

ACT Child & Youth Mental Health Sector Alliance

Alliance Forum: 26 November 2024

MC: Hannah Watts, Youth Coalition of the ACT

The Office for
Mental Health
and Wellbeing



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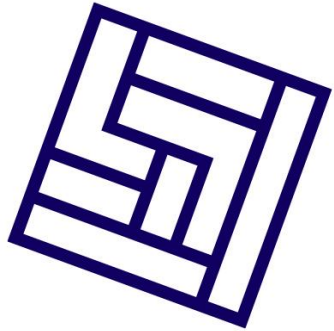


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coalition
of the ACT



Welcome and Introductions

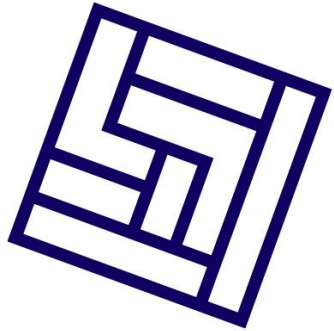
- Acknowledgement of Country
- Acknowledgement of Lived Experience
- Purpose of today's Forum
- Member introductions



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**Mental Health
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ACT Mental Health and Suicide Prevention
Strategy

Presentation and Consultation



ACT Child & Youth Mental Health Sector Alliance

Morning Tea

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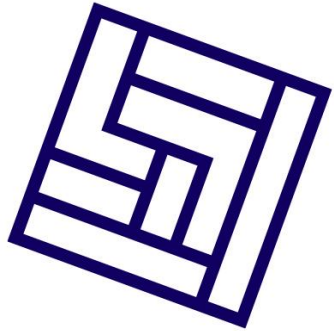
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Partnering for better health



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[Slides Removed - CAMHS Presentation]

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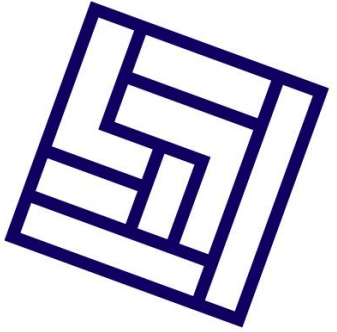
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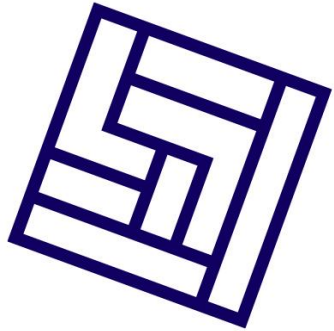
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Consultation about CAMHS' Exit Processes

CAMHS Consultation

Purpose: Understand the current challenges, and potential solutions, to support CAMHS to exit young people turning 18 to community services.

- **Part One: What are the current challenges?**
 - For young people, for services, for parents?
 - Before, during, after transitions?
- **Part Two: What would help?**
 - What could community services do better?
 - What could CAMHS do better?
 - What else would help?
- Large group feedback discussion



ACT Child & Youth Mental Health Sector Alliance

Lunch

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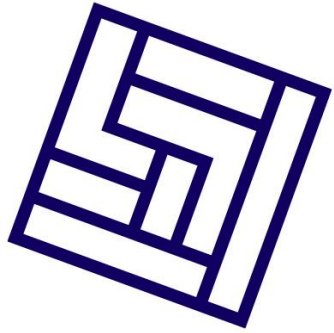
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Alliance Update

Lee-Anne Rogers, Office for Mental Health and Wellbeing
Stephanie Lentern, Capital Health Network
Erin Barry, Youth Coalition of the ACT

What problem are we trying to solve?

