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Youth at the Centre

Young People's Vision for Mental Health Care in Australia

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We acknowledge the Traditional Custodians of the lands on which this work was created and conducted, and pay our respects to Elders past and present. We recognise that sovereignty was never ceded, and that storytelling, learning, and knowledge-sharing have long been part of the cultural practices of Aboriginal and Torres Strait Islander peoples. We honour these traditions and extend our respect to all Aboriginal and Torres Strait Islander peoples who continue to nurture these ways of knowing.

The project team extends deep appreciation to every young person who contributed their time, insights, and lived experience to this work. Their willingness to share personal experiences, reflections, and ideas was central to shaping the consultation findings and ensuring the report remained grounded in the realities faced by young people navigating the mental health system.

The team recognises the emotional labour involved in speaking openly about mental health, identity, and access to support. These contributions required strength, care, and trust. The insights offered reflect not only individual courage but also a collective commitment to creating a more responsive and compassionate system. This report is stronger and more meaningful because of the knowledge, clarity, and honesty each young person brought to the process.

We thank Orygen for their leadership of this project, and acknowledge the valuable contributions of all consortium partners whose collaboration and expertise strengthened the quality and impact of this work.

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Executive Summary

In response to growing concerns about the rising prevalence and complexity of youth mental health needs in Australia, the Department of Health, Disability and Ageing commissioned sector-led advice on how to strengthen the youth mental health system. batyr was invited to join a national Consortium of organisations, led by Orygen, to contribute to this work. batyr's role focused on elevating young people's voices through consultations, workshops, and collaborative analysis led by a trained group of youth Co-Researchers and Advisors (CoRA).

This report outlines batyr's youth engagement process and presents findings from national consultations with 92 young people aged 16 to 25. Young people from every state and territory participated, including those from Aboriginal and Torres Strait Islander backgrounds, LGBTQIA+ communities, and regional or remote areas.

The project involved three rounds of consultations with young people:

- An **early advice workshop** shaped the initial design of the Consortium's proposed mental health models of care.
- Thirteen **national consultations** explored young people's lived experiences with the mental health system, identifying key strengths, barriers, and system gaps.
- Three **final advice workshops** gathered youth perspectives on the refined service models proposed by the consortium.

Findings show that while young people value informal support networks, youth-friendly environments, and digital flexibility, they continue to face significant barriers to care. .

These include financial inaccessibility, confusing service pathways, limited follow-up support, and emotional harm from services that lack cultural safety or personal relevance. Fragmentation across services was a recurring theme, with young people describing the burden of coordinating their own care across disconnected providers.

Participants consistently called for more person-centred, inclusive, and community-grounded models of care. They advocated for a mental health system that integrates peer support, acknowledges the role of social determinants, and invests in a diverse, trauma-informed, and lived experience workforce. Youth perspectives on the consortium's proposed models, enhanced headspace, Youth Specialist Services, and community-based wellbeing hubs, reinforced the need for accessible, holistic approaches that prioritise relationships, safety, and continuity of care.

A central learning from this project is the value of embedding young people throughout the research process. Their contributions shaped the tools, analysis, and recommendations, challenging assumptions about young people's awareness and reinforcing their unique insights into what makes systems work. This report affirms the importance of not only consulting young people but also working with them to design solutions that reflect their lived realities.

This document is intended to supplement the Consortium's Final Advice Report, offering detailed insight into youth engagement processes and the perspectives that informed national recommendations. It also provides early guidance for organisations seeking to partner with young people in the co-design and evaluation of mental health systems and services.

About the Project

In late 2024, batyr was invited to join a Consortium of organisations, led by Orygen, to provide sector-informed advice to the Australian Government on the current youth mental health system and recommend new or refined models of care for young people aged 12 to 25.

This work was commissioned in response to growing concern about the rising prevalence and complexity of youth mental health needs across Australia. The proportion of young people aged 16–24 experiencing a 12-month mental disorder increased from 26% in 2007 to 39% in 2020–2022 (Australian Bureau of Statistics, 2022; National Mental Health Commission, 2023). While awareness has improved, service access remains inconsistent. Only 46.2% of young people aged 16–34 with a mental health condition sought help from a health professional in 2022 (ABS, 2022). Research has consistently found that higher levels of psychological distress, suicidal ideation and depressive symptoms are associated with lower help-seeking behaviour (Aguirre Velasco et al., 2020; Mission Australia, 2019). Despite this, 83% of those who reported experiencing suicidal behaviour within 12 months sought help or advice from a suicide prevention service (Suicide Prevention Australia, 2023), reinforcing the urgency of developing services that are accessible, welcoming, and attuned to risk.

In light of these challenges, the Department of Health, Disability and Ageing sought public advice from sector leaders to inform future investment and guide improvements to a system that young people consistently describe as difficult to navigate and slow to respond to their needs.

The Consortium included key youth mental health organisations: Orygen, headspace National Youth Mental Health Foundation, Brain and Mind Research Institute (University of Sydney), batyr, dandolopartners (dandolo), Department of General Practice and Primary Care (University of Melbourne), IPS Management Consultants, Mission Australia, Monash University Health Economics Group, ReachOut Australia, SANE, yourtown and Youth Focus.

batyr's primary role was to lead national consultations with young people, with a focus on elevating the voices of those with lived experience of mental health services. We aimed to create safe, inclusive spaces for young people to share their insights and experiences, and to ensure those insights were captured and presented with integrity.

