



Youth Mental Health Youth Act 2018

Youth Act No. 7 of 2018

A Youth Act for the prevention, detection, and supported transition of children and youth with mental illness

[Assented to 26 October 2018]



Youth Mental Health Youth Act 2018

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The Parliament of Queensland enacts—

Part 1 Preliminary

1 Short title

This Youth Act may be cited as the *Youth Mental Health Youth Act 2018*.

2 Commencement

This Youth Act commences on a day to be fixed by proclamation.

3 Main purpose of Youth Act

The main purpose of this Youth Act is to provide early treatment plans and continued support to youth and children facing mental health conditions and learning difficulties throughout primary and secondary school learning. The act also aims to improve transition programs for youth transferring from the Youth Mental Health System to the Adult Mental Health System. This Youth Act will reduce the strain on the adult mental health system by the introduction of early prevention and better transitional programs between Youth and Adult Mental health programs.

4 Definitions

In this Youth Act—

accessible format means a format which would reasonably allow an individual to understand, participate in and complete a mental health screening given the individuals needs and abilities.

child/adolescent mental health professionals means an individual who has at a minimum a Masters in Counselling and/or Clinical Psychology.

CALD means Culturally and Linguistically Diverse.

child a person below the age of 18.

children means the plural of child.

DSM-5 means The Diagnostic and Statistical Manual of Mental Disorders.

full-time employee means an individual who is hired to work a minimum of 38 hours each week and is entitled to ongoing employment and benefits such as annual leave, sick leave and health insurance.

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provided to them in an accessible format, including, but not limited to—

- (a) braille or other assistive technologies; or
 - (b) online or electronically, such as through Skype, for rural and remote youth through electronic services; or
 - (c) as per the requirements of the child or youth.
- (8) The dates of the Mental Health Screenings are to be determined at the discretion of each public primary school and public secondary school in Queensland.
- (9) If a student, teacher, legal guardian or other school staff wish to have a student enrolled in a public primary school or secondary school in Queensland assessed outside of the determined dates, they can request through the YMHOC for the screening be made available.

7 Opting out of Screenings

- (1) The YMHOC shall distribute opt-out letters to all public primary schools in Queensland at a maximum of 30 days into the school year.
- (2) All public primary schools in Queensland must distribute opt-out letters to relevant students and their legal guardians, as specified in sections 6(2), at a minimum of 14 days before the screenings are to be undertaken.
- (a) notification of students' opting out must be given to the school 5 days before the screening; and
 - (b) parents must provide a medical certificate.
- (3) Any student who does not return a letter shall complete a mental health screening.
- (4) Students in Queensland public secondary schools are to be informed of their right to complete screenings without parental consent.

8 Assessment and distribution of screening results

- (1) Public primary schools and public secondary schools in Queensland must send all completed screenings to the YMHOC within 10 working days of its completion.
- (2) Completed screening questionnaires will be assessed by registered child/youth mental health professionals chosen by the YMHOC.
- (3) Students who have completed the screening will be classified as low risk, medium risk, or high risk.
- (4) Students will be classified as high-risk if they are deemed to be at risk of harming themselves or others, or at risk of harm from others.

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- (5) Both the student and the student's general practitioner will have access to the screening result within 60 days of when the YMHOC receives the screening.
 - (a) results are delivered to the student's general practitioner via an online cloud system maintained by the YMHOC; and
 - (b) results are delivered to the student via an online cloud system maintained by YMHOC, or via post, depending on which system the student would prefer.
 - (6) The student's legal guardian/s will be provided with access to the results via their preferred method of contact in the following circumstances—
 - (a) if their child is in primary school
 - (b) if their child is in secondary school and has provided consent for their results to be made accessible to their legal guardian/s
 - (c) if their child is in secondary school, has not provided consent for their results to be made accessible to their legal guardian/s, but has been classified as a high-risk individual
 - (7) If a student is deemed to be a high risk of injuring themselves or others, or at risk of harm from another as a result of the screening, the legal guardians of the student must receive notification from the YMHOC, 7 days from when the YMHOC becomes aware of the issue.

9 Mental Health Education and Training for Teachers

- (1) All teachers must undergo a mental health education and training course developed by the YMHOC and must include education on—
 - (a) common youth mental health disorders; and
 - (b) developmental stages and challenges; and
 - (c) assessing behaviours and recognising signs; and
 - (d) establishing positive mental health culture.

