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MyBRANCHES

Co-Production of a Peer-Supported, Flexibly Delivered and Digitally Enabled Self-Management Intervention for Young People Transitioning from Early Intervention in Psychosis Services

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Research Summary

Why was the research done?

Young people accessing Early Intervention in Psychosis Services (EIPS) report positive experiences. However, they also report 'pinch points': moments of stress, confusion, or challenge. A major pinch point is at discharge. In this project, we used co-design and co-production to build and test a digital, peer-supported tool that helps young people plan, and feel ready, for their discharge from an Early Intervention in Psychosis service.

What were the key findings?

Language and visual design elements were seen as key to supporting engagement with the tool. When done well, these elements have the potential to enhance trustworthiness, add value, and support a young person to feel safe while using a tool. Lived experience quotes were identified as a way to address stigma, normalise experiences associated with psychosis, and communicate practical learnings about preparing for discharge. A tool that supports discharge should support both emotional reflection, and practical planning. Co-design was undertaken with multiple stakeholders and multiple sites, and co-designers reported very high levels of satisfaction with the process.

What does this mean for policy and practice?

Discharge from a service represents a potentially critical intervention point, that has not been widely considered in research and practice. When engaging with planning to support discharge, accommodation of differences in experience regarding psychosis is important and can support enhanced engagement with the process by young people. Multi-stakeholder, multi-site co-design, though potentially time and resource intensive, is a viable and effective way of collaborating with diverse groups of people with different types of health and social experiences.

Citation

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We acknowledge the Traditional Custodians of the lands on which we work and live across Australia. We pay our respects to Elders past and present and recognise their continued connections to land, sea and community.

Introduction

Early Intervention in Psychosis Services (EIPS) provide young people (≈12-25 years) with access to psychological, psychiatric, peer, and allied health supports, with the aim of preventing, or reducing the impact of, psychosis (McGorry et al., 2007). EIPS have been established in the UK, Canada, Scandinavia, Australia, and elsewhere (O'Connell et al., 2021). In Australia, EIPS provide service streams for young people who have experienced a first episode of psychosis (FEP) and those deemed at ultra-high risk (UHR) of developing psychosis (Brown et al., 2022; Milton et al., 2022). While people accessing EIPS can have positive experiences and outcomes (Caldwell et al., 2025; Lester et al., 2012; Milton et al., 2022; Powell et al., 2024; Williams et al., 2023), they also report *pinch points*; moments of stress, confusion, or challenge related to service transitions (Milton et al., 2022). A major pinch point is at discharge from an EIPS, with young people feeling under prepared, worried about post-discharge support, or unsure about transitioning to adult mental health services or community care (Milton et al., 2022).

Self-management interventions focus on supporting individuals to engage with 'tasks required to successfully live with and manage the physical, social, and emotional impact of a chronic condition' (Lean et al., 2019, p. 260). When delivered alongside usual care, self-management interventions can improve recovery, hope, self-efficacy, and empowerment for people experiencing 'severe mental illness' (SMI) (e.g. bipolar, schizophrenia and related experiences, major depression) (Lean et al., 2019). Further, there is emerging evidence that self-management interventions that are peer supported (by professional peer workers) are associated with positive outcomes in people with SMI, like reduced readmission to acute care (Johnson et al., 2018) or improvements in psychiatric self-management (Fortuna et al., 2018). Further, people with lived experience have articulated a preference for, and experience better engagement through, human-supported access to self-management tools from peers and others (Arnautovska et al., 2025; Milton et al., 2024; Torous et al., 2025). A peer supported, self-management approach to discharge has the potential to support young people to transition out of EIPS with greater self-confidence, and direction.

Methods

Overarching Project

The MyPREP-ED (My Personal Recovery Plan for EIP Service Discharge) Project aims to co-produce and trial a peer-enabled, digital, self-management tool (called MyBRANCHES) for young people preparing to graduate (or discharge) from an EIPS. The project has been carried out in Australia. Here we report on the development phase of MyPREP-ED (see Figure 1 for an overview of project stages). This phase used co-production and co-design methods to co-create the MyBRANCHES tool. MyBRANCHES is an adaptation of MyPREP (My Personal Recovery Plan) a co-designed and peer-enabled self-management tool for adults with experience of a long-term mental health condition (Milton et al., 2024).

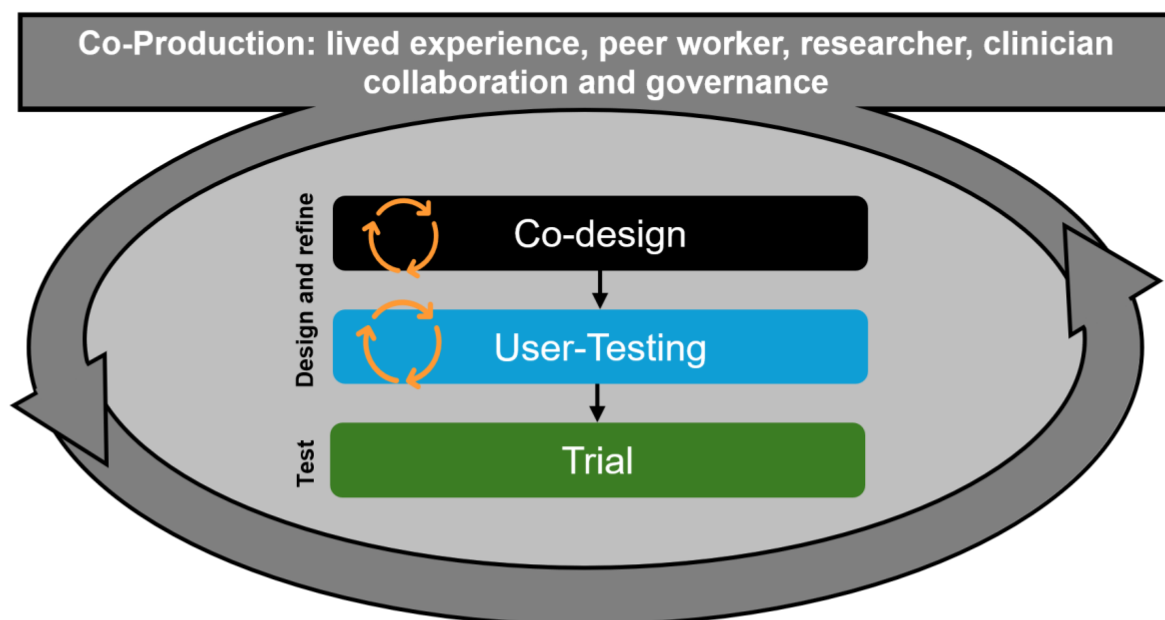

Figure 1: Overview of MyPREP-ED project phases

Co-production team

We are a team of 14 people with a mix of lived, learned, research and design experience who formed a dedicated co-production team (called the Knowledge Translation Working Group) for the development phase of MyPREP-ED. Our group worked together for approximately 18 months to develop, deliver, and analyse the co-design and user testing components of the project. Six of our team have a lived or living experience of psychosis, while also having peer support, research, or advocacy expertise. Six of our team have research, or research and clinical expertise. One of our team has UX (user experience) and design expertise, and one of our team contributed as a student collaborator and young person (under 25 years). Following

Bellingham and colleagues (2023), we strove to achieve equal representation between lived experience and conventional researcher team members.