Best practice youth engagement requires involving young people meaningfully across all phases of a project, from design to evaluation. In alignment with this approach, we recruited and trained a group of young people to collaborate with us throughout the project. This group, known as the Co-Researchers and Advisors (CoRA), played a central role in shaping the work. CoRA members advised on various project components, led the thematic analysis of consultation data, co-facilitated sessions, and contributed to the early drafting of findings. Despite several constraints and delays across the project, we remained committed to engaging young people at every opportunity, adapting our processes to their needs. This partnership strengthened the relevance and authenticity of the findings, ensuring they remained rooted in young people's lived experiences.

About This Document

This report was produced by batyr to provide additional insight into the youth engagement processes and findings that informed the *Final Advice – Youth Mental Health System and Service Mapping and New and/or Refined Models of Youth Mental Health Care* delivered by the Consortium. It brings together insights from the early advice workshops, national consultations, and final advice sessions. It is intended as a supplement to the Consortium's Final Advice report.

Methodology

The data collection and analysis approach was designed to amplify the voices of young people without imposing external interpretations. This includes thematic grouping to present the range and strength of what was shared, without altering or interpreting participant language. All participants provided written informed consent before taking part in the consultations. For participants under the age of 18, consent was also obtained from a parent or guardian, in accordance with the ethics approval requirements. All data was de-identified and securely stored in batyr's virtual hard drive, following the Privacy and Data Collection Policy.

Scope

The scope of the project was national in scale, aiming to provide sector-led advice to the Australian Government on strengthening youth mental health care for those aged 12 to 25. This included mapping existing services, identifying systemic strengths and challenges, and proposing new or refined models of care. Central to the methodology was a commitment to elevating young people's voices through participatory and co-designed approaches that ensured findings were grounded in lived experience.

Timeline

The project was delivered between January and June 2025. It began with an Early Advice workshop in January. Shortly after, the youth Co-researchers and Advisors (CoRA) were recruited and onboarded.

Thirteen youth consultations were conducted throughout May, with data analysis occurring across May and June. Preliminary findings were presented to the project Consortium at the end of May.

In June, following the Consortium's development of final advice models, batyr facilitated three additional workshops with young people to gather their feedback on the proposed advice and recommendations. The final report was delivered at the end of June.

Challenges

Given the tight timeline for project deliverables, the batyr team worked to establish efficient data collection and analysis processes that allowed the CoRA to play a central role in shaping and analysing the consultation findings. This included designing methods that accounted for varying levels of research experience among CoRA members, as well as the broader team's capacity and competing priorities.

The original timeline allocated eight weeks for consultations, followed by a dedicated analysis period. However, delays in obtaining ethical approval significantly compressed this schedule. As a result, consultations were conducted over three weeks, with just two weeks available before preliminary insights were due.

In response, batyr adopted a flexible and adaptive approach to consultation delivery. This involved shifting to a predominantly online format and recruiting participants through existing youth engagement networks. While the initial intent was to consult young people from the broader community, time constraints led to greater reliance on those already involved in youth mental health organisations, often through advisory roles. This had some impact on participant diversity and limited proactive engagement with certain priority populations. Despite this, batyr's agile recruitment strategy ensured that a significant proportion of participants were reflective of key priority groups.

Working with Youth Co-Researchers and Advisors

The CoRA comprised seven young people aged 18 to 25 years, based across Victoria, Tasmania, New South Wales, Western Australia and Queensland. Members were recruited through batyr's social media and youth engagement networks. Each young person received onboarding and training to equip them with the skills and knowledge needed to carry out their roles confidently.

CoRA members contributed based on their capacity and areas of interest – for example, some preferred facilitating consultations, while others focused on data analysis. This flexible approach enabled meaningful participation and allowed each young person to engage in ways that aligned with their strengths and goals.

The co-researchers led the analysis of each consultation, following processes developed by the batyr team. They also provided input into the design and direction of data collection and analysis, ensuring that young people's interests and priorities remained central. As previously noted, CoRA members also co-facilitated consultations, which supported a deeper interpretation of the data through their dual roles as facilitators and analysts.

Each member contributed approximately 40 hours across the project and was engaged as a casual employee of batyr, paid at an hourly rate.

Design of the Early Advice Workshop

The early advice workshop was designed to provide strategic, youth-driven input to the Consortium's early thinking around mental health models of care. The session was positioned intentionally as a pre-consortium engagement, held on 16 January 2025, four days before the broader Consortium workshop, so that young people's perspectives could help shape system-level conversations from the outset.

The workshop was designed and facilitated by batyr, led by the Youth Advocacy Lead, a youth-identified role embedded within the organisation to centre youth voices in strategic processes. The facilitation approach was grounded in youth development principles, trauma-informed practice, and design thinking.

To support reflective and psychologically safe engagement, participants were introduced to five fictional avatars, each representing a young person at a different point in their mental health journey. These avatars served as thought experiments that enabled participants to explore the mental health system from a distanced perspective, allowing both critical insight and creative problem-solving without requiring personal disclosure.

The workshop structure was built around a simplified five-step version of the stepped care model, ranging from "no signs or symptoms" to "acute/crisis care." For each step, participants considered:

- What supports or services would help the avatar?
- How could those supports be accessed?
- What would make those supports effective for the young person?
- What should a good transition between steps look like?

