

ACT Child & Youth Mental Health Sector Alliance

The Office for
Mental Health
and Wellbeing



ACT
Government
Health



youth
coalition
of the ACT

phn
ACT
An Australian Government Initiative

**Capital
Health
Network**
Partnering for better health

Alliance Forum: 3 December 2025

MC: Hannah Watts, Youth Coalition of the ACT



Acknowledgement of Country





Acknowledgement of Lived Experience




Welcome & Introductions



- **Purpose of today**
- **Housekeeping**
 - Location of toilets
 - Breaks
 - Morning tea – 11:00-11:25am
 - Lunch – 1:00-1:45pm
- **Framing statement**

Members are invited to participate in conversations that are open and complex, while also being mindful of each other's lived and professional experiences.
- **Member introductions – time permitting**

Collecting and using service experience feedback



Erin Barry – *Youth Coalition of the ACT*

Alyssa Morse – *ANU Centre for Mental Health Research*

Ashley Hoyer – *ANU Centre for Mental Health Research*

Paul Spooner - *Mental Health Commissioning*

About the Project



- Initial interest in exploring use of ‘experience measurement’ tools
- Needed a wider focus:
 - Shared understandings: value, principles & good practice approaches
 - Understanding capacity & capability constraints for services
 - Review existing ‘experience measures’ for children, young people and families
 - Potential recommendations for use and delivery of measures and other feedback processes
- Purpose: to build services’ ability to collect and use client feedback in ways that are useful, safe and ethical; for service improvement

Project: Collecting and using client feedback



Consultation on:

- Current processes
- Value and benefits of feedback
- Ethical considerations
- Barriers / Challenges
- Variations for children / YP/ parents

ANU Literature Review #1:

Best practice principles and processes for collecting and using feedback from young people

Review of findings:

Review of 'Our Say' Youth Lived Experience Guidelines and YRG Consultation

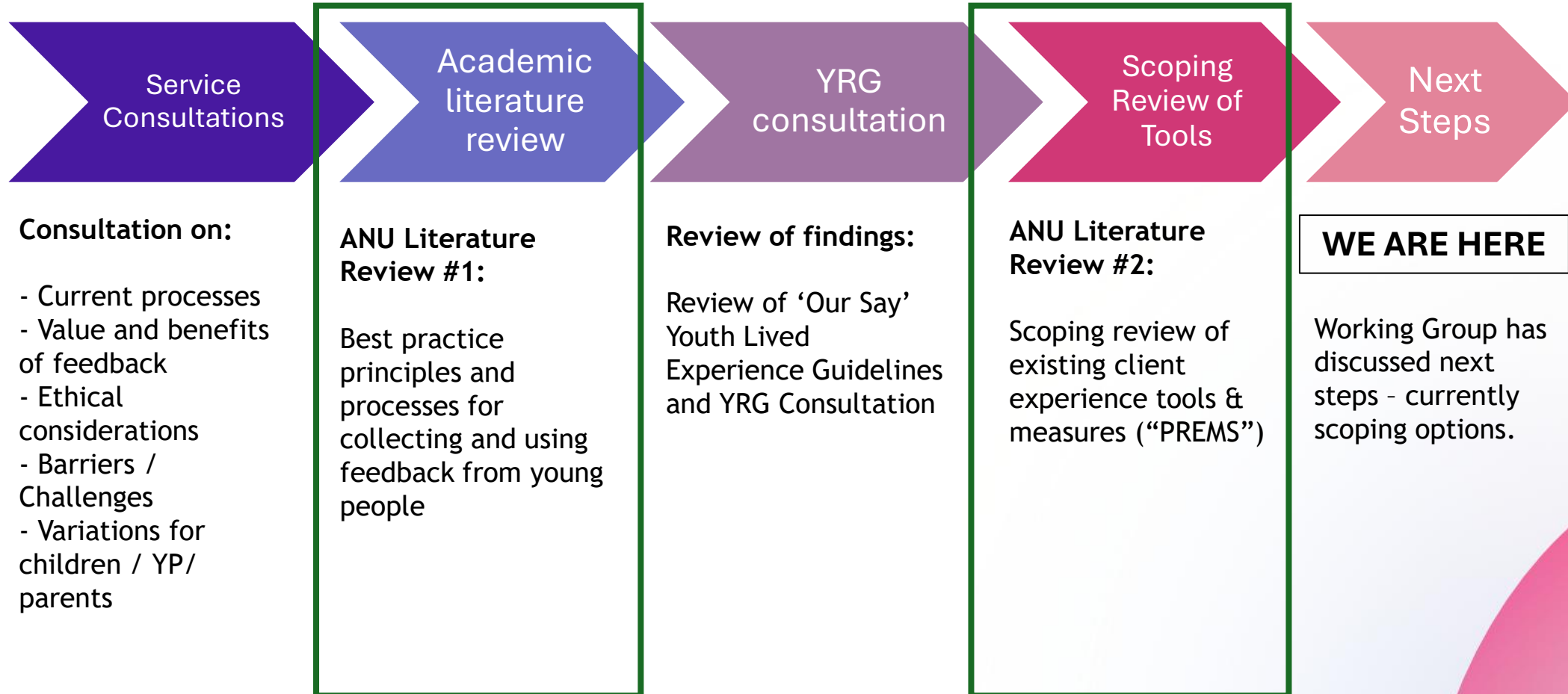
ANU Literature Review #2:

Scoping review of existing client experience tools & measures ("PREMS")

WE ARE HERE

Working Group has discussed next steps - currently scoping options.

