Final Print

The Y NSW Youth Parliament

Young People's Autonomy and Security in Mental Health Youth Act 2026

Bill Proposed By:	2026 Mental Health Portfolio
Lead Sponsor:	Rosie Bilbao, Youth Minister for Mental Health, Youth Member for Coogee
Sponsors:	Amelie Kemper-Massie, Youth Deputy Premier, Youth Member for Manly Annelies Notelaers, Youth Member for Summer Hill Nour Al Kayal, Youth Member for Liverpool Priya Singh, Youth Member for Macquarie Fields
Lead Refuter:	Eliana Palandjian, Youth Shadow Minister for Mental Health, Youth Member for Lane Cove
Refuters:	Aleks Yang, Youth Member for Davidson Nathan, Youth Member for Cabramatta Nazeer Naqvi, Youth Member for Bankstown Rohan Arianayagam, Youth Deputy Leader of the Opposition, Youth Member for Willoughby

Summary of Debate:
On Tuesday the 14th of July 2026 the *Young People's Autonomy and Security in Mental Health Youth Bill 2026* was debated on the floor of the NSW Legislative Council; presided over by Ms Judy Hannan MP, Member for Wollondilly.

Results of the Vote:
The results of the vote on the passage of amendments were 18 Ayes, 21 Noes, 0 Abstentions. As such, the amendments were resolved in the negative.

The results of the vote on the passage of the bill were 30 Ayes, 7 Noes, 0 Abstentions. As such, the bill was passed.

The *Young People’s Autonomy and Security in Mental Health Youth Bill 2026* was passed in its original form.

I certify that this Bill has been duly passed by the Y Youth Legislative Council of New South Wales, has received assent, and is now a Youth Act.

Jamison Dustin, 24th Youth Governor of the Y NSW Youth Parliament

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Young People's Autonomy and Security in Mental Health Youth Act 2026

Act no. 02, 2026

An Act to

Provide for the implementation of statewide guidelines to enhance the efficiency, ethical use, and accountability of artificial intelligence, supported through education, workforce development, and economic advancement, and related purposes.

I have examined this bill and find it to correspond in all respects with the bill as finally passed by the Youth Legislative Council.

Amelie Kemper-Massie, Youth Deputy Premier of the Y NSW Youth Parliament – Leader of the Government in the Legislative Council

Explanatory Note

Summary
The object of the Young People's Autonomy and Security in Mental Health Act 2026 is to develop systems within the Mental Health Sector to support young people when seeking consistent help, with considerations of their security and confidentiality. The bill comes at a time when stigma, shame, and concerns of confidentiality are the leading barriers preventing young Australians from accessing mental health support. The bill works to highlight new, necessary confidentiality guidelines, including bridging gaps between private and public practices and ensuring access for marginalised groups facing distinctive challenges specifically related to their culture, geography and socioeconomic background.

Part 2 – Consistency in Mental Health
Division 1 – Public vs Private Services and Access
This Division aims to bridge gaps between services provided in Public and Private Mental Health Care, as well as improve consistency of access to said services. With standardised assessment frameworks and maximum wait times implemented in both sectors, the sense of security and trust in a system designed to aid recovery will contribute to improvements across the state. These requirements work with the new implementation of a Youth Advocate, ensuring consistency across Public and Private Mental Health services in rural and regional communities and other impacted groups.

Division 2 – School-Based Mental Health Services
This Division seeks to improve the accessibility, consistency, and transparency of mental health support within schools across New South Wales. Recognising that schools are often the first point of contact for young people seeking mental health assistance, this Division establishes clear expectations regarding confidentiality, duty of care, and student rights.
It aims to ensure students can access initial support in a safe and trusted environment while maintaining appropriate safeguards where there is a risk of harm. By providing young people with clear information about how their personal information may be used or shared, and by reducing uncertainty surrounding confidentiality, this Division encourages earlier help-seeking behaviours, strengthening trust in school-based mental health services. Ultimately, it contributes to a more supportive and youth-centred approach to mental health care within educational settings.

