

Embrace

TELETHON
KIDS
INSTITUTE



Government of **Western Australia**
Child and Adolescent Health Service
WA Country Health Service

2022

Identifying the Priorities for Future Infant, Child and Youth Mental Health Research in Western Australia

EMBRACE @ TELETHON KIDS INSTITUTE

Who we are

Embrace @ Telethon Kids Institute is Western Australia's first research collaboration devoted to the mental health of children and young people ages 0-25.

We work with the community, service providers and partner organisations to solve the mental health challenges faced by children and young people in WA.

And these challenges are significant. Half of all mental illness begins before the age of 14 with most cases going undetected or untreated. 75% of people who experience mental illness develop symptoms before they turn 25.¹ And in Western Australia alone, suicide is the leading cause of death for young people aged 15-24 years.²

Embrace is led by some of the top mental health researchers in WA. And because our work is based on the research that young people and families in WA want to see, we're also led by the community.

Embrace is committed to collaborating with researchers, organisations and individuals to achieve our mission: mentally healthy futures for children, young people, and families in WA.

Acknowledgements

This project was supported by a financial contribution from the Child and Adolescent Health Service (CAHS).

This project was made possible by the community: the young people, parents/carers and mental health professionals in WA who used their lived experience to respond to the surveys and take part in the workshop outlined in this report. The project team extend their heartfelt thanks to everyone that took part in this project and gave their thoughts on the research that they want to see happen.

Suggested citation

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Ethics

This project meets the requirement for the National Statement on Ethical Conduct in Human Research (2007) and ethical approval to conduct the project was provided by the Child and Adolescent Health Service Human Research Ethics Committee.

¹ Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62(6), 593-602. doi:10.1001/archpsyc.62.6.593

² Australian Bureau of Statistics. (2020). Causes of death, Australia. Retrieved from <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019>

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Acknowledgement of Country

Telethon Kids Institute acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and waters of Australia. We also acknowledge the Nyoongar Wadjuk, Yawuru, Kariyarra and Kurna Elders, their people and their land upon which the Institute is located and seek their wisdom in our work to improve the health and development of all children.

Executive Summary

This project identifies 10 research priorities for future infant, child and youth mental health research in Western Australia by consulting with: young people aged 14-25 years with lived experience of mental health concerns (including symptoms of and/or formal diagnosis of a mental disorder); parents/carers of young people with mental health concerns; and professionals who support the mental health concerns of young people.

As an initial activity, members of these groups were surveyed to determine the questions that they would like future research to address. Their responses were reviewed to determine if they had already been addressed by existing literature. Questions that were already answered by published or upcoming research were discarded. A further survey refined the list of unanswered questions to a list of the 20 'most important' research questions according to the participants.

As a final activity, a consensus workshop was held to condense these 20 unaddressed research questions to 10 unanswered research questions and rank them in order of importance. These 'top ten' most important research questions are the priorities for future infant, child and youth mental health research in Western Australia. As such, the priorities only include topics not already addressed by research or currently being investigated by researchers.

The 'top 10' infant, child and youth mental health research priorities for Western Australia are:

- 1 How can the perspectives of Aboriginal and Torres Strait Islander people be ensured in developing mental health research and practice?
- 2 What are the best ways for clinicians to help infants, children, young people, their parents/carers and families who have experienced trauma?
- 3 What methods of teaching/assessments in schools would help improve outcomes for children and young people who have mental health vulnerabilities/concerns?
- 4 How does increasing parental/carer support help families with infants, children and young people who are experiencing a mental health concern?
- 5 What is the relationship between neurodiversity and mental health in infants, children and young people and what are the best ways to support this?
- 6 How can we enhance facilitation and reduce barriers for infants, children, young people and their parents/carers when accessing the mental health system in Australia?
- 7 What impact can non-clinical community-based services (this might include arts or sports programs, online social support, peer-support, play groups) have on improving mental health for infants, children, young people and their parents/carers?
- 8 How do we better assess community needs and availability of trained professionals in each region when allocating funds for infant, child, youth and family mental health services?
- 9 How can neurodiverse trans children and young people be best helped regarding their mental health?
- 10 What are the effects on infants, children, young people and their parents/carers of receiving multiple mental health diagnoses over time?