Study Design

Following past research (Arnautovska et al., 2026; Milton et al., 2024), our study design was centrally informed by Roper and colleague's guidelines for Co-Production in Mental Health (2018). The guidelines prioritise lived experience leadership and collaboration using co-planning, co-development, co-delivery, and co-evaluation across all project stages. Following the guidelines, we formed the Knowledge Translation Working Group (Co-production team) to drive each aspect of the project, and utilised co-design methods for the development of MyBRANCHES. Our study design was also underpinned by the Medical Research Council framework for developing and evaluating complex interventions (Skivington et al., 2021). This framework promotes an expansive view of intervention development and appraisal that moves beyond focusing on an intervention's fulfillment of an "intended outcome" (Skivington et al., 2021, p. 1). The framework encompasses aspects such as an intervention's appropriateness and efficacy, its interaction with existing systems, the views and experiences of stakeholders, and resources required for delivery. This framework informed our approach to co-design, guiding both the development of tool content and implementation processes to support the project's testing phase. It also shaped our evaluative activities, which examined the experiences of co-designers throughout the process.

Co-design

The project's core method was co-design; a collaborative process undertaken between a mixed group of people who hold direct experience and expertise related to the goals of a project (including people with lived experience, researchers, clinicians, community members etc). These collaborators work together as equals to address a need, issue, or problem (McKercher, 2020; Milton et al., 2024). In foregrounding the expertise, and acting on the choices of people with lived experience, co-design can offer a tangible means of enacting the ethos *nothing about us without us*, long championed by lived experience and community advocates (Charlton, 1998), and more recently endorsed by national research institutions (see for example, NHMRC, 2021). Further, research indicates that meaningful stakeholder participation in design and development processes can result in enhanced usability and appropriateness for end-users (Bjerkan et al., 2015).

Seeking to engage with the potentially diverse experiences of stakeholders (recruited across different Australian states and territories, state and federal EIPS, and rural and urban locations), we utilised an iterative co-design approach. Drawing on McKercher's co-design method (McKercher, 2020), implementation-oriented co-design cycles (Hickie et al., 2019), and past research processes (Milton, Hambleton, et al., 2021; Milton et al., 2024; Milton, Stewart, et al., 2021; Nolan et al., 2024), we developed a series of workshops; each to be held with different groups of stakeholders, and each building on the work undertaken in previous sessions. We integrated user testing and playback sessions to refine tool design, gain insights about supporting implementation of the tool, and to close the loop with co-designers. Appendix 1 provides an overview of the activities undertaken by co-designers across each workshop. Co-design sessions were facilitated by at least two people (members of the co-production team, or colleagues local to states we were visiting), one of whom was a person with lived experience. Each workshop was recorded, and facilitator notes and materials produced by co-designers were retained for analysis. Recordings were transcribed and de-identified.

Ethics

The study was approved by the Human Research Ethics Committee (HREC) of Royal Prince Alfred Hospital (Protocol No. X24-0065 & 2024/ETH00452) on 22nd April 2024.

Participants

There were two key stakeholder groups for MyPREP-ED: 1) young people with lived experience of accessing an EIP in either FEP or UHR streams of the service, and 2) supportive others including peer workers, service staff and family members or friends. Recruitment for young people was undertaken via either EIPS nomination, or passive snowballing. Supportive others were recruited via passive snowballing. We recruited 59 participants; 36 co-designers participated across 9 co-design workshops (workshops were held in-person or online and had between 2 and 10 participants, see Figure 2 for details), and an additional 23 participants were recruited to undertake user testing alongside the original co-designers (results from this process are reported in a forthcoming paper). Co-design participant numbers were established using the concept of information power (Malterud et al., 2016) and guided by the team's experience regarding the optimum number of participants for a co-design workshop.

Co-designers were eligible to participate if they were 16 years or older, were able to provide written consent without assistance, and were able to participate in English. All participants provided written, informed consent before taking part. Three co-designers (young people, some of whom were also peer workers) expressed an interest in deeper engagement with the project and subsequently joined the Knowledge Translation Working Group.

Demographic and Co-design Evaluation Survey

To support our efforts to purposefully and iteratively recruit a range of co-design participants, and to evaluate the experience of participants to inform future co-design practice, we composed a brief survey to be completed after a co-designer finished their co-design workshop. Survey completion was optional, and all questions were skippable. The survey contained a mix of quantitative and qualitative questions and was in two parts. The first part collected demographic data. The second part gathered feedback about participants' experience of the co-design and their perceived priorities for discharge supports. Participants could complete a paper survey, or a digital version on REDCap.

Analysis and Knowledge Translation

Between sessions, the Knowledge Translation Working Group worked together to action design and other choices made by co-designers, and to synthesise learnings across workshops. Although a top-level plan for the co-design workshops was established in advance, we refined and adapted the content of individual sessions to build on work done in previous workshops, to accommodate specific stakeholder groups, and in view of the mode of delivery (e.g. online or in-person).

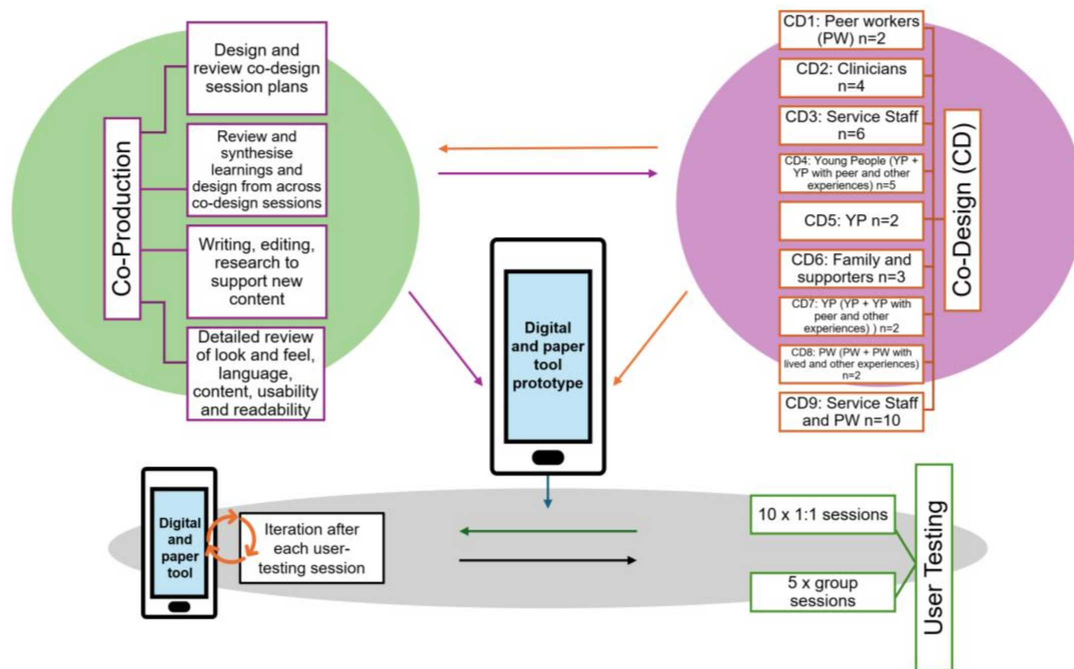

Figure 2. Overview of project's co-production, co-design and user testing processes

Co-design

After each workshop (or cluster of workshops) we undertook reflexive analysis to identify key themes and priorities, as well as capture unique views or needs. We reviewed workshop transcripts, materials created by co-designers, our reflective notes, and free text feedback captured in surveys. Following previous research (Milton et al., 2017; Milton et al., 2024), we modified Braun and Clarke's (2022) reflective analysis method to enable all members of the co-production team to participate in co-analysis. Two co-production team members (PV and AM) familiarised themselves with the data, and generated a set of codes, and then established initial themes using Microsoft Word. The wider co-production team would then meet online and review and develop these themes. The co-production team accessed only de-identified and/or summarised materials to protect co-designer privacy as per the ethics protocol. Themes were shared via an in-Zoom PowerPoint presentation, circulated via email, and/or presented using a digital white board (Mural). Asynchronous engagement was facilitated by one-on-one meetings, or through Mural or email. Wider team co-analysis ensured that initial interpretation was corroborated by multiple team members.

