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**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**ACT GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON
EDUCATION, EMPLOYMENT AND YOUTH AFFAIRS, REPORT 9**

REPORT ON INQUIRY INTO YOUTH MENTAL HEALTH IN THE ACT

**Presented by:
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Introduction

The ACT Government notes the Standing Committee on Education, Employment and Youth Affairs' (the Committee) Report on their Inquiry into Youth Mental Health in the ACT (the Report) and welcomes this opportunity to respond to the Committee's recommendations.

The ACT Government would like to thank the Committee for its comprehensive review of the youth mental health system in the ACT. In particular, we would like to thank the individuals and organisations who made contributions to the Inquiry through submissions and hearings, for sharing their experiences and thoughts about their interactions with mental health services and supports.

The mental health and wellbeing of children and young people is an important priority area for the ACT Government and the community. We know that it is critical to ensure that adequate and appropriate mental health services are available to young people because most mental illnesses experienced in adult life begin during childhood or adolescence. The Productivity Commission estimates that 64 percent of mood and anxiety disorders, and half of those with psychosis, have their onset before the age of 21¹.

In recognition of this, the ACT Office for Mental and Wellbeing (the OMHW) published their Review of Children and Young People in the ACT, which was co-produced with the local non-government organisation Mental Illness Education ACT (MIEACT). This Review engaged with children, young people, parents, carers, NGOs and health services to understand the landscape of mental health services available for 0 to 25 year olds in the ACT and to understand the current challenges, gaps and potential solutions for the ACT.

The ACT Government has committed to responding to the OMHW's Review of Children and Young People and is implementing three key projects: developing and implementing an online youth navigation portal for mental health services; implementing mental health and wellbeing education programs; and co-designing an approach with key service providers and organisations to identify potential solutions and additional support and access for those experiencing moderate to severe mental illness.

In addition, a range of initiatives related to youth mental health have been committed to in the context of the 2020 ACT Legislative Assembly election. However, the ACT Government recognises that there is still more to do to ensure the mental health system can provide the best support possible for young people in the ACT.

In a year which has seen large societal impacts from bushfires and COVID-19, the impacts of which are still emerging, this is an important opportunity for the ACT Government to realise a number of improvements and developments for mental health services to support people in the ACT. The ACT Government is committed to working in partnership with consumers, carers, health professionals and other stakeholders to achieve this.

¹ Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra

Response to recommendations

Recommendation 1

The Committee recommends the ACT Government provide mental health training to teachers and principals so that they can recognise signs of mental health issues in students such as depression and anxiety and know what action to take.

Agreed

The ACT Government recognises the importance of providing evidence-based training to teaching staff, which builds their capability and confidence to support students with mental health and wellbeing concerns.

Senior School Psychologists within the Education Directorate deliver professional training to public school educators about recognising mental illness and how best to support students.

The ACT Government promotes the national Be You online resources, delivered by Beyond Blue, that are also available to train and develop staff capabilities. Currently, 93 percent of all ACT schools are registered with Be You. Be You is also able to work with individual schools who request this partnership.

Recommendation 2

The Committee recommends that the ACT Government recruit more school psychologists.

Agreed in Principle

The ACT Government has continued to increase the number of psychologist positions in ACT public schools, investing in additional positions over the last 3 years. This increased work force is now established in schools and providing psychological support at universal, selected and targeted levels.

Psychologists in schools are also supported by broader wellbeing teams including social workers, school youth health nurses, speech pathologists and occasional therapists to holistically address student needs.

Recommendation 3

The Committee recommends that the ACT Government recruit more youth workers in schools.

Agreed in Principle

The ACT Government has committed to recruiting 25 additional youth and social workers as part of its 2020 election commitments. These positions will be delivered over the next term of government.

Recommendation 4

The Committee recommends that the ACT Government reinstate access to the National School Chaplaincy Program for ACT government schools.

Not Agreed

In accordance with the ACT *Education Act 2004*, public education is required to be non-sectarian, secular education. For this reason, the ACT Government ceased the participation of ACT public schools in the National School Chaplaincy Program at the end of 2019.

The ACT Government is committed to supporting the wellbeing of students, as demonstrated by the investment it has made in increasing the number of school psychologists and expanding the availability of wellbeing workers. These professionals work within school wellbeing teams, which assess and choose wellbeing programs and supports according to the identified needs of their students and school communities.

Recommendation 5

The Committee recommends the ACT Government improve privacy for students accessing counselling services at schools.

Agreed

Privacy is a key part of service delivery for a health professional. Information collected from a student is confidential and only shared under exceptional circumstances, such as in situations of risk and when permitted by law).

A finding in the OMHW's Review of Children and Young People was that some young people knew the location of the school psychologist offices and did not want to be seen accessing these services.

The ACT Government will explore whether a perception of privacy might impede students seeking counselling services. Strategies for improving the perception of privacy may include appropriate placement of the psychologist's office, providing options to access school psychologists via telehealth, and increased awareness and information about school psychologists to normalise help-seeking behaviours amongst students.

Recommendation 6

The Committee recommends the ACT Government implement digital mental health screening/check-ups in schools to reduce depression, anxiety and suicide risk.

Noted

As outlined in the OMHW's Review of Children and Young People, the ACT Government has committed to develop an Online Youth Navigation Portal (the Portal). As an online triage navigation point, the portal will be promoted in public schools and will assist young people to check-up on their mental health and wellbeing. The online triage point is specifically focussed for young people, their families or carers and to help link people with existing supports and services in the Canberra Region.

The ACT Government believes that it is important to have a number of touch points where the mental health and wellbeing of young people can be assessed.

Recommendation 7

The Committee recommends the ACT Government amend eligibility for Learning Support Units so that meeting ACT Student Disability Criteria be considered suitable to enter or access the services of a school's Learning Support Unit.

Noted

The ACT Government remains committed to providing appropriate supports to all public-school students to ensure they are able to learn within their school environments.

All ACT public schools make the required adjustments for students. Some students may require small group settings or flexible education arrangements for which schools receive additional funding.

Learning Support Units are not always the best way to meet the individual needs of a student.

Recommendation 8

The Committee recommends the ACT Government provide students with access to mental health support services at any time and ensure after-hours options are communicated to students at school.

Noted

Students can access ACT mental health services at all hours through the Access Mental Health service line. School psychologists are aware of this and are encouraged to communicate this information to students, families and the wider school communities. These are generic services and are not Child and Adolescent Mental Health Services (CAMHS) specific. The ACTHD is currently developing a Mental Health Services Plan (MHSP), which will help to address treatment pathways. The MHSP will identify priorities for service development and reform across ACT Government provided or funded mental health services in the ACT.

The Portal, being developed in response to the OMHW's Review of Children and Young People, will also be in line with this recommendation. The Portal will be an online triage navigation point available at any time that is specifically focussed for young people, and their families or carers. The Portal will provide mental health related support, services and information, helping to link people with existing services and supports within the Canberra region.

Recommendation 9

The Committee recommends the ACT Government also provide access to school-based mental health resources and expertise to non-government schools, where there is a demonstrated need.

Agreed in Principle

The ACT Government shares resources and supports with non-government schools, including postvention planning after a critical incident when requested.

Non-government schools have access to Be You resources, which are specifically targeted at supporting teachers to assist young people with mental health concerns.

In addition, the ACT Government is coordinating the roll out the Youth Aware of Mental Health (YAM) Program in ACT schools, as part of the OMHW's LifeSpan approach to suicide prevention. YAM is an evidence-based program, recommended by the Black Dog Institute and developed to promote mental health and address suicidal behaviour in young people. The program is targeted at Year 9 students and is available for ACT public schools and non-government schools.

Recommendation 10

The Committee recommends that the ACT Government consult with the Galilee School on the support they need as they work with young people's mental health issues.

Noted

The Galilee School is a non-government school and is funded by the Commonwealth Government and the ACT Government on the basis of need, based on Gonski's needs-based funding model. In addition to this, the Galilee School is able to access the supports referenced in the response to recommendation 9.

Recommendation 11

The Committee recommends that the ACT Government quantify the private expenditure that ACT residents are spending on mental health services and identify the mental health treatment pathways being pursued by Canberra residents and report back to the Assembly by mid-2021.