Findings of the 'Missing Middle' Project:

- High levels of fragmentation across system
- Service and system constraints & challenges
- Funding cannot fix everything
- Mental health is a whole of community issue
- System coordination will not happen organically

A new approach was required



Final Report: Understanding the 'Missing Middle':

Children and young people with moderate to severe mental health concerns who experience difficulties accessing services

August 2022



health.act.gov.au/OMHW

Backbone Support & Governance

- Coordinating Committee: Cross-sector & lived experience
- Lead Agencies: Secretariat / Coordination

Strategic Coordination / Collaboration

- Biannual Forums
- Youth Reference Group
- Alliance Working Group(s): Progressing specific issues

Practice, Info-sharing and Connection

- Community of Practice
- Communications: website, eBulletins

History of the Alliance

2022	<ul style="list-style-type: none">- 'Missing Middle' report released by the ACT Government- Initial planning with sector to design a 'Network'
2023	<ul style="list-style-type: none">- Alliance launched in July 2023. Initial priorities were identified at a Forum for progression through a Working Group.- Coordinating Committee established to support the Alliance- Alliance Working Group established- Bimonthly Community of Practice meetings held
2024	<ul style="list-style-type: none">- Alliance Forums in April and November- Working Group progressing projects- (Refreshed) Community of Practice: Gender-Affirming Care Guidance

Alliance Working Group

1. Established in late 2023 to progress the following priorities:

a) Improving children, young people and families' experiences of mental health services:

PROJECT: Supporting service readiness to collect and use client feedback from children, young people and families, for service improvement.

b) Improving service and system responses for children and young people with mental health concerns, and complex, co-occurring concerns:

PROJECT: Informed consent, privacy and information-sharing of children and young people, between (a) services and (b) services and families.

Project 1: Collecting and Using Client Feedback

Purpose: Build service readiness to collect and use feedback; prior to the potential introduction of client-reported 'experience' measures.

- **Completed:** Consultation with Alliance members at April Forum to understand opportunities, value, barriers and challenges
- **Current:** Commissioned ANU (Dr Alyssa Morse & Ashley Hoye) to undertake 2 reviews:
 - Best practice and principles for collecting and using feedback from young people in services
 - Scoping review of existing experience measures and tools
- **Planned:** YRG Consultation, development of Alliance Paper

Project 2: Informed consent, privacy and information-sharing

Purpose: Develop shared understandings / agreements about processes and practices for supporting more effectively children and young people across settings.

- **Completed:** Initial Working Group scoping and consultation.
- **Current:** Commissioned ANU (Dr Alyssa Morse & Ashley Hoye) to undertake literature review:
 - Young people's preferences for processes relating to informed-consent to share information with other services, and/or with families/carers
- **Planning:** Legislation and Policy 'Scoping and Translation', for services, and for young people.

Alliance Enablers (first 18 months)

1. Enabling environment across lead agencies through genuine and respectful partnership
2. Cross-sector commitment to change and improvement
3. Flexibility, innovation, and creativity
4. Inclusion of youth lived experience
5. Funding and brokerage to support activities and projects

Challenges and Learnings (first 18 months)

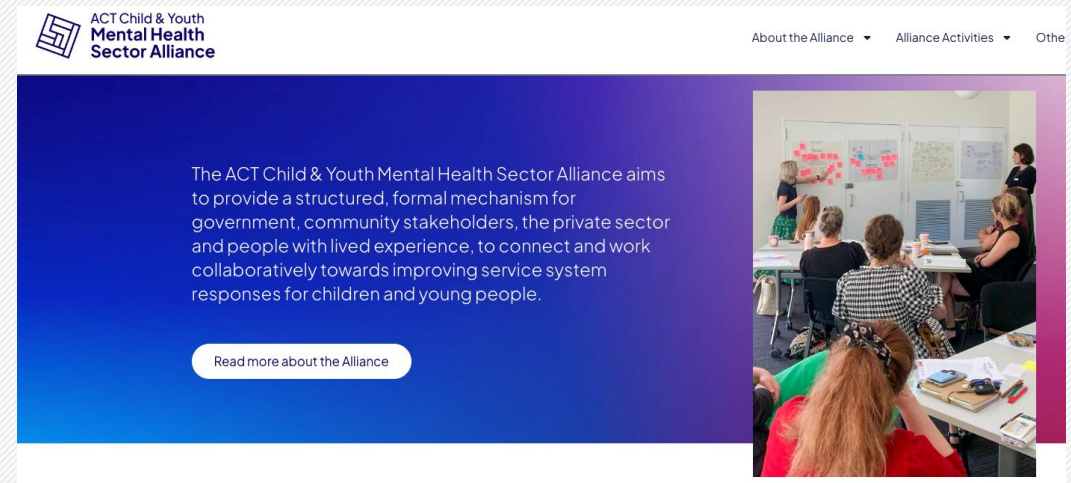
1. Stakeholder time and resources will always be limited.
2. System coordination and collaboration requires dedicated support and active leadership: **Good will is not enough.**
3. Action on agreed priorities, especially for complex issues, takes time and needs to take people along the journey. Change is incremental.

