



youth
coalition
of the ACT

**The future ACT Child and Youth
Mental Health NGO Sub-
Sector:
*Response to the Insights Report
(Design Phase) for the ACT Mental
Health NGO Sub-Sector***

The Youth Coalition of the ACT acknowledges the Traditional Owners and continuing Custodians of the lands on which we work, and pay our respects to the Elders, families and ancestors.

We acknowledge that the effect of forced removal of First Nations children and young people from their families as well as past racist policies and actions continues today. We acknowledge that First Nations 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 First Nations cultures and the invaluable contribution they make to our community.

The Youth Coalition acknowledges the First Nations youth workers, young people and families who have come to Canberra from all across Australia and are making an ongoing contribution to the culture and community of our city. We acknowledge previous generations who have contributed to the history and culture of Canberra.

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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For more information, visit www.youthcoalition.net.

Introduction

The Youth Coalition is pleased to provide this submission responding to the release of the *Insights Report* from the 'Design' phase of the commissioning process for the ACT Mental Health NGO Sub-Sector. We thank the ACT Health Directorate (ACTHD) for the opportunity to provide feedback and suggestions. Our response provides feedback on key components of the *Insights Report* as they relate to children and young people, and presents considerations for the forthcoming Investment Strategy, regarding the child and youth component of the mental health NGO sub-sector.

As part of developing this response, we heard from stakeholders both within and external to the current mental health NGO sub-sector, including those working with children, young people and families across the age-span of childhood, adolescence and early adulthood. This occurred through two group consultations, and separate meetings with stakeholders. This was not a representative sample of service providers, and the items raised in this document will not represent all service providers' views.

We understand that many stakeholders will provide their own feedback and submissions to this process. As such, while we use this as an avenue to pass on identified concern areas; this response presents the views of the Youth Coalition, as the peak body for young Canberrans and those who support them. The Youth Coalition is committed to continuing to work collaboratively and in partnership with community and government, to work towards strengthening service systems, to improve outcomes for children, young people and their families.

Where relevant, **suggestions and recommendations** that aim to strengthen and support the commissioning process are provided in boxes throughout this document.

Feedback and Considerations for the Child and Youth Mental Health NGO Sub-Sector

The *Insights Report (Design Phase)* provides a comprehensive overview of the feedback received during the consultation process, particularly capturing the complexity related to service system gaps and constraints, and the intersection of mental health with a range of other issues. Below, we provide feedback on key components of the *Insights Report* as they relate to children and young people, as well as considerations and implications for the forthcoming Investment Strategy. Feedback is provided in relation to five key areas:

1. Understanding the role of the *ACTHD-Funded Child and Youth Mental Health NGO Sub-Sector* within the broader child and youth mental health system
2. Finding the balance: Promotion and prevention, or responsive services?
3. Child and youth-centred service delivery
4. System support and coordination
5. Viability and sustainability of the Mental Health NGO sub-sector

Each of these areas are discussed below.

1. UNDERSTANDING THE ROLE OF THE ACTHD-FUNDED CHILD AND YOUTH MENTAL HEALTH NGO SUB-SECTOR WITHIN THE BROADER SYSTEM

There is a need to contextualise this response, and the ACTHD-funded child and youth mental health NGO sub-sector, within the broader system. Child and youth mental health is a whole-of-community issue, and sits **across a range of sectors, such as education, primary health, the child, youth and family sector, and the 'mental health' sector**. Furthermore, the 'mental health sector' is fragmented across a range of funding streams, such as:

- Private services
- Public services provided by Canberra Health Service (CHS), such as CAMHS, MHJHADS and hospitals
- Commonwealth-funded non-government services, such as programs funded through DSS
- Capital Health Network (the ACT's primary health network) commissioned services. Within the ACT, Capital Health Network commissions services such as headspace, headspace early psychosis, and Next Steps.

Within the broad view of the ACT child and youth mental health system, the ACTHD-funded component is relatively small. We understand that current programs funded include those targeted towards promotion and prevention; and a small number of programs providing support to young people with moderate to severe mental health concerns.

Additionally, ACTHD currently supports a small number of child and youth mental health programs outside of this funding stream. These programs do not 'belong' to an existing funding stream and do not have recurrent funding (e.g. WOKE, Stepping Stones, MindMap and Youth Aware Mental Health). We note also that further programs are forthcoming, such as Head2Health Kids, Youth at Risk, and the recently announced Aboriginal and Torres Strait Islander youth mental health service.

