ACT Child & Youth
Mental Health
Sector Alliance

Summary Paper: Alliance Forum – 3 December 2025

This document provides a summary of the fifth ACT Child and Youth Mental Health Sector Alliance Forum, held on 3 December 2025 at the 59 Cameron Ave Event and Conference Centre. The Forum was attended by 48 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:

- Provide a presentation and update on the Alliance project to support services to collect and use service experience feedback from young people
- Provide information about and engage in discussion regarding the Social Media Minimum Age for children and young people under the age of 16
- Provide an opportunity for organisational Alliance members to engage with a panel of youth lived experience representatives
- Provide an opportunity for cross-sector stakeholders to connect
- Provide an opportunity to update Alliance members on key initiatives, including the Youth at Risk Project and Medicare Mental Health Kids Hub

Forum Attendees

- ACT Education Directorate
- Anglicare Canberra and Goulburn
- Capital Health Network
- Capital Region Community Services
- Carers ACT
- Centre for Mental Health Research, ANU
- Child and Adolescent Mental Health Service (CAMHS), Canberra Health Services
- Fearless Women
- Feros Care
- Grand Pacific Health
- Headspace Canberra
- Headspace Tuggeranong
- Mental Health Policy, HCSD
- Mental Health Community Coalition (MHCC)
- Mental Illness Education ACT (MIEACT)
- Meridian ACT
- Nexus Human Services
- Office for Mental Health & Wellbeing (OMH&W)
- Relationships Australia Canberra and Region
- STRIDE
- Toora Women Inc
- Youth Coalition of the ACT
- Youth Reference Group, OMH&W
- YWCA Canberra

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. Alliance members then introduced themselves.

The ACT Child and Youth Mental Health Sector Alliance is supported by the ACT Government, delivered by the Youth Coalition, Capital Health Network, and Health and Community Services Directorate.

Collecting and using service feedback from young people: Dr Alyssa Morse, Ashley Hoye, Erin Barry and Paul Spooner

Note: This summary is best viewed alongside the Slide Pack.

Session Introduction: Erin Barry

Erin provided a brief overview of the project background and rationale:

- In 2023, there was interest in exploring the use of 'experience measurement' tools.
- The Alliance Working Group identified the need for a wider focus on developing practice principles and processes for using experience measurement tools, understanding of the capacity and capability constraints for services, and what types of tools were available.
- This 'wider focus' was with a view to building services' ability to collect and use client feedback for service improvement in ways that are useful, safe and ethical.

Between 2023 and 2025, the Alliance conducted service consultations on this topic, consulted with the Youth Reference Group, and commissioned researchers at the ANU Centre for Mental Health Research to conduct two reviews which are both publicly available:

- Literature Review: Best practice and principles for collecting feedback from young people
- Scoping Review: Patient-Reported Experience Measures for Children and Young People.

Presentation on review findings: Dr Alyssa Morse and Ashley Hoye

Dr Morse and Ashley presented the integrated findings from both reviews (see Slide Pack for detail). At a high-level, the findings of the review recommended that services:

1. **Define the purpose:** For collecting feedback and how it will be used. This step informs all later steps.
2. **Select and Pilot the Tools:** Ashley and Alyssa conducted a detailed review of youth-focused PREMs and found that 8 tools met the recommendation criteria. Services selecting tools should pilot these with young people.
3. **Develop an implementation plan:** Identify when and how data will be collected, and by whom.
4. **Collect and analyse data:** Ethical considerations, early planning for data analysis to ensure appropriate data collection.
5. **Communicate findings and make changes:** Closing the feedback loop with participants and using data to decide upon actions for change and to improve the service.

Session Reflections: Erin Barry and Paul Spooner

Erin acknowledged the large scale of work completed by the ANU research team and provided initial reflections on the presentation, including key "takeaway" messages:

- That a single measure / PREM may not be applicable to all services
- That having a measure/PREM is not enough – this needs to be embedded in a clear process, with a clear purpose and practice implications.

