Australian Psychosocial Alliance

Sector led advice on new and/or refined models of youth mental health care. Response to the summary of consortium early advice.

16 May 2025

About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) includes Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Ruah, Stride Mental Health, Open Minds and Wellways Australia. We are specialist providers of community managed mental health and wellbeing services in Australia, with most registered as NDIS providers with a particular focus on psychosocial disability.

Members of the APA have extensive experience providing recovery-oriented care and support which focuses on personal goals, participation and living a meaningful life. We have evidence of what works, and combine this with service delivery wisdom, to provide recovery-oriented services that support people to manage their symptoms and build their capacity to participate in society and manage their lives. This includes support to sustain a tenancy, build the skills to live independently, find fulfilling work, and build social connections.

The people who access our supports come from diverse communities across Australia, with each of our organisations having a clear commitment to promoting community inclusion and participation. We have experience providing services to at risk groups, such as LGBTIQ+ individuals, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander people, as well as young people. We recognise the value of lived experience and seek to co-design services and approaches wherever possible.

APA Submission to the "Sector led advice on new and/or refined models of youth metal health care." Response to the summary of consortium early advice.

Introduction

The Australian Psychosocial Alliance (APA) members are specialist community mental health and psychosocial support providers. Together, we provide a range of youth mental health services, including step up step down/PARC, youth residential rehabilitation programs, suicide prevention and postvention, transitional and outreach support programs and collectively around 18 headspaces. Many of our services are funded for and work successfully with young people across the spectrum of need, including those with moderate to severe mental health issues and complex needs who often fall through the cracks between headspace and clinical services.

We welcome the leadership in initiating a conversation about new and refined models of youth mental health care and appreciate that our members have contributed to the roundtable consultations to advance the discussion.

The APA identifies that a significant gap in the current system is good access to community based psychosocial support, including individual recovery support which focuses on providing young people with the opportunity to build life skills and hope, as well as to remain engaged or to re-engage with activities which are important to them, such as school, employment, recreation and a social life. Our services and programs are already delivering this type of support and achieving good outcomes, but not at the scale or with the coverage required.

The youth mental health support services that we deliver are non-clinical (although sometimes delivered with clinical partners) and support is not diagnostically driven, offering a different approach to that of clinical services, and the headspace model. We are wary of the proposed investment in new service elements to address complexity and coordination, rather than the opportunities to build on existing expertise and service models.

Additionally, we feel that any new directions for youth mental health must consider the effects of poor access to housing, income support, discrimination, and schools with stretched resources, which, if addressed, would likely have a significant impact on youth mental health and wellbeing. We would welcome a more holistic approach to thinking about improving youth mental health.

The APA recommends:

- Investment in the expansion of the range of existing youth mental health and psychosocial programs currently provided by specialist community mental health providers (funded through States/Territories and PHNs) to improve reach and availability.
- Broadening the headspace model to provide an integrated clinical/ psychosocial support model of care. This goes beyond the focus on employment and education, to one of personal recovery. Its approach would be relational, trauma-informed and developmentally appropriate with a strong lived experience presence. Other improvements include outreach, later operating hours and optimising connection to other programs.
- Address the commissioning issues associated with headspace.
- Invest in and appropriately fund services to optimise service linkages and partnerships and community engagement, as a key tool to address fragmentation, service navigation and service integration.
- Advocating for investment in addressing the external factors that impact youth mental health, such as housing, income support, schools and stigma.

We would welcome the opportunity to provide more information about our programs, including our evidence base and experience, which support our approach to providing youth mental health support.

Refocus on and invest in community mental health and psychosocial support models.

Attachment A provides a snapshot of some of the youth mental health programs that exist outside the headspace environment, with a focus on those that support young people with more serious and complex mental health issues.

Some of these programs, such as the Youth Residential Rehabilitation (YRR) in Victoria, have been operating for at least 30 years. Over this time, the service approach has undergone significant changes in response to ongoing research and evaluation, co-design with young people, and a commitment to improving mental health and wellbeing, as well as psychosocial outcomes. We know that trauma-informed, developmentally appropriate, and relational approaches are both consistent with what young people express they want and need and are achieving positive health and well-being outcomes. An essential feature of these programs is that they are not diagnostically driven and centre the relational approach to create safety and trust for young people who often present with a history of trauma.

