

Summary Paper: Alliance Forum – 19 June 2025

This document provides a summary of the fourth ACT Child and Youth Mental Health Sector Alliance Forum, held on 19 June 2025 at the 59 Cameron Ave Event and Conference Centre. The Forum was attended by 45 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 Canberra Health Services (CAMHS), Dr Ginny Sargent as commissioned by the Alliance, and the Mental Health and Suicide Prevention Division of 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
- Trial new technologies to expand consultation and engagement mechanisms for Alliance members (Menti)

Forum Attendees

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| <ul style="list-style-type: none"> – ACT Education Directorate – ACT Government – Australian Childhood Foundation – Canberra Health Services – Capital Health Network – Carers ACT – Centre for Mental Health Research, ANU – Child and Adolescent Mental Health Service (CAMHS), Canberra Health Services – Families ACT – Fearless Women – Grand Pacific Health – Headspace Canberra – Headspace Early Psychosis Canberra, Uniting – Lake Tuggeranong College – Legal Aid ACT | <ul style="list-style-type: none"> – Mental Health Policy and Strategy, ACT Health – Mental Health & Suicide Prevention Division, ACT Health – Mental Health Community Coalition (MHCC) – Mental Illness Education ACT (MIEACT) – Meridian ACT – Mindmap Program, Marymead CatholicCare Canberra & Goulburn – Nexus Human Services – Northside Community Services – Office for Mental Health & Wellbeing (OMH&W) – Public Advocate, ACT Human Rights Commission – Woden Community Service – Youth Coalition of the ACT – Youth at Risk team, ACT Health – Youth Reference Group, OMH&W |
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Session One (9:30 – 11:00am)

Welcome and Introductions

The Forum was emceed by Anais le Gall from Capital Health Network.

Anais provided an Acknowledgement of Country and an Acknowledgement of Lived Experience. Alliance members then introduced themselves.

As the fourth iteration, this Alliance Forum continued to hone the scope and strategy of the wider Alliance, building on the unique approach to collaborative action on youth mental health that the Alliance has created, with active and open participation by members. The Forum acts as one of several opportunities for such contribution, alongside the Working Group, the Community of Practice, and circulation of the Alliance eBulletin.

Alliance Update from Lead Agencies – Stephanie Lentern (CHN), Lee-Anne Rogers (OMH&W), and Josephine Brogden (OMH&W)

The lead agencies provided an overview of the Alliance and its activities to date and contextualised the prospective 2025-26 ACT Budget announcement that the Alliance will have continued funding over the next four years. Given this funding certainty, there is now opportunity to provide input into future Alliance structures. The lead agencies then updated members on the progression of the Alliance's two projects: (1) collecting and using client feedback, and (2) information sharing, privacy and consent for young people's health information.

A flowchart on the progression of Project 1 can be found in the June Alliance Forum slidepack available on [the Alliance website](#). Project 2 is discussed in depth later during Session Two. Contact details for Alliance lead agency representatives are available at <https://cymhalliance.com.au/contact/>.

Josephine Brogden then informed the Alliance about what the Youth Reference Group (YRG) has been working on since the November Forum last year. The YRG is a group of young people aged 16 – 25 with lived experiences of mental ill health and neurodivergence. There are 15 active members of the YRG who participate in consultations ranging from wider system design to specific consultations from Alliance member organisations. 3 new members were onboarded over the start of the year. The group has participated in several consultations including on the Alliance's literature review, the Youth at Risk project, the United Nations Youth Listening Report, and Commissioning. Josephine and 2 members completed the Youth at Risk, Trauma Informed Care training across 16 weeks, gaining insight into trauma-informed practices. Members from the YRG also delivered a 1-hour presentation and discussion about the YRG and the importance of youth lived experience engagement to Youth Work students at Canberra Institute of Technology.

The YRG did an Accessibility and Governance Review and Restructure which resulted in creating the 'Rights and Responsibilities' resource to foster safe engagement and accountability. They are presently updating their webpage content and the 'Our Say 2.0' document, and are seeking feedback on the initial Youth Lived Experience FAQs Resource available on their webpage: <https://cymhalliance.com.au/alliance-activities/youth-reference-group/>.

