

## Summary Paper: Alliance Forum – 26 November 2024

This document provides a summary of the third ACT Child and Youth Mental Health Sector Alliance Forum, held on 26 November 2024 at the Midnight Hotel, Braddon. The Forum was attended by 49 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:

- Contribute to projects being undertaken by Capital Health Network & the ACT Health Directorate, and the Alliance Working Group, which aim to improve young people's experiences with mental health and other services
- 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 Childhood Foundation
- A Gender Agenda
- Canberra Health Services
- Capital Health Network
- Centre for Mental Health Research, ANU
- Child and Adolescent Mental Health Service (CAMHS), Canberra Health Services
- Children, Youth and Families, Community Service Directorate
- Directions Health T25 Clinic
- Families ACT
- Galilee School
- Grand Pacific Health
- Headspace Early Psychosis Canberra, Uniting
- Individual/Carer
- Marymead CatholicCare Canberra & Goulburn
- Mental Health Policy and Strategy, ACT Health
- Mental Health & Suicide Prevention Division, ACT Health
- Mental Illness Education ACT (MIEACT)
- Meridian ACT
- Mindmap Program, Marymead CatholicCare Canberra & Goulburn
- Nexus Human Services
- Office for Mental Health & Wellbeing
- Public Advocate, Human Rights Commission
- Toora Women
- Tuggeranong Arts Centre/Messengers Program
- Woden Community Service
- Youth Coalition of the ACT
- Youth at Risk team, ACT Health
- Youth Reference Group, OMH&W

*Session One (9:30 – 11:00am)*

### Welcome and Introductions

The Forum was emceed by Hannah Watts from the Youth Coalition of the ACT.

Hannah provided an Acknowledgement of Country and an Acknowledgement of Lived Experience. This third Alliance Forum builds on the first and second, held in July 2023 and April 2024 respectively, which identified key priorities and advanced projects for the Alliance. It continues the novel practice of providing an opportunity for members to hear about and contribute collaboratively on youth mental health.

Dr Sarah Miller, the Coordinator-General for Mental Health, provided an online welcome to the Forum. Forum members were invited to introduce themselves.

### **ACT Mental Health and Suicide Prevention Strategy Consultation – Stephanie Lentern (CHN) and Rebecca McIntyre, ACT Mental Health and Suicide Prevention Division**

The first session included a consultation on the forthcoming *ACT Mental Health and Suicide Prevention Strategy*, which will inform the ACT's approach for the next 10 years. The *Strategy* will be an overarching policy document that will go through Cabinet. Joint action plans will be established underneath the *Strategy*. Though the *Strategy* is not strictly child/youth specific, this consultation provided an opportunity for Forum members to contribute and help to capture the unique complexity of mental health in this cohort.

This was then followed by roundtable discussions mediated by table facilitators. Four key areas for consultation were split across five tables, and Forum participants could elect to contribute to four of them. The key consultation topics were:

1. **Vision & Values:** Following a review of existing resources, a vast number of principles and values were recognised as relevant to mental health and suicide prevention. Forum participants reviewed these and considered whether the principles/values aligned with their vision for a *Strategy*, as well as other ways the vision & values could be represented in the *Strategy*.
2. **Priority Groups:** It was recognised that while mental health and suicide impacts the whole population, it does not impact all groups equally. Acknowledging the underlying factors that disproportionately impact these priority groups, forum participants considered how the *Strategy* can meaningfully capture diversity and respond to intersectionality in a genuinely person-centred way.
3. **Emerging Themes** (*split across two tables due to size of this item*): A review of existing resources identified clear trends in focus areas, strategic priorities, and actions. Forum participants reviewed 12 emerging focus areas across two tables, reflecting on which emerging themes were most important, and whether the themes align with what can be prioritised and addressed within a 10-year *Strategy*.
4. **Unanswered Questions:** In recognition of the knowledge gaps and new issues that are expected to emerge or develop over the 10-year life of the *Strategy*, forum participants considered how the *Strategy* can explore global megatrends and allow flexibility for a changing environment. Participants also discussed the impacts of AI and whether any other emerging themes or unanswered questions should be considered for a 10-year *Strategy*.