Part 3 – Redefining Confidentiality Guidelines, Laws and Practices within the Mental Health Sector
Division 1 – Redefining Mental Health Act 2007 (NSW)
The amendments to the Mental Health Act 2007 (NSW) aim to allow young people to be regarded as capable of making decisions about disclosure and treatment. The structures introduced in this division strengthen the rights of young people receiving mental health care by recognising the concept of a Mature Minor. The division recognises a young person's capacity to make decisions about the disclosure of their personal information, nominate trusted designated carers and request development of mentally appropriate mental health services. The amended sections work in harmony with the original Mental Health Act to both preserve and enhance safeguards for young people.

Division 2 – Safeguards for Youth Confidentiality
The establishment of a youth advocate ensures that mental health services are consistent and serve their purpose of supporting young people across NSW in accessing them. This advocate ensures that individuals have a strong understanding of their rights to confidential mental health support. Additionally, digital confidentiality protections ensure that confidentiality is maintained through encryption and online security measures. These protections also limit the use of artificial intelligence, noting that it is a useful tool; however, it should not be used for diagnostic purposes. Finally, youth confidentiality is safeguarded through consistent regulations regarding information storage for all mental health services, which allows individuals to maintain security and privacy regarding their mental well-being.

Division 3 – Duty to Explain Confidentiality
Division 3, Duty to Explain Confidentiality, relates to the processes involved in explaining the system regarding patient confidentiality when receiving mental health support to patients, parents, or a designated carer. It sets out to ensure all individuals clearly understand the protection of the patient's personal information to prevent breaches of confidentiality, and to facilitate mutual understanding. It also aims to reduce the fear of unauthorised disclosure of personal information for young people when receiving support.

Part 4 – Considerations for Accessibility in CALD, First Nations, Socioeconomic, Rural and Regional Communities
Division 1 – Establishment of Considered and Appropriate Education, Treatments and Services
Part 4 Division 1 seeks to address the absence of a culturally competent and adequately distributed mental health workforce in NSW. This will be delivered by establishing mandatory training for those working with First Nations young people, training access requirements for those working with culturally and linguistically diverse communities, having new qualification pathways to grow the workforce, and targeting workforce outcomes for investment, reaching the communities that need it most.

Overall, the Young People's Autonomy and Security in Mental Health Youth Act 2026 represents a long overdue reform of current NSW legislation across NSW. The three areas of reform include:

- **Consistency in Mental Health (Section 2):** Establishes a consistent standard of care among public and private sectors, reinforcing protections by outlining appropriate treatment and confidentiality guidelines.
- **Redefining Confidentiality Guidelines, Laws and Practices within the Mental Health Sector (Section 3):** Strengthens mature minor agency, clarifies communication with designated caregivers, and outlines AI and encrypted security software operations to ensure confidentiality.
- **Considerations for Accessibility in CALD, First Nations, Socioeconomic, Rural and Regional Communities (Section 4):** Mandates mental healthcare provider training regarding culturally safe, trauma-informed practices for CALD and First Nations communities. Alongside, outlining clear rural and regional community considerations, including increased services, early intervention care, and online service expansion.

By addressing systematic gaps in current frameworks, this Act aims for safer, more transparent and more widely accessible for young people seeking mental health services.

Rationale

Introduction

NSW has a mental health system built on the premise that support should be available for everyone. Yet, it contains structural barriers that prevent young people from accessing mental health resources, resulting in detrimental effects on the youth. Mental health support and intervention are crucial for young people, with 75% of mental health issues emerging before the age of 25. The status quo restricts mental health resources for young people due to inconsistencies within the system and the variation of support across regions, cultures, and institutions. A 2022 survey (Mission Australia 2022) found that stigma, shame, and concerns of confidentiality were the leading barriers preventing young Australians from accessing mental health support. Non-consensual disclosure of a young person's personal health information is often overlooked due to contradictions across organisations and legislation surrounding confidentiality. Comparing the 1 in 3 secondary students of healthy mind and 1 in 3 secondary students were at a high risk of anxiety or depression (Resilient Youth Survey in 2024; Kohler and Reece, 2025), only 42% of young people experiencing mental health issues would seek support from mental health professionals. This highlights the flaws within the current NSW mental health system, emphasising the need for change to support young people in receiving mental health support.