CAMHS Young Adult Transition Project – Marion Meloni, Canberra Health Services **Previously referred to as: Exit Processes for Young People Turning 18**

The first session involved a consultation by Canberra Health Services on exit processes for young people in CAMHS turning 18. The CAMHS Young Adult Transition Project aims to improve the transition to adult services for young people turning 18, acknowledging that there are

currently legislative and policy barriers to extending eligibility for all CAMHS services up to the age of 25. CHS are currently developing a structured process for this transition out of services, including best practice tools and guidance.

This consultation built on CAMHS's previous consultation at the Alliance Sector Forum in November 2024, which identified existing issues and challenges around transitioning out of the service. CAMHS took this on board when designing the new 6-step process, available in Appendix A. Marion explained how prior advice from the Alliance had informed the design of this new process, tabulated in Appendix B. Forum members were then consulted on this draft at the June Forum.

Attendees were provided with information about the process and invited to join a Menti, which digitally collated responses to two open questions:

- Are there any challenges in the transition process that you feel have not been addressed? What's missing? What could be done better?
- How do you feel about the timeline for the transition? Is it too slow, too fast, just right? Do you have any other comments?

Marion provided summative remarks and explained the next steps for the project, including seeking further input from young people and carer representatives, finalising guideline/policy and related documents, internal formal consultation process, and implementation planning.

Those with further feedback and questions were encouraged to contact the project team at CHS.MHJHADSServiceandTransformation@act.gov.au.

Session Two (11:20am – 12:30pm)

Alliance Project Two: Info-sharing, privacy and consent – Dr Ginny Sargent (Researcher) and Erin Barry (Youth Coalition)

This project was determined by the Alliance Working group based upon the priority areas identified by Alliance members at an earlier Forum. The scope of Project Two includes the tensions around info-sharing and privacy for young people accessing mental health services, specifically with regard to sharing that information with other services and with parents, carers and families. In the ACT, this legislative and policy domain is unclear. There are also additional concerns around the ethical dimensions of what constitutes appropriate information sharing.

As part of Project Two, the Alliance commissioned researcher Dr Ginny Sargent to do a scoping and 'translation' review of relevant legislation and policy related to info-sharing and privacy, alongside the production of an 'easy to read' resource. Dr Sargent explained to the Forum some of her preliminary observations that have emerged from her review of ACT legislation around privacy, healthcare, and human rights.

Forum Consultation: Project Two, Info-sharing between services/directorates

Erin and Dr Sargent conducted a consultation with 3 broad questions to contextualise and validate early findings with practical experience. Members could elect to respond to these questions via the open-question Menti, or hand-write their responses on butcher's paper. The consultation questions were as follows:

1. Are there examples of where info-sharing between services/directorates has worked well?
2. Are there examples of where info-sharing between services/directorates has not worked well?
3. Are there any other comments or feedback you would like to add?

Erin and Dr Sargent then concluded the consultation with a brief overview and next steps for Project Two as Dr Sargent finalises the critical review and commences with reporting.

Service Update – Lisa Kelly (Mental Health Community Coalition of the ACT, MHCC)

Lisa Kelly provided an introduction as the new CEO of Mental Health Community Coalition ACT. She has had extensive involvement in child and youth mental health, having also worked in the community sector for over 30 years and previously held the position of CEO of Carers ACT. For more information about MHCC, and to subscribe to the MHCC e-news, visit: <https://mhccact.org.au/>

The Alliance welcomes Lisa and the expertise she brings to this collaborative initiative to improve the CYMH services system.

Session Three (1pm –3:00pm)

Commissioning of child and youth services in the NGO Mental Health Sub-Sector – Paul Spooner and Sarah Davis (Mental Health and Suicide Prevention Division)

The final session of the Forum opened with a presentation and consultation from the Mental Health and Suicide Prevention Division on the NGO Mental Health Sub-Sector Commissioning. Commissioning aims to improve coordination of NGO mental health services in the ACT to more efficiently and effectively meet the needs of the community. Paul Spooner provided a background to the Commissioning process thus far and illustrated its place in the wider mental health system, noting that funding sources of NGO services are broad and that Commissioning only applied to a subsection of what is provided by the ACT Health Directorate (now the Health and Community Services Directorate).

