

# Youth at risk of developing mental ill health project



Listening report 1:  
discover and  
strategise phases

March 2023

Vision for mental health and wellbeing in the Australian Capital Territory: A kind, connected and informed community working together to promote and protect the mental health and wellbeing of all.

This tree represents strength through collaboration. A community that builds on input from a diverse range of people, is grounded and grows together. Together, we'll improve the mental health and wellbeing of all Canberrans.

We acknowledge the Traditional Custodians on whose land we walk, work and live. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and region.

We acknowledge the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health suicide prevention systems reform.

We are committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. We welcome all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

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## Summary

Young people impacted by childhood trauma or adverse childhood experiences are at increased risk of experiencing mental health, physical health, and substance use issues, or to have developmental delays or disabilities. They are also more likely to have frequent and sustained contact with child protection, out of home care and homelessness services, the criminal justice system, and to disengage early from education. Young people who have two or more concurrent needs that adversely impacts their physical, mental, or social wellbeing are considered to have 'complex needs'.

The ACT Government is committed to improving the way supports are provided to these young people and their families, and have prioritised reforms for the safety and wellbeing of children, young people and their families under the Parliamentary and Governing Agreement of the 10th Legislative Assembly of the ACT. The Youth at Risk of Developing Mental Ill Health project (the project) was stood up in October 2022, as a part of the National Mental Health and Suicide Prevention Bilateral Agreement, to improve the ACT sector response to young people presenting with complex needs and trauma, with or at risk of developing moderate mental ill-health.

The Youth at Risk project has 2 key deliverables:

1. A territory-wide collaborative response for youth with complex trauma, through improving integration of services, streamlined transitions between services and enhancing the existing networks and partnerships across the existing ACT youth mental health service sector to support a collective-impact approach; and
2. A youth trauma service to fill identified gaps in the ACT service system to support young people aged 13 to 17 years (inclusive) with/or at risk of developing moderate mental ill health and complex needs.

The project was informed by 6 month scoping project commenced on first of June 2021 to understand the needs of young people with complex trauma and complex needs, and to assess the current therapeutic responses in the ACT. This scoping included an environmental scan, evidence review and consultation.

The findings from the scoping study established that current ACT youth mental health service system has significant gaps, barriers and challenges and is currently unable to respond well to this cohort of young people and break their cycle of trauma. The identified existing gaps in services, overstretched services, and reactive operation of services, within a less than optimally connected system necessitates both reform at the system level as well as a new service that provides a collaborative, efficient and effective approach for improving life outcomes and user-experience of young people and their families.

The scoping study reinforced similar findings about the complexity of supporting young people with mental health issues, complex needs and trauma, that were highlighted in the Children and Young People in the Missing Middle report (2021)<sup>1</sup>, Standing Committee on Education, Employment and Youth Affairs Inquiry into Youth Mental Health in the ACT (2020)<sup>2</sup>, Review of Children and Young People in the ACT (2020)<sup>3</sup> and the Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the ACT Final Report (2021)<sup>4</sup>.

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<sup>1</sup> ACT Government, Office for Mental health and Wellbeing, Children and Young People in the Missing Middle, 2020, Unpublished

<sup>2</sup> ACT Government, Standing Committee on Education, Employment and Youth Affairs, Inquiry in to Youth Mental Health, 2020

<sup>3</sup> ACT Government, Office for Mental health and Wellbeing, Review of Children and Young People in the ACT, 2020

<sup>4</sup> McArthur.M, Suomt.A, Kendall.B, Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the ACT Final Report, 2021

# 1. Consultation summary

There have been 2 stages of consultation for the project: the Scoping Study undertaken between June and September 2021 which forms the discover phase of the project; and a broad-based consultation between October 2022 and February 2023 which informed the strategise phase of the project.

In the discover phase scoping study, project officers met with more than 70 agencies across the government and non-government sectors, that included a range of community and government staff and service providers across youth, health, education, housing, and justice sectors. The purpose was to understand the needs of young people with complex trauma and complex needs, research best practice in trauma informed care, and illustrate how the existing ACT service system currently provides therapeutic responses to this cohort of young people.

These consultations gathered details about what was working well, as well as articulating the current gaps, barriers and challenges for young people and their families, for staff and agencies, across the youth mental health services system.