Project 1: Collecting and using client feedback



Workshop

Collecting and using service experience feedback
from Children and Young People



Australian
National
University

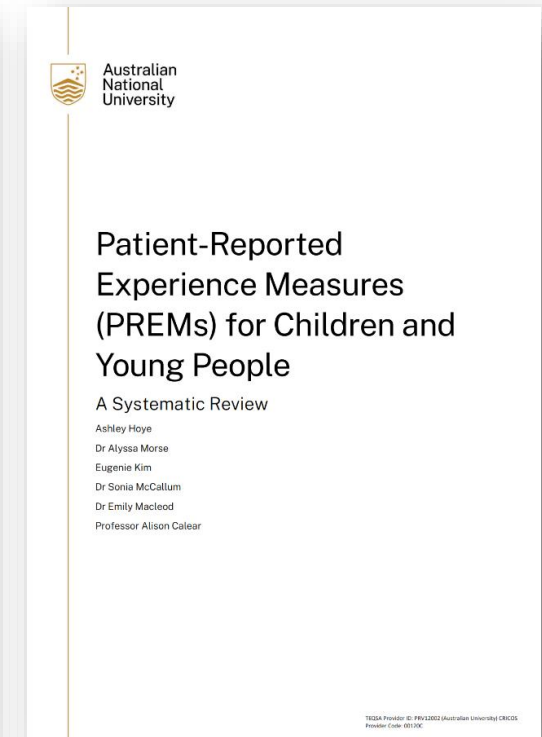
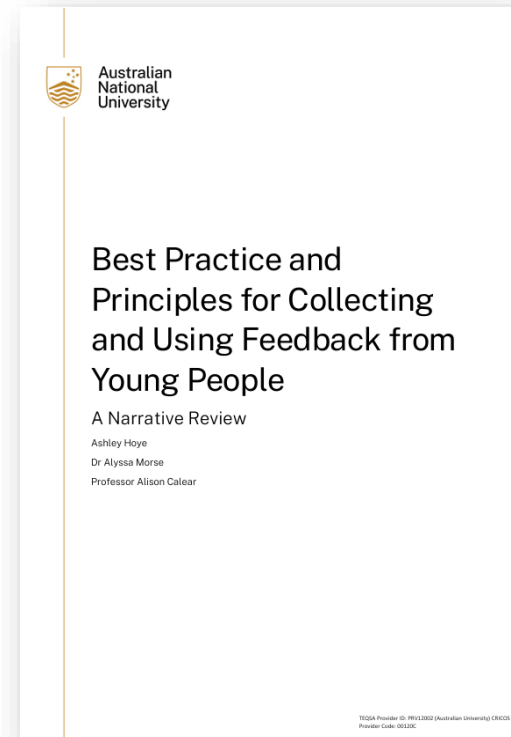
Ashley Hoye
Dr Alyssa Morse
Professor Alison Calear

The reports are now available

<https://cymhalliance.com.au/alliance-activities/alliance-working-group/>

Home » Alliance Activities » Alliance Working Group

We would like to acknowledge those who have contributed to this project, including Professor Alison Calear, Dr Sonia McCallum, Dr Emily Macleod, Eugenie Kim, Cass Heffernan and the continued support and collaboration from the Alliance Working Group



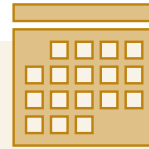
Best practices or principles for collecting and using feedback from young people



1. Define purpose



2. Select and pilot tools



3. Develop an implementation plan

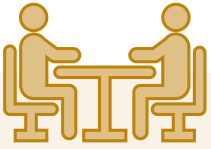


4. Collect and analyse data



5. Communicate findings and make changes





1. Define purpose

**Why are you collecting feedback?
How will this information be used?**

Examples include:

- Quality improvement
- Commissioning or service planning
- Comparing experience between services
- Comparing experience between populations or demographic groups

Key points:

- Feedback should only be collected if there is an intent to act on it
- Predefining the scope of research will ensure the project is feasible
- This step informs all later steps





