



QCMHR
Queensland Centre for
Mental Health Research

Youth Step Up Step Down Evaluation Framework

FINAL REPORT

Genevieve Smith, Angela Sunley, Dr Zoe Papinczak, Hannah Roovers, Annika Luebbe, Kate Gadenne & Dr Zoe Rutherford

This project was commissioned by the Queensland Department of Health and conducted by the Mental Health Evaluation Stream at the Queensland Centre for Mental Health Research (QCMHR) and School of Public Health at The University of Queensland (UQ).



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For further information and feedback, please contact:

Genevieve Smith (g.smith9@uq.edu.au)

Youth SUSD Evaluation Project Manager

Senior Researcher, QCMHR

Adjunct Research Fellow, School of Public Health, UQ

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Executive Summary

Introduction

This report details the development of a state-wide evaluation framework for Queensland's Youth Step Up Step Down (SUSD) services undertaken by the Mental Health Evaluation Research Stream at Queensland Centre for Mental Health Research (QCMHR) from 2022 to 2024. This project was commissioned by the Queensland Department of Health to inform future statewide evaluations of Youth SUSD services.

The terms of reference for the evaluation were to:

1. co-design an evaluation framework for the state-wide Youth SUSD services, currently in operation across Queensland in three locations,
2. co-produce the evaluation methodology; and
3. trial the evaluation framework to assess its acceptability and feasibility.

The evaluation was governed by a Youth Step Up Step Down Evaluation Framework Steering Group comprising stakeholders from across the delivery of Youth SUSD services in Queensland.

Methods

To ensure the evaluation was feasible, acceptable, and met the needs of the Queensland Department of Health, the research team collaborated with multiple key stakeholders and experts throughout the course of the evaluation framework development and its trial, including lived experience co-researchers and Youth SUSD staff.

The evaluation framework was theoretically underpinned by two robust, empirically validated and widely used evaluation models: the Socioecological Model (Bronfenbrenner, 1979) and the RE-AIM framework (Glasgow et al., 1999). The key evaluation questions and methods were co-designed with members of the project Steering Group and the project's lived experience co-researchers, addressing the domains of Reach, Adoption, Implementation, Effectiveness, and Maintenance (as per the RE-AIM framework).

Following the trial of the evaluation framework, the project Steering Group met to discuss the key learnings to assess its acceptability and feasibility, and to agree on any changes for future use.

Key Findings

Feedback from the Youth SUSD sites, and the Steering Group indicated that the evaluation framework (including aims, objectives and methods) was acceptable. While the evaluation framework was deemed feasible overall, in completing the trial evaluation, several facilitators and barriers to the methods used were identified, resulting in suggested modifications for future application (see Table 8), namely the provision of time for completion, participant recruitment and consent, and data collection and analysis.



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Acronyms

Acronym	Definition
CES	Carer Experience Survey
CIMHA	Consumer Integrated Mental Health and Addiction
ED	Emergency Department
FOY	Family of Youth (survey)
HoNOS	Health of the Nation Outcome Scales
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
HHS(s)	Hospital and Health Service(s)
MHAODB	Mental Health, Alcohol and Other Drugs Branch
MHAODSPB	Mental Health, Alcohol and Other Drugs Strategy and Planning Branch
MHE NMDS	Mental Health Establishments National Minimum Data Set
NDIS	National Disability Insurance Scheme
NGO(s)	Non-Governmental Organisation(s)
QCMHR	Queensland Centre for Mental Health Research
QH	Queensland Health
RAS-DS	Recovery Assessment Scale – Domains and Stages
RE-AIM	Reach, Effectiveness, Adoption, Implementation and Maintenance
RMHCDC	Residential Mental Health Care Data Collection
SUSD	Step Up Step Down
YES	Your Experience of Service (survey)
Youth SUSD	Youth Step Up Step Down



Glossary

Term	Definition
Gatekeeper	The Gatekeepers were Youth SUSD staff members identified by each Youth SUSD to act as the contact person for participant recruitment of consumers and staff from each Youth SUSD.
RE-AIM Framework	The RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework provides a practical means of evaluating health interventions. This framework was developed by Glasgow et al., (1999) .
Socioecological Model	The Socioecological Model is a framework put in place to understand the multifaceted levels within a society and how individuals and the environment interact within a social system. This model was developed by Bronfenbrenner (1979).
Thematic Analysis	Thematic analysis is an approach to qualitative data analysis that facilitates the identification and analysis of patterns or themes in a given data set. This method was devised by Braun and Clarke (2013).



1. Overview

1.1 Project Terms of Reference

In October 2022, the Queensland Department of Health commissioned Queensland Centre for Mental Health Research (QCMHR) to:

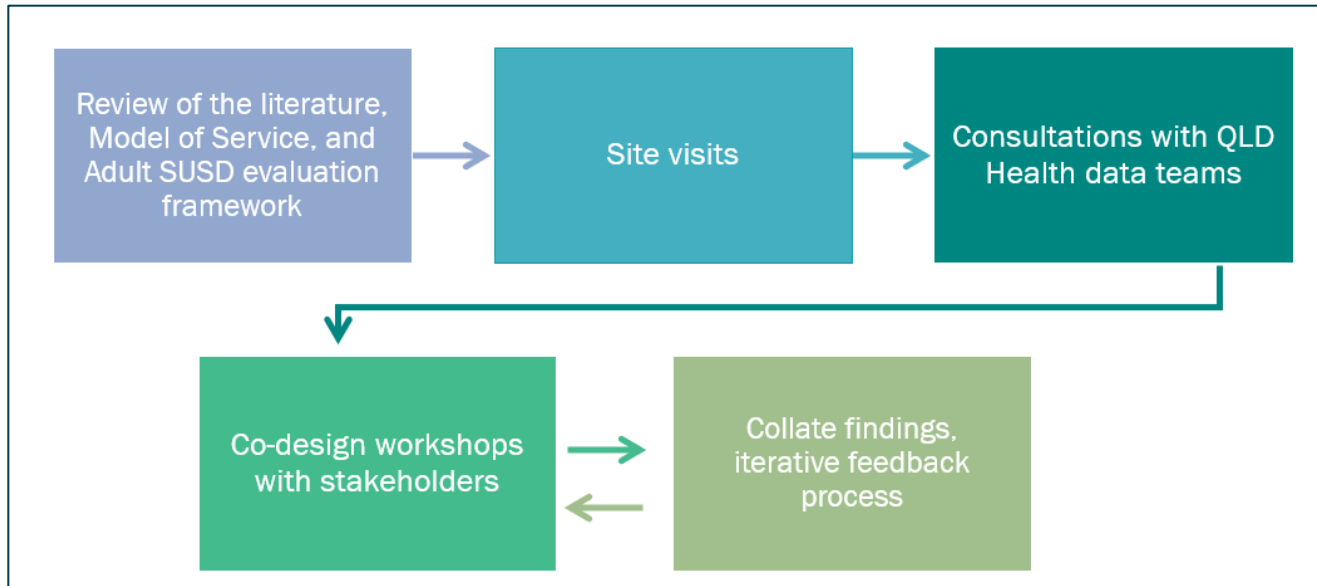
- 1) co-design an evaluation framework for the state-wide Youth SUSD services, currently in operation across Queensland in three locations,
- 2) co-produce the evaluation methodology; and
- 3) trial the evaluation framework to assess its acceptability and feasibility.

The final framework and methodology will be used to inform future Youth SUSD evaluations.

1.2 Overview

The Youth SUSD evaluation framework was developed through an iterative process of reviewing the academic literature and Youth SUSD service documentation, conducting site visits, stakeholder consultations, and Youth SUSD Evaluation Framework Steering Group workshops (Figure 1).

Figure 1 | Development of Youth SUSD Evaluation Framework





2. Background

2.1 Mental Health of Young People in Australia

For young people aged 15-24 years in Australia, mental illnesses are the leading cause of disease burden (Australian Institute of Health and Welfare, 2023). There is evidence that the prevalence of mental illness has increased by 50% in recent years, with the National Study of Mental Health and Wellbeing finding that 39% of young people had a mental illness in the previous year during the period of 2020 to 2022 (Australian Bureau of Statistics, 2023), in comparison to 26% of young people in 2007 (Australian Bureau of Statistics, 2007).

As well as being impacted by mental illness at higher rates than ever before, evidence suggests that young people experience inequity in accessing appropriate and timely treatment and support due to a range of barriers including disengagement during the transition from child to adult care systems (Broad et al., 2017; Paul et al., 2015; Singh et al., 2010); a lack of continuity of care (Commonwealth of Australia, 2009; Hughes et al., 2018); and ongoing health service system fragmentation and uncoordinated mental health care (Commonwealth of Australia, 2017) leading to gaps between inpatient and community care services. Sub-acute residential programs have been proposed as a tool to bridge these gaps (Green et al., 2019; Thomas et al., 2015).

In response, several stepped-care alternatives have been implemented across a spectrum of mental health care services in Australia. These encompass not only acute hospitalisation and community-based care, but also sub-acute alternatives (Commonwealth of Australia, 2021). Step Up Step Down (SUSD) services may be a good solution to meeting the needs of young people who are transitioning between inpatient and community services, whilst combating the other identified issues around continuity of care and reducing disengagement. Indeed, such services can tailor programs to consumers that are either stepping down from acute care and requiring help to transition into the community, as well as those stepping up from the community who require more intensive support (Thomas & Rickwood, 2016). Further, the provision of youth friendly care has been shown to be critical to improving engagement and retention of young people in services, therefore youth specific services that are different to the adult model are recommended (Burns & Birrell, 2014).

2.2 Youth Step Up Step Down Services

Youth SUSD services provide sub-acute treatment for mental illness in residential facilities located in a community setting. These facilities aim to provide a home-like environment with a clinical *and* recovery-oriented focus. They provide clinical and non-clinical support in a safe environment that encourages consumer autonomy, psychosocial education (e.g. coping strategies, sleep hygiene, mental health information), and skills development (e.g. cooking, cleaning, working as a team). Youth SUSD services are termed such because they are designed to support young people with mental illness from two broad directions along the spectrum of care, 1) by helping those in the community avoid progressing to an acute hospital in-patient admission during times of illness exacerbation (“step up”), and 2) providing a recovery environment for those leaving an acute mental health in-patient admission to support transitioning back to the young person’s community (“step down”). Youth SUSD works collaboratively with both Child and Youth, and Adult, mental health and alcohol and other drugs services to provide treatment and psychosocial support that is developmentally tailored to the young person and their family and significant others.

Youth SUSD services are staffed 24 hours a day and are intended to be inclusive of a broad range of young people in terms of diagnostic characteristics. An evaluation of consumer profiles of mental health service data from a similar service in Victoria (known as Youth Prevention and Recovery Services) from 2009 to 2014 (Galloway et al., 2016) found that the most common primary diagnoses of users included: schizophrenia, schizotypal and delusional disorders (25%), mood (depressive) disorders (24%), personality disorders (23%) and mood (bipolar) disorders



(11%) (Galloway et al., 2016). No research to date has explored the diagnostic characteristics of Youth SUSD consumers in Queensland.

Youth SUSD facilities are not intended for extended treatment. Most Youth SUSD services allow for stays of 1-4 weeks to engage in recovery (with some models of service embracing a cap of 21 or 28 days). In Victoria, a mixed-methods evaluation between 2009 – 2014, found that the average length of stay (LoS) at Youth SUSD services was 19 days, with discharge peaks at 14, 21 and 28 days (Galloway et al., 2016). Additionally, qualitative data from the same evaluation, suggested that longer and multiple stays were associated with progressive and sustained change.

2.2.1 Clinical and recovery outcomes of Youth SUSD services

Limited studies have explored the operational profile and clinical outcomes of Youth SUSD facilities in Australia. The Galloway et al. (2016) health service data evaluation of Youth SUSD in Victoria reported a significant improvement in health outcomes for consumers on the Health of the Nation Outcomes Scale (HoNOS) from admission to discharge. Green et al (2019) reported high levels of satisfaction from residents and families in a Youth SUSD service in Victoria. Outcomes described by young people and family members included improved resilience, a better understanding of mental health, an increased understanding of the importance of help seeking, and stronger connections to therapeutic services. More research is needed to understand the consumer profile, implementation characteristics, outcomes, and the short- and long-term effectiveness of Youth SUSD services to inform their future development and delivery.

2.3 Youth Step Up Step Down Model of Service in Queensland

Expanding mental health treatment, rehabilitation and support delivered in the community is a key policy priority for Queensland Health. To date, three Youth SUSD services have been established in Queensland operating out of purpose-built facilities owned by the Hospital and Health Service (Table 1). Additional Youth SUSD services are planned, including one in Rockhampton.

2.3.1 Existing Services

Table 1 provides details of the three Youth SUSD services that currently exist across Queensland. They are based in three Hospital and Health Services (HHSs) and operated by two Non-governmental Organisations (NGOs):

Table 1 | Youth SUSD services in Queensland by HHS and NGO

HHS	Name of Youth SUSD service	Affiliated NGO	Commencement
Cairns and Hinterland	Youth Step Up Step Down – Manoora	Stride Mental Health	June 2019
Metro North	Youth Step Up Step Down – Caboolture	Mind Australia Ltd	March 2020
Metro South	Youth Step Up Step Down – Logan	Mind Australia Ltd	May 2020



2.3.2 Service Aims and Objectives

Aims

- Prevent further deterioration of a young person's mental health and associated disability, and consequently, reduce the likelihood of admission to an acute mental health inpatient unit (step up)
- Enable timely discharge from acute mental health inpatient units through the provision of an intensive safe and supportive sub-acute residential community program (step down)
- Prevent unnecessary inpatient admissions to an acute mental health unit when more intensive support is required than can be provided in a community setting
- Provide an integrated approach to clinical services and non-clinical support services inclusive of care planning with the young person and their family, carer and significant others that:
 - Supports young people to consolidate recovery gains from stays within an inpatient setting
 - Supports strong engagement with family, carers and significant others
 - Provides an opportunity for the young person to engage or re-engage in positive educational and vocational connections and other community supports as appropriate
 - Facilitates a smooth transition to their home and community
- Culturally appropriate and safe services for the diverse population
- Practical assistance with developmentally appropriate daily living tasks
- Supervision and monitoring in a safe, structured and supportive environment.

Intended Outcomes

The intended outcomes of the development and successful implementation of the Model of Service are:

- an enhanced continuum of mental health service options for young people in Queensland
- an individual (young person) and carer centred, recovery-based continuum of care
- the delivery of safe, high quality, integrated, and evidence driven mental health care through an integrated approach to clinical services and non-clinical support services within an intensive, short-term rehabilitative and residential environment in the community
- stronger service partnerships with the networks of providers
- enhanced service development, evaluation and review
- improved access to, and navigation through, mental health services
- a more informed and supported mental health workforce
- enhanced supervision of the clinical and non-clinical workforce
- consistency and streamlining of service delivery across public mental health services in Queensland
- increased knowledge and understanding of other service components
- clear and transparent governance structures.

Key features of service provision:

- a range of developmentally appropriate individual, family and group-based assessment, treatment and rehabilitation programs, aimed at treating the mental health issue, reducing emotional distress, and promoting functionality within the young person's familial, social and community environment



- treatment and support programs that are developed in partnership with young people and their families and/or carers
- support to assist the young person's engagement or reengagement in education/vocation
- facilitating access to support services as required for Aboriginal and Torres Strait Islander People, people from culturally and linguistically diverse (CALD) backgrounds, and people of diverse sexual orientation, gender identity or intersex variations
- working collaboratively with the young person and their family, carer and significant others to ensure smooth transition of care and return to their home and community, including appropriate local mental health treatment, engagement or re-engagement with education or vocational programs and other social and support systems.

2.3.3 Eligibility for referral to Youth SUSD

The Queensland Health Youth SUSD service is for young people aged 16 to 21 years of age who have recently experienced, or who are at increased risk of experiencing, an acute episode of mental illness or further deterioration of mental health.

Specifically, Youth SUSD provides short-term, intensive clinical treatment and psychosocial support in a rehabilitative and residential setting for young people who are:

- Living in the community but are at risk of further deterioration or relapse which, in the absence of this option, may lead to admission to an acute mental health inpatient unit (step up); or
- In need of more intensive support post-discharge from an acute mental health inpatient unit (step down).

Young people engaged with a Youth SUSD will present with a range of mental health problems and/or illnesses at the moderate to severe end of the spectrum. Eligibility is not restricted to disorders/diagnoses, but rather reflects the interaction between symptom severity and complexity. Many young people will also present with peer and family problems, which can exacerbate mental health problems and illnesses.

2.3.4 Access Pathways

Access to the Youth SUSD is voluntary and referrals can be received from a range of sources including the continuum of community-based and hospital-based mental health services, consultation liaison, private psychiatrists/psychologists and other non-government service providers, for example, headspace. The decision to admit to a Youth SUSD is made by the NGO service intake coordinator in consultation with the HHS Consultant Psychiatrist. All access to the Youth SUSD services is considered from the needs perspective of the young person experiencing the acute episode of mental health or mental health deterioration. Youth SUSD services operate 24 hours a day, 7 days a week.