Engagement was facilitated via Zoom and the collaborative whiteboard tool Miro, where participants entered written responses, reacted to others' ideas using a star system, and built collective themes. Facilitators also encouraged the use of Zoom chat and open mic contributions to capture the full breadth of perspectives. The Miro board remained open for an hour after the session to allow for continued contributions.

The session was solution-focused, encouraging participants to imagine a mental health system that works, not just describe current gaps. This approach leveraged participants' lived experience, systems thinking, and policy literacy to generate early advice that was both grounded and visionary.

Design of the Consultations and Data Collection

The consultation process was designed to engage a diverse cross-section of young people aged 16–25 across Australia, including those with lived experience of mental ill-health and those active in youth advisory roles. The aim was to gather insight into how young people experience, navigate, and make sense of the mental health system, and what an ideal system might look like from their perspective.

A total of 13 consultations were conducted during May and June 2025, including 11 national online consultations and two in-person sessions held in Brisbane (Queensland) and Alice Springs (Northern Territory). Focus groups were facilitated by members of the batyr team and the CoRA members. Online sessions allowed for broad geographic participation, while in-person consultations provided space for deeper place-based discussions.

Participants were recruited through youth advisory networks, community organisations, and batyr's national channels. This included targeted outreach to ensure representation from Aboriginal and Torres Strait Islander young people, LGBTQIA+ communities, and those living in regional or remote areas. Each session was guided by a semi-structured discussion outline designed to prompt reflection while allowing for flexibility and participant-led dialogue.

Sessions were between 60 and 90 minutes in length. They began with a welcome, explanation of consent and confidentiality, and an overview of the session's purpose. Facilitators used open-ended questions to encourage meaningful contributions, and interactive tools such as Mentimeter were used to capture real-time responses. Where appropriate, young people were invited to reflect on both personal experiences and broader system-level considerations.

A combination of guiding questions and interactive polling was used across consultations, including a set of Mentimeter questions (see Appendix) that were initially used digitally before being adapted into open group discussions in later sessions. Participant contributions were documented through a combination of audio recordings, facilitator and notetaker observations, real-time inputs into digital tools (e.g. Mentimeter), and post-session Miro board summaries. This multi-modal approach to data collection allowed for both immediate and reflective input, and helped ensure that no single method dominated the process.

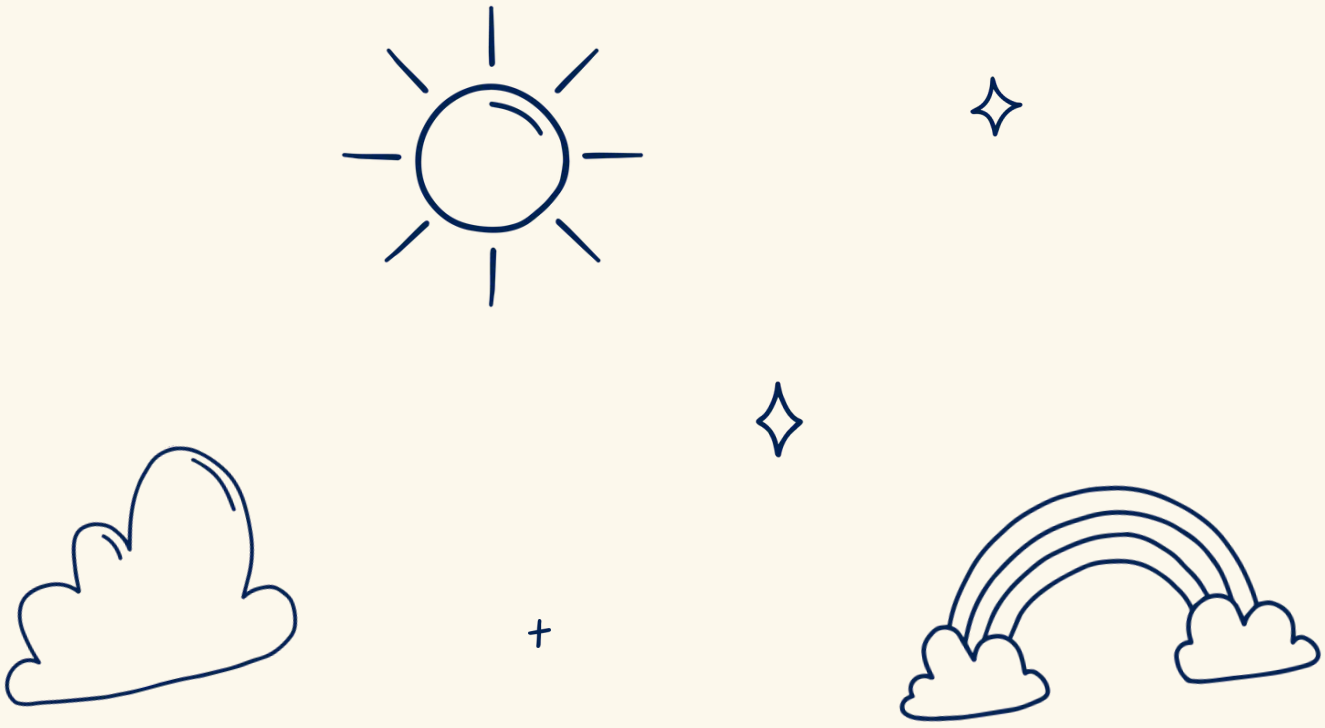
Design of the Final Advice Workshop

The final advice workshops aimed to strengthen and deliver youth-driven recommendations in response to the enhanced models of care proposed by the Consortium. In these sessions, young people reviewed the advice developed by Consortium stakeholders and offered further input to refine and enhance the recommendations.