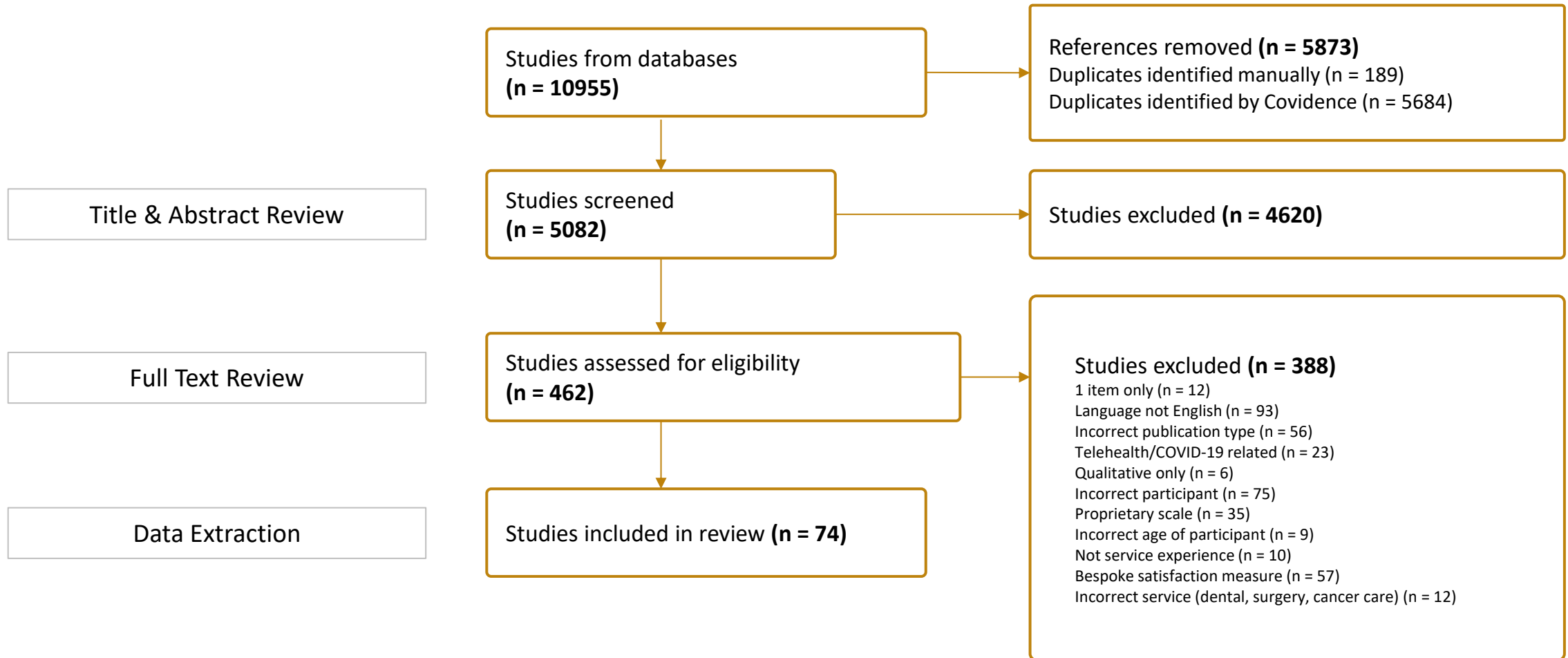
2. Select and pilot tools

What tools will be used and are these suitable for the sample?

- A successful evaluation is reliant on collecting information from the right people and using appropriate tools and strategies to collect and analyse the feedback
- Best practice involves using qualitative and quantitative data, age and developmentally appropriate tools, brief and visually appealing tools
- Piloting tools with young people can ensure they understand and are happy to complete a survey
- Choosing between a PREM and a satisfaction measure, and the specific aspects of care measured should be based on the previously defined purpose of data collection.
- PREMs can be more actionable for service improvement and linked to quality standards or benchmarking, whereas satisfaction can assess if care meets the subjective requirements of specific populations
- **We have conducted a systematic review (Project 2) to aid in the selection of tools for use in services**



Overview



Findings from the systematic review

Rating Scales

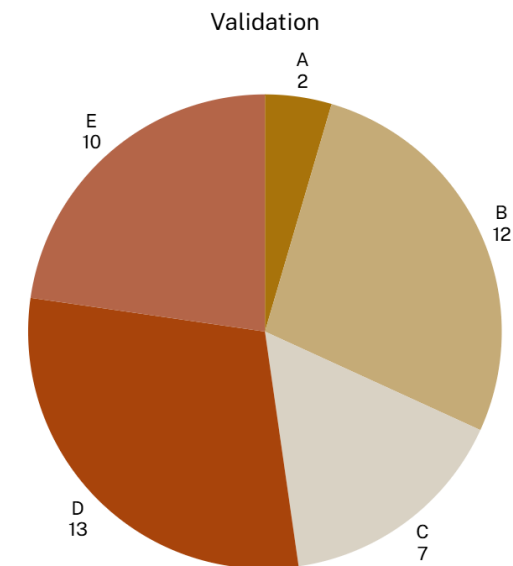
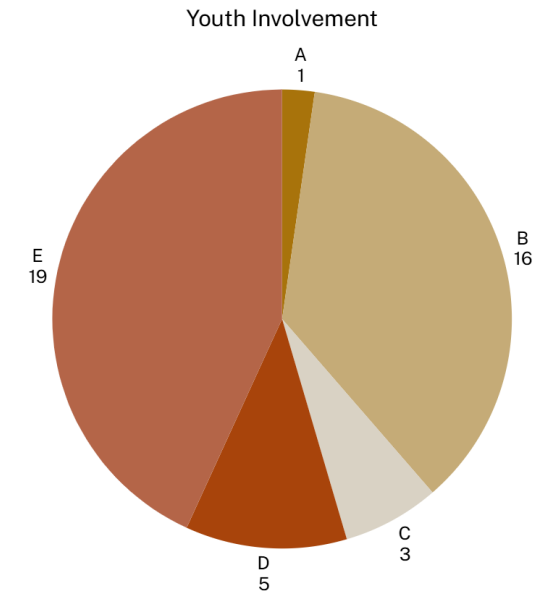
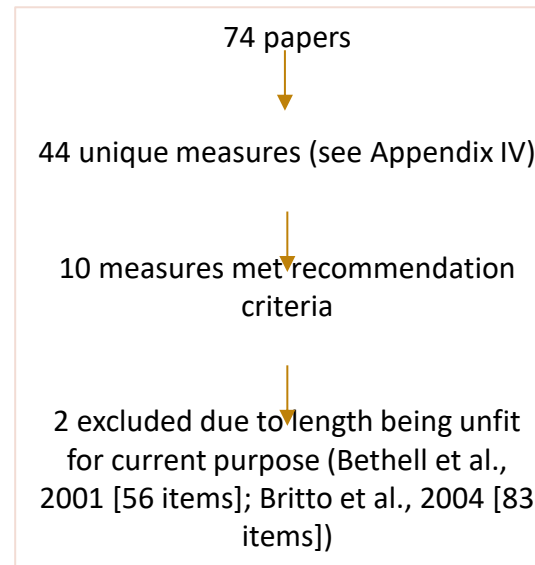
(1) Youth Involvement

- A = co-designed with youth
- B = youth consultation or focus group discussions
- C = cognitive interviewing
- D = pilot testing with youth or acceptability ratings with youth
- E = no youth involvement

(2) Quality of Validation/Psychometrics

- A = Item Response Theory (IRT) analysis
- B = Factor analysis
- C = 2 or more types of validity or reliability reported
- D = 1 type of reliability or validity only
- E = no psychometric testing

Recommendation Criteria: For this report, we recommend measures with a score of C or higher for both rating scales.



