

Working Group: ACT Child and Youth Mental Health Sector Alliance

DRAFT MINUTES

9:30am – 11:30am, Tuesday 5 December 2023
Youth Coalition of the ACT: 46 Clianthus St, O'Connor

Attendees:

- Erin Barry, Youth Coalition of the ACT
- Hannah Turner, ACT Together Therapeutic Services, Australian Childhood Foundation
- Hayley McLellan, Saavy Services / The With Friends Initiative
- Brendan, Saavy Services/ The With Friends initiative
- Jean Fitzroy, MindMap, Marymead CatholicCare
- Josephine Brogden, Office for Mental Health and Wellbeing / Coordinator of the Youth Reference Group
- Laura Eason, Mental Health Policy and Strategy, Mental Health and Suicide Prevention Division (Commissioning)
- Lee-Anne Rogers, Office for Mental Health and Wellbeing
- Neha Kumar, Marymead CatholicCare
- Pauline Gallacher, Office for Mental Health and Wellbeing
- Stephanie Lentern, Capital Health Network
- Tamzin Oliver, CYPS (Melaleuca Place), Community Services Directorate
- Yvonne Gritschneider, Youth Coalition of the ACT

<p>1. Welcome and endorsement of previous minutes</p> <ul style="list-style-type: none"> • Acknowledgement of Country • Acknowledgement of Lived Experience • Apologies: Carrie Coghlan, Vanessa Hamilton, Emilie Traeger, Stephanie Hodson, Vanessa Hamilton, Billieann Bambrick, Annabelle Jeffries • Previous Minutes were endorsed • Updated Operational Statement was endorsed • Members agreed that the Operational Statement and the endorsed meeting minutes from the last meeting will be uploaded to the new Alliance website which is currently being developed by the Youth Coalition. 	<p>Steph Lentern, CHN</p>
<p>Workshop component: Understanding the problem and identifying responses (small groups)</p>	
<p>2. Developing shared understandings of the problem</p> <p><i>Aim:</i> To Develop shared, current understandings of each the two working group priority problems.</p> <ul style="list-style-type: none"> • In small groups, review the briefing related to priority problems and discuss. • <i>Key discussion points / questions:</i> 	<p>All</p>



- Are there other key aspects or 'pain points' to this problem?
- Are other initiatives occurring that aim to improve the problem?

Relevant papers:

(3) Briefing on WG Priorities

- Members split up into two groups to discuss the above questions in relation to the working group's priority problems:
 - *Table group #1: Improving children, young people's and families' experiences of mental health services*
 - *Table group #2: Improving service and system responses to children and young people with mental health concerns and complex / co-occurring concerns*
- **In addition to the complexities identified in the briefing paper**, each group identified 'pain points' on butchers' paper and post it notes.
- Summary of additional pain points by group #1:
 - Tension regarding information sharing between C/YP and parents as well as information sharing between services
 - Lack of clarity regarding what services C/YP can access
 - Parents feeling shamed/not good enough
 - Lack of empathy for C/YP problems/issues
 - No one 'in between' service providing navigation support
 - Re-telling stories over and over within and between services
- Supportive/protective factors by group #1:
 - Clear processes re information sharing between C/YP & parents including consent and preferences around family involvement
 - Clear communication to C/YP re service offerings incl. limitations & constraints
 - Asking YP about what space they want to be in e.g. outside, office, outreach, what type of space (dark/quiet)
 - Communication and shared responsibility including being briefed by other supports or reading support plans before sessions
 - Actively promoting information about services' accessibility and location
- Summary of additional pain points by group #2:
 - Service delivery: lack of flexibility to provide flexibility in modes of care, funding structure too rigid regarding eligibility, lack of resources and staff; commissioning reforms pitch services against each other instead of what's in the best interest of the C/YP
 - Barrier to shared care & collaboration: no warm referrals, lack of knowledge or not aware of complexity around C/YP needs, blame between services and no knowledge of other services
 - Role of GPs in coordination not fulfilled, lack of good GPs who bulkbill
 - Services not designed to support needs of neurodiverse, LGBTIQ+, and disability
- Supportive/protective factors identified by group #2:
 - Well-functioning multidisciplinary care teams