The **NGO sub-sector is often the safety net for children, young people and families who experience formal and informal barriers to accessing other services, including the private sector.** With this broad system context in mind, there exists an opportunity for the ACTHD-funded child and youth mental health NGO sub-sector (hereon referred to as the 'sub-sector') to innovatively and creatively respond to system gaps that emerge within the broader system. This presents an exciting opportunity for the ACT.

There is an opportunity for the ACTHD-funded child and youth mental health NGO sub-sector to innovatively and creatively respond to system gaps that emerge within the broader child and youth mental health system.

2. FINDING THE BALANCE: PROMOTION AND PREVENTION; OR RESPONSIVE SERVICES?

We note the feedback in the *Insights Report*, that there was 'wide support for increases in the amount of promotion and prevention services offered across the ACT, with a view to decrease the burden on acute and crisis supports' (p 30). This was a key discussion point in our consultations. To support our response, we provide context below regarding the causes of child and youth mental health concerns, and the child and youth mental health crisis in the ACT.

Causes of child and youth mental health concerns

The causes of child and youth mental health concerns are multifaceted, complex, and often relate to 'wicked problems' outside the scope of the mental health system. As one stakeholder put forward, child and youth mental health is about 'school systems, violence, climate change and COVID'. Studies are emerging regarding the mental health impacts of COVID-19 on Australian children and adolescents¹, particularly the interrelated impact of COVID-19 and other existing risk factors, such as cost of living, socioeconomic disadvantage, parental mental health and housing stress, which reduced overall family functioning and led to poor child/youth mental health². The recent Australian Child Maltreatment Study drew a strong correlation between child maltreatment and youth mental health disorders³.

Locally, the OMHW Review of Children and Young People⁴ found that school pressures were a key source of stress and anxiety for young people, which we continue to hear anecdotally (particularly in relation to the college system). A 2023 report by the ACT Human Rights Commission, Multicultural Hub and Curijo Pty Ltd pointed towards the prevalence and impact of racism in schools, sports, public transport and other services upon children and young people in the ACT⁵. Children and young people who identify as LGBTQIA+ experience stigma and discrimination, including, at times, within their own family systems, which can be distressing during periods of their lives that are also key developmental periods.

¹ Sicouri, G., March, S., Pellicano, E., et al. (2023). Mental health symptoms in children and adolescents during COVID-19 in Australia. *Australian & New Zealand Journal of Psychiatry*. 57(2):213-229. doi:[10.1177/00048674221090174](https://doi.org/10.1177/00048674221090174)

² Westrupp, E.M., Bennett, C., Berkowitz, T. et al. (2023). Child, parent, and family mental health and functioning in Australia during COVID-19: comparison to pre-pandemic data. *Eur Child Adolesc Psychiatry* 32, 317-330. <https://doi.org/10.1007/s00787-021-01861-z>

³ Haslam, D., Mathews, B., Pacella, R., et. al. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*. Australian Child Maltreatment Study, Queensland University of Technology.

⁴ Office for Mental Health and Wellbeing. (2020). *Review of Children and Young People in the ACT*. Canberra, ACT Government.

⁵ Fawcett, A. (2023). *It really stabs me: From resignation to resilience: Children and young people's experiences of racism in the ACT*. Canberra: ACT Human Rights Commission.

In short, prevention of mental health concerns for children and young people is a whole of community issue and requires a whole of community response.

The ACT child and youth mental health crisis

It is generally understood that the ACT is experiencing a child and youth mental health crisis, which will only worsen. Members of the *ACT Child and Youth Mental Health Sector Alliance* have expressed concerns regarding increasing rates of child and youth self-harm, suicidality and psychological distress, including at younger ages. Statistics presented in the *ACT Vital Signs Report 2021* also demonstrated an increase in youth self-harm, suicidality and psychological distress, particularly for LGBTQI+ young people⁶.

Furthermore, there are concerns that as children who were young during the early 'COVID-era' progress into the middle years and adolescence, a further 'tidal wave' of poor child and youth mental health is approaching. Australian Early Development Census (AEDC) data describes a 'concerning trend' of an increasing number of children starting school with developmental vulnerabilities in one or more domains than in previous years; and more-so than the national average⁷.