Legislative Context and Need for Reform

In New South Wales, the legal framework governing young people's access to mental health care is primarily shaped by the Mental Health Act 2007 (NSW) and NSW Health policy, which recognise that minors may consent to their own treatment when they demonstrate sufficient maturity. While this reflects the "mature minor" principle and provides some autonomy, in practice, this is limited.

Confidentiality in Different Systems

Parents or guardians continue to play a significant role, particularly where a young person is assessed as lacking capacity, and may access information about their child's treatment (Gotocourt, 2017). Although confidentiality is a fundamental principle within the NSW health system, it is not absolute; it can be easily overridden in several situations, often at the discretion of clinicians, and with limited regard for the young patients. Currently, the ambiguous wording of a "serious and imminent threat" (*Health Records and Information Privacy Act 2002 (NSW)*) can lead to unnecessary disclosure and breaches of confidentiality. Narrowing this threshold will strike a more appropriate balance between disclosure for safety and privacy for young people.

Furthermore, public mental health services operate under structured legislative and policy frameworks. At the same time, private psychologists have greater discretion within legal boundaries, and school-based counselling services impose stricter limitations on confidentiality due to duty-of-care obligations and institutional policies. As a result of inconsistency surrounding the application of rules and laws, adolescents face varying levels of privacy and control depending on where they seek help. These discrepancies, combined with the subjective nature of capacity assessments and the broad scope for breaching confidentiality, undermine trust and discourage young people from accessing support. As a result, the current system does not provide a consistent or sufficiently secure foundation for youth mental health care, highlighting a clear need for reform to protect young people's autonomy, confidentiality, and access to services to promote trust in young Australians when accessing mental health.

Inconsistencies in Practice

The current Mental Health system is fragmented in the legislation, guidelines, and codes that different public, private, and school-based services follow. They do not consistently provide clear, age-appropriate explanations of confidentiality to young people at the commencement of treatment. The current legislation restricts this autonomy, despite recognising that young people may possess sufficient maturity to make informed decisions regarding their care. This contradiction undermines the principle of Gillick competence and discourages young people from seeking support due to fears of unwanted parental disclosure. By aligning legislative provisions with established common law principles, this amendment ensures that autonomy is not only recognised in theory but also protected in practice.

Key Drivers of Legislative Change

The NSW Mental Health Workforce is systematically failing to meet the needs of a significant proportion of Australians. The 2023-2024 Mental Health Commission states that there are 11,600 FTE mental healthcare workers, or 138 staff per 100,000 people, significantly below the national average *(NSW Mental Health Commission, n.d.).* In NSW, 88% of psychologists are centralised in Sydney, highlighting the distributional inconsistencies, with a 29% shortfall in services for people with complex needs. Poor access to psychiatrists forces lesser qualified practitioners to manage mental health and crisis cases beyond their scope of knowledge, creating a significant gap between the accessibility, quantity, and quality of care amongst urban and rural NSW. Furthermore, the mental healthcare gap has significantly impacted the suicide rates of rural populations, with 16.4 per capita being reported, as compared to 7.6 in Sydney *(NRHA, 2021).* This can be partially attributed to the higher rates of drug consumption, with daily smoking rates (20%) being roughly three times higher than in Sydney (7%) *(Australian Institute of Health and Welfare, 2024).*

First Nations Disparity

Aboriginal and Torres Strait Islander people make up 3-9% of the population in inner/outer regional NSW, with remote towns such as Walgett having a 20-50% Aboriginal population *(Healthy North Coast, 2021).* First Nations people experience a disproportionately high burden of substance abuse harms, heavily linked to intergenerational trauma and a lack of culturally safe support services within regional areas *(AIHW, 2024),* therefore showcasing how disparities of mental healthcare and distribution disproportionality affect rural, alongside Aboriginal and Torres Strait Islander communities.

