

Working Group: ACT Child and Youth Mental Health Sector Alliance

MINUTES

9:30am – 11:30am, Thursday 7 November 2024
Online via Teams

Attendees:

- Alyssa Morse, ANU
- Anna Foxcroft, ANU & Carers ACT
- Ashley Hoye, ANU
- Billieann Bambrick, headspace Tuggeranong
- Carrie Coghlan, CAMHS
- Catherine Vonarx, Mental Health Carers Voice
- Emilie Traeger, Public Advocate
- Erin Barry, Youth Coalition of the ACT
- Hannah Watts, Youth Coalition of the ACT
- Jean Fitzroy, MindMap, Marymead Catholiccare
- Joey Brogden, Office for Mental Health and Wellbeing
- Lee-Anne Rogers, Office for Mental Health and Wellbeing (Chair)
- Paul Spooner, Mental Health Policy and Strategy, ACT Health
- Tamzin Oliver, CYF, Community Services Directorate

Apologies:

- Vanessa Hamilton, Think Mental Health
- Hannah Turner, Australian Childhood Foundation
- Stephanie Hodson, Relationships Australia
- Stephanie Lentern, Capital Health Network

Welcome and Introductions

- a. Acknowledgement of Country
- b. Acknowledgement of Lived Experience

Literature Reviews: Scope of Work

- a. Dr Alyssa Morse and Ashley Hoye provided an update on work that had occurred since the previous meeting, in relation to the literature view on best practice and principles for seeking service feedback from young people:
 - They have examine the grey literature and formal literature, and identified a number of guidelines about how to conduct research with children and young people. Common themes included the importance of relaying findings back to children and young people, to ensure young people know their views are making a difference and being acted upon.
 - 'Planning' has also emerged as a key theme, including planning all parts of the research/consultation process, how to collect data and who will be responsible for data collection, and ensuring data collection is appropriate.



- Data should not be collected if there is not an intention to act upon it, and over-surveying young people can lead to disinterest.
 - For children and young people, non-standard layouts, graphics, cartoons and visually appealing tools are valued. Ability to provide feedback anonymously is also important.
 - For service providers, electronic administration to reduce administrative burden, strong support from executive levels, and the need to ensure professional identities are not threatened was seen as important.
 - Developmental stages of young people is important.
 - There was not a huge amount of literature, especially in Australia – data was mainly drawn from the UK and US.
- b. Members noted similarities in themes described in the literature, as those raised by ACT services in previous consultations.
- c. Members discussed the scope of the third literature review, focused on young people's preferences for informed consent and information-sharing.
- Family and carer perspectives:
 - i. How can services engage parents/carers in practical care for young people, without breaching confidentiality?
 - ii. Carers ACT is advocating for a review of the Mental Health Act, to align more with Victorian legislation regarding informed consent and information-sharing.
 - iii. Family complexity and separation, multiple households
 - iv. How the needs of different age groups are communicated to parents, regarding confidentiality and autonomy
 - v. Where there is DFV, or the young person is in out-of-home care
 - vi. Sharing of restricted health information
 - Service-to-service referrals and shared care (including informal care). Not just mental health service, but mental health and other child/youth services.
 - Practice principles that might work across a range of processes.
 - Age delineation: e.g. young people aged 13-14 versus 15-16, and what this means for informed consent and approaching communication with different age groups.
 - Capacity shifts depending on the circumstances, and also on the day – e.g. on a poor mental health day, a young person may need more supportive processes. There needs to be flexibility and skilled staff, who can do those assessments in the moment.
 - Principles and practices that resonate with young people, e.g. conversations about informed consent.
 - Overlap between informed consent and therapeutic component: Conversations that are happening all the time.
 - Is there a role for peer-work in this?
 - Foster and kinship care literature may provide some direction regarding best practice principles and processes for information-sharing.
 - We may not focus enough on the young person within their family/community system, rather than on their own, due to the pace of work. Need to consider using language like, 'how do we benefit you by involving your parents?' There is

a fine line between not wanting to force the young person to engage with it, while also offering a genuine discussion and walking it with them.

Previous Minutes

- a. Previous Minutes were approved
- b. Members agreed that the endorsed meeting minutes from the August meeting will be uploaded to the Alliance website.

Planning for a Legislation and Policy Review

- a. Members discussed a process to conduct a legislation and policy review and synthesis, related to privacy, information-sharing and consent, with a view to translating this for services, and potentially, for young people.
- b. Universal Convention on the Rights of the Child could be a starting point, from a mental health and legal point of view, or would at least be a reference point.
- c. Age groups – need to consider the difficult age of 16-18 and how that fits across the domains.
- d. ACT and national legislation
- e. Health and mental health, human rights, child and youth protection; potentially education, housing/homelessness, NDIS: the intersections of young people’s lives.
- f. Importance of including key policy positions in directorates, youth lived experience voices.
- g. Identifying key resources that are publicly accessible.
- h. Creating a resource to support consistency between services.

Other related initiatives

- a. Public Advocate: Looking at experiences of children and young people in OOHC, to build a young-person informed advocacy framework for the Public Advocate in relation to preparation prior to turning 18; and care provided after 18.
- b. Mental Health Commissioning: ACT Government is out of Caretaker. The team is finalising commissioning processes internally, but hoping to get a draft Strategic Investment Plan out as soon as possible, to inform commissioning next year. The final document will be out by the end of January, for grant processes to begin in March.
- c. Youth Reference Group: Has been discussing new projects, including potentially creating an accessible engagement guide for people wanting to engage with young people.
- d. CAMHS: All staff in both the North and South Community Teams will be undertaking Single Session Intervention training, to adapt Choice appointments into a more useful intervention. Currently looking at how to improve exit processes for young people turning 18, following the release of the Auditor-General’s report.
- e. Alliance Sector Forum will be held on Tuesday 26 November.

Next Steps

- a. Meeting minutes will be drafted and sent to working group members for feedback.
- b. Proposed next meeting: Potentially December, TBC.