

# Sector-led advice on new and/or refined models of youth mental health care

## *SUMMARY OF CONSORTIUM EARLY ADVICE*

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### Overview

The Department of Health and Aged Care has engaged Orygen to lead a diverse consortium to deliver sector-led advice to the Australian Government on the existing system and potential new and/or refined models of care for mental health services for young people aged 12 to 25 years.

The following ideas were developed as part of the consortium's early advice, formed through a full-day workshop. While the workshop enabled well-informed discussions on high-level priorities, there was limited time to test these ideas in detail. Some issues, including culturally appropriate approaches for First Nations young people, the need to respond to youth-specific prevention services, and how youth mental health supports and services are delivered in tertiary education and schools were not discussed. These issues and other significant aspects – including operational considerations, key enablers, and system-level implications – will be further examined as consultations continue.

A crucial part of this project is engaging with sector stakeholders to identify key challenges and opportunities within the youth mental health system. We would like to seek your insights on areas of need, barriers, gaps, duplication, and fragmentation within the existing system as well as the following ideas, particularly how they align with existing services and initiatives in your jurisdiction, whether they address key gaps, and how well they meet the needs of priority populations.



### 1. Strengthen and expand headspace's model

headspace's services are currently extending beyond its primary care mandate to provide care for young people with moderate / moderate to severe needs. This has impacted its ability to meet demand for enhanced primary care and pushed it into delivering for cohorts it wasn't originally designed to support. We support:

- Strengthening the funding and model for headspace services, so they can deliver timely enhanced primary care supports to all young people who present for support
- Supporting headspace to contribute to the response to the 'missing middle' by formally extending headspace services' capacity to provide support to a proportion of young people with more complex presentations
- Underpinning the model with strong scoping and adequate resourcing, taking a rigorous approach to supervision, reflective practice, secondary consultation, training, and ensuring it is future proofed and engineered to be a learning health system.

### 2. Invest in specialist support services that provide transdiagnostic care

We recognise that an extended headspace model won't be able to adequately meet the full 'missing middle' gap. We support investigating an additional transdiagnostic, specialist service to refer to or to attain case consultation support where specific and complex needs are identified. The service would:

- provide access to sub-specialist assessment and review, syndrome specific psychological interventions and secondary consultation
- support the integration of psychosocial supports such as: social and recreational programs, vocational and educational programs and psychoeducational and personal development programs
- integrate between the extended headspace model (above) and / or other available enhanced primary care providers.

Noting there is a need for further consideration as to what an appropriate model could look like and how it could be best delivered and integrated with primary care, factoring in geographical profiles and regional infrastructure.

### 3. Reconsider the footprint of headspace's centres and other youth mental health services

As part of the consideration of headspace's service strengthening, we support a data-led and needs-based approach to decisions on headspace service location. This would need to consider the availability of other youth mental health services, a review of equity issues facing young Australians (such as geographic and cost barriers) in varying locations, feasibility of outreach services and digital infrastructure.

Members of the Consortium also noted that there are many communities, particularly in rural and remote areas, and harder to reach cohorts which would never be able to sustain a headspace service or be in proximity to one. These communities require nuanced, locally-led approaches that are resourced to address service needs.

### 4. Harmonise the age range of the youth mental health system

There are inconsistencies between different jurisdictions' approaches to defining the 'youth mental health' age range that exacerbate the challenges of transition, access, and integration between services. There was clear consensus from the Consortium that harmonising the age range of youth mental health system across Australia to encompass 12 to 25-year-olds would increase ease for both services and young people. This would enable better integration of services but also increase the ease of implementing a nationally cohesive youth mental health system.

### 5. Pilot approaches using 'care navigators'

We support the piloting of approaches using 'care navigators' within both face-to-face and digital services. Care navigators are a central person / contact that a young person is attached to until they exit the system entirely and provide a point of re-entry if they need to return. These 'care navigators' would act in collaboration with mental health services to provide a coordinating role – walking alongside the young person as they interact with, and move between, the appropriate services based on their needs.