More Information and Contact

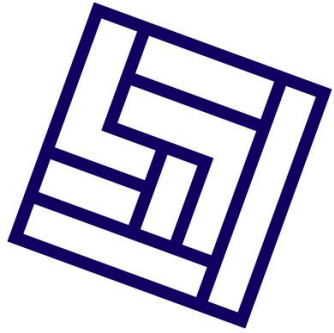
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Erin Barry, Youth Coalition:
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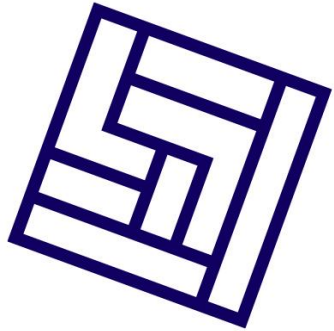
www.cymhalliance.com.au



ACT Child & Youth Mental Health Sector Alliance

Project Updates and Sector Initiatives

Youth Reference Group
Initial Assessment and Referral Tool
Head to Health Kids
Youth at Risk Project
Other sector initiatives and updates



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Youth Reference Group

Initial Assessment and Referral for Mental Health

**Overview and Adaptations for Children and
Young People**



What is the Initial Assessment and Referral Decision Support Tool? (IAR-DST)

- A mental health **initial assessment tool** made by clinicians for clinicians, used alongside clinical judgement and experience.
- Supports a **stepped care approach** to mental healthcare through a **holistic, whole person, transdiagnostic** approach to initial assessment
- Creates a **shared language** across healthcare, aiming to **facilitate decision-making and guide clinical judgement**
- Brings together multiple assessments to inform discussions with help-seekers about **choice and preference**, and to **reduce the need for retelling stories**



Overview of Initial Assessment and Referral

- Started in 2019, with a guidance for use with adults (aged 18-65) seeking support
- Based on **8 domains** that guide holistic assessment and distil essential information.
- Indicates **5 levels of care** based on intervention intensity.
- Leverages off stepped care to find the right service for a person's needs – aiming to avoid **under-servicing** (leading to poor outcomes and falling through the cracks) and **over-servicing** (leading to unnecessary burden of care for the individual).

The five steps in stepped care:



8 Initial Assessment Domains

Domain 1 Symptom severity and distress	Past or current symptoms and duration, distress associated with symptoms, history of mental illness, symptom trajectory.	Domain 5 Service use and response history	<ul style="list-style-type: none">• Previous mental health treatment.• Progress/benefit from past or current treatment.
Domain 2 Harm	Past or current suicidal ideation or attempts, past or current self-harm, symptoms posing a risk to self or others, risk arising from self-neglect, risk related to abuse, exploitation or neglect by others.	Domain 6 Social and environmental stressors	Stressful life events/situations such as significant losses, changes or transitions, history of trauma, socio-economic disadvantage, legal issues, isolation, social/family/work pressures.
Domain 3 Functioning	<ul style="list-style-type: none">• Ability to fulfil usual roles or responsibilities.• Function at home, school, work and to undertake activities of daily living.	Domain 7 Family and other supports	Access to sufficient family and personal supports to meet emotional, practical and social needs.
Domain 4 Impact of co-existing conditions	Impacts of physical health conditions, cognitive impairment, intellectual disability, neurological disorders, learning and communication disorders, and alcohol and/or substance use.	Domain 8 Engagement and motivation	The person's (and/or their parent, carer or guardian's) ability, capacity and willingness to engage in services and support for their mental health.