**CAHMS Consultation – Kalvinder Bains (Operational Director, CAMHS) and Carrie Coghlan (Senior Manager of Community Teams, CAMHS)**

CAMHS representatives provided an Acknowledgement of Country and Acknowledgement of Lived Experience. Kalvinder briefly updated the forum on activities occurring within CAMHS and provided an overview of the current structure of operations.

CAMHS's overarching structure is led by the Operational Director, and includes three teams:

**1. The Acute Teams**

*a. Child and Adolescent Unit (CAU)*

A 6-bed adolescent acute mental health inpatient unit that provides assessment, evidence-based treatment, and therapeutic intervention for young people aged 12 and up to their 18<sup>th</sup> birthday. Located in the Centenary Hospital for Women and Children, the CAU delivers multi-disciplinary interventions for adolescents with moderate to severe mental health presentations who are medically stable, but where less restrictive options have been deemed unsuitable or unavailable.

*b. Hospital Liaison Team (HLT)*

Provides assessment, triage, and appropriate case formulation and referral for young people aged 5-18 presenting to the hospital in the context of mental health, targeting the moderate to severe threshold to enhance timely access. Referrals to the HLT are made directly by Emergency Department or Paediatric Acute Ward (PAW) at TCH, and the HLT will refer to AIHTT for post hospital discharge follow up. Hours of operation are 7 days per week, 7:30am – 9:30pm.

*c. Adolescent Intensive Home Treatment Team (AIHTT)*

Referrals to AIHTT are made by HLT and Emergency clinical liaison for young people up to 18 with a moderate to severe mental health presentation who have been discharged from acute hospital based mental health services. They provide 2-4 weeks of intensive community-based specialist mental health support to allow for safe discharge from hospital. Young people are contacted by phone within 24 hours after being discharged from hospital, and face-to-face within 72 hours. Included in their service are safety planning, making recovery goals, linking into education, and GP's. AIHTT refers patients to step down models of care, or to CAMHS Community Teams.

*d. Adolescent Day Program (ADP)*

A four-week skills-based group program with a recovery focus for young people 12-17 with moderate to severe mental health presentations impacting their participation in daily life and at risk of hospital presentation due to their mental health. ADP runs 9:30am – 3:30pm, Monday-Friday and is made up of a multi-disciplinary team which can include Occupational Therapists, Social Workers, Psychologists, Registered Nurses, Music Therapists, Create Arts Therapists, Allied Health Assistants, and Exercise Physiologists. Referrals to ADP are made by AIHTT, PAW, Mental Health Short Stay Unit (MHSSU), 12B or Adult Mental Health Unit (AMHU), where a young person has been admitted. Step up

referrals are made from the CAHMS Community Teams where a young person is at increased risk of hospital presentation.

## 2. Community Teams

### a. North & South Community Teams

A voluntary service for young people up to 18 years old with moderate to severe mental health presentations. They provide intake, assessment, and treatment with a multidisciplinary team. Their services include GP Peer to Peer Consultation, Physical Health Screens for clients, and Tuning into Teens & Thrive. They do not provide ASD or ADHD assessments. In 2025, the Community Teams will be introducing Single Session Thinking. Duty Officers are available 8:30am – 4:30pm Monday-Friday, with weekend workers available 8:30am – 4:30pm Saturday and Sunday. There are approximately 180 clients per team: HPO3 caseload of 25 clients per clinician.

### b. Adolescent Mobile Outreach Service (AMOS)

An outreach therapeutic support for clients aged 12-18 years experiencing significant barriers to accessing centre-based services for moderate to severe and complex mental health presentations. Due to the intensity of treatment, significant stakeholder engagement and the outreach model, clinicians have a maximum of 10 clients each. Referrals are made via CAHMS teams.

