

Sustaining the Australian Government's headspace initiative

Pre-budget submission 2024/25

January 2024

Sustaining the Australian Government's headspace initiative

With an estimated 50 per cent of adult mental illnesses beginning before the age of 14, it's never been more important for the Government to make sure headspace is fit-for-purpose to prevent further decline in the mental health of our future generations.
 – Media release, Minister Butler and Asst Minister McBride, 16 December 2023

The need for accessible mental health support for young people has never been greater.

As Australia's national specialist youth primary care platform, headspace is a foundation of the mental health system. Sustaining and strengthening this platform in line with independent evaluation recommendations is critical, both for the life trajectories of young people, and for a system that is overwhelmed.

This submission seeks funding for headspace to:

1. **Grow the youth mental health workforce** and increase access to young people by extending and scaling existing, effective programs.
2. **Strengthen engagement, outreach and inclusion for 'hard to reach' groups**, including embedding safe, appropriate and inclusive practice, and providing cultural supervision.

Initiative and components	
Initiative 1: Grow the youth mental health workforce	Early Career Program Create regional training and supply pipelines of youth mental health professionals across Australia
	headspace GP Program and GP Registrar training Grow, train and support the GP workforce across the national headspace network
Initiative 2: Improve access and support for hard-to-reach groups of young people	First Nations young people Extend cultural supervision and strengthen cultural safety and capability across headspace services
	Multicultural, refugee and migrant young people Embed Multicultural community awareness officers in 15 culturally diverse communities to provide inclusive, culturally responsive care
	LGBTIQA+ young people Establish exemplary service models in headspace centres, to support more LGBTIQA+ young people

This investment will enable Government to:

- enact recommendations from the **Government-commissioned independent evaluation of headspace services**, enhancing support to the young people who need it most
- demonstrate immediate progress against **National Mental Health Workforce Strategy** actions (Table 1), boosting front line capacity and complementing longer-term initiatives
- demonstrate action under the **National Partnership on Closing the Gap** (Priority Reform 3) enabling headspace to respond to the needs of First Nations people in a culturally safe way
- bolster prevention and early intervention supports that are the foundations of the mental health system, and that reduce pressure on high-cost emergency and specialist services.

Introduction and context

Young people’s mental health has never been worse, and help-seeking has never been greater

More and more young people desperately need access to stable and trusted sources of support for their mental health and wellbeing. In 2021, four in 10 young people aged 16–24 years had experienced depression, an anxiety disorder and/or a substance use condition in the previous 12 months¹ - a 50 per cent increase since 2007.

The COVID-19 pandemic, cost of living concerns, climate events and worries about their future are driving their mental health needs to new heights. At the same time, successes in destigmatising mental health and raising awareness mean that more young people than ever are seeking help, and seeking it sooner.

headspace: a visionary Government initiative

headspace was established in 2006 to respond to the high prevalence of mental health problems and the low level of mental health service use among young people, and to:

- provide accessible, welcoming and youth-friendly services
- offer a ‘no wrong door’ approach to maximise access and support
- involve family in the care of young people
- offer integrated, multidisciplinary support for mental health, physical and sexual health, alcohol and drugs, and work and study needs.

Since establishment, headspace has supported more than 770,000 young people, providing 6.8 million services. headspace is the most recognised youth mental health brand in the country, known by three in 4 young Australians aged 15-25 years

The headspace model is appropriate, effective and cost-effective

The headspace model has been developed and enhanced over nearly 20 years. The Government’s most recent independent evaluation found that headspace is cost-effective, and offers well-designed, comprehensive and highly appropriate supports to meet the mental health needs of young people.²

*“the headspace model supports...young people to manage their mental health in the medium- to long-term (which contributes to) long-term impacts of improved health outcomes for young people and increased social and economic participation outcomes for young people over their life course”.*³

As a primary care platform providing early intervention, headspace reduces demand on other services, generating “additional cost-savings to the healthcare system and benefits to the wider society”.⁴

¹ ABS National Study of Mental Health and Wellbeing (2020-2022), October 2023

² KPMG, Evaluation of the National headspace Program – Final Report June 2022, Australian Government.

³ Ibid. p.205

⁴ Ibid. p.331. The evaluation cost effectiveness calculations do not account for the additional, significant cost avoidance tertiary and specialist services achieved through early intervention and prevention. The evaluators observe that *“It is critical...to capture the consequences of mental health needs remaining unaddressed...in both (poorer) mental health outcomes and in (higher) downstream demand for acute health services resulting from the unaddressed need.”* (p.139)

However, workforce shortages and resourcing constraints are limiting services – particularly impacting ‘hard to reach’ groups of young people

The evaluation also found that impact and outcomes are significantly constrained by:

- workforce shortages, which impact the ability of services to attract a multi-disciplinary workforce, engage communities, provide core services and deliver MBS-based activities.⁵
- demand pressures and resourcing constraints that mean services lack capacity to support ‘hard to reach’ groups to engage with headspace services, provide more culturally safe, appropriate and inclusive services; and improve outcomes for those who do engage.⁶

Investing in the youth mental health workforce will immediately boost service capacity and enable more and better support to at-risk young people

This submission seeks funding for headspace to:

1. Grow the youth mental health workforce and increase access to young people by extending and scaling existing, effective programs.
2. Strengthen engagement, outreach and inclusion for ‘hard to reach’ groups, including embedding safe, appropriate and inclusive practice, and providing cultural supervision.