An additional 4 measures for the experience of transition between youth and adult services are reported in Appendix V.



Findings from the systematic review

- All assessed interpersonal quality and accessibility or environment
- Few assessed family involvement, privacy or confidentiality and level of support for a young person's independence or decision-making
- Typically, it was unclear if a measure was an objective PREM or a subjective satisfaction measure, with many being mixed
- No measures assessed cultural safety or gender or sexuality inclusivity of a service

Scale name (reference)	Age; # items	What does it measure	PREM or satisfaction measure (S)
CAMHS Satisfaction Scale (CAMHSSS) (Ayton et al., 2007)	Age 11-20; 20-39 items	Professional skills and behaviour, information, accessibility, effectiveness, relatives' involvement	S
Child and Adolescent Service Experience (ChASE) (Day et al., 2011)	Age 8-18; 13 items	Relationship with clinician, privacy at the service, session activity and outcomes	S (mixed)
Experience of Service Questionnaire (ESQ) (Attride-Stirling, 2003)	Age 8-25; 12 items	Facilities, staff, how well the patient was treated, confidence in staff, and overall satisfaction	S (mixed)
headspace Youth (mental health) Service Satisfaction Scale (YSSS) (Simmons et al., 2014)	Age 12-25; 16 items	Satisfaction with the centre/facilities, accessibility, staff, outcomes	S (mixed)
Giving Youth a Voice (GYV) (Campbell et al., 2003; Gan et al., 2008)	Age 12-21; 20 items (brief version)	Provider behaviour, supportive and respectful relationships, information sharing and communication, support of independence	PREM
PREM of the NHS Paediatric Epilepsy Service (Maini et al., 2018)	Age 0-19 (majority aged 10-19); 18 items	Communication and information, interpersonal skills of staff, privacy, support for young person's decision-making, accessibility	PREM (mixed)
Service-Quality Measures (Alden & Chen, 2009)	Age 14-19; 19 items	Staff responsiveness and expertise, clinic access (location and waiting time), clinic appearance	S (mixed)
Visual Consultation and Relational Empathy (CARE) (Mercer et al., 2004; Place et al., 2012; Place et al., 2016)	Age 6-18; 5 or 10 items (2 versions)	Interpersonal quality of healthcare encounters	S



**Conclusions
from the
systematic
review**

- 8 measures met recommendation criteria
- There is quality research underway to develop PREMs for children and young people, however much of this work has yet to be finalised
- Further validation or youth involvement could improve existing measures
- There is some quality work being done in non-English speaking countries, which has yet to be validated in English
- There is scope to develop or improve tools, especially for priority populations, as this seems to be an area of unmet need



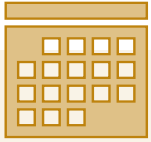


3. Develop an implementation plan

When and how will data be collected and by whom?

- Ensure adequate staffing or resources are available to achieve data collection
- Where possible, consult relevant stakeholders (including clinicians and service staff) in the planning process to identify barriers to implementation
- Aim to streamline processes to collect feedback during waiting periods or a time convenient for the participant, which will make the survey less of a burden for consumers
- Consider staff's availability and skills to collect, analyse and report consumer feedback. It's important that this time is factored into your planning and strategies are put in place to identify and manage any potential impact on service delivery
- Strategies to de-identify, analyse, securely store and share, and destroy data should be designed at this stage





3. Develop an implementation plan

When and how will data be collected and by

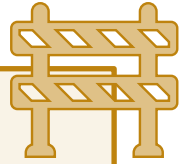
- Ensure adequate staffing or resources are available
- Where possible, consult relevant stakeholders in the planning process to identify barriers to implementation
- Aim to streamline processes to collect feedback during waiting periods or a time convenient for the participant, which will make the survey less of a burden for consumers
- Consider staff's availability and skills to collect, analyse and report consumer feedback. It's important that this time is factored into your planning and strategies are put in place to identify and manage any potential impact on service delivery
- Strategies to de-identify, analyse, securely store and share, and destroy data should be designed at this stage

Barriers and facilitators

Buy-in from staff

Integration into existing systems

Alignment with service goals





4. Collect and analyse data



A cover page/information sheet should explain:

- What the evaluation is for
- What involvement will include
- Who will see the data
- That the survey is voluntary, anonymous and not a “test”
- That they can withdraw their consent, within what period and how data will be destroyed

This sheet can be signed to record agreement/consent

It is usually necessary to get guardian consent for young people under the age of 16 to be involved in research

Encourage participants to be honest, explaining that their views help to improve services for future clients, be positive about how and why their responses will be useful. Thank participants for their time.



Having parents or guardians present when completing a survey can introduce serious bias

- It is best for the child to complete the survey on their own
- A staff member or researcher may assist the young person if required
- A guardian may be present if the young person has particular support needs or specifically asks for their guardian to assist

Participant’s names should not be recorded on their surveys, instead surveys should be numbered using unique identification codes

Incentives (e.g. money, toy, surprise reward) should be:

- Appropriate to the burden of participating
- Not coerce the child into taking risks they would not ordinarily take





4. Collect and analyse data

Data analysis

Data analyses should be planned early to ensure adequate information is collected.

