ACT Child & Youth
Mental Health
Sector Alliance

Working Group: ACT Child and Youth Mental Health Sector Alliance

MINUTES

9:30am – 11:30am, Thursday 13 March 2025
[HYBRID] Youth Coalition, 46 Clianthus St, O'Connor or via Teams

Framing Statement: *The Alliance is a new way of working within and across sectors. Members have expressed interest in creating respectful spaces to promote collaboration, connection and shared responses. As diverse stakeholders, we are unified by wanting to improve mental health outcomes for children and young people in the ACT.*

Alliance members bring and value different views, experiences and perspectives. Understanding these different perspectives is important, especially to respond effectively to the complexity around child and youth mental health issues and system responses. Members are invited to participate in conversations that are open and complex, while also being mindful of each other's lived and professional experiences.

Attendees:

- Erin Barry, Youth Coalition
- Dr Ginny Sargent, ANU
- Lee-Anne Rogers, Office for Mental Health and Wellbeing
- Stephanie Lentern, Capital Health Network (Chair)
- Ashley Hoye, ANU
- Alyssa Morse, ANU
- Greta Mauwa, Fearless Women
- Penny Stott, Network Coordinator Woden Community Services
- Cat Pham, Mental Health and Suicide Prevention Division
- Cassandra (Cass) Tinning, Youth at Risk
- Matthew Wilson, Marymead CatholicCare
- Carrie Coghlan, CAMHS
- Alex Durrant, headspace Early Psychosis
- Vanessa Hamilton, THINK Mental Health
- Jean Fitzroy, MindMap, Marymead CatholicCare
- Joey Brogden, Office for Mental Health and Wellbeing
- Anna Foxcroft, Carers ACT
- Catherine Vonarx, Carers ACT
- Tamzin Oliver, CYPS & CSD

Meeting open: 09:31

Welcome and Introductions

a. Acknowledgement of Country
b. Acknowledgement of Lived Experience
c. Member Introductions
d. Previous Minutes – approved for website

Brief Introduction / Update on Working Group Projects

See slides for visual maps.

a. Recap: Where we have been, and where we are going
   - Going over the 4 priorities determined by the Alliance 2 years ago. Progress on these priorities have been captured in the Working Groups Initiative document that was circulated.
     - *Project 1: Collecting and using client feedback*
       Going to do a review of 'Our Say' document before the Working Group brings their findings to the YRG in a consultation.
     - *Project 2: Info-sharing, privacy and consent*
       Two smaller projects: a literature review of best practice; and a legislation and policy scoping review. A separate Policy Advisory Group has been established to support the scoping review.
       - Intersection between projects: If the WG decides that there are resources that can be made from the findings, this can be brought to the YRG for consultation on design. There may be ambiguities or legislation gaps for further follow-up.

Project One: Building service readiness to collect and use client feedback

a. First literature review (completed) - this will be publicly available to the Alliance.
   - Strong focus on hospital settings; most of the work from overseas. Saw lots of commonalities across the literature.
   - On the service side: need for staff buy in; lots of planning before data collection; integrating feedback into normal business processes; purposeful; communicating purpose and details of data collection & storage to young people and families; communication; age appropriate, clear, and simple; room for adapting methods to the community service sector and Australian context.
   - Feedback processes when not executed with purpose and ethics can be harmful to children and young people.
   - Contact Alyssa if you cannot access the pdf document or want access to any papers referenced in the review.

b. Update on second literature review:
   - Focusing on experience measures that are children & young person rated.
   - Note that in the literature, often when they refer to 'patient feedback', it is the parent's rating. May be easier ethically and practically for professionals to ask parents rather than children and adolescents.
   - Mostly from paediatric hospital setting.
   - Have finalised search setting and are almost halfway through screening abstracts.
   - Observations from this stage: Client, Press Ganey surveys, bespoke satisfaction surveys, some recent codesign measures being innovated with.

   Suggestions of examples to explore around gaining insight into children's perspectives
   - (Playgroups Australia) Using play to understand children's perspectives
   - Sharon Bessel, Children's understanding of poverty through play.

c. Working Group to consider next steps and opportunities, including Alliance Forum
   - The literature will be made available on the Alliance website. How could these ideas be taken forward?