Noted

The ACTHD is currently developing a Mental Health Services Plan (MHSP), which will help to address treatment pathways. The MHSP will identify priorities for service development and reform across ACT Government provided or funded mental health services in the ACT. Private mental health services are not in scope for the MHSP, however the MHSP will identify key areas for collaboration between publicly provided and funded mental health services, including with general practitioners (GPs). Gaps in public mental health service provision will also be identified in the planning process through extensive consultation, including work undertaken for the development of the MHSP. The MHSP will include a profile of current publicly provided and funded services in the ACT across the care continuum and identifies opportunities to improve access to and integration of services. The MHSP is expected to be completed in early 2021.

An update on the outcomes of MHSP, and other mapping activities, for mental health treatment pathways could be provided to the Assembly in response to this

recommendation. However, this update will not include a quantification of private expenditure on mental health services.

There is a vast range of private mental health services with differing scales of Medicare Benefit Scheme and private health insurance rebates. It is likely not possible to quantify private expenditure on mental health services as this information is not available in the public domain nor collected by Territory or Commonwealth governments. This would require establishing a sophisticated data collection system, which would have considerable costs and the ACT Government is not aware of other jurisdictions that have attempted this.

The ACT Government has continued to increase the range of publicly available mental health services to ensure a greater number of Canberra's can access the services they need and reduce the need for privately provided services, where possible.

Recommendation 12

The Committee recommends that the ACT Government address gaps in mental health service provision between different age brackets.

Agreed in Principle

As outlined in the Introduction and response to Recommendation 11 the ACT Government is mapping mental health service activities as part of the OMHW's Review of Children and Young People and the MHSP.

These activities will help to identify priorities for service development, including any gaps in services for different age groups or in transitions of care between different care settings. Where a need for investment in increased or new service provision is identified this will require consideration through future budget processes.

Recommendation 13

The Committee recommends that the ACT Government address gaps in mental health service provision between different genders.

Agreed in Principle

Please refer to the response to Recommendation 12, these mapping activities will assist identify any gaps in services for young people of different genders. Recommendations to Government will apply a principle of support for equity of access and be informed by analysis of population demographics, health status and burden of disease.

As above, it is important to note that any investments in increased or new service provision will require consideration through future budget processes.

Recommendation 14

The Committee recommends the ACT Government provide ongoing professional development to mental health professionals.

Noted

A wide range of professional development and training opportunities are currently available to mental health professionals. These include local, interstate and international training and teaching programs that are made available to staff. The ACT Government will further promote training opportunities to mental health professionals.

Recommendation 15

The Committee recommends that CAMHS, and Children and Youth Protection Services (CYPS) where relevant, always encourage young people who leave the Supporting young people Through Early intervention and Prevention Strategies (STEPS) program to return to the program in future.

Agreed

Young people who have not completed the STEPs program and are being case managed by CAMHS are encouraged to return to the program. This option forms part of the discussion with the young person on discharge from the program and throughout their CAMHS episode of care.

Recommendation 16

The Committee recommends that the ACT Government conduct a formal evaluation of the PACER program with a view to making it a permanent service with expanded coverage and times.

Agreed

The Police, Ambulance and Clinician Early Response (PACER) program in the ACT is an integrated intervention model where a team of a police officer, paramedic and a mental health clinician jointly attend mental health emergencies to support the safe assessment and treatment of people experiencing mental health crises in the community.

Internal informal evaluations of the PACER Proof-of-Concept are currently being completed. Performance reporting of Phase I has already demonstrated that a lower proportion of people being seen by the PACER team are being transported to hospital under Emergency Detention and, of those who are transported, a higher proportion are being admitted to hospital than were being otherwise admitted under Emergency Detention.

As part of the model for implementation, a final performance report is already planned at the completion of the PACER Proof-of-Concept in order to formally evaluate it. The ACT Government looks forward to the results of this evaluation.

The ACT Government has also committed to continuing PACER in the Parliamentary and Governing Agreement for the 10th Legislative Assembly of the ACT (the Parliamentary and Governing Agreement) with intention to expand to allow for two teams to service the North and South of Canberra, 7 days a week subject to funding. This expansion will be negotiated with all PACER stakeholders.

Recommendation 17

The Committee recommends the ACT Government prioritise making more mental health treatments, of the kind young people are currently required to travel interstate to access, available in Canberra.

Noted

Gaps in existing services are being identified and addressed through current projects, which will enable access to a wider range of youth mental health services in the ACT. These include the development of an adolescent inpatient mental health unit and day program as part of the expansion of the Centenary Hospital, as well as work underway to establish an eating disorders residential centre in the ACT.

The ACT Government is also developing the MHSP, discussed in response to Recommendation 12, and a Child and Adolescent Clinical Services Plan (CACSP) that will both include increased capacity for child and adolescent mental health services as focus areas. These plans will identify priorities for service development and redesign and will be based on a comprehensive assessment of needs across the care continuum on a geographic basis. They will consider the range of Government funded mental health services provided in the ACT as well as public mental health services accessed interstate. This work will help to guide decisions about the future development of local services to address gaps that can be safely and sustainably provided for the population.

As the ACT is a small jurisdiction, it is not feasible or possible for the ACT Government to provide highly specialised or intensive mental health treatments for all presentations. This is a reality for all health care systems as there are certain levels of throughput needed for all health treatments to make them viable and ensure there are the skilled clinicians available to provide the care and advice.

Recommendation 18

The Committee recommends that the ACT Government provide financial support, and promote the availability of this support, to families who are required to travel interstate for their children's mental health treatments.

Noted

As part of the CACSP, ACTHD commissioned the Health Care Consumers Association to undertake interviews with a cohort of patients and families that are, or have been, subject to interstate care arrangements. One of the key recommendations from this engagement activity was the need for changes to the Interstate Patient Travel Assistance Scheme (IPTAS) to support better access for patients and families aligned with assessment of need.

In 2020, the ACT Government increased the supports available to children and families requiring care interstate through IPTAS. This included subsidies for additional parent or escort accommodation, increase to nightly accommodation funding, funding for carparking in lieu of accommodation. The ACT Government will continue to evaluate the policy and support the appropriate resourcing of IPTAS in the future.

Recommendation 19

The Committee recommends that the ACT Government publish the timeline for completion of the Adolescent Mental Health Unit at the Centenary Hospital for Women and Children by the last sitting day of the 9th Assembly.

Agreed

This Recommendation was completed when the timeline was tabled in the Legislative Assembly on 27 August 2020. This timeline is available here:

https://www.parliament.act.gov.au/_data/assets/pdf_file/0019/1620181/9th-EEYA-09-Response-to-Recommendation-19-Youth-Mental-Health-tabled-27-August-2020.PDF

Recommendation 20

The Committee recommends the ACT Government fund and implement the elements of the Model of Care for the Adolescent Mental Health Unit and Day Service (parts of the day program and the expanded Adolescent Mobile Outreach Service) which can commence prior to the building's completion.

Agreed

Planning is underway to facilitate early implementation of these components of the Centenary Hospital expansion.

Recommendation 21

The Committee recommends the ACT Government provide more counselling services to address the gap between headspace requirements for treatment and other facilities such as CAMHS so that young patients are adequately supported.

Agreed in Principle

The term 'missing middle' has recently been coined to refer to people who are not able to access headspace, or similar mental health services, because of their presentation, but who do not meet the threshold criteria for a tertiary mental health service. This is a difficult issue experienced nationally between services and was noted by headspace in their submission to this Inquiry stating that the 'model has limitations in reaching the "missing middle"'.

ACT Government made election commitments to boost community counselling, mentoring, home visits, advocacy and case management for 10 to 25-year olds. A commitment has also been made to implementing Orygen Digital's Moderated Online Social Therapy (MOST) platform, which is an evidence-based online service that enables personalised therapy for children and adolescents to supplement face-to-face treatment.

In addition, the ACT Government has committed, through the OMHW's Review of Children and Young People, to lead a co-design process in partnership with the Capital Health Network to identify potential solutions and additional support options to ensure those experiencing moderate to severe mental illness are adequately supported. The Youth Coalition of the ACT are also co-leading this project.