When data is collected, analyse quantitative data using appropriate statistical tests or qualitative data using semantic/thematic analyses.

Ensure staff conducting data analyses have the appropriate skills for the task or outsource data analysis appropriately.





4. Collect and analyse data

Data analysis

Data analyses should be planned early to ensure data is collected.

When data is collected, analyse quantitative data using appropriate statistical tests or qualitative data using semantic/thematic analyses.

Ensure staff conducting data analyses have the appropriate skills for the task or outsource data analysis appropriately.

Privacy and confidentiality

Share data securely

Plan ahead

Participants should be informed if outsourcing or data sharing likely





5. Communicate findings and make changes

Closing the feedback loop

Providing participants with feedback about the way their information has been used is very important.

- Reports may be provided to participants to close the feedback loop, and displayed to new consumers show that the service listens to consumer feedback
- Consider accessibility of information for young people

It is important to use evaluation data to decide on actions to change or improve the service. This ensures the evaluation is purposeful and uses available consumer-reported feedback and evidence for improvement. Examples to use data include:

- As a point of discussion in Participant Action Research Groups (PARGs) or executive meetings
- Reporting to service staff for professional development



Thank you

Alyssa.Morse@anu.edu.au

Ashley.Hoye@anu.edu.au



Australian
National
University

TEQSA PROVIDER ID: PRV12002 (AUSTRALIAN UNIVERSITY)

CRICOS PROVIDER CODE: 00120C

Project: Collecting and using client feedback



Consultation on:

- Current processes
- Value and benefits of feedback
- Ethical considerations
- Barriers / Challenges
- Variations for children / YP/ parents

ANU Literature Review #1:

Best practice principles and processes for collecting and using feedback from young people

Review of findings:

Review of 'Our Say' Youth Lived Experience Guidelines and YRG Consultation

ANU Literature Review #2:

Scoping review of existing client experience tools & measures ("PREMS")

WE ARE HERE

Working Group has discussed next steps - currently scoping options.

Consultation findings



1. There are many benefits to collecting/using feedback
2. Feedback processes need to be meaningful and ethical
3. Feedback processes can be harmful for young people
4. There are challenges and constraints for services
5. Different processes are needed for young people vs kids/families
6. Timing is important - feedback processes should be ongoing

Next Steps



- Scoping PREMS for parents / carers
- Translating findings into practice guidance resources
- Noted Gap: Priority populations / complex needs
- Implications for commissioning (and outside of commissioning)
- A bold idea: Developing and testing our own local PREM/process?
- Get involved through the Working Group!

Client feedback and the Strategic Investment Plan



Paul Spooner

– *Mental Health and
Suicide Prevention
Division*

Morning Tea

11:00 - 11:25 am

The Office for
Mental Health
and Wellbeing



ACT
Government
Health



youth
coalition
of the ACT

phn
ACT
An Australian Government Initiative

**Capital
Health
Network**
Partnering for better health

Social Media Ban



Hannah Watts
Hayden Page

– *Youth Coalition of
the ACT*

What is the Social Media Minimum Age (SMMA) ? AKA 'ban' / 'delay'



- Result of the *Online Safety Amendment (Social Media Minimum Age) Act 2024* which is part of the *Online Safety Act 2021 (Cth)*, introducing the 'social media minimum age' (SMMA) framework
- Introduces civil penalties for platforms that do not comply with:
“A provider of an age-restricted social media platform **must take reasonable steps** to prevent age-restricted users **having accounts** with the age-restricted social media platform.”

(S 63D)

What this means

- Places the responsibility of removing and preventing **active** accounts owned by under-16s on **age-restricted platforms**
 - There are no penalties for young people who use social media, or for people who create an account for them
 - Content available without having to make an account will still be accessible to under-16s
- Not every user will be age-verified—this is considered unreasonable
- No specific technologies or methods are being prescribed
- Platforms will have to demonstrate they have tried to keep under-16s from making accounts on their platform, likely using a **‘layered’** or **‘waterfall’** approach
 - Will use **several** age-assurance technologies for ‘successive validation’, starting with the least privacy-intrusive methods
 - Must include ways to report underage accounts



What is age-assurance?

Age Verification

- Determines age by checking it against external documents

Age Estimation

- Approximates age based on biometric data or social media usage

Examples of age-assurance technologies:

- AI age inference through analysis of connections and engagement habits
- ID checks
- Credit cards
- Facial age estimations



What happens if an account is mistakenly removed?



They anticipate that there will be some legitimate users whose accounts are removed (false positives).

Platforms are expected to have processes in place to review if an account is removed or deactivated unfairly.

Guiding Principles

- Age assurance measures are **reliable, accurate, robust and effective**
- Measures are **privacy-preserving and data-minimising**
- Methods, processes and systems around age-assurance should be **accessible, inclusive and fair**
- The process should be **transparent and clear** to end-users
- What constitutes ‘reasonable steps’ should be **proportionate** and consider risk and harm, including over-blocking access
- Measures taken should be **evidence-based and responsive to emerging technology and risk**

What about privacy?



- Platforms must destroy information collected for age-verification after use
 - Using or disclosing information collected for age-verification is considered an interference with an individual's privacy under the *Privacy Act 1988* (Cth)
- Cannot rely solely on using government-issued ID or third-party assurance for age-verification
 - They must provide reasonable alternatives
- The Office of the Australian Information Commissioner (OAIC) will oversee and enforce compliance with the *Online Safety Act 2021* and the *Privacy Act 1988*

When and how will it take effect?



