sydney was widened to include Liverpool and Fairfield due to high demand. Today, the

catchment zone in Southwest Sydney extends to Campbelltown and surrounds, and the catchment zone for both Tamworth and Coffs Harbour include geographic areas one hour's drive radius from both locations.

These four locations were identified based on two considerations:

- Regions that are experiencing especially high presentations to Emergency Departments of young people in crisis or who have self-harmed
- Locations that are underserved by existing supports

When it comes to the impact this program has on individual participants, reflections from graduates include the words "hopeful," "grateful," and "supported." One i.am participant, Tyler, said after the program: "I feel seen, and I feel like you've understood the essence of what I've been talking about, and I think it's a really valuable experience."

Please see appendix for further participant reflections.

Youth suicide and suicidal behaviour remains a significant issue for individuals and communities. Suicide is the leading cause of death in young people, and a previous suicide attempt is one of the highest risk factors for a subsequent attempt. However, increasing evidence shows that assertive follow-up and community support for people after a suicide attempt can reduce the likelihood of a further attempt. Post-crisis, psychosocial programs like i.am are crucial for the young people of NSW, both in the support they provide, but also the way in which it is delivered.

It is a truly innovative program which is showing tangible results. i.am boldly confronts the stark reality of youth suicide and suicidal behaviour, recognising the profound impact it has on individuals, families and communities, and that it can affect young people of any age. i.am plans to continue to expand into new NSW neighbourhoods in 2024-25 – including Chatswood – and has the goal of impacting over 10,000 children and young people in need.

2. Evidence of innovation and/or recognised best practice.

i.am demonstrates innovation and best practice in the following ways:

- **The option for young people to self-refer.** The ability for young people to self-refer removes barriers of finance, stigma, and time, and the youth-friendly self-referral form has been co-produced with young people with lived experience. Often in times of distress, young people know they need help, but don't know how to access it or what to ask for. Making an appointment with a GP for a mental health referral can take weeks in regional areas, and can be a costly exercise, particularly with the rising cost of living and reduced bulk billing services. Self-referring also reduces the number of health professionals or others a young person needs to retell their situation to, which can be a difficult repeated experience. It's also important to note that a child or young person can re-enter the program at any time and re-refer themselves back in in order to do so.
- **Removing the lower age limit on access to services.** i.am has no lower age limit, and children as young as six years old have accessed the service. In these circumstances, i.am works not only with the young person, but the family too, to support the overall wellbeing of the family unit. Many other mental health providers only service young people over the age of 12,

highlighting i.am's innovative and broadened approach to recognising the impact of mental health in not just young people, but children too.

- **Removing the medicalisation of suicidality.** For many young people, their psychosocial support has typically involved medical support in clinical environments. While that is a beneficial approach, the i.am method of putting young people in control, educating their family and community, and providing support on their terms, has been crucial to the program's success. A team of clinical advisors is part of the i.am program, however their remit is to support the CYPC rather than the participants. This is to ensure the CYPC are using their lived experience in a positive way or are working with children and young people in a way that minimises trauma, and that they have an opportunity for reflective debriefing to maintain their overall wellbeing.
- **Adapting services in each geographic location.** For many cultures and religions, language such as "suicide" and "suicidality" is not appropriate or acceptable. As the i.am program rolled out in areas that are culturally and linguistically diverse, such as the Bankstown Local Government Area in Southwest Sydney, these considerations were identified and directly addressed. For i.am to build trust and rapport within these communities, language and communication needed to be altered. Team members with experience in the community they were serving provided insight into different ways of communicating and engaging with families to continue to meet the needs of local residents. This included adapting materials and programs to use language such as "young person in distress" rather than "young person experiencing suicidality."
- **Training and development of staff to support effective and safe delivery of care.** All staff have completed New Horizons base training. Additionally, staff have received training in Writing Safety Plans, Child Protection, Mental Health Peer work, Safeguards, Safe Storytelling, Voices of Insight, ASIST, Mental Health First Aid, Trauma informed practices and Mandatory reporting. Four peer workers have completed intentional peer support training with IPS. New Horizons offers training for staff and stakeholders to be culturally competent and sensitive to the diverse needs of participants, including understanding different cultural perspectives related to mental health and suicide, as well as being aware of specific challenges faced by LGBTQIA+ youth. The Clinical Advisor plays an important role in supporting the i.am team with intake, assessment, and risk management, as well as ongoing support of CYPC through clinical consults, guidance on engagement or interventions, and clinical reflection.

