



youth
coalition
of the ACT

**ACT Mental Health NGO
Sub-Sector Commissioning
Youth Coalition submission**

The Youth Coalition of the ACT acknowledge the Traditional Owners and continuing Custodians of the lands of the ACT and pay our respects to the Elders, families and ancestors.

We acknowledge that the effect of forced removal of Aboriginal and Torres Strait Islander children and young people from their families as well as past racist policies and actions continues today. We acknowledge that Aboriginal and Torres Strait Islander peoples hold distinctive rights as the original people of modern-day Australia including the right to a distinct status and culture, self-determination and land. We celebrate Aboriginal and Torres Strait Islander cultures and the invaluable contribution they make to our community.

About the Youth Coalition of the ACT

The Youth Coalition of the ACT is the peak youth affairs body in the Australian Capital Territory. The Youth Coalition's vision is for an ACT community that values and provides opportunity, participation, justice and equity for all young people. The Youth Coalition undertakes policy development, sector development, research and evaluation, advocacy and representation activities to improve outcomes for young people and their families.

A key role of the Youth Coalition is the development and analysis of ACT social policy and program decisions that affect young people and youth services. The Youth Coalition facilitates the development of strong linkages and promotes collaboration between the community, government and private sectors to achieve better outcomes for young people in the ACT.

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Commissioning of the ACT Mental Health NGO Sub-Sector – Children and Young People

This submission outlines the Youth Coalition's response to the key questions identified in the *Mental Health NGO Subsector Commissioning Feedback Paper: Children and Young People*, and selected questions from the *Design Phase – Mental Health Service System Blueprint*. Child and youth mental health continues to be a significant and escalating concern in the ACT, with high levels of self-harm and distress experienced by young Canberrans, and services reporting that children are presenting with mental health symptoms at earlier ages. Poor mental health outcomes for children and young people have been exacerbated by COVID-19 and the increasing cost of living. This has increased pressures upon families, and also for young adults transitioning to independence.

Child and youth mental health outcomes are influenced by a range of micro, meso and macro factors, such as individual characteristics, family circumstances, external environments such as schools, peer settings and workplaces, and broader community and systemic challenges. Within this context, child and youth mental health services play an important role in supporting children, young people and families. However, children, young people and families often experience a range of barriers to having their mental health support needs met, due to service and system barriers, constraints and gaps. This can further exacerbate their mental health concerns and impact future help-seeking, leading to further adverse outcomes into adulthood.

Underpinning our submission, is the need for the commissioning process to consider:

1. The specific role of the 'ACT Mental Health NGO Sub-Sector' in supporting children and young people within the larger system of mental health supports, and the broader service system for children, young people and families;
2. System mapping of child and youth mental health service to identify and plan for system gaps, as part of the ongoing, iterative approach to commissioning;
3. How existing and potential future service gaps for children and young people will be addressed, such as the uncertain future funding for Stepping Stones, WOKE and MindMap, that each respond to specific service system gaps;
4. The combination of service delivery modalities that need to be provided to children and young people, such as outreach, to acknowledge and address the constraints and barriers they experience.

Responses to *Mental Health NGO Subsector Commissioning Feedback Paper: Children and Young People*

1. What should the top priorities for mental health promotion and education be for children and young people?

Stigma continues to be identified as a barrier for young people and families to identifying and seeking support for mental health concerns, particularly for certain population groups, such as those from culturally diverse backgrounds. Services such as MIEACT provide valuable mental health promotion and education programs within school and community settings, including through their recent *My*

Mind My Voice program, which focused specifically on providing appropriate resources for culturally diverse community groups in the ACT.

Mental health promotion and education may need to be expanded to young adult settings, such as universities. International students residing in the ACT may have limited informal support networks and awareness of what supports are available. This cohort may need additional targeted supports related to mental health, including to navigate and access services.