- From **10 December 2025**
- Platforms will have to provide users a way of downloading their data before they remove an account
- Platforms *may* offer users identified as being under 16 the **option of deactivating their account**, to be reactivated once they turn 16
 - The eSafety Commission recommends that regardless, young people **should download** their photos, videos, chats, data and memories **before 10 December**
- The eSafety Commission will continue monitoring platforms and will work with them to ensure they are taking reasonable action before escalating to the courts



What counts as an ‘age-restricted social media platform’?

Note that the eSafety Commission does not play a formal role in determining whether a service is age-restricted

Criteria 1:

Sole or significant purpose is to enable online social interaction between 2 or more end-users

Criteria 2:

Allows end-users to link-to, or interact with some or all other end-users

Criteria 3:

Allows end-users to post content on the service

Criteria 4:


Any other conditions or specific services specified in the legislative rules
e.g. [Online Safety \(Age-Restricted Social Media Platforms\) Rules 2025](#)

Which social media platforms will *likely* be age-restricted?


- Facebook
- Instagram
- Kick
- Snapchat
- Threads
- TikTok
- X (previously known as Twitter)
- Reddit
- YouTube
- Twitch

Current as of 5 November 2025

- **Meta (Facebook & Instagram), Snapchat, and TikTok** have announced they will be allowing users aged 13-15 the **choice to delete or deactivate their account**
 - This covers some 450,000, 440,000, and 200,000 users respectively



Does this mean
that smaller
platforms
which are not
listed will
follow suit?



Likely not to the same extent as they are seen as being lower-risk.

The eSafety Commission will not be able to review every platform before December 10 but will continue to do so on an ongoing basis.

Platforms which have a large number of end-users and which have higher risks of harm are the initial focus and may have the greatest intensity in their age-assurance.

Which platforms and services will *likely* be excluded?

Includes:

- Discord
- GitHub
- Google Classroom
- LEGO Play
- Messenger
- Roblox
- Steam and Steam Chat
- WhatsApp
- Youtube Kids

Current as of 5 November 2025

Platforms and services **are excluded** (under the legislative rules) if their main purpose is:

- Messaging, voice/video calling or email
- Online gaming
- Sharing information about products or services (e.g. reviews, technical support)
- Education
- Professional networking or development
- Supporting health of end-users
- Supporting communication between educational institutions and students or their families
- Supporting communication between health care providers and their consumers



Why not online gaming?

*E.g. Roblox,
Fortnite*

The government suggests that messaging apps, online gaming, educational apps pose “fewer social media harms to under-16s, or are regulated under different laws”

The rationale

- Delaying social media until age 16 reduces harm to young people from:
 - Harmful content (e.g. unprompted violent videos), constant notifications and screen overuse
 - The opportunity cost of screentime vs. other activities, inc. impacts on sleep, focus and mental health
- Allows time to build digital literacy, critical thinking, self-control and resilience
 - Gives a buffer for parents and schools to educate under-16s about online safety
- A universal rule helps to stop under-16s from feeling like they are ‘missing out’ by not having social media
 - Helps parents set boundaries
- Reduce opportunities for cyberbullying, coercion, and predation
- Concerns around self-radicalisation of young people on social media platforms and targeting by extremist groups
- eSafety Commissioner’s Social Media Pulse Survey (2024) suggests platforms were failing to enforce the existing minimum age of 13 by relying on self-declaration

Workarounds

- Platforms will have to plan how to respond to VPN use, fake IDs, deepfakes, facial analysis failure
 - Will do so through behavioural analysis, account activity, language patterns, location data
- Government anticipates that some kids will still end up evading the ban (e.g. parents make them an account)
- Aim is to significantly reduce the number of under-16s on the platform to counter some of the social pressure effects
 - They expect voluntary compliance to gradually increase over time
 - Regulations are considered a ‘work-in-progress’
 - Anticipated imperfect compliance is often compared to mobile phone bans in schools, alcohol bans on under-18s, or mandatory seat-belt use

Common concerns



Uncertainty & not understanding the ban

- *“It’s been mentioned briefly among young people, but most conversation is around the thinking that it probably isn’t going to happen or work”*
- Rumours and misinformation
- Many young people don’t understand the ban and think they will be penalised
- Concerns young people will be less likely to report online harm for fear of above
- Not having a person to talk to if their account is mistakenly deactivated

Concerns about data

- Anxiety around losing contacts, photos, memories
- Young people not prepared and haven’t secured their data

The ban will disproportionately affect certain cohorts

- Namely young people who are CALD, LGBTIQ+, neurodiverse, those with disabilities, rural and remote, or experiencing DFV
- Will cut young people off from their identity and interest communities
- Especially with intersecting identities and distance/remoteness

Existing evidence and unintended side effects

- Many unknowns and unintended consequences
- Insufficient evidence of a causal connection with mental health

Exa

Participation in broader society

- As the world has moved more into the digital realm, the ban would bar children from these new 'public spaces'
- Particularly around young people being able to say things that adults will hear, and the implications for advocacy by young people
- Some young people run businesses through social media (would not affect consumers)

Education & information

- Gen Z 2.0 finds information in a very different way, and currently rely on social media (*e.g. using TikTok and not Google Search*)
- Already difficult to reach young people with communications—will be increased
- *“Ironically, the best way to communicate this ban to young people is through social media, as most young people get their information there”*

Concerns around privacy, transparency, and bias with age-assurance

- *“There’s a big trust issue with these companies. How can we know their system works and ensure there’s transparency?”*
- *“Many age verification systems are trained on white people, rather than people of colour.”*