For example, in a study undertaken by Neami National of four YRR services[1] young people identified that it was important for them to develop the skills they needed to live and cope, and that relational development is crucial to support their learning and growth. The study highlighted the importance of developing and fostering 'real relationships' with staff, peer workers and other young people to 'create a culture of belonging, safety and feeling known'. The key factors that enabled young people to thrive included:

- Feeling safe
- Feeling known
- Feeling as though they belong.
- Being supported to identify and work on self-determined goals

Another study undertaken by Mind Australia, of its YRR and youth outreach recovery services (which are similar in approach to the Neami services), showed a range of improvements across rates of employment, self-rated physical health, overall wellbeing, hopefulness and happiness with their life and more satisfaction with their time spent socialising, and their sense of being part of a group or community.[2]

The Primary Health Networks also fund a range of enhanced youth mental health programs, focusing on individuals who fall through the gaps of primary, secondary, and tertiary mental health services.

The YFLEX program, commissioned by the Eastern Melbourne Primary Health Network, is an example of one of these programs and demonstrates how an integrated clinical and psychosocial model of care can operate, including offering a relational (and non-diagnostic) approach. Outcomes data is showing significant improvements to K10 and HoNOS scores, with families/carer and stakeholders also reporting improved sense of hope for the future, more profound understanding of their own mental health experiences, improved wellbeing and psychosocial functioning, an emergent sense of mastery and control, improved family dynamic and greater trust in the system.[3]

A key issue is that these types of services are not available in all areas, and not at the scale to meet need. The report on the YFLEX program has also highlighted that for young people with the most complex needs and/or those who are already highly disengaged, programs need to offer longer durations of support.

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[1] Ennals, P., Lessing, K., Spies, R., Egan, R., Hemus, P., Droppert, K., Tidhar, M., Wood, T., van Dijk, C.,Bride, R., Asche, A., Bendall, S., & Simmons, M. (2021). Co-producing to understand what matters to young people living in youth residential rehabilitation services. Early Intervention in Psychiatry, 1–10. https://doi.org/10.1111/eip.13222

[2] https://www.mindaustralia.org.au/sites/default/files/2025-02/Youth%20services%20report%20snapshot%202023.pdf

[3] Spies, R. & Hall, C. (2022). YFlex Practice Approach. Melbourne: Neami National.

"It takes quite a while for me to open up, as I said. So it's like – a couple months before you really, really get into the really deep stuff, and then the 12 months is ending by the time you're getting in to the really, really, really deep stuff, and you kind of just have to cut it off… Even if it was just an extra 6 months on to the 12. It would probably be a lot better for other kids as well"
(young person 5)[4]

The degree to which these services are integrated and connected to headspace depends on the headspace provider. However, the APA organisations delivering headspace that also provide other youth mental health services (including the youth enhanced services) identify that they can provide a more holistic program and improve the headspace experience through bringing in service elements that offer a more personal recovery and psychosocial focus.

As demonstrated by the YFLEX program, Oostermeijer et al (2022) reporting on the implementation of the headspaces across ten areas also identify the value of a more holistic approach which combines clinical and non-clinical services, and that this improves reach to young people with, or at risk of, severe mental illness. They note that this confirms previous findings in which stakeholders reported that young people respond better when services are integrated and offer non-clinical youth programs that complement clinical services.[5]

Priorities for headspace

The headspace model and its recognisable branding is increasingly providing an essential gateway into health and mental health care for young people. It underpins the importance of headspace services being embedded in and linked to their local community and environment, working in partnership with the surrounding services and establishing clear referral and support pathways.

Like other headspace services, ours are also increasingly providing care for young people with moderate to moderate-severe needs beyond the original primary care mandate and we would appreciate more capacity to respond to a higher level of acuity and complexity. However, we also know that our "non" headspace services are already effectively working with young people with moderate-severe mental illness, including those who fall between the gap of headspace and clinical services, due to complexity and co-occurring conditions (see above) and believe that these offer an alternative, including a cost-effective alternative, to further investment in extending the headspace model to this group.

Additionally, the youth mental health service system is already complex and fragmented.[6] Developing new types of programs or service elements, such as a "transdiagnostic" service, new service directories, and navigators, will only add to this confusion and potentially divert limited funding from direct care and support to the infrastructure of new service pathways and linkages.

Our experience, working within and outside the headspace model, suggests adapting the headspace model to better meet presenting needs, including to offer more outreach, extend opening hours and broaden psychosocial support (see below) and, as already indicated, to expand and integrate existing service models for young people with moderate and severe mental health needs rather than developing new service types. Consultation with service users and their carers/supporters undertaken by the APA for other purposes also indicate a preference for building on existing platforms and ensuring that there are clear pathways into support and care.