Part 4 Youth to Adult Transition Service

10 Transition facilitator

- (1) The Transition Facilitator will be responsible for the care and support of 18 to 25-year olds who have recently entered the Adult Mental Health System (AMHS), in order to facilitate the transition from the Child and Youth Mental Health System (CYMHS).

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- (2) Transition Facilitators must be registered with the Australian Health Practitioner Regulation Agency (AHPRA) and have qualifications of, equivalent to or above those held by—
- (3) In addition to qualifications, Transition Facilitators must undergo a training course developed by YMHOC and must include programs on—
 - (a) developmental stages and challenges
 - (b) communicating and addressing specific needs of young people including—
 - (i) housing; and
 - (ii) employment services; and
 - (iii) education services
 - (c) social and emotional development and relationships
 - (d) cultural awareness for working with diverse youth including;
 - (i) Indigenous youth; and
 - (ii) youth from CALD backgrounds; and
 - (iii) youth from LGBTIQ community.
- (4) Every Government funded centre that provides Mental Health Services must employ a minimum of one full-time Transition Facilitator for every 5 patients between the ages of 18-25.
 - (a) government funded Youth Mental Health Service centres include—
 - (i) Statewide Adult Mental Health Services (AHMS); and
 - (ii) Headspace Facilities; and
 - (iii) Youth Housing and Reintegration Services (YHARS)
 - (iv) Aboriginal & Torres Strait Islander Community Mental Health Services; and
 - (v) All other private facilities that receive government funding or subsidies.

11 Pre-transition services facilitator

- (1) Once deemed eligible for the Adult Mental Health System individuals within CYMHS must be assigned to the Transition Facilitator at the nearest AMHS facility 6 months prior to exiting CYMHS.
- (2) The Transition Facilitator must sit in for sessions at a minimum of once every two months with the primary CYMH professionals involved in care of individual.

12 Transition services

- (1) Transition facilitators must organise and be present for
 - (a) the patient's first meeting with all members of their AMH team; and
 - (b) Meetings with the patient at a minimum of once a month
 - (c) sessions with AMH team; and
- (2) The involvement of parents, guardians and family throughout the entire transition process is at the discretion of the patient.

13 Post-Transition Services

- (1) At the age of 25, or once the individual has successfully transitioned as deemed by the patient's Mental Health team into the Adult Mental Health system follow up consultations are required to be conducted at;
 - (a) 3 months; and
 - (b) 6 months; and
 - (c) 12 months post transition.
- (2) The purpose and discussion of the consultations may be dictated by the needs of the individual, however a risk assessment questionnaire designed by the YMHOC must be administered at each stage.
 - (a) the 3-month follow up consultation must be a face-to-face meeting between the client and their assigned Transition Facilitator;
 - (b) the 6-month follow-up consultation must be a face-to-face meeting between the client, their assigned Transition Facilitator and the primary AMH professionals involved with the care of the individual;
 - (c) at 12 months, the consultation may be conducted via phone or a face-to-face meeting. At this time the client and the Transition Facilitator will determine, based on requirements outlined by the YMHOC, if further follow up consultations are required. If not, the services of the transition Facilitator will be no longer needed.

14 Access to Transitional Services for Rural and Remote Youth

- (1) Video consultations will take place between patients and the Transition Facilitator at each stage of the transition process as replacement for face-to-face meetings
- (2) Video or telephone communication is a required in replacement of 21 face-to-face meetings between the patient and the Adult Mental Health Team as specified in Part 5 sections 18, 19 and 20.

Part 5 Penalties

15 Penalties for School non-participation

- (1) Any Queensland public primary or secondary school that does not provide mental health screenings to students enrolled in the year levels specified in Part 3 6(2) and Part 3 6(3) will be penalised.
- (2) Penalties will include a 5% reduction in the wages of the individual staff in the school that made the decision to not provide the mental health screenings.
- (3) When the school complies with the laws, wages will be reinstated to the original amount. However, the prior loss in wages will not be reimbursed.

16 Penalties for Government funded Mental Health Services

- (1) Any Government funded centre that provides Mental Health Services as outlined under Part 5 section 174(a) and which fails to employ a minimum of one full-time Transition Facilitator will be penalised.
- (2) Penalties will include a 5% reduction in State government funding that the service receives and a fine of 300 penalty units
 - (a) for every week that the Centre fails to comply with the law an additional 100 penalty units will be added to the fine.
- (3) When the centre complies with the laws, government funding will be reinstated to the original amount. However, the fines will not be reimbursed.

17 Breaches of Individual Sections

- (1) If a school organisation or Government funded Mental Health Service Centre are in breach of any section. A fine of 150 penalty units will be issued per breach.