This adapted analytic process enabled all co-production team members to contribute to the analytic process without adding excessive time pressure or impinging on their other educational, professional, and personal responsibilities. We initially took an inductive

approach to thematic analysis, but after the fourth co-design session we moved to a deductive approach using our existing themes to guide our coding schema. We deemed this appropriate because each co-design session was iterative and built on themes and ideas surfaced in previous sessions. Further, our utilisation of deductive analysis helped the team to respond more rapidly to co-design choices and ensure that we progressed tool development between co-design workshops. However, mindful of differences in need and experience across our co-design cohort, we were alert to any new codes or themes and incorporated these into our schema as required. After analysis sessions, the co-production team acted on findings surfaced via theme identification by, for example, redrafting or creating new tool content, developing visual assets, and creating wireframes for the digital tool. Interested Working Group members volunteered for different activities and undertook these independently (between team meetings) or in collaboration with other co-producers during scheduled meetings. See Figure 2 for an overview of the co-production and co-design activity and their interaction across the project.

Survey

Descriptive statistical analysis was undertaken in SPSS 28 for demographics and wellbeing data, and ordinal feedback on the co-design. Qualitative analysis of open-ended user feedback was conducted in NVIVO 15 using thematic analysis as per the stages identified by Braun and Clarke (Braun & Clarke, 2022). Survey data was analysed by EM with support from AM and PV.

Results

Survey: Co-designers and their experiences

The survey was fully or partially completed by 51 of the 59 participants (noting that participants who only undertook user testing completed Part 1 of the survey only). Participants were asked to identify the stakeholder group to which they belonged, and could select more than one (for example, a peer worker might also identify as a young person with lived experience). 57% identified as a health professional, 24% as a young person who has engaged with EIPS, 14% as a peer support worker, 3% as a support person (e.g. family member), and 2% as a lived experience researcher. The majority of respondents were aged between 25 and 34 years (51%) and identified as women (61%). Participants identified as belonging to a diverse range of cultures (25 unique cultural identifications nominated), 65%

were born in Australia, and 22% spoke a language other than English at home (African dialect, Chakma, Hazaragi, Hindi, Macedonian, Mandarin, Portuguese, Sinhalese, Tagalog, and Tamil). Of the participants, 78% reported never requiring needing help to read instructions, pamphlets, or other written material from their doctor or pharmacist. Participant postcodes were checked against the SEIFA Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) (Australian Bureau of Statistics, 2021). 39% of postcodes belonged to category 5 (most advantaged), 18% to category 1 (most disadvantaged), and 18% to category 3 (average).

Co-design participants were asked to rate their overall assessment of the ideas generated during co-design using a five-point scale (1= insufficient to 5= excellent): 65% assessed the ideas generated through the co-design as a 5 (excellent) and 31% as 4 (good). Co-designers were asked to rate how able they felt to share their ideas during the co-design (1= I felt unable to share my ideas, to 5= I felt fully able to share my ideas). 69% selected 5 (fully able) and 27% selected 4 (mostly able).

Using a 5-point Likert scale (strongly agree to strongly disagree), participants were asked to record their agreement regarding three statements about the co-design process: 89% of respondents strongly agreed that their perspective was valued as much as others during the co-design, 96% strongly agreed that they felt supported to participate in the process, 96% strongly agreed that their input was accurately reflected in feedback. Respondents were asked to indicate their confidence (from confident, neutral, to not confident) that the outcomes of the co-design process would result in an improved service, with 92% selecting confident. Respondents were asked to rate their overall experience of the co-design on a 5-point Likert scale (from excellent to very poor), with 89% rating their experience as excellent.

Respondents were asked to answer yes or no to indicate their agreement with two statements about their understanding of the aims of the workshop they attended, and of the co-design method: 96% indicated they had received sufficient information prior to the workshop to understand the purpose, and 85% reported their understanding of co-design improved from attending their workshop. Participants were asked to report on their previous experience of, and future interest in, co-design participation: 31% had undertaken co-design before, 74% said they were very likely to take part in co-design in the future.

Co-design

Analysis revealed four key themes central to the adaptation of MyPREP these were *the importance of language and content-framing*, *creating an engaging look and feel*, *the inclusion of lived experience voices,* and *new content to acknowledge the unique experience of Graduating from an EIPS*. We now describe these themes and also outline co-production activities undertaken to action themes via MyBRANCHES development. We do this to illustrate the interaction of co-production and co-design activities across the project. Please note, we report on implementation and user testing themes in a forthcoming paper.

Language and content-framing

A consistent and strong theme was the need to revise and refine the language and framing of the adult MyPREP to make it appealing and appropriate for young people approaching discharge. Language was identified as an important facilitator for engagement with the tool, one that had the potential to make it feel worthwhile and trustworthy.

Tone and Style

Co-designers felt that the writing style used in MyPREP was too dense and needed simplifying. For example, a group of peer workers and service staff who reviewed the tool noted that it had “research article vibes”, needed to “be clearer/more concise”, and was too “text heavy” requiring a general pruning back of content, and strategic use of dot points and short paragraphs (rather than lengthy blocks of text). Generally, co-designers felt that the tone of the language was too formal, clinical, and serious, and that a younger voice that was light, friendly, and more informal was required. For example, a group of service staff who reviewed the tool cautioned against “clinical creep” in the language, urging instead for the tool to consistently utilise plain language. One of the co-designers cautioned against being too informal in language, as they felt this risked undermining the tool’s authority and its status as a trustworthy resource. Co-designers also highlighted the need to create, where possible, a synergy between service and tool language to enhance understanding for young people. There was variation across services regarding terms used to refer to discharge, with some preferring *graduation* or *closure*. Co-designers recommended that, where possible, the tool reflect this terminology to align with local practice. Finally, co-designers flagged that the proposed name for the new tool, *MyPREP-ED: My Personal REcovery Plan for EIP service Discharge* carried connotations unrelated to graduation from an EIP. For example, MyPREP-

ED evoked the medication PrEP (Pre-Exposure Prophylaxis), or a hospital emergency department (sometimes abbreviated to ED).

Framing principles

Co-designers identified a set of conceptual principles to guide the way content in the tool was framed and articulated. These principles were; utilising trauma-informed, non-stigmatising, strengths-based, and recovery-oriented approaches, acknowledging and accommodating differences in experience and need, employing a whole-of-person and person-centred focus (rather than reducing the individual to their mental health experience), and avoiding capitalist framing that implies that to be a well or valuable person the individual must be a "productive" member of society. These concepts were understood by co-designers as interconnected, and complimentary. For example, P7, a service staff member noted that a "focus on strengths-based language rather than deficient [language]" would help to reinforce a non-stigmatising view of psychosis throughout the tool.