⁵ KPMG op. cit, pp.20, 21, 26, 94, 127, 129

⁶ Ibid. pp.89, 132-134. The evaluation defines ‘hard to reach groups’ as Aboriginal and Torres Strait Islander young people; young people from culturally and linguistically diverse backgrounds; young people who identify as LGBTQIA+ and young people with disability

Table 1: Contribution of proposed investments to National Mental Health Workforce Strategy

National Strategy Actions		headspace Initiatives		
		Early Career Program	GP Registrars	Hard-to-reach groups
Action	Strategic Pillar 1: Attract and Train			
1.1	Address critical medical, nursing and allied health workforce shortages			
1.3.3	Create positive perceptions of working in mental health by improving the placement experience of students and trainees			
1.4.2	Recruit people from regional, rural and remote communities to access and complete mental health education and training programs			
1.5.3	Increase the supply of education and training, including programs outside of metropolitan areas			
1.5.5	Support education and training providers and service providers to improve the quality and quantity of mental health placements			
1.5.7	Ensure students and trainees undertake mental health placements and internships across a more representative mix of settings			
	Strategic Pillar 2: Maximise, Distribute and Connect			
2.4.2	Use place-based approaches to training and professional development to help attract and retain workforce in rural and remote areas			
2.4.4	Support initiatives to grow local mental health workforces, including training and placement opportunities in regional, rural and remote areas			
	Strategic Pillar 3: Support and Retain			
3.3.1	Encourage service providers to support staff access to continuing professional development throughout their careers			
3.3.2	Develop equitable access to continuing professional development through establishing educator roles such as in allied health professions, First Nations and Lived Experience (Peer) workers			
3.5.3	Encourage greater collaboration, including by occupation, setting and specialisation			
	Strategic Pillar 4: Data, Planning, Evaluation and Technology			
4.1.2	Identify opportunities to...ensure services are inclusive and culturally safe			
4.4.1	Build monitoring and evaluation into the design of mental health workforce initiatives, to enable continuous improvement practices			

Initiative 1: Grow the youth mental health workforce

Many young Australians are not getting the mental health care that they need, when they need it, because there is an acute shortage of specialist professionals. This means more reach the point of crisis and need high-cost interventions from hospitals, emergency services, social services and youth justice services.

Mental health workforce supply remains an intractable problem over decades.⁷ The Government's recently published National Mental Health Workforce Strategy highlights this critical and multifaceted challenge:

- There is an urgent need to grow the mental health system and workforce as demand increases.
- There are significant shortages of all professions in the mental health workforce. These shortages are getting worse, and may curtail the amount and quality of care provided.
- The workforce is maldistributed: geographically, with acute shortages in regional, rural and remote locations; between sectors and service settings; and within specialisations.⁸

The Strategy calculates a current 32 per cent shortfall in mental health workers, rising to 42 per cent by 2030 – equivalent to 87,645 FTE. The greatest supply gaps include for consumers aged 0–17 years.⁹

The workforce supply crisis is exacerbated by major reforms at national and state levels and across sectors. More new services are being created, increasing need and competition for staff.¹⁰

However, careers in mental health are often seen as unattractive, and many students are put off by training placements which are often in the most stressful settings.¹¹

The National Strategy highlights that negative placement and training experiences, and particularly a lack of adequate support and supervision, discourage students and new graduates from careers in mental health¹². Conversely, the Productivity Commission found that providing positive early career experiences is critical to alleviate the negative perceptions and encourage individuals to consider entering the sector.¹³

There is opportunity to increase the supply of the workforce through increasing access to clinical supervision and quality mental health placements and traineeships. – National Mental Health Workforce Strategy¹⁴

More supervised placement opportunities are needed in community settings, and in regional and rural locations¹⁵, noting that health professionals are more likely to work in regional and remote locations if they did their training there.¹⁶ However, recruitment of clinical staff needed to support quality placements and provide discipline-specific supervision is most difficult in rural and remote service settings, severely limiting accessibility and availability of placement opportunities.¹⁷

headspace has established and evaluated scalable programs to grow the youth mental health workforce, create training and employment pipelines across disciplines and regional and rural settings, and provide positive early career experiences that increase recruitment and retention. For these initiatives to realise their potential impact, sustainable resourcing is required to extend and scale what is currently working.

⁷ The need to address workforce shortages was highlighted as far back as the Richmond Report in 1983, and since in the National Action Plan on Mental Health 2006 – 2011, The Roadmap for Mental Health Reform, COAG, 2012-2022, The Fifth National Mental Health and Suicide Prevention Plan, 2017, and the Productivity Commission, 2020, Mental Health, Report no. 95 amongst others.

⁸ National Mental Health Workforce Strategy, 2023, pp.5,7 and 15

⁹ Ibid. p.16. The Productivity Commission also highlighted the need to address a "significant shortage" of child and adolescent mental health specialists (p.712)

¹⁰ The Productivity Commission (p.706) recommended the need for strategic workforce planning to factor in reforms to promote greater utilisation of low-intensity and community-based services. Since then, major reforms have been slated for the NDIS and Better Access.

¹¹ Productivity Commission, 2020, Mental Health, Report no. 95 pp.712, 746-748

¹² National Mental Health Workforce Strategy, pp.25-26

¹³ Ibid. p.25

¹⁴ Ibid. pp.25-26

¹⁵ Productivity Commission op.cit. pp.712, 746-748

¹⁶ Kwan et al. 2017; McGrail, Russell and Campbell 2016 cited in Productivity Commission, p.753

¹⁷ National Mental Health Workforce Strategy, p.25, p.36

a) Early Career Program

Summary

Create regional training and supply pipelines of youth mental health professionals across Australia

With the country in the grip of an acute mental health workforce crisis, the Early Career Program (ECP) is designed to create a sustainable pipeline of students and graduates with youth mental health expertise, whilst immediately boosting service capacity to support more young people.

The ECP is designed to operate at a national scale. It has been successfully established with two graduate intakes in selected states. Evaluations have found that ECP is an effective and scalable model for workforce growth, creates additional access and services to young people, and fosters evidence-based practice to improve quality of care and the experience of service users.