Young people will substitute away

- Many young people will be ill-equipped or under-prepared for the absence of social media
- May substitute to 'darker places' on the internet
- May substitute to AI (*for friendship, mental health support*)
- Many in-person supports & systems have atrophied

Implications for the CYMH sector

- Will be immediate and real grief for loss of social media and likely increased distress from this
- Many young people seek social media as their primary source of support
 - Cultures of help-seeking by broadcasting (e.g. on stories)
 - Connecting with strangers who may have similar experiences
- Social media plays a significant role in mental health awareness and education from peers and strangers, particularly with neurodiversity
 - What might this look like in the absence of social media
- Ban comes into effect over the summer break when regular check-ins with school cease
- Particular concern for those not engaged with services who otherwise rely on social media
- Need to monitor the situation and changing demand

Review of the SMMA



- There will be an independent review of the legislation in 2 years.
 - Under the *Online Safety Act 2021* S 239B, the Minister will cause a review and have a report on the review tabled in Parliament
- This will provide the opportunity to adjust the policy proportionate to changed behaviours in young people and the platforms
- It may include assessing:
 - Fitness for purpose of ‘age-restricted social media’ definition and legislative rules
 - Technological advances
 - Effectiveness of privacy provisions
 - Whether there should be alternative forms of access to social media
 - The effects of the Digital Duty of Care

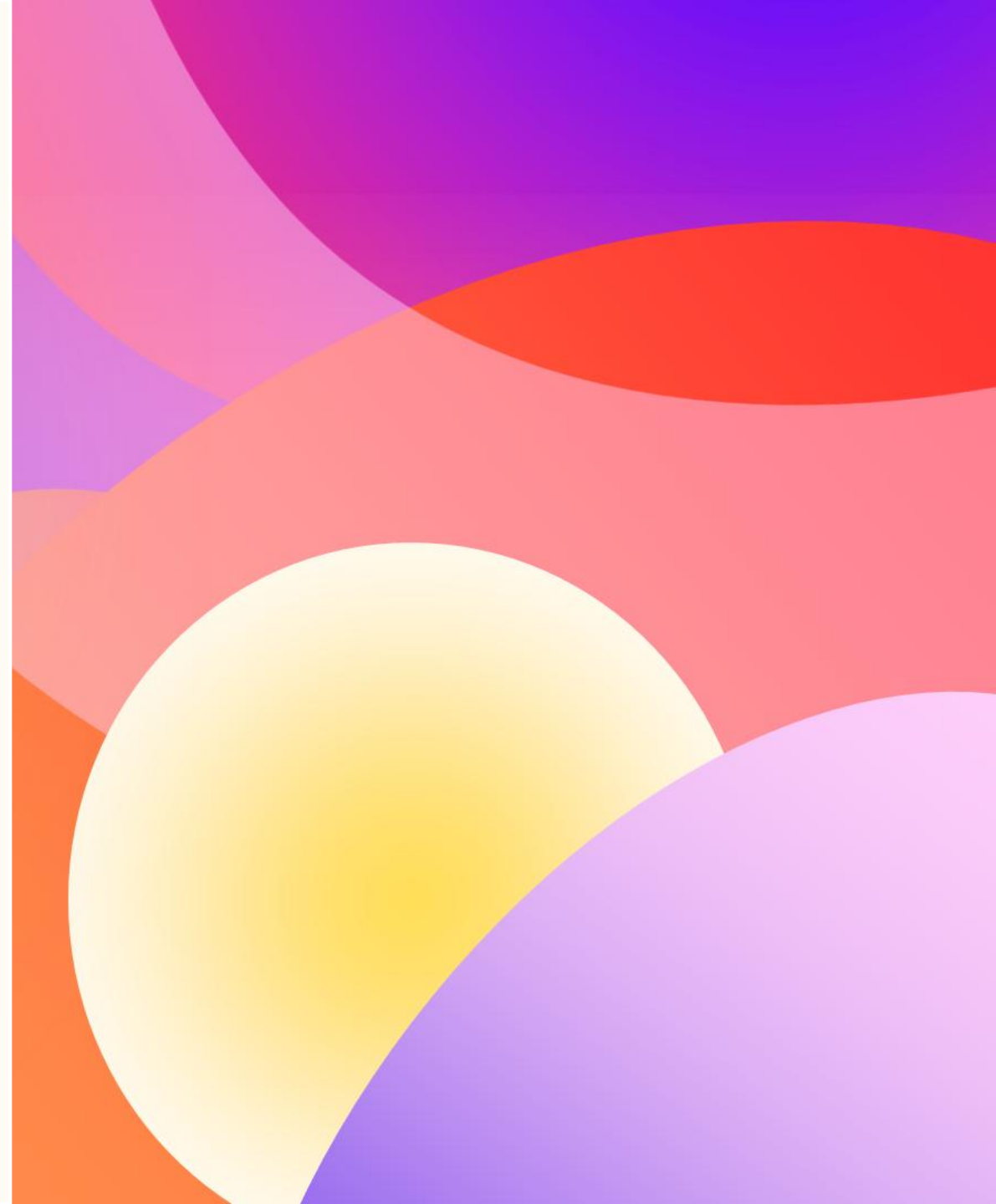
Digital Duty of Care

- Statutory review of the *Online Safety Act 2021* found that it only works to help people after they have been harmed online
 - Recommendation came from this that Australia adopt a duty of care on online services to shift responsibility for managing online harms from individuals onto platforms
- Is currently in consultation stage, and have an online survey open until:
11.59pm AEDT 7 December 2025
- Survey link:
<https://www.infrastructure.gov.au/have-your-say/digital-duty-care>

eSafety Commission support



- Social Media Age Restrictions [Hub](#)
 - Central information point with resources
 - For parents and carers - conversation starters, screen-time tips and get-ready checklists
 - For educators - what the restrictions mean for schools and how to prepare students
 - For young people - plain-language explainers, action plans and where to get help
 - Includes FAQs, webinar links, info on stakeholder consultations, commitment to children's rights, conversation starters, etc.
- Under-16s [Get-Ready Guide](#)
 - *Includes an 8-step action plan to fill out*