5 Levels of Care

Level of Care 1 Self Management

Evidence-based resources (including online print, audio, and community resources) with active monitoring. Some practical assistance to engage with the resource might be required.

Level of Care 2 Low Intensity

Services that can be accessed quickly & easily involve few or short sessions, with a short overall duration of engagement with the service.

Level of Care 3 Moderate Intensity

Psychological assessment and structured, reasonably frequent interventions (e.g., psychological interventions).

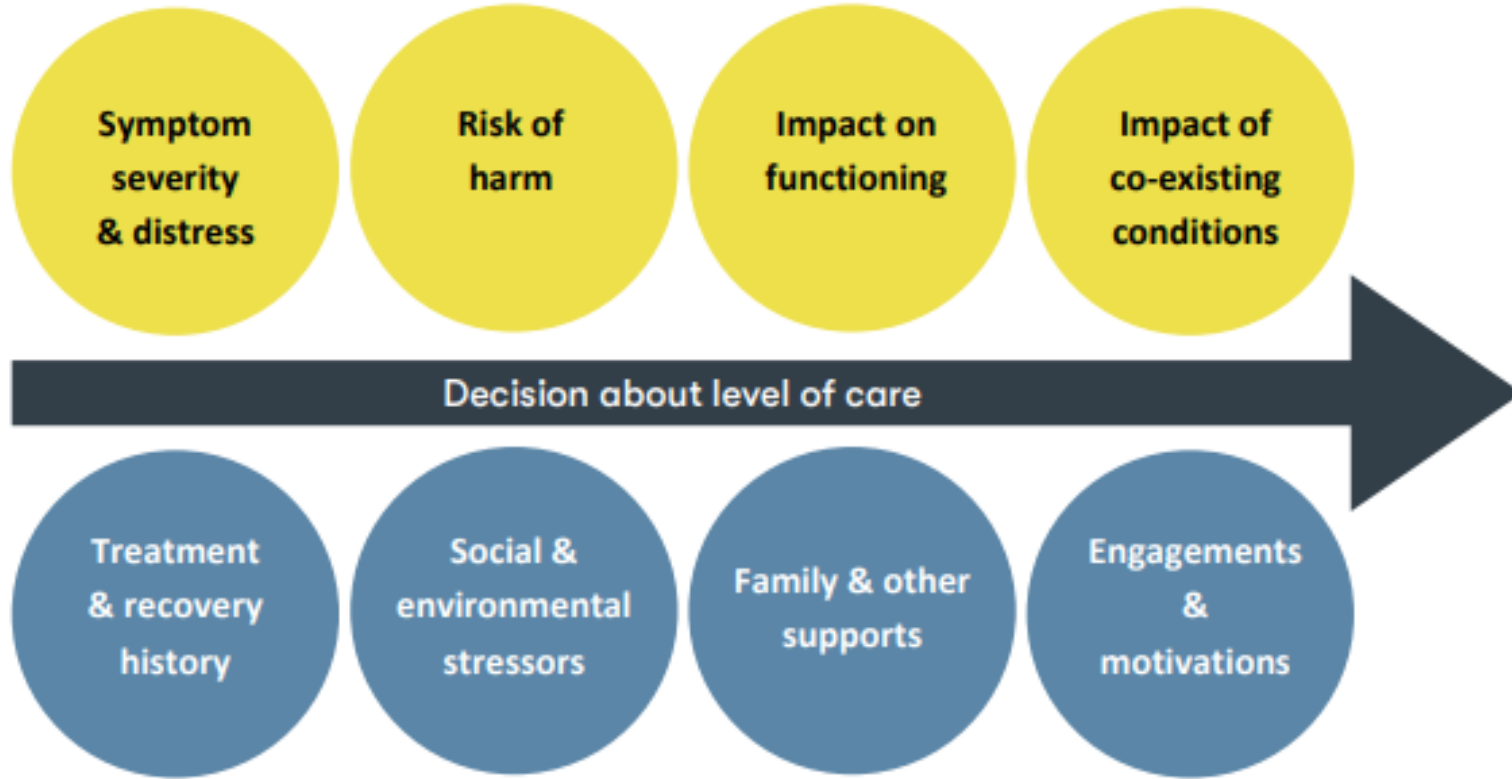
Level of Care 4 High Intensity

Psychological assessment and intensive intervention, typically multi-disciplinary support, psychological interventions, psychiatric interventions, and clinical care coordination.

Level of Care 5 Specialist and acute services

Specialist assessment and intensive interventions (typically state/territory mental health services) with involvement from a range of mental health professionals.

Assessment Domains



Levels of care



Updates to the IAR-DST - 2024

In 2024, adaptations to the IAR tool were released, for children, adolescents, and older adults. There are now the following four versions to support mental health assessments across the lifespan:

- Childhood (5 – 11 years)
- Adolescence (12 – 17 years)
- Adulthood (18 – 64 years)
- Older adulthood (65+ years)

While an age range has been provided, clinical judgement of developmental age, contextual factors, and other considerations should be used when selecting which version to apply.



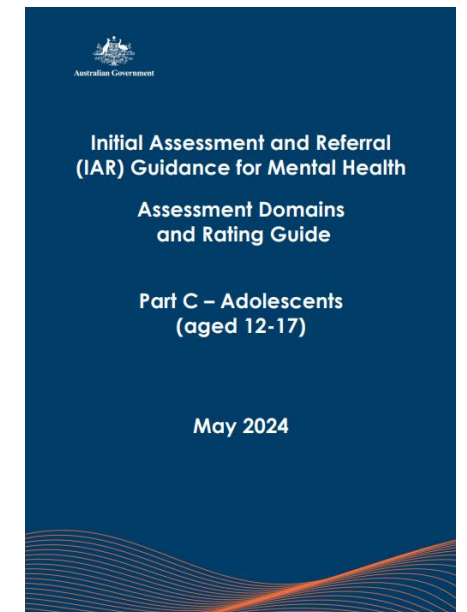
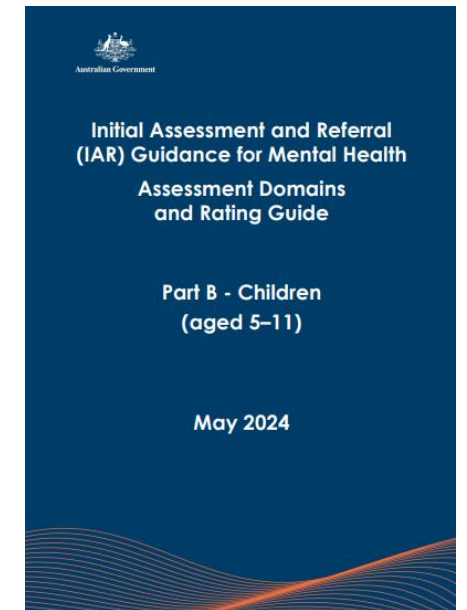
Key differences: Children & Young People Adaptations

Specific adaptations were made for children and young people based on differences in **development, environment, and context**, to ensure the IAR-DST is appropriate for use. These include:

- Adjustments to descriptors across the 8 domains to account for the differences in the way mental health symptoms and psychological distress **present across the lifespan**
- Different descriptors for the ratings within each of the 8 domains, **to lower the tolerance for risk**
- Adjustments to the threshold for **duration and intensity** of symptoms or adverse situations
- Adjustments to the **relative importance** of some domains, to address the weight of certain contextual factors on children and young people
- Different recommendations for **referral outcomes**