2.3.5 Youth SUSD Workforce

A key element of the Youth SUSD service is the integrated service model between clinical services provided by HHS alongside non-clinical support services provided by NGOs. Specifically, the HHS and NGO staff co-locate together at the service facility. This partnership enables the blend of knowledge and skills that is required to deliver a recovery-focused model encompassing both clinical and psychosocial aspects of treatment and care. Youth SUSD staff should be experienced in working with young people who have mental health issues and have an understanding of



their developmental needs. A clinical lead and a multi-disciplinary team including nurses and allied health staff from the HHS provide clinical coverage between 8am and 10pm (or similar), 7 days a week. The NGO community mental health worker staffing profile is comprised of a service manager, community mental health workers, peer workers and other specialist roles as required, i.e. Aboriginal and Torres Strait Islander mental health workers and family worker. The NGO non-clinical staff provide 24-hour service coverage. Additionally, the Youth SUSD service is supported by administrative officers, and other HHS staff as appropriate, to assist with the day-to-day operations of the unit. The roles and responsibilities of each provider involved are negotiated and clearly established to ensure best practice.

Roles and responsibilities of Youth SUSD staff	
Shared	<ul style="list-style-type: none"> • management of the entry and discharge of consumers in and out of the Youth SUSD • provision of consumer focused, recovery-oriented environment and treatment planning • development of individual recovery-oriented care plans • provision of information and advice on alcohol and drug use and referral to relevant resources for withdrawal/detox services as required • maintenance of a safe environment, including psychological, physical and sexual safety • weekly clinical reviews and ad hoc clinical meetings • routine monitoring and evaluation of consumer progress • routine collection of data, record keeping and documentation • provision of education, information and support services to the consumer’s family and/or carer/s
NGO Staff	<ul style="list-style-type: none"> • provision of 24-hour care and supervision of the consumer • day-to-day program structure including facilitating groups and community linkages • psychosocial rehabilitation, and assistance with activities of daily living • provision of psychoeducation, peer support and advocacy to consumers, family and/or carers and significant others • provision of support of educational and vocational needs
Clinical Staff	<ul style="list-style-type: none"> • assessments and formulations using a bio-psychosocial, developmental framework • mental state and risk assessments including risk management plans and management of mental health crises • delivery of clinical interventions including medication management, supportive psychotherapy and psychoeducation with the consumer and their families, carers and significant others.



3. Development of the Evaluation Framework

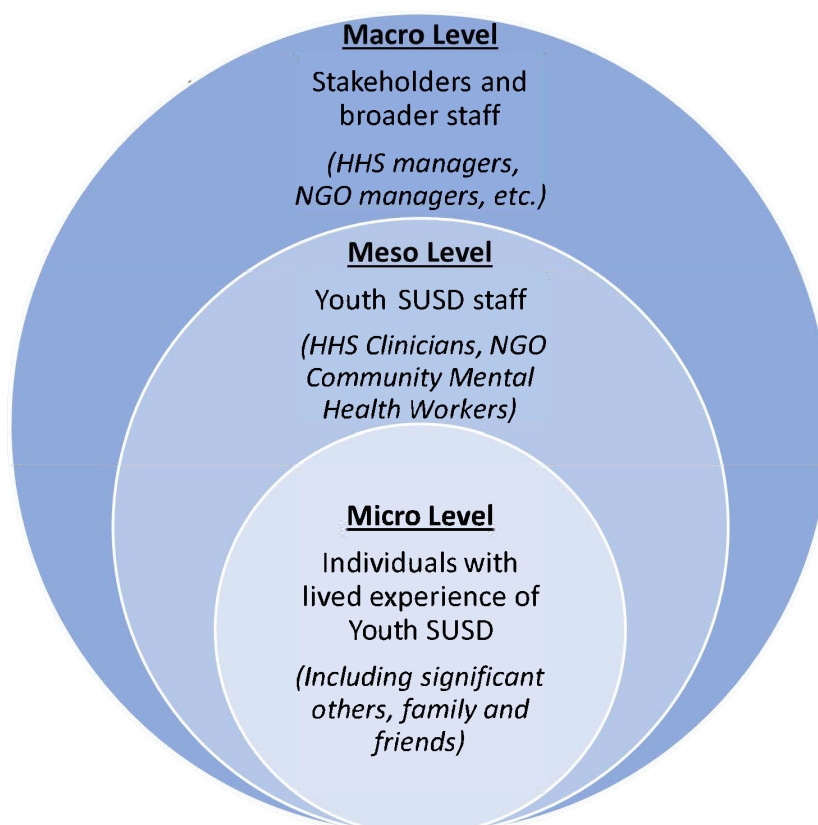
3.1 Theoretical Frameworks

The evaluation framework was theoretically framed by the Socioecological Model and the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance).

3.1.1 Socioecological Model

The Socioecological Model provides a useful framework to structure interventions and evaluations through understanding how the micro-, meso- and macro- levels of a system interact with each another and their environment in order to work effectively (Bronfenbrenner, 1979; World Health Organization, 2002). Queensland's Youth SUSD forms one part of a complex mental health care system for individuals within Queensland. As shown in Figure 2, the micro-level consists of individuals with lived experience of Youth SUSD; the meso-level is comprised of the Youth SUSD staff who deliver the service; and the macro-level contains broader staff and stakeholders within the health system that interact with, and influence the delivery of, Youth SUSD. The evaluation framework and subsequent trial evaluation of the state-wide Youth SUSD Model of Service was designed to consider the complex, bi-directional interactions between each of these socioecological levels.

Figure 2 | Interactions between the micro, meso and macro levels in the state-wide Youth SUSD Model of Service.





3.1.2 RE-AIM framework

The RE-AIM framework is an empirically validated and widely used framework for planning and evaluating public health and community services (Glasgow et al., 2019). It provides structure and depth to evaluations by examining five key domains: Reach, Effectiveness, Adoption, Implementation and Maintenance. The RE-AIM framework complements the Socioecological Model through assessing the RE-AIM domains at the micro, meso and macro levels (Holtrop et al., 2021). An overview of the RE-AIM domains applied to the evaluation of the state-wide Youth SUSD Model of Service is provided in Table 10.

3.1.3 Multi-site approach

The evaluation framework development used a multi-site approach in which quantitative and qualitative data was collected and analysed from the three Youth SUSD services across Queensland. To ensure that the findings were generalisable and relevant to the state-wide Youth SUSD model (rather than focused on the individual trial sites), the evaluation used a consistent set of measures across each of the trial sites to enable the data to be pooled and then analysed at the state-wide level. These data sources are described in detail in Section 4.2.

3.2 Stakeholder consultation

To ensure that the evaluation framework was valid, feasible, acceptable, and meets the needs of the Queensland Department of Health, the research team collaborated with several key stakeholders described below.

3.2.1 Youth SUSD Evaluation Framework Steering Group (SG)

Firstly, the research team engaged the pre-existing Queensland Youth SUSD Steering Group comprising the Manager – Children and Young People Strategy and Partnerships Unit (MHAODSPB), MHAODB Principal Data Collection Officer, HHS Operations Directors, NGO State Managers, HHS and NGO Youth SUSD Team Leaders and Lived Experience Representatives across the delivery and use of Youth SUSD across Queensland. The role of the Youth SUSD Evaluation Framework Steering Group (SG; see Appendix A) was to provide guidance to the research team as they developed and then trialled the evaluation framework. Members were asked to use their expertise and experience within the space of Youth SUSD and more broadly across mental health services in Queensland to inform, guide, reflect, and improve the evaluation’s design, methodology, data collection, and findings. In addition to standard SG meetings, two x two-hour workshops were held with the SG to develop the evaluation questions and methodology. A final (third) workshop was held to discuss the acceptability and feasibility of the evaluation framework after the trial. Table 2 outlines the topics covered in each of the meetings and workshops.

Table 2 | Overview of evaluation steering group meetings and workshops

Type	Focus	Details
Workshop #1	Development of evaluation questions	Full group and breakout group discussions to create the evaluation questions based around a RE-AIM framework.
Update meeting	Feedback on evaluation questions	Project update and opportunity for feedback on framework questions.



Workshop #2	Development of evaluation methods	Full group and breakout group discussions on evaluation methodology and outcome measures.
Update meeting	Feedback on evaluation methods	Project update and opportunity for feedback on framework methodology.
Update meeting	Development of post-exit survey	Update and feedback regarding the development of post-exit survey raised in previous meeting.
Workshop #3	Feedback on evaluation trial	Full group discussion on the acceptability and feasibility of trial and addressing key challenges faced.

3.2.2 Lived experience co-researchers

Three lived experience co-researchers were recruited for this project from existing Youth SUSD committees. The inclusion of people with lived experience of mental illness and/or caring for someone with mental illness was considered to be critical given their experience and expertise in how mental health services are currently being delivered and should be delivered. Lived experience co-researchers contributed to the co-design of the evaluation, by:

- developing and refining the evaluation framework;
- reviewing and providing input on project documentation including participant information and consent forms, demographic information sheets, recruitment materials, evaluation questions, interview schedules, and fieldwork protocols;
- attending SG meetings outlined in Section 3.2.1; and
- attending face to face workshops outlined in Table 3.

Table 3 | Overview of lived experience co-researcher evaluation workshops

Type	Focus	Details
Workshop #1	Development of evaluation questions and methodology	Group discussion with youth representatives to brainstorm evaluation questions and broad methodology.
Workshop #2	Refinement of evaluation methodology (<i>with <u>youth</u> representatives</i>)	This full day workshop with youth representatives included co-design of recruitment materials (see Appendix B), Think Aloud activity* for the recruitment process and communications, and a trial of interview schedules with a feedback session after trial.
Workshop #2b	Refinement of evaluation methodology (<i>with <u>carer</u> representative</i>)	Think Aloud* activity for recruitment process and communications, and a trial of interview schedule with a feedback session after trial.

*Think Aloud is a method which involves participants verbalising their thoughts while undertaking an activity or task.



3.2.3 Youth SUSD service visits

As part of the project's stakeholder engagement work, the team visited each existing Youth SUSD in Queensland between February and March 2023 to meet with Youth SUSD staff. The information collected through these site visits informed logistics for conducting the evaluation at these sites, including processes for participant recruitment; and provided important context about service delivery and challenges experienced by Youth SUSD staff that were then formally captured through the semi-structured interview questions.

3.2.4 Queensland Health and NGO data teams

To establish what service data were available for the evaluation, and the process for accessing data, the research team met with representatives from QH data teams including MHAODB Analysis and Accountability, MHAODB Clinical Improvements, Statistical Analysis and Linkage Unit, Queensland Mental Health Benchmarking Unit, and NGO stakeholders.



4. Trial of the Evaluation Framework

4.1 Objectives of the trial

The objective of this trial was to assess the acceptability and feasibility of the proposed state-wide Youth SUSD evaluation framework. The findings will inform evidence-based planning and implementation of future evaluations.

4.2 Data sources

4.2.1 Youth SUSD documentation review

To evaluate the Implementation of the Youth SUSD model, QCMHR reviewed the state-wide Model of Service and Service Guidelines for each of the three Youth SUSD sites.

4.2.2 Queensland Health data

To evaluate the Reach, Adoption and Effectiveness of the Youth SUSD, QCMHR accessed quantitative data from QH's Consumer Integrated Mental Health and Addiction (CIMHA), Emergency Data Collection (EDC), Residential Mental Health Care Data Collection (RMHCDC) and Queensland Mental Health Establishments National Minimum Data Set (MHE NMDS) for each of the three sites. In addition, data was obtained from the Your Experience of Service (YES) survey, Carer Experience Survey (CES), and Family of Youth (FOY) survey. A description of these datasets is provided below:

- **CIMHA** is a consumer-central clinical information system designed to support Queensland mental health, alcohol, and other drug services in the provision of safe and quality health services; and is the primary source of data for the activity of community and residential MHAOD services, clinical and consumer rated mental health outcome measures and Queensland's Mental Health Act 2016.
- The **EDC** is a dataset of patients who have had an emergency stay at an ED in one of Queensland's public hospitals; and collects demographic, service provision and performance information required to meet national reporting requirements.
- The **RMHCDC** is a dataset of episodes of care from any Queensland specialised residential mental health care facility treating consumers. The RMHCDC complements the range of activity, diagnostic, demographic and outcome information collected to support understanding of mental health service delivery in Queensland.
- The **MHE NMDS** collects consistent information on the activity of specialised mental health services at the service level, which aim to provide reliable data to better inform policy, practice, and planning of specialised mental health service activities at a state and national level. Organisations are required to report against the MHE NMDS data elements to meet their contractual agreements. MHE NMDS captures a range of aggregate service data including number of clients, number of attendances, number of individuals by length of treatment and full time equivalent (FTE) paid staff.



- The **YES, CES and FOY** surveys collect information about the experiences of care received by consumers, carers and family when engaged with Queensland public mental health services. The YES and CES surveys produce an overall experience and outcome score and scores for seven domains including Respect, Safety and Fairness, Participation, Valuing Individuality, Information and Support, and Making a Difference (Australian Government Department of Health, 2017). Completion of the experience surveys is voluntary.

A description of the cohorts and data items that were accessed through the CIMHA, EDC, RMHCDC, and YES/CES are summarised below in Table 4.

Table 4 | Overview of state-wide quantitative data sources requested for the evaluation. *

Data source	Cohort	Data items
CIMHA	All consumers aged 16 to 21 years who accessed a Youth SUSD between 01/01/2021 and 31/12/2023.	For each category request: <ul style="list-style-type: none"> • Study ID • Episode ID Consumer demographics at service episode start date: <ul style="list-style-type: none"> • Age • Indigenous status • Country of birth • Preferred language • Accommodation type • NDIS plan existence Clinical note during stay: <ul style="list-style-type: none"> • Clinical note date • Clinical note category (Admission, Assessment/investigation, care plans, Referral/triage, other) • Provision of service date • Provision of service – intervention type Outcomes file during Youth SUSD stay: <ul style="list-style-type: none"> • Collection date • Collection occasion • Reason for collection • Scores from the following outcome measures: <ul style="list-style-type: none"> ○ HoNOS (sub scale and total scores) ○ HoNOSCA (sub scale and total scores) ○ CGAS ○ SDQ ○ LSP-16 ○ MHI • Phase of care Referrals and service episodes in the 12-months pre and post- Youth SUSD service episode: <ul style="list-style-type: none"> • Start Date • End Date (if available) • Presenting problem • HHS
EDC	All consumers aged 16 to 21 years who accessed a Youth SUSD between 01/01/2021 and 31/12/2023 with a primary or	ED encounter details: <ul style="list-style-type: none"> • Presentation date • Length of stay • Presenting problem



	additional diagnosis of mental illness, self-harm and/or suicidality.	
RMHCDC	All consumers aged 16 to 21 years who accessed a Youth SUSD between 01/01/2021 and 31/12/2023.	<p>Consumer demographics <u>at service episode start date:</u></p> <ul style="list-style-type: none"> • Age • Sex <p>Geographic information file <u>at service episode start date:</u></p> <ul style="list-style-type: none"> • HHS • Socio-Economic Indexes for Areas (SEIFA) • The Accessibility/Remoteness Index of Australia (ARIA) <p>Clinical information file during Youth SUSD stay:</p> <ul style="list-style-type: none"> • Principal and other diagnosis <p>Episode information details file:</p> <ul style="list-style-type: none"> • Start date • End date • Mode of separation • Source of referral • Facility transferred from/to • Length of stay • Leave
YES/CES/FOY	Consumers and carers who accessed a Youth SUSD between 01/01/2021 and 31/12/2023 and completed a survey.	<ul style="list-style-type: none"> • Treating unit • Year • YES/CES/FOY survey item responses
MHE NMDS	All Youth SUSD site reports between 01/01/2021 and 31/12/2021.	<ul style="list-style-type: none"> • Staff profile • Occupancy

**Not all data items were reported on due to quality/interpretability of data received.*

4.2.3 NGO service data

During the consultation process with stakeholders, the research team identified that psychosocial outcomes data was being recorded by NGOs in their local service data systems, and that this data could inform assessment of the effectiveness of the Youth SUSD service. In order to assess the data in a valid and reliable way, individual level data were required to ensure that the pre-post measures were capturing the same individuals across time, and to control for individual and cohort differences. QCMHR formally requested access to de-identified NGO service data at the individual level through the relevant data custodians, however approval for individualised data was not obtained due to issues with how this data is currently recorded making extraction at the individual level too resource intensive. It was ultimately not feasible to include NGO service data in the trial evaluation.



