

## Summary Paper: Alliance Forum – 31 July 2023

This document provides a brief summary of the first ACT Child and Youth Mental Health Sector Alliance Forum, held on 31 July 2023, at the Terrace Room at EPIC. The Forum was well-attended by 44 representatives across a range of sub-sectors in the community, government, private, and academic sectors, as well as from the Alliance Youth Reference Group.

### Forum Aim

The aim of the Forum was to:

- Collaboratively prioritise the key issues that the Alliance will progress over coming months, drawing upon the issues identified through the ACT 'Missing Middle' report
- Provide an opportunity for cross-sector stakeholders to connect
- Provide an opportunity to update Alliance members on key initiatives

### Forum Attendees

- ACT Education Directorate
- Australian National University
- Child and Adolescent Mental Health Services (CAMHS)
- Capital Health Network
- Conflict Resolution Service
- Child and Youth Protection Services (CYPS), Community Services Directorate
- Directions Health
- Families ACT
- Gugan Gulwan Youth Aboriginal Corporation
- Grand Pacific Health (headspace Canberra and Tuggeranong)
- Mental Health & Suicide Division, ACT Health
- Marymead Catholiccare
- Mental Health Carers Voice, Carers ACT
- Mental Illness Education ACT (MIEACT)
- Messengers, Tuggeranong Arts Centre
- Office for Mental Health & Wellbeing
- Public Advocate
- Relationships Australia Canberra and Goulburn
- School Youth Health Nurse Program, ACT Health
- The With Friends Initiative (TWFI)
- Think Mental Health (Head to Health)
- Woden Community Service
- WOKE Program, University of Canberra
- Youth Coalition of the ACT
- Youth Reference Group, OMH&W

### Forum Overview

*Session One (9:30 – 10:30am)*

#### Welcome and Introductions

The Forum was MC'ed by Coordinator-General Dr Elizabeth Moore, who welcomed participants to the first 'official' Alliance Forum. This forum builds on earlier work undertaken by the sector to plan for and design a network. Dr Moore provided an Acknowledgement of Country, and Joey Brogden provided an Acknowledgement of Lived Experience.

Anais le Gall, General Manager of Health System Improvement at Capital Health Network, commented on the importance of engagement and collaboration across sectors to addressing service gaps and system constraints. Anais reflected on the opportunities for the

Alliance to inform and be informed by other mechanisms in the broader child and youth mental health system to support the Alliance to progress priorities and drive meaningful change.

Forum members were invited to introduce themselves. Dr Moore described that the Alliance forums present an opportunity for a new way of working within and across sectors, to improve mental health supports and outcomes for children and young people. Dr Moore reminded members that there is strong interest in providing a respectful space to promote collaboration, connection, and shared responses; and described that even as diverse stakeholders, all members are unified by wanting to improve mental health outcomes for children and young people.

Dr Moore described that members each bring and value different views, experiences and perspectives to the Alliance, and that the need to create spaces to understand these different perspectives is important, especially in responding effectively to the complexity around child and youth mental health, and system responses. Forum members were invited to participate in a conversation that is open and complex, but also mindful and respectful of each other's lived and professional experiences.

### **Alliance Update from Lead Agencies**

Natalie Johnson (OMH&W), Erin Barry (Youth Coalition) and Stephanie Lentern (CHN) provided an update on Alliance activities that have occurred over the previous 12 months towards its establishment. This has included:

- August 2022: The 'Missing Middle' report was released
- September 2022: An initial planning day was held with government and community stakeholders to design a network
- February 2023: A feedback forum was held with planning day participants to discuss the Network structures
- June 2023: Establishment funding was provided to support the establishment of the Alliance

Key activities that have taken place between February and July 2023 to develop Alliance structures include:

- Development of an Alliance Terms of Reference, outlining the key Alliance structures:
  - Coordinating Committee to provide governance support
  - Forums for strategic planning, consultation and decision-making (2-3 per year)
  - Community of Practice for information-sharing and presentations (bimonthly)
  - Working Groups
  - Youth Reference Group, coordinated by OMH&W
- Establishment of the Coordinating Committee to provide governance support through an open EOI process
- Development of an Issues Register – Version 1



- Development of a Decision-Making and Planning Framework
- New communication processes, including a centralised Alliance mailing list and eBulletins

Upcoming Alliance establishment and development activities include:

- Establishing working groups or activities to progress priorities (purpose of today)
- Creating a website (digital home) for the Alliance (October – November)
- Developmental evaluation approach to inform continued development, monitoring and evaluation of the Alliance
- Community of Practice meetings – August and October
- Establishing ongoing governance and reporting processes

### **Youth Reference Group Update**

Joey Brogden and Sam Thomas provided an update on the Youth Reference Group (YRG). The YRG is coordinated by the OMH&W, and includes young people aged 18-25 with lived experience of mental health issues.

YRG meetings are 90 minutes long, and members are reimbursed for their time. Four meetings have been held so far with the group, with members having an opportunity to co-chair or undertake co-secretariat. Currently, there are two key roles for the YRG: (1) to participate in consultations and provide feedback or input on services; and (2) to build relationships and opportunities with other youth reference groups to exchange ideas and identify opportunities for collaborations. The YRG welcomes opportunities to provide feedback or input into services and encouraged programs to get in touch.