Programs are also needed to build the skills and capability of parents, caregivers and families to support their children and young people with mental health concerns. There are limited opportunities for parents and carers to access practical advice and strategies to support their children and young people across the spectrum from early intervention through to acute needs. Free early intervention programs like *Triple P Parenting* are currently nationally available for parents of children under 12, although there is limited awareness of these programs within the community. However, there is also a need to better support parents and carers of children and young people who are engaged with or waiting to access mental health services.

2. What barriers have organisations experienced engaging directly with families? What methods have worked and what haven't?

As described in the ['Missing Middle' report](#), organisations experience barriers engaging with families related to limited capacity to provide active holding, deliver outreach, and to respond to young people and families with complex needs. These limitations are underpinned by resourcing and workforce constraints. Organisations may also experience difficulties providing child and youth mental health support where there are barriers related to parental consent, including where there may be parental separation or family conflict, where a child or young person may not want their parent to know about their help-seeking, and where a young person may have limited or no family support.

More often, families experience barriers engaging with services and the mental health service system. As described in detail in the Missing Middle report, young people and families experience a range of formal and informal barriers to engaging with services. These include:

- a. The 'voluntary' nature of mental health services – this often requires 'active engagement' of young people and families, where their mental health symptoms may present a barrier to reaching out for support;
- b. Limited child or youth-friendly engagement strategies and/or environments;
- c. Primarily office-based services, which creates additional barriers for young people and families with transport difficulties or who are managing a range of life and family activities and pressures;
- d. Limited inclusive, trauma-informed practices and processes, particularly for First Nations or culturally diverse children, young people and families; and children and young people with disabilities;
- e. Exclusion from eligibility criteria, especially where there are co-occurring or complex needs;
- f. Long wait times to access services.

There may be learnings from other programs, sectors and service systems that could provide helpful approaches to support mental health programs to engage with young people and families. Programs such as *Functional Family Therapy*, and *Functional Family Therapy – Child Welfare* work with families

that may have significant service distrust, trauma or disengagement. FFT and FFT-CW include explicit approaches to engagement and trust-building with families within their service models.

3. How could organisations increase engagement with a lived-experience workforce? What barriers would there be for organisations?

There is a need to define what a 'lived experience workforce' is in relation to child and youth mental health services, including reviewing the current literature on this topic. Services in the ACT such as Meridian use peer work models that could be further explored in the context of youth services. A review might consider what resources and professional development supports would be required for a lived-experience workforce for child and youth mental health services, and in which settings peer-workers may be well-placed. For example, this might include placing mental health peer-workers within both clinical youth mental health services, as well as other youth programs in the ACT.

Noting that young people may often first turn to their peers for support, we are supportive of programs that safely equip young people with appropriate skills to support themselves, and to understand how they can safely respond to peers experiencing mental health concerns. However, it is also important that in doing so, young people are not left feeling responsible for the mental health care of their peers, especially in light of the service systems gaps and constraints that young people experience.

4. How would a trauma-informed service differ from other mental health services currently provided? What might this service need to look like?

The Youth Coalition is currently engaged with the *Service Development Working Group* of the *ACT Child and Youth Mental Health Sector Alliance*, which will be providing input into the development of the *Youth at Risk* service. Our initial comments on the development of a trauma-informed service for young people, includes the need for the service to both: (1) work with young people experiencing complex and co-occurring needs, noting that this cohort of young people are often excluded from other services; and (2) provide therapeutic trauma support to young people, a current service system gap.

The *Safe and Connected Youth (S&CY) Program*, which provides early support and accommodation to young people under 16 at risk of homelessness, was initially developed as a pilot program over 18 months, supported by a developmental evaluation. This staged approach to service development allowed government and key stakeholders to test and refine its processes and structures, identify what worked well and where the constraints were, and who the program could work effectively with, prior to a formal procurement process being implemented. A similar approach to service development would be valuable for the *Youth at Risk* program.