4.2.4 Post-exit survey

During the development of the evaluation framework, it was identified that there were no measures currently assessing if Youth SUSD was having a sustainable impact on young people after they exit the service. To address this gap, QMCHR co-designed a post-exit survey with the SG and lived experience co-researchers (see Appendix C). The survey assessed the ongoing recovery journey of Youth SUSD consumers and whether the service was having a sustained impact on consumers. We assessed the feasibility of the post-exit survey with a sub-set of consumers who participated in the semi-structured interviews and found it to be acceptable. Methodological considerations were discussed with both consumer participants and a lived experience co-researcher. It was proposed that the post-exit survey could be introduced to consumers during the researchers' site visits and delivered one month after consumers exit the Youth SUSD via text or phone call/videoconference depending on the young person's preferences. However, this would likely yield a small number of respondents and so a systematic approach should be considered. The administration/data custodianship of this survey has not yet occurred but could fall under the remit of the evaluator in a full evaluation.

4.2.5 Semi-structured interviews

To qualitatively evaluate the Reach, Adoption, Implementation, Effectiveness and Maintenance of the Youth SUSD, QCMHR undertook semi-structured interviews with different participant groups, including: consumers and their carers who had accessed the Youth SUSD, Youth SUSD staff, HHS staff who refer consumers to the Youth SUSD, and broader staff and stakeholders involved in the delivery and/or management of the service. Semi-structured interviews were used as they enable the gathering of specific information, while providing scope to explore additional lines of enquiry raised by participants.

4.2.5.1 Recruitment

Consumers and carers were eligible to take part in an interview if they were aged 16 years or older and demonstrated capacity to consent (Isles, 2013). They were recruited through each of the Youth SUSD sites, with Youth SUSD staff acting as gatekeepers. Co-designed recruitment posters and flyers (see Appendix B) advertising the evaluation were displayed at the three Youth SUSD locations. In addition, Youth SUSD staff informed consumers and carers of the evaluation while they were visiting the Youth SUSD.

Youth SUSD staff, broader HHS staff and broader stakeholders were eligible to participate in a semi-structured interview if they were aged 18 years or older and demonstrated capacity to consent. Youth SUSD staff were recruited via an email sent from the research team via the service's team leader. Similarly, referring HHS staff and broader staff and stakeholders were invited to participate via an email sent by the Youth SUSD team leaders to relevant individuals they identified.

All participants provided informed consent to partake in the semi-structured interviews and completed a participant information and consent form (see Appendix D) either on paper or through the Qualtrics (www.qualtrics.com) online platform. In addition, consumers and carers completed a demographics survey (see Appendix E) as part of this consent process.

As this was a trial of the evaluation framework, a time frame of one month for recruitment was set (see Section 4.3.2 for an overview of trial participants). Feedback from services indicated that the full evaluation would benefit from a longer recruitment period to enable recruitment targets to be reached.



Table 5 provides an estimate of the sample size of the participant groups and sub-groups required for the full evaluation including people with lived experience of accessing Youth SUSD, their significant others, Youth SUSD staff, and broader HHS staff and stakeholders across all three Youth SUSD services. While a pre-meditated approach to defining sample size is not wholly congruent with the principles of qualitative research (Guest et al., 2006), Boddy (2016) states that qualitative studies justifying an adopted sample size should reference the scope of the study and nature of the topic; the contact time to be spent on each individual respondent and the homogeneity of the population under consideration. Our sample size is based on a conservative estimate of the number of participants required to reach data saturation for each of the participant groups.

Table 5 | Participant groups and sampling for qualitative data collection.

Participant group	Micro, meso- or macro level	Participant sub-group	Number per Youth SUSD	Number in total (across all Youth SUSD)
People with lived experience of Youth SUSD	Micro-	<ul style="list-style-type: none"> • People who have accessed Youth SUSD • People who have been referred but decided not to access Youth SUSD 	n~6	n~18
Significant others of people with lived experience of Youth SUSD	Micro-	<ul style="list-style-type: none"> • Carers • Other family members • Partners • Friends 	n~3	n~9
Youth SUSD staff	Meso-	<ul style="list-style-type: none"> • Service manager • Team leaders • Youth SUSD clinicians (HHS-employed) • Youth SUSD community mental health workers (NGO-employed) 	n~4	n~12
Broader HHS staff	Macro-	<ul style="list-style-type: none"> • Referring Teams • Community Mental Health Services • ACT 	n~3	n~9
Stakeholders	Macro-	<ul style="list-style-type: none"> • NGO managers • Other broader stakeholders such as QH staff, Primary Health Network (PHN staff), Guidance Officers etc. 	n~2	n~6
Total participants				N~54

4.2.5.2 Interview procedure

Once informed consent was obtained, participants were contacted via phone and/or email to organise an interview at a time and location of their convenience. These interviews were conducted by two members of the evaluation team who were experienced in qualitative research and were guided by semi-structured schedules (see Appendix F). Participants completed the interviews either in-person (n = 24), over-the-phone (n = 2) or via video conferencing (n = 6). The interviews lasted from 15 to 60 minutes, were audio-recorded and then transcribed verbatim by a professional transcription company. Consumers and carers who participated in an interview were given a \$40 gift card as a thank you for their time.



4.3 Participant characteristics

4.3.1 Queensland Health data

For the trial evaluation, QH data was analysed from a total of 649 participants who had accessed a Youth SUSD service in Queensland between 01/01/2021 and 31/12/2023.

4.3.2 Semi-structured interviews

A total of 32 interviews were conducted using a convenience sample of consumers and carers who had accessed a Youth SUSD (n = 15), Youth SUSD staff (n = 16), and broader HHS staff and stakeholders (n = 1). The demographic characteristics of the 15 consumers and carers who participated in an interview is provided in Table 6. Table 7 provides a breakdown the employment roles of staff and stakeholder interview participants.

Table 6 | Demographic characteristics of consumer and carer interview participants.

Characteristic	n (%)
Participant sub-group	
Consumer	13 (87%)
Carer	2 (13%)
Gender	
Male	4 (27%)
Female	11 (73%)
Age	
16	1 (7%)
17	4 (27%)
18	5 (33%)
20	3 (20%)
49 (carer)	1 (7%)
55 (carer)	1 (7%)
Aboriginal and/or Torres Strait Islander	
Yes	1 (7%)
No	14 (93%)
Non-English-speaking background	
Yes	0 (0%)
No	15 (100%)
Part of Lesbian Gay Bisexual Transgender Queer Intersex (LGBTQI+) community	
Yes	4 (27%)



No	9 (60%)
Preferred not to say	1 (7%)
Don't know	1 (7%)

Referral type

Step Up	4 (31%)
Step Down	6 (46%)
Both (across multiple stays)	3 (23%)

Number of Youth SUSD admissions

Single admission	4 (31%)
Repeat admissions (up to 4)	6 (46%)
Did not say	3 (23%)

Table 7 | Employment roles of staff and stakeholder interview participants.

Role	<i>n</i>
Youth SUSD NGO staff	
Service Manager	3
Community Mental Health Practitioner/Support Worker	2
Peer Practitioner/Peer Worker	4
Family Engagement Worker	1
Youth SUSD HHS staff	
Team Leader	3
Allied Health	2
Clinical Nurse	1
Broader staff/stakeholders	
Stakeholder	1



4.4 Data analysis

4.4.1 Queensland Health data

CIMHA, RMHCDC and EDC data were analysed in R (version 4.2.3) using the dplyr, tidyr, AMR, psych, and ggplot2 packages. Extensive data cleaning and manipulation were undertaken to transform the CIMHA, RMHCDC and EDC data into a usable format and to compute new variables as required by the evaluation plan. Descriptive statistics were generated (e.g., frequency counts, proportions, averages) for demographic characteristics and presentation details. Due to the non-normal distribution of differences, Wilcoxon signed rank tests were used to examine pre-post changes in outcome measures, ED presentations and inpatient admissions. Excel was used to analyse YES, CES and FOY survey data.

4.4.2 Semi-structured interviews

The semi-structured interviews were analysed in NVivo (version 14) using a thematic analysis (Guest et al., 2012). First, a deductive approach was used to code the interview data against the key domains of the RE-AIM framework and their corresponding evaluation questions. The coders developed a deductive coding framework to guide this initial phase of the analysis and to maintain inter-coder consistency. To analyse the data within each RE-AIM domain and evaluation question, an inductive approach was used. Open coding was conducted by generating codes to describe the data content, followed by the aggregation of similar codes into potential themes and sub-themes. Two members of the research team (AS and AL) independently coded the first round of interviews while five members of the research team (AS, AL, ZP, HR and GS) independently coded the second round of interviews. The coders met to discuss and agree upon the final set of themes, which were those that were most cited in the data and provided the most compelling information to answer the evaluation questions.

4.5 Ethics and Research Governance

Ethics approval was obtained from the Metro South Human Research Ethics Committee (HREC/2023/QMS/99593) and the University of Queensland Human Research Ethics Committee (2023/HE001765). Site Specific Assessment (SSA) authorisation was obtained from each of the HHSs involved in the evaluation. A Public Health Act (PHA) approval was obtained to access the quantitative data from QH.



5. Acceptability and Feasibility of Trial Evaluation

5.1 Acceptability

The trial evaluation was held from October 2022 to March 2024. Data collection was undertaken between January and February 2024. Feedback from the Youth SUSD sites and the SG indicated that the evaluation framework (including aims, objectives and methods) was acceptable.

5.2 Feasibility

While the evaluation framework was deemed feasible, the trial evaluation of the Youth SUSD evaluation framework elucidated several feasibility facilitators and barriers that will inform modifications for future application of the evaluation framework. Facilitators of the trial included the research team being physically present on-site during recruitment; undertaking recruitment during pre-established meetings and family dinners at Youth SUSD facilities; and partnering with pre-established reference groups. Challenges experienced during the trial are outlined in Table 8, with proposed co-developed solutions.

Table 8 | Trial Learnings

Evaluation component	Evaluation Challenge	Proposed facilitators/solutions
Governance		
	Governance and PHA approvals took longer than expected.	<ul style="list-style-type: none">• Increase governance timelines in project timeline (4 months recommended).
Recruitment		
	Mixed buy-in from services	<ul style="list-style-type: none">• On the first site visit, give an overview of the evaluation to all staff in a team meeting.• Feedback found that the recruitment booklet was useful however services would like more guidance on elements such as how many times to follow up participants.• Be more explicit in communicating how a state-wide evaluation can benefit the individual service through identification of potential service improvements.• Laminate recruitment posters so they abide by QH accreditation.• Work with services to fit state-wide evaluation around service level research without adding burden.



	Low consumer response	<ul style="list-style-type: none"> • Longer recruitment period (approx. 4 months) in case of low occupancy or disengaged cohorts. • Schedule data collection site visits across multiple days, first visit to raise interest, subsequent days to capitalise on interest. • Services to establish a process to gain consent to contact consumers after exit. SG discussed reducing / consolidating intake paperwork to allow for this. • Utilising existing Lived Experience reference groups. • Have the option of small group interviews of 2-3 young people for those that are nervous to participate. • Make the initial recruitment step an expression of interest rather than filling in all the consent forms etc as this led to disengagement in the trial.
	Low family/carer response	<ul style="list-style-type: none"> • Place the data collection/recruitment day on-site on the same day as a Family Dinner Day. Attend multiple. • If Family Dinner Day not available at the site, encourage young people to tell their family/carer about the evaluation and arrange an additional data collection day on site for family/carer. • Liaise with the Family Engagement Worker to recruit family/carers. • Call family/carers that are interested rather than sending online form (based on feedback from the SG Carer representative and disengagement data from Qualtrics). • Make the initial recruitment step an expression of interest rather than filling in all the consent forms etc as this led to disengagement in the trial. • Reword “interview/focus group” to “coffee catch-up” in recruitment materials.
	Low staff response	<ul style="list-style-type: none"> • Sites reported that research team presence at the Youth SUSD increased interest for participation and was the most effective strategy. It was recommended to have at least two days of data collection at the site to allow for momentum and word of mouth.
	Low stakeholder response	<ul style="list-style-type: none"> • Give stakeholders a good rationale of the benefits of their participation.



		<ul style="list-style-type: none"> • Integrate recruitment of external referrers into the referral and/or discharge process. • Attend local network meetings. • Adapt protocol to allow researchers to contact Broader HHS and Stakeholders directly.
Quantitative data		
	Several iterations were required to obtain the correct QH data items and cohort for the PHA.	<ul style="list-style-type: none"> • Following several iterations during the trial, QH data items and cohort have now been defined for the full Youth SUSD evaluation (see Table 2).
	Statewide referral data was too broad to determine referral sources, and did not capture referral uptake/ decline.	<ul style="list-style-type: none"> • Detailed referral information is recorded on local spreadsheets at Youth SUSD services. • Investigate solutions to record this information in CIMHA.
	Inconsistency of outcome measures used between services	<ul style="list-style-type: none"> • All services to use Child/Adolescent measures for those aged 16-17, and Adult measures for those ages 18-21. • Due to inconsistency in recovery measures used across NGO services, it is recommended that QH add a recovery measure to their outcome collection in Youth SUSD.
	Unable to determine clinical relevance and significance from HoNOS/CA subscales and total scores	<ul style="list-style-type: none"> • Request individual item scores in HoNOS/HoNOSCA.
	Currently no measures to determine maintenance of recovery	<ul style="list-style-type: none"> • Deliver the post-exit survey to consenting participants as outlined in Section 4.2.4.
	Currently inconsistent quantitative data capturing parent/carer engagement or satisfaction	<ul style="list-style-type: none"> • Services to increase delivery of CES and FOY surveys to family and carers. QH to work with services to overcome barriers to implementation. • The SG discussed that family and carer engagement is recorded different in CIMHA across services. Our CIMHA data extraction supported this with the data being inconsistent across services and therefore unusable. It would be useful if a statewide process is established to



		record family and carer engagement consistently so statewide evaluation and benchmarking can take place.
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5.3 Strengths and limitations of trial evaluation

5.3.1 Strengths

A key strength of this trial evaluation was that it used a robust, mixed-methods research methodology to deliver valid and reliable findings to QH regarding the effectiveness of the Youth SUSD model, ensuring it will contribute to the broader SUSD literature. To ensure that the research asked the right questions and collected and analysed the data in the most appropriate way, the evaluation framework was co-designed with the SG (see Appendix A) which included three members with lived experience of mental illness and/or caring for a young person with lived experience of mental illness. The framework was theoretically informed by the key tenants of two robust, empirically validated and widely used evaluation models: the Socioecological Model (Bronfenbrenner, 1979) and the RE-AIM framework (Glasgow et al., 1999).

5.3.2 Limitations

Thirty-one qualitative interviews were completed for the trial, which was lower than the full evaluation target of 54 interviews (18 per site). Despite achieving broad staff representation, and an acceptable spread of past and present consumers at two of the sites; the trial achieved very low response from families/carers. Recruitment was challenging, as appropriate consents were not in place at the Youth SUSDs to enable staff to contact consumers and carers after they had left the service. This meant that recruitment opportunities were limited to those consumers and carers who physically presented to the Youth SUSD during the recruitment period, or those who were part of a Youth SUSD reference group. At two of the sites, staff reported that the current cohort of consumers had low engagement with the service program, which reduced their interest in participating in the evaluation.

The evaluation sought to interview consumers and carers from a range of cohorts. However, Aboriginal and Torres Strait Islander people, carers and individuals from CALD communities were under-represented in the interview sample. Given that Youth SUSD staff acted as gatekeepers to recruitment, there may also be a positive response bias evident in the interview data collected from consumers, carers, and staff. Indeed, when using gatekeepers there is a risk that they may only invite people to participate in the evaluation if they think they will have positive things to say about the service.

The trial evaluation was only able to interview NGO stakeholders, and the research team were not successful in interviewing broader HHS representatives. This limitation was discussed with the SG and suggestions to improve this cohort for the full evaluation are outlined in Section 5.2.

An additional challenge was that the evaluation was unable to access de-identified individual level NGO data for the evaluation, which limited the quantitative recovery outcomes reported in this evaluation.



6. Final Evaluation Framework

6.1 Program Logic Model

A program logic model articulates how a program is intended to work. It provides a visual representation of the relationships between the program’s inputs, activities, outputs and expected outcomes. A program logic model can facilitate effective evaluation of programs by helping to establish what to evaluate, determine key evaluation questions and identify relevant information to address those questions. It also provides a simple, clear, graphical representation of how a program works to help communicate the intent of a program to stakeholders, including program staff and funders.

The research team at QCMHR developed a program logic model for the Youth SUSD service to provide a visual representation of how the program works. This program logic model was informed by a review of Youth SUSD service documents (including Model of Service and local Service Guidelines), a review of the peer-reviewed literature on the effectiveness of Youth SUSD services, and the findings from the trial evaluation. The final version of this logic model is presented below in Figure 3 and an overview of the key components of program logic models are summarised in Table 9.

