

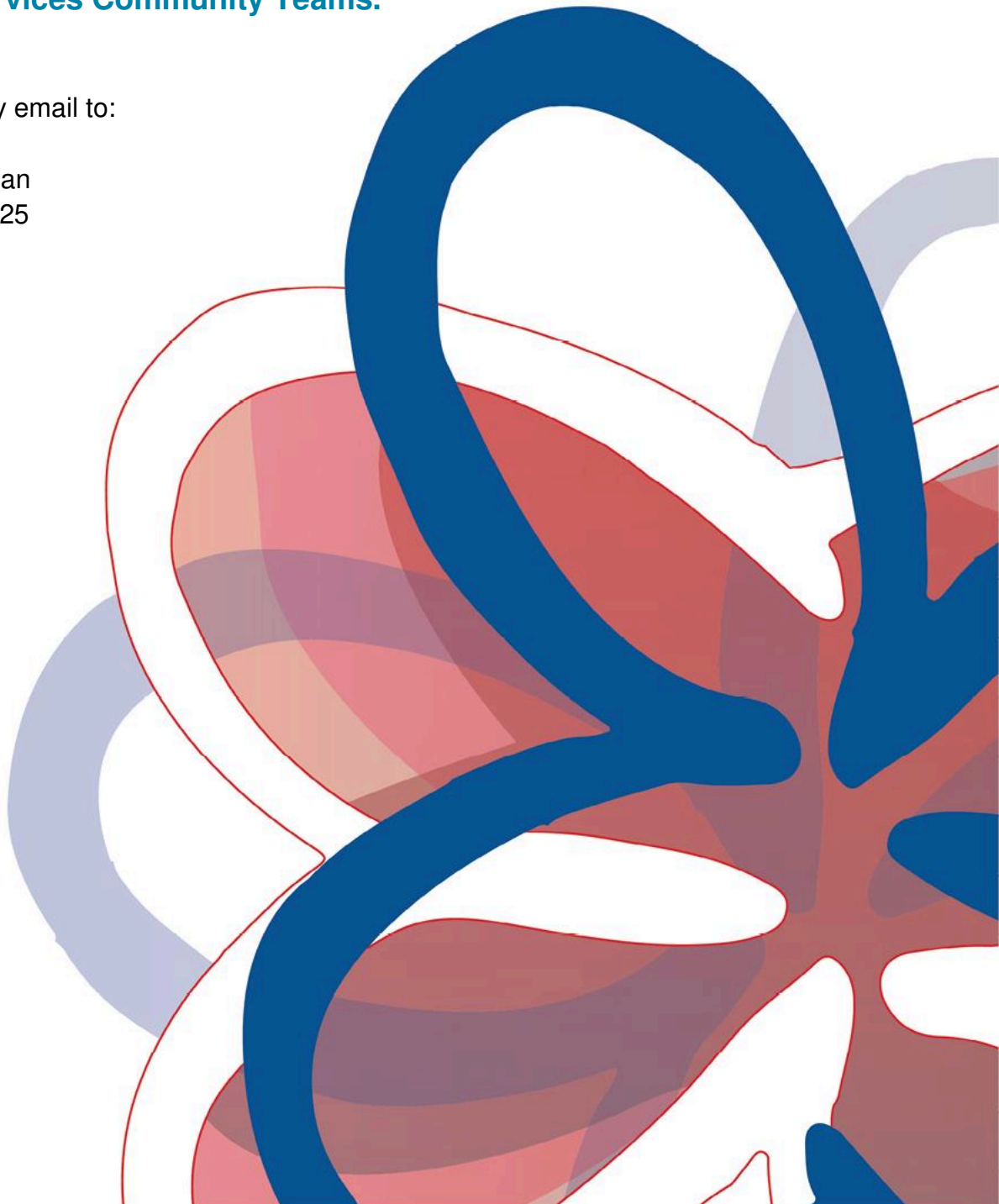


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**Submission: Review of Canberra Health
Services Procedure: The Choice and Partnership
Approach for Child and Adolescent Mental
Health Services Community Teams.**

Submitted by email to:

Carrie Coghlan
27 March 2025



Submission: Review of Canberra Health Services Procedure: The Choice and Partnership Approach for Child and Adolescent Mental Health Services Community Teams.