The program has been independently evaluated by Deloitte, and headspace is seeking funding to scale and embed the program nationally.

Expanding the ECP will create more supported training places and develop regional workforce supply pipelines across the country. This investment will:

- extend and embed the Program in 57 centres already participating in Vic/Tas, QLD and WA
- expand the reach of the Program nationally from 2025 to 145 centres across all jurisdictions, providing 260 two-year graduate positions and up to 2600 student placements over four academic years ^(Note 1)
- embed 145 specialist clinical educators across the headspace network to provide training, supervision and positive, high-quality early career experiences that increase attraction, recruitment and retention
- provide immediate additional capacity and deliver around 675,550 additional Occasions of Services to young people, with half of this activity in regional and rural settings.

Ultimately, this investment will create regional supply pipelines of youth mental health specialists, provide more services to more young people, and maximise cost effectiveness by operating ECP at a national scale.

It will also establish a platform for expanding placement opportunities to other professional disciplines, and in partnership with Head to Health Centres, tertiary services and training providers.

Program growth (calendar years)	Current	2025	2026	2027	2028
Participating centres + clinical educators	57	125	125	145	145
Graduates commencing	54	75	85	100	-
Student placements		500	600	750	750
Additional Occasions of service (est. maximum)		121,720	178,640	215,220	159,970

The problem

headspace services are suffering from workforce pressures that impact access and quality of care for at-risk young people

The headspace centre network is hamstrung by acute workforce pressures, impacting capacity to deliver services to young Australians, and at a time when more and more are seeking help.

Nationally, 87 per cent of headspace services reported difficulty in attracting and retaining staff, with recruitment challenges reflecting pressures across the broader mental health sector. In the 18 months to May 2021, there were 438 service provider departures across the ten worst-affected headspace services.¹⁸

In common with other mental health workers, many headspace clinicians report feeling burnt out, overworked, and insufficiently skilled to support young people presenting with increasingly complex needs.¹⁹

Vacancies and absences increase pressure on remaining staff, in centres largely operating at or beyond capacity. Pressure on senior staff is exacerbated by oversight responsibilities for an increasingly junior workforce who lack the confidence and capability to support young people with complex needs. This in turn leads to increased wait times, inconsistent access to, and provision of, care, and increased referrals to specialist services.

There are insufficient training and early career opportunities in youth mental health

There are limited student placements in youth mental health, as few services have capacity to provide clinical supervision – particularly in regional and rural communities.

There are also few graduate positions, particularly with two years of supervised practice which is required for some disciplines to be able to participate in the Better Access Scheme.

Lack of appropriate support and supervision results in high levels of attrition amongst early career professionals working in mental health. However, there are also high burn out and turnover rates of senior clinicians in the mental health sector who are vital for providing training and support to less experienced staff, but who also need to manage high caseloads and responsibilities.

Current 'grow your own' education and training infrastructure will cease without investment during 2024

The Australian Government funded the establishment of the headspace Early Career Program (ECP) to generate regional supply pipelines, initially in four states (Vic/Tas, QLD and WA). Subsequently extended for 12-months in existing locations, program funding ends in February 2025.²⁰

The ECP funds headspace services to employ clinical educators who are critical to provide supervision and support for students and graduates. In addition, 38 centres outside the ECP have been able to employ clinical educators using other fixed-term funding sources.

Maintaining the clinical educators in their existing roles across the headspace network is fundamental both to the future of ECP, and to other potential training initiative developments.

It can take 12-18 months to recruit, train and replace clinical educators who are well connected with local universities and positioned to support students and graduates.

As well as lead times to re-recruit and train educator specialists, other gains made from Government's investment to date will be lost. These include centre readiness and established university relationships and supply arrangements.

¹⁸ headspace National survey, 2021

¹⁹ headspace network complexity interviews 2021

²⁰ Establishment funding of \$22.6 million in the 2020-21 Federal budget was to develop and set up the ECP in Victoria/Tasmania, Queensland and Western Australia. The 2022-23 Budget allocated funds to extend ECP for a further 12 months in these states.

The opportunity

The Early Career Program creates regional workforce pipelines and immediately boost service capacity. The Program is established, effective, and designed to scale nationally.

The ECP was established in 2021 and has since been extended, enhanced, and evaluated by Deloitte.²¹

It is a demonstrably effective and scalable model for increasing the specialist youth mental health workforce within and beyond the headspace network – potentially including Head to Health Centres, ACCHOS, and other services providing clinical support to young people.

The ECP is designed to build and grow a skilled multidisciplinary workforce for mental health services. It does this by supporting Psychology, Social Work and Occupational Therapy graduates and students to work in headspace services across the country.

The first program of its kind in Australia, the ECP aims to develop and retain a skilled mental health workforce by providing them with supervised primary health care training and education.

The ECP boosts local resources by placing graduates, students, and a clinical educator in participating headspace centres. These personnel add to the immediate capacity of a headspace service whilst building a workforce pipeline for the future.

These placements also foster and instill evidence-based practice to improve quality of care and the experience of service users.

The clinical educator role creates a supportive learning environment and positive early career experiences for students and graduates, who receive matched-discipline clinical supervision through the program.

This embedded clinical educator infrastructure provides:

- a career pathway for senior clinicians, retaining them in the sector for longer;
- scaffolding within headspace centres to embed evidence-based practices, increase the quality of care, and create system efficiencies;
- expertise to support confidence and capability of clinicians to meet more complex needs, and to be less reliant on referring young people to specialist services;
- indirect benefits to practice quality and professional learning across multidisciplinary teams within headspace centres, with benefits for workforce satisfaction, retention, and operating at optimal collective scope of practice; and
- a platform for extending training and support to additional professional disciplines, including mental health nurses, counsellors, and 5+1 psychology interns.