Introduction

Young people are disproportionately affected by mental health disorders. People aged 15-24 years have higher rates of mental and behavioural conditions compared to all other age groups and 75% of mental disorders emerge by the age of 24 years. Across all ages, mental and behavioural conditions are among the most common chronic conditions.

Improving mental health outcomes has been the focus of strategies within Western Australia (WA) and across Australia. Positively, these strategies often emphasise the vital contribution of the community and principles of co-design in their development. There is no WA mental health research strategy for infants, children and young people, however. The absence of a WA research strategy informed by the community may make it more difficult for researchers to understand and address the needs of infants, children, young people, families and those that support them.

This project aimed to provide such understanding. By identifying the unexplored research topics that infants, children, young people, families and professionals want to be investigated, future research can be aligned with the needs and wants of the community.

This report begins with an overview of the project milestones. The three main stages of the project are then the subject of individual chapters that set out their aims, methods and findings. This document is intended to be a useful resource in work planning and agenda setting for researchers, policy makers and those who work in the field of infant, child, adolescent and young people's mental health.

³ Australian Bureau of Statistics (2022) Health conditions prevalence: Mental and behavioural conditions. Retrieved from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/health-conditions-prevalence/2020-21#mental-and-behavioural-conditions>

⁴ Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., de Pablo, G.S., Shin, J.I., Kirkbride, J.B., Jones, P., Kim, J.H., et al. (2021) Age at onset of mental disorders worldwide: Large-scale meta-analysis of 192 epidemiological studies. *Mol. Psychiatry*

⁵ Australian Bureau of Statistics (2022) Health conditions prevalence: chronic conditions. Retrieved from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/health-conditions-prevalence/2020-21#mental-and-behavioural-conditions>

⁶ Australian Government (2021) *The National Children's Mental Health and Wellbeing Strategy*. Retrieved from: [www.mentalhealthcommission.gov.au/getmedia/5b7112be-6402-4b23-919d-8fb9b6027506/National-Children's-Mental-Health-and-Wellbeing-Strategy---Report#:~:text=The%20National%20Children's%20Mental%20Health%20and%20Wellbeing%20Strategy%20\(the%20Strategy,wellbeing%20of%20children%20and%20families.](http://www.mentalhealthcommission.gov.au/getmedia/5b7112be-6402-4b23-919d-8fb9b6027506/National-Children's-Mental-Health-and-Wellbeing-Strategy---Report#:~:text=The%20National%20Children's%20Mental%20Health%20and%20Wellbeing%20Strategy%20(the%20Strategy,wellbeing%20of%20children%20and%20families.)

⁷ The Government of Western Australia Mental Health Commission (2020) *Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025*. Retrieved from: <https://www.mhc.wa.gov.au/media/3489/yppa-young-people-priorities-for-action.pdf>

Project Overview

The project aimed to identify unexplored priorities for future infant, child and youth mental health research in Western Australia.

This was achieved by consulting with the members of the following groups at each stage of the project:

- Young people aged 14-25 years with lived experience of mental health concerns, defined as the experience of symptoms and/or the formal diagnosis of a mental disorder
- Parents/carers of young people aged 0-25 years with mental health concerns
- Professionals who support the mental health of young people aged 0-25 years.

The project was designed according to an abridged version of the James Lind Alliance Priority Setting Partnerships (PSPs) process as set out in *The James Lind Alliance Guidebook: Version 10*. The following timeline provides an overview of the different stages of the project. The initial survey, pre-workshop survey and consensus workshop are each the focus of subsequent chapters in this report.

⁸ National Institute for Health Research. (2021). *The James Lind Alliance Guidebook: Version 10*. Retrieved from <https://www.jla.nihr.ac.uk/jla-guidebook/>

Project Timeline



Initial Survey

Objectives

The initial survey aimed to gather WA residents' ideas regarding future infant, child and youth mental health research.