Other resources and ongoing support

- **OAIC** - *General info on privacy rights, for parents, and for children/young people:* <https://www.oaic.gov.au/privacy/your-privacy-rights/social-media-minimum-age>
- **headspace** - *For children and young People:* <https://headspace.org.au/explore-topics/for-young-people/social-media-ban/>
- **Department of Infrastructure, Transport, Regional Development, Communications and the Arts** - *Factsheet for general audiences:* <https://www.infrastructure.gov.au/sites/default/files/documents/social-media-minimum-age-and-age-assurance-trial-fact-sheet-july-2025.pdf>
- **Kids Helpline** - *Resources for schools, teens, and parents:* <https://schools.kidshelpline.com.au/resources/social-media-ban>
- **How to prepare: The Conversation:** <https://theconversation.com/australia-is-about-to-ban-under-16s-from-social-media-heres-what-kids-can-do-right-now-to-prepare-270295>
- **Different perspectives on what parents can do:** [University of Sydney](#); [University of SA](#)
- **How to download data from Meta:** <https://www.abc.net.au/news/2025-11-20/meta-teen-ban-looming-download-content/106031186>



Panel Discussion

*Chaired by Hayden Page –
Youth Coalition*

Menti code: 6809 6263



*Alison Callear – Centre for Mental Health
Research, ANU*

*Sarah Darcy – ACT Education Directorate, Digital
Education Team*

Samuel Jones – headspace Canberra

*Joey Brogden – Office for Mental Health and
Wellbeing*

Lunch

1:00 - 1:45 pm

The Office for
Mental Health
and Wellbeing



ACT
Government
Health



youth
coalition
of the ACT

phn
ACT
An Australian Government Initiative

**Capital
Health
Network**
Partnering for better health

Alliance Update



Natalie Johnson – *Office for Mental Health and Wellbeing*

Stephanie Lentern – *Capital Health Network*

Background



- Alliance formally launched in July 2023, following the ‘Missing Middle’ Project (2021-2022) and planning sessions with stakeholders.
- Led in partnership: ACT Government, Capital Health Network and the Youth Coalition.
- Cross-sector engagement: responsibility child/youth mental health does not sit within one sector.
- Election commitment for four years funding from 2025-2029

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

Current Working Group Projects



Priority 1:

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

PROJECT 1:

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

Priority 2:

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

PROJECT 2:

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

Project 2: Info-sharing, privacy and consent



Literature Review #3:

Young people's preferences for processes related to informed consent to share information with other services, and/or with families and carers

Dr Alyssa Morse, ANU

COMPLETED

Scoping and 'Translation' Review:

Of relevant legislation and policy related to info-sharing and privacy; and production of an 'easy to read' resource

Dr Ginny Sargent

NEARLY COMPLETED

Other Recent Activities



- 'Community of Practice' Webinar: Strengthening Service Navigation, 23 October
 - MOST & MindMap Presentations
 - Panel discussion – youth lived experience and sector representation
 - Available on the Alliance website
- 'Community of Practice' Trial: Collaboration between the Alliance and the 'Joint Case Review' Program with Families ACT
 - Sponsored spaces at four 'JCR' sessions: focused on reflective case practice for children, young people and families
 - These are advertised through the Alliance eBulletin

Alliance Contact Details and Website



Natalie Johnson & Rebecca McIntyre, OMH&W:

natalie.johnson@act.gov.au
rebecca.mcintyre@act.gov.au

Stephanie Lentern, CHN:

s.lentern@chnact.org.au

**Cass Tinning, Mental Health Strategic Policy (child
& youth):**

cassandra.tinning@act.gov.au

Erin Barry, Youth Coalition:

erin@youthcoalition.net

Joey Brogden, OMH&W (YRG):

josephine.brogden@act.gov.au



www.cymhalliance.com.au

Youth Reference Group Update



Joey Brogden –
*Office for Mental
Health and
Wellbeing*



Q & A Panel



Join at menti.com | use code **6960 7542**

Questions for the YRG

1/10

Asked on YRG Q&A

Does the YRG have any suggestions about how services can support young people with the social media ban?

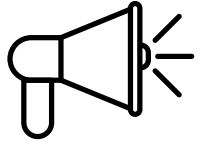
👍 1



Press **ENTER** to mark as answered



Service Updates



- Cass Tinning – Mental Health Strategic Policy (Child and Youth)
 - Youth at Risk
 - Medicare Mental Health Kids Hub
- Opportunity for Alliance members to provide updates



Actions, Next Steps and Feedback



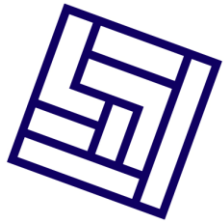
- Summary of actions and next steps from today
- Brief Summary Paper from Forum to be developed
- Online feedback survey to be disseminated to invite feedback about the Forum



*Link to online
feedback survey:*

<https://www.surveymonkey.com/r/Alliance3December25>





ACT Child & Youth Mental Health Sector Alliance

The Office for
Mental Health
and Wellbeing



ACT
Government
Health



youth
coalition
of the ACT

phn
ACT
An Australian Government Initiative

**Capital
Health
Network**
Partnering for better health

Thank you

See you next time