The ECP is already growing the youth mental health workforce. Of the initial Tranche of graduates, around two-thirds moved into roles in youth mental health. This includes graduates who left the Program early to accept jobs at a headspace centre. Overall, more than 80 per cent work joined the mental health sector.

The ECP is also an effective demand management strategy. Participating services indicate that ECP has been the greatest single contributor to a reduction in wait times for treatment.²²

headspace National has undertaken formative monitoring and evaluation of ECP since its inception and has used insights to make specific improvements to recruitment and placement processes, centre and graduate support, and education resources.

headspace Early Career Program – the first 18 months

100 graduates and more than 400 students engaged in the program

Placements in 48 headspace services across Vic/Tas, QLD and WA

Graduates receive 40 days equivalent education over two-year engagement

More than 24,000 occasions of service delivered to over 11,000 young people

48 per cent of all graduate services were delivered in regional and remote areas

95 per cent of graduates and 89 per cent of students said they would likely pursue careers in youth mental health

Source: Early Career Program Interim Evaluation Snapshot, August 2023, headspace National

²¹ The Department of Health and Aged Care commissioned Deloitte to undertake an independent evaluation of the ECP in August 2023.

²² Wait time reduction is from the date of recommending service intervention to when the recommended service is first provided.

b) GP workforce

Summary

Grow, train and support the GP workforce across the national headspace network

General practitioners (GPs) are the linchpin of holistic care and early intervention in headspace services. However, centres struggle to recruit and retain GPs, so many young people cannot access no-cost care.

The headspace National GP Program leads recruitment, training, retention and integration of GPs at headspace services across the national service network. This includes the GP Registrar Pilot Program, which has increased the number of headspace centres that can provide bulk-billed MBS services.

Extending the National GP Program, and incrementally growing the GP Registrar program will:

- Sustain peer-led support to the GP workforce across the headspace network, and to services to attract and retain more GPs
- Place and support 27 additional GP Registrars in headspace services, delivering more than 10,000 additional Occasions of Service
- Build GP capacity and capability in supporting priority cohorts of young people (e.g., Aboriginal and or Torres Strait Islander, LGBTIQ+ and multicultural young people) and priority clinical needs (e.g., eating disorders, ADHD)
- Increase recruitment and retention of qualified GPs in headspace services

Ultimately, this investment will provide more young people with access to no-cost primary care services from GPs with specific experience in youth mental health.

The problem

General practitioners (GPs) are the linchpin of holistic care and early intervention to young people attending headspace services. Increasingly, this includes young people presenting with complex needs, and many who cannot access free or low-cost GP care in the community.

headspace centres struggle to recruit and retain GP resources. During 2024, the headspace network lost around 10 per cent of its GPs. Currently only half of headspace centres have an onsite GP resource. The average resource is 0.3 FTE, which is insufficient to meet demand for GP services in most cases.

The headspace National GP Program aims to increase young people's access to timely GP services. A dedicated GP-led Program team promotes safe, youth-appropriate GP services, and leads recruitment, onboarding, training, retention and integration of GPs at headspace services across the country.

To address recruitment and retention challenges, the GP Program facilitates the Commonwealth-funded GP Registrar Pilot Program. Senior GP registrars can provide the same MBS services as GPs.

Whilst a relatively small pilot (impacted by COVID-related recruitment challenges and service accreditation lead time), to date this Program has increased the number of headspace centres with senior GP Registrars, and increased the number of headspace services with capacity and accreditation to support placements.

Pilot funding is due to end in June 2024, and a final evaluation report is due in September 2024.

There are long lead times for GP Registrar recruitment, and requisite training site accreditation with The Royal College of General Practitioners (RACGP). By the time the final evaluation of the pilot program is delivered, there will be greatly reduced scope to recruit GP Registrars for 2025.

The opportunity

The GP Program supports headspace centres to attract, develop and retain GPs.

The Program is responsible for maintaining 18 hours of free accredited online training for community GPs in youth mental health. It also delivers dedicated professional learning activities, which include building capacity and capability in supporting priority cohorts of young people (e.g., Aboriginal and or Torres Strait Islander, LGBTIQ+ and multicultural young people) and priority clinical needs (e.g., eating disorders, ADHD).

The Program directly supports GPs, provides secondary consultations (peer-to-peer consultation and advice on treatment and care) to individual GPs and professional teams), and facilitates a Peer Support program and a GP Community of Practice. As well as enabling high quality care for young people, the Program is vital for GP confidence and retention, and reducing professional isolation.

As part of the GP Program, **the GP Registrar Pilot** was developed with support from the Royal Australian College of General Practitioners (RACGP) which leads the training and professional development of medical students and GPs. Pilot participants provide direct care for young people under supervision, whilst undertaking extended/advanced specialised skills training in youth mental health.

Participation in purposeful rotations through headspace clinics will support improved immersion and skill and knowledge development for general practice registrars in youth mental health, an area of increasing concern...and one in which registrars have limited exposure to within current program configurations.²⁴

The Pilot aims to:

1. overcome barriers to recruitment and increase the number of GP Registrars in headspace centres
2. improve young people's timely access to effective GP services in centres
3. provide headspace centres with an opportunity to train the future GP workforce and induct them into the headspace model of youth mental health care
4. assist with medium- and long-term recruitment and retention of the GP workforce in headspace centres.

These aims have been met.

As planned, the Pilot has provided supported placements for 11 GP Registrars in nine headspace centres. An additional 16 headspace centres applied to take part.²⁵

The Pilot has increased the number of headspace centres with senior GP Registrars, and that have capacity and accreditation to support more placements.

Program participants have provided three-quarters of services delivered by GP Registrars across the headspace Network.

Participating GP Registrars report that they received professional supervision of a high standard and developed their skills and confidence in working with young people during their placement.

These placements are translating into increased overall GP numbers in headspace centres. To date, one third of GP Registrars have returned to work at headspace as GPs once they have finished their training.