Examples - Key differences

- **Social and environmental stressors** (Domain 6) and **family and other supports** (Domain 7) more highly weighted
- Recommendation of some referrals and resources that are **targeted to parents, carers, teachers, and other key supports.**
- Addition of detailed, relevant information and context about:
 - Eating disorders
 - Mandatory reporting
 - Assessment of adolescents with a history of suicide attempt
 - Childhood experiences of trauma
 - Bullying (online and in-person)



What do these changes mean for the ACT?



- GPs are currently being trained in use of the IAR-DST (including the adaptations) across Australia.
- The Head to Health Intake and Assessment Phone Service (all ages) and the Canberra Medicare Mental Health Centre (for adults) current use the IAR for intake.
- Previously, these providers only used the IAR for adults. They are now being trained and using the IAR-DST for all ages.
- Greater use of the IAR across all parts of our sector is needed to enable it to reduce fragmentation and facilitate integration and smooth referrals.

For more information



Guidance documents and rating guides

<https://docs.iar-dst.online/>



IAR Decision Support Tool

<https://iar-dst.online/>



Local ACT IAR Team (Capital Health Network)

IAR@chnact.org.au



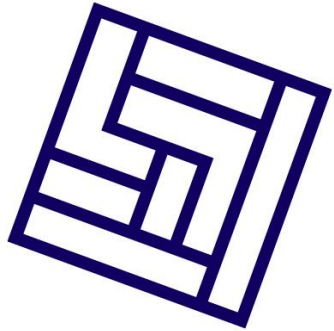
Information about training in the ACT

<https://www.chnact.org.au/for-health-professionals/mental-health-programs/initial-assessment-referral/>



Department of Health and Aged Care IAR Project Team

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Head 2 Health Kids



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Integrate the youth mental health sector & establish a trauma service to support youth with complex needs

Youth at Risk (of developing mental ill health)

November 2024 Project Update

Youth at Risk Project

2. Building a Trauma Informed landscape

Launch November 2023: ACT Trauma Informed Practice Position Statement for Children and Young People.

Procurement underway November 2023: Try Test Learn (TTL) pilot of sustainable Trauma Informed Practice training, supporting reform in organisations from policies through to practice.

Youth Trauma Service Design underway with co-design activities taking place with young people with lived experience, their families and service providers, informed by consultations from 2022 onwards.

1. Funding, Consultation & Design

Funded October 2022: National Mental Health and Suicide Prevention Bilateral Agreement \$8 mil over 4 years.

Completed October 2023: Consultation for the project design; the Trauma Informed Practice Position Statement; and for the Try Test Learn pilot of Trauma Informed Care Training.

Commenced: Consultation and planning for Try Test and Learn pilot the Youth Trauma Service.



3. Trauma service establishment

Conduct a grants procurement activity, informed by the Service Design Report and Listening Report 3. These have been developed with the Youth Reference Group and Service Design Working Group.

In 2025 Establish the youth trauma service as multidisciplinary, evidence-guided & community-based to fill the identified gap, built on lessons from the training TTL pilot as well as co-design and co-production activities.