Table 9 | Definitions of program logic model elements

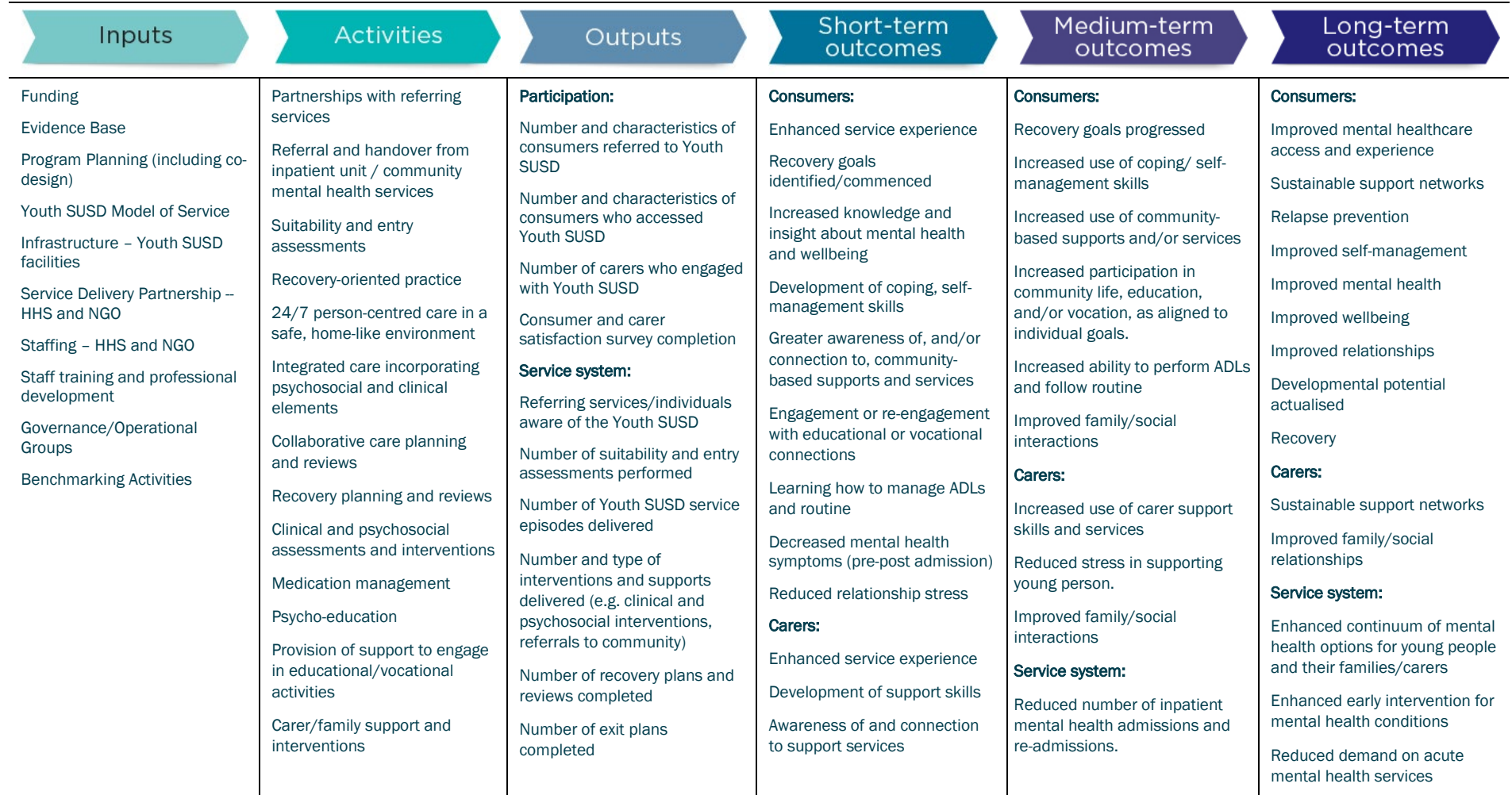
Model Element	Definition
Objectives	Identifies what you want to achieve through service delivery.
Needs statement	Provides information about why a service is needed, and the problem or need that the program will address.
Inputs	The resources that have been deployed to establish and implement a service (e.g., staff, funding, spaces).
Activities	The specific actions, interventions and processes that are delivered through the service.
Outputs	Measures of who receives the services and what services and activities have been delivered. These outputs are needed to achieve the short-term outcomes.
Short-term outcomes	The changes that you would expect to see at the completion of the service.
Medium-term outcomes	The changes you would expect to follow on from the short-term outcomes.
Long-term outcomes	The long-term outcomes you would expect to follow on from the medium-term outcomes and which should resolve the issue identified in your needs statement.
Theory of change	Explains how and why the activities in the program logic model will lead to the intended service outcomes, drawing upon published research evidence about what works and how it is expected to contribute to intended outcomes.



Figure 3 | Program logic model for Queensland's state-wide Youth SUSD model.

Needs statement: Prevalence of mental illnesses in adolescents and young adults has significantly increased in recent years alongside the demand on mental health care services. There is a significant need for developmentally appropriate mental health care in Queensland that adequately meet the needs of young people who have recently experienced, or who are at risk of experiencing, an acute episode of mental illness or further deterioration in mental health. Youth Step Up Step Down services address this service gap by providing sub-acute residential care that encourages recovery and autonomy in a supportive environment.

Objective/s: The Queensland Health state-wide Youth SUSD model aims to enhance access to mental health services for young people aged 16-21 that are experiencing severe and complex mental health issues and whose treatment and recovery is better suited to intensive, short-term support in a residential setting. It also seeks to prevent unnecessary inpatient admissions, enable timely discharge from acute mental health inpatient units, and minimise the trauma and disruption experienced by a young person experiencing an acute episode of mental ill health.





Exit planning, including linkage to community-based supports and services.	Number of exit assessments completed Staff satisfaction survey completion	Service system: Increased number of referrals to Youth SUSD	Reduced length of stay in inpatient units
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Theory of change statement:

Youth SUSD services provide developmentally appropriate sub-acute treatment for mental illness in home-like residential facilities with a clinical and recovery-focused approach. The service is designed to enhance the continuum of mental health service options for young people and support those both stepping up from community care and those stepping down from acute care in hospital. It provides consumers with a pre-acute and post-acute service alternative. The recovery-based approach to mental health, focusing on both psychosocial and clinical support, should contribute to consumer's recovery, enhanced service experience and improved mental wellbeing (Ngo et al, 2020).

Youth SUSD offer a range of supports, including therapeutic interventions and one-on-one time with clinicians, peer-support, skill development, psychosocial education. NGO staff provide 24-hour care, implementing psychosocial group education sessions, assisting skill-building, and advocacy to consumers, family and carers, whilst clinical staff utilise a bio-psychosocial assessment framework and deliver clinical interventions. These interventions combined should lead to reduced psychological distress, the development of coping and self-management skills, mental health literacy, enhanced relationships and social connections, and a sense of autonomy. In addition, the provision of support and psychoeducation to carers should reduce carer stress and help them to develop skills which they can then use to support their loved one experiencing mental distress.

Sub-acute mental health residential services in Victoria have shown marked improvement in personal recovery and satisfaction, with consumers identifying they felt connected, found a sense of purpose and self-empowerment (Waks et al 2018). An evaluation of a Youth SUSD service in Victoria (Green et al., 2019) reported outcomes including improved resilience, better understanding of mental health, increased understanding on the importance of help seeking, and stronger connections to therapeutic services. Therefore, through providing a developmentally appropriate sub-acute service option, Youth SUSD should improve service access and engagement, mental health outcomes and facilitate consumer recovery. At a service system level, it should, reduce the demand on ED and acute mental health services.



6.2 Key Evaluation Questions

Key evaluation questions (KEQs) specify the high-level questions that an evaluation is designed to answer. QCMHR consulted with a range of stakeholders to co-design the KEQs for the Youth SUSD evaluation framework. Input was obtained via workshops conducted with SG members and the project's lived experience co-researchers. The final set of KEQs have been mapped against the five RE-AIM domains and levels of the Socioecological Model, and are presented below in Table 10. In addition, information is provided on the data sources to be used to assess each question.



Table 10 | Youth SUSD Evaluation Framework

RE-AIM Component	Evaluation Questions	Data Source
Reach (Micro)	Does the Youth Step Up Step Down model reach the eligible population? If so how and why? If not, why not?	
	<ul style="list-style-type: none"> • What are the demographic characteristics of consumers that attend Youth SUSD? <ul style="list-style-type: none"> ○ Are there regional differences? • What are the details of presentation to Youth SUSD? <ul style="list-style-type: none"> ○ Reason for presentation? (dx profile, treatment order status) ○ Clinical Outcomes (HoNOS/HoNOSCA, CGAS, SDQ, LSP-16, MHI score) 	QH DATA <ul style="list-style-type: none"> • CIMHA • RMHCDC INTERVIEWS <ul style="list-style-type: none"> • Staff
	<ul style="list-style-type: none"> • What are the consumer barriers and facilitators to accessing the service? <ul style="list-style-type: none"> ○ E.g. awareness about service, waitlist time, stigma, accessibility, homelessness, comorbidities, alcohol and other drugs (AODs), cultural appropriateness? 	INTERVIEWS <ul style="list-style-type: none"> • Staff • Referrers • Consumers
Reach (Meso/Macro)	Does the Youth Step Up Step Down model reach the eligible population? If so how and why? If not, why not?	
	<ul style="list-style-type: none"> • What are the trends in reach? (across time and regions) <ul style="list-style-type: none"> ○ What factors impact on reach? (e.g., governance and relationships with broader sector, occupancy/availability of local inpatient units and speciality services) • What is geographic coverage of each service? • What does the population who could be referred look like? <ul style="list-style-type: none"> ○ Who isn't being referred? What are the barriers for referring this population? • Where do referrals come from? What proportion of referrals come from each source? <ul style="list-style-type: none"> ○ E.g., Headspace, adult service, internal HHS teams, NGO, private practitioners. ○ What are the barriers and facilitators for referring from each source? • What proportion of referrals are step up versus step down? <ul style="list-style-type: none"> ○ What factors influence Youth step up step down proportion? • How many new versus repeat presentations? • What is average number of individual stays at Youth SUSD? Has this changed over time? 	QH DATA <ul style="list-style-type: none"> • CIMHA • RMHCDC • Local referral data YOUTH SUSD DOCUMENTATION <ul style="list-style-type: none"> • Service guidelines • List of available mental health specialty services in HHS/region
	<ul style="list-style-type: none"> • Is the broader system and potential referrers aware of the Youth SUSD service? (e.g., brand recognition and literacy how Youth SUSD fits in the system) <ul style="list-style-type: none"> ○ if so, is their understanding of eligibility criteria and referral process accurate? 	INTERVIEWS <ul style="list-style-type: none"> • Staff • Broader HHS and Stakeholders



Adoption (Micro)	What proportion of eligible consumers are engaging with the Youth SUSD service, and why do/don't they decide to take up the offer?	
	<ul style="list-style-type: none"> • What proportion of consumers take up Youth SUSD when referred? • What are the barriers and facilitators to consumers accepting a referral <ul style="list-style-type: none"> ○ e.g., warm handover, quick admission, parental support, reassurance from staff, etc. • Are there any key characteristics that separate those who accept referral versus those who refuse? • What proportion of family/friend/carers engage with the Youth SUSD? 	<p>QH DATA</p> <ul style="list-style-type: none"> • Local referral data <p>INTERVIEWS</p> <ul style="list-style-type: none"> • Staff • Referrers • Consumers • Family/Carer
Adoption (Meso/Macro)	What is the extent to which the HHS/NGO has adopted the Youth SUSD in their model of care?	
	<ul style="list-style-type: none"> • Has there been any change in referrals to Youth SUSD over time? <ul style="list-style-type: none"> ○ why?/why not? • What is the occupancy rate at the service each month (%) • What are the patterns of service usage (number of admissions, type (planned v crisis), duration)? 	<p>QH DATA</p> <ul style="list-style-type: none"> • CIMHA • RMHCDC
	<ul style="list-style-type: none"> • What conditions/characteristics lead to services not accepting a referral? <ul style="list-style-type: none"> ○ Are there specific exclusion criteria? ○ If the consumer is too acute for the service, who are they handed over to? • What circumstances lead to the acceptance of a referral outside the service model? • How does the service decide if an 18-21 year old goes to adult or youth service? Who makes this decision? • How is readiness to be at Youth SUSD assessed? • Does staff orientation and training for Youth SUSD include overview/orientation to model of service? • To what extent are clinicians and staff within Youth SUSD willing to adopt model of care? <ul style="list-style-type: none"> ○ Do clinicians know about model of care? • To what extent are other systems willing to adapt and work with the Youth SUSD model (e.g., school, housing, Services Australia) 	<p>YOUTH SUSD DOCUMENTATION</p> <ul style="list-style-type: none"> • Service guidelines <p>INTERVIEWS</p> <ul style="list-style-type: none"> • Staff • Broader HHS • Stakeholders • Consumers
Implementation (Micro)	How does the Youth SUSD function in practice and how do they differ across the state?	
	<ul style="list-style-type: none"> • What were the consumer's expectations of Youth SUSD before arriving? <ul style="list-style-type: none"> ○ E.g., Did they know its purpose? Did they recognise the name/what it meant? Had they heard others talk about it? • What did the consumer do while in the Youth SUSD? <ul style="list-style-type: none"> ○ Psychosocial Program, Clinical Program etc 	<p>INTERVIEWS</p> <ul style="list-style-type: none"> • Staff • Consumers



Implementation (Micro)	<ul style="list-style-type: none"> ○ What aspects did they value/enjoy most/least? ○ Did consumer activities/treatment during stay align with their recovery plan? ○ Are there any additional programs/support that would be useful to integrate into Youth SUSD (e.g., medication education) 	
	<ul style="list-style-type: none"> ● What tools are used to make the consumer’s recovery plan? ● To what extent was the consumer’s family involved in their recovery plan/treatment? <ul style="list-style-type: none"> ○ Why/why not? barriers/facilitators? ● Do consumers and family/carers participate in Youth SUSD programs/support in line with their needs? <ul style="list-style-type: none"> ○ What factors effect levels of participation in activities/support? (e.g., staff support, family engagement worker, readiness, needs, comorbidities, environment, quality of goals) ○ Does support provided to family/significant others/carers meet their needs? ● What was the Youth SUSD environment like? <ul style="list-style-type: none"> ○ how did it differ from the Acute care/Adult SUSD/community support? 	INTERVIEWS <ul style="list-style-type: none"> ● Staff ● Consumers ● Family/Carer
Implementation (Meso/Macro)	How does the Youth SUSD function in practice and how do they differ across the state?	
	<ul style="list-style-type: none"> ● What is the average length of time from referral to admission? ● What is the average length of stay for consumers? <ul style="list-style-type: none"> ○ What/who determines length of stay? ○ What are the short and long term benefits for shorter/longer stay? ○ What is the minimum length of stay that is beneficial? ○ How does leave impact on length of stay? ● What is the average number of re-admissions to Youth SUSD? ● Is there fidelity to the model of service? <ul style="list-style-type: none"> ○ What are some challenges that reduce fidelity? (e.g., National Disability Insurance Scheme (NDIS), homelessness) ● How does the HHS and NGO partnership impact implementation? ● What activities/treatment/support are available in the service? ● How are activities/treatment/support planned in the service? <ul style="list-style-type: none"> ○ How is developmental age factored into program planning? ○ How is diversity and inclusion factored into program planning? ○ What does the psychosocial and clinical programs look like? ○ How is medication managed within the service? ○ What in-reach is provided? ○ How is peer support used within the service? ○ Were there any barriers to providing planned psychosocial and clinical support to consumers? ● What local community resources are used when program planning? 	QH DATA <ul style="list-style-type: none"> ● CIMHA ● RMHCDC INTERVIEWS <ul style="list-style-type: none"> ● Staff ● Consumers ● Broader HHS ● Stakeholders