All stages of the project, including the initial survey, sought the views of: young people aged 14-25 years with lived experience of mental health concerns; parents/carers of 0-25 year olds with a lived experience of mental health concerns; and professionals working in the infant, child and youth mental health sector.

The survey was intended to provide a pool of responses that could be analysed for themes in common and compared against existing literature. The outputs of this analysis could then be taken forward into the subsequent stages of the project.

Method

Survey development, distribution and structure

The survey questions were designed according to an abridged version of the James Lind Alliance PSPs process. The wording was then developed in consultation with both of the Embrace community reference groups:

- Embrace Youth Reference Group: volunteers aged 16-25 years with a lived experience of mental health concerns
- Embrace Parent/Carer Reference Group: volunteers who are parents or carers of young people aged 0-25 with a lived experience of mental health concerns.

Following development, the final survey was distributed online via several channels:

- Professional and community contacts of the Embrace priority setting project team
- Partner organisations of Embrace @ Telethon Kids Institute
- Embrace Youth Reference Group
- Embrace Parent/Carer Reference Group
- Child and Adolescent Health Service (CAHS)
- Child and Adolescent Community Mental Health Service (CAMHS) in Perth metropolitan locations
- WA Country Health Services, Child and Adolescent Mental Health Service
- Other relevant infant, child, youth, family and carer organisations within Western Australia.

A snowball sampling method was used: recipients of the survey were encouraged to share the survey via their networks. The project team aimed to recruit a total of 300 participants across all three groups. This number was significantly exceeded (see 'Results', below).

The initial questions in the survey asked the participant to identify themselves as either a young person, a parent or carer, or as a mental health professional. Their response determined whether subsequent questions asked about their lived or professional experience. All groups were asked to provide demographic information, and for their thoughts on future child and youth mental health research priorities.

The primary research question asked by the survey was: 'What questions do you have about child or youth mental health that you would like to see answered by research?'

Data analysis

The approach to data analysis was based on the five stages outlined in the James Lind Alliance PSPs Guidebook. Given the significant amount of qualitative data generated by the survey, the approach was also based upon available time and resources.

Two researchers conducted the data analysis. Decisions regarding participant eligibility, scope or categorisation were agreed upon by both researchers.

Responses that qualified for analysis were submitted by an eligible individual and gave an in-scope answer to the primary research question (see 'Results' and 'Results: Out-of-scope responses', below, for more information regarding eligibility and scope).

As a first step, responses that met these parameters were anonymised and converted into a clean data set by removing incomplete responses and discarding unnecessary details. Duplicate and similar responses were also removed before the remaining responses were analysed to identify key themes in common.

Indicative research questions based on the key themes were created by the research team. Finally, these research questions were compared against the existing evidence-base. The University of Western Australia (UWA) Library's OneSearch database was used to gather information about completed research and Telethon Kids Institute researchers were consulted about ongoing studies. Questions that were not already answered by completed or ongoing research progressed to the next stage of the project: the pre-workshop survey.

At the end of the analysis stage, 8 key themes and 50 indicative research questions were identified.

Results

Total number of eligible* survey participants: 682

*Only individuals who indicated that they reside in WA and belong to either the young people (aged 14-25 years), parent/carer or professional population groups were eligible to be survey participants.

Note that percentages may not add up to 100% due to rounding.

Results: Demographics

Demographic questions were optional and statistics are based on the total number of eligible survey participants who chose to answer each question. Some questions were only asked of specific target groups; for example, only members of the 'professionals' group were asked for information about their sector.

Young people aged 14-25 years were the largest population group to participate: the total number of young people in this age group who accessed the survey was 260, or 38%. This was followed by 216 (32%) responses from parents/carers and 206 (30%) responses from professionals, giving a relatively even response rate across all three target groups. Figure 1 shows the proportion of eligible survey participants that belonged to each population group (n=682).