Framing the role of peers

Co-designers were enthusiastic about having a peer worker support young people in the use of the tool. They noted, however, that care needed to be taken around how the peer's role and responsibilities were framed. One peer worker (P27) expressed concern that invitations in the tool for a young person to talk to their peer coach about things like recovery planning might result in "peer drift" or "role creep", meaning a peer would be forced to assume responsibilities that should be the purview of a clinician.

Figure 3. The MyBRANCHES Wellbeing Wheel

The co-production team responded to this theme by undertaking a total redraft of the tool with the goal of creating a more concise and youth-appropriate tone. We altered any language that was flagged as inadvertently stigmatising, or which contradicted the principles described above. For example, in line with the recommended non-capitalist perspective, we revised the framing of the “Goals and dreams” section by broadening the content to include diverse life aspirations and adding examples beyond employment or financial productivity, ensuring that future hopes were not positioned solely in relation to paid work. We also amended several section titles, for example “Keeping well” became “My ways of feeling well” to avoid implying there is a single experience of wellness.

We added additional content and new digital functions to address framing concerns and principles. For example, we integrated the CHIME framework (Leamy et al., 2011) and a Wellbeing Wheel (see Figure 3) into planning activities to reflect whole-of-person, and recovery-oriented principles. Seeking to address the principle of acknowledging difference, and inspired by a note on language included in the RAS-DS handbook (Hancock et al., 2016), we designed a function in the digital tool that allowed for mass editing of specific words identified by co-designers and co-producers as potentially contentious (led by SM, SB, SS, SC) (see Figure 4). To address concerns about the tool’s name, we adopted the name MyBRANCHES (My Building Recovery And Navigating Changes with peer Helpers in Early intervention Services). Finally, to avoid inadvertently encouraging role creep for peers, a dedicated section on the roles and responsibilities of a peer, in the context of MyBRANCHES use, was included in the peer training material.

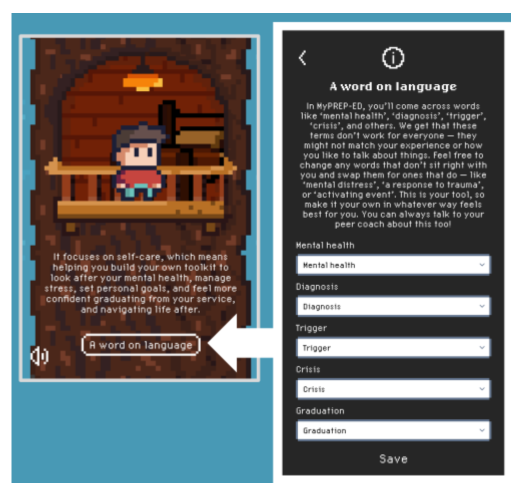

Figure 4. Early prototype for the ‘A word on language’ function

Look and Feel

Co-designers indicated a need to update the visual components and aesthetic design of MyPREP to enhance accessibility and appeal for young people. Referring to both the volume of written words and their layout, co-designers described the tool as "dense". They suggested that text needed to be reduced and re-formatted using double spacing, incorporation of additional paragraph breaks, variations in typesetting (e.g., using bolding and different font size), and integration of images, symbols and icons.

Co-designers felt the digital version of MyPREP was too static, and that the new tool needed a more dynamic interface, with gently gamified elements. The inclusion of interactive components was endorsed to make didactic information and planning activities more engaging for young people. There was also a preference for a digital tool that allowed customisation (e.g., choosing and tailoring your own avatar). As a parent (P22) noted, "[include] creative aspects – create your own character, adventure etc".

Co-designers observed that, visually, the adult tool was reminiscent of workbooks produced in school. For example, a group of peer workers noted that it looked like a "primary school exam". To address this, co-designers experimented with low-fidelity prototyping for different sections of the tool, and suggested games, apps, websites, and artworks that they found visually appealing to help establish an aesthetic style for MyBRANCHES. To synthesise these efforts, the co-production team created a set of mood boards that encompassed various design aesthetics which the co-designers reviewed. Co-designers typically expressed a preference for playful, colourful and non-corporate designs that were highly legible. As a peer worker (P16) noted during a co-design session, "I like that one [a specific mood board], but maybe not for a mental health app – I feel like it's very business. But I like how it's easy to read though".

Several co-designers noted a preference for an aesthetic inspired by "cosy" video games; broadly defined as low pressure and low stakes, not centred on combat, and "with an overall high sense of cuteness, quaintness, and/or charm" (Trujillo, 2024, p. 26) . As P19, a young person with lived experience noted, "I really like Animal Crossing for look and style". Games with a pixel art style, such as Stardew Valley, were also cited as embodying a desirable design aesthetic. There were, however, some concerns about the broad appeal of this playful style. As P7, noted, "I am also mindful that at some point in my caseload I had a 12-year-old

and a 29-year-old. It’s a really big range and if it’s like really bright and colourful little cartoons or whatever, for someone who is approaching their thirties, they have a full-time job [that might not be suitable].”

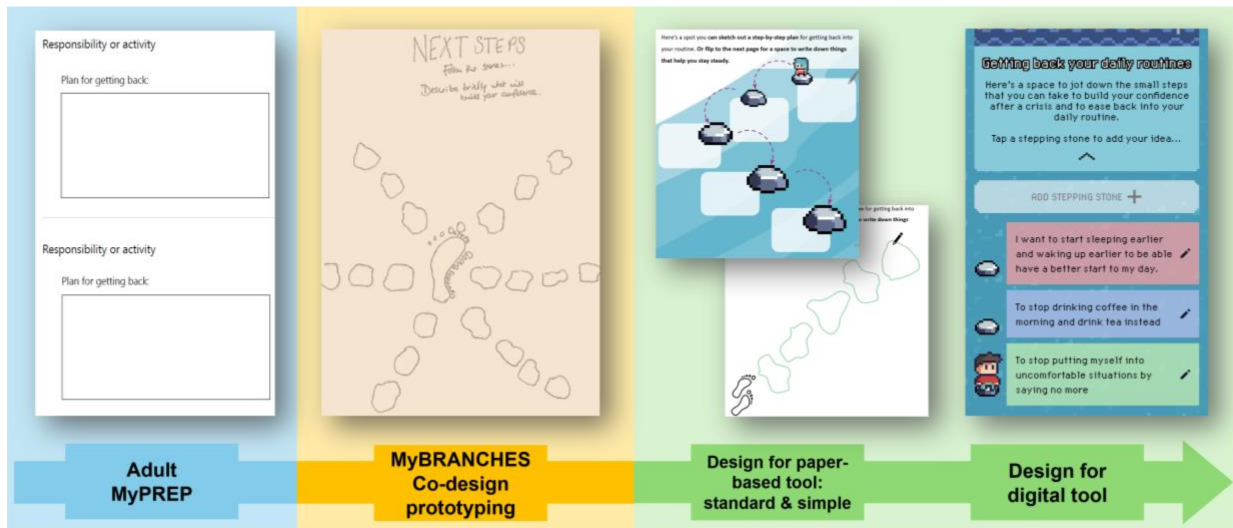

Figure 5. Example of the evolution of MyBRANCHES design

Finally, co-designers felt that alongside the digital MyBRANCHES tool, it was important to offer a paper version to cater to differing preferences around engagement, even if it was likely that most young people would utilise the digital version.