While the ACT Government agrees with the sentiment of this Recommendation, the findings of this Youth project may identify a range of different services for this cohort that are more beneficial or effective than counselling. As a result, it would be inappropriate to agree to this recommendation in full at this stage. Future actions will be informed by the recommendations of the Youth project.

Recommendation 22

The Committee recommends that the ACT Government expand the eligible age range for the planned Adolescent Mental Health Unit and CAMHS to 25 years of age.

Not Agreed

The model of care for Adolescent Mental Health Unit has been completed with extensive community consultation. The planning and foundational work for the unit is set and it will be in the Centenary Hospital for Women and Children.

Whilst the developmental needs of 18 to 25-year olds are different from those aged over 25 years, it is not appropriate to place them in an adolescent inpatient unit with patients under 18. Their psychiatric presentations, physical, mental, sexual and social age and needs, relationship structures, expectations, aspired milestones, as well as the key stakeholders in their care, and the model of care are all significantly different to those aged under 18. The staffing expertise for child and adolescents is also remarkably different.

For those services received by young people which typically cease at 18, careful planning is undertaken with regards to transition to adult services where this is required.

Discussion about transition is commenced when clinically appropriate. Clinical managers link in with relevant teams and discuss clinical need and appropriate dates for transfer. For example, if a young person is 18 but still at school, transition is more likely to be planned at the end of the academic year. Services try to arrange appointments for the young person with a clinician from each team, so that the clinical manager is known to the young person and can introduce the new clinicians. The appointment may take place either in Child and Adolescent Mental Health Services or the adult parts of the services, depending on the preference of the young people. Transition is also supported by good communication with any General Practitioners or other care providers involved.

Recommendation 23

The Committee recommends that the ACT Government work with higher education providers to ensure there is suitable provision of mental health services on campus.

Agreed

The mental health and wellbeing of students in tertiary education is a priority for both the ACT Government and tertiary education institutions. The OMHW's Review of Children and Young People identified that more work is required to support young people in the transition period from school between the ages of 18 to 25.

The ACT Government engages with institutions across various touch points on matters relating to students' wellbeing. Most recently, this included engaging with institutions to

ensure appropriate support systems were in place for students during the COVID-19 pandemic.

The ACT Government will continue to engage with these institutions on issues related to mental health and wellbeing on campus, in student accommodation and in the broader community.

Recommendation 24

The Committee recommends that every patient under 25 years of age be given a care plan and an immediate case manager to help them recover when discharged from a mental health unit. The plan should also be communicated to carers.

Noted

There is value in the provision of a care plan and a case manager for young people after discharge from a mental health unit. This care plan can be provided to family and carers for young people under the age of 18. However, for young people aged 18 to 25, this requires the young person involved to approve of this action and indicate they would like their family or carers involved.

The ACT Government notes the component of this recommendation regarding an immediate case manager. It is not practical or clinically necessary to case manage everyone under the age of 25 upon discharge. Mental health services will continue to allocate case managers in line with the model of care, dependent on someone's clinical needs.

Recommendation 25

The Committee recommends the ACT Government develop a plan to train and recruit more female youth mental health professionals in the ACT.

Noted

Nationally and locally, there are varied proportions of male and female employees across different mental health professions and specialties. As an example, the Australian Institute of Health and Welfare indicate in their *Mental Health Services in Australia* indicates that while only 40 percent of employed psychiatrists are female, 70 percent of mental health nurses and 80 percent of psychologists are female.

Where female youth specialised mental health professionals are underrepresented, the ACT Government will continue to promote employment diversity.

Recommendation 26

The Committee recommends the ACT Government assess the current mental health workforce and ensure it reflects the diversity of Canberra's population.

Agreed in Principle

As noted and committed to in the ACT Regional Mental Health and Suicide Prevention Plan, the ACT Government agrees to continue to progress strategies to develop career pathways

for Aboriginal and Torres Strait Islander workers and workers from culturally and linguistically diverse communities.

However, given the difficulties that are experienced both locally and nationally with regards to recruiting to highly specialised mental health professional roles, there are significant challenges associated with developing a workforce that reflects the full diversity of the ACT.

Recommendation 27

The Committee recommends the ACT Government investigate funding and making available trained psychologists for intermittent non-going one-off psychologist visits for individuals whilst they are waiting for an opening for a long-term ongoing psychologist.

Noted

As discussed in the responses to Recommendations 8 and 21, the ACT Government is undertaking three projects as a result of the OMHW's Review of Children and Young People. These projects include developing an online navigation portal for people seeking assistance and leading a co-design process to identify additional support options for people with moderate to severe mental illness. These projects will help to address the gaps between services for young people and help to refer them to the wider range of services available.

The ACT Government does not support this recommendation in full as we are not aware of any clinical evidence that would support the approach of using one-off psychologist visits as a stopgap. This could instead lead to an increased experience of fragmented care for people as they see multiple different mental health professionals who could have different approaches to care and advice, which could be confusing for the patient.

Instead, the ACT Government will look to the results of the projects resulting from the OMHW's Review of Children and Young People, which did note the difficulties with wait lists for services in the ACT. The ACT Government is committed to investigating options to support children and young people waiting for long-term ongoing services, however the rationale for these options will be supported through analysis and evidence.

An election commitment has been made to establish a psychologist subsidy scheme for young people and people on low incomes. This scheme is likely to help meet the gap discussed in this recommendation.

Recommendation 28

The Committee recommends the ACT Government provide more support, education and access to critical mental health information for registered young carers.

Agreed

Young carers are a priority group that are highlighted in the *ACT Carers Strategy 2018-2028*. Advocacy for the provision of mental health and wellbeing support to young carers is also a key action under the First Three-Year Action Plan for the *Carers Strategy*.

The Education Directorate is providing resources to all ACT public schools to assist staff to identify and support young carers. This includes a fact sheet on 'supporting students who

are young carers', which links to a good practice guide for working with young carers in schools and a teacher's guide for young carers.

Additionally, feedback from young carers has been included in the OMHW Review into Children and Young People in relation to their mental health and wellbeing.

The ACT Government will further investigate and evaluate the range of services and resources available for and to support young carers. This investigation will inform any additional support.

Recommendation 29

The Committee recommends that the ACT Government conduct an evaluation with a view to making the Safe and Connected Youth trial a permanent service.

Agreed in Principle

The ACT Government is planning evaluation activities in partnership with the Youth Coalition of the ACT to measure the outcomes of the Safe and Connected Youth trial and determine its effectiveness.

The ACT Government has extended and expanded the trial period until June 2021 and funded the refurbishment of an ACT Housing property to deliver a fit-for-purpose respite facility in response to the COVID-19 crisis. Ongoing funding for the service will be subject to future consideration as part of the whole of government budget process.

Recommendation 30

The Committee recommends that the ACT Government give more consideration of parents/carers in relevant legislation such that at milestones of 16/18 years of age, parents are not removed from care planning.

Noted

Legislation does not exclude parents or carers from being involved at particular milestones, however, young people have the right to express a view about who should or should not participate in their care planning. There can be circumstances that lead a young person to remove parents and carers from care planning which need to be taken into account when considering this recommendation.

As an example, young LGBTIQ+ people may not want parents or carers to be involved in care planning, where those carers are not supportive of a young person's identity.

Parents and carers are an important part of care planning for young people, however, Child and Youth Protection Services adhere to the principle that the voice of the young person is a critical component of their transition to independence.

Further, when a child or young person comes into care as a result of abuse or neglect, a Care Team is established to allow the sharing of safety and wellbeing information about a child or young person. Care Teams are a critical investment with professionals, parents, extended family and carers, all working together to support a vulnerable child or young person.

Membership of a Care Team is determined by the needs of the child or young person, along with ensuring the child or young person's views and wishes are represented and considered when the team meets.

Recommendation 31

The Committee recommends that the ACT Government review the application process for legal guardianship so that parents and carers can assist in obtaining appropriate treatments for young people with mental health challenges.

Noted

In responding to this recommendation, the ACT Government is mindful of a person's human right to privacy and equality before the law and the impartiality of the ACT Civil and Administrative Tribunal (ACAT).

The ACT Government is of the view that there are already a range of legislative mechanisms available to enable family and carers to access information about the treatment of a young person.