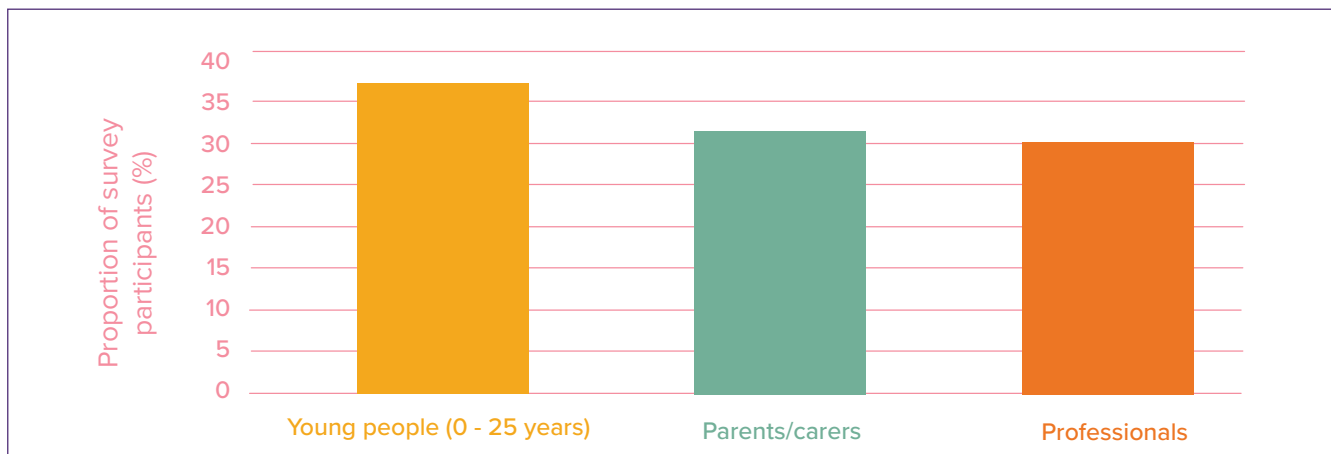


Figure 1: Proportion of survey participants that belong to each population group

Young people and parents/carers were asked about their **residence, birth country and identity**:

- 208 young people and 173 parents/carers responded to a question about their current residence: 81% of young people live in metropolitan Perth and 19% live in regional WA. The same proportion of parents/carers live in metropolitan Perth and regional WA
- 207 young people and 173 parents and carers responded to a question about their country of birth: 80% of young people were born in Australia and 20% were born overseas. 70% of parents were born in Australia and 30% were born overseas
- 209 young people and 172 parents/carers responded to a question about whether they identify as Aboriginal and/or Torres Strait Islander: 2% of young people identified as Aboriginal and/or Torres Strait Islander, 94% as neither Aboriginal nor Torres Strait Islander and 4% selected 'prefer not to say'. 4% of parents/carers identified as Aboriginal and/or Torres Strait Islander, 95% as neither Aboriginal nor Torres Strait Islander and 1% selected 'prefer not to say'.

159 young people and 150 parents/carers responded to a question regarding the **age that emotional, behavioural and/or mental health concerns first presented**:

- Most young people reported that concerns first presented at ages 13-16 years (43%), followed by ages 9-12 years (32%), ages 5-8 years (18%), over age 16 years (6%) and under age 5 years (1%)
- Most parents/carers reported that concerns first presented at under age 5 years (35%), followed by ages 5-8 years (25%), ages 9-12 years (18%), ages 13-16 years (17%) and over age 16 years (5%).

Regarding the **mental health professionals' vocations**, 165 professionals responded:

- On average, professionals had worked 10 years in the infant, child, and youth mental health sector with a range from 1 to 40 years
- 43% work in the public sector, 13% in the private sector and 44% in a non-Governmental Organisation (NGO)
- 35% work in regional areas of Western Australia and 65% work in the Perth metropolitan area
- When asked to name their current role a wide range of professions were described, including case managers, clinical psychologists, counsellors, occupational therapists, social workers and youth workers.