## Service type:

| Category of consultation                            | Number of agencies |
|---|--------------------|
| Peak bodies and advocacy groups                     | 4                  |
| ACT service providers                               | 64                 |
| Aboriginal and Torres Strait Islander organisations | 2                  |
| Academics   | 3                  |
| ACT Government entities                             | 44                 |
| NGO/private   | 22                 |

Issue type (Note: Some organisations were categorised across 1 or more service areas):

| Category of services          | Number of agencies |
|-------------------------------|--------------------|
| Alcohol and other drugs (AOD) | 5                  |
| Child protection              | 4                  |
| Community supports            | 3                  |
| Counselling services          | 5                  |
| Domestic and family violence  | 2                  |
| Education                     | 3                  |

| Category of services                 | Number of agencies |
|--------------------------------------|--------------------|
| Health services                      | 12                 |
| Housing/homelessness                 | 3                  |
| Mental health                        | 12                 |
| Trauma services                      | 10                 |
| Youth justice                        | 8                  |
| Youth peak bodies or advocacy groups | 3                  |

For the strategise phase of the project, the project team commenced with:

- A thematic analysis of previous enquiries, reviews, and consultations to learn from their findings and to understand where there might be alignment with strategic policies and relevant reform initiatives. These were outlined upfront in the consultation meetings, so that participants understood that the team had already sought and heard their feedback from other consultation activities, and
- Reviews of contemporary research on complex trauma and complex needs, and a scan of best practice examples from other jurisdictions.

A broad-based engagement and consultation process took place with more than 70 services and organisations across the mental health sector, other areas of Government, and the NGO sector.

| Category of consultation                            | Number of agencies represented |
|---|--------------------------------|
| Internal ACTHD stakeholders                         | 14                             |
| ACT Government entities                             | 12                             |
| ACT Government service providers                    | 22                             |
| Aboriginal and Torres Strait Islander organisations | 2                              |
| Academics/ University partners                      | 4                              |
| Lived experience stakeholders                       | 3                              |
| Multicultural representation stakeholder            | 3                              |
| NGO/private partners                                | 16                             |

The purpose of the strategise consultation was to plan for the establishment of the future youth trauma service in the ACT landscape. Participants were advised that this included components such as:

- Providing trauma informed care using the best practice principles and providing a wraparound response to young people and their families, delivered by multi-disciplinary clinicians,
- Requiring enhanced flexible outreach service provision, as well as a location that young people and families can easily access for therapeutic support,
- Navigation and liaison as a key component of the trauma service.

Participants to the consultation were also advised that the project plan identified that the trauma service would be established in the context of 2 Try Test and Learn pilots. One of these would be a Trauma Informed Care training package and the second would be pilot to test the key principles of Trauma Informed service delivery as outlined in research from the Scoping Study. Participants were invited to provide comment and feedback on these elements of the project, as they lay the foundation for the future trauma service.

Additionally, the strategise consultation asked participants to consider what was required in the formulation of a Territory Wide collaborative response for youth with complex trauma. This included consideration of 3 key levels of consideration for the establishment of the trauma service:

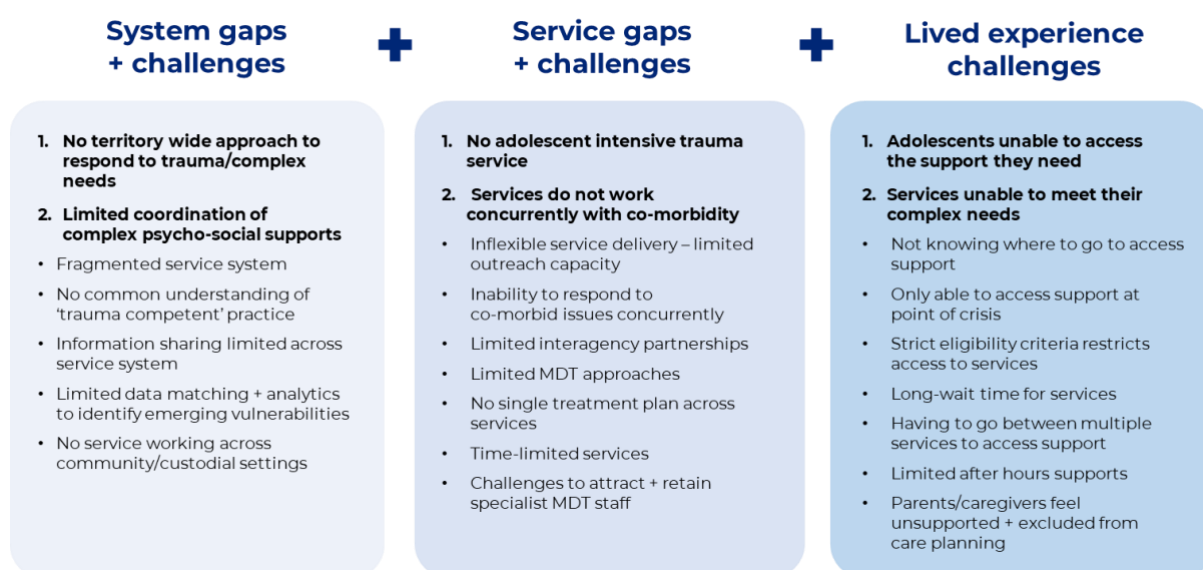
1. System level
2. Service level
3. Consumer level, that is the experiences for the priority groups for the project – young people and their parents/carers/families with lived experiences of trauma, complex needs, with or at risk of mental ill health.