<ul style="list-style-type: none"> ○ Service relationships & genuine collaboration on all system levels (community/government, hospital/tertiary, private) by embedding collaboration in funding agreement and providing enough resources to support interservice collaboration ○ Outcome based commissioning supported by solid evaluation and monitoring frameworks ○ Education: support for teachers to understand MH including additional roles within schools (MH nurse, psychs, legal etc) 	
<p>3. Identifying problem responses: What else is needed?</p> <p><i>Aim:</i> To identify what additional specific actions or strategies are needed to address the identified problem.</p> <ul style="list-style-type: none"> ● <i>Key discussion points / questions:</i> <ul style="list-style-type: none"> ○ What responses are needed at a <u>service</u> level? ○ What responses are needed at a <u>system</u> level? ● Each table group discussed the questions noting down their answers on another butchers' paper. Pictures of the butchers' paper pages are enclosed as appendices at the end of this document. Each group reported back on their discussions. <p>Summary of key points identified by table group #1:</p> <ul style="list-style-type: none"> ● Responses/strategies to improve experience at a <u>service</u> level: <ul style="list-style-type: none"> ○ In addition to existing initiatives such as Youth at Risk project, YRG guidelines, CAMHS SPA pilot: strengthening Mindmap to improve information about services, strengthening Youth Reference Groups and youth participation within services, MOST Orygen ● Responses/strategies to improve experience at a <u>system</u> level: <ul style="list-style-type: none"> ○ Youth-friendly resources about how to navigate systems (rather than only info about specific services) ○ More training re culturally sensitive practice for services ○ Youth-friendly implementation of YES satisfaction tool ○ Info for services about youth friendly engagement practices (e.g. text messages) ○ Clarifying the constraints and identifying practice opportunities regarding information sharing between C/YP & parents; and between services <p>Summary of key points identified by table group #2:</p> <ul style="list-style-type: none"> ● Responses/strategies to improve experience at a <u>service</u> level: <ul style="list-style-type: none"> ○ In addition to existing initiatives such MACR, MH & AOD Alliance, H2H outreach to youth refuges, YAR project: H2H kids and Mindmap ○ More resources for staff about co-occurring conditions (e.g. greater access to info on neurodivergence) ○ Upskilling of staff in complex, co-occurring conditions ○ Networking opportunities between services - e.g. via shared training, potentially a role for the Alliance to facilitate? ● Responses/strategies to improve experience at a <u>system</u> level: <ul style="list-style-type: none"> ○ Advocate for accredited & inclusive MH training made compulsory for education staff 	All