We identify that the headspace model must also adopt a more contemporary model of psychosocial support. This means including personal recovery outcomes or supporting self-determined goals, alongside those

[4] op cit
[5] S Oostermeijer , M Williamson , A Nicholas, A Machlin, B Bassilios (2022) Implementing and Delivering Youth Mental Health Services: Approaches Taken by the Australian Primary Health Network 'Lead Sites'. Int J Environ Res Public Health, 19 (17):10494.
[6] op cit.

associated with functional or clinical improvements. It also means to broaden the concept of psychosocial support beyond a focus on employment and education, to encompass social and life skills, and the building of hope and life satisfaction.

More specifically, we suggest that this broader psychosocial approach would involve qualified community mental health support workers (including peer workers) providing immediate support upon entry to headspace and staying with the young person while they wait for and/or engage in clinical treatment. The focus would be on connecting with the young person, understanding and listening to how their mental health challenges are impacting their life, and providing practical support and encouragement to continue engaging (or re-engaging) with other aspects of their life such as education, sport, recreation and social events. The support could be scaffolded with psychoeducation, online support and information for the family. This model builds skills and capacity to help individuals get on with their lives, freeing up the clinical workforce to deliver targeted interventions as needed.

In summary, the priorities for the headspace model include:

- Broadening the headspace model to provide an integrated clinical/ psychosocial support model of care. This goes beyond the focus on employment and education, to also include personal recovery goals. It means increasing opportunities for relational, trauma-informed and developmentally appropriate support that is centred on what is essential and meaningful to the young person (i.e. a focus on personal recovery outcomes alongside functional and clinical outcomes). It would have a strong lived experience presence.
- Providing outreach with a focus on connecting with young people who are socially isolated and will not/or cannot access digital supports and/or who will not access a physical service.
- Expanding opening hours to be more responsive to young people's needs, including opening later in the afternoon and into the evening and on weekends.
- Optimise situations that build connections between different youth mental health services (e.g. residential rehabilitation, step up/step down, outreach etc) to create a holistic system.

Practical issues with the headspace model that need to be addressed

There are a range of practical issues with the headspace model which impede service effectiveness - from rigid guidelines about the amount of space needed which prevents smaller localised options being developed, insufficient funding to extend opening hours to later in the evening, strict staffing profiles which do not allow for alternative models, including to address workforce supply issues and/or local need.

Additionally, headspace National has significant administrative requirements, particularly in data collection, which adds to service costs. Tensions between the PHN (as the commissioning body) and headspace National also result in providers having to manage competing reporting and accountability demands.

As service providers, we are impacted by insufficient oversight of the commissioning processes, and the role of the PHN. These include PHN expenses for overhead costs, inappropriate contracting timelines which impact service establishment and continuity and tendering specifications which do not allow for appropriate budgeting for indirect costs. Short-term tenders (i.e. less than five years) also waste time and resources associated with the establishment and cessation of services, and often impact local networks and the continuity of care for service users.

There are examples of PHNs commissioning headspaces, which should be, and are expected to be, ongoing services, but will only commit funding for one year. Establishing services under these conditions relies solely on the agency's goodwill and its ability to manage the associated risks. Inevitably, these risks translate into higher overall costs as agencies seek to minimise potential fallout from overcommitting.

The funding model needs to ensure that headspace providers have the capacity to build and invest in local service networks, partnerships and community engagement, thus ensuring knowledge and capacity to provide the navigational support people need to find and access the supports they need. Similarly, PHNs also need to return to their original mandate of supporting local networks and the pathways and connections required for a truly linked service system. Improvements in commitment to support these activities, would negate the need for new service directories which are difficult to keep to up to date and do little to enhance on the ground linkages.

Finally, there is a need for increased flexibility from headspace national regarding the service model to allow providers to adjust and adapt models to respond to local context, including in relation to workforce availability, community needs and other service availability and at the same time for PHNs to be able offer better support around identifying community needs, partnership and stakeholder engagement.

Oostermeijer et al. (2022) confirm this sentiment, noting that the implementation and delivery of youth mental health services should focus on place-based approaches that are responsive to local population needs, community and sector capacity, and the diverse local key stakeholders involved. The ability to be innovative and flexible in response to region-specific needs and capacities may be a key to success.[7]

Social model of health/ Social determinants of health

The rate of mental health issues amongst young people is increasing.[8] This is a concern, particularly given the significant investment in mental health support, of which a substantial proportion is provided through the headspace model.