Firstly, it is important to note there is a distinction between young people under 18 where parents can already provide valid consent for minors to access information. For people over 18, there are several ways that appointments for substitute and supporting decision making can be made for people over the age of 18, including under the following Acts:

- *Guardianship and Management of Property Act* - for the appointment of a Guardian
- *Guardianship and Management of Property Act* – for the appointment of a Health Attorney
- *Mental Health Act* – for the appointment of a Nominated Person and/or the creation of an Advanced Consent Direction and Advanced Agreement
- *Power of Attorney Act* – for the appointment of an Enduring Power of Attorney

Legal guardianship for a person over 18 years of age can be applied for under the *Guardianship and Management of Property Act*. An application is made to the ACAT. Before the ACAT can make an order they must be satisfied that the person, on the balance of probabilities, lacks decision making capacity. In addition to this criteria, ACAT must be satisfied that there are decisions to be made. The decision as to whether the criteria for making a guardianship order is satisfied rests with the ACAT. This is an important impartial oversight process to ensure the application of the Act is made in the person's best interest and in accordance with human rights.

Reviewing the application process may not require legislative amendments. Instead, the ACT Government considers that responding to this recommendation should commence with a review of administrative processes, in consultation with the ACAT.

The ACT Government has also committed to explore opportunities to reform decision-making laws in the ACT to provide greater options for supported decision-making by people with disability, as part of the Disability Justice Strategy. The Justice and Community Safety Directorate will be responsible for developing these reforms to guardianship laws, which are required to be implemented by 2022. A supported decision-making framework would provide an alternative to formal guardianship orders in some situations and may provide

more flexibility for parents and carers to support young people with mental health challenges to make decisions about their treatment.

Recommendation 32

The Committee recommends that the ACT Government ensure that, where appropriate and with the young person's consent, information is shared between mental health services accessed by young detainees and Bimberi staff to enable Bimberi staff to best support the young person.

Agreed

The ACT Government commits to ensuring that a young person's information, continues to be shared with their consent, and where appropriate, between mental health services and Bimberi Youth Justice Centre (Bimberi) staff.

The health and wellbeing of young people at Bimberi is paramount. On induction into Bimberi each young person is assessed by Justice Health Services staff and Forensic Mental Health Services staff to determine their medical and mental health needs and to assist in assessing safety and risks.

Bimberi works in partnership with Justice Health Services, including Primary Health and Forensic Mental Health to provide a range of services and programs to young people on site. Justice Health Services employs psychologists, psychiatrists, social workers, nurses and doctors to perform assessments and to make recommendations about the health management and support of young people within Bimberi. For young people with a mental illness they provide ongoing care and supports with interventions including medications and individual therapy, referrals to drug and alcohol services and release planning to ensure young people are linked in with community mental health teams. Clinicians are also involved in case planning and case conferences.

In addition, the Client Services Meeting, chaired by the Programs and Services Manager within Bimberi, is a multidisciplinary meeting and an effective information sharing and decision-making mechanism which can assist in guiding a case management service response. There is also a focus on transition planning which enables Child and Youth Protection Services case managers and other relevant stakeholders the opportunity to work in collaboration in this context. To support young people, Bimberi also partners with:

- ACTHD to provide drug and alcohol counselling, and sexual health and planning;
- Ted Noff's to provide drug and alcohol counselling;
- Canberra Police and Community Youth Club (PCYC) to facilitate sport and recreation, outreach and mentoring programs;
- Relationships Australia to provide counselling;
- Winnunga Nimmityjah Aboriginal Health Service to provide health, outreach, sport and recreation programs, mentoring and audiologist services;
- Gugan Gulwan Youth Aboriginal Corporation to provide cultural programs, outreach and mentoring; and
- ACT Together to provide case management to those leaving Bimberi where a young person is subject to a care and protection order to 18 years.

If young people are already engaged with CAMHS or other mental health providers (such as private psychologists or ACT Together Therapeutic specialists) they are supported to continue to engage with those services while in custody. Young People also have access to a social worker through the Murrumbidgee Education and Training Centre at Bimberi.

Recommendation 33

The Committee recommends that the ACT Government provide youth-centric mental health support services at the Alexander Maconochie Centre.

Noted

Health professionals trained in youth mental health, including Child and Adolescent psychiatrists, work across both Bimberi and the Alexander Maconochie Centre (AMC). This means that individualised care planning, inclusive of developmental and youth needs, is considered in treatment and care.

ACT Corrective Services also has a Specialist Interventions team at the AMC with capacity to respond to individual needs of detainees in the provision of one on one services, like those that may be provided in the community in a primary care capacity, including for those under the age of 25.

Recommendation 34

The Committee recommends that the ACT Government allow carers to be informed about suicide attempts and mental health care plans, if the relevant young person consents, at the beginning of justice system entry.

Noted

ACT Government services currently inform family and carers, where appropriate and consented, of any significant events related to a young person's mental health and care on entry to the justice system and whilst in custody.

In addition, release planning is done for people in the care of mental health services and involves family and carers especially where the person is returning to reside with family or carers and it is appropriate to do so.

Recommendation 35

The Committee recommends that the ACT Government improve mental health and wellbeing services for Bimberi and AMC (young detainees) by providing external vocational education and training based on the detainees' interests.

Agreed

The ACT Government agrees to continue to provide external vocational education and training opportunities based on detainees' interests.

All young people at Bimberi participate in an education or training program. The Murrumbidgee Education and Training Centre at Bimberi provides a comprehensive

program to meet the education and training needs for the diverse group of young people in the centre at any time. This includes a number of nationally recognised qualifications to assist young people to reintegrate into the community on their exit from Bimberi. These include:

- Year 12 Certificates
- Certificate II in Business
- Certificate II in Horticulture
- Statement of attainment in Bricklaying
- Road Ready Certificates
- The General Construction Induction Card (i.e. white card and asbestos).

Bimberi also provides several vocational and life skills programs, some of which are delivered by a number of external partners, to assist young people to find positive interests that they can continue upon their release. These include:

- Resume and job application writing
- Interview skills
- Plastering and painting skills
- Budgeting
- Cooking classes
- Photography classes
- Music production workshop with 'Heaps Decent' a music production company
- Dance Workshops with 'Kulture Break'
- Circus skills programs with 'Warehouse Circus'
- Graffiti Art workshop
- Woodwork
- Barista Skills

In addition to the above, Bimberi has had former NRL Player, Mr Alan Tongue, run a mentoring, team building and training program 'Dream Believe Achieve' with the young people at the centre. This program specifically supports young people to develop goal setting, achieve personal bests and take personal responsibility. It teaches life skills through training and mentoring and teaches participants how to apply these lessons in everyday life, while reinforcing the message of teamwork, confidence and belonging.

Also, in line with this recommendation, the ACT Government has committed to implementing a new Youth Justice Throughcare program for young offenders leaving detention, which will help to assist young offenders readjusting to the community.

The current vocational education and training offered at the AMC can be applied for by all detainees, regardless of their age. There is currently no capacity to add service providers who would cater specifically to young detainees.

An example of vocational programs in the AMC includes the AMC Building Future Careers Program, which was funded by Skills Canberra, as part of the *Future Skills for Future Jobs*

Grants Program. This pre-apprenticeship program will support up to 20 detainees and ex-detainees of the AMC to complete a Certificate II in Construction to enable them to work and apprentice in the construction industry.

Recommendation 36

The Committee recommends that every detainee under 25 years of age who has presented with mental health challenges be given a care plan and an immediate case manager to help them recover when discharged from Bimberi, AMC or Dhulwa. The plan should also be communicated to carers.

Noted

ACT Government will continue to provide care plans for young people discharged from Bimberi, AMC or Dhulwa. These care plans will be developed in consultation with the key people in the life of that young person. This plan can be communicated to their parents or carers, however, for young people aged between 18 to 25 this will depend on their approval of the plan to be provided.

The ACT Government notes the component of this recommendation regarding an immediate case manager. It is not practical or clinically necessary to case manage everyone under the age of 25 upon discharge. Mental health services will continue to allocate case managers in line with the model of care, dependent on someone's clinical needs.