Results: Out-of-scope responses

Responses that were provided by eligible participants and met the following parameters were within the scope of the project:

- Directly related to young people (aged 0-25 years)
- Directly related to mental health
- An appropriate question for research to answer (for example, not an anecdotal statement or a request for a service).

The survey featured open questions, allowing respondents to give their response in their own words rather than choosing their answer from a set of options. As a result, many responses fell outside the scope of the project. Out-of-scope responses were manually identified and removed from the data.

Nonetheless, many of the out-of-scope questions and comments provided valuable insight into the experiences and challenges of those with lived experience of mental health concerns and about the mental healthcare system itself in WA:

“Why is the Government not funding more mental health services for children under the age of 12?”

“In my work field we never have enough counsellors or psychologists or psychiatrists for the children with whom I have worked for the last 30 years”

“We have basically ‘scrambled’ through the past 8 years, wondering what each day will bring. It is just luck that our family unit is strong, but we are barely surviving this”

“What are the impacts on public health services of the newer NGO services taking on work usually associated with public health providers?”

“Why does the Government not care at all about mental health?”

Results: Response themes

Of the 682 eligible survey participants, 391 individuals provided one or more in-scope research questions.

Analysis of these research questions resulted in the identification of 8 key themes and the creation of 50 indicative research questions associated with the key themes.

The 50 indicative research questions were consolidated into a list of 20 questions at the next stage of the project (the pre-workshop survey). The 8 key themes and some of the 50 indicative research questions are provided here to demonstrate the research questions that were associated with each theme:

1 Interventions

What impact can non-clinical community-based services have on improving mental health for infants, children and young people?

How effective are national and international anti-bullying strategies in improving mental health outcomes for children and young people?

2 Co-morbidities

What are the most effective interventions for infants, children and young people who have experienced trauma?

What is the relationship between neurodiversity and mental health concerns in infants, children and young people?

3 Services

What are the barriers and facilitators to infants, children, young people and families accessing the mental health system in Western Australia?

Is age-based criteria to access mental health services the most effective model of care to address the needs of infants, children and young people?

4 Prevention and early intervention

Do population-based mental health prevention strategies improve mental health outcomes for infants, children and young people in WA, compared to other developed nations?

What are the most effective ways for children and young people to manage their day-to-day mental health symptoms?

5 Outcomes

What is the impact of on infants, children and young people of receiving multiple mental health diagnoses over time?

Do public education campaigns help children, young people and their families to navigate a mental health crisis better?

6 Inclusivity

How can government systems shift their practice to be meaningfully shaped by Aboriginal-led data identification, collation and interpretation?

What constitutes a LGBTQA+ friendly mental health service, and what proportion of existing mental services for children and young people meet this criterion in WA?

7 Families

Is increasing parental support an effective intervention for families with infants, children and adolescents experiencing a mental health concern?

Do parenting programs that focus on attachment reduce the rates of mental health concerns in infants, children and young people?

8 Systems

What are the most effective ways for local government to meet the mental health needs of infants, children and young people?

Does best practice within the infant, child and youth mental health system align with best practice within the education system?

Pre-workshop Survey

Objectives

Analysis of the initial survey responses resulted in a list of 50 indicative and unexplored research questions. According to the James Lind Alliance PSPs principles, this list was too large to take to a consensus workshop and rank according to importance.

The second online survey aimed to condense the list from 50 to 20 questions and to begin to prioritise them. This smaller list of prioritised questions could then be finalised and ranked in a subsequent consensus workshop (see next chapter).

Method

The pre-workshop survey was disseminated to the initial survey respondents who had expressed interest in continuing to be involved in the project.

Respondents rated each of the 50 indicative questions as ‘very important’, ‘important’, ‘neutral’, ‘low importance’ or ‘not at all important’ according to how important they felt each question was for future research to address. A score was allocated to each rating. The ratings provided by respondents were used to calculate a total score for each of the 50 questions. The questions were ranked according to their total score, which indicated how important the participants as a group felt each question to be.