## 2. What we heard

The youth mental health service landscape is complex and evolving. There are new services to be established over the coming 2 years in this sector, which are rapidly changing the landscape for the future trauma service, and present both opportunities and challenges for the Youth at Risk Project to address system reform as well as stand up a trauma service for young people. There is strong support across all parts of the youth mental health services sector in the ACT for a trauma-informed and territory-wide response for services provided to young people with complex needs, and who are living with or at risk of emerging mental ill health.

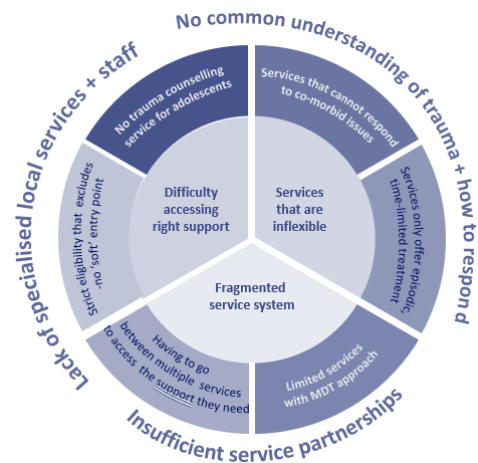
The consultations have raised a range of challenges that impact on this cohort of young people, their families, staff and agencies providing services to them, and on the service system as a whole. Some of these include:



These identified challenges and the broad consultation feedback together highlighted several key themes:

- 1. Trauma informed practice should be universally embedded** for services who encounter children and young people across the ACT. There is no coherent understanding or consistent approach across the Territory for Trauma Informed Practice and this limits the ability for all service providers to meet the needs of young people with complex trauma or complex needs.
- 2. Client information and data sharing issues are constraining service delivery.** The current service system has limited capability across the system for navigation or care coordination for young people with complex needs. For the future trauma service to be successfully established, all youth mental health service sector practitioners must be able to sensitively share client information and data. This would benefit the young person in not having to tell their story many times, ensure that services receive needed information at the right time, and is grounded in the principle of trauma informed care. Other service constraints included **workforce capacity, service accessibility, access to training and support.**

3. **Trauma service requirements:** There are wide-ranging requirements of the future intensive trauma service, so that it is able to effectively and safely support young people to understand their experiences through a trauma lense, process their trauma experiences, and to heal and recover from the impact of the complex needs and mental ill health. These include the service being a multidisciplinary team able to support young people with co-occurring mental health, physical health, substance use, and psychosocial issues through an integrated care model. At present, there are a limited number of services equipped to work concurrently with co-morbidity, or with complex behavioural or social presentations. Service system liaison and navigation was the most commonly identified key issue facing this cohort of young people, with many practitioners advising that they cannot successfully navigate the system as professionals working in the system, so it is unsurprising that young people and their families struggle to access the help they need. Almost universally, participants clarified that they wanted the service to do both the navigation/liasion function, as well as provide a range of spcialist theraeputic interventions to young people to heal and recovery.



“We need that system navigation (function) from specialists who understand trauma and mental health. But please don’t just do intake and assessments. Please provide counselling and therapeutic interventions too because this is the gap in Canberra.”