Consultation: The Strategic Investment Plan

Paul presented the draft Strategic Investment Plan (SIP), which was the subject of this consultation session. The SIP establishes the direction of Commissioning by outlining priorities and grant processes. The draft SIP describes 5 intended ‘pillars’ of the service system:

1. Prevention and Promotion
2. Early Intervention
3. Community Connection and Supports
4. Community Residential Supports
5. System Supports

Services being commissioned will be expected to work toward a range of service and participant level outcomes that reflect some of the SIP pillars.

Grant funding streams currently include:

- Child, youth and family
- Adults, older people and people with co-occurring needs
- Residential community supports
- Aboriginal and Torres Strait Islander mental health supports
- Individual advocacy (*i.e. with respect to rights, handling complaints, issues in the health system*)

The proposed grant funding profile involves a redistribution of funding among these streams, with the introduction of a small amount to be set aside for a capacity building fund.

Two funding options are being considered within the draft SIP that include Direct Grant, Select Grant, and open grant processes.

Option 1: Invest through five funding streams, staged across three grant tranches

Tranche 1: Residential, Advocacy

Tranche 2: Child, Youth & Family

Tranche 3: Adult, Older People & Co-occurring Conditions, and Aboriginal & Torres Strait Islander

Option 2: Combine Child, Youth & Family with Adults, Older People & Co-occurring Conditions into an "Across the Life Cycle" funding stream. There will be four funding streams across two grant tranches

Tranche 1: Residential, Advocacy

Tranche 2: Across the Life Cycle and Aboriginal & Torres Strait Islander

For the Open Grants rounds, the Commissioning team is considering a two-stage approach starting with a written Expression of Interest, with preferred applicants then being invited to submit a detailed application of the service they intend to provide.

The consultation aspect invited table group discussions on three themes relating to the draft SIP. Attendees were invited to record their answers and discussion notes on butcher's paper or submit their answers to a Menti. The consultation questions, grouped by theme, were as follows:

1. Pillars and Outcomes of the Service System

- a. Do you agree with the conceptualisation of the NGO service system as comprising five key Pillars (Prevention and Promotion, Early Intervention, Community Connection and Supports, Community Residential Supports, and System Supports)? Why?
- b. Do the pillars represent the kinds of support young people need? If not, what would you suggest and why?
- c. Do you support the proposed outcomes for each service pillar? Are there any outcomes that should be excluded or considered?

2. Funding and Streams

- a. Do you support the proposed breakdown of the total mental health commissioning budget described in the pie chart on page 29? Do you think the percentage allocated to youth adequately represents the needs of the community? Why or why not?
- b. Do you support the two-stage approach to the Open Grant Rounds (*i.e.* EOI round and Full Application round)?

- c. The SIP proposes two options regarding the number of funding rounds (page 37+38). What is your preferred option and why?
3. Improving the draft SIP
 - a. How could the draft Strategic Investment Plan be improved? Is anything missing from the draft Strategic Investment Plan that should be included?

Paul concluded the consultation with some next steps. The final version of the Strategic Investment Plan is expected to be released in July/August 2025. A summary of the Commissioning consultation workshops will be available on their website in future.

Service Development Project Update and Sector Initiatives

headspace Canberra – Vikki Radford (Grand Pacific Health) and headspace Early Psychosis – Geraldine Garcia (Uniting)

Vikki and Geraldine provided an update on their services and progress towards the upcoming co-location of headspace Canberra and headspace Early Psychosis. The update was an opportunity to clarify the status of these changes to the Alliance and sector.