Three workshops were held. The first was conducted with the CoRA, who reflected on the previous day's Consortium meeting and built on the advice presented. The remaining two workshops were held online and included young people who had either participated in earlier consultations and expressed interest in continued involvement, or who were unable to take part in previous sessions but had shown interest. Each workshop ran for approximately two hours.

The workshops began with an update on the project's progress, followed by a walkthrough of how the final advice had been developed.
Facilitators presented the updated youth mental health models of care, providing context on how youth insights had shaped the proposed solutions. Each model was explained in terms of its purpose and intended impact before participants were invited to share their perspectives through open-ended questions.

All workshops were audio recorded and transcribed. Data from these sessions was collated and synthesised alongside earlier consultation findings, ensuring the final recommendations remained grounded in young people's views and priorities.



Data Analysis Processes

The analysis of the Models of Care consultation data followed a collaborative, mixed-methods approach designed to centre young people's voices and ensure their contributions were faithfully represented. Both qualitative and quantitative data were collected and analysed using participatory and iterative methods.

QUALITATIVE ANALYSIS

Qualitative data were drawn from consultation transcripts, facilitator notes, and participant inputs recorded on Miro, a collaborative digital whiteboard tool. These were thematically analysed to identify recurring patterns across mental health service models, enablers, and barriers to access.

Seven trained youth co-researchers led the coding and thematic synthesis process. Drawing on their lived experience and peer insight, they ensured the findings remained grounded in young people's language and realities. This participatory method not only strengthened the authenticity and relevance of the analysis but also supported capacity-building for youth researchers.
The analysis used an inductive thematic approach, beginning with the identification of repeated ideas, phrases, and issues across the dataset, which were then grouped into broader themes through iterative discussion and reflection; Miro board data, session transcripts, and Mentimeter responses were reviewed in parallel to minimise the loss of nuance.

Rather than seeking consensus, the analysis aimed to reflect the diversity of experiences and perspectives expressed by young people throughout the consultations. To protect participant confidentiality, quotes included in the findings are attributed by age and state (e.g. 17, NSW) rather than by name or identifier.

QUANTITATIVE ANALYSIS

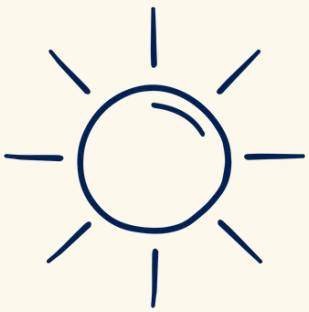
Quantitative data were gathered during the youth consultations using Mentimeter, an interactive polling tool. Participants responded to live questions on topics such as access to mental health support, perceived system gaps, preferences for models of care, and priorities for system reform.

Mentimeter responses were analysed descriptively by reviewing answer distributions across groups, calculating average scores for numerical items, and identifying patterns to highlight converging views and shared concerns.

USE OF DIGITAL TOOLS

- **Miro Boards:** For data analysis, each consultation had a dedicated Miro board structured around key questions. Co-researchers and facilitators summarised insights using sticky notes, quotes, and thematic clusters. Boards remained open throughout the data analysis period for further development and refinement of findings.

- **Mentimeter:** Real-time polling captured immediate participant reactions, word associations, and priority setting. These data helped frame the direction of the discussion and offered a visual entry point into participant sentiment.



Participants

A total of 120 youth engagement touchpoints were recorded across all consultations and workshops, involving 92 unique participants. Several young people took part in more than one activity, such as both the consultations and the early and/or final advice workshops.

EARLY ADVICE WORKSHOP OVERVIEW

The early advice workshop was attended by nine young people aged 16–25, all of whom were connected to a member organisation within the Consortium. Participants were from New South Wales(2), Victoria (2), Western Australia (2), Tasmania (1), and Queensland (2), with at least two based in regional areas. Among those who disclosed, gender identities included female (3), male (1), non-binary (3), and queer (1). Participants demonstrated a high level of mental health literacy and policy knowledge, which supported a more advanced level of engagement and reflection.

CONSULTATION OVERVIEW

batyr facilitated a total of 13 consultations as part of this project: 11 national online focus groups and two in-person sessions held in Brisbane (Queensland) and Alice Springs (Northern Territory). Participants included young people aged 16–25 from every Australian state and territory. The cohort represented both the general public and members of national youth advisory groups affiliated with organisations such as headspace, Yourtown, Life Without Barriers, batyr, and Orygen. A total of 83 young people participated.

PARTICIPANT DEMOGRAPHICS

Demographic data was collected through a set of optional questions. The figures below reflect the number of respondents for each question.

- **Aboriginal and Torres Strait Islander identification:** Of 67 respondents, 17 (25%) identified as Aboriginal or Torres Strait Islander.
- **Sexuality:** Of 54 respondents, 23 (43%) identified as part of the LGBTQIA+ community, and 31 (57%) as heterosexual.
- **Gender:** Of 66 respondents, 47 (71%) identified as female, 15 (23%) as male, 3 (5%) as non-binary, and 1 (2%) as transgender.
- **State and Territory Representation:** Of 83 participants, 26 (31.3%) were from New South Wales, 14 (16.9%) from Queensland, 14 (16.9%) from Victoria, 13 (15.7%) from the Northern Territory, 6 (7.2%) from Western Australia, 4 (4.8%) from South Australia, and 3 (3.6%) each from Tasmania and the Australian Capital Territory.