Conclusion

The inconsistencies within the mental health system mean that young people are unable to understand their rights and the regulations about their privacy. The various laws and government manuals on privacy for young people in NSW provide contradictory information about how an individual's privacy can be protected, often hindering confidentiality. The function of the mental health system varies greatly across NSW, meaning that there is a disparity in the availability of mental health services across the state. Public systems such as hospitals have different restrictions from schools, psychologists, counsellors, and therapists have their own confidentiality restrictions. The shortage of workers within the mental health system in NSW is lower than the national average, with most in Sydney resulting in significant inequity due to a lack of accessibility in regional areas. Thus, the mental health system does not fully accommodate the needs of young people, demonstrating that more consistency is needed within the mental health system to ensure that young people's privacy is protected.

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The Y Youth Legislature of New South Wales enacts—

Part 1: Preliminary

1 Name of Act

This Act is the Young People's Autonomy and Security in Mental Health Youth Act 2026.

2 Commencement

The Act commences 28 days after Assent.

3 Objects

The objects of this Act are to—

(a) Ensure consistency within the mental health system,

(b) Improve confidentiality regarding sensitive information,

(c) Improve accessibility to mental health services for vulnerable populations.

4 Definitions

In this Act—

School-based services are any mental health services provided by educational institutions, including but not limited to Government and Non-Government Schools

CALD refers to Culturally and Linguistically Diverse Communities across NSW.

Mature Minor means a young person under the age of 18 years who is assessed by a qualified health professional as having sufficient maturity, understanding and psychological competence to make informed decisions regarding their treatment, care and disclosure of personal health information. A young person aged 14 years or older is presumed to have such decision-making capacity unless assessed otherwise by an appropriately qualified health professional.

Mental Health Practitioner or Practitioner refer to any qualified person or service that provides mental health support, such as the assessment, diagnosis and treatment of emotional or psychological disorders.

Personal Health Information means information or an opinion relating to the physical or mental health of an individual, whether recorded or not, where the individual can reasonably be identified.

Serious and Imminent Risk of Harm means a risk that a person may cause significant harm to themselves or another person in circumstances requiring immediate intervention to prevent injury, death, or serious deterioration in physical or mental health.

Telehealth means the delivery of health or mental health services through telephone, video conferencing, online platforms or other approved communication technologies.

Artificial Intelligence means a computer-based system capable of performing tasks that would ordinarily require human intelligence, including the analysis of information, pattern recognition, content generation or decision-support functions.

Rural and Regional Area means an area classified as regional, rural or remote New South Wales under a classification system approved by the Minister for Mental Health.

Confidentiality means the obligation of a mental health practitioner or service to protect personal health information from unauthorised access, use or disclosure, except where disclosure is required or authorised by law.

Designated Carer means a person recognised under this Act or the Mental Health Act 2007 (NSW) as being responsible for providing support, care or assistance to a young person receiving mental health services.

Note— The *Interpretation Act 1987* also contains definitions and other provisions that affect the interpretation of this Bill.

Part 2: Consistency in Mental Health

Division 1 Public vs Private Services and Access

5 Assessment of Young People

(1) A standardised assessment framework to be implemented in both public and private sectors for mental health assessments.
   a. This assessment must be able to be transferred between the two sectors.

(2) Assessments of a young person's mental state must be conducted by an appropriate clinician.

(3) No young person may be discharged from an emergency without a follow-up plan.

(4) Private mental health providers must not refuse referrals for subsidised sessions from public health services.

(5) If a young person is unable to pay for a diagnosis, they are entitled to a one-off subsidised diagnostic appointment in either the public or private sector.
   a. A state framework and process are to be implemented when requesting the above subsidy.

6 Wait Times for Young People

(1) A state maximum wait time for non-emergency diagnosis of 2 weeks in both public and private sectors when advised by:
   a. A general practitioner;
   b. A mental health practitioner;
   c. A mental health-accredited social worker;
   d. An occupational therapist with a mental health endorsement.