3. *Evidence of participation of mental health consumers in the planning, implementation and evaluation of mental health service delivery. Evidence of prioritising increased level of engagement and influence of consumers and where higher level participation such as authentic co-design is highly favoured.*

   There may be exceptions to the involvement of mental health consumers. Some entries may reasonably explain any particular circumstances where the involvement of mental health consumers is different or limited.

Funded by NSW Health as part of the Towards Zero Suicides initiative, i.am has been co-designed with young people with lived experience, subject matter experts, and a consortium of support agencies including Stride and Mission Australia. This approach to youth mental health puts young people at the centre of service design, delivery and continuous improvement. i.am is the first of its kind, in that children, young people and their support networks have been involved in the design of the project from the start, with their voices informing all aspects of the program, including key values and principles, services provided, key outcomes to pursue, and even branding and design.

For the latter, over a period of months, i.am facilitated design thinking workshops with a youth reference group (YRG) of seven participants across two locations (Western Sydney and Coffs Harbour) to develop a brand identity that resonated with children and young people. The YRG members were decision makers, not just consultants or influencers, empowered to ensure the program could reach the young people who needed the service.

The name “i.am” was developed using this co-production approach, and was chosen for the following reasons:

- To recognise that everyone’s experience is different and deeply individual, and the tools they need are unique.
- To shift ownership of the journey back to the children and young people themselves. Rather than being told, “you are...”, children and young people can reclaim their narrative and take charge of the next line in their story by stating, “I am...”.
- To acknowledge that an open-ended statement as the brand name shows that the journey is ever changing and what a person feels one day will be different the next – there is no right or wrong, just – I am.

When fully staffed, there are four Children and Young People Champions (CYPC) per region, four team leaders, two clinical advisors and a program development lead (23 staff). Some of these CYPC are graduates of the i.am program themselves, bringing firsthand knowledge and experience to their roles. This dedicated team, which includes Rachel, the nominee for this award, is passionate about supporting children and young people in their communities.

The diverse i.am teams across each serviced region (Western Sydney, Southwest Sydney, Mid-North Coast region, and the Tamworth region) are made up of people with lived experience – either as a young person who experienced suicidality or self-harm, or as the carer of a young person who has experienced/ is experiencing suicidality or self-harm.

Each geographic site has its own YRG which meets monthly, highlighting that co-design is still being utilised and adapted within the service and among the four sites. YRGs also involve young people who have participated in or are still participating in the service.

To begin with, the focus of youth reference groups was on the co-design and co-production of the program, as well as establishing the language, documentation, service delivery and engagement of young people. Over time, the groups have evolved to focus on service improvement and adaptability between geographic locations.

4. *Evidence of partnerships and linkages with all key stakeholders (collaboration for continuity between organisations).*

The i.am program has fostered partnerships with various clinical services and established connections with community organisations and government agencies. These collaborations facilitate referrals, allowing young individuals to access necessary support to mitigate risk of suicide or self-harm.

As well as receiving referrals from young people looking for support, i.am has established formal referral pathways through Local Health Districts, which are the most common referral partners. The headspace National Youth Mental Health Foundation is a strong referral partner, with many children referred to i.am from headspace due to the ability to service children under 12 years of age, or the ability to provide more ongoing psychosocial support.

Referrals also come from General Practitioners, schools, friends or family members.

By employing a “warm referral” approach, the program assists young people in accessing resources that address income support, housing, employment, family support, social activities and independent living skills. Specialised services are also available for specific groups such as the LGBTQIA+ and culturally and linguistically diverse communities.

In regional areas particularly, the options for mental health support can be limited and many providers are closing or reducing services. In Tamworth – one of the geographic regions i.am services – the i.am team often works with multiple young people from the same school, and the school and its community plays a large part in supporting young people through referrals to the i.am team.

Every location has distinct relationships with service providers in their area. Each Local Health District collaborates closely with i.am teams to ensure appropriate referral channels are in place. These i.am teams regularly meet to review referrals and determine if the young person involved is a suitable candidate for i.am or whether a different service would be more beneficial.

If a young person is deemed unsuitable for the i.am program (for example due to being too unwell or in crisis), the team offers information and helps facilitate referrals to other available alternative services. With consent, the team shares relevant information with other services to ensure a smooth transition, which minimises the need for the young person to retell their experiences.