Findings

The following section presents the findings drawn directly from youth consultations, the early advice and final advice workshops. Every effort was made to preserve the language, priorities, and perspectives shared by participants. The findings are organised thematically to aid readability while staying true to what young people said.

Early Advice

The Early Advice workshop surfaced a clear vision from young people for a mental health system that is layered, person-centred, and grounded in community support. Participants emphasised the need for:

- Strong community and peer connections as protective and preventive factors.
- Culturally safe, inclusive, and youth-driven services that recognise diverse identities and lived realities.
- Transparent information and mental health education to empower informed decision-making.
- Integrated, holistic care that reduces administrative burden and service fragmentation.
- Digital innovation, including apps, telehealth, and online access, to improve service responsiveness.
- Supported transitions, particularly during escalation or discharge, to avoid gaps in care.

These insights provided early direction for the design and focus of the subsequent national youth consultations. They informed the framing of key questions, the structure of the discussion tools, and the emphasis on future-oriented, strengths-based dialogue. This helped ensure the broader consultation process remained responsive to the priorities young people had already identified.

Consultations

Themes from the national youth consultations were developed through collaborative analysis led by the Co-Researchers and Advisors (CoRA), with support from the batyr team. All CoRA members reviewed and confirmed the thematic findings. Their work ensured that the voices of young people remained central to the analysis while aligning with insights from other Consortium stakeholders.

Of the 83 participants, 62 responded to the Mentimeter tool. In later sessions, facilitators moved away from structured polling to allow for more flexible and in-depth discussions. As a result, the quantitative data reflects earlier sessions and is best read as a complementary lens to the full qualitative findings.

WHAT IS WORKING WELL

Young people described the critical role of informal support networks, particularly friends, family, teachers, and peers, in encouraging help-seeking and facilitating access to care.

Some services maintained contact during wait periods through texts or phone calls, which created a sense of continuity and care. This type of low-intensity check-in was appreciated and contributed to ongoing engagement. headspace was frequently cited as a trusted and accessible early intervention service. While experiences varied, some participants shared examples of timely and effective intake processes during acute episodes, and others valued services that involved schools, families, or community connections.

Youth-friendly service environments that felt warm, casual, and non-clinical were also seen as helpful in encouraging engagement. Digital options, such as phone or message-based check-ins, were well received when delivered by skilled and caring staff.

From the Mentimeter data, 33% of respondents strongly agreed that they had made sacrifices such as cutting back on essentials to afford mental health care, highlighting both their commitment to accessing support and the financial pressures involved.

AREAS OF NEED, BARRIERS AND GAPS

Affordability emerged as the most commonly cited barrier to accessing care. In the quantitative data, 47% of respondents strongly agreed that the cost of support had prevented them from getting the help they needed, and 33% said they had given up necessities to afford care. These concerns were particularly acute for international students, young people without Medicare, and those experiencing financial hardship.

Long wait times were also a significant barrier, with 34% of respondents strongly agreeing they had avoided support because the wait was too long. Location was another key factor, with 31% saying they were unable to access care due to where they lived. Only 9% of respondents strongly agreed that they were provided with any form of support while waiting for services.

Reflecting on the lack of support for young people in the 'missing-middle', a young person said:

> "We have this middle gap of people who are just low enough that headspace can take them on. And then if you're any higher than that, you basically just have to hope you get worse, and then hope there's a service that can capture you. And that's really not okay. Like, you shouldn't have to hope you get worse to get help."
>
> **- Young person, 22, ACT**

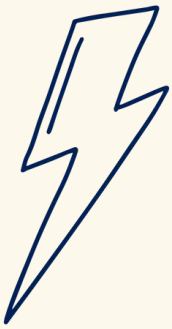
In addition to financial and logistical barriers, participants described confusion about how to access care in the first place. Many were unsure about how Mental Health Care Plans worked and assumed that all mental health services required out-of-pocket payment. Consent and confidentiality processes created further difficulties, especially for those who needed parental approval or felt unsafe discussing their needs at home. Finding a good fit with a clinician was another common challenge. The Australian Psychological Society's directory was considered hard to navigate, and participants expressed a need for clearer clinician profiles and better matching tools.

A young person reflected on the difficulty of finding a good clinician, saying:

> "I used to go through so many [mental health professionals] and I only found out how to handle my own mental health after a while because nothing worked."
>
> **- Young person, 20, NSW**

Several young people reported feeling emotionally unsafe in therapeutic settings due to cultural mismatch or identity-related disconnection. Some described services as poorly advertised, while others shared that they had disengaged after negative or invalidating experiences. Only 19% of respondents strongly agreed that they knew where to go for help, and just 15% said they felt confident managing their mental health after exiting care.