(2) Where a rural or regional area is unable to meet the 2-week maximum wait time due to insufficient local mental health workforce capacity, a temporary exemption may apply, subject to the following conditions —
   a. The relevant health authority must declare a workforce shortage in that area, reviewed annually.
   b. During an exemption period, the maximum wait time may extend to 4 weeks, or until the workforce capacity is sufficient to meet the 2 week wait time.
   c. Areas operating under exemption must provide alternative support, including but not limited to:
      i. Telehealth consults
      ii. Digital mental health resources
      iii. Referral to the next available practitioner
      iv. A safety plan
   d. A plan to improve capacity must be submitted to the appropriate Youth Advocate for mental health within 90 days of a workforce shortage declaration, outlining —
      i. Measurable steps to achieve the two-week maximum wait time;
      ii. A timeline for these steps to be put in place.

7 Treatment of Young People

(1) Where a young person has not reached their annual entitlement and changes provider — including a transition between a public and private provider — the remaining session entitlement must transfer with the young person.

(2) All young people are entitled to mental health services appropriate to them, regardless of external influences.

(3) Treatment delivered to young people must not rely solely on pharmacological intervention, where psychosocial treatment is clinically appropriate and available.

(4) Treatment delivered to a young person must be adapted to the young person's neurodevelopmental profile, including where the young person has a co-occurring diagnosis of autism, ADHD, or an intellectual disability, regardless of whether receiving public or private services.

(5) A provider must not deliver treatment that:
   a. Attempts to change, suppress, or redirect a young person's sexual orientation or gender identity.
   b. Uses aversive, punitive, or coercive techniques as a therapeutic method.

(6) A provider must review a young person's mental health treatment plan:
   a. At least every 90 days;
   b. Following any significant change in circumstances;
   c. Following a transition between sectors;
   d. At the patient's request.

(7) A provider must prepare a written treatment plan for each young person within 10 business days of diagnosis and share it with the patient. The treatment plan must:
   a. Identify the young person's presenting concerns and treatment goals, using the young person's own language where practicable.
   b. Specify the type, frequency, plan, and anticipated duration of the treatment.
   c. Include a risk management plan.

Division 2 School-Based Mental Health Services

8 Duty of Care and Confidentiality Framework

(1) A school-based mental health service provider must exercise reasonable care and skill in providing services to students.

(2) In exercising that duty, the provider must have regard to—
   a. the psychological safety and well-being of the student, and
   b. the student's age, maturity and expressed views.

(3) A duty of care under this section does not, of itself, authorise disclosure of a student's personal information to a parent or guardian.

(4) Disclosure to a parent or guardian may occur only where the provider reasonably believes it is necessary to prevent a serious and imminent risk of harm to the student or another person.

(5) Before making a disclosure under subsection (8.4), the provider must, where practicable and safe to do so, inform the student of:
   a. the intention to disclose information; and
   b. the reasons for the disclosure.

9 Confidential Access to Initial Support

(1) A student is entitled to access at least one initial mental health consultation on a confidential basis, unless disclosure is required to address an immediate safety risk.

(2) Information relating to a consultation under subsection (9.1) must not be disclosed to school administrative staff, parents or guardians

(3) A school must not impose administrative requirements that prevent or unreasonably delay access to a consultation under this section.

10 Student Information and Confidentiality Rights

(1) A school-based mental health service must maintain a record of each instance in which a student's personal mental health information is accessed, used or disclosed.

(2) Before or during an initial mental health consultation, a school must take reasonable steps to ensure that a student is informed of—
   a. their rights to confidentiality, and;
   b. The limits on confidentiality include circumstances in which disclosure may occur.

(3) A student may, on request, obtain a summary of the record referred to in subsection (10.1).

(4) A summary provided under subsection (10.3) must include—
   a. the date of access, use or disclosure, and
   b. the category of person accessing the information, and
   c. The general purpose of the access, use or disclosure.

