

How to talk about MOST

A practical guide to introducing MOST to young people

Extend your care before, between or beyond sessions

MOST extends your care into the gaps:

- while a young person is waiting for care
- between face-to-face sessions
- after discharge.

Referring to MOST takes about 1 minute. It's an easy way to extend your care.

You can refer a young person at any stage of care, so they can access extra support alongside your service. This guide helps you introduce MOST clearly and confidently at each stage.

It includes practical framing, conversation prompts, and optional scripts you can adapt to your own style.

Jump to section

How to talk about MOST:

- At intake / on a waitlist
- During care
- At discharge



Refer in **1 minute:**

most.org.au/connect

Referral



Brief needs
assessment



Care on
MOST



How to use this guide

This page covers the basics of MOST.

On next few pages, you'll find clear guidance on how to introduce MOST at each stage of care (intake, care, discharge).

Use the tables to guide your conversations with young people:

- learn how to introduce MOST
- understand the key benefits for young people at each stage of care
- use or adapt the suggested language if helpful.

You don't need to cover everything—just focus on what feels relevant.

Before you refer: informed consent

Always make sure the young person is comfortable being referred.

This might include explaining:

- what MOST is and how you think it could help
- what information you share in the referral form
- that they will receive a text message with a secure link to sign up

What young people get from MOST

Young people get a welcome SMS right away after you submit a referral. To sign up, they just need to complete a brief needs assessment.

On MOST, they get support matched to their needs:

- self-guided tools and activities to build skills independently
- a moderated online community to connect with other young people facing similar challenges
- additional 1:1 support where needed from the MOST team.

These 1:1 supports include:

- **MOST clinicians:** qualified mental health professionals
- **Peer workers:** lived-experience support (e.g. recovery guidance, emotional support, practical advice)
- **Career practitioners:** support with school, study, work and future planning

Impact and outcomes

88% of young people referred to MOST present with moderate to severe distress*. They consistently report high satisfaction, strong feelings of safety, and improvements in wellbeing, psychological distress, anxiety and depression.

[Explore our impact reports](#) to find out more.

How to introduce MOST	Key benefits	Example script	Addressing hesitations
<p>Start with where MOST fits:</p> <ul style="list-style-type: none">“We offer MOST as part of our care.”“It’s a way to get support now, while you’re waiting for your first appointment.” <p>Introduce what’s available:</p> <ul style="list-style-type: none">“There are tools you can try, and an online community of other young people”“You can also connect 1:1 with clinicians, peer workers or their careers team, if things come up while you’re waiting.” <p>Make it relevant:</p> <ul style="list-style-type: none">“There are tools that can help with [sleep / anxiety / stress].”“You can explore some of that before your first session.”	<ul style="list-style-type: none">• Timing: support is available now, not in weeks or months• Relevance: link MOST to what the young person has shared• Low pressure: it’s optional and can be used in their own way• Connected to your service: MOST is part of the care at your service, not a separate pathway	<p>While you’re waiting for your first appointment, we can set you up with MOST.</p> <p>It’s a place where you can start getting mental health support now, rather than having to wait.</p> <p>There are tools you can explore, and there’s also free 1:1 support from mental health experts if you need it.</p> <p>It’s completely up to you how you use it, but if you’re happy for me to, I can refer you now and you’ll get a text straight away to set it up.</p>	<p>“I’ll wait for a real person” MOST won’t stop you from getting care here. It’s just something you can use while waiting. You can explore tools by yourself, or get 1:1 support from mental health experts professionals if you need it.</p> <p>“I don’t want another thing to do” There’s no expectation to use it in a certain way. It’s there if you need it.</p> <p>“I’ve already tried all the apps” MOST different than other apps - it actually works, and is backed by over 15 years of research.</p> <p>“I’m not sure” If we set it up, you can just have a look. There’s no pressure to keep using it, but it might be helpful while you’re waiting.</p>

* Young people access MOST in an average of 7.6 days, compared to ~100-day average wait times for youth mental health services (Subotic-Kerry et al, 2025).