It is worth noting that, as per recommendation 32, on induction into Bimberi each young person is assessed by Justice Health medical staff and Forensic Mental Health specialists to determine their medical and mental health needs and to assist in assessing safety and risks. Within 24 hours of a young person being presented to Bimberi, a CYPS case manager is allocated to support the young person and their family. Case managers as part of their role develop a case plan following a care team meeting to identify short, medium- and long-term goals to support the young person. Carers, parents and professionals form part of a young person's care team that allows the sharing of information to best support the needs of the young person.

Additionally, all detainees at the AMC are assigned a Sentence Management Officer (SMO) within five business days of admission. The SMO may identify mental health needs and coordinate appropriate support, both during custodial episodes and post-release. All new admissions are also seen by Justice Health Services (JHS), where mental health needs may be identified and treatment or case management plans put in place as appropriate, noting these are the domain of JHS rather than ACTCS. Where an offender is released from custody and is subject to a community-based supervision order, case management plans are developed and focus on addressing criminogenic risk or needs. Identification of mental health challenges involve a referral to an appropriate service external to ACTCS.

More broadly, ACTCS is committed to developing a holistic Integrated Offender Management (IOM) system that focuses on preparing detainees for release at the earliest opportunity. The IOM model is intended to provide end to end sentence management processes across both custody and community, ensuring that interventions are delivered in a considered and timely manner at the appropriate point of an offender's sentence.

Recommendation 37

The Committee recommends that the ACT Government provide case workers who assist young people transitioning out of a detention setting with Mental Health First Aid training to ensure the young people are supported in an appropriate manner.

Agreed in Principle

The ACT Government will explore the feasibility of Bimberi, AMC and CYPs Case Managers receiving Mental Health First Aid training.

Currently, as discussed in previous recommendations, there are a wide range of mental health supports available to young people in detention. As examples, the IOM model at the AMC is intended to provide a holistic approach to sentence management and Bimberi works in partnership with Justice Health Services, including Primary Health and Forensic Mental Health to provide a range of mental health services and programs to young people on site. Within Bimberi, Justice Health Services also employs psychologists, psychiatrists, social workers, nurses and doctors to perform assessments and to make recommendations about the health management and support of young people.

The ACT Government can also explore promoting Question, Persuade, Respond (QPR) training across all agencies. QPR is available for free through the Capital Health Network to ACTCS and Bimberi staff. This training equips learners to identify the signs a person may be suicidal and how to respond.

Recommendation 38

The Committee recommends that the ACT Government provide mental health support, especially for those under 25 involved with the justice system to divert young people from custodial harm.

Agreed in Principle

The ACT Government supports the notion that mental health support for people involved with the justice system will help to divert people and prevent custodial harm, particularly in young people.

Where an offender is subject to a community-based supervision order, case management plans are developed and focus on addressing criminogenic risk/needs. Identification of mental health challenges will involve a referral to an appropriate service external to ACT Corrective Services.

Early support for people living with a mental illness is a pillar in the ACT's Justice Reinvestment, 'Building Communities, Not Prisons', strategy. There are opportunities for the ACT Government to explore investment in this area, subject to future funding decisions.

Recommendation 39

The Committee recommends that the ACT Government fund more accessible and free counselling and mentor services for young people aged 12-25 years.

Agreed

A key theme from the OMHW's Review of Children and Young People was that affordability was a primary obstacle for young people to access mental health services. As reported in this review, these obstacles are known issues within the mental health sector more broadly and were also included in the recent Productivity Commission final report on Mental Health.

Election commitments have been made to boost community counselling, mentoring, home visits, advocacy and case management for 10 to 25-year olds and to establish a psychologist subsidy scheme for young people and people on low incomes, which will increase access to free mental health supports.

These commitments will also be guided by the outcomes of the MHSP and the project resulting from the OMHW's Review of Children and Young People so that any counselling services aimed at young people can be targeted where necessary.

The online youth mental health navigation portal, being developed by the ACT Government, will also have a role in improving the accessibility of these services by providing a coordinated approach to help seeking and linking young people up with services.

The ACT Government also notes that the availability of counselling services aimed at 12 to 25-year olds in the ACT will be increasing with the upcoming opening of a second headspace office in the ACT.

Recommendation 40

The Committee recommends that the ACT Government trial more automated e-health services and report back on outcomes by mid-2021.

Agreed in Principle

The current market of digital mental health services is extensive, and implementation of any program must be quality assured, safe, evidence-based, and demonstrate impact and outcomes.

The Commonwealth Government has recently released the 'National Safety and Quality Digital Mental Health Standards' (NSQDMHS) to provide a quality assurance mechanism for such digital platforms. The ACT Government will assess and apply these standards to future implementation of any digital mental health services to ensure participants receive a quality, and outcomes focused service to engage with.

It is also important to note, that whilst trialling services helps to determine quality, outcomes, and impact; temporary implementation of a program may cause harm to users who have become reliant on engagement with a service. The preferred approach is to implement a tried and tested model that is likely to continue so users can engage long-term.

As part of the 2020 election commitments, the ACT Government committed to the implementation of Orygen Digital's MOST program, which is an online mental health support platform for young people aged 16 to 25. Implementation of this program will be subject to a budget process.

After answering a survey, MOST presents young people with a personalised guided therapy 'journey'. These journeys draw on evidence-based research and are designed by psychologists working collaboratively with creative writers and artists. There are currently a range of therapy journeys provided by the platform, including for depression, anxiety, social anxiety, body issues and others.

The implementation of this platform will be a useful trial of e-health services in the ACT. The Government will report back on implementation in a reasonable timeframe, noting that the service will not be implemented by mid-2021. If this is successful and more e-health services are desired, the ACT Government will seek these through the appropriate budget and procurement processes.

Recommendation 41

The Committee recommends that the ACT Government investigate implementing evidence-based CBT (cognitive behavioural therapy) online programs.

Agreed

The Commonwealth Government, through its digital strategy, has committed and developed online mental health programs that are accessible for youth. These programs or similar can be a supplement or complement to therapy and at times with appropriate guidance a substitute for face to face interventions. CBT programs require in situ practice to gain effective skill development and use as a standalone modality needs to be accessed.

The ACT Government agrees with the recommendation and the findings of the Commonwealth that online CBT programs would be beneficial for young people. The MOST program outlined above includes CBT components in its therapies. Based on the outcomes of this program, the ACT Government will investigate further online CBT programs.

Recommendation 42

The Committee recommends that the ACT Government should as a matter of urgency bring online the central navigation portal for youth mental health services.

Agreed

The portal, as an identified project from the OMHW's Review of Children and Young People in the ACT, has been committed to by the ACT Government. The ACT Government has begun work on this project and the portal is scheduled to be available by mid to late 2021, following a comprehensive consultation process with young people, service providers, parents and carers.

Recommendation 43

The Committee recommends that the ACT Government expand drug rehabilitation services in the ACT.

Agreed

The ACT Drug Strategy Action Plan 2018-2021 commits the ACT Government to identifying options to expand alcohol and other drug services to meet the needs of a growing population, and to identifying implementation priorities, including residential rehabilitation for Aboriginal and Torres Strait Islander peoples.

Furthermore, through the Community Health and Hospitals Program (CHHP), between the Commonwealth and ACT Governments, the ACT will receive \$4.3 million across 2022-23 and 2023-24 to expand capacity of residential alcohol and other drug rehabilitation services in the ACT.

In addition, the ACT Drug and Alcohol Court (DAC), which was established in December 2019, is a sentencing option available to those over the age of 18 who meet eligibility and suitability criteria. A key part of the DAC is taking an individualised approach to meeting a person's treatment needs, allowing for an additional referral pathway into alcohol and other drug treatment services, including rehabilitation services. The ACT Government provided \$2.151 million (GST excluded) over the 2019-20 and 2020-21 financial years for alcohol and other drug treatment services and health staffing for the DAC.

As part of the 2020 election commitments, the ACT Government committed to double the existing funding for services to address drug and alcohol and mental health co-morbidity. Any increase in funding will be subject to a budget process.

Recommendation 44

The Committee recommends that the ACT Government expand evidence-based residential rehabilitation programs for young people struggling with addiction in the ACT.