### **Service Development Working Group Update**

The aim of the Service Development Working Group (SDWG) is to provide a structured ongoing formal mechanism, for key stakeholders to input into the development of child and youth mental health services in the ACT. The SDWG was established in February 2023, and includes 3 initial projects: (1) Head to Health Kids, (2) Youth at Risk and (3) headspace Early Psychosis.

The SDWG provides a platform for:

- Consultation, advice and input into the development and implementation of new mental health projects and/or services
- Engagement in discussion and collaborative decision-making regarding projects
- Promoting and maintaining the integrity of any projects through:
  - Regular consultation with the major project stakeholders in relation to strategic directions and outcomes
  - Ensuring that activities are informed by the existing evidence-base
  - Collaboration, co-design and mutual agreement that acknowledges perspectives of all stakeholders
  - Ensuring activities adhere to relevant legislative and other requirements
  - Maintaining a focus on service user outcomes and recovery
- Supporting and ensuring effective and appropriate consumer and carer engagement opportunities
- Identifying, communicating and addressing any issues, including risks, that may have implications for implementation of any projects
- Promoting the progress and achievements of any projects

- Providing oversight of the continuous evaluation and improvement of projects.

There are currently approximately 24 members of the SDWG from a range of organisations. This includes people with operational, subject matter expertise; and with 'big picture, strategist' expertise. Members self-elect to participate in meetings depending on the agenda

items being discussed and are welcome to nominate other members from their organisations to attend. Meetings are approximately 4-6 weekly. To get involved, members are encouraged to contact [amyT.clark@act.gov.au](mailto:amyT.clark@act.gov.au); [julian.wong@act.gov.au](mailto:julian.wong@act.gov.au) or [e.hall@chnact.org.au](mailto:e.hall@chnact.org.au).

### Session Two (11am – 12:30pm)

#### **Determining Key Issues for the Alliance to progress**

Dr Justin Barker facilitated the second session, which focused on prioritising which 1 or 2 issues the Alliance would progress, from the range of issues identified in the Alliance Issues Register. An initial short-listing process had already been undertaken by the Alliance Coordinating Committee, using the Issues Register, Decision-Making and Planning Framework, and findings of an earlier member survey.

Erin Barry provided a brief overview of the five issues that had been short-listed for discussion:

1. Children and young people with potential or diagnosed neurodiversity and co-occurring mental health concerns
2. Children and young people with complex and co-occurring concerns
3. Culturally and linguistically diverse children, young people and families
4. Navigation, shared care and transitions between services
5. Improving children, young people and families' experiences of mental health services

World-café style group discussions were held, during which participants were invited to attend up to two of the five issues at facilitated tables. For each issue, members contributed to identifying:

- What other initiatives were occurring in relation to that issue
- How the Alliance could add value
- Whether any sub-components of the issue needed to be identified
- What the risks, benefits, barriers and enablers to progressing that issue could be

Facilitators presented the findings back to the broader group, to share collective knowledge, experience and expertise. Members were then invited to vote on up to two of the five issues, for progression by the Alliance. The two issues that received the most votes were:

- 1. Young people with complex and co-occurring concerns**
- 2. Improving children, young people and families' experiences of mental health services**

Session Three (1pm - 2:30pm)

### Establishing how identified priorities will be progressed

Dr Justin Barker facilitated the third session, which focused identifying how the two selected issues would be progressed through the Alliance. Members were invited to spend time at each topic through a group discussion, to provide input into:

- Long-term (stretch) goals
- Short-term goals that the Alliance could achieve
- Consideration as to what mechanisms could be used to progress the issues

An overview of key discussion points from each topic is provided below.