How to introduce MOST	Key benefits	Example script	Addressing hesitations
<p>Start with where MOST fits:</p> <ul style="list-style-type: none"> • “MOST is something we use here that supports our work between appointments.” • “You can use it for extra support or practice skills you’ve learnt before our next session.” <p>Link it to the work you’re doing:</p> <ul style="list-style-type: none"> • “There are activities that line up with what we’ve been working on.” <p>Introduce what’s available:</p> <ul style="list-style-type: none"> • “There are tools you can explore, and an online community of other young people.” • “You can also connect 1:1 with MOST’s mental health experts if you need support between sessions.” 	<ul style="list-style-type: none"> • Continuity: support keeps going after appointments • Extended care: 1:1 support from clinicians, peer workers or career practitioners if something comes up between sessions • Alignment: reinforce what they’re working on in-session (or cover areas you don’t have time for) • Community: try out new skills, get supportive feedback and connect with others going through similar things on the MOST community 	<p>We offer MOST here. It’s a place to find mental health support.</p> <p>We’ve been doing a lot of work on [...], and MOST has tools that can help you build on those skills.</p> <p>You can also connect with MOST’s mental health clinicians, peer workers and careers team on the platform if you need extra support. They work alongside what we’re doing here, and keep us updated if anything important comes up.</p> <p>If you like, we can set that up now and you’ll get a text straight away to get started.</p>	<p>“I’ll just keep talking about this stuff to you” MOST gives you somewhere else to turn if things come up for you during the week.</p> <p>“Won’t that be doubling up?” It works alongside our sessions, so you have extra support at home. And if something important comes up, they can let me know. It can also help you with things we don’t have time for in session.</p> <p>“I don’t want extra therapy” You can use it however works for you. Some just use the community to connect with others going through similar things. Others use the tools, or choose extra clinical support.</p>

* Young people referred during care use MOST for an average of 2.5 hours each, filling the gaps between sessions.
Based on average national usage data.

How to introduce MOST	Key benefits	Example script	Addressing hesitations
<p>Start with where MOST fits:</p> <ul style="list-style-type: none"> “We can link you in with MOST, a place where you can get mental health support. You can keep using it after we wrap up.” <p>Position it as ongoing support:</p> <ul style="list-style-type: none"> “You can keep using it after we finish here, if anything else comes up.” “It also gives you something to go back to if you need down the track.” <p>Introduce what’s available:</p> <ul style="list-style-type: none"> “There are tools you can explore, and a community of other young people as well.” “There’s also 1:1 support available, from qualified mental health experts if you need it.” 	<ul style="list-style-type: none"> • Continuity: support keeps going after their sessions end • Independence: young people can access support on their own terms • Low pressure: It’s there if or when they need it • Confidence: they can get free tools and support when they leave your service • Community: connect with others who understand what they’ve gone through 	<p>Before we wrap up, I want to make sure you’ve still got support available after our sessions finish.</p> <p>We can set you up with MOST, which is a place you can find mental health support after we finish here.</p> <p>It has tools you can explore, a community to connect with and 1:1 support from mental health experts if you need it. You can use it however works for you.</p> <p>If you’d like, we can set it up now so it’s there when you need it.</p>	<p>“I think I’ll be fine” I think so too. MOST is just something extra that will be there if you need support later.</p> <p>“I don’t want to stay connected to this service” MOST is something you can use independently. We won’t stay looped in if you don’t want us to.</p> <p>“I don’t think I’ll use it” That’s completely fine. If we set it up now, it will just be sitting there in case things change.</p> <p>“I’ve already tried all the apps” MOST is different than other apps - it actually works, and is backed by over 15 years of research.</p>

* On average, young people referred at discharge are still using MOST 23 weeks later, providing a structured step-down support. Based on average national usage data.