Respondents’ ratings were based on their own knowledge and experience. Respondents were also able to provide comments about the question, the language used and if they felt that the question should be rephrased.

Results

The pre-workshop survey was disseminated to a total of 145 individuals: 32 young people, 56 parents/carers and 57 professionals. 59 responses were received from 11 young people, 18 parents/carers and 20 professionals.

In no particular order, the ‘top 20’ questions according to the pre-workshop survey were:

- What are the barriers and facilitators to infants, children, young people and families accessing the mental health system in Western Australia?
- What are the most effective interventions for infants, children and young people who have experienced trauma?
- Is increasing parental support an effective intervention for families with infants and children experiencing a mental health concern?
- What are the most effective ways of working with infants, children and young people who have both autism and mental health concerns?
- Would increased outpatient supports help prevent hospitalisation of children and young people with eating disorders?
- Would alternative methods of teaching/assessment in school improve outcomes for children and young people who have mental health concerns?

- What impact does a diagnosis of a neurodevelopmental condition have on the mental health of a child/young person?
- What strategies are most effective for supporting neurodiverse trans and gender-diverse children with their mental health?
- How do we better assess community need and availability of trained professionals in each region when allocating funding for infant, child and youth mental health services?
- How can our education system incorporate the latest international evidence and models of care into practice?
- How can government systems shift their practice to be meaningfully shaped by Aboriginal-led data identification, collation, and interpretation?
- What impact can non-clinical community-based services have on improving mental health for infants, children and young people?
- Would a counselling program for children under 12 years who live in an environment where there is drug and alcohol misuse improve their mental health outcomes?
- What is the relationship between neurodiversity and mental health concerns in infants, children, and young people?
- Do parenting programs that focus on attachment reduce the rates of mental health concerns in infants, children and young people?
- What are the current wait times to access the Gender Diversity Service and how does this impact on children, young people and families?
- What is the impact on infants, children and young people of receiving multiple mental health diagnoses over time?
- Are parent/carer support groups an effective intervention for families of young people with self-harming behaviour?
- What are the impacts of court-ordered contact with perpetrators of family and domestic violence on the mental health of infants, children and young people?
- What are the most effective strategies for working with infants, children and young people who have different learning needs?

These 'top 20' most important questions were further refined and prioritised at the consensus workshop.

The Consensus Workshop

Objectives

Using the 'top 20' most important and unaddressed research questions identified by the pre-workshop survey, the consensus workshop aimed to achieve agreement on the ten most important unexplored priorities for future infant, child and youth mental health research in Western Australia.

Method

An invitation to take part in the consensus workshop was shared with initial survey and pre-workshop survey respondents who had expressed interest in continuing to be involved in the project.

The consensus workshop was conducted online due to COVID-19 restrictions. The workshop was hosted via Zoom and the visual collaboration tool MURAL board was used throughout the session to display and order the 'top 20' research questions identified by the pre-workshop survey.

Throughout the workshop the participants worked as one large group and in smaller groups. Two facilitators worked with each small group of participants during their discussions. All facilitators were volunteers employed by Telethon Kids Institute who underwent training prior to the consensus workshop. A dedicated support person was also present to assist participants at any point throughout the workshop, and a clinical psychologist was on call throughout the session.

The consensus workshop was conducted according to a modified version of the approach set out in the James Lind Alliance Guidebook:

→ Step 1. First small group discussion

Young people, parents/carers and professionals discussed the 20 questions produced by the pre-workshop survey in small groups. The membership of each small group was determined prior to the workshop and aimed to achieve an equal mix of young people, parents/carers and professionals.

Participants were asked to discuss if there were any other items to include, any gaps or missing questions, the wording of the questions and if any questions could be combined.

→ Step 2. Whole group discussion

Each small group summarised their discussion to the wider group and outlined whether they thought questions should be added, removed or revised. The 20 questions were amended according to the consensus of the wider group.