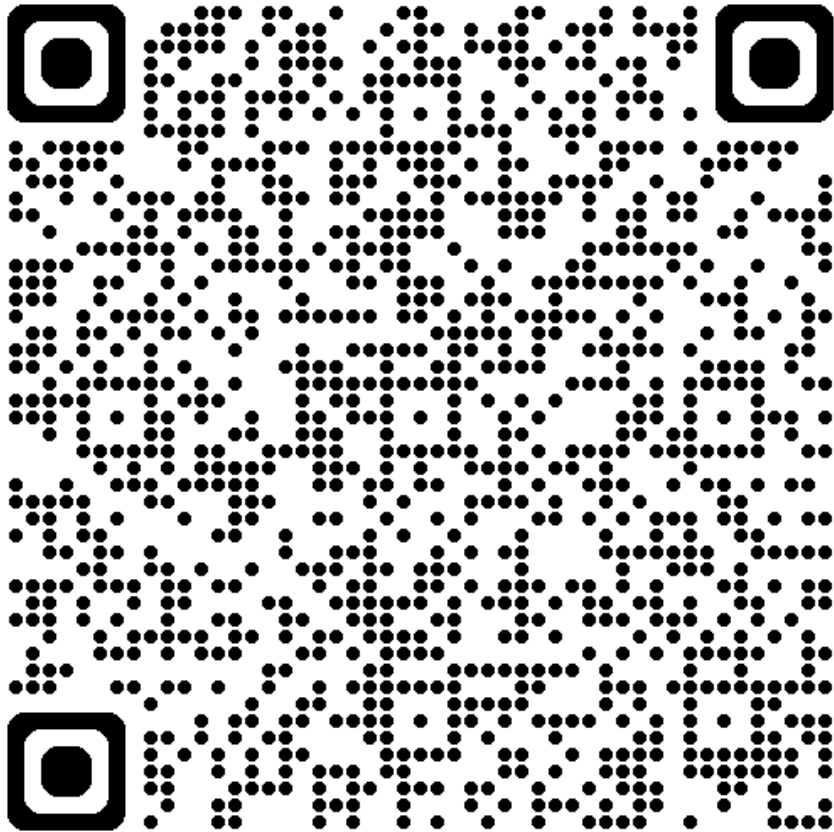
4. Evaluation and Maintenance

Evaluation: Mid 2025 The TTL Trauma Informed Training evaluation report will be produced, determining ongoing need & feasibility; Youth Trauma Service embeds on-going evaluation from the establishment of the service.

Maintenance: Trauma Service workforce sustainability plan, integrated with local university and training organisations; consideration of recurrent funding

Aim: to support collaboration in the youth mental health sector & establish a youth trauma service to support young people with complex needs





Youth at Risk Project webpage is LIVE!

- upcoming training
- updates about the Youth Trauma Service initiative grant
- access to Listening Reports 1 and 2
- ACT Position Statement on Trauma Informed Practice for children and young people.
- soon to be released... Evaluation Framework, Service Design Report and Listening Report 3!

Trauma Informed Practice Training, Try Test and Learn

- Marymead CatholicCare was the first cohort to participate in the Emerging Minds trauma informed practice training as a 'try, test and learn'.
- 12 modules of training was delivered over 16 weeks: online self-paced, tutorials, FTF sessions.
- Assessment by the Emerging Minds team at the end of the training to ensure that participants have integrated the training into their practice, and to finesse the future training.
- Evaluators from Flinders University attend the final FTF sessions to conduct interviews with participants for an external evaluation perspective.
- The Office of Mental Health and Wellbeing and our social work student Ellie have developed an Evaluation Framework to evaluate a cultural shift towards trauma informed practice.



An opportunity for you and your people!

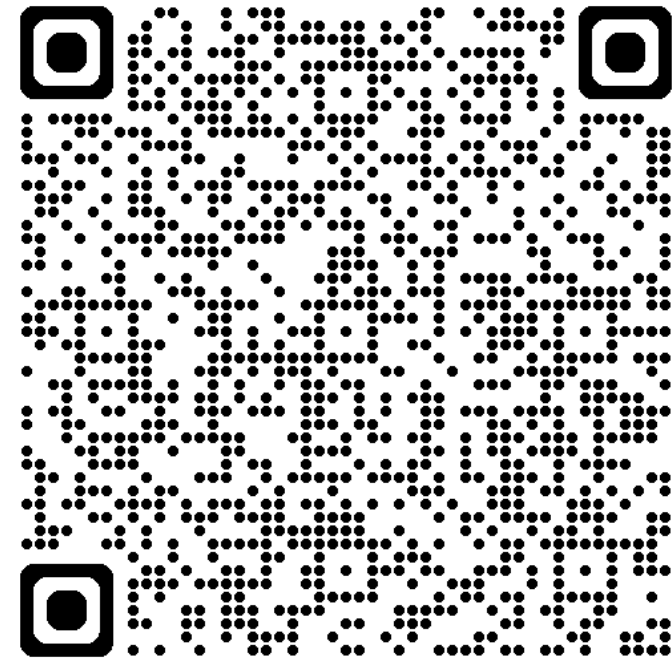
An EOI process has been released to recruit members for the second cohort commencing February 2025.