In response to this theme, the co-production team implemented the design directives described above, including by reformatting layout, and integrating gamified elements across the digital tool (e.g., ‘pop the bubble’ activities). Inspired by co-designer enthusiasm for pixel art, and by research indicating that casual gaming, and engagement with cosy games can have a positive impact on wellbeing (Desai et al., 2021; Johannes et al., 2021), the co-production team – led by co-producer and UX designer DP – developed a pixel art/cosy game design aesthetic for the tool (see Figure 5 for an example of the design development process). Our team also created a paper-based version of the tool that mirrors the cozy game aesthetic of the digital tool. Mindful of the need to cater for a broad age range, we also designed a simple version of the paper tool using the original MyPREP design and omitting pixel art assets (see Figure 6), with the goal of rolling out a simplified digital version after the pilot stage of the forthcoming trial (Milton et al., 2026).

Figure 6. MyBRANCHES (left to right): digital tool homepage, front cover of standard paper version, front cover of simple paper version.

Inclusion of Lived Experience Voices

When reflecting on their experience of graduation, or the experiences of young people they supported, co-designers discussed the insidious impact of stigma on young people experiencing psychosis. For example, P24, a young person with lived, peer worker, and research experience, reflected, "I was experiencing so much stigma…everyone kept being like 'your life is over', like I had these really destructive messages coming at me from all sides, and it was destroying my self-esteem and destroying my sense of self". P23, a peer worker and young person with lived experience, reflected on the stigma expressed by her mother when she first experienced psychosis, and how this changed over time, "she has apologised for her actions, and it wasn't until she saw what was actually happening to me that she had to kind of reassess how she was raised, and her own mindset". Co-designers saw addressing the impacts of stigma as an important dimension of MyBRANCHES and felt that the inclusion of lived experience quotes across the tool would be a good way to do this. As P24 stated, "I think it is really important that people are exposed to like different narratives…you know there's different ways to think about this…that can be quite helpful to support you while you're going on this journey…to see people's different stories, and to see, there's like many people just like you that have a variety of healing journeys".

Alongside addressing stigma and shame, lived experience quotes were identified as a way to normalise the experience of psychosis, to communicate information about unknowns related to discharge, and to share reflections and practical learnings about self-management and planning. As P11, a health professional observed, "I like having quotes at the beginning [of a section] from other people, saying how they did that, seeing that other people have done this…you're not the only person who has done this ever". It was also hoped that lived experience quotes might support a feeling of connection to others with lived experience, in lieu of MyBRANCHES supporting direct connection between young people. Initially, co-designers liked the idea of the tool facilitating direct connection but eventually this was deemed outside the scope of the project due to budget, technical, and safety considerations. As P19 reflected, "I also thought about a forum and a chat function…The thing I was thinking would be difficult would be like moderating that stuff".

Co-designers thought critically about the types of lived experience quotes that should be included, prioritising purposeful and authentic stories (as opposed to "composite" narratives written by co-producers), and quotes that reflected a variety of different experiences, including addressing moments of challenge. For example, a peer support worker (P14) noted in a co-design session, "it's not all like rainbows and sunshine, it's good to get the real aspect of it I believe". Co-designers were positive about the inclusion of written lived experience quotes but also felt that future iterations of the tool should include multimedia offerings (including videos, audio, artwork etc). Although lived experience quotes were broadly endorsed by co-designers, some highlighted the need for caution and care when sharing lived experience stories. For example, a young person (P13) commented, "I don't know what it would be like to talk to someone else who has experienced psychosis. I feel like in some ways, because psychosis is also like something that is very different to different people, I think it would be interesting to see, but…part of me feels like I might not find it very helpful. In the sense of it might bring back [distress]".

To address this theme PV and AM reviewed transcripts, notes, recordings, and written materials produced during co-design to select quotes relevant to tool content and reflecting different experiences. Co-designers were subsequently invited to review these quotes, update them and consent to publication if they wished, or let the team know if they didn't want them to be included. Working Group members with lived experience also authored quotes reflecting their own experience if they felt comfortable doing so. To acknowledge that

reading lived experience quotes might not be right for everyone, we made access to quotes optional in the digital tool (requiring the user to click on a callout bubble).

New content

As expected, given the aim of adapting the MyPREP tool to focus on discharge from EIPS, co-designers identified the need for new content to support young people emotionally and practically in preparing for graduation. Co-designers felt it was important to acknowledge that anticipation of discharge can give rise to a spectrum of emotions from fear and anger through to joy and excitement. As P25, a peer worker, observed, "sometimes people feel more ready to leave, other times the [care] team has been a big part of their journey, and you feel more vulnerable". Co-designers felt that the opportunity to reflect upon, and discuss these emotions, could support young people to feel prepared as they approached graduation. As P15, a young person, reflected, "[Graduation] was always going to be pretty anxiety provoking. I feel like having a session to talk with my care team about the anxiety would have been pretty good too…Like specifically to explain how you are feeling, and what would help you in the future, before the actual party day [marking your graduation]". Some felt that engagement with the tool at a much earlier stage of EIPS care could also be beneficial. For example, P2, a clinician, noted, "I feel like you'd start this book at the beginning of care and just work through it". Engagement with peers at an earlier stage was also flagged as important. As P43, a health professional, commented: "If we had a peer…who was sitting in that first appointment, had that relationship with young people for their two years. That would just be so impactful". Other co-designers noted that, in the future, the tool could be adapted specifically to support family members and friends to navigate the discharge of their loved one.

Co-designers observed that a young person's expectations and feelings about discharge can be shaped by various factors, including their level of engagement with the EIPS, relationships with friends and family, and their experience of mental health services, psychosis, stigma and ableism. As co-producer and lived experience advocate, DD reflected while facilitating a co-design session, "I think so much of the experiences that we have when we're engaging with services actually heavily affect our discharge or graduation and beyond that… Those experiences that you have while you're in services, they have these massive ripple effects, and they don't just disappear when you are discharged". Similarly, P12, a clinician, reflected:

“when the therapeutical relationship is building up, I tend to mention the discharge earlier for those more engaged young persons. Because they will need more time to prepare”. As with feelings about discharge, co-designers highlighted the importance of young people being supported to consider these experiences as part of their preparation for discharge. As P26, a peer support worker noted, “psychosis can really flip [your world view], like it's that transformative experience. … [before discharge, you could reflect on] those transformative experiences you can have with psychosis”.

Co-designers decided that MyBRANCHES needed to support young people to take steps to practically plan for their discharge, and for the care and supports they’d like to receive post-discharge. They identified the need for the following new content to enable this: 1) materials to support young people to identify things they’d like to discuss with their care team or people they trust regarding graduation (for example, seeking information about why and when you are graduating, or talking about your goals after you discharge) and then drawing on these discussions to make a graduation checklist to action. 2) Materials to support a young person to build a handover folder for their next service or care provider, that includes resources such as a letter outlining their journey so far, and a comfort checklist (listing what makes them feel safe and supported when getting mental health care). 3) Material to plan a “graduation moment”: a way to mark a discharge that feels personally meaningful and affirming. Co-designers noted that, in supporting young people to make concrete plans for graduation, this new content could potentially address or alleviate worry about discharge and post-discharge by addressing “unknowns” and by helping young people feel seen and supported. For example, P15 reflected on the positives associated with their service formally marking their discharge with a celebration:

> “After this I’m going to have my whole discharge party thing, we are going out for gelato…It’s a graduation…. They make the certificate and they also go, ‘what do you want to do? Do you want to have a little party, or do you want to go for ice cream, who do you want from the team to join?’… It takes a bit of the pressure off, and it’s more humane… The idea of it just ending just feels more corporate. But having that human touch to see you off really makes it. It’s not just like ‘this is your due date you’re going to get help up to this day and now go away.’”