Both preventative/early intervention and responsive services are needed – but with more innovation and creativity

Within the context of the causes and prevalence of child and youth mental health concerns, stakeholders were clear that **both** preventative/early intervention services *and* responsive services are necessary. **However, there is a need to be targeted and intentional, avoid duplication of programs available within other sectors, and to provide innovative and creative approaches** that are also cost-effective. Targeted prevention and early intervention are seen as necessary to reduce the prevalence and severity of mental health distress, while responsive services are critical in responding to the existing and ongoing mental health crisis.

Prevention and Early Intervention

There is a need to more clearly define the terms 'promotion and prevention' in relation to the ACT mental health system; terms that are often used interchangeably with each other, and also with 'early intervention'. The Youth Coalition's perspective is that all programs provided to children and young people are inherently 'early intervention' in that they respond early in the life of the person. However, we also understand the importance of providing supports across a spectrum of need, including early in the life of the 'problem'.

Targeted prevention and early intervention are regarded by stakeholders as necessary to reduce the prevalence and severity of mental health distress. Enhancing **perinatal services** was noted as genuinely preventative, through the provision of support to parents early in the life of their children. **Targeted programs focusing on the intersection between priority population groups** was seen as a key opportunity. For example, providing targeted, early supports for children and young people who are **culturally diverse or identify as LGBTQIA+**, and their families may reduce mental health concerns

⁶ Hands Across Canberra & Snow Foundation. (2021). *Canberra Vital Signs 2021*. <https://www.snowfoundation.org.au/publication/vital-signs-canberra-2021/>

⁷ Australian Government. (2021). *Australian Early Development Census 2021 Results for the ACT*. https://www.act.gov.au/_data/assets/pdf_file/0009/2404386/Australian-Early-Development-Census-2021-results-for-the-ACT.pdf

without the need for clinical or therapeutic intervention. These initiatives may focus on building understanding and capability within families to support their children and young people; peer connection and support; system navigation and building hope through non-stigmatising and non-judgemental approaches. For the LGBTIQ+ community, it was noted that targeted group programs are cost-effective and provide opportunities to build belonging and social connection. There was strong support for initiatives that provide outreach (or 'reach into') community-based spaces that are within local communities, are accessible, and feel safe.

For children and young people from culturally diverse backgrounds, stakeholders noted that 'there is no one model' of support that works for all communities. There is a need to work with existing programs and services that hold trusted relationships with local communities and families, and with leaders within those communities, including faith leaders. Services need to be highly flexible and adaptive, allow ample time, and aim to reach into communities to provide mental health promotion and early intervention activities.

Prevention and early intervention programs may include enhancing perinatal services and targeted programs focused on the intersection between priority population groups, such as early supports for children and young people who are culturally diverse or who identify as LGBTIQ+, and their families. Group programs are cost-effective and should be provided within community-based spaces that are accessible and feel safe.

For culturally diverse children and young people, however, services must be highly flexible and adaptive, allow ample time, and actively reach into communities. This should be in genuine partnership and collaboration with multicultural services that already have trusted relationships.

Responsive Services

Stakeholders were clear that there is also a need for responsive services at the same or higher levels, particularly to respond to children and young people in the 'missing middle'⁸. It was raised by several stakeholders that services need to 'work with symptoms and distress, not just the diagnosis', including in relation to self-harm. They noted that sometimes it is young people's conditions of existence that is leading to distress.

There was strong support for responsive services to work with **young people with co-occurring issues and/or complex needs**, as they are unable to access support elsewhere. While we understand that the Youth at Risk project is intended to work with young people with complex needs; there was a view that all responsive services need to be willing to work with all young people, as they are. While there was a strong emphasis on providing supports to children and young people **in the context of their families**; it was also noted that there also needs to be responsive services for **young people without supportive families** (and who may also have complex needs).

'Suicide prevention' is one area requiring more responsive services. The Youth Coalition has observed that while participants of programs such as QPR, and Mental Health First Aid, highly value them for building their capability to identify and provide initial support to individuals experiencing suicidality; there is often 'nowhere to refer'. **There is a community desire for dedicated programs**

⁸ Office for Mental Health and Wellbeing. (2022). *Final Report: Understanding the Missing Middle: Children and young people with moderate to severe mental health concerns who experience difficulties accessing services*. Canberra: ACT Government. https://www.act.gov.au/_data/assets/pdf_file/0009/2382138/Understanding-the-Missing-Middle-Report.pdf

that actively engage with young people to reduce their suicidal ideation and distress, through the development of emotional regulation and coping skills (such as the WOKE Program delivering DBT-A to young people and families at the University of Canberra). **Young people have also called for more services that help them to manage distress and emotional regulation**, such as DBT.