Part 3 Redefining Confidentiality Guidelines, Laws and Practices within the Mental Health Sector

Division 1 Redefining Mental Health Act 2007 (NSW)

11 Amend Clause 68 Principles for Care and Treatment of the Mental Health Act 2007 (NSW)

(1) Insert sub-clause (k) Mature Minor Considerations—
   a. A young person is to be considered a Mature Minor if aged 14 years or older, and is presumed to have the capacity to make decisions regarding the disclosure of their health information unless assessed otherwise.

   b. A Mature Minor has the right to:
      i. consent to or refuse disclosure of their personal health information, and;
      ii. be informed of any intended disclosure.
      iii. Request a review of a determination that disclosure is necessary due to a serious risk of harm.

   c. A Mature Minor can influence or challenge to what degree the services provided to them are developmentally appropriate through—
      i. The Youth Advocate in their LGA of residence;
      ii. The Youth Advocate in the LGA of the mental health care providers they are receiving said service from;
      iii. The central statewide office for Youth Mental Health Advocacy;
      iv. Their guardian or designated carer.

   d. The rights provided under this section may only be limited where a mental health professional reasonably believes that disclosure is necessary to

prevent a serious risk of harm to the young person or another person, and any disclosure made must be limited to the minimum information reasonably required in the circumstances.

12 Amend Section 71 Designated Carers of Mental Health Act 2007 (NSW)

(1) The designated carer of a person (the patient) for the purposes of this Act is—
   a. The guardian of the patient, or;
   b. The parent of a patient who is a child, unless the patient is over the age of 14 years and assessed as a mature minor and has made a valid nomination under paragraph (c), or;
   c. If the patient is over the age of 14 years, including a patient under guardianship who is assessed as a mature minor, a person of 18 years or older nominated by the patient as a designated carer under this Part under a nomination that is in force;
   d. If the patient is not a patient referred to in paragraph (a) or (b), or there is no nomination in force as referred to in paragraph (c)-
      i. The spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or;
      ii. Any individual who is primarily responsible for providing support or care to the patient, or;
      iii. A close friend or relative 18 years or older.

13 Amend Section 72 Nomination of Designated Carers of Mental Health Act 2007 (NSW)

(1) A person may nominate up to 2 persons to be the person's designated carers for the purposes of this Act.

(2) A person may nominate persons who are excluded from being given notice or information about the person under this Act and may revoke or vary any such nomination.

(3) A person who is over the age of 14 years and assessed as a mature minor may exclude the person's parent or guardian from being given information under subsection (13.2). A parent or guardian may only receive notice or information regarding a mature minor's mental health care where—
   a. Mental Health Review Tribunal orders disclosure, or;
   b. the young person provides explicit consent in writing or verbally before 2 witnesses, or;
   c. the nominated designated carer provides explicit consent in cases where disclosure is necessary to prevent a serious and imminent risk to the life, health or safety of any person.

(4) A nomination, exclusion, variation or revocation may be made in writing or verbally before 2 witnesses and may be given to an authorised medical officer at a mental health facility or a director of community treatment.

(5) A nomination or exclusion remains in force—
   a. for the period prescribed by the regulations, or;
   b. until it is revoked in writing, or;
   c. if said nomination, acting in a young person's interest, chooses to revoke.

Division 2 Safeguards for Youth Confidentiality

14 Establishment of Access to an Independent Youth Advocate for Mental Health

(1) A Youth Advocate committee for Mental Health will be established in NSW.

(2) The committee is to establish—
   a. a central statewide office for Youth Mental Health Advocacy, and;
   b. regional and local offices in Local Government Areas where considered necessary, to ensure equitable access for young persons throughout New South Wales, and;
   c. A 24/7 call centre for young people to contact the youth advocate office.

(3) The Youth Advocate Committee will be appointed by the Office for Youth in association with the Minister for Mental Health.

(4) The central statewide office is to coordinate and support all regional and local advocacy services and ensure accessibility for young persons who are unable to reasonably access an office within their Local Government Area due to geographical, financial, cultural, technological or other barriers.