Range of organisations in the Child and Youth Mental Health Sector Alliance and employees from across government directorates to apply. This cohort will include a mix of positions/roles

There will be limited positions available for each role type, so we encourage applicants and managers to include as much information as possible.

Organisations are encouraged to submit EOIs for more than one staff member.

Submit your EOI here: (closes 30 November)



The Youth Trauma Service Initiative

- Non-Government Organisation (NGO) sector
Grants process will seek to procure the organisation/s that will deliver the service
- **Care coordination/system navigation** and the **trauma therapy** elements



We heard clearly that the Service needs to be:

- providing trauma informed care using the best practice principles
- a wraparound response to young people and their families
- delivered by multi-disciplinary clinicians
- flexible outreach service provision
- a location that young people and families can easily access
- navigation and liaison as key components

Listening Report 3



Engage:

An overview of the YAR Project's stakeholders and methodology.



Reflect:

What we learnt about the youth trauma landscape from engagement with stakeholders.



Activate:

How we are responding to the information and recommendations made during our engagement.



What we heard & what we did:

A summary of insights and actions.



The next steps in the journey:

Priorities moving forward and the activities we are currently working on.

The Listening Report 3 presents the information gathered through a multi-layered approach including:

- research evidence
- the insights from our young people with lived experiences of trauma and complexity and their families
- extensive conversations with stakeholders
- cultural wisdom

This information informed:

- Decision making about outsourced model
- Service Design Report

Service Design Report

The scope and functions of the service:

- **integrated care**
- **a centralised point of contact**
- **a liaison function**
- **a navigator function**
- **trauma informed therapeutic approaches**
- **a variety of assessments as needed**
- **therapeutic interventions**
- **joint care planning**
- **outpatient/outreach nursing and allied health care, and**
- **cultural competence and safety**
- **affirming and equitable care**



Are you subscribed to our newsletter?



- ❖ The procurement activity to engage the NGO sector in the Youth Trauma Service initiative will begin.
- ❖ Development of the Evaluation Framework for the Youth Trauma Service initiative.
- ❖ Ongoing collaborative partnership with Emerging Minds as they deliver the Trauma Informed Practice Training TT&L, including the EOI for the 2025 training cohort, and the evaluation activity with Marymead CatholicCare.
- ❖ Planning for the future use of the developed training package.
- ❖ Promotion and communications activities for the Position Statement in collaboration with our Youth Reference Group and partners.

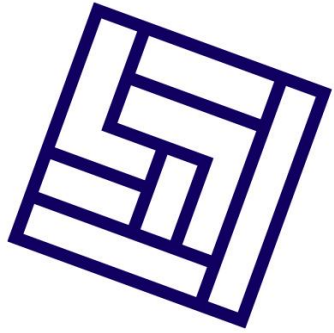
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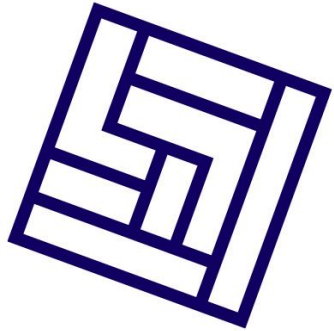


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Other Project Updates

Next Steps & Feedback

- Summary of actions and next steps from today
- Brief Summary Paper from Forum to be developed
- Online feedback survey to be disseminated to invite feedback about the Forum



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Thank-you

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