1. Children and young people with complex and co-occurring concerns	2. Improving children, young people's and families' experiences of mental health services
<p><b>Stretch Goal(s):</b> Integrated systems – a person can receive the care and support they need in the time that they need it (person-centred care)</p> <p><b>Short-term goals and ideas:</b></p> <ul style="list-style-type: none"> <li>- Advocacy and cross-sector engagement: social determinants - housing security, cost of living and income support, justice</li> <li>- Co-location:               <ul style="list-style-type: none"> <li>o Service level agreements / MOUs; joint-care planning; information sharing</li> <li>o Improved care coordination / individual advocacy and joint care planning</li> </ul> </li> <li>- Education:               <ul style="list-style-type: none"> <li>o Awareness raising of services</li> <li>o Ensuring Education (public &amp; private) are engaged – making school safe for kids with complex needs</li> <li>o Across sectors and directorates – need for joint training</li> <li>o Capacity building in education sector and creation of physical spaces in schools</li> <li>o School youth worker forum</li> <li>o Teaching complexity of needs in relevant tertiary qualifications</li> <li>o Engaging with other services (e.g. youth refuges) re safety, living conditions and impact on mental health</li> </ul> </li> <li>- Reconsideration of 'complexity' in MH and what this means for access (e.g. seeing trauma as the expectation not the exception)</li> <li>- Ensuring YP are involved in consulting, planning and service provision</li> <li>- Seeing children and YP as a non-homogenous group: young carers, CALD, homelessness,</li> </ul>	<p><b>Stretch Goal:</b> To improve children, young people and families' experience of mental health services and the mental health service system</p> <p><b>Short-term goals and ideas:</b></p> <ul style="list-style-type: none"> <li>- Working with the Commissioning Team to inform contracts</li> <li>- Identify what a positive experience is – for children, for young people, for families</li> <li>- Improving the point of contact with services – this is critical to YP's help-seeking and engagement               <ul style="list-style-type: none"> <li>o What helps them to feel comfortable?</li> <li>o Navigation and matching to services</li> <li>o Supporting intake points to support each other</li> <li>o Practices within reception / community engagement</li> </ul> </li> <li>- Strengthening service YRGs and/or embedding youth participation processes at the service and system level:               <ul style="list-style-type: none"> <li>o including to seek feedback from YP who do not engage/disengage from services</li> <li>o Learning from, sharing and supporting best practice</li> <li>o Identifying barriers to youth participation for services</li> </ul> </li> <li>- Improved accountability – mechanisms to support transparency</li> <li>- Guidelines from young people with lived experience</li> <li>- Improving accessibility: gender diverse, CALD, disability, First Nations, neurodiverse</li> <li>- Embedding a culture of evaluation and continuous service improvement</li> </ul>



<p>LGBTQIA+, First Nations – addressing access issues</p> <ul style="list-style-type: none"> <li>– Shame and stigma related to personal experiences reduce access to services and require creative service provision (e.g. family violence, trauma, AOD misuse).             <ul style="list-style-type: none"> <li>○ Need modalities and models of care to meet these challenges, including breaking stigma.</li> <li>○ Online resources / outreach / inreach, in-school services, away from medical models</li> <li>○ Re-look at case management models</li> </ul> </li> <li>– Trauma-informed position statement – including trauma specialists working and walking alongside</li> <li>– Can we find a way to meet the needs of CYP more broadly, without having to require a diagnosis or fit a role</li> <li>– Effective navigation beyond mental health or a diagnosis             <ul style="list-style-type: none"> <li>○ For YP with complex needs this is unlikely to be a parent and may need to be a key worker, but navigation is tricky</li> <li>○ As complexity increases, so does the need for collaborative approaches and integrated services</li> </ul> </li> <li>– Is it a ‘service’ that needs to be considered, or effective attitudinal change?</li> <li>– Initial Assessment and Referral Tool (IART) – broader use in child and youth services to assess complexity (though no child/youth model yet)</li> </ul> <p><b>Potential mechanisms / how:</b></p> <ul style="list-style-type: none"> <li>– Working Group             <ul style="list-style-type: none"> <li>○ Who / what sectors need to be involved?</li> <li>○ Vision statement / aim</li> <li>○ YRG involvement</li> <li>○ Knowledge sharing to support capability building across sectors</li> <li>○ Awareness raising of existing services</li> <li>○ Engagement with government processes including commissioning</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>– Other activities (e.g. sports and after school activities) – building capability to provides avenues into services and build in supports</li> <li>– Other services (e.g. youth homelessness services) – improving young people’s experiences</li> <li>– Trauma-informed practice across all sectors</li> <li>– Outcome measures – such as YES – and communicating these effectively to young people</li> <li>– Gather existing research and evidence</li> </ul> <p><b>Potential mechanisms / how:</b></p> <ul style="list-style-type: none"> <li>– Working Group</li> <li>– Development of guidelines (young people / parents &amp; carers)</li> <li>– Commissioning</li> </ul>
--	--

It was agreed that the lead agencies and Coordinating Committee would consider processes moving forward to progress these issues. There was a preference from members that only one working group be established to progress both issues, rather than separate working groups.

### **'Open-Mic' Session: New initiatives, opportunities, services and issues**

Dr Elizabeth Moore invited members to share their own updates and news with other members.

- Adam, a YRG member, spoke about the importance of valuing youth lived experience, and being respectful towards all Alliance members and their contribution.
- Penny Stott, a Network Coordinator in the Woden region, promoted the PERKS Parenting Seminars, held in partnership with CAMHS, that are targeted at parents of adolescents with mental health issues.
- Wendy Kipling, from the Mental Health Policy and Strategy Division, raised two current initiatives:
  - National Roadmap to Improve the Health and Mental Health of Autistic People: Wendy is the ACT representative on the working group to develop this national roadmap, to provide advice and oversee the roadmap's development.
  - Trial of Orygen MOST Platform in the ACT: CAMHS, Youth & Wellbeing (Marymead CatholicCare) and headspace are part of the trial of the Orygen MOST Platform in the ACT. 104 young people have been onboarded into the program. KPMG is delivering an independent evaluation. The Orygen MOST platform will be discussed at the next Alliance Community of Practice meeting.

### **Final Comments**

Members discussed the potential dissemination of email addresses of forum members. It was noted that members who did not want their email address distributed should contact [erin@youthcoalition.net](mailto:erin@youthcoalition.net).

Dr Moore thanked members for their time and closed the forum.