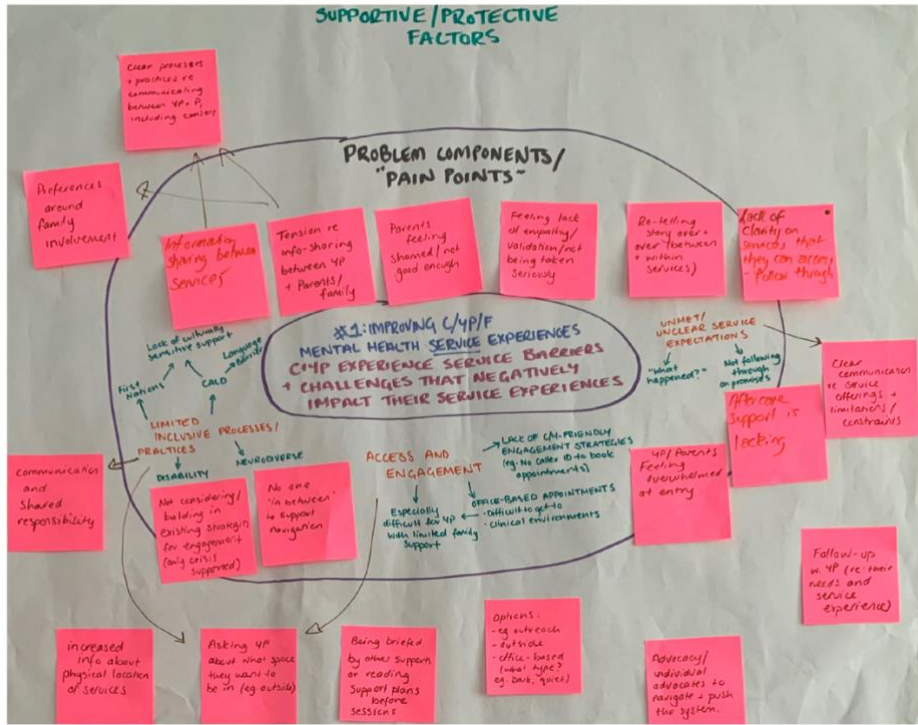
<ul style="list-style-type: none"> ○ Informing commissioning processes – outcome-based commissioning and enabling KPIs ○ Education and workforce development – improving using student placements, include lived experience in MH curricula ○ Service navigation that is accessible to C/YP, parents, teachers, health professionals including coordination of exiting service navigation 	
<p>4. Which strategies / actions can the Working Group take on?</p> <p><i>Aim:</i> Reviewing the list of ‘what is needed’, identify which strategies the Working Group can take on.</p> <ul style="list-style-type: none"> ● <i>Key discussion points / questions:</i> <ul style="list-style-type: none"> ○ Which actions could be for the Working Group to progress, and which are for someone else? ○ What contributions could the Working Group make? ○ For example: Inform, recommend, develop, trial, share, scope, collate, learn, promote, consult, showcase, propose. ● Erin and Steph reported back for table group #1 and #2 respectively. ● Members identified the following initial projects the working group could take on and progress: <ul style="list-style-type: none"> ○ YRG guidelines: How can the working group support the YRG with the development of the YRG guidelines, any gaps/issues the working group could pick up and investigate ○ Mindmap: explore opportunities to strengthen Mindmap, in both the content it provides and through raising awareness. ○ YES survey tool: Working Group to do some scoping work and research around how YES is used in QLD & NSW; and to consider undertaking consultation on how it could be more accessible and used by young people. Suggested inviting a guest speaker to present to the WG on the YES survey tool. Discussed opportunity to consider how services could promote YES in youth-friendly ways, and how feedback is used. 	All
<p>5. Other Business</p> <p><i>Aim:</i> To flag any other opportunities and risks for the Working Group, or items for future discussion.</p> <ul style="list-style-type: none"> ● No other business was raised. 	Stephanie Lentern, CHN
<p>6. Next Steps</p> <ul style="list-style-type: none"> ● Summarise key actions <ul style="list-style-type: none"> ○ Youth Coalition to draft meeting minutes and create digital versions of the butchers’ papers’ ○ Working group to explore how it can support the work of the YRG in developing service guidelines 	Stephanie Lentern, CHN & Erin Barry, Youth Co



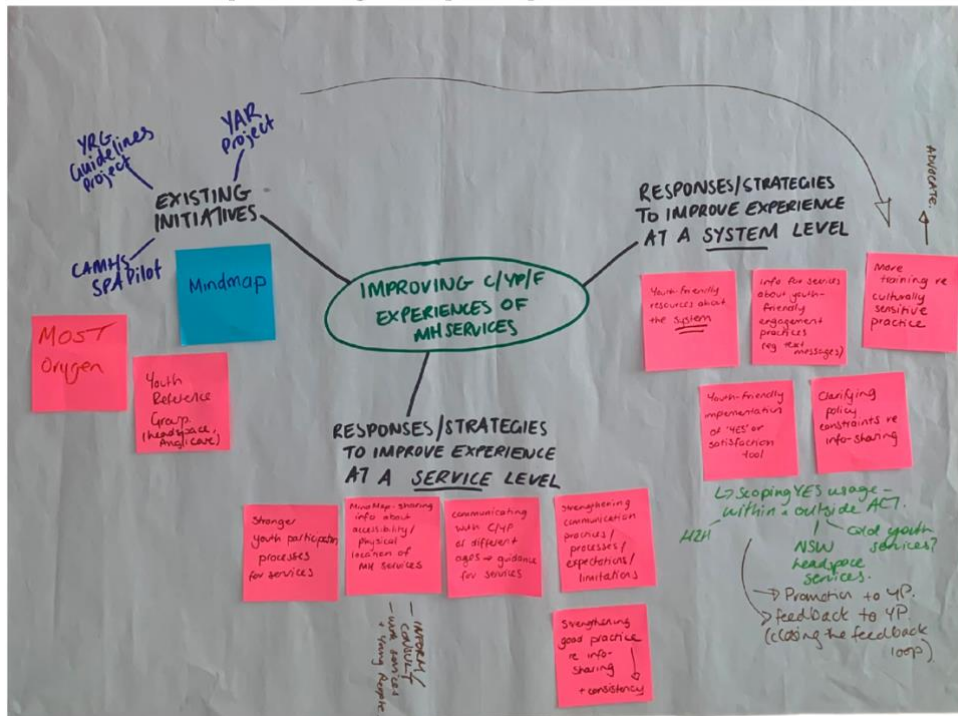
<ul style="list-style-type: none">○ Progress ideas around the YES survey tool and expanding Mindmap.○ OMHW and Mental Health Division to consider how to support a coordinated approach re YES.○ Working group members to consider if there are any issues/topic they would like to take to the next Alliance forum in April <ul style="list-style-type: none">● Proposed next meeting: Tuesday 13 February 2024	
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APPENDIX ONE: PRIORITY ONE