### c. Mental Health Service for People with Intellectual Disability (MHS-ID)

Provides consultation liaison, assessment, mental health expertise including psychiatric consultation, education, and training to clients 17 years and older with a known intellectual disability and co-occurring moderate to severe mental illness. MHS-ID does not offer assessment or treatment for ASD or ADHD, nor does it provide diagnosis for ID. Referrals can be made directly to MHSID with client or guardian consent.

### d. Perinatal and Infant Mental Health Consultation Service (PIMHCS)

PIMHCS is a tertiary service for women experiencing significant mental health concerns during pregnancy or within one year after birth. It provides specialist consultation, assessment, and psychiatric care, with a focus on mother-infant care and attachment. Also part of PIMHCS's services is a circle of security parenting group that is attachment based, trauma informed, and recovery oriented. Additionally, preconception counselling is available for women who have a lived experience of mental ill health. Referrals can be made directly to PIMHCS with client consent.

### e. STEPS Program

In partnership with Marymead CatholicCare (MCCG), the STEPS program provides a residential program for up to 3 months for young people with moderate to severe mental health presentations. The program has a recovery focus with life skill development and ongoing therapy through CAMHS services. Referrals are made from CAMHS teams via CAMHS Clinical Liaison.

## 3. Specialist Teams

### a. Speciality Youth Mental Health Outreach (SYMHO)

SYMHO provides services for two key groups: young people aged 14-25 experiencing a First Episode Psychosis (FEP), and aged 14-18 at Ultra High Risk (UHR) of developing psychosis. Young people whose condition can be managed by the CAMHS Community Teams, neurological degenerative conditions, and primary diagnosis of substance use are excluded. A young person in the UHR group who is not help seeking may not be considered appropriate for the service. Caseloads are limited to approximately 10 due to the outreach model. SYMHO is open 7 days per week, 9:00am – 5:30pm, with referrals via CAMHS, Access MH, and in-patient mental health wards.

*b. The Cottage*

The Cottage is an integrated therapeutic and educational program for young people aged 12-18 who experience school avoidance due to the impact of their mental health. It aims to address school related anxiety, interpersonal skills, behavioural activation, social skills development, increased functional capacity, building routine, and returning to an educational setting. Referrals are made via CAMHS teams for clients who have extended school absence and are motivated.

*c. Dialectical Behaviour Therapy (DBT) Program*

The program DBT for young people aged 14-18 years with a severe mental illness and demonstrating symptoms of Borderline Personality Disorder (BPD), aiming to reduce life threatening behaviour and promote skill development. This includes assessment, pre-treatment, followed by 20 weeks of therapy and a 10-week consolidation period. Referrals to the program are made via CAMHS Community Teams and client must be engaged for therapy in the first instance.

*d. Childhood Early Intervention Program (CEIP)*

CAMHS works in partnership with the Education Directorate to run the Understanding and Responding to Feelings and Behaviour (UR Fab) program. As part of CEIP, CAMHS also provides specialist mental health early intervention services for children in Kindergarten to Year 6 displaying anxiety, depression and/or emerging conduct problems.

*e. Eating Disorders Program (EDP)*

EDP is a therapeutic program for people living with an eating disorder who wish to engage in therapeutic change. The program is a life span service for anyone living in the ACT. EDP provides evidenced based psychological treatment such as Maudsley Family Based Therapy (FBT) – under 18, and CBT-E, CBT and CBT-T.

*f. Eating Disorders Residential Treatment Centre (EDRTC)*

A 24-hour specialist, intensive treatment and care service for the psychological and physical recovery of people with eating disorders in a home-like setting. Services include: individual and group therapy sessions; dietetics/nutritional support; physical health monitoring; carer, family, kin and supporter involvement; peer support; and links to established care providers and community-based services. Referrals are made for ACT and interstate residents aged 16 years and over with a primary diagnosis of an eating disorder, who meet the criteria for medical and psychiatric suitability.

g. *Youth Step Up, Step Down*

In partnership with Wellways, Youth Step Up Step Down is a residential program for up to 3 months for young people aged 18-24. It is aimed at promoting recovery from mental illness, providing a step up from community to prevent deterioration and potential hospital admission, or a step down from hospital to support transition into the community. Referrals via CAMHS services/SYMHO/Adult MH.