Some co-designers also saw this practically oriented content as having the potential to help young people feel empowered and in-control of their mental health journey. As P24 noted, when discussing their idea of including a handover letter in the tool, “it's helpful if you feel like you are part of that process, so that… [if] there's certain information you don't want to be shared [you can say], and that is your right as well”.

In response to these insights, co-producers authored a new section for the tool titled “Planning your graduation”, which includes orienting discussion about approaching discharge, reflective activities designed to support a young person to consider their experiences within their service (and beyond), and their feelings about leaving. The section also includes practical planning activities focused on feeling prepared and informed about discharge and confident about accessing mental health care and support post-discharge. The section provides step-by-step guides and templates to support specific planning activities (such as a letter template with a suggested writing structure and lived experience examples). This reflects a strong conviction from co-designers that the tool should provide scaffolded support to make planning easy for all young people, regardless of their level of confidence, wellness, or capacity to undertake specific activities.

Connecting with your Peer coach

Co-designers identified the need for the tool to support young people to work effectively and comfortably with their peer coach, including by providing prompts about logistical considerations such as how a young person and their peer might meet (in-person, online, or over the phone), and if these meetings should be regular, or ad-hoc. Co-designers observed that during some stages of a recovery journey, it can be hard to meet new people, as P24 reflected, “meeting new people is particularly overwhelming at first”. To address this, co-producers wrote a new tool section entitled “Working with your peer coach”. It includes examples and guidance about how to use MyBRANCHES in collaboration with a peer coach, a space for the young person and peer to work out when and how they’d like to meet, and a series of *getting to know you* activities designed to help address any potential awkwardness or shyness a young person might experience when working with a peer coach they may only have just met. In view of co-designer language preferences, the *getting to know you* activities include both reflective prompts about safe ways of collaborating, and more playful invitations, such as taking turns answering ice-breaker questions.

Generally, new content was positively received. However, during a review of an initial draft, a peer worker (P27) observed, “you take away the autonomy of the peer worker and their practice…I might not want to do an ice breaker bingo… but I’d feel obligated…I like the questions, I like the idea of what it’s trying to do but, again, I might have a different way I want to do this”. This observation led to the inclusion of content in the tool that frames these activities as optional, and to content in the training material for peers that explicitly explains the function of the section and acknowledges peer autonomy in terms of drawing on their own practice while supporting a young person to use the tool.

Tools and resources

Seeking to anticipate the differing needs of young people using MyBRANCHES, and wishing to make sure the tool resourced young people, co-designers and co-producers identified the need to include a list of relevant resources and services. To do this, they shared resources that they used in their professional practice, or in their own mental health self-management. The co-production team reviewed these and chose to include information on tools that are evidence based, and on services that are free to access, and provided by not-for-profit, or government organisations (rather than commercial enterprises). The new section, “Tools and resources”, includes a list of national helplines and Australian state and territory specific mental health referral services, and an additional list of websites, services, and online tools intended to share information, support access to health care, provide a space to connect to others with lived experience, or support people to understand their rights when receiving care. See Figure 7 for an overview of MyBRANCHES content.

Figure 7. Overview of MyBRANCHES content

Discussion

Intervention at Discharge

Discharge from EIPS is under-represented in the literature as a distinct, and potentially critical intervention point. While there are various digital interventions focused on early intervention in psychosis (see for example, Austin et al., 2021; Bonet et al., 2020; Bucci et al., 2018; Niendam et al., 2018; Steare et al., 2021) and post-discharge support (see for example, Alvarez-Jimenez et al., 2021), interventions focused specifically on supported discharge from EIPS are scant. For example, recent reviews (Arnautovska et al., 2025; Dennard et al., 2025) of digital interventions for psychosis, schizophrenia and related experiences, do not include interventions focused on EIPS discharge. Elsewhere, Robinson and colleagues report on a study protocol for an RCT appraising a peer-support intervention delivered during preparation for, and in the months following, EIPS discharge (Robinson et al., 2010), however a results paper has yet to be published.

Previous research and reflections surfaced through MyPREP-ED co-design show that discharge can present a unique set of concerns, challenges, and diverse feelings, highlighting the need for engagement with a specific suite of practical considerations. Discharge is more than an administrative endpoint; for some it can be an emotionally loaded process of transition (Lester et al., 2012; Milton et al., 2022; Rickett et al., 2025; Robinson et al., 2010). This process could be smoothed, and usual care enhanced, through targeted self-management offerings (like MyBRANCHES) that support young people (and those caring for them), to feel practically and emotionally prepared for the point of discharge, and beyond. Integrating peer support (which is associated with positive outcomes for people with experience of psychosis (Dennard et al., 2025)) into intervention delivery has the potential to further increase support and confidence around discharge.

Balancing specificity and difference in a targeted intervention

A decisive thread running through co-design themes was the vital importance of MyBRANCHES being inclusive and attuned to difference. This was explicitly articulated during workshops and underpinned many of the design choices made by co-designers. For example, the overhaul of tool language was mooted both to facilitate engagement, and to acknowledge and accommodate the differing needs and abilities of tool users. Similarly, co-designer enthusiasm about integrating features such as avatar customisation or the mass edit

function, illustrate that the ability to personalise a digital tool is not merely a *nice to have* but can enhance safety and inclusion, as well as engagement (Birk & Mandryk, 2019; Dennard et al., 2025; Elliott et al., 2025; Milton et al., 2024). This insistence on the tool accommodating difference connects directly with the ethos of self-management (empowering, tailored to individual contexts and needs (Lean et al., 2019)), and more broadly with the principles of patient-centred care (Picker Institute, 2026).

While co-designers were critical and reflexive about difference, their discussions and design choices also illustrate a clear recognition that, to be impactful, MyBRANCHES had to be specifically targeted towards (and directly reflective of) experiences of psychosis (and accessing care at, and preparing to discharge from, an EIPS). This was reflected most strongly in co-designers' identification of practically and emotionally focused planning activities in the “Planning your graduation” section. Similarly, co-designers' interest in addressing stigma in the tool reflects personal and professional experiences of, and research knowledge about, the pernicious impacts of stigma on people experiencing or those at risk of psychosis (Colizzi et al., 2020; Mueser et al., 2020; Waters et al., 2025). Finally, inclusion of lived experience quotes (to support practical planning and a sense of connection) indicates the importance of accessing lived expertise and experience (Williams et al., 2018) specifically related to psychosis and EIPS discharge.

Co-designers sort to balance the need for specificity regarding psychosis and EIPS, while also making space for differences in experience *within* that specificity. They took great care to avoid suggesting (through language or activities in the tool) that there is one homogenous experience of psychosis, EIPS care, or discharge. Co-designers were also aware of individual and intersectional differences – such as gender, sexuality, cultural identity, complex health experiences – that might affect the way a young person experiences psychosis, care, or indeed the MyBRANCHES tool. The importance of acknowledging and accommodating difference resonates with projects such as Psychosis Outside the Box (Pagdon & Jones, 2023), which show that psychosis “involves a complex and rich set of experiences” that, when collapsed into a singular phenomenon in clinical and research contexts, can “cause significant direct harm” (p. 763). Further, failure to engage with difference can directly impact tool usability. For example, Dennard and colleagues’ thematic synthesis of qualitative research on digital interventions for psychosis found that “participants reported difficulty using interventions in instances where the content was hard for them to relate to” (2025, p. 289).