Agreed in Principle

Early life experiences can have an important impact on the likelihood of taking up alcohol, tobacco and other drug use earlier in life and experiencing ongoing use. Government-funded programs to minimise harms from alcohol, tobacco and other drugs among young people need to address the broader social contexts of young people's lives, as well as providing more intensive evidence-based health services for people who are addicted.

Responses to alcohol, tobacco and other drugs therefore need to address prevention, treatment, and harm reduction, and not be solely focused on residential rehabilitation treatment. Harm reduction services, such as overdose response training are particularly important because many young people may not be ready to stop using drugs or may not engage in treatment.

The ACT Government is commencing a scoping study to support young people who have mental health needs co-occurring with trauma, disability and/or drug and alcohol abuse. This may not be a residential service, however, will be determined on need to continue to respond to young people's addiction issues.

Recommendation 45

The Committee recommends that the ACT Government pursue young people's use and possession of drugs in a coordinated and holistic manner.

Agreed

The ACT Government supports taking a holistic approach to alcohol, tobacco and other drug use among young people. This includes addressing the social determinants of health, and the broader context of young people's lives in addition to alcohol, tobacco and other drug specific prevention, harm reduction and treatment programs.

An example of this, as highlighted by this Inquiry, includes justice diversion because it is recognised that a criminal record for drug use and possession may increase stigma and disadvantage.

The ACT Drug Strategy Action Plan 2018-2021 commits to exploring ways to increase diversion from the criminal justice system and the treatment and support options available, as part of an integrated diversion system in the ACT (Action 33).

ACT Legislation provides a range of existing diversion options for young people apprehended in possession of illegal drugs. These include the Youth Alcohol Diversion Program, the Illicit Drugs Diversion Initiative, and the Simple Cannabis Offence Notice. As a result of recent changes to legislation on minor cannabis offences, young adults (and older adults) are no longer subject to criminal penalties for such offences.

It is also important to note that the ACT Government has committed to raising the minimum age of criminal responsibility (MACR) from 10 to 14. Work towards raising the MACR will consider how appropriate therapeutic, restorative and diversionary pathways can help manage harmful behaviour by children and young people outside the criminal justice system, including those who are currently charged with drug offences. This work will be relevant to this recommendation and will include consultation with all relevant stakeholders.

Recommendation 46

The Committee recommends that the ACT Government consider further criminal justice diversion for young drug users by investigating the appropriateness of a simple drug offence notice for some drugs.

Agreed

As outlined in the response to Recommendation 45, the ACT Government supports measures to increase the diversions of young people from the criminal justice system.

On 20 August 2020 the Ninth Legislative Assembly passed Mr Pettersson's motion calling on the ACT Government to investigate the feasibility of a simple offence notice for other drugs of dependence and to ascertain the legal, social and health impacts and report to the Assembly no later than November 2021. Initial work has begun to consider the motion and recommendation.

Through the ACT Drug Strategy Action Plan 2018-2021, the ACT Government is committed to exploring ways to increase diversion from the criminal justice system. However, such measures will need to be guided by the available best-practice evidence to minimise the harms from drug use.

One example includes the ACT Government's establishment of the ACT Drug and Alcohol Court (DAC), as part of a goal to reduce recidivism by 25 percent by 2025. The DAC commenced operating within the ACT Supreme Court in December 2019 and is a sentencing option available to those over the age of 18 who meet eligibility and suitability criteria.

Work around the MACR, as noted in Recommendation 45, will also help to support criminal justice diversion for children between 10 and 14 years old.

Recommendation 47

The Committee recommends that the ACT Government quantify the prevalence of eating disorders in the ACT and the treatment pathways being pursued by Canberra residents and report back to the Assembly by mid-2021.

Noted

Generally, population prevalence data for health conditions are typically drawn from national reports on health data published by the Australian Institute for Health and Welfare and the Australian Bureau of Statistics. While these reports are national averages, they are still useful for quantifying the prevalence of conditions in particular jurisdictions and are satisfactory for this purpose.

The ACT Government does collect data on patients accessing public eating disorders services, although it should be noted that this is not the same as measuring prevalence.

The ACTHD is currently coordinating a project on Expanding Public Health Services for Eating Disorders (EPHSED) in the Territory, which includes examination of treatment pathways, establishment of a Territory wide Model of Care for Eating Disorders, development of a Clinical Hub, an Early Intervention Service and a Residential Treatment Facility. Improved data collection and analysis also forms part of this work.

Recommendation 48

The Committee recommends that the ACT Government provide an update on the 2018 Position Statement on Eating Disorders by the last sitting day of the 9th Assembly.

Agreed

This Recommendation was completed when an update was tabled in the Legislative Assembly on 27 August 2020. This update is available at the following link:

https://www.parliament.act.gov.au/_data/assets/pdf_file/0020/1620182/9th-EEYA-09-Response-to-Recommendation-48-Youth-Mental-Health-tabled-27-August-2020.pdf

Recommendation 49

The Committee recommends that the ACT Government provide further eating disorder support services in the ACT, prioritising services on the northside.

Agreed in Principle

The ACT Government's 2018 ACT Eating Disorders Position Statement Identified the need for further support for eating disorders across the ACT.

The EPHSED project includes establishment of a Territory wide Model of Care for Eating Disorders, development of a Clinical Hub, an Early Intervention Service and a Residential Treatment Facility.

Consideration is currently being given to the appropriate location of new and expanded services having regard to population distribution and service demand by place of residence. Supporting access to services for residents of both north and south side of Canberra is a key consideration in current planning activities.

Additionally, the ACT Government election commitments include various programs that target and support mental health and eating disorders for consumers and their carers.

Recommendation 50

The Committee recommends the ACT Government expedite the construction of an inpatient eating disorder clinic.

Noted

The Commonwealth and ACT Governments have negotiated a project agreement for a community-based Residential Eating Disorder Treatment facility, as part of the Community Health and Hospitals Program. Under the terms of this agreement the ACT Government will receive \$13.5 million to establish the facility and funding will commence in the 2021-22 financial year. Despite the timeframe of this funding, the ACT Government has already commenced planning for the facility so that construction can be started as soon as possible.

This service will not operate as an inpatient facility, but rather as a step-up, step-down facility as part of a service continuum that includes access to inpatient care. Planning for the new residential facility forms part of the broader EPHSED project, which includes establishment of a Territory wide Model of Care for Eating Disorders, development of a Clinical Hub, an Early Intervention Service and a Residential Treatment Facility.

Recommendation 51

The Committee recommends that CAHMS expand its work to include and/or further cater to autistic youth.

Noted

Young people on the autism spectrum can currently access services through CAMHS if they have a comorbid mental illness or disorder. It is not uncommon for CAMHS to see people on the autism spectrum because of the rates of comorbidity in this population.

The ACTHD is also currently developing a position statement to guide the future development of mental health services for people with Intellectual Disability (ID). While it is important to note that the core focus of this position statement is not people with autism specifically, and that there is distinction between autism and ID, a draft recommendation of

this statement notes that additional work is required specifically to address issues for people on the autism spectrum more specifically.

This position statement is being finalised internally to ACT Government before it is circulated to external stakeholders for final input. Once released, the recommendations will help CAMHS to expand their work for youth with autism and mental illness.

As mentioned in recommendation 44, the ACT Government is also committed to establishing a multidisciplinary service to support young people who have complex mental health needs co-occurring with trauma, disability and/or drug and alcohol use.

Recommendation 52

The Committee recommends that the mental health sector and Child and Youth Protection Services need better training, knowledge and understanding about autistic youth.

Agreed in Principle

Diagnostic overshadowing is a risk for people with autism, where presenting symptoms are labelled as 'behavioural' rather than explored as symptoms of mental illness. The ACT Government agrees mental health staff will continue to receive training and skills development in this area.

Currently, the CYPS Practice Guideline: Autism Spectrum Disorder provides information to assist staff who may be working with a young person with Autism. The guide addresses the characteristics of Autism, how to best support the young person, the use of visual aids, establishing routines, effective programs, and activities along with tips to encourage engagement. On a regular basis, CYPS invite individual specialist services and agencies to participate in discussions with CYPS staff on a variety of subject matters. This promotes increased knowledge and understanding for CYPS to provide the highest level of case management to their clients as possible and may be an option for maintaining skills around supporting autistic youth.