Wyn (2022) identifies that mental health is often experienced as individual condition, treated by professionals who are, too often, thinly spread rather than an understanding that some of these conditions are effects of the broader milieu in which young people are living, and that this broader milieu is where intervention can make a positive difference, requires a shift of focus.

Nygun et al (2022) reporting on young people's perspective, also identify the need to address the external factors that impact mental health, specifically the availability of affordable housing, rising costs of living and the impact of the COVID-19 pandemic, accessibility and affordability of mental health services and the negative stigma that surrounds mental health more broadly within young people's communities.[9]

This understanding youth mental health indicates a need for a more holistic and system wide strategy for addressing the issue. This can be partly achieved through better investment in specialist community based mental health psychosocial support (as previously discussed), and a broadening of the psychosocial support that is provided through headspace. However, it also needs to include a commitment to investment in better access to affordable and safe housing, supportive schools, employment, income and discrimination, as a key factors in prevention, early intervention and intervention to improve for mental health outcomes for young people.

[7] Oostermeijer et al (2022), op cit.

[8] National Mental Health Commission (2024), National Report Card 2023, p5

[9] Nguyen, B., Manandi, D., Lin, P., Mekkonnen, B., Nguyen, P., Giordano, M., Collin, P., 2022, WH&Y Youth Matters: Young people's perspectives. NHMRC Wellbeing Health & Youth Centre of Research Excellence:

Attachment A: Examples of state-funded Youth Mental Health Services

Program name	Aims/objectives	Key features
Youth Outreach Recovery Support (YORS) (Vic)	Improve sense of connection and belonging Increased independent living skills More profound sense of meaning and purpose (changes sense of hope and possibility) Improved psychosocial functioning Young people become the experts in their own lives.	Proven capability in delivering scalable, community-based, recovery-focused services that reduce pressure on the acute system. Captures the critical and growing gap between Headspace and Level 5 AMHWS. Low barrier, trauma-informed and relational approaches Outreach provides access to disengaged young people and builds pathways to other support options, such as residential rehabilitation. Plays a pivotal role in system flow, supporting transitions out of AMHWS and preventing acute deterioration. Complex and co-occurring issues (suicidality, AOD, trauma, neurodivergence, housing instability, family violence) (In Victoria, YORS is a supplementary model to the YRR program to support those young people with challenges pre- and post-entry to a YRR, and as an alternative)
Youth Residential Rehabilitation (Vic, Qld)	Help young people achieve their recovery goals. This may include: • learning or relearning skills and gaining the confidence required for independent living. • learning to manage their mental illness better. • developing social relationships, social connections, recreation, physical health, education, vocational training, employment and housing, and other needs. • support for alcohol and drug issues.	Intensive individual and group-based support that promotes resilience, interpersonal skills, life skills and a greater sense of being able to make sound decisions, including healthy lifestyle choices. Stays of up to 12 months Participants benefit from sharing their experiences and recovery journeys with the other residents. Service model has evolved and reflects a strong youth voice – (valuing of genuine relationships, feeling safe, belonging, being known, developing skills and direction)
Youth Community Living Support Service (NSW)	• To work with young people to improve social inclusion and functional outcomes in the areas of living skills, education, employment, family relationships, social	For young people aged 16 to 24 with serious mental illness who have, or are at risk of developing, functional disability because of their mental health problems. Founded on early intervention principles, YPOP minimises the risk of young people developing chronic disability requiring frequent hospital admissions, long inpatient stays

Was previously known as the Young Person's Outreach Program.	skills, physical health, and fitness, recreation and leisure. • To maintain effective working relationships with child and youth mental health services to prevent unnecessary hospitalisation, improve mental health outcomes and improve function for the participants in the service. • To promote the positive involvement of families and carers in the lives of the participants of the program	and long-term care, by helping them remain connected to their community and engaged in education and employment. For families and carers, the project aims to assist them in building and maintaining a positive relationship with their young family member with mental illness.
YFLEX (an example of a PHN program)	• Provide clinical, recovery-focused support to young people. • Address the gap between primary and secondary mental health services and tertiary mental health services.	Intensive multidisciplinary youth support service; intensive and flexible support Clinical, recovery-focused support to young people aged 12 – 25 years who are experiencing emerging complex mental health issues Centre-based and outreach support. Accessed often as a last resort after previous poor engagement with the mental health system. System navigation and advocacy Interagency collaboration