With a review of the headspace service funding model imminent²⁶ options for funding the GP Program sustainably may be available to consider in conjunction with the completed Pilot evaluation in 2027/28.

The headspace GP Registrar Pilot

Places GP Registrars in headspace centres to

- Undertake a 6 or 12-month supervised placement
- Provide services to young people as part of a multidisciplinary team
- Receive supervision and support from trained GPs
- Receive extended/advanced specialised skills training in youth mental health

Host headspace services are supported to complete RACGP training site accreditation and meet administrative requirements.

The GP Registrar Pilot Program was initially funded for two years but was extended due to the impact of COVID-19 on recruitment.

²⁴ RACGP letter of support for headspace pilot funding submission from RAGCP, May 2018.

²⁵ The GP Program has continued to work with these centres to build their GP capacity requirements and recruit and retain GPs.

²⁶ The Mid-Year Economic and Fiscal Outlook 2023–24 includes funding over two years from 2023/24 to refine headspace funding arrangements in response to recommendations of the Evaluation of the National headspace Program

Funding is required to sustain and grow the headspace GP workforce.

To sustain the infrastructure, resources and benefits already established, and applying formative evaluation learnings, funding is sought to:

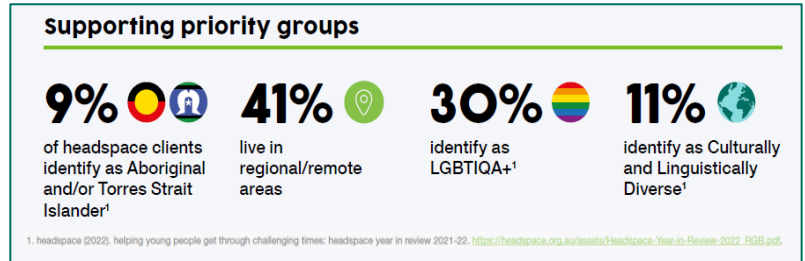
1. attract, grow and support the headspace GP workforce through:
 - recruitment and retention, professional development, communities of practice, peer support and secondary consultation
 - ensuring safety and quality of GP service delivery and improving working at headspace
2. extend and grow the GP Registrar Program through:
 - supporting headspace services and GP supervisors to achieve placement accreditation, to resource and administer placements, and to meet trainee minimum pay award requirements
 - working with RACGP and peak bodies to facilitate extended/advanced specialised skills placements and increase attractiveness and depth of experience offered to participants
 - growing the number of headspace GPs prepared to take on supervision roles.

These investments in the primary care workforce will:

- equip headspace centres to attract, train and support the future GP workforce
- place and train 27 GP Registrars, who will deliver more than 10,000 additional Occasions of Service
- increase the number of GPs with specialist training and experience in community-based youth mental health
- create attractive career choices and pathways GPs at headspace, fostering recruitment and retention
- strengthen holistic care across the four core streams of headspace service delivery (mental health, physical health including sexual health, alcohol and other drugs, and vocational supports)
- improve timely, no-cost access for young people to GP services.

Initiative 2: Improve support for hard-to-reach groups of young people

headspace provides accessible and holistic prevention and early intervention services to all young people who need support for their mental health and wellbeing. Over 770,000 young Australians have accessed our services, and young people and their families say headspace is a trusted and helpful source of support.



However, meeting the needs of some priority groups is more difficult than others, particularly for First Nations young people, culturally and linguistically diverse young people, and LGBTQIA+ young people.²⁷

headspace has adopted a range of approaches to engage with and meet the needs of these priority groups, including to encourage early help seeking particularly through local community engagement.

However, the headspace model has mixed success in reaching and supporting young people from 'hard to reach' groups and increasing mental health literacy, combatting stigma and improving early help seeking.²⁸

While these objectives are being effectively met across headspace for the general population of young people attending, there are significant differences in the effectiveness of headspace in meeting these objectives for young people from culturally and linguistically diverse backgrounds, LGBTQIA+ young people and Aboriginal and Torres Strait Islander young people...²⁹

Community engagement is a key enabler of many headspace outcomes, but has been eroded as services struggle to meet increasing demand for clinical services

Community engagement is a key enabler of many headspace outcomes, including increasing mental health literacy, early help seeking behaviour and access to required services; reducing stigma associated with mental illness and help-seeking; improving pathways to care; providing localised service offerings; and securing support of other providers.³⁰

Under-resourcing of community engagement is a barrier to services achieving their objectives. Over time, growing demand for clinical service delivery has consumed resources to the detriment of engagement.³¹

[Community engagement is an area] which is often under-resourced and time consuming.³²

Rural and regional services describe using their core headspace grant to fund salaried clinicians, and then struggle to resource other key roles, such as community engagement officers and case managers.³³

²⁷ KPMG op. cit p.22.

²⁸ Ibid. p.23.

²⁹ Ibid. p.127.

³⁰ Ibid. pp.42, 127, 182, 236.

³¹ Ibid. pp.94, 128, 129.

³² Ibid. p.91, 134, 236

³³ Ibid. p.129

Services need capacity to better engage and support those most in need

Constraints on engagement and outreach activities have particularly impacted headspace's ability to reach and support groups of young people at greatest risk, including First Nations young people, those from multicultural backgrounds, and LGBTQIA+ young people.