Terminology and language to support use

Co-design themes show the centrality of considerations about language in the development of MyBRANCHES. The importance of plain or easy-read (Michie & Lester, 2005; Stableford & Mettger, 2007), and non-stigmatising, recovery-oriented, and person-centred language (McLure et al., 2023; MHCC, 2022) in health and clinical contexts is well recognised. In synthesising and actioning ideas emerging from co-design, we (the Knowledge Translation Working Group) had to think carefully and critically about how best to apply these principles in the composition of MyBRANCHES textual material. A particular challenge related to differing preferences – expressed by co-designers – regarding terminology related to mental health and care. Words like trigger, crisis, wellbeing, and recovery – while important conceptually – were recognised by co-designers and our team, as being potentially alienating for tool users. Alternative terms (like *activating event* instead of trigger) while appealing for some, run the risk of being unclear or confusing to others. Similar complexities have been acknowledge in previous intervention development work (Milton et al., 2024).

We were also confronted with the mercurial nature of language as it pertains to mental health, stigma, and clinical care. For example, members of the team involved in the co-design of the adult MyPREP tool expressed surprise that the language was deemed clinical, or potentially stigmatising, as MyPREP co-designers had also wished to guard against this (Milton et al., 2024). This highlights that different communities or cohorts (like young people) have specific language needs and preferences (Taba et al., 2025) that need to be actively considered in tool development. It also points to the continuous evolution of norms around acceptable language in health and social contexts (Crocker & Smith, 2019; Haslam & Baes, 2024), and the need to be agile in responding to such changes, including after a tool has been developed. Finally, observations about MyPREP language perhaps also points to the absorption of non-clinical and lived experience-driven language into clinical care, meaning that language once deemed non-clinical (by lived experience advocates, researchers, and peer workers) now appears clinical.

Multi-site, multi-stakeholder co-design to support implementation: limitations and strengths

The delivery and maintenance of interventions at scale is core to bridging the knowledge to action gap (Milat et al., 2020). Seeking to support the implementation of MyBRANCHES for

testing and future sustainable implementation at a national scale, we undertook an iterative, multi-site, multi-stakeholder co-design. This approach – supported by our survey and rolling recruitment across the project – meant we were able to assess and address gaps in co-designer representation in terms of socio-cultural, geographical, health-system and other differences. Attending to difference in this way is vital, as lack of engagement with cultural, gender, and other differences during the development of digital mental health offerings can compromise feasibility, psychological safety, and acceptability (Figueroa et al., 2024; Ramos et al., 2021), elements that can inhibit or enhance successful implementation (Proctor et al., 2011).

Previous research utilising multi-stakeholder and/or multi-site co-design suggests that the method has the potential to enhance tool or intervention development (including surfacing shared priorities across different service contexts), and to support translation processes (Kerr et al., 2022; Raynor et al., 2020). Our evaluative research adds new knowledge regarding iterative, multi-site, multi-stakeholder co-design, showing that the method is acceptable to co-designers, with survey data showing that the overwhelming majority of participants experienced the process positively. In our view, this shows that this co-design approach represents a pragmatic and accessible means of engaging with diverse groups of lived experience, service, and family collaborators to support research and implementation outcomes. This said, it is also important to acknowledge methodological challenges and limitations. The iterative co-design approach entailed a greater degree of logistical and relational work – related to recruitment, establishing rapport and trust with new co-designers, keeping co-designers abreast regarding tool development – than we had experienced in previous co-design projects undertaken with a single group. This resulted in increased burden in terms of time and resources, something observed in the context of other multi-stakeholder co-design projects (Kerr et al., 2022). When seeking grants, teams must adequately budget time and money to support these activities, something that is now actively encouraged by various national funding bodies (see for example, MRFF, 2025).

While the method supported goals around achieving diversity in our co-design groups, we still encountered difficulties. For example, it was much harder to recruit participants attending or working at state-based EIPS than those in federal services, likely due to industrial relations issues (Ibrahim, 2025), and health policy reform (Department of Health, 2025). This illustrates that no matter how appropriate a chosen method (and attendant recruitment processes), co-producers must still contend with the sometimes-messy reality

(Cook, 2009) of human and participatory research. Finally, although it was made clear from the outset that co-design engagement would occur at specific points across the project rather than through continuous engagement, the survey and discussion with a small number of co-designers showed that iterative participation felt rushed. Where possible, those who expressed a desire for more sustained input were invited to join the co-production team to enable deeper and ongoing participation across the project lifecycle.

Actioning Co-production

There are various definitions for co-production (Vargas et al., 2022). Following Roper and colleagues (2018), and in the words of the lived experience commentary in Milton and colleagues (2024), for us, co-production is "an umbrella term for co-family, co-creation, co-planning, co-implementation, and co-evaluation" (p.11). In our project, the formation and stewardship of the Knowledge Translation Working Group offered a practicable means of putting these principles of co-production into action. In our experience, literature on co-production often offers rich insights into principles for practice, but can sometimes omit practical considerations about how to operationalise the method (with some notable exceptions (Roper et al., 2018)). Therefore, we end our discussion with some reflections about the practical actioning of our co-production.

There are 14 members in our Group and the size of the team ensured we have representation from core project stakeholder communities. It has also meant that when individual members have had to take a temporary step-back from the coalface of the project due to work or other life events (like the birth of a baby), our team still maintained lived experience, and other expert oversight. Utilising one-on-one, group, and asynchronous ways of working has ensured that all members have been able to participate in ways that are suitable to them. Some members were able to take part in the Group as part of their paid job, others could not do this and so were paid for their time, following the day rate outlined by the ARC Centre of Excellence for Children and Families over the Life Course, which follows QLD Health guidance (Health Consumers Queensland, 2024). Reimbursing co-producers for their time is key to enabling meaningful participation and should be standard in collaborative research processes (National Mental Health Commission, 2021). Further, while co-production activities can be agile, in our experience they are nevertheless time-intensive and require a serious commitment of time from all involved and this also has budget, timeline, and resource

implications. Involvement in the co-production process has been capacity building for many of our team; we have learned new skills about research and co-design, experienced a sense of pride and excitement about our contributions to MyBRANCHES, connected with new networks, and established new collaborations that have led to the formation of new projects.

Conclusion

The co-design and build of MyBRANCHES has been completed, and we now move to the testing phase of the project. We will undertake a hybrid type II effectiveness–implementation trial. We will test effects for young people, including on recovery outcomes. We will also evaluate implementation (to assess feasibility, acceptability, appropriateness), and to identify barriers, enablers and contextual determinates influencing sustainability and scalability (Milton et al., 2026). We will also pursue directions for future research that emerged through the co-design, including piloting the creation of a lived experience story bank for people with experiences of psychosis (and related experiences), and the adaptation of MyBRANCHES for delivery at service entry, and to support family and others providing support and care to young people as they attend EIPS.

Conflicts of Interest

No conflicts reported.

Data availability

A subset of deidentified study data are available on request from the project lead [AM], and subject to HREC approval.