The ACT Government will also explore training and enhancement of current guidance to improve the understanding and skills of CYPS staff when working with children and young people with autism. This will be subject to future budget consideration. This will be supported by the Disability Liaison Officer to be established within CYPS under the Disability Justice Strategy.

Recommendation 53

The Committee recommends that the ACT Government assess whether existing mental health services are appropriate for young Canberrans living with a disability.

Agreed

As noted in Recommendation 51, the ACT Government is currently developing a position statement on mental health services for people with intellectual disability, which will have an important role in providing recommendations around the mental health services available for this cohort, and opportunities for future service system improvement.

The ACT Government also agrees that it is important to explore the appropriateness of mental health services for people with physical disability in the ACT. This will occur within existing ACTHD resources.

Recommendation 54

The Committee recommends that the ACT Children and Young People Death Review Committee reviews should include reporting for people aged up to 25 years.

Agreed in principle

There are potential benefits for the inclusion of the 18 to 24-year age group given the unique developmental characteristics and needs of this group which are frequently reflected in eligibility criteria for access to services and within legislation. Having this group of young people included in the committee's remit provides another opportunity to look at the factors that start in childhood and lead to poor outcomes later in life.

However, the increased scope would involve a quantum increase in data and research effort and additional resources would be required. Between 2014 to 2018 on average 13 young adults (18 to 24 years) died in the ACT per year. If this age group was included in the Committee's remit this would represent a 47.4 percent increase in required data sourcing, administration and analysis efforts. This will depend on the availability of funding through future budget processes.

Recommendation 55

The Committee recommends the ACT Government consider how to address the broader root causes and compounding factors of youth mental illness.

Agreed

The ACT Government agrees that there are a broad range of social and economic determinants that affect mental health, which lie outside the traditional purview of health departments and organisations. Examples of the breadth of these determinants range from education, housing, family environment, and justice through to employment.

As the Committee notes, addressing the broader factors of mental health was a key theme in the Productivity Commission's Final Report in their Inquiry into Mental Health. The ACT Government is a proponent of this approach, having advocated its inclusion strongly to the Productivity Commission in both the ACT Government's initial submission to the Inquiry and in its feedback on the Productivity Commission's Draft Report.

The ACT Government is proud of a wide range of work that is progressing across a number of diverse areas across government. Examples of these include, but are not limited to:

- The OMHW was established to ensure a whole of government approach to mental health and wellbeing to guide systemic responses and reforms across all areas of life.
- An Inter-Directorate Committee to help coordinate action to improve mental health and wellbeing for Canberrans.

- The *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028* articulates that all social determinates are intrinsically linked for individuals, families and community for Aboriginal and Torres Strait Islander people. It is acknowledged under the priority action plans that connection to culture and family has significant impacts on health and wellbeing. Addressing all of the priority areas will have a positive impact on the mental health of individuals and families, including young Aboriginal and Torres Strait Islander people.
- *Early Support: Changing Systems, Changing Lives (Early Support)* is a ten-year plan to shift government and non-government human services from a crisis focus to one enabling earlier support. The *Early Support* reform agenda includes a range of initiatives aimed at providing support early in the life of a child or in the life of an issue in order to improve long term wellbeing outcomes for individuals, children and their families.
- The Safe and Connected Youth (SACY) program is based on research showing that youth homelessness is often the result of unmet service needs elsewhere in the system, including mental health needs. Of the 13 children and young people involved in the trial, nine (9) have identified mental health concerns. The Therapeutic Case Workers have coordinated supports across the service system to improve outcomes for them and their families. The results from the trial are promising, with case studies from the SACY program showing that having support needs being met improved family functioning resulting in children and young people staying safely at home. A formal evaluation is currently underway.

Recommendation 56

The Committee recommends that the ACT Government support the holistic needs of the ACT's youngest and most vulnerable children (first 1,000 days) to prevent the effects of trauma and disadvantage from detrimentally affecting the development of foundational life skills, including support for their social and emotional wellbeing.

Agreed

The ACT Government is working across government and with the community to continue to develop the First 1000 Days Strategy, recognising that the earliest days of a child's life are critical in shaping their future health and wellbeing.

Work on a draft strategy is well progressed, overseen by a community-led Reference Group comprising ACT experts and policy makers. The *Best Start for Canberra's Children* Framework outlines the importance of the first 1000 days leading up to a child's second birthday and what families, the community, and government and non-government agencies can do to ensure all children get the best possible start in life.

Recommendation 57

The Committee recommends that the ACT Government identify and respond to the holistic needs of young parents in disadvantaged communities, particularly parents in the child

protection system or at risk of contact with the children protection system, including through providing life skills, housing, employment, transport, trauma and mental health.

Agreed

The ACT Government will, through the 'A Step Up for Our Kids' Strategy, continue to deliver a range of intensive parenting and family preservation supports to prevent children and young people from entering out of home care.

A Step Up for Our Kids facilitates a renewed focus on preservation and restoration and working closely with our community partners to support high risk families.

From January 2016 to June 2020 the Uniting Children and Families ACT Programs, for families who have children at risk of entering or who have entered care, had engaged with 401 families and 849 children. One hundred and twenty of these families (or 30 percent) identify as Aboriginal and/or Torres Strait Islander.

In the same period, 100 percent of Aboriginal and Torres Strait Islander children and young people supported by prevention programs had not entered care within six months of support commencing, and 97 percent of children and young people being supported had not entered care within 12 months of support commencing.

The first objective when children and young people enter care is for them to be safely reunited with their birth families as quickly as possible. For those that cannot safely go home, the focus is then on providing a secure, loving alternative family environment.

Reunification services under *A Step Up for Our Kids* are provided through Uniting's programs. Uniting can work with families in their own homes, or at an alternative home-like environment, for up to 12–18 months. Uniting will tailor support to each family's specific needs, and supports parents to connect with education, mental health services or drug and alcohol programs.

In addition, the Community Services Directorate is leading the *Early Support: Changing Systems, Changing Lives (Early Support)* initiatives, which is a ten-year plan to shift government and non-government human services from a crisis focus to one enabling earlier support. The *Early Support* reform agenda includes a range of initiatives aimed at providing support early in the life of a child or in the life of an issue in order to improve long term wellbeing outcomes for individuals, children and their families. Providing support earlier will ensure families are able to access assistance and connections before reaching crisis, in the long-term diverting families from contact with statutory systems such as child protection and youth justice. Practice change and service re-design will improve the capacity of the system to address the holistic needs of families, including young parents. This work is ongoing.

Early support involves the Health, Education, Justice and Community Safety and Community Services Directorates.

Recommendation 58

The Committee recommends that accessing youth mental health residential services in the ACT should not be dependent on nominating an address.

Agreed

The ACT Government supports the recommendation that access to youth mental health residential services should not be dependent on nominating an address. The ACT Government will communicate with providers to work towards this.

In addition, it is essential that the ACT Government continue to work with homelessness and housing services to ensure young people who may be homeless can find suitable accommodation, as this will progress their mental health recovery. Services currently provided and supported by the ACT Government, which can help to support young people experiencing or at risk of homelessness, include:

- The Family Tree House Program, which assists young people, and their families, who are homeless or at risk of homelessness due to ongoing family conflict. The program works from a conflict resolution framework to assist individuals to prevent, manage and resolve arguments in the home through practical strategies and coaching.
- The Safe & Connected Youth Program, which is a collaboration between the Conflict Resolution Service, Youth Coalition of the ACT, Northside Community Service, Woden Community Services and Marymead that provides therapeutic case management, family meditation and respite accommodation to keep young people safe and connected with their families. The ACT Government has extended this program until June 2021 and committed \$1 million to build fit-for-purpose accommodation for young people under the age of 16.
- Our Place, a youth integrated education and accommodation service, operated by Barnados, which provides shared accommodation for young people through a drop-in like model including mentoring and life skills.
- The Youth Emergency Accommodation Network, delivered by the Salvation Army, which provides supported emergency accommodation within a case management framework through four housing clusters (each with three houses) and 24/7 staffing for crisis support.

Recommendation 59

The Committee recommends that the ACT Government fund evidence-based employment support programs for young people with mental illness.