- The review demonstrated that most existing youth-focused PREMs focus on (1) relational aspects of care and (2) service accessibility. Less frequently do they focus on other aspects of care that are also important to young people, such as level of family involvement, privacy and confidentiality, and support for their autonomy and decision-making.
- There is unmet need in existing PREMS for priority populations and young people with complex needs.

Erin provided an overview of the key findings from earlier service consultations, and recent consultations with the YRG on this topic, which strongly aligned with the literature review findings. YRG feedback had noted:

- Feedback is meaningful if it is directly connected to the purpose and functions of the service, seeks feedback proactively across the range of service users, is co-designed and genuinely used to make changes, the feedback loop is closed.

Next steps for this work, which will be progressed through the Alliance Working Group, include:

- Scoping PREMs for parents / carers
- Translating findings into practice guidance resources for services
- Discussing implications for commissioning (and outside of commissioning)
- Potential to develop and test a local PREM

Paul Spooner, Assistant Director in the Mental Health Commissioning team also provided reflections on the presentation and topic, drawing alignments with the ACT Mental Health NGO Sub-Sector Investment Plan. Paul noted the link between service measures and service outcomes, and the value of service co-design with service users. Paul noted that an open question remains regarding the benefits of standardisation of measures and indicators, and the need to develop trustful relationships between community and government that enables services to collect feedback for genuine service improvement.

Session Two (11:30am – 1pm)

Social Media Minimum Age (SMMA): Implications for Child/Youth Services

This session included a presentation on the social media ban, and a panel discussion on the implications for child and youth services. Hannah set the context for the session by asking forum participants to 'imagine if' their social connections, family connections, and creative outlets were suddenly removed.

Presentation: Hayden Page (Youth Coalition of the ACT)

Hayden provided a detailed overview of the background to, rationale for and details of the social media ban. Please refer to the Slide Pack for more information. Topics included:

- What is the SMMA, and what does it mean?
- What happens if an account is mistakenly removed?
- Guiding Principles
- Privacy implications
- When and how will it take effect?

- What counts as an 'age-restricted social media platform'?
- Which platforms will likely be age-restricted, or excluded?
- The rationale and workarounds
- Common concerns
- Implications for the CYMH sector
- Review of the SMMA in two years
- Where to go for more information
- Consultation phase for the Digital Duty of Care on online spaces (amendment to the *Online Safety Act 2021*)

Panel Discussion: The Panel was facilitated by Hayden Page (Youth Coalition of the ACT)

Panel members included: Prof Alison Calear (Centre for Mental Health Research, ANU); Sarah Darcy (Digital Education team, ACT Education Directorate); Samuel Jones (headspace Canberra); Joey Brogden (YRG Coordinator, OMHW).

- Samuel Jones commenced the Panel by acknowledging the grief and loss that young people under 16 would experience due to the age-restriction, and the need for services to listen and validate their responses. He noted that all staff need to understand that young people will respond in different ways.
- Sarah Darcy noted that the age-restriction will leave a psychological, social and neurological (dopamine-related) gap for young people, and as a community, we need to consider how those gaps will be filled, including the potential increased use of alternative sources, such as AI and pornography. She noted that in some cases, young people will still be able to access content without requiring an account (e.g. YouTube), but with potentially fewer safety controls. She noted that implementing the age-restriction immediately prior to the end-of-year school holidays, and the need for more support for families, education and teachers to navigate the age-restrictions.
- Alison Calear noted the limited evidence that social media or screentime use affects mental health, found through longitudinal research by the Black Dog Institute. She noted that not all cyber-bullying occurs through social media, and that self-harm for children aged 8-10 years continues to rise (despite this cohort generally not using social media). Alison described the need for evaluation and research to look at the effects of the age-restriction.
- Joey Brogden discussed the impact of the age-restriction on young people impacted by DFV, who may already experience additional barriers to accessing support services (e.g. due to the requirement for parental consent), and who have accessed support through social media. She discussed the positive aspects of social media, including to positive role models and identity-crafting. She noted the implications of the reintroduction of social media at age 16, including for young people who are younger than their peer cohort.
- Sarah and Joey noted the need to prepare, inform, and support – including supporting young people to download their content, and to keep parents aware of what other platforms young people are using.
- Samuel noted the need to educate all staff on validating the effects of the change for young people, especially during the school holidays.
- Joey noted the need to bolster platforms such as MOST, which provide peer-moderated support.
- Sarah noted that young people need to be reminded that they will not 'get in trouble' for using social media under the age of 16, and if they are harmed online, they can still report the platform.