5. What would be your top priority for NGO services to support the mental health of children and young people?

The Youth Coalition's top priorities for NGO services to support the mental health of children and young people include:

1. Expanding community supports for children and young people with moderate to severe mental health issues, including through different service delivery modalities (such as outreach);
2. Improving and streamlining navigation, intake and assessment processes across the system, including between community and government services, to improve young people's access to the most appropriate services early;
3. Addressing potential service system gaps related to child trauma services, early intervention DBT programs for young people, and active holding support for children and young people on waiting lists. These will become service system gaps if interim funding for Stepping Stones, WOKE and MindMap is discontinued.

6. What do we need to measure to know that children and young people are better off and that NGO services and supports are having a positive impact on people's lives?

The Youth Coalition supports the use of valid and reliable outcome measurement tools within services, many of which are already in use by mental health programs. However, children and young people report varied experiences and satisfaction with mental health services. Their experiences of engaging with services can significantly impact their perspective regarding the extent to which they feel they were supported and impact their future help-seeking behaviours. As such, there is value in services collecting qualitative feedback on children, young people and families' experiences engaging with their services, to inform continuous service improvement.

At a service level, collecting data on unmet need, met need, wait times, and referral points will support service and system-level monitoring to better understand pressure points and gaps across the mental health system. System-level outcomes need to be identified, monitored and responded to, as pressure points and service system gaps and constraints can impact upon children and young people's mental health outcomes.

7. What challenges do NGO services have for recording and measuring data relating to children and young people?

The Youth Coalition supports the use of outcome data collection in with organisations. We note however, that services need appropriate support, guidance and resources to understand and identify outcomes, outcome measurement processes and tools, and to undertake data collection and analysis.

Responses to *Design Phase: Mental Health Service System Blueprint*

Below, we provide brief responses to selected questions from the Blueprint.

1. How can the sustainability of the sector be improved?

Sustainability of the sector would be supported through improved planning and coordination across funding streams, including the ACT Government and Commonwealth, to identify and respond to existing and upcoming service gaps early. Flexibility is also needed to respond to emerging needs and gaps as they arise. Providing certainty of funding to services earlier within funding cycles could help to reduce pressures upon programs and may help to address workforce retention issues.

2. How can sector collaboration be improved?

Collaboration across services and sectors is regarded as valuable to providing supports to children, young people and families that is coordinated or meets a range of needs. However, collaboration is difficult to implement effectively, requires considerable resources, and is often reliant on existing relationships between individuals or programs. There is a need to identify and define what collaboration is, and to better understand where and how it can add value. For example, improved coordination and referrals between services, providing shared mental health care to young people when appropriate, or working across sectors to meet the multiple needs of children, young people and families.

Children, young people and families who are culturally and linguistically diverse, Aboriginal and Torres Strait Islander, gender diverse or have disabilities often experience a range of informal barriers to accessing mental health services. Specialist services providing direct support to these population groups often experience significant demand, including from other services seeking their specialist advice and guidance. The mental health sector could explore establishing collaborative mechanisms to build capability within 'mainstream' services to improve accessibility. Specialist organisations would need to be appropriately resourced to provide advice, guidance or specific client support.

While services are being encouraged to strengthen collaboration, further clarity is necessary regarding how collaboration and oversight will also occur at the commissioning level across sub-sectors. This may include identifying system level and cross-sector outcomes and responding to unmet and emerging needs. Noting that mental health intersects with a range of other issues that children, young people and families experience, there may be opportunities to 'co-commission' specific services across sectors, such as family support.

3. What are the implications for the sector if ACTHD shifts to an early intervention focus for its commissioned mental health services?

We note that the Blueprint defines early intervention as early in 'life, illness and episode'. We consider that all mental health supports provided to children and young people are 'early intervention in life', as they can prevent or reduce further adverse outcomes that may persist through into adulthood.

For children and young people, supports need to be provided across the full continuum of care, from early support, through to more intensive and acute care for young people with severe mental health

issues. Some early mental health and wellbeing supports are embedded into universal settings, such as schools; and supported by programs providing mental health promotion and education. ACT Government sub-sectors such as *Child, Youth and Family Services* also play a role in providing early support to young people.