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Canberra Health Services (CHS).

Acknowledgment of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

The ACT Mental Health Consumer Network

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

A meeting of the Policy Reference Group was held and additional feedback was sought via email in relation to the CHS Procedure: The Choice and Partnership Approach (CAPA) for Child and Adolescent Mental Health Services (CAMHS) Community Teams (the CAPA Procedure). Written and verbal feedback was received from consumers. This submission incorporates both the written feedback and verbal feedback received.

General comments.

The Network welcomes this opportunity to contribute to the CAPA Procedure. The CAPA Procedure should ideally be written in plain language and should include illustrations such as flow-charts, floor plans etc.

Consumers expressed serious concerns about the CAPA Procedure across several

areas. These included the following:

- non-compliance of the CAMHS Procedure with legislated definitions of key terms;
- the use of assumptions about the child or young person's relationships and primary caregivers; and,
- missing information and confusing instructions in Section 4.

Each of these points of feedback will be addressed in turn. Due to the nature and extent of the issues identified by consumers, feedback in this submission is limited to descriptions of each issue and general recommendations for redrafting and correction. Additional consumer feedback has been provided as comments and tracked changes in a digital copy of the draft CAPA Procedure which is attached to the email accompanying this submission.

Legislative compliance

Consumers observed that CAMHS staff and clinicians have responsibilities and duties under the *Children and Young People Act 2008* (ACT) (the CYP Act) and the *Health Records (Privacy and Access) Act 1997* (ACT) that provide instruction for providing services to and managing the health information of children and young people. These responsibilities and duties can vary depending on:

- the age of the child or young person;
- the relationship they have with the person who has parental responsibility for their care; and,
- the existence of any legal arrangements or orders that alter the rights and responsibilities of the child, young person, parents, family members, carers and/or person with parental responsibility.

Because staff and clinicians will rely on the CAPA Procedure to enact its processes, observe their duties and discharge their responsibilities, the CAPA Procedure must be compliant with legislation that defines the meanings of key terms and must use legislatively defined terms throughout.

In view of this, consumers highlighted the inconsistent and improper use of terms throughout the CAPA Procedure, such as:

- child;
- young person;
- parent;
- family; and,
- carer.

Children and young people are inconsistently referred to as “[child/young person](#)”, “[client](#)”, “[person](#)” and “[patient](#)”. Elsewhere persons with parental responsibility are referred to as “[family/carer](#)”, or just as “[parent](#)”. Collapsing key terms using a ‘/’ between them is bad practice for procedures because it creates a false equivalency or interchangeability between persons or entities that are, under legislation, neither equivalent nor interchangeable. Further to this point, consumers observed that ‘family’ is not a legally defined term or entity under ACT legislation whereas ‘carer’ is.¹ Consumers also noted that two legally important terms, ‘family member’² and ‘person with parental responsibility’³ are entirely absent from the CAPA Procedure. This is important because, while ‘parent’⁴ is a legally defined term, it is a specific term that is not interchangeable with carer, family member, or person with parental responsibility.

Ensuring consistency and proper use of legally defined terms safeguards against staff inadvertently breaching the child or young person’s rights by involving or sharing information with persons who do not have legal standing to be involved with the care of, or have access to information about, said child or young person. Inconsistent and improper use of terms in the CAPA Procedure places staff at risk of breaching their duties under relevant legislation and places young consumers at risk of harm due to such breaches. These inconsistencies in the CAPA Procedure must be corrected using the appropriate legislatively defined terms and phrasing. The Definitions section of the CAPA Procedure should include the legal definition for each of these key terms. Additionally, the list of relevant legislation must be updated to include the CYP Act.