Member input:

a. Differences between parents and children reporting to services haven't been investigated much yet. Some research is happening in this space.

b. Throughout this, it is important to maintain feedback from parents and carers.
c. Generally, looking into feedback processes fits well into the continuous improvement and monitoring required by commissioning.
   - It might be worth identifying surveys that work well for children and young people; and encouraging these to be embedded in the Commissioning process as part of making sure that services are safe and being engaged in feedback processes.
   - The Alliance can hold this information and be a central source of (best practice) content.
d. In the CYFSP space, frontline workers are very busy so 'Practice Guides' (term makes more sense for workers) are developed. These 'Frameworks' (what government calls 'Practice Guides') can then be embedded in contracts for community services to ensure greater buy-in to effective feedback methods.
   - 'Practice Guides' provide an opportunity for reflection, particularly with commissioning.
   - At the moment, 'Practice Guides' vary considerably between services in practice and efficacy. There is a clear need for consistent guidelines.
   - Government does not currently provide any guidelines for this.
   - Similarly, having principles and a 'tool kit' to readily adapt information to practice may be particularly useful to service providers. Principles need to be succinct (i.e., no more than 5 things) so that workers can 'hold them in their head' and are not overburdened.
e. Depending on the capacity of services, creating a set of guidelines for them to do self-assessments may be beneficial by providing a developmental pathway for growth and prompting considerations of the rationales behind feedback processes. Another potential outcome of having some sort of assessments with guidelines is the creation of a 'tick' (verified by an external organisation such as a peak body) that certifies the practice is a youth and family safe service.
f. The Alliance YRG is already doing work towards establishing guidelines for Youth Engagement that are not restricted to service delivery. Instead, these guidelines will be more abstracted by focussing on creating principles. They may assist services that are interested in longer-term/ongoing youth consultation groups. However, these guidelines could also be used to mutually inform both the YRG's and the WG's project.
g. There are some structural/legal barriers that young people find frustrating, but which practitioners cannot change. This is happening at multiple levels. Using supervision may assist with this, as an opportunity for managers and practitioners to discuss feedback.
h. Collecting negative feedback is particularly challenging. People who are not satisfied with a service usually 'vote with their feet' and are hard to get feedback from. Compounding this is the cultural tendency to not be negative to someone's face, making it difficult for feedback-seekers to not be intrusive/confrontational. Thus, an evaluation of the service would need to be conducted by someone external.
i. It would be good to be able to get continuous feedback.
j. It is hard to weigh up best ways of getting feedback while maintaining flexibility for the individuals. It requires substantial investment of time and resources for services to get data and to pull it together in a report.
k. Discussed need to ensure WG products, such as guidelines, are also provided to the YRG for input.

Project Two: Information-Sharing, Privacy and Consent

a. Update on third literature review (Alyssa Morse)

  - Currently underway – similar approach to first review; identifying principles / narrative
  - More in the space of digital mental health from a youth perspective of privacy and consent

b. Update / Discussion on Legislation and Policy Scoping Review (Ginny Sargent)
  - Presentation – Ginny has public health, academic, policy and evaluation background – bringing content and qualitative analysis skills to this project – knowledge exchange and translation
  - Process Slides: largely a legislation review and some policy. Do not currently have a list of government policies to include yet - this is a current gap. This project is an opportunity to make a comprehensive repository of legislation in the ACT.
  - In the document (critical) review, will be looking at where they overlap, where there are ambiguities, and where they contradict.
  - Going through the pre-prepared questions… *see slides*
    - [Member feedback] Directions & T25 have done quite a bit 16+ & 14-16; under 14 you just have to ask the parents. Challenge is that young people don't always want parents involved. Note that this is not exclusive to healthcare providers and that there are layers of services involved in the issue of sharing information.
    - Scope query regarding NSW residents receiving care in the ACT-seems to be covered by ACT legislation – open to member feedback.
  - Information, as in privacy and data (note that the legislation does not tend to talk about data). Focus here is on use, but collection and storage are still within scope. Health information is the most sensitive type of information (note the hierarchy of information types). Consent – mostly referring to *informed consent (to receive treatment or to be part of research)*; to give consent about your health information is quite different. Consenting to research does imply some agreement to sharing of personal information. Very little reference to age in the legislation, more of an emphasis on capacity (which is very situation-specific and brings some of the ambiguity/tension to this).
  - This project to clarify and enable people to advocate for their own position and navigate this messiness.