CAMHS representatives noted several trends in young people engaging with CAMHS post-pandemic, including:

- Increased psychological distress
- Increased anxiety and school non-attendance
- Increased eating disorders
- Increased first episode psychosis
- Serious overdose requiring ICU
- Younger age for first presentation
- Deliberate self-harm in younger children
- Family conflict
- Requiring therapy for longer periods
- Increased wait lists
- Challenges for step-down pathways

Forum Consultation: CAMHS's Exit Processes

The purpose of this consultation was to build upon earlier work undertaken by the Youth Coalition in 2023, which engaged with young people and parents about their experiences of accessing and engaging with CAMHS. Subsequently, CAMHS are exploring opportunities to improve their exit processes for young people turning 18 into community-based services. This consultation provided an opportunity to have a shared conversation to better understand the challenges for both CAMHS and community services, and to focus on potential solutions.

Through a world-café style consultation across two sessions, Forum participants graphically answered four questions about the CAMHS exit transitions with respect to *before exit*, *during exit*, *after exit* and *other [concerns/notes]*:

*Part One (Identifying challenges)*

1. What are the challenges? (For young people, for services, for parents?)

*Part Two (Identifying solutions - what could help?)*

2. What could community services do better?
3. What could CAMHS do better?
4. What else would help?

High-level themes emerging through the consultation included:

- **Readiness of young person:** 'stage not age'; anxiety; transition trauma; other life changes at this time; adjusting support based on complex needs/capacity; whole person
- **Continuity of support:** (pre)transition and safety planning; warm handovers; collaboration and networked support

- **Communication:** information-sharing
- **Referrals:** appropriate referrals (not just clinical); referrals to services with appropriate capability and capacity; navigation and service knowledge
- **Parents and family:** engagement with them; privacy/consent; parents/carers' needs; lack of family support; family conflict
- **Sector capacity:** education and training; funding and workforce

Session Three (1pm -2:30pm)

### **Alliance Update from Lead Agencies – Stephanie Lentern (CHN), Erin Barry (Youth Coalition) and Lee-Anne Rogers (OMH&W)**

The lead agency representatives provided an overview of the activities being undertaken by the Alliance, starting with a summary of its activities from inception onward. The Alliance emerged from the need for a new approach to youth mental health identified in the 'Missing Middle' project. Since the beginning of 2024, the Alliance has convened for two Forums and refreshed the Community of Practice through delivering an in-person training session on the Gender Affirming Care Guidance, in partnership with A Gender Agenda. In addition to this, the Alliance Working Group established in late 2023 has continued to progress the following priorities through two respective projects:

#### 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.

- 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

#### 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.

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

- *Planned:* Legislation and Policy ‘Scoping and Translation’, for services and for young people.

The lead agency representatives then outlined learnings from its first 18 months about what the Alliance has enabled and its challenges:

*Alliance Enablers:*

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:*

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

The contacts for lead agency representatives can be found on the Alliance website at <https://cymhalliance.com.au/contact/>.

## **Service Development Project Update and Sector Initiatives**

### *Youth Reference Group*

The Youth Reference Group (YRG) includes up to 15 active members at any time, aged 16-25, with lived experience of mental health. The YRG meets bimonthly for two hours, in-person and with an online option for members. The YRG engages in consultation with services and other initiatives, progresses their own independent projects, and builds relationships with key stakeholders, including service-based YRGs. In April, the YRG launched the ‘Our Say’ Youth Lived Experience FAQs resource.

Activities of the YRG were limited during the ACT Government Caretaker period. The YRG participated in MIEACT’s ‘Do No Harm’ training, and presented at both the TheMHS conference in Canberra and Australian Adolescent Health Conference in QLD. They also met with the-then Minister for Mental Health, Ms Emma Davidson MLA. At the time of the Forum, the YRG had been nominated for two local awards: the Group Achievement Award for the Young Canberra Citizen of the Year, and ACT YOGIE Award, for Outstanding Youth Participation.