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Appendix 1: Overview of co-design workshops

Co-design Session	Focus of session	Activities
Session 1: Peer Support Workers (PSW) **In-person** **1.5 hours**	1. Discovery to inform tool design and implementation: a. Understanding peer roles at your EIPS b. Understanding what may help young people (YP) at, or approaching, discharge c. Understanding where peer workers currently fit in the discharge process d. Understanding what peer workers need to support YP approaching discharge e. Identifying existing resources and supports for discharge 2. Evaluation: Existing Adult MyPREP paper workbook	1a-d. Group discussion with prompting questions (e.g. what is the role(s) of peer workers at your EIPs? What do you do to support YP at discharge?). 1e. Group brainstorm: write down interventions, supports, tools, people, other resources that may help a YP as they approach discharge. 2. Consider how the Adult MyPREP would need to be adapted to support YP approaching discharge. In pairs or individually read and write notes about Adult MyPREP then feedback to group for discussion.
Session 2: Clinicians **In-person** **1.5 hours**	1. Discovery to inform tool design and implementation: a. Understanding current discharge processes at your EIP b. Understanding your experience with YP preparing for discharge c. Identifying existing resources and supports for discharge 2. Evaluation of Adult MyPREP paper workbook	1a. Group discussion with prompting questions (e.g. When do you start the process of preparing a YP for discharge?). 1b. User Persona activity: Drawing on experience of supporting YP create 1 or 2 personas (in small groups). 1c. Group brainstorm: write down interventions, supports, tools, people, other resources that may help a YP as they approach discharge. 2. Consider how the Adult MyPREP would need to be adapted to support YP approaching discharge. In pairs or individually read and write notes about Adult MyPREP then feedback to group for discussion.

Session 3: **Service Staff** **In-person** **2 hours**	1. Discovery for tool development: a. Understanding what may help support YP at or approaching discharge b. Identifying existing resources and supports for discharge 2. Evaluation of Adult MyPREP paper workbook 3. Early prototyping for a Peer-enabled self-management tool for discharge 4. Supporting further co-design: How can we engage YP safely in future sessions?	1a. Group discussion with prompting questions (e.g. what do we need to know about the process of discharge at your EIP?). 1b. Small groups brainstorm: write down existing interventions, supports, tools, people, other resources that may help a YP as they approach discharge. OR, write down something imagined that you think would help. 2. Consider how the Adult MyPREP would need to be adapted to support YP approaching discharge. In pairs or individually read and write notes about Adult MyPREP then feedback to group for discussion. 3. Experience Mapping (small groups): Use template (or go free form) to identify features and content that would need to go into the discharge tool, consider when, where, and how it could be used. 4. Group discussion: what do we need to know or consider so we can safely engage YP in co-design, and make this process fun and interesting?
Session 4: **Young People (YP)** **In-person** **3 hours**	1. Discovery for tool development and implementation: a. What do YP need to help them prepare for discharge? b. Barriers and Enablers: what would stop you using a digital tool, and what would make it good to use?	1a. Journey Mapping: in small groups, read the user personas, and then plot your users journey towards discharge – what would they need to help them prepare for discharge? Use the journey to discharge templet to map when they should access this help. 1b. Modified world café: in small groups, consider and note down your responses to

	2. Design: What should the tool look like?	the following questions: what makes a website or app good to use? What makes it hard to use a website or app? What do you think about using a digital tool to support discharge with a peer worker? 2. Endorse and talk-out-loud: Look at the six mood boards we have stuck on the walls of the room. Use a sticker to mark any you like. In a group, visit stickered mood boards and verbally share your thoughts on a board, or use a sticky note to leave a comment. Use the blank mood board to share any websites, apps, games, artworks, or other things you like to look of.
Session 5: YP **In-person** **3 hours**	1. Evaluate: a. Review the current iteration of the tool b. Review potential new sections suggested by co-designers 2. Design: a. Prototype a tool section or function b. What should the tool look like?	1a. As a group, or individually, review the tool and share what you like, don't like, what's missing, and any other ideas or impressions. Speak out loud or write down your reflections. 1b. Review the overview of suggested new sections and share your impressions – what do you think of these and what else might be missing? 2a. Prototyping: Grab a piece of A3 paper and some markers. Write, draw, or map out a section or function of the tool. 2b. Endorse and talk-out-loud: Look at the six mood boards we have stuck on the walls of the room. Use a sticker to mark any you like. In a group, visit stickered mood boards and verbally share your thoughts on a board, or use a sticky note to leave a comment. Use the blank mood board to share any websites, apps, games, artworks, or other things you like to look of.

Session 6: Family and supporters **Digital (Zoom)** **1.5 hours**	1. Discovery for tool development and implementation: a. What do we need to know about your experience of supporting a loved one preparing for discharge from an EIPS? b. What information would you like to have about discharge? c. What kinds of things or actions (might) help support a loved one leaving an EIPS? d. Barriers and Enablers: thinking about your loved one, what would support them to use the tool, and what might be a barrier?	1a-c. Use the digital white board to write down your reflections about prompt questions, or talk out loud. After you've done this, discuss your reflections with the wider group. 1d. Use the digital white board to write down your reflections about potential barriers and enablers, or talk out loud. After you've done this, discuss your reflections with the wider group.
Session 7: YP **Digital (Zoom)** **1.5 hours**	1. Review and evaluate: a. Review potential new sections suggested by co-designers and share reflections. b. Prioritise sections you'd like to explore or add any new sections that you think are missing 2. Design: explore what this new content should look like.	1a. Use the digital white board to review the suggested new sections. Write down your impressions or write down sections or content that might be missing. Discuss your comments with the group. 1b. Use a digital sticker to mark the sections you'd like to explore in more detail. 2. As a group, discuss the prioritized sections by exploring the aim of new sections, new content, and other issues
Session 8: PSW **Digital (Zoom)** **1.5 hours**	1. Review and evaluate: a. Review potential new sections suggested by co-designers and share reflections. b. Prioritise sections you'd like to explore or add	1a. Use the digital white board to review the suggested new sections. Write down your impressions or write down sections or content that might be missing. Discuss your comments with the group. 1b. Use a digital sticker to mark the sections you'd like to explore in more detail.

	any new sections that you think are missing 2. Design: explore what this new content should look like.	2. As a group, discuss the prioritized sections by exploring the aim of new sections, new content, and other issues.
Session 9: Service staff (including PSW) **In-Person** **2 hours**	1. Discovery for tool refinement: a. When do YP discharge (and are there difference between streams)? b. When do you prepare for this and how? c. What tools or people do you access or connect with in this process? d. Are there facilitators or barriers in this process? 2. Evaluation: review the latest iteration of the tool 3. Discovery for Implementation: In view of your evaluation of MyPREP-ED and your processes around discharge, what do we need to know to make the tool work in the real world?	1a-d. Journey Mapping: Use the journey map template to map the process towards discharge reflecting on prompt questions. If different YP have different processes, please capture this too. 2. Work in pair or solo. Review paper version of the revised tool and use sticky notes or write directly on the pages to capture your reflections about, for example: ▪ What you like/dislike ▪ What is missing ▪ What else would be needed ▪ Look and feel (remember it will mostly be accessed digitally) ▪ Any other thoughts 3. Brainstorm using the implementation matrix template in response to the following questions: ▪ When (in the journey to discharge) would you want to start using MyPREP-ED? ▪ MyPREP-ED will be peer supported: what do we need to know about the role of peer workers at the service to make this peer support work? ▪ What barriers or challenges might stop MyPREP-ED being used? ▪ What would facilitate MyPREP-ED being used?