Member input:

a. Should be cautious about assumption of capacity based on age or diagnosis—drawing from trauma-informed practice, it's important to have open and continued conversation with the young person to ensure that they are onboard.
b. The Education Directorate and CSD operate under the Territory Records Act for who can share information [https://www.territoryrecords.act.gov.au/]. It is relevant for Child Development Service staff, while CHS staff operate under the Health Records (Privacy and Access) Act.
c. A practical example of how these Acts come into play: A social worker in a hospital could share information with a school psychologist under the *Health Records Act*, but not other roles within the school, without written consent of the young person.
d. CYF operates with the *Children and Young People Act* but need to be convinced that the young person is at serious risk of harm.
e. Challenging to share with parents if they a) don't have someone they can contact, or b) they don't want the information to be shared with someone. Restrictive practice is that everyone is stressed and tired and do not have capacity to think outside of the box and gain written consent of young person to share information.
f. Some services work with young people in Queanbeyan though scope is limited to receiving services in ACT. However, parental and carers rights in NSW and how this

interacts with receiving care in NSW are still relevant. Staff need to be aware of how legislation differs so that they can communicate to the young people what it may mean if they consent to sharing information in the ACT.

  - E.g. "we know that in NSW privacy differs, and you may need to keep this in mind that if you tell us things".
  - Also issues with if a child discloses something that happens in another state.
  - *Related:* Intergovernmental differences between ACT and NSW governments, such as in relation to mandatory reporting.

g. May be useful to explore children in separated families? What does it mean, informal vs court ordered, legal vs primary guardian, etc.

h. Raises question of how far we are going with information sharing. Original line of concern was raised with the missing middle in mental health services, where young people were bouncing around between services, and for whom without information sharing may never receive the support they need.

i. Potentially worth looking at support from the NDIS? NDIS should be in scope; maybe the NDIS would also be a good place to look at policy from?

j. Regarding gaps in policy:

  - Government level policies are sometimes hard to find. Is it still valuable to do? Service level policy is out of the scope of this project entirely.
  - With ACT Government models of care, confusion between consent to treatment vs information-sharing repeats itself. There is an element of needing to look at government level policy to provide some clarity to the space and provide a definition that everyone agrees on.
  - Looking at a sample/examples of policy to get an approximation of government & organisation understandings of information sharing may provide some case studies to test the legislation against.
  - Looking at policies in Child Protection and Education policies will be especially helpful for the community sector.
  - (Larger) NGOs have some sophisticated policies also.

k. This is not about mapping out all policies, but could help to generate examples to test legislation (whether they are aligned or not). Gaps in alignment may highlight need for reconsideration of legislation around how difficult it is to adapt to practice.

l. There are questions around what happens when the child or young person wants to share info, but the parent doesn't. Is the priority around sharing information, or who decides?

  - Information-sharing impacts the agency and decision-making of young people differently to adults as they are already faced with being a minor.
  - The risk-averse nature of policy shapes many of these decisions in practice settings.

l) Discussed that the future introduction of the Carers Card may result in differing situations for people with a Carer's Card, or without a card; and how this intersects with information-sharing.

Members suggested that it would be useful to follow-up with Community Paediatricians who work under the Health Records Act within CHS; who cannot share information with Child Development Services (who work under the Territory Records Act). There has been a project over several years to look at how these services can meet legislative requirements and the needs of children and young people.
The CSD Executive Group Manager has also been looking into this issue.

Other related initiatives

a. Opportunity for member to update on other initiatives.

- No further updates.
Next Steps a. Summarise key actions - If anyone has additional feedback or questions for Alyssa or Ginny, email Erin. b. Proposed next meeting: Early May
Meeting Close: 11:27