Young people spoke about the need for tailored support that takes into account each person's individual needs: *"There doesn't seem to be a lot of flexibility, and a lot of people actually listening to you and your needs because we're all so diverse and so different, regardless of whether or not we've got the same diagnosis. Everybody's experiences are so unique, and I just don't think the mental health system accommodates that very well."* - 23, NSW



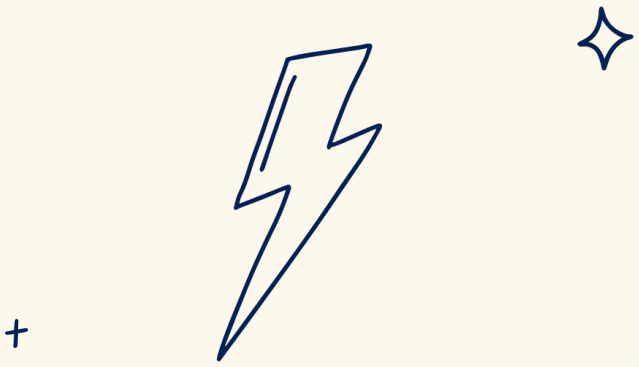
AREAS OF DUPLICATION AND FRAGMENTATION

Many participants described navigating multiple services at once, including general practitioners, helplines, school-based counsellors, and headspace centres. However, these services rarely communicated with one another, placing the burden of coordination on young people themselves. Participants were often required to repeat their stories, manage their own referrals, and track appointments across disconnected providers. Inconsistencies across services, such as differences in eligibility criteria, funding arrangements, and referral processes, further complicated access.

A young person reflected on their perception of the pressure that misdistribution of funding can add to mental health services:

> "...And that really speaks to like how little funding there is and everyone's trying to like scrape by and do their thing. But then also between services, there's a lack of integration because maybe they're all competing for funding. So that like there's so many different levels of impacts."
>
> **- Young person, 25, NSW**

Some young people reported feeling they needed to downplay their progress to remain eligible for care. These issues were especially apparent during transitional periods, such as turning 18 or completing school, when support needs persisted but access to youth-targeted services declined. While integrated service hubs were generally viewed positively, participants cautioned that overly centralised models risk missing the complexity of young people's lived experiences and local community contexts.



OPPORTUNITIES TO STRENGTHEN THE SYSTEM

Young people consistently expressed a desire for more flexible, person-centred care. Many called for a broader range of service options, including community-led spaces, informal drop-ins, and peer mentoring, rather than relying solely on clinical care or medication. Participants valued approaches that treated them as whole people, not just as recipients of diagnoses or treatment plans. Feeling listened to and understood was often prioritised over receiving a formal diagnosis.

One young person expressed the need for increased mental health literacy, which would enable greater informal support in the community:

> "If the world was just more educated on mental health I feel like we'd be able to support each other so much more."
>
> **- Young person, 17, QLD**

Referring to the need for increased availability of support services, a young person said, "As soon as you feel that something is going wrong in your life and you feel, hey, I need the support you should be able to get access to that." - 19, NSW

Suggestions to support more meaningful engagement included introducing navigator roles, improving clinician-matching processes, and co-creating care summaries that could be shared across services to reduce the burden of repeated storytelling. These are described later on under Care Coordination and Service Navigation. There was also strong support for workforce reforms, particularly to increase diversity, trauma-informed care, and the inclusion of lived experience in service design and delivery.

Participants stressed the need for stronger integration across mental health, education, housing, and youth services, particularly during times of transition or when care intensity shifted.

DIGITAL SUPPORTS

Digital mental health tools were recognised as helpful in specific situations, particularly for short-term check-ins and support during transitional periods. Young people noted a preference for formats such as video calls, email communication, and moderated online forums. However, many were unaware of what digital supports were available or how to access them. There was strong consensus that digital services should remain an option rather than a substitute for in-person care.

Concerns were raised about AI-led services, especially regarding their lack of nuance, emotional connection, and the risks to privacy. Some participants saw potential in emerging innovations such as virtual reality or app-based communities, particularly for reaching isolated young people, but stressed that these technologies must be implemented with robust safety and privacy protections. First Nations participants shared positive experiences with phone and online services when these were delivered in culturally safe ways that acknowledged their unique contexts and needs.

PRIORITY POPULATIONS

Young people from priority populations described unique and often compounding barriers to care. International students, those without Medicare, young people in out-of-home care, and culturally and linguistically diverse communities frequently reported exclusion, stress, and difficulty navigating the system. First Nations participants consistently highlighted the importance of community-based and culturally grounded support, often turning to family, Elders, or local networks when mainstream services felt inaccessible or unsafe. They called for service models that incorporate cultural learning, connection to Country, and relational care.

Speaking to the increased stigma in some culturally diverse communities, a young person reflected that:

> **"With my cultural background mental health is very stigmatised and it was never an accepted thing or something I could talk about."**
>
> **- Young person, 17, QLD**

Participants across multiple groups described harm from services that did not align with their identities or cultural values. This included pressure to accept diagnoses that did not make sense to them, care that felt culturally mismatched, or services that used inclusive language in branding but failed to offer culturally safe practice. Trans and non-binary young people, as well as those who spoke English as a second language, shared experiences of exclusion and expressed the need for services that reflect and respect their lived realities.

CARE COORDINATION AND SERVICE NAVIGATION

The mental health system was widely described as fragmented and difficult to navigate. While some services, like headspace, were familiar to participants, they were often experienced as disconnected from other forms of support. Many young people reported needing to advocate for themselves across multiple providers, often without clear guidance. This was described as exhausting and confusing, especially when experiencing acute distress. Participants strongly supported the idea of consistent navigator roles or support people who could help guide them through services, assist with referrals, and ensure that follow-ups occurred.

Several participants suggested co-developing health summaries that captured their preferences and current needs, which could be shared across services to reduce repetition. Transitions between services, particularly when moving between levels of care or life stages, were described as poorly managed. Young people expressed a desire for continuity and support that could follow them rather than requiring them to start over each time.

