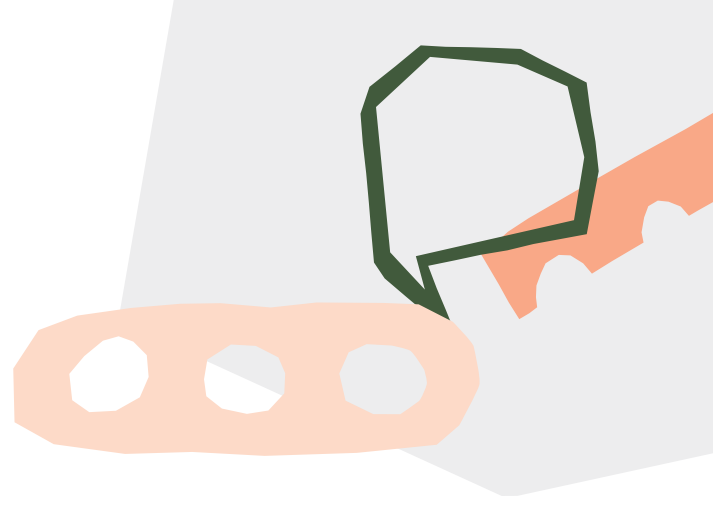


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Sector-led advice on new and/or refined models of youth mental health care

*AREAS OF INQUIRY FOR
ROUNDTABLES, YOUTH, FAMILIES AND
FIRST NATIONS CONSULTATIONS*

What do we mean by youth mental health models of care?

For this project we define a 'Model of Care' as a framework for organising and delivering mental health services that are specifically designed for young people.

A Model of Care should clearly outline the components of care provided, the population of young people that it will support, modes of delivery, the workforce involved in delivering the care and the pathway into and out of the service.

A Model of Care could apply to services focused on prevention, early intervention, first help-seeking, through to more intensive supports and recovery.



What makes Youth Mental Health Care Models successful?

Access and engagement: Youth-friendly, low-cost, stigma-reducing services.

Evidence-based practices: Including, but not limited to, Cognitive Behavioural Therapy, interpersonal therapy, and other evidenced interventions.

Early intervention and prevention: Addressing issues early increases positive outcomes.

Integration and collaboration: Partnerships across sectors (health, education, housing, community) and between levels of care such as prevention, early intervention, and tertiary services.

Innovation: Use of digital tools, data-driven insights, and adaptive frameworks.

Cultural relevance and appropriateness: Services tailored to diverse youth populations including First Nations and multicultural communities.

Local adaptation: Community-driven services with representative workforces (e.g., First Nations) enhance effectiveness.



Current challenges for Youth Mental Health Models in Australia

System not working for severity and complexity: Lack of moderate-severe services (“missing middle”) straining primary care services and leading to unmet needs.

Unequal support for priority populations: First Nations young people, young men, the LGBTQIA+ community, young people from rural and remote areas, young people with disability, and young people from multicultural communities face disparities in access, outcomes, and engagement.

Workforce shortages: These limit capacity, extend wait times, and reduce access to affordable, youth-specific services.

Service fragmentation: A lack of accessible service information, poor service integration and limited referral pathways create barriers to care particularly for young people with complex needs and exacerbate the challenges of service transition.

Episodic care models: The restriction of service delivery to separate, planned sessions which are often short-term and focus on specific issues or problems typified in many moderate (e.g. 10 sessions) to acute-focused approaches results in inadequate and/or interrupted care.

Problematic financial models: Lack of secure and sustainable funding, with frequent funding rounds, creates workforce challenges, and stifles innovation, continuity, and scalability.

Misaligned care: Reported rates of poor mental health outcomes in current services indicate a need for services that are the right fit for the level of severity and complexity.

Technological shortfalls: The benefits of digital interventions, data sharing and data infrastructure approaches are not fully being realised.

Opportunities to explore

Increasing integration: Integrated youth mental health service approaches are best practice but need to happen across several domains: 1) clinical care (e.g., primary-secondary-tertiary); 2) integrate psychosocial supports (e.g., housing/education/employment); 3) connect child to youth and youth to adult systems; and 4) virtual/digital service provision with face-to-face services, complemented by a national data system.

Address secondary care gaps: Establish secondary care services for the missing middle to bridge access and quality gaps (which could be done by building on what we have or developing new services). To achieve this there is a need for clear demarcation and/or joint responsibility articulated for state/territory and federal responsibilities, particularly related to community-based services.

Strengthen service information and care navigation: Service navigation is hard for young people and their families, while providers, researchers, and funders also find it difficult to know what services are available and what they provide. There is a need to develop accurate directories with consistent inputs and streamline referral pathways. Piloting approaches using 'care navigators' within both face-to-face and digital services could provide a coordination of services and someone to walk alongside the young person as they interact with the appropriate service based on their need.

Youth-responsive research & care: Focus research and services to account for developmental and contextual needs, addressing global challenges like inequality, academic stress, and social media impacts. Additionally, harmonising the age range of the youth mental health system across Australia to 12 to 25-year-olds would increase ease of access and implementation and enable better integration.

Prevention: There is a need for policy and service responses that address known determinants of mental ill-health for young people such as child maltreatment, along with understanding new global challenges like inequality, climate change, academic stress, and social media impacts.

The role of education settings in mental health service delivery: Increasingly schools and tertiary education are seen as part of the mental health service system, with a role to build literacy but also provide care previously provided by the clinical community.

Data-informed and resource-based planning supported by appropriate funding: Align care delivery with local resource levels, using tiered approaches to ensure equity across urban and rural settings. Leveraging digital technologies with upskilling of practitioners on best practice application.

Population-specific approaches: Develop or adapt care models to meet the needs of First Nations young people, multicultural communities, the LGBTIQ+ community, rural and remote areas, and young people with disability through community-driven, culturally informed strategies. Cultural knowledge can strengthen all service models.





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FOR MORE INFORMATION

VISIT OUR WEBSITE
ORYGEN.ORG.AU/ORYGEN-INSTITUTE

SEND US AN EMAIL TO
POLICY@ORYGEN.ORG.AU

ORYGEN LTD

35 POPLAR ROAD PARKVILLE
VIC 3052 AUSTRALIA

FOLLOW US ON