The establishment of these partnerships and pathways has been driven by Team Leaders, Clinical Advisors, and CYPC through both formal and informal networking opportunities. Continuous communication, local interagency meeting attendance, and participation in case conferences for children and young people facing more complex circumstances help maintain and strengthen these connections over time.

5. *Verification of effectiveness (quality improvement activity, data collection and its use, including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates etc).*

The increase in i.am’s effectiveness, reach and growth can be seen in the below graphs and tables:

- Table 1: Growth in program referrals, participants and geographic locations serviced
- Table 2: Overall numbers per region
- Graph 1: Referrals by year
- Graph 2: Total referrals
- Graph 3: Referral source
- Table 3: Referral source per region
- Graph 4: Exit reason
- Table 4: Website statistics

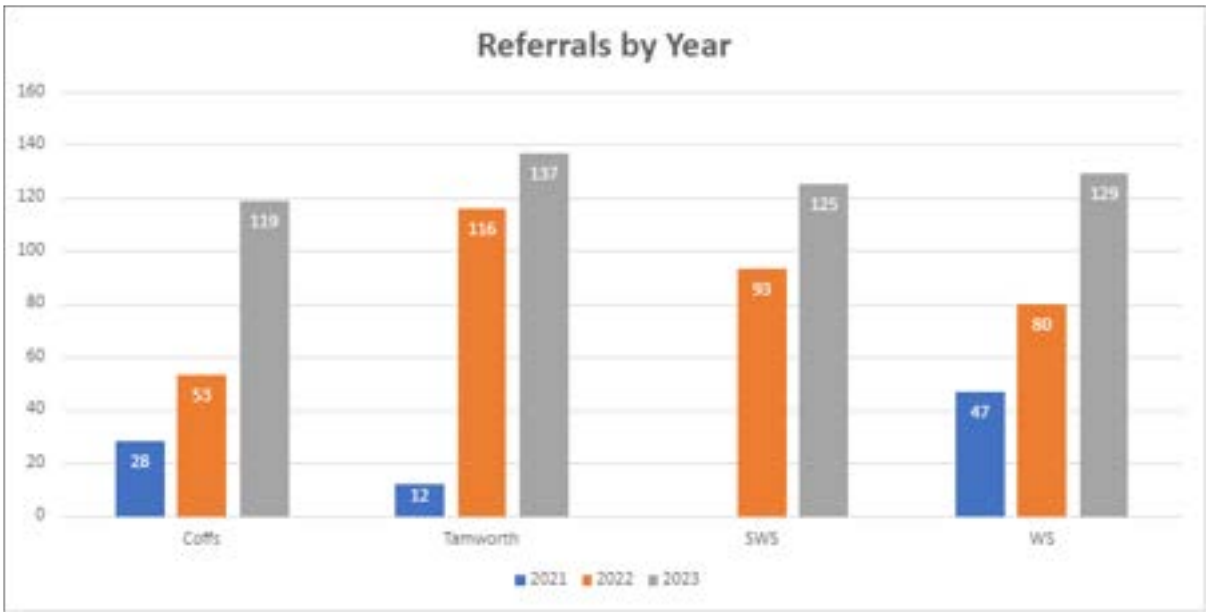
Table 1: Growth in program referrals, participants & locations serviced

Year	Referrals	Participants	LGAs serviced
2021	87	53	Blacktown, Parramatta, Cumberland, Coffs Harbour, Tamworth
2022	341	192	Blacktown, Parramatta, Cumberland, Coffs Harbour, Tamworth, Canterbury-Bankstown, Liverpool, Fairfield, Campbelltown
2023	493	294	Blacktown, Parramatta, Cumberland, Coffs Harbour, Tamworth, Canterbury-Bankstown, Liverpool, Fairfield, Campbelltown
2024 YTD	127	48	Blacktown, Parramatta, Cumberland, Coffs Harbour, Tamworth, Canterbury-Bankstown, Liverpool, Fairfield, Campbelltown
Total	**1048**	**587**	Blacktown, Parramatta, Cumberland, Coffs Harbour, Tamworth, Canterbury-Bankstown, Liverpool, Fairfield, Campbelltown