– School youth health nurse

4. Safely engaging those with lived experience and priority groups. There is a recognition of the importance of careful engagement with those from priority groups and those with lived experiences of trauma and complex needs throughout this project and embedded into the delivery of the trauma service. We often heard described how young people with complex needs face barriers accessing services: not knowing where to start or where to go, not meeting strict eligibility criteria for services, having to wait extended periods to access support, and having multiple service systems to navigate. The risk of not having the right services available at the right time is that young people may fall through the gap, have significant deterioration in their circumstances or reach a crisis point and present to tertiary services (e.g., emergency department). The genuine and safe engagement of those with lived experience is clearly required for this project to meet its objectives.

"They don’t quite fit anywhere. Feels like services are often looking for ‘What’s the reason we can’t take them?’"

– Justice worker

### 3. Theme 1: trauma informed practice should be universally embedded

Trauma has a devastating and wide-ranging impact on individuals (social, emotional, physical, behavioural, emotional etc) and on our society (through associated significant costs in area such as mental health, healthcare, housing, education, work and vocation, justice system, drug and alcohol services, employment, care leavers). Because of this, trauma informed practice has become a common terminology across the youth mental health service sector, although the consultation highlighted that there are significant concerns of lack of consistency in the definition and application in both government and non-government services.

"We need a shared language; we need to know we understand the same words."

– University lecturer

Trauma informed practice is a process of organisational change that creates recovery environments for staff, children and young people, their families, friends, and allies, with implications for increased engagement in the wider community as well, which especially important for Aboriginal and Torres Strait Islander people and people from culturally and racially marginalised background. Trauma informed practices benefits workers as well as the whole mental health system. A trauma informed organisation acknowledges that some of their staff may have lived through traumatic experiences or experienced adverse childhood experiences, similar to those of service users. For programs to be safe for clients they must also be safe for staff, with ethical practice, self-care and risk management strategies supported by management and workplace policies<sup>5</sup>. Trauma Informed Practice is therefore not a training that can be delivered once-off or that only one part of an organisation is trained (for example the clinicians and not the managers). It is about connecting a system to work together effectively.

"We have great services, but it's the connection between them that's the problem."

– Alcohol and drug worker

Many service providers indicated that they last took part in trauma informed care training in 2014-15 when Step Up for Our Kids Strategy was launched, and since that time there have been significant developments in understanding how trauma informed practice is operationalised. Managers and leaders advised they have struggled to prioritise the embedding of Trauma Informed Practices in their services, in the context of COVID-19 and other competing demands. Participants across all levels and roles in the youth mental health service sector raised concerns in the consultation that providers would not be able to

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<sup>5</sup> Blue Knot Foundation (2019). Practice Guidelines for Clinical Treatment of Complex Trauma. <https://blueknot.org.au/product/practice-guidelines-for-clinical-treatment-of-complex-trauma-digital-download/>

effectively engage in a trauma informed way with a new youth trauma service, without access to additional training and support for themselves to work in a trauma informed way.

“Trauma informed practice is about organisational change (with) leadership at all levels to be trauma informed from the top down.”

– NGO leader

### 3.1 Next steps: Trauma Informed Position Statement

In particular, the child and youth mental health service sector indicated that they wanted an authorising environment to be able to invest in actions which support the sector to be more collaborative, child and young person-centred and culturally safe. The creation of an authorising environment through development of a position statement for trauma informed practice for children and young people was universally requested and supported as a first step for the project.

With the extensive consultation feedback, the project team will develop a draft ACT Government Position Statement on Trauma Informed Practice for Children and Young People. The statement will include a definition of trauma informed practice and a principles-led framework on how to work in a trauma informed, collaboratively way with common language, vision and goals for young people, children, and families in the ACT.

## 4. Theme 2: delivery constraints

These service gaps and challenges that were raised during the consultations are consistent with those reported in the interim report for the Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the ACT<sup>6</sup>.

### 4.1 Information and data sharing

A lack of interagency information sharing for the purpose of providing informed support and wraparound care to young people with mental ill health was universally identified through the consultation as a challenge to both a territory wide framework for working with young people with complex needs, and the establishment of a trauma service. This was identified as sometimes occurring as a result of legislative requirements limiting information sharing, and sometimes as a particular culture within a team or organisation, often described as a 'risk averse culture to information sharing'. The Health Records (Privacy and Access) Act 1997 was repeatedly described as preventing or limiting information sharing for this cohort of young people, less so the Children and Young People Act 2008.

From the perspective of a young person, this lack of information sharing was seen as reinforcing a young person's need to tell their story multiple times: parents and carers experience this as exclusion from care planning process, and service providers feel uncertain about offering a service for fear of providing the wrong intervention due to insufficient information.