Stakeholders discussed again the opportunity for innovation and creativity in responsive services, which move away from 'traditional' office-based settings and individual-based interventions. It was noted that 'talk-therapy' is not always effective until young people reach later adolescence or early adulthood. **Suggestions included brief intervention and single-session intervention models, group-based programs (which could also build peer connection and support), nature-based programs, and programs providing in-reach to other services supporting young people with complex needs (e.g. in-reach to young people within youth homelessness services). Play therapy was proposed** as an alternative option to 'talk-therapy' for both children and adolescents. It was also noted that while group programs are cost-effective, they would not work for everyone; and so individual supports are also necessary.

There was a **strong preference for outreach-based services, but with a caveat that there is a need to better understand what 'good outreach' looks like**. It was strongly felt that this should build on each individual young person's interests and circumstances; and include opportunities to practice and embed key strategies. This was identified as an opportunity to (literally) walk the walk, not just talk the talk, such as engaging with young people outdoors and in nature.

In relation to responsive services, it was noted that **multicultural NGO service providers** are well-placed to work with and around the formal barriers that culturally diverse children and young people experience to receiving mental health support. Stakeholders again noted that 'there is no one model' of support that works for all communities. Services needs to be **flexible and adaptive, and aim to reach into communities, including to provide individual supports within schools**. Any service working within this space should be working in genuine partnership and collaboration (in a resourced capacity) with multicultural services that already have those relationships.

Responsive services must respond to children and young people in the 'missing middle', including those with co-occurring and complex needs. 'Suicide prevention' is an area requiring more responsive services for young people. There is an opportunity for innovation and creativity in responsive services which move away from traditional 'talk-therapy', office-based programs; and which include a range of models. There is a strong preference for outreach-based services, along with a need to better understand what 'good outreach' looks like.

Multicultural NGOs can reduce the formal barriers that culturally diverse children and young people experience to receiving mental health support. As there is 'no one model of support' that works for all communities, services must be highly flexible and adaptive, allow lots of time, and actively reach into communities and schools. This should be in genuine partnership and collaboration with multicultural services that already have trusted relationships.

Developing creative and innovative, early intervention and responsive services, could consider opportunities to be informed by the **'active ingredients'** of effective interventions for supporting adolescent depression and anxiety, outlined below.

The 'Active Ingredients' of Effective Interventions

In 2020 - 2021, Wellcome commissioned research teams across the world to review the evidence for a range of approaches to prevent, treat and manage anxiety and depression among young people aged 14-24. Wellcome is a global charitable foundation that aims to support science to solve urgent health issues.

Researchers referred to the approaches that make a difference, as 'active ingredients'. Use of the phrase 'ingredients' suggests that there are many pathways to positive mental health outcomes for young people.

In their two reports, the researchers summarise 46 'active ingredients' across the following six domains:

Behaviours and activities: e.g., engaging with positive activities, engagement with the arts, physical activity, relaxation techniques, problem-solving

Beliefs and knowledge: e.g., cultural connection, sense of purpose, self-evaluation, mental health literacy

Brain/body functions: e.g., circadian rhythms, gut microbiome, medication

Cognitive and attentional skills: e.g., emotion regulation, grief reduction, self-compassion

Human connections: e.g., peer support, social inclusion, loneliness reduction

Socioeconomic factors: e.g., economic transfers, access to green space

Part One and Part Two of this research, providing detailed information on all 46 'active ingredients' is available online at:

<https://wellcome.org/reports/what-science-has-shown-can-help-young-people-anxiety-and-depression>

3. CHILD & YOUTH-CENTRED SERVICE DELIVERY

Accessibility

We are pleased that the *Insights Report* captures the need for trauma-informed, person-centred services, that are accessible. 'Accessibility' was a key theme emerging from the ['Missing Middle'](#) report, relating to both formal and informal barriers. Difficulties accessing mental health services were most often experienced by children and young people with moderate to severe mental health symptoms or distress, and who had complex needs or co-occurring issues.

Young people and families with complex needs or co-occurring issues are often excluded from private services, most frequently due to affordability, and because private services may not be able or prepared to work with complexity, particularly in family contexts. **The NGO sub-sector is often regarded as the critical safety net for this cohort. Unfortunately, access to some NGO services is limited** due to the requirement for a young person to have a referral from a CAMHS or MHJDADS clinician; services which can also be difficult to access in the first instance. This prevents those programs from being able to effectively operate in a 'step-up' capacity.