Issue #1: Improving C&YP mental health SERVICE experience
-pain points/problem components-

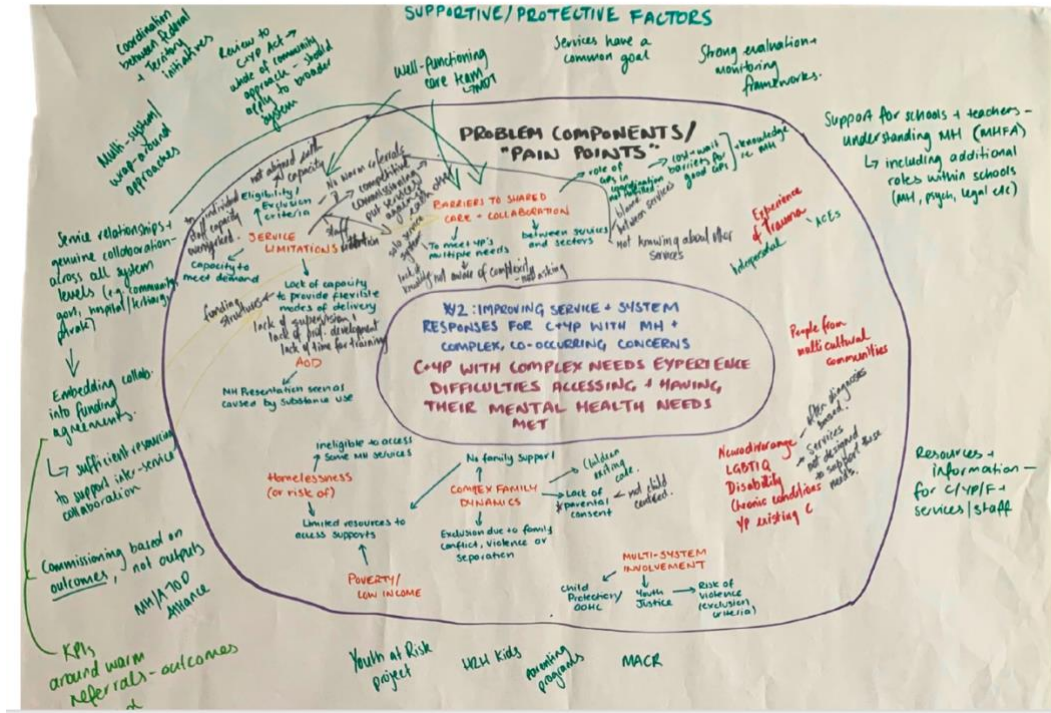


Issue #1: Improving C&YP mental health service experience
- responses/strategies to improve experience at a service level -



APPENDIX TWO: PRIORITY TWO

Issue #2: Improving service & system responses for C&YP with MH + complex, co-occurring concerns
- pain points/ problem components & supportive protective factors-



Issue #2: Improving service & system responses for C&YP with MH + complex, co-occurring concerns
- Strategies to improve responses at a service level -