Participants were invited to submit questions to the Panel through Menti.

At the conclusion of the Panel, Shannon Lanza (Youth Coalition) noted that platforms will face significant sanctions if they do not demonstrate reasonable steps towards the age-restrictions, and that the role of the courts in the SMMA was in the formal determination of whether a platform was considered a social media platform.

Session Three (1:50pm – 3pm)

Alliance Update: Natalie Johnson (OMHW), and Stephanie Lentern (Capital Health Network)

The lead agencies provided an overview of the background to the Alliance and its structure, and an update on key projects.

They noted that the literature review on young people's preferences for processes related to informed consent to share information with other services (completed by Dr Alyssa Morse) is available online, and that the legislation-review by Dr Ginny Sargent will soon be completed.

Other recent activities include:

- Webinar: Strengthening Service Navigation, 23 October: MOST and MindMap Presentations, and a panel discussion including youth lived experience. The webinar is available to view online.
- Trial Collaboration between the Alliance and 'Joint Case Review' Program with Families ACT: Sponsored positions at four 'JCR' session, focused on reflective case practice for children, young people and families. These spaces are advertised through the Alliance eBulletin.

Youth Reference Group Update and Panel: Joey Brogden, Elian Au, and Sam Thomas

Joey provided an overview and update on the YRG. 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. Meetings are monthly, and activities include relationship-building with the wider sector, specific projects, and consultations ranging from wider system design to specific consultations from Alliance member organisations.

Most recently, the YRG has provided lived experience representation at the Alliance Webinar on Service Navigation, a youth parliamentary showcase at Parliament House, consultation with CAMHS, and reconnected with headspace YRGs. They have developed a Rights & Responsibilities document for YRG members. While this is primarily intended as a YRG document to capture the group's culture, responsibilities and expectations, it is also available as a public template for other services to use and consider in their own youth lived experience processes. Additionally, the existing Our Say document is being updated to incorporate the views of new members and new issues, including technology, AI, data collection and storage.

Forum participants were invited to submit questions to the YRG Panel through Menti.

Q1. Are there specific elements of the sector that the YRG would like to be consulted on, or topics that the YRG want to share knowledge/experience on, that you haven't had the opportunity to yet?

- AI, specialist care, and community
- Accessibility: what services can do to make it easier for young people to access services, and to find the young people who cannot find them
- Diverse communities, and the absence of community for young people

Q2. YRGs tend to be made up of a certain demographic of young people. How do you ensure that you represent young people that might not typically be represented in YRGs? E.g. young people under 16, and young people that don't engage.

- It is really difficult. Create focus groups with young people. The YRG exists to provide more general feedback. Recruitment and onboarding to the YRG occurred through pathway navigation through members' own communities but does not represent young people under the age of 16, and currently there are no members from First Nations backgrounds.
- The 'perfect' reference group will also never exist, and it is unethical to pretend that it is possible *[without being tokenistic]* – it is important to recognise power in interactions. White advocates get a lot of platforms, and system inequities in the health system often also inform who are taking part in reference groups. It is important for reference groups to be accessible and inclusive.

Q3. The Social Media Minimum Age affects people under 16 the most. Is there merit in developing a group of U16s to operate in a similar way to the YRG, but focused on the impacts of SMMA on U16s to best inform the Alliance?

- A focus group, or specialised group like that would be great. Social media on its own does not meet young people's needs, it is a vehicle. So the question is, what are the needs, and how can these be met?