Workforce shortages of key staff reduce the ability for services to make young people from 'hard to reach' backgrounds feel welcome.³⁴

Further, young people within these groups are diverse and have a variety of experiences and perspectives on issues associated with mental health. They do not always experience support and services that are inclusive, appropriate, and sensitive to their particular needs and challenges. As a result, they have different engagement and outcomes from the broader population of young people accessing headspace³⁵

The provision of culturally safe and appropriate services is key to successful engagement with priority groups, for example through employment of identified workers, ensuring an inclusive and respectful physical environment, provision of flexible support models including outreach, peer and group opportunities, and engagement with their community (such as family, friends and Elders).³⁶

Safe and respectful care, from a workforce trained to deliver tailored services appropriate for all cultural, sexual and gender identities, is a principle of the Government's National Strategy. The Strategy highlights the importance of ongoing cultural safety training for staff, supervisors, and assessors, to ensure that treatment and care meets the needs of consumers from diverse cultures and backgrounds.³⁷

Increased emphasis, planning and resourcing...could have a material impact on the extent to which young people from 'hard to reach' groups seek help from headspace, and on the extent to which this is associated with clinical improvements.³⁸

³⁴ Ibid. p.89

³⁵ Ibid. p.89, 132-134.

³⁶ Ibid. p.132

³⁷ National Mental Health Workforce Strategy, p.24 and p.32

³⁸ KPMG op. cit p.91,134, 236

a) First Nations Young People

Summary

Extend cultural supervision and strengthen cultural safety and capability across headspace services

First Nations young people and their families are more willing to engage with clinicians who are culturally aware and responsive and who adopt a culturally safe and trauma-informed perspective in their work.

Whilst headspace has good reach into First Nations communities, the cultural appropriateness of headspace services varies across different locations.

Cultural supervision is critical to ensuring safe, appropriate and inclusive services. An existing pilot program, ending in May 2024, has established three identified positions and a small pool of cultural supervisors that have begun working with non-Indigenous clinicians to build their cultural knowledge, skills, and practice.

Extending the current Cultural Supervision Pilot program will:

- retain the practitioners in identified positions who are currently providing supervision to clinicians
- increase the number of trained supervisors who can provide supervision to more headspace services and clinicians
- extend cultural training and supervision to nationally-employed headspace staff
- deliver training and resources to groups and teams to increase cultural safety and capability.

The problem

During 2022-23, headspace provided support to more than 9,500 First Nations young people. They represented 10 per cent of headspace clients, more than twice the proportion of Australians aged 12 to 25 years who identify as Aboriginal and Torres Strait Islander (4.5 per cent).

First Nations young people and their families are more willing to engage with clinicians who are culturally aware and responsive and who adopt a culturally safe and trauma-informed perspective in their work.

However, the evaluation of the National headspace Program found variation in the cultural appropriateness of headspace services across different locations and that when engaging with First Nations young people, overall, headspace could be more culturally responsive.

For this group, more needs to be done to enhance the capability of headspace services to work with Aboriginal and Torres Strait Islander young people to enhance service take up and retention and achieve improved outcomes.³⁹

Cultural supervision aims to build headspace clinicians' cultural knowledge, skills, and insight in how to support and care for clients and themselves, in their work with First Nations people and communities.

The Embedding Cultural Practice and Safety Project Report⁴⁰ found that cultural supervision for non-Indigenous staff was a critical factor in supporting the delivery of culturally safe clinical care, and recommended the development of a cultural supervision model for headspace:

...non-Aboriginal clinicians ... being able to present their cases to an Aboriginal clinical supervisor can build knowledge and skills in Aboriginal social and emotional wellbeing and how the history of colonisation continues to impact on their client's wellbeing. This is seen as integral to culturally responsive counselling, as well as cultural safety and competence.⁴¹

headspace National is piloting delivery of cultural supervision sessions with support of First Nations agency Cox Inall Ridgeway, through the Cultural Supervision Project.

The pilot expires in June 2024. Sustained funding is needed to retain and expand the small pool of supervisors, so that more clinicians can receive cultural supervision and support in their work with First Nations young people.

³⁹ KPMG op.cit. p.135.

⁴⁰ Cox Inall Ridgeway (2021) The Embedding Cultural Practice and Safety Project Report, prepared for headspace National. Accessed at: https://headspace.org.au/assets/headspace_CulturalPracticeAndSafetyReport.pdf

⁴¹ Ibid.p.85

The opportunity

In response to the Embedding Cultural Practice and Safety Report and subsequent findings of the independent evaluation of headspace, headspace is implementing a First Nations-led, organisation-wide approach to ensuring headspace services are culturally safe and responsive to the needs of First Nations Young people, their families, communities and First Nations staff.

The Cultural Supervision Project pilot (from November 2023 to June 2024) has identified and trained 10 active cultural supervisors from within the headspace First Nations staff network. This group is delivering monthly 1:1 cultural supervision sessions to 20 non-Indigenous clinicians working in headspace services.

These sessions support clinicians to reflect on their practice and deepen their understanding of their clients' presentations, and of First Nations concepts of mental health and social and emotional wellbeing. Supervision emphasises the significance of adopting a culturally safe, trauma-informed perspective.

As a result, clinicians working with First Nations young people and communities have greater cultural competence as well as confidence to better support and care for clients and for themselves.

Formative evaluation indicates that the pilot has increased culturally-informed clinical care, and has also been valuable in the development of the First Nations workforce.

Whilst the pilot funding is coming to an end, it is vital for headspace to continue making its services more culturally safe and appropriate. When complete, the final evaluation report will include recommendations for an ongoing program model informed by the pilot learnings. But if funding is not available to maintain continuity, existing roles will come to an end and identified personnel will be lost.

This investment will extend and grow the pilot so that more clinicians can receive training and supervision, and to support individual clinicians in their own individual and unique areas of work in accordance with social and emotional wellbeing principles. It will also create capacity to extend training and supervision to headspace staff employed in national offices.