As such, there is a need to increase accessibility of these services for young people with complex needs or co-occurring issues, rather than to create more barriers for this cohort to accessing mental health support. Child, youth and family services consistently report higher levels of complexity for families; and issues presenting at earlier ages in childhood, including self-harming behaviours or AOD use. Services are needed that are willing and able to work with the 'whole' child or young person.

Culturally diverse children and young people experience additional formal and informal barriers to support. Multicultural non-government organisations can reduce the formal barriers that this cohort experience, including by providing support within schools and community settings.

The need for services to be open to young people and families within **surrounding regions of the ACT** was also noted. These families often have very limited access to community-based mental health support.

Trauma-informed and person-centred services

We are hopeful that Design Phase feedback from stakeholders requesting trauma-informed and person-centred services (and service systems) will lead to improved service system experiences for children, young people and their families. In speaking with us about their experiences of the mental health system, young people and families often refer to the 'system trauma' of having their mental health distress exacerbated when help-seeking, including being told they are 'too severe' or 'not severe enough' to be eligible for services. Young people have reported feeling disheartened or distressed by not being able to access help when they need it.

We note that services across the community and government sectors require dedicated support to build their capability to provide trauma-informed services to children and young people. We are hopeful that the upcoming *Youth at Risk Try, Test and Learn* pilot, delivered by Emerging Minds, may provide an opportunity to identify how capability-building could occur more broadly across the sector.

The Youth Reference Group of the Child and Youth Mental Health Sector Alliance, led by the Office for Mental Health and Wellbeing, recently released its first publication: ['Our Say: Youth Lived Experience FAQs'](#). This valuable resource directly collates the voices and experiences of young people, including what being 'trauma-informed' looks like to a young person. The resource also outlines the **consequences of programs that are not trauma-informed**, which can exacerbate young people's distress, distrust of services, and deter future help-seeking.

Young people's desire for services to be welcoming and safe speaks to the need for services to actively engage with and support young people when they first reach out for support; and to communicate effectively about the support that can be provided. We have often heard from young people that they have felt dismissed or not taken seriously, or that they have been unclear on what support they have received through services.

The *Child and Youth Mental Health Sector Alliance* is progressing a project to build service readiness to collect and use client feedback from children, young people and families. This recognises that young people's experiences of services inform their mental health outcomes. Genuine and evaluative processes that seek to understand children and young people's service experiences are necessary for service improvement.

NGO programs need to be accessible to children and young people with co-occurring or complex needs, or who fall into the ‘missing middle’; and should not further exacerbate barriers to support for this cohort. Trauma-informed and person-centred services are necessary to improve young people’s engagement and experience with services.

4. SYSTEM SUPPORT AND COORDINATION

The Insights Report included a range of items related to the need for improved system coordination and support, such as collaboration, navigation, and transitions; and proposed a potential Community of Practice for the sub-sector. These items are discussed below, along with a potential expansion of the concept of active-holding.

Coordination and Collaboration

Stakeholders were clear that **services working in different sub-sectors do not want to be siloed, but that this is often created through funding streams**. To improve system experiences and outcomes for children, young people and families; it would be beneficial to actively strengthen collaboration and partnerships across the mental health NGO sub-sector and Child, Youth and Family Support Program (CYFSP) sub-sector (and other sectors). **This will not happen organically at a system-level**: it requires dedicated resourcing and intentional, ongoing and supported activities. Furthermore, the timing and fragmented nature of commissioning processes prevent genuine cross-sector collaboration.

The commissioning process for the **CYFSP has included a dedicated funding stream** for sector development and coordination. The CYFSP has a range of existing mechanisms, including a Directors’ Group, Practice Leaders Group, and Workforce Development and Training (WDT) Committee. The WDT delivers a brokerage fund to support training and professional development. Over the 2024-25 financial year, the Youth Coalition will be undertaking an evaluation of the WDT to examine its value and benefits, and identify key learnings to inform delivery of the future CYFSP. **The findings of this evaluation may be valuable to inform workforce development options** for the mental health NGO sub-sector. It was noted that there is a need for the mental health sector to participate in **cultural safety training**.

Regarding feedback on a proposed Community of Practice, we note that mental health is a whole-of-community issue. There may be **greater benefit in supporting cross-sector initiatives that enable integrated systems of support and capability-building; than inward-facing mechanisms** within sub-sectors. The *Child and Youth Mental Health Sector Alliance*; and *ATOD-Mental Health Alliance*, have already commenced work in these areas, and are progressing projects to improve system coordination and collaboration, including improved information-sharing. These Alliances may be well-placed to continue to support this work and reduce siloes, in partnership with government.