Implementation (Meso/Macro)	<ul style="list-style-type: none"> ○ Are consumers linked into relevant community based and HHS service supports matched to their level of need? 	
	What skills and experience are utilised to support consumers in the Youth SUSD setting?	
	<ul style="list-style-type: none"> • What is the staff profile at this Youth SUSD? <ul style="list-style-type: none"> ○ Clinical/non-clinical ratio and roles ○ Weekend and after-hours staff profile • What unique skills do staff need for Youth SUSD? <ul style="list-style-type: none"> ○ What qualifications are required? ○ What training is provided to staff? ○ What are the additional training needs? • What is average length of staff tenure? • Are there any vacancies services are currently having difficulty filling? If so, why? 	QH DATA <ul style="list-style-type: none"> • MHE NMDS YOUTH SUSD DOCUMENTATION <ul style="list-style-type: none"> • Service guidelines INTERVIEWS <ul style="list-style-type: none"> • Staff • Consumers
	Is the level of funding and/or resources adequate to support clients within the Youth SUSD environment?	
	<ul style="list-style-type: none"> • How does resourcing impact the way the service is delivered? • To what extent does the physical infrastructure impact service delivery? 	INTERVIEWS <ul style="list-style-type: none"> • Staff
Maintenance (Micro)	The extent to which the Youth SUSD has had a sustainable impact on individuals.	
	<ul style="list-style-type: none"> • What knowledge/skills/abilities do consumers develop during their time at Youth SUSD? <ul style="list-style-type: none"> ○ How does this compare to what is received at acute care/ the community? ○ Do consumers apply the knowledge/skills/abilities they learn into their life outside of Youth SUSD? • Do consumers have an improved understanding of the factors that contribute to their mental health and wellbeing? <ul style="list-style-type: none"> ○ How did this impact consumers' recovery journey? • Do consumers increase their engagement with the community after Youth SUSD admission? <ul style="list-style-type: none"> ○ E.g., mental health service provider? ○ education and/or employment? ○ Peers/social supports? • How has the continuity of care (back into the community/hospital) been provided to the consumer? <ul style="list-style-type: none"> ○ What are the barriers/facilitators to continuity of care (back into the community/hospital)? • Is there an optimum way to plan for successive admissions to facilitate long term recovery? • Does length of stay impact on long term outcomes? 	QH DATA <ul style="list-style-type: none"> • Recovery Measure POST-EXIT SURVEY INTERVIEWS <ul style="list-style-type: none"> • Staff • Consumers • Broader HHS • Stakeholders (including Education)



Maintenance (Meso/Macro)	The extent to which the Youth SUSD becomes integrated, or part of the routine mental health support practices and policies.	
	<ul style="list-style-type: none"> • What are the risks to maintaining/the sustainability of the Youth SUSD going forward? <ul style="list-style-type: none"> ○ What is the recruitment, retention, and consistency in staff employed across Youth SUSD? ○ What aspects contribute to staff culture/performance? • Are there networks in place for Youth SUSD services across the state to share resources/learn from each other? <ul style="list-style-type: none"> ○ If so, what do these look like? 	INTERVIEWS <ul style="list-style-type: none"> • Staff • Stakeholders
Effectiveness (Micro)	What does effectiveness mean in Youth SUSD?	
	<ul style="list-style-type: none"> • In various demographic categories, does Youth SUSD engagement correlate to improvements in distress, mental health, quality of life (QoL), psychosocial functioning, accessing support, mental health knowledge (etc)? • What interventions/activities had the greatest impact on the consumer’s recovery? (e.g. psychoeducation, groups, activities, peer support, therapeutic content, counselling, staff support, routine, resources etc.) • What do consumers/families/carers consider to be effective in terms of outcomes at discharge from Youth SUSD? • What outcomes are HHS/NGO staff hoping to see from consumers during their time in the Youth SUSD service? (e.g., client re-presenting can be a good outcome if it becomes part of their recovery/management plan) • What factors impact the effectiveness of Youth SUSD program? <ul style="list-style-type: none"> ○ E.g., planned admission versus crisis admission ○ Environment (e.g., sense of safety, cultural sensitivity, cohort) ○ Age mix ○ Quality of relationships with staff and other consumers • Did consumers identify priority goals and what they wanted to achieve at the Youth SUSD? <ul style="list-style-type: none"> ○ Did consumers make progress towards their goals? ○ What factors enabled/hindered achievement of goals? ○ Are consumers able to articulate recovery goals? • What counts as a “completed” program at Youth SUSD? (e.g., days? # programs? completion of goals?) • What are the acute versus long term outcomes for a consumer who engaged in Youth SUSD? 	QH DATA <ul style="list-style-type: none"> • CIMHA INTERVIEWS <ul style="list-style-type: none"> • Staff • Consumers • Family/Carer



Effectiveness (Meso/Macro)	What does effectiveness mean in Youth SUSD?	
	<ul style="list-style-type: none">• Is there a reduced admission and readmission rate to acute services and emergency departments in regions that have Youth SUSDs?• Is there a reduction in LOS at acute services and emergency departments in regions that have Youth SUSDs?• To what extent does the partnership influence the effectiveness and efficiency of the Youth SUSD service?<ul style="list-style-type: none">○ To what extent does the mix of staff impact consumer outcomes?• Do the activities/support delivered by the service reflect current evidence and best practice?<ul style="list-style-type: none">○ How often are activities/support reviewed against best practice?• How is the effectiveness of specific activities/programs assessed?<ul style="list-style-type: none">○ How often is this data reviewed?	<p>QH DATA</p> <ul style="list-style-type: none">• CIMHA• RMHCDC• EDC <p>INTERVIEWS</p> <ul style="list-style-type: none">• Staff• Broader HHS• Stakeholders



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Appendices

Appendix A: Steering Group

Member	Role	Position	Organisation
Dr Zoe Rutherford	Co-chair	Co-ordinating Principal Investigator	QCMHR
Genevieve Smith	Co-chair	Senior Research Officer	QCMHR
Angela Sunley	Member	Research Officer	QCMHR
Sharon Orapeleng	Member	Manager – Child and Youth Team	Mental Health Alcohol and Other Drugs Branch
Phoebe Escott-Kenny	Member	Senior Policy Officer	Mental Health Alcohol and Other Drugs Branch
Mary Streatfield	Member	General Manager – Mental Health Services North Qld	Mind
Kiran Zunker	Member	Service Manager Youth SUSD	Mind
Dr Laura Hayes	Member	Research Manager	Mind
Helen Whitton	Member	Regional Manager	Stride
Sarah Currie	Member	Service manager Youth SUSD	Stride
Ryan Zeppa-Cohen	Member	Nursing Director CYMHS	Metro South HHS
Vivienne Braddock	Member	Team Leader Youth SUSD	Metro South HHS
Liam Wishart	Member	Operations Director, Metro North Mental Health	Metro North HHS
Sharon Gordon	Member	Team Leader Youth SUSD	Metro North HHS
Leigh Roberts	Member	Principal Data Collection Officer - Clinical Systems, Collections and Performance Unit	Mental Health Alcohol and Other Drugs Branch
Rachael Trott	Member	Operations Manager – Child and Youth Mental Health Service	Cairns and Hinterland HHS
Leah Matthews	Member	Carer Representative	-
Jacob McKinnon	Member	Lived Experience Representative	-
Katie Blaxland	Member	Lived Experience Representative	-




Appendix B: Recruitment Poster/flyer design


**Have Your Say
on Youth SUSD!**


Queensland Centre for Mental Health Research are evaluating Queensland Health's **Youth Step Up Step Down (SUSD)** state-wide model, and we want to talk to people who have stayed at a Youth SUSD, and the people who support them.

During a **confidential** conversation we'll ask about your experience with Youth SUSD. We are keen to hear what you have to say - there are no right or wrong answers. Sharing your thoughts will help improve Youth SUSD across Queensland.

**SCAN FOR
MORE INFO or
PHONE/TEXT
0477 113 616**

 **QCMHR**

 **THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA**

 **Queensland
Government**

This research has been approved by Metro South Hospital and Health Service Human Research Ethics Committee, reference number HREC/2023/QMS/99593



Appendix C: Post-exit survey

Question		Response scale	Evaluation question
1.	When you left Youth SUSD, were you connected to any support or services in the community? If yes, Which services/support?	Y/N Free Text	<i>How has the continuity of care (back into the community/hospital) been provided to the consumer?</i>
2.	If yes for Q1, Since leaving Youth SUSD, have you contacted any of the services or supports you were connected with?	Y/N	<i>Do consumers increase their engagement with the community after Youth SUSD admission? (e.g., mental health service provider)</i>
3.	Since leaving Youth SUSD, have you connected with any hospital-based mental health support (e.g., Acute care, ED) or re-entered Youth SUSD?	Y/N If yes, select which services from list <ul style="list-style-type: none"> ○ Youth Step Up Step Down ○ Adult Step Up Step Down ○ 1300 MH CALL (1300 642255) ○ Emergency Department ○ Crisis Support Space or Safe Space ○ Adult Mental Health Inpatient Unit ○ Adolescent Mental Health Inpatient Unit ○ Other (Please specify) 	<i>Is there a reduced admission and readmission rate to acute services and emergency departments in consumer that have attended Youth SUSD?</i>
4.	Since staying at Youth SUSD, how much has the support you have available from friends and family changed?	5-point scale Much less to Much more <ol style="list-style-type: none"> 1. Much less 2. Somewhat less 3. About the same 4. Somewhat more 5. Much more 	<i>Do consumers increase their engagement with the community after Youth SUSD admission? (e.g., Peers/social supports?)</i>
5.	Since leaving Youth SUSD, have you continued to work towards your recovery goals/plan?	5-point scale Never to A great deal <ol style="list-style-type: none"> 1. Never 2. A little 3. Somewhat 4. Much 5. A great deal 	<i>Did consumers identify priority goals and what they wanted to achieve at the SUSD?</i>
6.	Since leaving Youth SUSD, have you resumed, applied for, or started work (paid and/or volunteer)?	Yes/No/Other	<i>Do consumers increase their engagement with the community after Youth SUSD admission? (e.g., education and/or employment)</i>



7.	Since leaving Youth SUSD, have you resumed, applied for, or started study?	Yes/No/Other	<i>Do consumers increase their engagement with the community after Youth SUSD admission? (e.g., education and/or employment)</i>
8.	Overall my experience at Youth SUSD was...	5-point scale Poor to Excellent 1. Poor 2. Fair 3. Good 4. Very good 5. Excellent	<i>What was the Youth SUSD environment like?</i>
9.	Is there any other feedback you would like to give about your experience at Youth SUSD?	Free text	<i>What are the risks to maintaining/the sustainability of the Youth SUSD going forward?</i>



Appendix D: Participant information and consent forms

Youth SUSD Staff and Stakeholders

Participant Information Sheet:

Staff and Stakeholders of Youth Step Up Step Down Services

Research Title:	Trial evaluation of Queensland Youth Step Up Step Down services
Ethics ID number:	HREC/2023/QMS/99593
Researchers:	Dr Zoe Rutherford, Ms Genevieve Smith, Ms Angela Sunley, Prof. Harvey Whiteford, Dr Zoe Papinczak, Dr Morris Carpenter, Mr Mikesh Patel, Ms Hannah Pocock, Ms Danielle Postorivo, Ms Annika Luebbe

Who are we and what is this research about?

We are a team of researchers from Queensland Centre for Mental Health Research (QCMHR) who have been asked by Queensland Health to evaluate Queensland's Youth Step Up Step Down (SUSD) services. This means we want to understand if the Youth SUSD are being used by the people who need them, the reasons why they do or don't, if and how they work for the people using them and what can be done to improve them. To do that, we will meet with and talk to different people who have had experience with the Youth SUSD in Queensland (including people who have been referred to or visited a Youth SUSD, significant others of those who have accessed Youth SUSD, those who work there, and any other health staff involved).

Why have I been invited to take part in this research?

You have been invited to take part in an interview because you are either:

- A Youth SUSD staff member,
- A Hospital and Health Service (HHS) staff member involved in the Youth SUSD model's delivery across Queensland,
- A Queensland Health (QH) staff member involved in the Youth SUSD model's delivery across Queensland,
- A Non-Governmental Organisation (NGO) staff member involved in a Youth SUSD delivery across Queensland,
- A broader staff member or stakeholder involved in the Youth SUSD model's delivery across Queensland,

What will happen if I say yes to an interview?

If after you have read this information sheet, asked any questions, and agreed to take part in the research by completing a consent form, THEN:

A member of the research team might contact you to arrange an interview*. The interview will either be in person at a time and place right for you, or online (via Zoom, Microsoft Teams, FaceTime, Skype, or something similar). We think the interview will take between 30-60 minutes. In the interview we will ask you some questions about the Youth SUSD and your thoughts about it. There are no right or wrong answers, we would just like to hear what you think.

Interviews will be audio-recorded and saved without using your name so that you cannot be identified, and then written up (transcribed) by an Australian transcription company that adheres to Australian Privacy



principals. A copy of what you say will be available for you to check over if you want, you just need to let us know. At least two members of the research team will be there during an interview.

** In the circumstance that interest to participate exceeds required numbers, participants will be chosen through a random process.*

What are the benefits of the research?

By taking part in this research, you will help us to understand the experiences of the different people who are involved in the delivery of Youth SUSD across Queensland, and the way the Youth SUSD are delivered, especially what works and what does not work so well. This will give you a voice in future improvements to the Youth SUSD model and how it might be expanded across the state.

Are there any risks involved?

We believe there are minimal risks for people who participate. We have carefully thought about the questions we will ask, have checked them with people who have experience of mental health deterioration/recovery, and they do not think the questions will make people feel upset or worried. If you do find some of these questions difficult, or they upset you, we can move onto the next question or stop the interview at any time. We also have a clear guide for how to support participants who get upset during an interview (called our *Distress Protocol*). If you do feel upset during our chat:

1. We will remind you that you do not have to answer a question you don't want to.
2. You can ask for a break or to stop the interview at any time.
3. If you want to speak to someone because you are upset by the interview, you just need to let us know.

The researchers will not share any information that is said in an interview, except in extreme cases (e.g., if you tell us that you plan to hurt yourself or others, if you are being hurt by someone, or if we have to by law). In these cases, we will let your health service or other relevant people know.

What will happen to the information collected about me?

- Any data we collect as part of the research will be de-identified so that we cannot connect what you say in an interview to your personal details.
- Any personal information collected through the research will be saved on a password-protected computer and stored in a secure location at the University of Queensland. Only the research team can access this data. Any paper copies of notes made during your interview will also be kept safe, in a locked filing cabinet. This information will be kept securely at QCMHR for 15 years after the research has ended and then it will be destroyed.
- The results of this research will be written about in reports to Queensland Health, at conferences, or talked about in other ways. If we use your words as part of the results in any way, you will never be named, and no one will be able to tell those words are yours.
- There is a chance that your information might be used in future research, but only if you agree to this, by checking a box on the consent form. You can still take part in this research without agreeing to be part of future research. If you do agree for us to use of your information in our future research, we (the research team) will ask for a new approval from a Human Research Ethics Committee to use your data again.

Do I have to take part in this research?

It is your choice if you want to take part or not; you do not have to, and it is OK to say no. If you do agree to take part and later change your mind, that's okay too. We don't need a reason, and this will be done without



bias. If you choose to leave the research and say you don't want to be part of the study anymore (withdraw consent), we will use any information we already have, unless you tell us not to. To leave the research (withdraw), please contact **Ms Genevieve Smith** by email g.smith9@uq.edu.au or by telephone **0477 113 616**. If during an interview you decide you want to leave the research (withdraw), please let your interviewer know.

This study follows the guidelines of the ethical review process of Metro South Hospital and Health Service's Human Research Ethics Committee, and the National Statement on Ethical Conduct in Human Research. You can talk to us about taking part (**details above**), but if you would like to talk to someone else not involved in the study, have any worries about how the research is being done, or would like information about how to make a complaint, you can contact the Metro South's **HREC Coordinator** on (07) 3443 8047 or MSH-Ethics@health.qld.gov.au. All complaints will be treated in confidence (privately), investigated fully, and you will be told what the results are.

Yours sincerely,

Dr Zoe Rutherford, Principal Researcher – *Youth SUSDE Evaluation, Queensland Centre for Mental Health Research*

This study has been reviewed and approved by the Metro South Human Research Ethics Committee.

TURN.



Participant Consent Form:

Staff and Stakeholders of Youth Step Up Step Down Services

Research Title: Trial evaluation of Queensland Youth Step Up Step Down services
Ethics ID number: HREC/2023/QMS/99593
Researchers: Dr Zoe Rutherford, Ms Genevieve Smith, Ms Angela Sunley, Prof. Harvey Whiteford, Dr Zoe Papinczak, Dr Morris Carpenter, Mr Mikesh Patel, Ms Hannah Pocock, Ms Danielle Postorivo, Ms Annika Luebbe

Your Name: _____

Your Employer: _____

Your Job Title: _____

Youth Step Up Step Down Service: Cairns Caboolture Logan

Your contact details: _____ (phone) _____ (email)

- I have read (or had read to me), the Information Sheet and I understand the research, and what I will have to do if I agree to take part.
- I understand what information will be collected, any issues there might be from taking part, and what will be done with the information once the research has finished.
- I have been given the chance to ask questions about the research, and any questions I have asked have been answered clearly and in a way I understand. I have also had the chance to talk about this research with a person who is not part of the research team.
- I understand that all information I give is treated as confidential (private) and will not be shared with my employer. It will only be shared by the research team with other people if I talk about harming myself or others, if I am being harmed by others, or if it is required by Australian law.
- I know that I may withdraw (leave) from the research at any time (before, during, or after the interview) without giving a reason and it will not have an impact on my employment, now or in the future.
- I understand that I will receive a copy of the participant information form to keep.