Q4. If organisations can no longer promote services via social media to young people (under 16), how should they best promote services?

- Even without the SMMA, services should consider physical spaces like the back of toilet doors in shopping malls – these are great because everyone sees them but they are private.
- Stickers and word of mouth.

Q5. How do we get more young people to come to group in real life?

- Having no one to go with can be a barrier or not knowing how – having tutorials on how to get to services can help.
- Within school, service groups can play a role in building young people's networks.
- The smallest barriers can sometimes be too much, so the focus should be on lowering the barriers. Stigma is still a barrier, including a sense of shame. Services need to make young people feel like it's normal to come to your service.

Q6. AI: Can you talk more about the YRG's opinions/position on the rise of AI use and its impacts on mental health?

- There are concerns about AI and addiction use, companions and AI characters; and that in mental health it can be self-affirming, potentially exacerbating delusions and psychosis.
- Young people have diverse views on AI, with some 'for' and some 'against'. Using AI to promote your service will turn some young people off or create distrust, because you are not using real artists.

Q7. What do young people look for in youth or mental health services to indicate they are safe/inclusive for young people who identify as LGBTQIA+?

- This topic is covered in the Our Say publication.
- The feedback provided in Our Say applies ten-fold for religiously affiliated organisations.

Q8. What does "validation" mean? Does that have to involve professionals as opposed to clinicians and services who are doing the co-design with young people?

- Feeling validated and listening well – acknowledging that young people's contributions are valuable and also to acknowledge how difficult it can be to contribute. This is important for everyone, including researchers.
- Also, validating their service needs – are you asking if you are providing the right service?
- Using qualitative data to validate your quantitative service data.
- Being empathetic, avoiding assertions and assumptions – no shaming or blaming, and being visually validating too.

Service Updates

Youth at Risk Project and Medicare Mental Health Kids Hub

Cassandra Tinning from the ACT Mental Health Policy Team (Child & Youth) advised that the Grant is open for services to apply to deliver the Medicare Mental Health Kids Hub; which will deliver $4 million over two years through the Bilateral Agreement. This service will be available to children aged 0-12 and their families, with emerging, mild to moderate mental health concerns. It will be delivered by an NGO or collection of NGOs. It will be located in Tuggeranong in a large location with an opportunity for other providers to co-locate.

The Youth at Risk grant was awarded to Uniting, following an extremely competitive grant process. Features will include a shared intake with CAMHS and headspace, through an integrated mental health system. A grants process to undertake a developmental evaluation process is currently underway, and there is national interest in this service. The evaluation will start from the beginning of the service to support its effectiveness.

Meridian

Andrew Jin notified members that Meridian can provide LGBTQIA+ training and education for services on providing inclusive support.

Parentline

Toora Women Inc is providing the Parentline service, which includes in-person counselling to parents and young people. There is no waiting list, and the service can be access through the website.

Capital Region Community Service

The youth drop-in centre in Belconnen is open five days a week. The centre is visited by the T25 drop-in service on Thursdays from 2-5pm. CRCS also has their own psychologists and family workers and can provide free bus tickets and food. The service is neurodiverse and LGBTQIA+ aware/inclusive.

Youth Coalition of the ACT

The Youth Coalition has partnered with Meridian, Multicultural Hub and Soward Consultancy to conduct consultations with young people about a potential model for aftercare support.

The Youth Coalition also worked alongside the ANU Centre for Gambling Research to develop and launch the Fair Play website, aimed at reducing gambling harm among children and young people.

CNCT, a directory that connects young people with services, is also being refreshed. Services who have listings have been notified of the update.

Final comments

Hannah thanked forum participants for their time and provided summative reflections and observations. She noted that this is a complex space, dealing with complex issues, and it can be difficult to see the change that happens. The opportunity in the forum to hear from young people and services as part of the forum, and share information, builds a strong and connected web, and the importance of continuing conversations with each other. Hannah thanked the participants and Alliance members for their continued support.