A ‘Year One in Review’ report from the Child and Youth Mental Health Sector Alliance will be forthcoming in the second half of 2024. Early feedback suggests that members value (i) the system-level change that can occur through a shared mechanism that is greater than the sum of its parts, (ii) the role of lived experience within the Alliance, and (iii) the ability for stakeholders to work together to solve problems.

System Navigation and Transitions

Stakeholders pointed to the value of ‘early intervention’ as providing ‘gateways’ into the system for further support. This was seen as the role of both the mental health sub-sector and other sectors: children, young people and families come into contact with support services for a range of reasons and through a range of pathways, including the family law sector. In doing so, they should be subsequently supported to access the appropriate services that will meet their needs. This requires that services operating across a range of spaces, are supported to identify when and where they should engage with mental health supports for children and young people.

This may be enabled through the provision of resources that directly support young people and families to navigate the (highly complex) service system, including to transition between services, both within and outside the mental health sector. However, broader system work is also required to enable improved coordination and shared care (e.g. shared processes for safety planning). Work in this area is currently progressing through the Child and Youth Mental Health Sector Alliance.

Active Holding

The concept of ‘active holding’ has become more frequently used within the ACT child and youth mental health sector over recent years, particularly through delivery of MindMap and Orygen MOST. It is generally understood to refer to clinical support provided to children and young people who are on waiting lists to access mental health services and is regarded as a valuable opportunity to provide early support. We have heard anecdotally that programs providing active hold support can link families to other relevant services while they wait, may see a reduction in the severity of their circumstances, and may see a reduction in the overall length of their involvement with the program (which can reduce overall waiting times). It was noted that where active holding is delivered only through web-based, online mechanisms, this excludes a cohort of children and young people who will not or are not able to access this support.

While **recognising the value of clinical active-holding support, some stakeholders also discussed the opportunity to expand upon this within a system context.** Other services working with children and young people, such as education and CYFSP providers, often ‘hold’ children, young people and their families while they are waiting to access mental health support. **Explicitly and intentionally building the capability of these workers and services through upskilling, and developing processes to support children and young people to engage in other supports** (e.g. CYFSP youth engagement services, or community-based wellbeing programs), may provide a systemic form of active holding. Upskilling may include supporting workers to develop key skills or strategies in **single session intervention, basic CBT and DBT, and vaping cessation** may enable the wider service system to provide early support.

Several stakeholders proposed having **clinical consultants or ‘coaches’ available for the broader mental health and child, youth and family NGO sector workforce** to contact for guidance. This may be modelled upon similar approaches in other sectors, such as the GP Psychiatry Support Line which enables General Practitioners to quickly access phone-based psychiatry advice. The interest from stakeholders was in being able to access broader clinical mental health advice and support, which would enable them to better ‘hold’ children and young people.

Inclusion of a dedicated system support, development and coordination funding stream within the NGO sub-sector, as seen in other sub-sectors, would enable projects and activities that build system-level capability and improvements. These should work across sub-sectors to reduce siloes and drive genuine system improvements and outcomes for children, young people and families, informed by lived experience. The 'Alliances', delivered in partnership with government, are well-placed conduits to provide this support. Examples of system coordination and support may include projects to support system navigation, service transitions, and develop workforce capability.

5. VIABILITY AND SUSTAINABILITY OF THE MENTAL HEALTH NGO SUB-SECTOR

Stakeholders expressed that the funding uncertainty and contract extensions have been difficult for the workforce, and that investment and indexation have not kept pace with population growth, increases in demand for services, and the costs of delivering services. Stakeholders expressed a need for future funding contracts to be longer-term and more sustainable to provide certainty to the workforce, and account for the increasing costs of delivering services over time.

The Youth Coalition is concerned that the **overall pool of funding available through the forthcoming NGO mental health commissioning process is inadequate** to respond to the level of current and future demand from children, young people and families; particularly as this demand is expected to increase into the future. Increased funding is necessary to support the NGO sub-sector to adequately respond to this rising need.

The overall pool of funding available through the mental health NGO commissioning process is inadequate to respond to the level of current and future demand from children, young people and families; and further funding is necessary. Future funding contracts need to be longer-term, and account for the increasing costs of delivering services over time.

Contact details

Thank you for the opportunity to contribute to this process. For more information about the issues discussed in this submission, please contact:

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