A young person shared that a big deterrent with seeing a new mental health professional is having to reshare their story, which can take up a whole session. They suggested a system similar to My Health Records, by which *"there was like a bio about you or all previous, session notes can be seen by new practitioners like my GP can see my blood test that I had four years ago with a random doctor why couldn't there be like a way to do that with the mental health system as well."* - 22, VIC

Speaking to the vital role of a navigator-type role, a young person said *"I think that having someone like that to be kind of even just a sort of guiding light through the system and as to what the options are would have been something that would have been really helpful for me kind of made me feel less alone and like a freak and I also think it would have been really great."* - 23, VIC

EDUCATION

Mental health education was seen as a key area for both early intervention and long-term cultural change. Young people wanted consistent, age-appropriate education to begin in primary school and continue through secondary and tertiary levels. They felt that families, teachers, and peers should all be equipped to recognise early signs of distress, not only to respond in a crisis.

Young people emphasised the need for greater mental health literacy education in the education system, with one participant in particular stating that:

> "If the access to knowing where kids are able to go and who they're able to talk to is embedded, then it's never going to be a question of where do we go and who do we talk to and what systems actually exist because they will already know it."
>
> **- First Nations young person, 21, QLD**

Participants in regional and remote areas highlighted the value of mental health role models and called for more investment in mentally healthy workplaces and schools. There was a strong push for additional training for school staff on mental health, trauma, and neurodivergence, particularly in locations where support remains informal or limited.

Final Advice

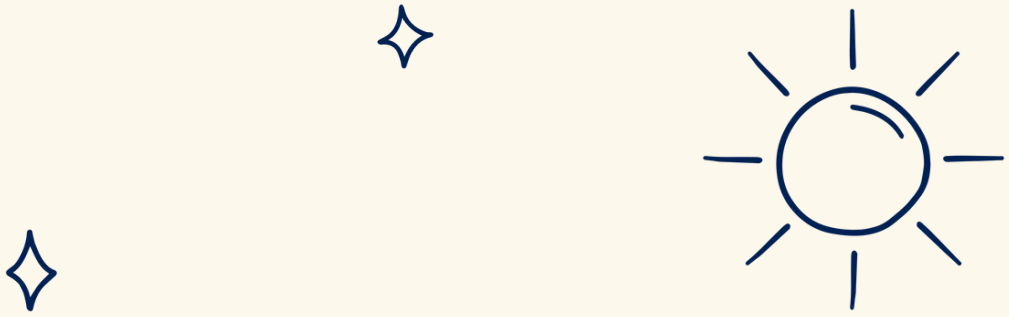
The final advice was shaped through the national consultation process, followed by a Consortium workshop and multiple rounds of feedback and review. A total of 12 participants attended the final advice workshops. Drawing on these insights, the Consortium proposed three refined approaches to youth mental health care: an enhanced headspace model, youth specialist services, and community-based wellbeing hubs. The following section presents the perspectives of young people on these proposed models.

ENHANCED HEADSPACE

The enhanced headspace model proposes a strengthened and more consistent national platform for youth mental health care, expanding the current headspace service to better meet the needs of young people with a broader range of mental health concerns. Young people recognised the role of headspace as a well-known and accessible entry point for youth mental health support, but described it as too generalised to meet more complex or ongoing needs. While they valued the casual and youth-friendly environment, many felt that there was insufficient opportunity to explore individual experiences in depth. Participants called for greater consistency across headspace sites, improved responsiveness to local needs, especially in rural and regional areas, and stronger partnerships with other local services. They also described challenges navigating the headspace system and emphasised the need for clearer care pathways, streamlined access, and better support during transitions. Participants stressed that improving headspace requires more than service expansion. It must involve a deeper shift towards responsiveness, intersectional care, and co-design with young people.

YOUTH SPECIALIST SERVICES

Youth specialist services are a proposed solution to fill the critical gap in care for young people with complex mental health needs, offering integrated, trauma-informed support beyond the scope of generalist services. Gaps in service access for the so-called "missing middle" were also highlighted. Participants described feeling dismissed or being told to return only when their condition worsened. The emotional toll of pursuing a diagnosis to access care was a common experience, as was the financial burden associated with specialist support. There was strong support for trauma-informed, accessible services that do not rely on strict diagnostic thresholds and that can meet the needs of neurodivergent young people, those in out-of-home care, and others with intersecting challenges. Peer and social support models were seen as valuable complements to clinical care and a core part of holistic wellbeing.



COMMUNITY-BASED WELLBEING HUBS

Young people strongly supported the establishment of community-based wellbeing hubs as inclusive, culturally safe spaces for connection, support, and early intervention. These hubs were seen as reducing the thresholds to care and providing informal options such as peer conversations and cultural practices like yarning. Participants valued models that reflected community values and included wraparound supports such as housing, food security, and social connection alongside mental health care. They also called for funding models that recognise lived experience and community knowledge as legitimate evidence for what works in practice.