Therefore, I agree to take part in this research: YES NO

- I agree for my information to be used in future research, with the right ethics approval. YES NO

Printed Name of **Participant**

Signature of **Participant**

Date

Declaration by Researcher (signed at Interview)

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Printed Name of **Researcher**

Signature of **Researcher**

Date



Youth SUSD Consumer

Participant Information Sheet:

Young People with Lived Experience of Youth SUSD

Research Title:	Trial evaluation of Queensland Youth Step Up Step Down services
Ethics ID number:	HREC/2023/QMS/99593
Researchers:	Dr Zoe Rutherford, Ms Genevieve Smith, Ms Angela Sunley, Prof. Harvey Whiteford, Dr Zoe Papinczak, Dr Morris Carpenter, Mr Mikesh Patel, Ms Hannah Pocock, Ms Danielle Postorivo, Ms Annika Luebbe
Study Contact:	Ms Genevieve Smith by email g.smith9@uq.edu.au or telephone 0477 113 616

Who are we and what is this research about?

We are a team of researchers from Queensland Centre for Mental Health Research (QCMHR). We have been asked by Queensland Health to evaluate Queensland's Youth Step Up Step Down services (Youth SUSD). This means we want to find out if the Youth SUSD works for young people like you, how it works and how it could be better.

To do that, we will talk with different people who have had experience with Youth SUSD. This includes people who have been referred to or stayed at a Youth SUSD, their family members, Youth SUSD staff, and other health staff.

What is research?

Research helps us learn new things by asking questions and collecting answers from many different people.

What will this research involve?

This research involves chatting to two members of our research team about your experience with Youth SUSD and filling in an optional short survey. You can choose to either have the chat by yourself (interview) or in a group with other young people who have been to Youth SUSD (focus group). After you have had chance to read the information about interviews and focus groups below and have had chance to ask any questions, we will ask you which one you would prefer to take part in.

Why have I been invited to take part?

You have been invited to take part in this research because you are 16 years or older, and have:

- Recently been referred to a Youth SUSD, during a mental health deterioration/recovery, *and/or*,
- Recently visited a Youth SUSD during a mental health deterioration/recovery.

What will an interview involve?

- Chatting with two members of the research team either in person or online (via Zoom or similar).
- It will take approximately 45 – 60 minutes and will be done at a time and place that works for you.
- You will be asked questions about your experience with Youth SUSD and your feelings about it.
- There are no right or wrong answers, we would just like to hear about your experiences – good or bad.
- You are welcome to bring a support person along (e.g. family member or friend that is 16 years or older).

What will a focus group involve?

- A focus group is like the interview but will include 1 to 3 other young people with experience of Youth SUSD.
- It will take approximately 1 hour and will be done in person.
- We will ask the group questions about their experience with Youth SUSD and their feelings about it.
- There are no right or wrong answers, we would just like to hear about your experiences – good or bad.
- Group members can bring a support person along and they will be able to sit in on the focus group (as a non-participant) if all group members agree.



What will happen if I say yes to an interview or focus group?

If you:

- Have read this information sheet,
- Asked any questions you have about the research,
- Agreed to take part by completing a consent form,
- Answered a few simple questions about yourself.

Then one of the researchers might contact you to arrange an interview or focus group.

Are there any benefits for me?

You will not receive direct benefits from participating in the research and it will not change the support you are getting now. However, participation will give you a voice in how Youth SUSD might be changed in the future, for people just like you. Being part of the research will not cost you anything other than your time. If you do take part, you will be given a \$40 gift card as a 'thank you.'

Are there any risks involved?

We believe there are minimal risks for people who take part. We have carefully thought about the questions we will ask and checked them with other people who access mental health services. They do not think the questions are likely to make people feel upset. If you do find some of these questions difficult, or they make you upset, we can skip the question or stop the interview at any time. We also have a plan for how to support people who get upset during an interview. If you do feel upset during our chat:

1. We will remind you that you do not have to answer a question you don't want to.
2. You can ask for a break or to stop the interview at any time.
3. If in a focus group, you can leave the room at any time.
4. If you want to speak to someone because you are upset, you just need to let us know.

The researchers will not share any information that you give us, except in extreme cases. This includes if you tell us that you plan to hurt yourself or others, if you are being hurt by someone, or if we have to by law. If this does happen, we will discuss this with you first and then let your health service or other relevant people know.

What will happen to the information collected about me?

- Interviews and focus groups will be audio-recorded and saved without using your name so that you cannot be identified.
- The audio files will be sent to an Australian transcription company. They will listen to the audio and type out what was said, then send us back a written electronic document. This company must follow Australian law to keep your information safe and private.
- A copy of what you say will be available for you to check over if you want, you just need to let us know.
- Information you give the research team (like your contact details) will be stored in a password protected file. The data file will be stored on a secure server at the University of Queensland. Only the research team will have access to this data.
- Any paper copies of notes made during your interview or focus group will also be kept safe, in a locked filing cabinet. This information will be kept securely at QCMHR for 15 years after the research has ended and then it will be destroyed.
- The results of this research (what we have found out after talking to everyone) will be written about in reports to Queensland Health, talked about at conferences, or in other ways. If we use your words as part of the results in any way, you will never be named, and no one will be able to tell those words are yours.
- There is a chance that your information might be used in future research, but only if you agree to this, by checking a box on the consent form. You can still take part in this research without agreeing to be part of future



research. If you do agree for us to use of your information in our future research, we (the research team) will ask for a new approval from a Human Research Ethics Committee to use your data again.

Will you get the results of the research?

Yes! The results from this research will be given to Queensland Health, and a summary will be sent to all the people who took part once the project is finished. The final reports will also be on our website for you to see.

Do I have to take part in this research?

It is your choice if you want to take part or not; you do not have to, and it is OK to say no. If you do agree to take part and later change your mind, that's okay too. We don't need a reason, and this will not change any care you get now or in the future. If you choose to leave the research and say you don't want to take part anymore (withdraw consent), we will use any information we already have, unless you tell us not to. To leave the research, please contact **Ms Genevieve Smith** by email g.smith9@uq.edu.au or by telephone **0477 113 616**. If during an interview you decide you want to leave the research, please let your interviewer know.

What happens next and who can you contact about the research?

If you have any questions or need any more information to help you decide whether to take part or not, please contact the research team on the info above. If you're unsure whether taking part is right for you we encourage you to talk about it with someone you trust like a parent, friend or someone you trust. If you agree to an interview or focus group, we will ask you to sign a consent form, to say that you understand what you have agreed to do and why. You will be given a paper copy of this information to keep.

This study follows the guidelines of the ethical review process of Metro South Hospital and Health Service's Human Research Ethics Committee, and the National Statement on Ethical Conduct in Human Research. You can talk to us about taking part, but if you would like to talk to someone else not involved in the study, have any worries about how the research is being done, or would like information about how to make a complaint, you can contact the Metro South's **HREC Coordinator** on (07) 3443 8047 or MSH-Ethics@health.qld.gov.au. All complaints will be treated in confidence (privately), investigated fully, and you will be told what the results are.

Yours sincerely,

Dr Zoe Rutherford,

Principal Researcher – *Youth SUSD Evaluation, Queensland Centre for Mental Health Research*

This study has been reviewed and approved by the Metro South Human Research Ethics Committee.

TURN PAGE.



Participant Consent Form:

Young People with lived experience of Youth Step Up Step Down

Research Title: Trial evaluation of Queensland Youth Step Up Step Down services
Ethics ID number: HREC/2023/QMS/99593
Researcher: Dr Zoe Rutherford, Ms Genevieve Smith, Ms Angela Sunley, Prof. Harvey Whiteford, Dr Zoe Papinczak, Dr Morris Carpenter, Mr Mikesh Patel, Ms Hannah Pocock, Ms Danielle Postorivo, Ms Annika Luebbe

Youth SUSD attended: Cairns Caboolture Logan

What is your preferred way to participate: Interview Focus Group

- I have read (or had read to me), the Information Sheet and I understand the research, and what I will have to do if I agree to take part.
- I understand what information will be collected, any issues there might be from taking part, and what will be done with the information once the research has finished.
- I have been given the chance to ask questions about the research, and any questions I have asked have been answered clearly and in a way I understand. I have also had the chance to talk about this research with a person who is not part of the research team.
- I understand that all information I give is treated as confidential (private) and will only be shared by the research team with other people if I talk about harming myself or others, if I am being harmed by others, or if it is required by Australian law.
- I know that I can withdraw (leave) from the research at any time (before, during, or after the interview) without giving a reason and it will not change any care I get, now or in the future.
- I understand that I will get a copy of the participant information form to keep.

Therefore, I agree to take part in this research: YES NO

- I agree for my information to be used in future research, with the right ethics approval. YES NO

Printed Name of **Participant**

Signature of **Participant**

Date

Declaration by Researcher (signed at Interview)

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Printed Name of **Researcher**

Signature of **Researcher**

Date



Youth SUSD Parent/Carer

Participant Information Sheet:

Support person with lived experience of Youth SUSD

Research Title:	Trial evaluation of Queensland Youth Step Up Step Down services
Ethics ID number:	HREC/2023/QMS/99593
Researchers:	Dr Zoe Rutherford, Ms Genevieve Smith, Ms Angela Sunley, Prof. Harvey Whiteford, Dr Zoe Papinczak, Dr Morris Carpenter, Mr Mikes Patel, Ms Hannah Pocock, Ms Danielle Postorivo, Ms Annika Luebbe
Study Contact:	Ms Genevieve Smith by email g.smith9@uq.edu.au or telephone 0477 113 616

Who are we and what is this research about?

We are a team of researchers from Queensland Centre for Mental Health Research (QCMHR). We have been asked by Queensland Health to evaluate Queensland's Youth Step Up Step Down services (Youth SUSD). This means we want to find out if the Youth SUSD works for young people, how it works and how it could be better. To do that, we will talk with different people who have had experience with Youth SUSD. This includes people who have been referred to or stayed at a Youth SUSD, their family members or significant others, Youth SUSD staff, and other health staff.

What is research?

Research helps us learn new things by asking questions and collecting answers from many different people.

What will this research involve?

This research involves chatting to two members of our research team about your experience with supporting someone who has stayed at a Youth SUSD and your feelings about it. You can choose to either have this chat by yourself (interview) or in a group with other people with a similar experience (focus group). More information about these is below. We will ask you which one you would prefer to take part in. You are welcome to ask any questions you have about the research using the contact info above.

Why have I been invited to take part?

You have been invited to take part in this research because you are 16 years or older, and have:

- Recently supported someone who has stayed at a Youth SUSD during a mental health deterioration/recovery

What will an interview involve?

- Chatting with two members of the research team either in person or online (via Zoom or similar).
- It will take approximately 45 – 60 minutes and will be done at a time that works for you.
- You will be asked questions about your experience with Youth SUSD and your feelings about it.
- There are no right or wrong answers, we would just like to hear about your experiences – good or bad.
- You are welcome to bring a support person along (e.g. family member or friend that is 16 years or older)

What will a focus group involve?

- A focus group is like the interview but will include 1 to 3 other people with experience of Youth SUSD.
- It will take approximately 1 hour and will be done in person.
- We will ask the group questions about their experience with Youth SUSD and their feelings about it.
- There are no right or wrong answers, we would just like to hear about your experiences – good or bad.



What will happen if I say yes to an interview or focus group?

If you:

- Have read this information sheet,
- Asked any questions you have about the research,
- Agreed to take part by completing a consent form,
- Answered a few simple questions about yourself.

Then one of the researchers might contact you to arrange an interview or focus group.

Are there any benefits for me?

You will not receive direct benefits from participating in the research and it will not change the support that is received by the person you care for. However, participation will give you a voice in how Youth SUSD might be changed in the future. Being part of the research will not cost you anything other than your time. If you do take part, you will be given a gift card for \$40 as a 'thank you.'

Are there any risks involved?

We believe there are minimal risks for people who participate. We have carefully thought about the questions we will ask and checked them with people who access mental health services. They do not think the questions are likely to make people feel upset. If you do find some of these questions difficult, or they make you upset, we can skip the question or stop the interview at any time. We also have a plan for how to support people who get upset during an interview. If you do feel upset during our chat:

1. We will remind you that you do not have to answer a question you don't want to.
2. You can ask for a break or to stop the interview at any time.
3. If in a focus group, you can leave the room at any time.
4. If you want to speak to someone because you are upset, you just need to let us know.

The researchers will not share any information that you share, except in extreme cases. This includes if you tell us that you plan to hurt yourself or others, if you are being hurt by someone, or if we have to by law. If this does happen, we will let your health service or other relevant people know and discuss this with you first.

What will happen to the information collected about me?

- Interviews and focus groups will be audio-recorded and saved without using your name so that you cannot be identified (de-identified).
- The audio files will be sent to an Australian transcript company. They will listen to the audio and type out what was said, then send us back a written electronic document. This company must follow Australian law to keep your information safe and private.
- A copy of what you say will be available for you to check over if you want, you just need to let us know.
- Information you give the research team (like your contact details) will be stored in a password protected file. The data file will be stored on a secure server at the University of Queensland. Only the research team will have access to this data.
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- The results of this research (what we have found out after talking to everyone) will be written about in reports to Queensland Health, talked about at conferences, or in other ways. If we use your words as part of the results in any way, you will never be named, and no one will be able to tell those words are yours.
- There is a chance that your information might be used in future research, but only if you agree to this, by checking a box on the consent form. You can still take part in this research without agreeing to be part of future



research. If you do agree for us to use of your information in our future research, we (the research team) will ask for a new approval from a Human Research Ethics Committee to use your data again.

Will you get the results of the research?

Yes! The results from this research will be given to Queensland Health, and a summary will be sent to all the people who took part once the project is finished. The final reports will also be on our website for you to see.

Do I have to take part in this research?

It is your choice if you want to take part or not; you do not have to, and it is OK to say no. If you do agree to take part and later change your mind, that's okay too. We don't need a reason, and this will not change any care you get now or in the future. If you choose to leave the research and say you don't want to be part of the research anymore (withdraw consent), we will use any information we already have, unless you tell us not to. To leave the research, please contact **Ms Genevieve Smith** by email g.smith9@uq.edu.au or by telephone **0477 113 616**. If during an interview you decide you want to leave the research, please let your interviewer know.

What happens next and who can you contact about the research?

If you have any questions or need any more information to help you decide whether to take part or not, please feel free to contact the research team on the info above. If you're unsure whether taking part is right for you, we encourage you to talk about it with someone you trust. If you agree to an interview or focus group, we will ask you to sign a consent form, to say that you understand what you have agreed to do and why. You will be given a paper copy of this information to keep.

This study follows the guidelines of the ethical review process of Metro South Hospital and Health Service's Human Research Ethics Committee, and the National Statement on Ethical Conduct in Human Research. You can talk to us about taking part, but if you would like to talk to someone else not involved in the study, have any worries about how the research is being done, or would like information about how to make a complaint, you can contact the Metro South's **HREC Coordinator** on (07) 3443 8047 or MSH-Ethics@health.qld.gov.au. All complaints will be treated in confidence (privately), investigated fully, and you will be told what the results are.

Yours sincerely,

Dr Zoe Rutherford,

Principal Researcher – *Youth SUSD Evaluation, Queensland Centre for Mental Health Research*

This study has been reviewed and approved by the Metro South Human Research Ethics Committee. **TURN PAGE.**



Participant Consent Form:

Support person with lived experience of Youth Step Up Step Down

Research Title: Trial evaluation of Queensland Youth Step Up Step Down services
Ethics ID number: HREC/2023/QMS/99593
Researcher: Dr Zoe Rutherford, Ms Genevieve Smith, Ms Angela Sunley, Prof. Harvey Whiteford, Dr Zoe Papinczak, Dr Morris Carpenter, Mr Mikesh Patel, Ms Hannah Pocock, Ms Danielle Postorivo, Ms Annika Luebke

Youth SUSD attended: Cairns Caboolture Logan

What is your preferred way to participate: Interview Focus Group

- I have read (or had read to me), the Information Sheet and I understand the research, and what I will have to do if I agree to take part.
- I understand what information will be collected, any issues there might be from taking part, and what will be done with the information once the research has finished.
- I have been given the chance to ask questions about the research, and any questions I have asked have been answered clearly and in a way I understand. I have also had the chance to talk about this research with a person who is not part of the research team.
- I understand that all information I give is treated as confidential (private) and will only be shared by the research team with other people if I talk about harming myself or others, if I am being harmed by others, or if it is required by Australian law.
- I know that I can withdraw (leave) from the research at any time (before, during, or after the interview) without giving a reason and it will not change any care I get, now or in the future.
- I understand that I will get a copy of the participant information form to keep.