(5) The Youth Advocate may —
   a. Advise on disputes regarding confidentiality;
   b. Assist young people in lodging complaints regarding mental health services in areas including but not limited to —
      i. Schools
      ii. Health services
      iii. Child protection;
   c. Escalate systemic issues regarding confidentiality to oversight bodies, including —
      i. The Information and Privacy Commission
      ii. NSW Health
      iii. The Office for Youth;
   d. Advise the government on youth-specific mental health needs;
   e. Advise on the designation of carers for young people.

(6) The Youth Advocate must –
   a. Have significant experience in the youth mental health system, and;
   b. Be subjected to a background check.

(7) The Youth Advocate shall submit an annual report on the mental well-being of youth to the Minister for Mental Health.
   a. All individual data in the report shall be anonymous.

b. The report will evaluate the state of mental health and wellbeing across young people within NSW.
c. The report must contain a variety of perspectives, including but not limited to –
    i. Culturally and Linguistically Diverse; and
    ii. Regional and Rural; and
    iii. Aboriginal and Torres Strait Islander; and
    iv. LGBTQIA+ perspectives.

15 Digital Confidentiality Protections

(1) Online mental health services must outline confidentiality practices to all people receiving support.
    a. Clients may be informed about how their personal data is stored and protected.
(2) Informed consent must be ongoing throughout all online-based consultations.

(3) Practitioners must ensure all dedicated work devices are secure by –
    a. Ensuring all devices are password-protected.
    b. Ensuring all devices are regularly updated with security software.
    c. Ensuring all communication between practitioners and clients uses encrypted technologies.
        i. Practitioners may not communicate with clients on social media platforms.
        ii. Practitioners may not connect with clients on social media platforms.
        iii. Communication between practitioners and clients is limited to emails and secure client portals.
    d. Ensuring all information is restricted using multi-factor authentication
    e. Data access is limited to authorised personnel being –
        i. The practitioner;
        ii. The client;
        iii. Any other necessary persons.

(4) Artificial intelligence may be used for mental health services with the requirements that —
    a. A government approval process will be established to verify the security of artificial intelligence for use in mental health practices.
    b. Artificial intelligence may not be used for diagnostic purposes.

(5) Use of Artificial intelligence services and programs as referred to in this part is to be reviewed by the Minister for Mental Health at least once every 12 months.

16 Consistent Confidentiality Regulation for Counsellors, Psychologists, and Other Mental Health Services

(1) All Counsellors, psychologists and other mental health services must keep all sensitive information secure and private unless —
    a. Disclosure is necessary to prevent a serious threat to life or health.

b. The person from whom the information was obtained has given explicit permission for the information to be shared.
c. Court orders or subpoenas require the disclosure of confidential records.
d. Mandatory legal reporting to appropriate authorities is required.

(2) Private client information must be secured by storing it in a secure location.

(3) All mental health practitioners receive annual training on protecting confidentiality

Division 3 Duty to Explain Confidentiality

17 Explanation of Confidentiality to Young Person/s

(1) Forms and explanations explaining confidentiality of personal information must use language appropriate to the understanding of the young person's age.

(2) All mental health services must thoroughly explain the confidentiality of personal information before the commencement of any treatment, including —
a. Duty of care requirements.
b. The protection processes put in place to support young people.
c. The situations in which information may need to be disclosed to a third party.

(3) A contract outlining the confidentiality guidelines must be signed by the individual receiving the treatment and the provider, outlining —
a. That the receiver of the treatment understands the protection of their personal information.
b. That the provider has outlined the confidentiality processes of the service.

(4) Providers must outline all features of the service that the receiver is eligible for.

18 Explanation of Confidentiality to Parent, Guardian or Designated Carer

(1) An explanation of the confidentiality of their child must be outlined to the parent, guardian, or designated carer of the patient if the patient is under 18.

(2) An explanation of the restrictions the parent, guardian, or designated carer has regarding access to patient information.

(3) An explanation of the rights of the patient must be outlined to the parent, guardian, or designated carer.

(4) An explanation of the implications of nominations and exclusions for designated carers made by mature minors must be outlined to all parties involved, including but not limited to the parents, guardians, and designated carers.