### 4.2 Workforce capacity

There are project interdependencies that reflect the increase in investment in this service sector (such as Head to Health Kids, Moderated Online Social Therapy, and Mental Health Workforce Strategy led by ACT Health Directorate; the Early Psychosis Youth Service project led by Capital Health Network and headspace Canberra; the investment in the Raising the Minimum Age of Criminal Responsibility led by the Community Services Directorate; the opening of the Adolescent Mental Health Unit led by Canberra Health Services; and the opening of the Deakin Private Mental Health Hospital led by Aurora Healthcare and Medibank private). This changing ACT landscape with increased services specifically for young people living with / at risk of mental ill health presents opportunities for the project to support a system reform towards trauma-informed practice. Consultation also highlighted that more services in the ACT would mean more staff are required, and this presents significant challenges for workforce capacity in the sector.

"It's hard to find staff to fill vacancies – it's just robbing from one team to fill another."

– NGO CEO

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<sup>6</sup> McArthur, M., Suomi, A., and Kendall, B. (2021). Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the Australian Capital Territory.

Consultation with the university sector highlighted that increasing the number of students in traditional disciplines for a multidisciplinary trauma-informed service would require access to more student placements, flexible approaches to future employment and increased access to trauma-informed practice training to support all staff to be able to have longevity of employment working with young people with trauma histories and complex needs.

There is also a great desire for a peer or lived experience workforce to be employed across the youth mental health service sector. Participants acknowledged a need for workforce to be flexible and reflect the community they serve.

Staff retention was often raised as a significant challenge. Organisations acknowledged that being part of the mental health sector can involve working in difficult environments, and working with young people with complex needs and trauma experiences presents challenges for ensuring the well-being of staff. High turnover can lead to under-skilled staff, a burnout cycle, and an unsustainable workforce.

All staff members contribute to workplace culture, and creating an environment that is safe and welcoming for clients and staff. Reception and administrative staff should be included in training that focuses on safety and understanding within the workplace, being trauma informed, culturally appropriate, and focused on individual wellbeing. Using staff with lived experience in services may increase an individual's trust in services.

### 4.3 Service accessibility

The consultation identified limitations with the accessibility of current youth mental health services. Many young people struggle to attend in-person services because of opening hours, or because they are in hard-to-reach areas. Increased outreach and in-home care could be effective for those not able to reach a service, and considering the use of on-line supports and tech-based support is important in this client cohort. Limited opening hours can also reduce accessibility and are usually the result of funding/resourcing constraints. Many NGO services highlighted that they do work with flexible hours and locations to engage young people, but many government services reported reduced flexibility in hours and service provision from which this cohort of young people would benefit.

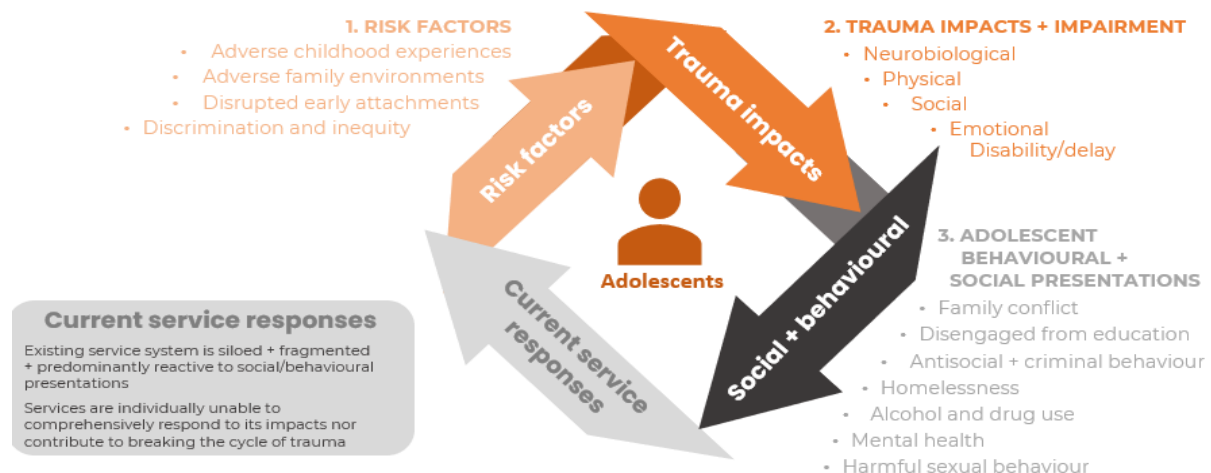
There was also a recognition that young people and their families need to have a voice in addressing this issue of accessibility for the future trauma service as well as the services and clinicians. Their wisdom should be key in guiding the development of new services. This is addressed further in the next section (Theme 3).