Table 2: Overall numbers per region

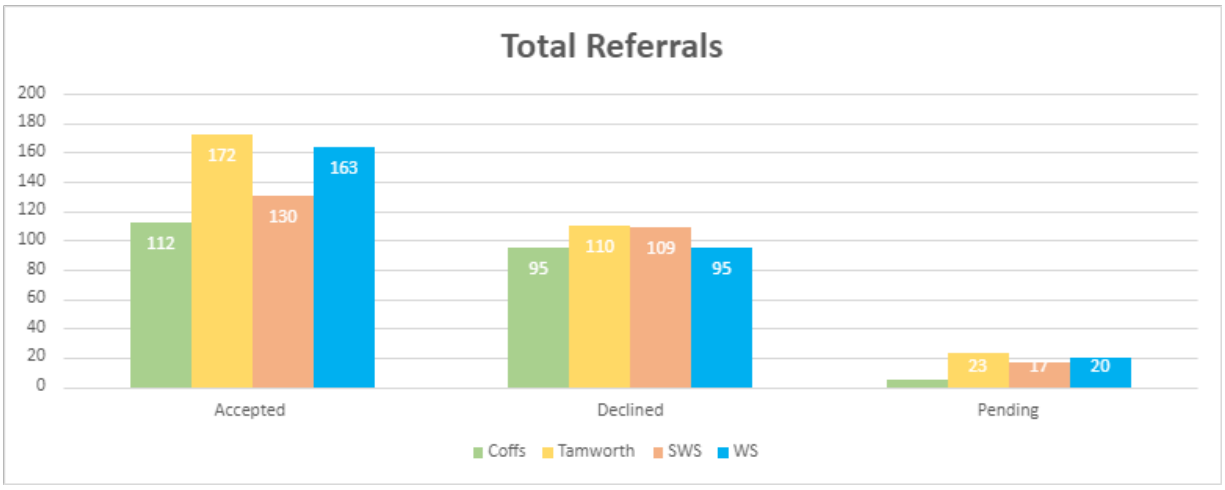
	Western Sydney		Mid North Coast		Hunter New England		South Western Sydney	
	Q3 FY23/24	Since Inception July 2021	Q3 FY23/24	Since Inception July 2021	Q3 FY23/24	Since Inception November 2021	Q3 FY23/24	Since Inception April 2022
Referrals to date in **total**	23	280	18	220	32	306	40	260
Re-Referred	0	9	2	8	4	20	2	7
Indigenous identified		28		51		103		20
Age range or referrals	-	10-15	-	9-26	-	6-29	-	11-26
Male	-	71	-	60	-	95	-	77
Female	-	209	-	160	-	211	-	182
Identify "other than sex at birth"	-		-		-		-	
Declines in **total**	4	95	5	96	2	111	10	109
CYP accepted into Lam	-		-		-		-	
Exits from Lam	-	94	-	72	-	120	-	80
CYP currently in Lam	72	-	44	-	53	-	52	-
Pending/Waitlist numbers	19	-	8	-	22	-	19	-

Graph 1: Referrals by year



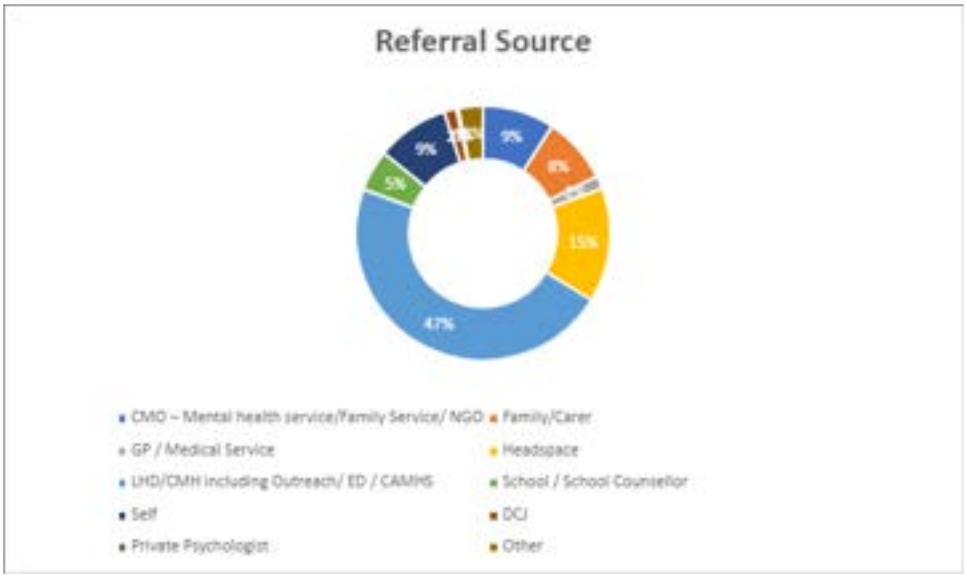
* Note: as at December 31, 2023.