Speaking about the importance of community-based support, a young person shared, “I prefer going to, like, community members like elders and just having a yarn because I know that having a yarn with them is definitely safe and confidential even though they're not under, like, any laws that psychologists are under. I know seeing them is a safe place” - 24, WA, First Nations young person

One young person expressed that they feel they get “more out of people that have a lived experience than people that don’t” expressing that “it'd be good if we, we could somehow accredit lived experience and then that way like every second person would be accredited… having grants and, and ways to, to fund it in the community would be, would be more beneficial.” - 25, NT

Conclusion

This report has presented key insights from national youth consultations, highlighting the barriers, enablers, and opportunities for reform within the current youth mental health system. The findings reinforce that young people are not only aware of the limitations and gaps within existing services but also possess a strong, well-informed vision for what responsive, inclusive, and effective mental health care should look like.

Across consultations, young people described a mental health system that often felt fragmented, costly, and difficult to access. Many spoke of the financial strain involved in seeking care, including having to give up essentials to attend sessions or feeling excluded from services due to ineligibility for public funding. Others shared their frustration at not knowing where to start, feeling overwhelmed by complex referral processes, or assuming help was out of reach. Young people also highlighted the lack of meaningful support while waiting for care, and the sense of being left to manage alone once services ended. These reflections illustrate how the system places a significant burden on young people to navigate support pathways, often at times when they are least equipped to do so.

One of the most significant learnings from this project was the value of embedding young people at every stage of the research process. Co-designing the consultation tools and engaging young co-researchers to lead the analysis strengthened the authenticity, rigour, and relevance of the findings. Their contributions shaped not only the data collection and thematic analysis but also helped bring together findings from the early advice and final recommendations. By centring youth voice through the design and execution of the work, the project offered a blueprint for how lived experience can inform systems-level decision-making.

These findings also challenge common assumptions that young people lack awareness of what they need. In contrast, participants demonstrated a deep understanding of both the structural barriers to care and their role in navigating them. Their insights aligned closely with the sector's calls for reform, reinforcing the legitimacy of youth perspectives in shaping policy and service models.

Importantly, young people did not see themselves as passive consumers in the system. They advocated for a mental health system that respects diverse experiences, includes a workforce reflective of lived experience, and recognises the role that communities play in healing and wellbeing. This holistic lens demands that systems move beyond siloed service provision.

Looking ahead, there is a clear opportunity to offer a framework that supports organisations to meaningfully engage young people in consultations and, more critically, to understand how young people experience the mental health system. With the final submission of the Consortium report to the Department on 30 June, this report provides evidence not only of what young people need, but how they should be involved in shaping it.

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Appendix

Guiding Questions for Consultations with Young People

This appendix presents the consultation questions used during batyr's engagement with young people for the Youth Models of Care project. The consultations were designed to elicit insights about their experiences accessing mental health support and their perspectives on how services could better meet their needs. A mixed-methods approach was employed, including anonymous responses collected via the virtual platform Mentimeter, as well as open group discussions facilitated by batyr staff and youth co-researchers.

OVERVIEW OF QUESTION FORMATS

- Mentimeter (Digital): Used during the initial eight consultations to allow for anonymous, varied engagement.
- Group Discussion: Adopted in subsequent consultations to encourage richer conversation and participant comfort.
- Response Types:
  - Open text
  - Word cloud
  - Voting
  - Rating scale (Strongly Disagree to Strongly Agree)

GUIDING QUESTIONS BY THEME

Enablers and Deterrents
Open text (Word cloud):
- What barriers have you faced accessing support?
- Who were core people that encouraged and/or helped you reach out for support?

Barriers to Support
Rating scale (Strongly Disagree – Strongly Agree):
- The cost of services has kept me from accessing enough support
- I have made sacrifices to afford mental health support (e.g. fewer groceries, social gatherings, moving out)
- I am willing to travel further for better access to support
- Distance from services has kept me from accessing support
- I chose not to access support because the wait time was too long
- I was provided with resources while I waited to access support

Entering Services

Open text:

- What services or supports have you accessed before?

Rating scale:

- I felt confident in knowing where I could go for support
- I could access support that was culturally safe and/or tailored to my identity
- I have been refused or turned away by mental health services
- I felt supported by the people around me while seeking support

Transitioning Between Services or Stages of Care

Rating scale:

- I felt informed about why I was transitioning between services/stages in my care
- Transitions felt smooth and supportive
- I felt like I had a say in what happened next in my mental health care

Exiting Services

Rating scale:

- When I stopped accessing services, I felt confident in managing my mental wellbeing
- I knew how to re-engage services if my mental health ever needed support again
- I feel it was my choice to stop accessing mental health support, when I did

Preferences for Mental Health Care Models

Voting (single choice):

- I would like mental health care to be mostly:
  - Online/Digitally
  - In-Person
  - A mixture of both

- I would like mental health care to be mostly:
  - Casual
  - Casual, with some formal structure
  - Formal, in a relaxed and/or fun environment
  - Formal
  - Other

- Mental health care is best when it is:
  - Focused on my symptoms and experiences
  - Led by what I want
  - Led by the clinician
  - Led by a carer/third party
  - Other

Open text:

- In an ideal world, what else would you need or want to maintain positive wellbeing?

Group Discussion Questions

These questions were used in small group discussions to encourage deeper dialogue. They often followed the Mentimeter activities or replaced them in later consultations.

Early Intervention and Access

- When do you wish you had first received support for your mental health?
- Thinking about a young person at the beginning of their mental health journey – what is the ideal "first step"?

Designing Ideal Services

- What would a service need to do or be to work the best for you?
- What do you want it to feel like?
- What do you want it to look like?
- Who do you want to be with you?
- How do you want services to change with you throughout your journey?