## 4.4 Next steps: enabling accessibility, access to training and support

The first Try Test Learn activity will be designing a sustainable model for trauma informed care training for the youth mental health services. This will demonstrate the project's commitment to improving trauma informed practice in the ACT across service delivery in the government and non-government sectors.

The information from this consultation will be shared with other ongoing consultations, such as the Mental Health Workforce Action Plan, as well as those with project interdependencies including Head to Health Kids; the Early Psychosis Youth Service project; and the investment in the Raising the Minimum Age of Criminal Responsibility. The project team will continue to engage the tertiary education settings in the ACT in the growing of a trauma informed new-graduate workforce.

## 5. Theme 3: current service gaps and future trauma service delivery



The consultations covered comprehensively the identification of the current gaps in the system and the requirements of the Youth at Risk project to fill many, but not all, of the gaps. It was clearly expressed that the successful establishment of the trauma service was predicated on the establishment of a trauma-informed landscape in the youth mental health service system.

“If I tried to work collaboratively with a trauma service for my client, I would get into trouble. I can’t share the information I would want to; I don’t have time to work collaboratively with my client and the trauma service clinician; and I can’t even count all my work with this sort of client as an occasion of care statistic. I need the whole system to change, including my organisation to be trauma informed.”

– CHS Counsellor

### 5.1 Model of care

The consultation identified that young people with complex needs find it difficult to navigate and access services, due to strict eligibility criteria, not knowing where to go to access support, or long wait times to access care. Access to care is often further complicated by the psychosocial factors such as unstable housing, limited access to finances, poor literacy levels or the young person’s fear of judgement by service providers.

As a result, there is a great desire for there to be a navigation and liaison role as a key element of the future trauma service. Some consideration should be made towards the Try Test and Learn pilot of the Trauma principles to deliver this specific role and function.



"Navigation is about getting the right clinician, to the right person, at the right time."

– Healthcare worker

In addition, the range of skillful therapeutic and psychosocial interventions needed to support a young person to process their trauma experiences, and to heal and recover from the impact of the complex needs and mental ill health was discussed. This would require the Model of Care to:

- Be built from evidence-based knowledge on adolescent development, complex trauma, complex needs, its impacts, and its treatment
- Create safety and stabilise young people through trusted attachments and relationships
- Deliver wrap-around care to holistically meet the range of the young person's needs
- Provide a consistency and coordination across agencies through single joint care plan
- Harness the expertise of staff across services and sectors to provide specialist care, support, and collective impact
- Include families and caregivers in care planning, delivery and review while providing support to assist with their needs and parenting capability.

"Co-morbidity is the reality – we need a therapeutic model that can deal with both so the client isn't stuck in the middle."

– Homelessness worker

Future trauma services should be culturally appropriate and have open, welcoming spaces. The services should be flexible to support both long-term and episodic experiences. There is potential to consider co-location of this service with other services, including within schools or community health centres. Services such as the Walk-in Centres, Teen Clinic with Directions ACT, and the School Youth Health Nurse program were repeatedly mentioned as service with high levels of engagement for young people. Young people expressed a high level of trust in the nursing profession.

## 5.2 Access, accommodation, environment and location

During consultation access was identified as a key gap. Key principles were identified as follows:

- That **physical location/s are easy to access via public transport for everyone across Canberra**. As expressed in the National Children's Mental Health and Wellbeing Strategy report 2021, service providers highlighted that children and young people are "often reliant upon parents or families to help them navigate, access and engage with services, such as ... providing transport". This can present challenges for young people who do not have this level of family support or engagement.

“The location should be accessible in all ways. Physically, it must be able to allow anyone to attend regardless of physical limitations.”