Agreed in Principle

The ACT Government acknowledges that young people who are not engaged in employment, education or training face a high risk of mental illness. Additionally, young people experiencing mental ill-health are also at a higher risk of disengaging from education or employment. This is particularly important for the years between 18 to 24, which are an important transition point in a person's life after high school.

The Committee is also correct to note that the impacts of COVID-19 are also likely to disproportionately affect young people. In recognition of this, the ACT Government provided a Youth Support Package in August 2020, which includes:

- A six-month payroll tax exemption for businesses who pay wages for new employees who are apprentices or trainees. This exemption applies for eligible employees recruited between 1 August 2020 to 31 January 2021.
- A \$2 million extension of the ACT Public Service graduate program to provide additional graduate positions over the next two years, including cadet and apprentice recruitment.
- An additional \$250,000 for targeted mental health support for young people. This program builds on the previous Mental Health Support Package that was announced in May 2020.

The ACT Government agrees to continue working to support meaningful employment for young people with mental illness. Based on the outcomes of the initiatives above, the ACT Government will explore additional employment support programs to further help young people in the ACT.

The ACT Government is particularly interested in the recommendations about Individual Placement and Support employment programs, or IPS's, that were made in the Productivity Commission's Final Report on their Inquiry into Mental Health, which was released on 16 November 2020. The ACT Government will analyse these recommendations, which will likely inform the implementation of future programs.

Recommendation 60

The Committee recommends that the ACT Government acknowledge the diversity of needs in provision of mental health services for young people and ensure services are co-designed by young people, including ATSI young people, CALD young people (including international students), LGBTIQ+ young people and young people living with disabilities.

Agreed

The ACT Government recognises the diversity of needs for mental health services for young people and commits to continuing to uphold the principles of co-design with young people.

There are a number of examples of co-design of mental health services that are currently occurring in the ACT. The OMHW, in partnership with the Youth Coalition of the ACT, are including youth reference groups as part of the co-design process for the Online Youth Navigation Portal.

The ACT Government acknowledges that these co-design processes must include effective engagement with young people who are Aboriginal and/or Torres Strait Islander, Culturally and Linguistically Diverse, Lesbian, Gay, Bisexual, Transgender/gender diverse, Intersex and Queer, and young people living with disabilities.

As these co-design processes would occur within the usual service design consultation processes of any projects, this would not require additional funding.

Recommendation 61

The Committee recommends that the ACT Government take a whole family approach to supporting children and young people at risk of poor mental health or showing symptoms of mental illness.

Agreed

The ACT Government agrees to continue taking a whole family approach to support children and young people at risk of poor mental health, or with symptoms of mental illness.

As discussed in Recommendation 57, the *Early Support* initiative is a critical part of the ACT Government's approach in this area. This initiative is an ongoing response to help families where young people are at risk of poor mental health.

Additionally, in any mental health treatment Canberra Health Services also utilise family-based therapies in situations where it is recommended as best-practice. As an example of this, the Eating Disorders Program provides Maudsley Family-Based therapy for adolescents, up to the age of 18, with eating disorders.

Recommendation 62

The Committee recommends that the ACT Government promote accessible and flexible evidence-based parenting support programs to parents and integrate these into whole-of-school approaches to mental health and wellbeing.

Agreed in Principle

The ACT Government is implementing Circle of Security, Seasons for Growth and Parents as Teachers. The government promotes these programs online, via Child and Family Centre publications, school newsletters, and through established partnerships including with Child and Youth Protection Services.

The ACT Government is also implementing the Positive Behaviour for Learning (PBL) Framework in schools, which is a multi-tiered system of support and an evidence-based whole school process to improve learning outcomes for all students. PBL is a whole of school approach that includes students, staff families and the wider school community.

There are three specific aspects to PBL:

- To create a preventative, positive learning environment for all students
- To improve social-emotional skills for students who need additional support; and
- To provide individual intensive supports for students who have experienced academic and behavioural difficulties.

Many ACT schools are already engaged with the PBL Framework. The ACT Government is committed to supporting all public schools to implement the PBL Framework over 2020 and 2021.

PBL is also further supported by the parent intervention groups that school psychologists can run where there is interest from the school community.

A common theme that emerged in the OMHW's Review of Children and Young People was a need for support for parents. As an action from this Review, the OMHW are currently undertaking an analysis of the mental health and wellbeing programs that are available in primary schools for 8 to 12-year olds. This analysis will comprehensively capture the 'big picture' of the mental health programs available in schools for 8 to 12-year olds and will help to inform further decision making and investment in programs. Programs aimed at parents will be included in this analysis.

The Parliamentary and Governing Agreement includes a commitment to provide free seminars to parents and carers with advice and mental health training to support their young people. Subject to budget process, this will also provide parent peer support groups to assist parents in support a young person with or at risk of a mental health concern or disorder.

Recommendation 63

The Committee recommends that the ACT Government integrate wellbeing into the curriculum through evidence-based mental health programs and e-mental health, including cognitive behavioural therapy, that help students cope with stress and boost self-esteem, increasing mental health literacy and preventing bullying.

Agreed

The ACT Government promotes wellbeing through evidence-based programs that align with the Australian Curriculum. These programs target social and emotional skills, resilience and mental health literacy; to help students develop skills to cope with stress and to help promote help seeking behaviour.

Schools utilise social and emotional learning programs which are appropriate for the needs of students and the school community. For example, educators can utilise the Be You directory of evidence-based programs and resources in their schools and classrooms.

The Government currently commissions MIEACT to provide mental health and wellbeing programs to ACT schools. The programs include programs focusing developing healthy attitudes and behaviours, positive body image, managing stress, and bullying prevention. Throughout COVID-19, MIEACT have also moved many of their resources to digital platforms that schools can access.

Recommendation 64

The Committee recommends that the ACT Government expand mental health awareness and education programs in ACT government schools.

Agreed in Principle

This was a key theme that emerged in the OMHW's Review of Children and Young People. This is part of the ACT Government's rationale for undertaking a project, in response to the

Review, to analyse the range of mental health programs available to 8 to 12-year olds. This analysis will help to provide schools with guidelines to the programs available and will help to expand the range of programs offered in ACT schools.

Additionally, as part of the 2020 election platform there is a commitment to pilot a mental health awareness program for primary school students. This program will be subject to the budget cycle.

The ACT Government continues to explore mental health service offerings for children and young people in schools.

Schools have access to a range of supports for teachers and students. As more evidence-based frameworks and programs are available these are reviewed and provided to schools, to ensure that schools continue to have access to the most contemporaneous resources.

Recommendation 65

The Committee recommends that the ACT Government makes Mental Health First Aid training available for young people and their parents/carers.

Noted

There are several Mental Health First Aid (MHFA) programs that are available for young people and adults in the ACT, including parents and carers.

The national not-for-profit organisation Mental Health First Aid Australia has developed two training programs relevant to young people. These include the Teen MHFA, which teaches high school students how to support peers, and Youth MHFA, which teaches adults to support young people.

In the ACT, there have been instructors trained across both courses, they have reported barriers to the dissemination of the course, particularly in the teen MHFA.

The ACT Government will investigate some of these barriers experienced in education settings and address these barriers where possible. Future investment in any MHFA programs will depend on the outcomes of these investigations and barriers.

An option for mental health awareness training is the QPR program available online. Anyone can access this program for free and teaches how to recognise and respond positively to someone exhibiting suicide warning signs and behaviours, and how to respond safely.

Recommendation 66

The Committee recommends that the ACT Government roll-out the mental health promotion program which is found to be most effective for 8-12 year olds as a matter of urgency, including to non-government schools.

Agreed in Principle

The OMHW are currently undertaking an analysis of mental health and wellbeing programs available in primary schools for 8 to 12-year olds. This project was committed to in the OMHW's Review of Children and Young People.

Rather than select a single program, this project aims to comprehensively capture the 'big picture' of mental health programs available for children aged 8 to 12 years in the ACT, which will enable the development of consistent and evidence-based guidelines to ACT schools on the delivery of these programs.

These guidelines will enable schools to pick the best programs for them based on their own contexts. They will also be provided to non-government schools, although the ACT Government's ability to influence whether these programs are implemented is limited.

In addition, the ACT Government will be in a better position to understand the current mental health promotion programs available to schools and potentially advocate for more programs if required.