Consumers also expressed concerns about phrasing throughout the CAPA Procedure that assumes a child or young person’s relationship with the persons supporting them when they are accessing CAMHS. For example, the following statement that, a “[copy of this form is provided to the child/young person and/or family](#)” (p. 7), assumes that information about the child or young person’s mental health care should be provided to family. Setting aside the aforementioned problems of using a non-legal term, embedding such assumptions into the phrasing guidance in the CAPA Procedure creates the risk that staff and clinicians will replicate these assumptions in their work. This is especially important when it is a staff or clinician’s responsibility to ensure that only those persons who are legally permitted to be involved in or have information about a child or young person’s mental health care are permitted to do so. The CAPA Procedure should be revised to ensure that the

¹ *Carers Recognition Act 2021* (ACT) s 6 (definition of ‘carer’).

² *Ibid* s 13 (definition of ‘family member’).

³ *Ibid* s 15 (definition of ‘parental responsibility’).

⁴ *Legislation Act 2001* (ACT) Dictionary pt 1 (definition of ‘parent’).

phrasing of the guidance to staff does not prejudice them towards assumptions about the child or young person's relationships or circumstances.

Choice appointment process

Consumers highlighted several issues with the Choice Appointment process outlined across Section 4 (pp. 5-6). These issues were procedural, compliance and organisational in nature. Firstly, the CAPA Procedure states that,

[o]nce a referral has been processed (triaged) and consent sought by the CAMHS Duty Officer (DO), they will offer a time for [a] Choice appointment (p. 5)

Here, while a process for triaging referrals to CAMHS is indicated, the list of related procedures provided at the end of the CAPA Procedure (pp. 11-12) does not appear to include a procedure that details how the referral triage process is to be conducted. If there is a particular procedure that outlines the referral triage process, this should be referenced in the list of related procedures. However, if there is not a particular procedure that outlines this, then this should be included in Section 4. For instance, if the DO is to use and apply the Mental Health Triage Scales procedure (p. 11), Section 4 should state this and specify any additional considerations that should be observed.

Consumers expressed concerns about the outline of the Choice appointment process in Section 4 and its compliance with legislation that governs the rights of children and young people concerning informed consent, information privacy, and the sharing of safety and wellbeing information.⁵ For instance, while Section 4 outlines what information that clinicians are required to gather and distribute during the Choice appointment, it does not state that the clinicians need to establish the child or young person's consent and information rights in a manner that is appropriate for their communication needs and age. Consumers respect that this is a nuanced process that needs to be balanced with the responsibilities and rights of the person with parental responsibility for the child or young person. However, consumers also noted that clarifying these responsibilities for clinicians in the CAPA Procedure will ensure compliance with legislation, safeguard against oversights, and uphold the CAPA Procedure's key philosophy to place the child or young person at *"the centre of everything we do through empowerment, engagement, [and] shared decision-making"* (p. 3).

⁵ *Health Records Privacy and Access) Act 1997 (ACT)* ss 10-12; and, *Children & Young People Act 2008 (ACT)* ss 19, 858-859.

Recommendations: CHS Procedure: The CAPA for CAMHS Community Teams

Recommendation 1:

The CAPA Procedure needs to be redrafted to be compliant with legislation. Specifically, the key terms and legal definitions of child, young person, parent, family member, carer and person with parental responsibility must be used consistently and their definition included in the CAPA Procedure. Additionally, the CAPA Procedure should be reviewed to ensure that the relevant legislated rights for children and young people, as well as the privacy of and access to their information, are properly incorporated.

Recommendation 2:

The CAPA Procedure needs to be redrafted so that the child and young person's relationships and circumstances are framed and phrased as legal facts to be established by clinicians and staff, rather than being presented as given assumptions.

Recommendation 3:

Section 4 of the CAPA Procedure needs to be reviewed to clarify both the triaging of referrals and the Choice appointment process.

Conclusion

These recommendations are based on consumer feedback provided to enhance the policy and procedure documents. We look forward to having an opportunity to review the second draft procedure once the necessary adjustments have been made for legislative compliance and consistency.