Some families are able to access mental health supports through the private system, however, private sector services are often inaccessible to children, young people and families with complex needs, or who may experience financial barriers. As such, **it is critical that investment in the mental health NGO subsector consider how it will support those children and young people who experience moderate to severe mental health issues, who are unable to access other mental health services or do not have their needs met.** Noting the unsustainable demand experienced by acute services like CAMHS, the community subsector needs to be appropriately resourced to support young people with high and complex needs.

4. What kinds of support do families need from the mental health sector?

Family therapy, including interventions such as *Functional Family Therapy* and *Multi-Systemic Therapy* are evidence-based interventions that support improved mental health outcomes for children and young people by strengthening family functioning. Existing FFT programs in the ACT focus on families that are involved with the child protection or youth justice system. There is a need for the mental health sector to consider how these types of interventions could be available to families seeking support for child and youth mental health concerns. Family therapy delivered through the mental health sector could provide support to families earlier, before they come into contact with statutory systems.

As discussed earlier, there is also a need to increase supports for parents and caregivers, to build their skills and capability to support their children and young people with mental health concerns. This may include opportunities for parents to participate in group programs, as well as to access single session interventions. Providing these types of supports to parents whose children and young people are on waiting lists to access mental health support would help families to feel more supported through challenging times. It may also lead to reduction in wait times for services, if parents and caregivers feel more appropriately supported and equipped to respond to their children and young people.

5. What kinds of mental health support do young people need, that isn't currently being delivered?

A potential service system gap will emerge, if the *WOKE* program does not receive ongoing funding after the 2023-24 financial year. *WOKE* provides free, evidence-based Dialectic Behaviour Therapy – Adolescents (DBT-A) through an early intervention program to young people at high risk of self-harm and suicide, while also building the capability of their parents. While it is understood that discussions are occurring between the ACT and Commonwealth governments to consider the future funding for this program, the Commissioning team may need to consider how a similar service model could be provided through the NGO subsector. We note that the added value of the *WOKE* program includes directly building the capability of the ACT mental health sector workforce, to deliver DBT and to work with young people with complex needs.

In addition, outreach services for young people with complex needs may need to be expanded, noting the range of barriers that young people experience to accessing office-based services. Current specialist services providing this support experience high levels of demand and operate within limited resources.

Young people who may have potential or diagnosed neurodiversity, who also experience mental health concerns, experience difficulties accessing mental health support. This may be a service gap, and/or an area in which the mental health sector needs to build capability, across both community and government services.

6. What kinds of mental health support do children need, that isn't currently being delivered?

As described above, a further service system gap may emerge is the *Stepping Stones* program does not receive continued funding after the 2023-24 financial year. *Stepping Stones* provides therapeutic trauma support to children under the age of 12, while also building the capability of their parents and families.

We understand that it is hoped the upcoming Health to Health Kids (H2H) service may respond to this gap, we note that the intended target group for H2H is children with emerging, mild to moderate mental health concerns. It is unclear whether the H2H service will have both the scope, and adequate resourcing to work both with this intended target group; while also providing evidence-based therapeutic support to children impacted by trauma, who may have complex needs. Both service models may be required, to operate across the continuum of care.

As described above, children who may have potential or diagnosed neurodiversity, who also experience mental health concerns, experience difficulties accessing mental health support. This may be a service gap, and/or an area in which the mental health sector needs to build capability, across both community and government services.

7. How can young people be supported when transitioning between child/youth and adult services?

We support work undertaken by the ACT Government to consider how it could improve transitions for children and young people into adult services. This has consistently been identified as a problematic area, by both young people, families, and services.

We note that many community-based services already work with young people up to the age of 25. Feedback about difficulties transitioning between child/youth programs, and adult programs, often related to services within the Canberra Health Services setting, rather than community-based services. We encourage the ACT Government to consider how it could better respond to the needs of young people once they turn 18, to provide youth-appropriate, continuity of support.

Further information

For more information about the issues discussed in this response, please contact Erin Barry (erin@youthcoalition.net) or Justin Barker (justin@youthcoalition.net).