Funding is required to continue the Cultural Supervision Project, to:

- continue delivery of cultural supervision to non-Indigenous clinicians across the headspace network
- double the number of cultural supervisors from 10 to 20
- double the number of clinicians receiving 1:1 from 20 to 40 supervision each year
- expand the modes and reach of supervision via one-to-one cultural supervision, peer supervision or group supervision
- increase capacity for cultural supervisors to develop supervision of within other client-facing programs where staff are based within headspace National (e.g. Digital Mental Health Programs)

By continuing the Cultural Supervision Project, headspace will be better equipped to provide culturally responsive care to First Nations young people, enabling:

- increased cultural capability of headspace staff in their interactions with First Nations young people and communities
- enhanced competence and confidence of non-Indigenous headspace staff to provide culturally appropriate and safe services to First Nations young people
- increased capacity of headspace services to address the ongoing effects of intergenerational trauma and social and emotional wellbeing factors in the delivery of care to First Nations young people
- increased capability to provide services in which First Nations young people feel they belong and that their identity is affirmed when they engage with headspace services.

Continuing the project will also enable headspace to retain and capitalise on the expertise of existing First Nations staff and expert advisors, and their dedication to the intended outcomes of this work.

Ultimately, more culturally responsive service delivery will improve engagement and social and emotional wellbeing outcomes for First Nations young people and their communities who access our supports.

Cultural Supervision Project

Year 1: Supervision sessions for continued at current levels; commencement of resource development

Year 2: identification and training of additional supervisors and program facilitators.

Year 3: further resource development and development of external cultural supervision pool.

Year 4: integrate activities, apply evaluation findings, implement enhanced individual and organisational professional development, continue support and capacity building of supervisors

b) Multicultural young people

Summary

Place and support multicultural community awareness officers in 15 culturally diverse communities to provide inclusive, culturally responsive care.

Multicultural young people are underrepresented in Australia's youth mental health services, despite facing increased risk factors that can undermine mental health and wellbeing. Many services struggle to build relationships with multicultural communities. Targeted efforts are required to engage with these communities and build trust in headspace services.

Multicultural community awareness officers (MCAOs) work with their communities to build awareness and trust, address stigma, improve help-seeking, and develop more inclusive and effective mental health services.

Placing MCAOs in priority communities nationally will:

- improve access, help seeking behaviour and facilitate early intervention
- enable more welcoming and inclusive services, including increasing the diversity of centre staff
- increase understanding of multicultural communities and their support needs
- generate new insights into resources and supports required for these communities, which can be used to enhance service provision across the headspace network.

The problem

Multicultural young people are under-represented in Australia's youth mental health services, despite facing increased risk factors that can undermine mental health and wellbeing.

Australia is a richly multicultural country, with almost half of its residents either born overseas or have at least one parent born overseas.⁴² Intersecting experiences such as pre-migration history, intergenerational trauma, racism and discrimination, social and economic exclusion, stigma, and visa status can all impact on young people's mental health and ability to access support.

Young people from culturally and linguistically diverse (CALD) backgrounds represent 25 per cent of all Australian 12-24 year olds.⁴³ In 2022/23, 12 per cent of young people supported by headspace centres identified as being from other cultural backgrounds.

Awareness of headspace in multicultural communities is low. Targeted efforts are required to engage with these communities and build trust in headspace as a safe place to access support. Many centres are struggling to build relationships with multicultural communities in their local areas.⁴⁴

Increasing numbers of multicultural young people are accessing headspace services, but data shows that they are still under-represented amongst help-seekers.

Best practice culturally responsive care for young people includes families. But headspace data shows that families from multicultural communities participate less in the care of their young people than others.

"In the cultural communities that I belong to - the majority are not well informed about what headspace does. For those that do know about headspace, most don't realise that headspace houses the services of GPs, psychologists etc.,. Many believe it to be a more generic 'community driven' mental health intervention." - headspace Youth National Reference Group (hYNRG) member

The independent evaluation of headspace highlighted the need to increase understanding of cultural sensitivities around mental health; and challenges for multicultural communities relating to stigma, including that mental illness is often not easily accepted or understood, which prevents people from sharing their experiences or seeking help.⁴⁵

MCAOs provide dedicated capacity to build relations between headspace centres and culturally diverse communities in their locality. However, very few headspace centres currently have dedicated funding for MCAOs, despite many services having significant, and growing, multicultural communities.

⁴² Australian Bureau of Statistics, 2021

⁴³ <https://education.unimelb.edu.au/research/projects/defining-the-status-of-culturally-and-linguistically-diverse-young-people#details>

⁴⁴ Findings of 2023 consultation with 37 headspace centres across the country, representing roughly one-quarter of the national network

⁴⁵ KPMG op.cit. p.133

The opportunity

Deepening engagement with multicultural communities

There is an opportunity to place and support MCAOs in 15 selected headspace services in culturally diverse communities to build trust and support help-seeking.

Engagement and trust building with multicultural communities takes sustained effort over time. Through outreach to multicultural families, MCAOs improve the understanding of headspace services, build trust and ensure positive experiences of help-seeking and mental health support.

By engaging directly with cultural leaders, MCAOs support more inclusive and integrated approaches to service delivery. The MCAOs work with their communities to co-design headspace service offerings, ensuring they reflect cultural nuances and familial roles, and thereby contributing to more inclusive and effective services.

Five additional MCAOs will be trained and placed in headspace centres each year over 3 years.

The initiative will fund the initial 2-year appointment, during which time participating services will be expected to identify funding for ongoing positions. ABS and headspace service data will be used to select localities with the greatest need.

headspace National will support the MCAO roles by providing training, regular supervision with an experienced peer worker/community engagement specialist, and a Community of Practice. These supports will build confidence, commitment and retention of participants, and could not be provided by individual headspace services.

headspace National will work with participating headspace centres to support these identified roles and implement the EMBRACE Multicultural Mental Health Framework. The Framework allows organisations and individual practitioners to evaluate and enhance their cultural responsiveness against national standards, with access to a range of support and resources.⁴⁶

By implementing the EMBRACE Framework and creating MCAO roles, selected headspace centres will be able to provide better culturally responsive care to multicultural young people and their families.