For more information, visit their websites at:

- Headspace Canberra:
<https://headspace.org.au/headspace-centres/headspace-canberra/>
- headspace Early Psychosis:
<https://www.uniting.org/services/mental-health/facility/headspace-early-psychosis-canberra>

Actions, next steps and final comments

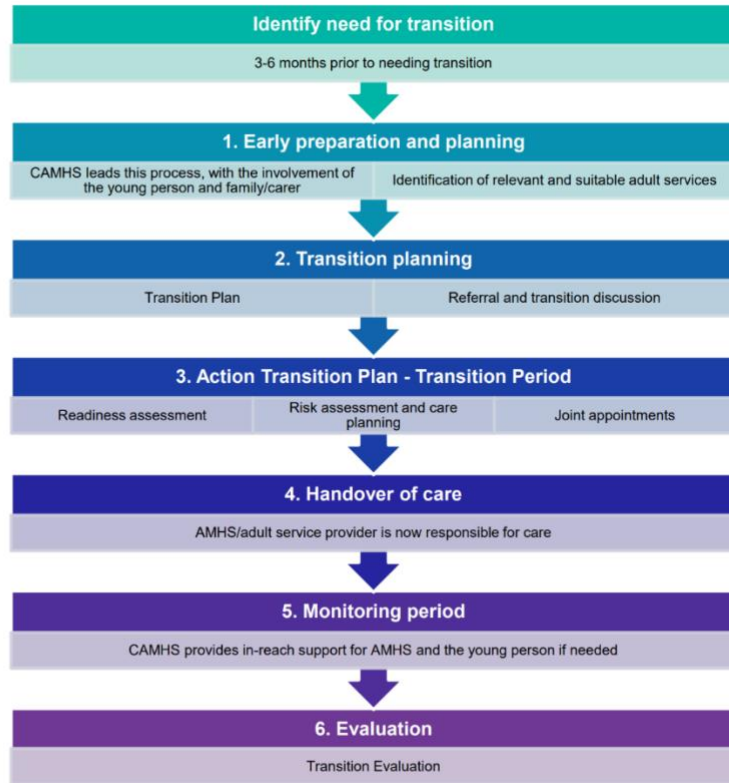
Anais thanked forum participants for their time and provided summative reflections and observations. Members were encouraged to visit the webpage provided and complete the online Forum evaluation survey.

Actions and next step arising included:

1. Disseminate the forum evaluation survey to all attendees via email.
2. Develop a Forum Summary Paper that will be circulated to Alliance members via a future eBulletin and available on the Alliance website (this document).

Appendix A: Draft CAMHS Transition Process

The new process



Appendix B: Tabulated explanation of how feedback was incorporated into CAMHS Draft Transition Process

What you told us	The new process
<p>Transition at 18 feel abrupt and poorly timed, often misaligned with young people's developmental readiness.</p> <p>Young people need more tailored support.</p>	<ul style="list-style-type: none"> • Flexible timing and developmental readiness: The guidelines emphasise that transition is a process, not an event, and should be flexible and tailored to the young person's developmental stage • Transition dates can be adjusted based on school year completion or mental health stability. • Transition Readiness Tool is used to assess whether the young person is emotionally and practically ready. • Transition planning starts 3–6 months in advance, gradual and supported process. • Transition Plan is documented and shared with all parties.
<p>Parents want to be involved but are often excluded due to privacy concerns and lack support navigating the system.</p>	<ul style="list-style-type: none"> • Clear guidance on family/carer involvement: While respecting the young person's autonomy, the guidelines promote involving families wherever possible. • Transition Consumer Handout explains family involvement options in plain language. • CAMHS clinicians are encouraged to support families, even when consent is not given, by helping them understand the system and their role.
<p>Services are under-resourced, with long wait times and limited capacity in both CAMHS and adult services.</p>	<ul style="list-style-type: none"> • The guidelines acknowledge service limitations and include a process for exploring alternative options if a referral is not accepted or if wait times are long. • Case conferences include discussion of wait times and contingency planning. • CAMHS remains responsible during the transition period, ensuring continuity even if adult services cannot immediately take over.
<p>Communication between services is poor, leading to fragmented care and repeated storytelling.</p>	<ul style="list-style-type: none"> • Emphasis on joint appointments, case conferences, and handover meetings, when possible • Clear roles and responsibilities for both CAMHS and AMHS teams. • Reach-back support from CAMHS for 3 months post-transition to maintain continuity. • Monitoring and evaluation mechanisms to ensure continuous improvement and responsiveness to feedback.