Graph 2: Total referrals



* Note: as at December 31, 2023.

Graph 3: Referral source



* Note: as at December 31, 2023.

Table 3: Referral source per region

	Western Sydney		Mid North Coast		Hunter New England		South Western Sydney	
	Q3 FY23/24	Since inception	Q3 FY23/24	Since inception	Q3 FY23/24	Since inception	Q3 FY23/24	Since inception
CMO – Mental health service/Family Service/ NGO	0	23	0	16	4	15	3	46
Family/Carer	2	19	1	26	3	34	1	8
GP / Medical Service	0	0	0	3	0	14	0	0
headspace	0	47	1	19	9	70	1	17
LHD/CMH including Outreach/ ED / CAMHS	17	154	14	115	10	86	31	144
School / School Counsellor	1	14	0	8	1	44	3	22
Self	1	12	1	18	1	44	3	22
DCJ	2	9	0	5	0	2	0	1
Private Psychologist	0	1	0	2	0	0	0	0
Other	0	1	1	8	1	22	0	0
Referrals to date	**23**	**280**	**18**	**220**	**32**	**306**	**40**	**260**

Graph 4: Exit reason

Service exit reasons	Western Sydney		Mid North Coast		Hunter New England		South Western Sydney	
	Q2 FY23/24	Since inception	Q2 FY23/24	Since inception	Q2 FY23/24	Since inception	Q2 FY23/24	Since inception
Graduated/Goals achieved	-	60	-	39	-	37	-	31
I.am withdrew due to needs of CYP	-	0	-	4	-	10	-	7
Disengaged	-	14	-	18	-	58	-	26
Consent Removed	-	12	-	7	-	13	-	7
Relocated	-	8	-	1	-	1	-	2
I.am transferred to more appropriate service	-	0	-	3	-	1	-	7
Service exits (total)		**94**		**72**		**120**		**80**

Table 4: Website statistics

Date	Page views	Users	Views per user	Engagement time	Referral form clicks
Past 12 months	6964	4602	1.51	54 secs	1427
Past month	594	451	1.32	40 secs	112

Conclusion (1/2 x A4 page).

i.am is a vital mental health service for children and young people in four major hubs across NSW. With a mission to empower young people experiencing suicidality or self-harm, i.am offers individualised support so participants can achieve their goals, on their terms. Supported by NSW Health, the program has thrived, and there is a strong desire to continue and expand the program so more young people can access a psychosocial service that places the narrative of their outcomes firmly in their own hands.

Through the efforts of our 16 Children and Young People Champions across Southwest Sydney, Western Sydney, the Mid North Coast and Tamworth regions, children and young people have had access to safe, personalised support. Reflecting on the impact of i.am, we're incredibly proud of the children and young people we serve, reinforcing our belief in the transformative impact of tailored psychosocial support and unwavering dedication to the advocacy of youth in their own mental health journey.

Recognition of the i.am program by the Mental Health Services Learning Network would emphasise the significance of its mission, build awareness, and possibly unlock further funding opportunities to sustain this invaluable and much-loved service.

Appendix of Support Material (max. 8 x A4 pages).

Relevant websites and links to documents:

- i.am website
- i.am case study: 'I am worthy'
- i.am case study: 'I am enough'
- New Horizons website
- New Horizons annual report 2023

Participant reflections:

"There's a lot of connections you lose when you have a mental illness" - SB

"I feel understood and not judged, and not like I'm crazy. It's easier than I thought it would be." - Sam

"Sharing helps me so much, without judgement." - young person from i.am program

"The focus group is such a good experience. It was a moment where I felt safe and free to discuss my story and journey with people who have gone through similar experience." - William

"I feel seen, and I feel like you've understood the essence of what I've been talking about, and I think it's a really valuable experience." - Tyler

"I needed to be reminded of the important things, and actually time spent with me out in the community or at home and just, almost like, a friend to show me the way, instead of telling me I needed them to show me." - Edi

Sources of statistics:

- Australian Institute of Health and Welfare, (2022). Deaths by suicide among young people, accessed 04/04/2024.
- Australian Bureau of Statistics, (2023). National Study of Mental Health and Wellbeing, accessed 04/04/2024.