(5) A contract must be signed by the parent, guardian, or designated carer, outlining that they understand the confidentiality and rights of their child, and the access they have to personal information of their child.

Part 4 Considerations for Accessibility in Culturally and Linguistically Diverse Persons (CALD), First Nations, Socioeconomic, Rural and Regional Communities

Division 1 Establishment of Considered and Appropriate Education, Treatments and Services

19 Education and Training Relating to First Nations Communities

(1) At a minimum, all mental health professionals who provide services to children and young persons must receive ongoing education and training regarding—
   a. the impact of intergenerational trauma, displacement, discrimination and social disadvantage on the mental health and wellbeing of Aboriginal and Torres Strait Islander young persons, and;
   b. the cultural and spiritual beliefs and practices of Aboriginal and Torres Strait Islander peoples, and;
   c. culturally safe and trauma-informed approaches to assessment, treatment and care.

(2) Education and training provided under this section must—
   a. encourage mental health professionals to recognise the importance of
      i. identity
      ii. connection to culture
      iii. kinship, and
      iv. community support structures
      in promoting positive mental health outcomes for Aboriginal and Torres Strait Islander young persons.
   b. have considerations of specific community beliefs and practices, through consultations with First Nations, communities and organisations in the area of service.

(3) Mental health professionals should, where appropriate and consented to by a mature young person or designated carer, incorporate culturally significant practices, family and kinship supports, and community-based approaches into care planning and recovery.

(4) In delivering education and training under this section, consultation should occur with Aboriginal and Torres Strait Islander Elders, organisations and culturally qualified mental health practitioners and educators.

(5) Mental health practitioners providing mental health services to young persons, must annually submit a report detailing the completion, accessibility and effectiveness of education and training undertaken under this section, and how such training has informed or improved their delivery of culturally safe and appropriate care to Aboriginal and Torres Strait Islander young persons. Such reports are to be reviewed by the Minister for Mental Health to ensure practitioners maintain culturally informed and appropriate practices.

20 Education and Training Relating to CALD Communities

(1) professionals who provide services to children and young persons are to have access to ongoing education and training resources regarding—
   a. the cultural, religious and linguistic beliefs and practices of CALD communities, and;
   b. the impacts of migration-related trauma, racism, discrimination, social isolation, family pressures and stigma surrounding mental illness on CALD young persons, and;
   c. Culturally responsive yet developmentally appropriate and trauma-informed approaches to assessment, treatment and care for CALD young persons.

(2) Education and training provided under this section must —
   a. occur at intervals and to a standard determined by the Minister for Mental Health, and;
   b. encourage mental health professionals to recognise the importance of
      i. cultural identity,
      ii. family relationships,
      iii. community belonging, and:
      iv. culturally appropriate communication

   in supporting positive mental health outcomes for culturally and linguistically diverse young persons.

(3) Mental health professionals should, where appropriate and consented to by a mature young person or designated carer, incorporate family supports, faith-based supports and community-based approaches into care planning and recovery.

(4) Employers and mental health service providers must take reasonable steps to ensure mental health professionals providing services to children and young persons complete education and training required under this section.

21 Considerations of Youth Mental Health Services in Rural and Regional Communities

(1) The Ministry of Health is to take reasonable steps to improve equitable access to youth mental health services in rural and regional areas of New South Wales.

(2) Measures undertaken in this section may include, but are not limited to—
   a. the expansion of digital and online mental health services for young persons, and;
   b. increase in the availability of outreach programs and early intervention services in rural and regional communities, and;
   c. supporting the recruitment, retention and ongoing training of youth mental health professionals in rural and regional communities, and;
   d. enhanced access to the internet and online services in public spaces for young people to access and receive mental health support and treatment through partnership with telecommunications authorities and the Department of Regional NSW.

(3) Mental health services operating in rural and regional areas should provide education and support that recognises the additional impacts of social isolation, geographic disadvantage, natural disasters, community trauma and limited-service accessibility on the mental health of young persons.

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