– Young carer

- Another suggestion to increase accessibility in a tangible way was to consider opening hubs on the north and south side of Canberra. These would include a focus on wellbeing and personal development while promoting the recovery model.
- Developmentally responsive service delivery: considerations of creating a fit-for-purpose space, hours of operation beyond weekday business hours so young people do not have to miss school, food provisions, drop-in capacity and physical location/s easy to access via public transport for everyone across Canberra.
- Optimise access and engagement: additionally offering placed-based models of care (e.g., going into schools) and mobile outreach (e.g. a health van that goes out to where young people are at).
- Infrastructure to support delivery: fit-for-purpose space, cars, office spaces, recreational engagement tools (e.g. a pool table, basketball court).
- Support for families/partners/close friends: somewhere for people to go who are in a primary support role for someone struggling.
- Trauma Informed and aware of sensory needs, including access provided to outdoor spaces, play spaces, large spaces for a range of interventions such as group work or interventions other than traditional counselling.

## 5.3 Next steps: addressing the gaps and future trauma service

A Position Statement for Trauma Informed Care for children and young people will be developed, as the enabler of an ACT wide commitment to deliver an integrated, safe, and effective approaches for young people with complex needs and their families.

We will develop a Try Test and Learn pilot for the Trauma Informed Care Training.

This will inform the development and establishment of the new multidisciplinary community-based Trauma Service, to build on this trauma informed landscape. The service development will be co-designed, with a staged opening of the navigation and coordination elements to inform the future therapeutic service.

In this way, it is hoped to ensure:

- An integrated approach to co-morbidity that concurrently addresses mental health, substance use, disability and trauma needs,
- A wraparound approach that provides holistic support to young people with complex needs, and
- An integrated approach across the territory to understanding and responding to complex trauma and complex needs.

## 6. Theme 4: safely engaging those with lived experience and priority groups

The Youth at Risk project will also be consulting and engaging directly with people in the following groups or experiencing these conditions:

|   |  |   |
|---|--|---|
| Young people 13 to 17 inclusive         | Aboriginal and Torres Strait Islander People                     | Culturally and linguistically diverse people                |
| Refugees and asylum seekers             | Torture and Trauma (not eligible for Companion House)            | Domestic and family violence                                |
| Family breakdown                        | Single-parent families   | Out-of-home care and kinship care                           |
| Engagement with CYPS                    | Chronic health conditions  | Developmental delay and Disability                          |
| Eating disorders                        | Early psychosis, not for Headspace, not yet for CAMHS            | Children of parents or carers with mental illness           |
| Suicide and self-harm                   | Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex, Asexual + | Residential instability/uncertainty, Transient and Homeless |
| Engagement with juvenile justice system | Children as carers   | Complicated birth/birth trauma                              |
| Alcohol and other drug use              | Recent loss  | Engagement with 4 or more services at one time              |

### 6.1 Next steps: engaging priority groups

Our approach to engagement will be underpinned by youth participation strategies from

- ACT Youth Coalition, and Carers ACT young carers advisor
- Mental Health Youth Reference Group
- The Office of Youth Engagement’s youth participation policy (see Youth Engagement – Community Services ([act.gov.au](http://act.gov.au))).

These recognise that young people are the experts in their own lives; have valuable insights into what they need to thrive; and that their voices should be heard and embedded into decisions and processes that impact them.

Given the vulnerability and experiences of complex intergenerational trauma, systemic challenges, and the risk of further trauma for these young people, it is crucial all engagement is trauma informed, youth friendly and safe.

Our approach will be dynamic and evolving all the time with our work.

## 7. Summary of Next Steps

The key elements of our work have been refined as a result of this consultation process.

We will progress:

1. The integrated approach across the territory to build understanding and responding to complex trauma and complex needs. This will be achieved in part through developing a draft ACT Government Position Statement on Trauma Informed Practice for Children and Young People.
2. A Try Test and Learn pilot of a sustainable model of trauma informed care training.
3. A liaison and navigation function for a Try Test and Learn activity, to assist complex young people to access the right service at the right time, with a wraparound approach that provides holistic support.
4. An integrated approach to co-morbidity that concurrently addresses mental health, substance use, disability and trauma needs.

We will progress this work by engaging with our Executive Steering Committee for the project and the Service Development Working Group (a part of the ACT Child and Youth Mental Health Services Alliance). Through these structures we will ensure that we are consulting with a broad cross-section of children and young people in Canberra, as well as their parents and carers.

**The Youth at Risk of Developing Mental Ill Health project team would like to warmly thank all those who contributed their time, wisdom and expertise so generously to this consultation process. We most want to acknowledge the young people and their families and carers who have really helped us to understand what is working well and what is needed in the ACT.**

## **Acknowledgment of Country**

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

### **Accessibility**

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