We preface that the use of 'care navigators' would benefit from a robust directory of available services, and national data sharing and data infrastructure (described in points 7, 8, and 9). We acknowledge that there are already both formal and informal models of care navigation currently in place, including people providing coordination and community services in an unpaid and invisible capacity to the wider system – often in LGBTQIA+ and First Nations communities. We support identifying where care navigation already exists across the system and considering how to bolster and support it.

## 6. Integrate psychosocial services with clinical services

While there is increasing evidence of the benefits of psychosocial (non-clinical community-based) supports, clinical and psychosocial services aren't currently well-integrated. This results in young people receiving services that are narrowly focused, and means young people often need to navigate multiple systems. We support integration of psychosocial services with clinical services across the youth mental health system. This means:

- Integrating psychosocial services at all levels of the system (including in other parts of this advice for strengthening headspace, new transdiagnostic services, digital services and care navigators)
- The integration between models needs to go both ways – e.g. embedding clinicians in psychosocial services, and embedding psychosocial services within clinical services
- Developing a directory of psychosocial services, and supporting better evaluation and data collection to enable collaboration and contribute to the evidence base
- Ensuring that there is sufficient funding for youth focused psychosocial services and that youth mental health is a consideration in the Australian Government's current work on psychosocial policy.

## 7. Build a national, person-centred data system

Data systems are imperative to enable interoperability, inter-service comparison, support service integration, drive cost-effectiveness and deliver better outcomes for young people. We support either leveraging existing systems or building a new national data infrastructure to enable services to share data with each other (including between different governments), with consent. Such a system would:

- Have an accessible interface for researchers, services, young people and their families, carers and supporters which provides transparency of what services exist across the country, what they are providing and to who

- Enable inputs from young people so they can provide feedback about their care and outcomes. Young people live in a world where they review goods and services – the mental health system shouldn't be any different. Capturing young people's perspectives about their experiences in the mental health system is crucial to empowering their autonomy and enabling the mental health system to improve through a better understanding of what's working, what's not and for who
- Require standardised input. We support the development of national data standards including assessment, outcomes and measures that services are required to adhere to. It is important that these standards don't impact the additional data that services collect and only focus on what is needed for interoperability between services.

## 8. Leverage digital technologies in practice and service

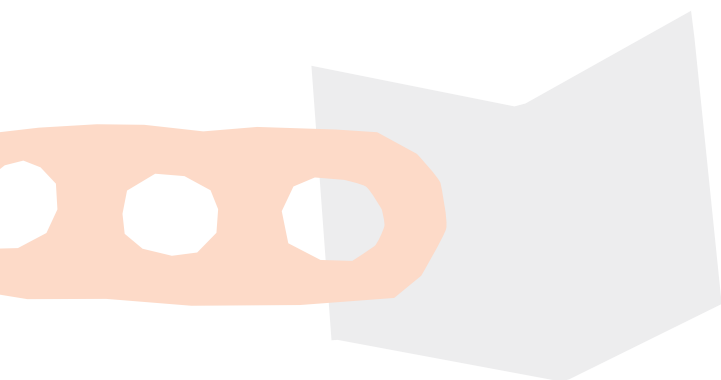
The benefits of the available 'digital only' and digital interventions blended with clinical support ('blended') approaches aren't being fully realised. We support the upskilling of youth mental health practitioners to identify when approaches such as telehealth are appropriate, when to blend evidence-based digital mental health tools with their own practice, and to increase understanding of best practice application.

Greater and more coordinated use of digital and blended approaches has the potential to resolve significant waitlists. Increasing the quality of and coordination across online provision of services has the potential to leverage untapped capacity nation-wide as well as address local workforce shortages. These interventions need to be evidence-based and routinely evaluated.

## 9. Develop a directory of evidence-based services

The Consortium resolved that there is a resounding need to continue building the evidence base on 'what works' within the youth mental health system. This includes knowing what services exist (both clinical and psychosocial), as well as evidence of their effectiveness.

We support the government playing a role in developing a national resource for practitioners to provide improved advice on mental health support and services. This could take the form of a directory that enables practitioners, as well as young people, their families, carers and supporters, to access information on service effectiveness and outcomes. This would better equip practitioners, such as GPs, to provide appropriate pathways, services and referrals for young people.





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