Therefore, I agree to take part in this research: YES NO

- I agree for my information to be used in future research, with the right ethics approval. YES NO

Printed Name of **Participant**

Signature of **Participant**

Date

Declaration by Researcher (signed at Interview)

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Printed Name of **Researcher**

Signature of **Researcher**

Date



Appendix E: Demographic survey

Youth Step Up Step Down (SUSD) Evaluation Demographic Survey

People who have visited a Youth Step Up Step Down (and their supports)

Thank you for agreeing to take part in our research. We are asking these questions to help us understand more about you as a potential participant for our study. We will choose people to invite to an interview randomly, but based on your answers, to make sure we talk to a wide range of people.

1. Your name

2. Your phone number

3. Your email address

4. Your age

5. Your suburb

6. Youth SUSD location

- Cairns
- Caboolture
- Logan

7. Your gender

8. Do you identify as part of the LGBTQI+ community?

- Yes
- No
- Don't know
- Prefer not to say

9. Do you identify as part of the Indigenous community (Aboriginal and/or Torres Strait Islander)?

- Yes
- No
- Don't know
- Prefer not to say

10. Do you identify from a non-English speaking background?

- Yes (Please specify: _____)
- No
- Don't know
- Prefer not to say

11. Do you require a translator to participate in this research?

- Yes
- No
- Don't know



Appendix F: Semi-structured interview schedules

N.B. It is important to note that the interviews we will be conducting are semi-structured in nature, meaning the indicative interview schedules will be used as a guide for interviews, but are indicative not prescriptive.

Youth SUSD Consumer

Phase 1 - Introduction

- Thank you for finding the time and agreeing to take part in this interview.
- I'm <researcher name> and this is <researcher name> and we are part of the team at QCMHR doing research about Youth Step Up Step Down Services across Queensland. I will be the lead interviewer today, and <researcher name> will be co-facilitating.
- Through this interview, we want to learn more about your experience(s) of visiting the <insert name of Youth Step Up Step Down>. We want to hear the good and the bad, and there are no right or wrong answers.
- This will help us to understand if the Youth SUSD are working well, if people are getting out of the service what they need, and what might be done to improve them.
- You should only share what you are comfortable with sharing, so if you don't feel able to or don't want to answer a question, then that is OK.
- For focus group: Does everyone agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group session?
- The interview will last around 45-60 minutes.
- Your participation is completely voluntary and you can stop at any time if you feel uncomfortable about anything. You do not have to give a reason. Stopping will not negatively impact you in any way.

Capacity to Consent

1. FOLLOW THE CAPACITY TO CONSENT PROTOCOL AND USE TO CHECK THE PARTICIPANT'S UNDERSTANDING.
 - "Have you had time to read the information sheet?"
 - IF NO, "Would you like time to read it now, or if you prefer, we can go through it together?"
 - IF YES Proceed
 - "Just so that we can check that we have explained things properly, in your own words, what do you think is the purpose of our chat today?"
2. IF THEY ARE ABLE TO CONFIRM, PROCEED WITH THE INTERVIEW.
3. IF THEY ARE NOT ABLE TO CONFIRM, EXPLAIN PROCESS AND ASK THEM REPEAT BACK TO YOU IN THEIR OWN WORDS TO CHECK CAPACITY.

Audio Recording

- I would like to audio record our discussion today so that I can remember everything we talk about and avoid the need to take notes during our interview.
- All information collected today will be treated as strictly confidential. The recording won't have your name or personal details associated with it and will be stored on a secure database that only authorised members of our research team will have access to.
- We will send the recording, in a de-identified format, to a Brisbane-based transcription company who will type up our conversation today. Following this, the recording will be deleted.
- No one's name will be used in any presentation or report arising from this research. We will remove all names to protect confidentiality and privacy. We will only be reporting on the findings at the group level.
- We would also like to offer you the option to receive a copy of the written-up version of this conversation so you can check over it beforehand. Is this something you would like to receive?
 - IF YES, MAKE A NOTE ON THE CONSENT FORM TO RETURN A COPY TO THE PARTICIPANT.



- PRIOR TO STARTING THE RECORDING, CHECK WITH THE PARTICIPANT THAT THEY ARE HAPPY TO BE RECORDED,
 - If yes, BEGIN RECORDING and proceed with interview.
 - If no, reiterate the importance of recording to keep accurate records of the interview.
 - If the participant still says no, reiterate that the interview can still proceed.

Remember

Your participation is completely voluntary and you can stop at any time if you feel uncomfortable about anything. You do not have to give a reason. Stopping will not negatively impact you in any way.

Phase 2 – Personal Background

First, we would like to know a bit about you, so we can get an idea of who Youth SUSD might be helpful/ not helpful for.

1. Can you tell me a little bit about yourself? **Such as, a typical day for you?**
 - a. Typical day for you (e.g., school, work, family/caring responsibilities etc)
 - b. Living situation

Phase 3 – Referral Process (ADOPTION/IMPLEMENTATION)

2. Next, we want to understand a bit more about how you got to the <insert name of Youth Step Up Step Down> on the first occasion (and if that was different since). Can you tell me about how you found yourself visiting <insert name of Youth Step Up Step Down>?
 - a. Is this the first time you have been to <insert name of Youth Step Up Step Down>?
If NO,
 - i. How many times have you been to <insert name of Youth Step Up Step Down>?
 - b. Roughly how long ago did you (last) stay at the <insert name of Youth Step Up Step Down>?
3. Can you tell us a little bit about the (referral) process when going to the Youth SUSD on your first occasion?
 - a. How did you hear about the SUSD?
 - i. ACT, Support worker?
 - b. Who was part of this process?
 - i. Did you bring anyone with you to < Youth Step Up Step Down>?
 - c. How easy was it to get into <insert name of Youth Step Up Step Down>?
4. What were your expectations of Youth SUSD before you arrived?
 - a. Did you know its purpose?
 - b. Did you recognise the name/what it meant?
5. What helped you to decide to go to <insert name of Youth Step Up Step Down> after being referred?
 - a. Reassurance/support from staff/family/friend?
 - b. Quick admission time
6. What, if anything, stopped or made it harder for you to agree to go to <insert name of Youth Step Up Step Down>?
 - a. Did you have any fears or anxiety about going?
 - i. AODs?
 - ii. Stigma?
 - iii. Cultural appropriateness?
 - iv. Missing school/employment?

****If they have been to the SUSD multiple times****

7. Has your referral experience been the same every time?
 - a. If NO, why and what was the impact?
 - b. PROBE THE DIFFERENCES BETWEEN STEP UP AND STEP DOWN.

Phase 4 – Implementation of the SUSD

Next, we would like to hear about your experiences of <insert name of Youth Step Up Step Down> while you were there (IMPLEMENTATION).



8. What happened when you first got there?
 - a. Who met you/what did you do?
9. Did you make a recovery plan during your time at <insert name of Youth Step Up Step Down>?
If YES,
 - a. Who was involved in this? (e.g., clinician, family, support person)
 - b. What did your recovery plan involve?
10. What did you do while you were at <insert name of Youth Step Up Step Down>?
 - a. Activities/treatment?
 - b. Staff involvement/location (use of the outdoors)?
 - c. What things did you value/enjoy most?
 - d. What things did you value/enjoy least?
 - e. Do you think there was enough activities/support for what you needed?
 - f. Are there any other activities you would've liked to be available?
11. Was there anything that encouraged or stopped you from participating in group activities?
 - a. Other residents?
 - b. Staff support?
 - c. Inclusiveness of activities?
 - d. Environment?
12. What was the environment like and how was it different from previous places you have been for treatment? (e.g., sense of safety, people, cultural sensitivity)
 - a. Was/is this important?
13. Which staff did you interact with while you were there? (e.g., Clinical/ Community mental health staff/ Peer workers/Family engagement workers?)
 - a. What were your thoughts and feelings about them?
 - b. Did you feel seen/heard/listened to?
 - c. How were the staff different to Acute Care/Community Support?
14. How many nights did you stay at <insert name of Youth Step Up Step Down>?
 - a. Who made the decision on how long you stayed?
 - b. Did it feel like enough time to prepare you for recovery?
15. What happened when you left?
 - a. Did you get any referrals to other community groups, support, etc.?
 - b. Was there any discussion about follow-up from <insert name of Youth Step Up Step Down> staff?
 - i. If YES, what did that look like and was it of value?
 - ii. If NO, would you have valued/do you feel like you needed a follow up?
16. How was your experience overall at <insert name of Youth Step Up Step Down>?
 - a. What did you value/enjoy most about the Step Up Step Down ?
 - b. What did you value/enjoy least?
17. How could your experience in the <insert name of Youth Step Up Step Down> have been better?

Phase 5 – Effectiveness and Impact

Next, we want to understand if <insert name of Youth Step Up Step Down> 'works' (or does what it's meant to do), from your perspective.

18. What were you expecting to 'get out' of going to the <insert name of Youth Step Up Step Down>?
 - a. Did the service meet your needs or expectations?
19. Did the activities at <insert name of Youth Step Up Step Down> help you make progress towards your recovery plan?
 - a. Which interventions and/or activities do you think had the greatest impact? (e.g. psycho-education, peer support, routine, resources etc.)
20. Do you think <insert name of Youth Step Up Step Down> worked or was effective for you?
 - a. In what way?
 - i. How did you feel when you left compared to when you arrived?
21. Before <insert name of Youth Step Up Step Down> what were your options when your mental health was feeling unmanageable?



22. Is <insert name of Youth Step Up Step Down> a better option than going to hospital/ staying at home?
- Would you be willing to come back, if needed? Why/Why not?

Phase 6 – Maintaining the program/recovery

Next, we want to hear about how you might manage a decline in your mental health in the future.

23. What knowledge/skills did you gain from your time at <insert name of Youth Step Up Step Down>?
- How does this compare to what you have received previously in other services (e.g., acute care)?
 - How have you applied the knowledge/skills/abilities since?
24. Has spending time at <insert name of Youth Step Up Step Down> changed your recovery journey?
- Do you have an improved understanding on things that impact your mental health?
 - How confident do you feel in managing your mental health since spending time at <insert name of Youth Step Up Step Down>?
 - Has there been any change in in the support you have available?

Phase 7 – Improving the program

25. In an ideal world, with unlimited funds, how would you change or improve the <insert name of Youth Step Up Step Down>?
- Awareness?
 - Access?
 - Location?
 - Environment?
 - Activities?
 - Staff?
 - Follow-up?
 - Other?

Phase 8 – Finalisation of interview

26. Is there anything else you would like to tell us about the Youth SUSD or your experience that you haven't already?
27. Are there questions that we haven't asked that you expected us too/think are important? Do you have any questions for us?

Thank you for taking the time to meet with us today. Your time and your views are greatly appreciated.

- EXPLAIN AGAIN WHAT WILL HAPPEN TO DATA AND CONFIDENTIALITY.
- ASK IF THEY WANT TO RECEIVE A COPY OF THE TRANSCRIPT FOR CHECKING.
- TURN OFF RECORDING.
- COMPLETE RECEIPT SIGNATURE FOR GIFT CARD
- HAND OVER GIFT CARD



Parent/Carer

Phase 1 – Introduction

- Thank you for finding the time and agreeing to take part in this interview.
- I'm <researcher name> and this is <researcher name> and we are part of the team at Queensland Centre for Mental Health Research doing research about Youth Step up Step Down Services across Queensland. I will be the lead interviewer today, and <researcher name> will be co-facilitating.
- Through this interview, we want to learn more about your experience(s) of supporting someone who has visited a Youth Step Up Step Down. We want to hear the good and the bad, and there are no right or wrong answers.
- This will help us to understand if the Youth SUSD are working well, if people are getting out of the service what they need, and what might be done to improve them.
- You should only share what you are comfortable with sharing, so if you don't feel able to or don't want to answer a question, then that is OK.
- For focus group: Does everyone agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group session?
- The interview will last around 30 – 45 minutes.
- Your participation is completely voluntary and you can stop at any time if you feel uncomfortable about anything. You do not have to give a reason. Stopping will not negatively impact you in any way.

Capacity to Consent

1. FOLLOW THE CAPACITY TO CONSENT PROTOCOL AND USE TO CHECK THE PARTICIPANT'S UNDERSTANDING.
 - "Have you had time to read the information sheet?"
 - IF NO, "Would you like time to read it now, or if you prefer, we can go through it together?"
 - IF YES Proceed
 - "Just so that we can check that we have explained things properly, in your own words, what do you think is the purpose of our chat today?"
2. IF THEY ARE ABLE TO CONFIRM, PROCEED WITH THE INTERVIEW.
3. IF THEY ARE NOT ABLE TO CONFIRM, EXPLAIN PROCESS AND ASK THEM REPEAT BACK TO YOU IN THEIR OWN WORDS TO CHECK CAPACITY.

Audio Recording

- I would like to audio record our discussion today so that I can remember everything we talk about and avoid the need to take notes during our interview.
- All information collected today will be treated as strictly confidential. The recording won't have your name or personal details associated with it and will be stored on a secure database that only authorised members of our research team will have access to.
- We will send the recording, in a de-identified format, to a Brisbane-based transcription company who will type up our conversation today. Following this, the recording will be deleted.
- No one's name will be used in any presentation or report arising from this research. We will remove all names to protect confidentiality and privacy. We will only be reporting on the findings at the group level.
- We would also like to offer you the option to receive a copy of the written-up version of this conversation so you can check over it beforehand. Is this something you would like to receive?
 - IF YES, MAKE A NOTE ON THE CONSENT FORM TO RETURN A COPY TO THE PARTICIPANT.
- PRIOR TO STARTING THE RECORDING, CHECK WITH THE PARTICIPANT THAT THEY ARE HAPPY TO BE RECORDED,
 - If yes, BEGIN RECORDING and proceed with interview.
 - If no, reiterate the importance of recording to keep accurate records of the interview.
 - If the participant still says no, reiterate that the interview can still proceed.

Remember



Your participation is completely voluntary and you can stop at any time if you feel uncomfortable about anything. You do not have to give a reason. Stopping will not negatively impact you in any way.

Phase 2 – Personal Background

First, we would like to know a bit about you,

1. Can you tell me a little bit about yourself, and what your relationship is to the young person you support?
 - a. Does the young person live with you?

Phase 3 – Referral Process (ADOPTION/IMPLEMENTATION)

Next, we want to understand a bit more about how **the young person you support** got to the **<insert name of Step Up Step Down>** on the first occasion (and if that was different since).

2. Can you tell me about how **the person you support** found themselves visiting **<insert name of Youth Step Up Step Down>**?
 - a. Is this the first time they had visited a **< Youth Step Up Step Down>**?
If **NO**,
 - i. How many times have you visited a **<insert name of Youth Step Up Step Down>** as a **carer/significant other**?
3. Were you involved in the referral process at all?
If **YES** proceed to question 4, if **NO**, proceed to question 5...
4. Can you tell us a little bit about this process/the referral (on the first occasion)?
 - a. How did **the person you care for** hear about the Youth SUSD?
 - i. ACT, Support worker?
 - b. Who was part of the referral process?
 - c. How easy was it for them to get into **<insert name of Youth Step Up Step Down>**?
 - d. Did you go to the **<insert name of Youth Step Up Step Down>** with **the young person you support** during their admission?
5. What were your expectations of Youth SUSD before you went there?
 - a. Did you know its purpose?
 - b. Did you recognise the name/what it meant?
6. Was there anything that helped **the young person you support** decide to go to **<insert name of Youth Step Up Step Down>** after being referred?
 - a. Reassurance/support from staff/family/friend?
 - b. Quick admission time
7. What, if anything, stopped or made it harder for **the person you support** to agree to go to **<insert name of Youth Step Up Step Down>**?
8. Did you have any fears or anxiety about **the person you support** going? (e.g. safety, stigma)

Phase 4 – Implementation of the SUSD

Next, we would like to hear about your experiences of **<insert name of Youth Step Up Step Down>**.

9. What happened when you first went there?
 - a. Who met you/what did you do?
10. Were you involved in the recovery planning and/or treatment of **the person you support**?
 - a. Would you have liked to have been more or less involved? Or was it just right?
11. What did you do while you were there?
 - a. Activities? (e.g. visit only, receive information, receive support)
 - b. Staff involvement?
 - c. What things did you value the most?
 - d. What things did you value the least?
 - e. Do you think there was enough information/support for what you needed?
 - f. Is there any additional information/support you would have liked to receive?
12. Was there anything that encouraged or stopped you from participating in the support or activities offered?
 - a. Staff?