→ Step 3. Second small group discussion

Participants returned to their small groups and ranked the revised list of questions according to importance.

Step 4. Whole group discussion

The rankings agreed upon by each small group were collated and presented to the whole group as an aggregate ranking. The whole group discussed this aggregate ranking to reach agreement on the final order of questions according to importance, with particular focus placed on determining the 'top 10' research questions.

The final wording and ranking of the questions were presented to the participants the next day to provide the opportunity to reflect on the outcomes.

The workshop participants overwhelmingly resided in metropolitan Perth areas. To ensure that the research priorities were reflective of both metropolitan and regional WA, the 'top 10' questions were shared with individuals residing in regional areas of WA who had initially registered to take part in the consensus workshop and were unable to attend on the evening. Between them, these five individuals from regional WA represented each of the three population groups. They reviewed the list of the 'top 10' questions and were asked to consider whether the list was also relevant to those living in regional areas. The 'top 10' questions were accepted with no revisions.

The 'top 10' most important research questions were concluded to be the 'top 10' future infant, child and youth mental health research priorities for Western Australia.

Results

The workshop was attended by five young people, five professionals and four parents/carers. These participants were divided into three small groups. Each group had young people, parent and professional representatives and was facilitated by two Telethon Kids Institute facilitators.

According to the results of the consensus workshop, the 'top 10' unexplored future infant, child and youth mental health research priorities for Western Australia are (in descending order of importance):

1. How can the perspectives of Aboriginal and Torres Strait Islander people be ensured in developing mental health research and practice?
2. What are the best ways for clinicians to help infants, children, young people, their parents/carers and families who have experienced trauma?
3. What methods of teaching/assessments in schools would help improve outcomes for children and young people who have mental health vulnerabilities/concerns?
4. How does increasing parental/carer support help families with infants, children and young people who are experiencing a mental health concern?
5. What is the relationship between neurodiversity and mental health in infants, children and young people and what are the best ways to support this?
6. How can we enhance facilitation and reduce barriers for infants, children, young people and their parents/carers when accessing the mental health system in Australia?
7. What impact can non-clinical community-based services (this might include arts or sports programs, online social support, peer-support, play groups) have on improving mental health for infants, children, young people and their parents/carers?

8. How do we better assess community needs and availability of trained professionals in each region when allocating funds for infant, child, youth and family mental health services?
9. How can neurodiverse trans children and young people be best helped regarding their mental health?
10. What are the effects on infants, children, young people and their parents/carers of receiving multiple mental health diagnosis over time?

Conclusion

This project has identified unexplored topics for future infant, child and youth mental health research by consulting with young people, parents/carers and mental health professionals in WA. Their views have informed a set of research priorities that are not already being investigated by research.

The project benefitted from an impressive number of respondents, especially for the initial survey, and a good distribution of respondents across each of the population groups (young people, parents/carers and professionals).

This work should provide a useful resource for researchers, policy makers and funders when considering the research and policy agenda in WA. Those who draw inspiration from the findings of this project are strongly encouraged to engage with the community groups relevant to their work from its inception. The perspectives of and relationships with such groups are invaluable.

In particular, the views reflected in this report, and the research priorities, are only indicative of the general WA population and cannot be applied to specific cultural groups and identities within the State. For example, culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander communities and those who identify as LGBTQIA+. Any research conducted with these communities must therefore seek to understand the perspectives of their members and align with the research that they want to see happen. It is also vital that this engagement is built on principles of mutual respect, cultural sensitivity and a commitment to building meaningful relationships that last beyond the duration of a particular project.

The findings of this project should also be put into the context of the COVID-19 pandemic; the project was conducted in 2021 and 2022, when the pandemic and its burgeoning health impact was at the forefront of West Australian lives. This is not necessarily a negative aspect of the project or a factor that makes the research priorities invalid. Rather, it is hoped that the outcomes of this project can assist efforts to address the infant, child and youth mental health challenges that both pre-date and have arisen due to the COVID-19 pandemic.