The YRG has also collated and analysed findings from a consultation they hosted at the April Alliance Forum. These are available to share with Alliance members upon request.

*Initial Assessment and Referral Decision Support Tool (IART) – Stephanie Lentern (CHN)*

Stephanie Lentern provided an overview of the *Initial Assessment and Referral Decision Support Tool* (IAR-DST), a clinician-developed mental health initial assessment tool to be used alongside clinical judgment and expertise. In its original 2019 iteration, the tool was used for patients aged 18-65 seeking help. It aims to support a stepped care approach to find the right service for a person's needs and to avoid under- and over-servicing. The IAR-DST also assists with a holistic, whole person, transdiagnostic initial assessment process through the 8 assessment domains used to help inform the level of care required.

In 2024, the IAR-DST has been expanded to four versions which service children, adolescents, adults, and older adults respectively. Though age ranges have been provided, it is caveated that clinical judgement of developmental age, contextual factors, and other considerations should be used when selecting which version to apply.

The primary adaptations of the child and youth IAR-DST 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

You can visit the tool at <https://iar-dst.online/>, or view the guidance documents and rating guides at <https://docs.iar-dst.online/>.

#### *Head to Health Kids, ACT Health*

The development of Head to Health Kids (H2H Kids) in the ACT continues to progress. This service will be part of a national network of H2H Kids Hubs for children aged 0-12 years, their families and carers. It is jointly funded by the Commonwealth and ACT Government through the National Mental Health and Suicide Prevention Bilateral Agreement.

With a focus on prevention and early intervention, the Hubs aim to provide more timely and equitable access to mental health services for children with mild to moderate and emerging mental health concerns. Planning to identify the service location is ongoing, and feedback from the consultation process undertaken in 2023 is being utilised to inform the service principles for the ACT hub. A national evaluation of the implementation of H2H Kids is currently underway.

#### *Youth at Risk Project (YAR), ACT Health*

The Youth at Risk Project (YAR) is progressing well towards achieving its objective of supporting collaboration in the youth mental health sector and establishing a youth trauma service to support young people with complex needs. Since 2022, the project has:

- been funded (October 2022)
- completed consultations on project design (October 2023)
- commenced consultation and planning for Try Test Learn (TTL) trauma informed practice training

- commenced co-design process for Youth Trauma Service with young people, families, and service providers (2022 onwards)
- launched the ACT Trauma Informed Practice Position Statement for Children and Young People (November 2023)
- completed procurement for the TTL pilot (November 2023)
- Try Test Learn of the Trauma-Informed Practice training delivery commenced (2024) (EOIs for the training have now closed)

The Youth Trauma Service is set to be established in 2025. An evaluation of the TTL training will be completed in mid-2025.

The YAR **webpage is now live**, which features updates, upcoming training opportunities, documents produced for the project, and the trauma-informed evaluation framework. The website is available [here](#).

#### *Commissioning of the NGO Mental Health Sub-Sector*

It is intended that a draft Strategic Investment Plan will be released before the end of the year for consultation, with the final version to be released in March 2025.

#### *T25, Directions ACT and Woden Community Service*

T25 is a new program funded through the Primary Youth Health sub-sector commissioning process. It supports young people aged 12-25 with mental health, alcohol and other drugs and primary health, primarily through nurse-led outreach on the southside of Canberra and in Queanbeyan. Outreach sites are based in Lanyon, Woden, Queanbeyan, and at Meridian.

#### **Actions, next steps and final comments**

Hannah thanked forum participants for their time and provided summative reflections and observations. Actions and next steps arising included:

1. The Youth Coalition and CAMHS will collate the data from the consultation.
2. Disseminate a forum evaluation survey to all attendees via email.
3. Develop a Forum Summary Paper that will be circulated to Alliance members via a future ebulletin (this document).