- b. Environment
 - c. Times/days offered?
 - d. Other commitments?
13. What was the environment like and how was it different from previous places **the person you support** has been for treatment? (e.g., sense of safety, people, cultural sensitivity)
- a. Was/is this important?
14. Which staff did you interact with while you were there? (e.g., Clinical/ Community mental health staff/ Peer workers/Family engagement workers?)
- a. What were your thoughts and feelings about them?
 - b. Did you feel seen/heard/listened to?
 - c. Was your experience with Youth SUSD staff any different to Acute Care/Community Support?
15. How many nights did **the person you support** stay at **<insert name of Youth Step Up Step Down>**?
- a. Did you feel this was enough time for them?
 - b. What do you think helped/got in the way of their recovery while at **<insert name of Step Up Step Down>**?
16. When **the person you supported** left, did **you** feel that they were ready/safe to leave, and why/why not?
- a. Were you involved in this process?
17. What happened when **the person you support** left the SUSD?
- a. Did **you** get any referrals to other community groups, support, etc.?
 - b. Did **they** get any referrals to other community groups, support, etc.?
 - c. Was there any discussion about follow-up from **<insert name of Youth Step Up Step Down>** staff?
 - i. If YES, what did that look like and was it of value?
 - ii. If NO, would you have valued/do you feel like you needed a follow up?
18. How was your experience overall at **<insert name of Youth Step Up Step Down>**?
- a. What did you value the most about the Youth Step Up Step Down?
 - b. What did you value the least?
19. How could your experience of the **<insert name of Youth Step Up Step Down>** have been better?

Phase 5 – Effectiveness and Impact

Next, we want to understand if **<insert name of Youth Step Up Step Down>** ‘works’ (or does what it’s meant to do), from your perspective.

20. What were you expecting **the young person you care for** to ‘get out’ of going to the **<insert name of Youth Step Up Step Down>**?
21. Do you think **<insert name of Youth Step Up Step Down>** worked or was effective for **the person you care for**?
- a. In what way?
22. What were **you** expecting to ‘get out’ of going to the **<insert name of Youth Step Up Step Down>**?
- a. Did the service meet your needs
23. Before **<insert name of Youth Step Up Step Down>** what were the options when **the person you care for**’s mental health was unmanageable?
24. Is **<insert name of Youth Step Up Step Down>** a better option than going to hospital/ staying at home?
- a. Would you support them to come back, if needed? Why/Why not?

Phase 6 – Maintaining the program/recovery

Next, we want to hear about how you and **the person you support** might manage a decline in their mental health in the future.

25. Did you gain any new skills or knowledge from **<insert name of Youth Step Up Step Down>**?
- a. If so, what were they? Have you applied this knowledge or new skills since?
 - b. How does this compare to what you have received previously?
26. Has spending time at **<insert name of Youth Step Up Step Down>** changed the recovery journey of **the person you care for**?
- a. Do you have an improved understanding on things that impact the mental health of **the person you care for**?



- b. Do you feel more confident in how to support **the person you care for** since they spent time at **<insert name of Youth Step Up Step Down>?**
- c. Has there been any change in the support **you** have available?

Phase 7 – Improving the program

28. In an ideal world, with unlimited funds, how would you change or improve the **<insert name of Youth Step Up Step Down>?**

- a. Awareness?
- b. Access?
- c. Location?
- d. Environment?
- e. Activities?
- f. Staff?
- g. Follow-up?
- h. Other?

Phase 8 – Finalisation of interview

29. Is there anything else you would like to tell us about **the Youth SUSD** or your experience that you haven't already?

30. Are there questions that we haven't asked that you expected us too/think are important? Do you have any questions for us?

Thank you for taking the time to meet with us today. Your time and your views are greatly appreciated.

- 4.** EXPLAIN AGAIN WHAT WILL HAPPEN TO DATA AND CONFIDENTIALITY.
- 5.** ASK IF THEY WANT TO RECEIVE A COPY OF THE TRANSCRIPT FOR CHECKING.
- 6.** TURN OFF RECORDING.
- 7.** COMPLETE RECEIPT SIGNATURE FOR GIFT CARD
- 8.** HAND OVER GIFT CARD



Staff

Phase 1 - Introduction

- Thank you for finding the time and agreeing to take part in this interview.
- I'm <researcher name> and I am part of the team doing research about Youth Step Up Step Downs across Queensland.
- We want to learn more about your experience(s) related to the <insert name of Youth Step Up Step Down>.

There are a few things that I'd like to point out before we start:

- While we chat about the <insert name of Youth Step Up Step Down> all your comments are of interest and of value, both positive and negative. There are no right or wrong answers.
- You should only share what you are comfortable with sharing, so if you don't feel able to or don't want to answer a question, then that is OK.
- For focus group: Do you all agree to maintain the confidentiality of the information discussed by all participants and researchers during the focus group session?
- What you say will help us to better understand <insert name of Youth Step Up Step Down>, including your experience and if you got out of it what you wanted to.
- The interview will last around 45 minutes.

Capacity to Consent

1. FOLLOW THE CAPACITY TO CONSENT PROTOCOL AND USE TO CHECK THE PARTICIPANT'S UNDERSTANDING.
"Just so that I can check that you have understood the information we have given to you in the information sheet, can you explain back to me what you think we will be doing as part of this interview?"
2. IF THEY ARE ABLE TO CONFIRM, PROCEED WITH THE INTERVIEW.
3. IF THEY ARE NOT ABLE TO CONFIRM, EXPLAIN PROCESS AND ASK THEM REPEAT BACK TO YOU IN THEIR OWN WORDS TO CHECK CAPACITY.

Audio Recording

- I would like to audio record our chat so that I can remember everything we talk about.
- When we are finished, we will send the recording to a company who will transcribe our conversation into a word-processed document- this is done securely and the files are kept in Australia.
- All information collected today will be treated as strictly confidential.
- No one's name will be used in any presentation or report arising from this research. We will remove all names to protect confidentiality and privacy.
- Would you like to check over the conversation for accuracy before we start to analyse it?
 - IF YES, MAKE A NOTE ON THE CONSENT FORM TO RETURN A COPY TO THE PARTICIPANT.
- PRIOR TO STARTING THE RECORDING, CHECK WITH THE PARTICIPANT THAT THEY ARE HAPPY TO BE RECORDED,
 - If yes, If yes, BEGIN RECORDING and proceed with interview.
 - If no, reiterate the importance of recording to keep accurate records of the interview

Remember

Your participation is completely voluntary and you can stop at any time if you feel uncomfortable about anything. You do not have to give a reason. Stopping will not negatively impact you in any way.

Phase 2 – Personal Background

First, we would like to get to know a bit about you and your role/connection to the <insert name of Youth Step Up Step Down>.

1. Can you tell me a little bit about yourself?
 - a. Experience?
 - b. Role and organisation?



- c. How long you have worked in the <insert name of Youth Step Up Step Down>?
- d. Responsibilities in the <insert name of Youth Step Up Step Down>?

Phase 3 – Adoption

Next we want to know more about the process of setting up the <insert name of Youth Step Up Step Down> and the extent to which it has been adopted by the hospital/ED.

2. What was the process for setting up the <insert name of Youth Step Up Step Down>?
 - a. Needs assessment?
 - b. Procurement?
 - c. Stakeholders and engagement?
 - i. Mind?
 - ii. HHS?
 - iii. Lived experience?
 - d. Steering group?
 - i. Still operating?
 - e. Local model development?
 - i. Evidence base?
 - f. Building?
 - g. Training?
 - h. Governance?
3. How easy/difficult was setting up the <insert name of Youth Step Up Step Down>?
 - a. What were the barriers/facilitators?
4. What is the relationship like with referring teams (ACT, CCT etc.)?
 - a. If POSITIVE, what are the key factors responsible?
 - b. If NEGATIVE, how could it be improved?
5. If the consumer is aged 18-21 years (overlap age between Adult and Youth SUSD), who decides which service they are referred to?
6. Has there been a change in referrals numbers to the <insert name of Youth Step Up Step Down> over time? If so, why?
7. Of those who are referred but do not take up the SUSD referral:
 - a. What are the barriers?
 - i. Stigma?
 - ii. AODs?
 - iii. Cultural appropriateness?
 - iv. Home duties
 - b. Where do they end up?
8. In your experience, to what extent are other systems willing to adapt and work with the Youth SUSD model (e.g., school, housing, Services Australia)?
9. Are you familiar with the service guidelines?
 - a. Are the service guidelines discussed in orientation to service?

Phase 4 – Referral Process (REACH)

Next, we want to hear a bit more about the people who attend the <insert name of Youth Step Up Step Down> and how they get there/are referred.

10. Please take us through the referral process
 - a. How is the decision made to accept/redirect SUSD referrals?
 - i. What criteria is used to assess suitability and readiness for SUSD?
 - ii. Are there specific exclusion criteria?
 - iii. How does the existing “mix” or “profile” of existing consumers impact the decision to accept a referral into the service?
 - iv. Who makes the final decision?



- v. If the consumer is too acute for the service, who are they handed over to?
 - b. Are the referrals into the service meeting the criteria to entry (appropriate referrals)?
 - i. Why/why not?
 - c. What are the barriers/facilitators for referring into SUSD service?
 - i. Are HHS's/NGO's aware of the service?
 - ii. Long waiting lists? complicated referral process? reputation?
 - d. How could the process be improved?
11. What proportion of referrals come from Acute Care Team (step down) versus Community Care Team (step up)?
- a. Are there any other referral sources?
12. Who do you usually see attend the <insert name of Youth Step Up Step Down>?
- a. Postcode/suburb
 - b. Age group
 - c. Gender
 - d. LGBTQIA+
 - e. Indigenous status
 - f. Ethnicity/CALD status (language, country of birth, need for interpreter)
 - g. Other characteristics (such as chronic illness, disabilities, etc.)
13. What are the details of presentations to <insert name of Youth Step Up Step Down>??
- a. Reason for presentation?
 - b. When do people usually present?
 - c. How long do they usually stay for?
 - d. Who did they present with (significant others incl. family/partner/friend)?
 - e. Are there many repeat presenters?
 - i. Of those representing, how does their presentation compare pre-post their first contact with the SUSD?
 - ii. How many repeat presenters are crisis versus planned admissions?
 - iii. Does longer length of stay reduce re-presentations?
14. Are the 'right people' being seen by <insert name of Youth Step Up Step Down>?
- a. What is the definition of 'right people'?
15. Which groups are not being reached and why?

Phase 5 – Implementation of the SUSD

Next we would like to hear a bit more about what happens in <insert name of Youth Step Up Step Down> and what people visiting <insert name of Youth Step Up Step Down> might typically experience.

16. From your perspective, what is the purpose of <insert name of Youth Step Up Step Down>?
17. What is the process once a referral has been accepted?
- a. How often are young people's families involved in recovery planning?
18. What is the average length of stay for residents?
- a. What/who determines length of stay?
 - b. What are the benefits for shorter/longer stay?
 - c. What is the minimum length of stay that is beneficial?
19. What activities/psychosocial support do people receive during their stay?
- a. Individual/group? **How is age considered?**
 - b. Who delivers the activities?
 - i. Peer workers/ Family support workers?
 - c. How is peer support used within the service?
 - d. Are local community resources used?
 - e. Is any in-reach provided?
 - f. Evidence based?
20. What clinical support do people receive during their stay?
- a. Individual/group?
 - b. Who delivers the interventions?
 - i. Clinical/Community Mental Health Workers



21. How are activities/support planned to match resident's needs?
 - a. **How is developmental age factored into program planning?**
 - b. **How is diversity and inclusion factored into program planning?**
 - c. **HOW IS SCHOOLING FACTORED INTO PLANNING?**
 - d. What processes are in place to identify people's needs and strengths?
 - e. Do all residents receive both clinical and psychosocial support?
 - f. Is the range and quality of supports and activities adequate in meeting the identified needs of residents?
 - i. If no, what is the barrier?
22. Do young people participate in SUSD programs/support in line with their needs?
 - a. What factors effect levels of participation in activities/support? **AGE?**
 - i. Readiness
 - ii. Quality of goals
 - iii. Needs
 - iv. Environment
23. What proportion of family/friend/carers engage with **<insert name of Youth Step Up Step Down>** as attended?
 - a. What are the barriers/facilitators?
24. Are there any factors that impact on the availability of activities/interventions that are offered at **<insert name of Youth Step Up Step Down>?**
 - a. Availability of staff
 - b. Resources
 - c. Physical infrastructure
 - i. Purpose built building versus original building
25. How is readiness to leave the **<insert name of Youth Step Up Step Down>** assessed?
 - a. What outcomes are considered/measured in exit planning?
 - b. Who is involved when exit planning? (e.g., family, clinical/psychosocial staff)
 - c. Who decides that the resident is ready for discharge?
26. What is involved in the exit process?
 - a. Do people 'receive' anything e.g., referrals to other community groups, sensory packs, etc.?
 - b. **What are the Pathways available after exit (e.g., Youth Resi)**
27. What are the follow-up processes after someone stays at **<insert name of Youth Step Up Step Down>?**
 - a. If NONE, do you think there would be value in having a follow up? Why? Why not?
28. How do consumers who stay at **<insert name of Youth Step Up Step Down>** interact with the staff?
 - a. Clinicians?
 - b. Community Mental Health Workers?
29. What is the staff profile at this SUSD?
 - a. **Clinical/non-clinical ratio and roles**
 - b. Weekend and after-hours staff profile
 - c. Are there any vacancies services are currently having difficulty filling?
30. Do you think your skills and experience are well utilised in **<insert name of Youth Step Up Step Down>** setting?
31. What training have you accessed to support your role in **<insert name of Youth Step Up Step Down>?**
 - a. Was there any required training by the HHS/NGO prior to starting work at SUSD?
 - i. If YES, what kind?
 - ii. Were you oriented to the service guidelines? / Youth SUSD Model of Service?
 - b. Do you require more training?
 - i. If YES, what would this include?
32. What support have you accessed/currently access to support your role in **<insert name of Youth Step Up Step Down>?**
 - a. Is there any required supervision/support from your HHS/NGO?
 - i. If YES, what kind?
 - b. Are you engaged in any regular supervision or debriefing meetings with your team, your supervisor, an external supervisor?
33. In your opinion, is the level of funding and/or resources adequate to support clients within the Youth SUSD environment?



- a. How does resourcing impact the way the service is delivered?
- b. To what extent does the physical infrastructure impact service delivery?

Phase 6 – Effectiveness and Impact of the SUSD

Next, we want to know the extent to which the SUSD is effective or ‘works’.

34. Is **<insert name of Youth Step Up Step Down>**, as it is currently delivered, effective from your perspective and why? (Is it working, or doing what is meant to do?)
 - a. What does effectiveness mean? (What do we mean when we say it is ‘successful’?)
 - b. **What outcomes are you hoping to see from the young person during their time at <insert name of Youth Step Up Step Down>?**
 - c. How is effectiveness measured?
 - i. How did it come to be measured this way?
 - d. What other factors should be measured to be able to determine how effective the service is?
 - i. Quality of life
 - ii. Symptoms
 - iii. Recovery
 - iv. Disability/function
 - e. What factors impact on effectiveness?
 - i. Intake criteria
 - ii. Planned versus crisis admission
 - iii. Partnership
 - iv. Mix of staff
 - v. Environment
35. How is the effectiveness of specific programs/activities within **<insert name of Youth Step Up Step Down>** assessed?
 - a. Do activities/support delivered by **<insert name of Youth Step Up Step Down>** reflect current evidence/best practice?
 - b. How often is effectiveness of programs/activities reviewed?
 - c. In your opinion, which programs/activities have the greatest impact on the consumers recovery journey?
36. Has **<insert name of Youth Step Up Step Down>** led to a decrease in Acute service admissions and re-admissions in **<insert HHS>**? If so, why?
37. Has **<insert name of Youth Step Up Step Down>** led to a decreased average length of hospital stays for consumers? If so, why?

Phase 7 – Maintaining the SUSD

Next, we want to know about the extent to which **<insert name of Youth Step Up Step Down>** has become integrated, or part of the routine mental health support practices and policies.

38. Has the presence/implementation of the **<insert name of Youth Step Up Step Down>** changed the way other HHS/CCT staff (e.g., ED) work with people experiencing mental health deterioration/recovery? If so, why?
39. Are there networks in place for SUSD services across the state to share resources/learn from each other?
 - a. If so, tell me a bit more about this
40. What is the risk to maintaining/the sustainability of the **<insert name of Youth Step Up Step Down>** going forward?
 - a. Recruitment, retention, and consistency in staff employed across **<insert name of Youth Step Up Step Down>**?
 - b. What aspects contribute to staff culture/performance?

Phase 8 – Improving the program

41. In an ideal world, with unlimited funds, how would you change/improve the **<insert name of Step Up Step Down>**?



Phase 9 – Finalisation of interview

42. Is there anything else that you would like to tell us about the SUSD or your experience that you haven't told us already?
43. Are there questions that we haven't asked that you expected us too/think are important? Do you have any questions for us?

Thank you for taking the time to meet with us today. Your time and your views are greatly appreciated.

6. EXPLAIN AGAIN WHAT WILL HAPPEN TO DATA AND CONFIDENTIALITY.
7. ASK IF THEY WANT TO RECEIVE A COPY OF THE TRANSCRIPT FOR CHECKING.
8. TURN OFF RECORDING.