This investment will:

- increase mental health literacy, improve early help seeking and combat stigma about mental illness and help seeking behaviour amongst multicultural communities
- enable more welcoming and inclusive services for multicultural young people seeking support
- increase family inclusive care for multicultural young people
- increased the cultural diversity of centre staff, to more appropriately reflect the communities that they are seeking to support
- increase understanding of the makeup and specific needs of multicultural communities create stronger and sustained relationships with local multicultural communities, building trust, awareness and understanding about mental health support options available to young people
- generate new insights into resources and supports required for these communities, which can be used to enhance service provision across the headspace network.

⁴⁶ <https://embracementalhealth.org.au/service-providers/framework>

c) LGBTIQ+ young people

Summary

Establish exemplary service models in headspace centres, to support more LGBTIQ+ young people

LGBTIQ+ young people are over-represented amongst headspace centre clients. They present with higher risk factors than other young people. Their clinical outcomes are not as strong as for their peers.

headspace centres have varying capacity to and resources to deliver best practice models of care to LGBTIQ+ young people.

Establishing exemplary service models in at least 10 additional headspace centres will:

- increase access to inclusive, best practice supports for more LGBTIQ+ young people
- develop the confidence and capability of centre staff to provide support
- strengthen local cross-agency networks with services supporting LGBTIQ+ young people.

The problem

In 2022/23, 20,460 young people identifying as LGBTIQ+ used headspace centre services, which represents 30 per cent of headspace centre clients.

LGBTIQ+ young people are significantly more likely to present at headspace centres with risk factors than their peers. They record higher psychological distress and lower quality of life measures, and have less satisfactory relationships with family than their peers. An LGBTIQ+ young person is 1.5 – 1.7 times more likely to be assessed as having suicidal thoughts or behaviour during their episode of care than a non-LGBTIQ+ young person.⁴⁷

LGBTIQ+ young people are also reported to experience less improvement across all clinical measures. Clinical outcomes for LGBTIQ+ young people accessing headspace services are not as strong as they are for other young people.⁴⁸

Research commissioned in response to these findings has generated recommendations for strengthening support to LGBTIQ+ young people at headspace.⁴⁹ This work aligns with research that group supports and services are particularly important for, and popular with, LGBTIQ+ young people.

Access to supportive environments promotes self-acceptance, health and wellbeing for LGBTIQ+ young people. Those that have experienced rejection from family and communities of origin can find support and connection in settings and group spaces that helps alleviate the stress of isolation and marginalisation.⁵⁰

Participation in group service offerings at headspace centres is higher for LGBTIQ+ young people (6per cent of all occasions of care) than for non-LGBTIQ+ young people (2.8 per cent). Further analysis shows that 11.4 per cent of occasions of care for trans young people are group services.⁵¹

However, group service offerings have emerged locally and organically, and are offered at few centres. Without defined models of support, headspace staff may lack capabilities and confidence to provide the most effective support to young people and their families.

⁴⁷ headspace Application Platform Interface (hAPI) data (unpublished client data)

⁴⁸ KPMG, op. cit. p.133

⁴⁹ The work comprised a literature review of barriers and enablers to accessing mental health care for LGBTIQ+ young people; an independent review into service delivery for LGBTIQ+ young people at headspace centres; analysis of headspace data insights for LGBTIQ+ young people; and a report that synthesised this work and made recommendations for enhancement of headspace services.

⁵⁰ Kaniuka, A., Pugh et al. (2019). Stigma and suicide risk among the LGBTQ population: Are anxiety and depression to blame and can connectedness to the LGBTQ community help? *Journal of Gay & Lesbian Mental Health*, 23(2), 205–220; Farrugia, C. (2022) Informal supports to maximise health and wellbeing for LGBTIQ+ clients, *Australian Institute of Family Studies*

⁵¹ Analysis of headspace hAPI data (FY20 – FY23)

The opportunity

There is an opportunity to establish exemplary LGBTIQ+ service models in at least 10 headspace centres, to provide more access and better care to LGBTIQ+ young people.

This initiative would identify exemplary LGBTIQ+ group service models operating within the headspace network, and use these to design, establish and expand group offerings in at least 10 additional headspace centres.

It will also develop tailored resources and support to facilitate services to trans young people, reflecting that they face increased barriers to accessing care, and often access headspace services at a younger age.

headspace National will support the service model expansion by providing training to individual facilitators of services in each centre, and an ongoing Community of Practice to provide peer learning and practice development amongst clinical staff facilitating programs. This will also generate learnings to inform future service enhancement across the headspace network.

As well as providing therapeutic care and outcomes, group services offer opportunities for young people to receive support from peers and find strength in connections with other LGBTIQ+ young people, clinicians and peer workers. This can be particularly important for LGBTIQ+ young people in rural and remote locations, where stigma may be greater.

Equipping more headspace centres to provide services tailored for LGBTIQ+ young people will improve the accessibility and effectiveness of care, and improve the outcomes achieved in line with other young people accessing headspace services.

Exemplary services for LGBTIQ+ young people

Year 1 – work with 'best practice' centres to design LGBTIQ+ and Trans group service models and resources

Year 2 – establish LGBTIQ+ group services in 3 additional headspace centres

Year 3 – establish in 3 additional headspace centres

Year 4 – establish in 4 additional headspace centres

This investment will improve the mental health and wellbeing of more LGBTIQ+ young people:

- more headspace services will be able to offer effective LGBTIQ+ services
- more LGBTIQ+ young people will have access to headspace services, and will receive more welcoming and inclusive services
- centre staff will have greater confidence and support to work with LGBTIQ+ young people and their families
- stronger networks will be established between participating headspace centres and their local LGBTIQ+ services.