18 September 2023

Committee Chair
Portfolio Committee No. 2 – Health
Parliament of New South Wales
Sydney NSW 2000

Submission online via Parliament of New South Wales website

Re: headspace National submission: Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

headspace National welcomes the opportunity to provide a submission to the New South Wales Legislative Council Portfolio Committee No.2 Health.

headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. headspace has 154 centres across Australia in metropolitan, regional and remote areas, and offers online and phone support services and resources a through eheadspace.

Our work builds the mental health literacy of young people and reduces stigma associated with mental health problems and the associated barriers to seeking help. headspace can help young people with mental health, physical health (including sexual health), alcohol and other drug services, and work and study support. Our work also involves supporting schools and their communities with expert advice and guidance on mental health and wellbeing, responding to loss through suicide, and providing support after major disaster events. At the heart of all our services are young people, their needs, and the needs of those who support them.

Attachment 1 provides headspace National's priority areas for reform and responses to the Terms of Reference for which headspace can offer insight.

Our response highlights that:

- that **young people** experience high rates of poor mental health, are often reluctant to seek help, and need accessible and holistic approaches to support their mental health and wellbeing
- building the **youth mental health workforce** is critical
- there is a growing need and focus on greater coordination and **integration** across services, to provide holistic, multi-disciplinary, wrap-around support that ensures people get access to the right support, when they need it and how they want it.

headspace National would welcome the opportunity to discuss any aspects of our submission further and looks forward to learning of the outcomes of this inquiry.

Yours sincerely

Jason Trethowan
Chief Executive Officer

headspace National submission

NSW Legislative Council Portfolio Committee No.2 Health: Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

Introduction and key areas for reform

The Committee's terms of reference are wide-ranging and cover many important aspects of community and outreach mental health service. Our submission provides an overview of headspace's service delivery in New South Wales (NSW), and responds to terms of reference relating to capacity, workforce, digital and telehealth, and providing accessible and culturally appropriate services for young people across the state.

Young people, more than other age groups, experience high rates of mental ill-health. headspace's 2022 National Youth Mental Health Survey found just under half of young people are experiencing high or very high psychological distress (47%). The aftermath of the COVID-19 pandemic, financial concerns, climate change, the trauma of natural disasters, and worries about the future are all contributing. Access to stable and trusted sources of support for their mental health and wellbeing is becoming increasingly important.

About headspace

headspace is the National Youth Mental Health Foundation, providing prevention and early intervention mental health services to 12–25-year-olds across the country. The headspace platform provides multidisciplinary care for mental health, physical health (including sexual health), alcohol and other drugs, and work and study across a range of services. headspace offers in person, online and phone services, and supports young people in school settings.

headspace was established in 2006 to address the challenges young people aged 12-25 who are facing, including:

- a lack of age appropriate and developmentally appropriate services for young people
- a lack of early intervention services
- young people's need for holistic care rather than a medical model of care
- barriers that young people in particular experience in accessing support, including stigma, cost, a lack of services in regional areas, and limited availability of online supports.

headspace now has over 150 centres embedded in local communities across metropolitan, regional and remote areas. Each centre is run by a local agency, and a consortium of local service providers, influencers and community members come together to guide and nurture their local headspace centres. This ensure the headspace service is deeply embedded within the local system and community.

headspace National provides support to the national network of centres, and ensures each centre is consistent with the headspace model (including branding, access, clinical leadership, practice management and community and youth engagement).

This national network provides a platform for integrated service delivery, providing holistic care and enabling other services for young people to be added. In NSW, headspace National and NSW Health have worked with centres to provide a range of additional supports to young people (see term of reference c for details). headspace has established capability that enables us to respond quickly as the need arises, and our work is collaborative and responsive. We focus on ensuring coordinated interagency activation and clear communications with government, feeding back information and real time intelligence. headspace National has also developed strong relationships with the Departments of Health and Education.

Priority areas for reform

There are many opportunities to better equip the community and outpatient mental health system to meet service demand, build continuity of care and place a greater focus on young people and their families. In particular, headspace highlights the following priority needs for the Committee's consideration:

- **greater investment in prevention and early intervention.** While headspace provides prevention and early intervention services for young people nationally, more investment is needed. In particular, communities in rural and remote NSW often have limited access to youth mental health services.

- a **connected, sustainable and long-term solution** to meet the needs of young people with more complex and or significant needs. While primary care may be available, there are often insufficient specialist services to refer individuals with more complex needs. This is particularly the case for the 'missing middle' – individuals who need more support than primary care can provide, but whose conditions are not serious enough to tertiary services (both adolescent or adult services).

- **improved integration of services and supports**. Supporting young people with more complex or significant needs requires the state and federal governments to integrate, align and coordinate their services, to close the growing gap between primary and specialist services. This needs to connect and enhance what already exists – and any new initiatives need to avoid fragmentation. Under the National Partnership Agreement, headspace is working with the NSW and Australian Governments to strengthen integration between the primary care supports offered by headspace, and more specialist child, adolescent and adult mental health services. These arrangements will build on the headspace platform while maintaining the branding, accessibility and youth-specific design features of the headspace model.

- **significant investment in a sustainable, multi-disciplinary workforce**. In common with many health and social care service sectors, mental health is facing acute workforce shortages and long-term under-resourcing at a time when demand and complexity are growing year-on-year. There is a particular need for a secure and ongoing supply of appropriately qualified youth mental health professionals and specialists, as well as non-clinical youth and peer workers, to address the current and continuing shortages – which directly impacts on the quality and accessibility of services.

Not only is the headspace platform an integral part of the mental health system, headspace is also an example of mental health reform in action. Having established a national service sector within a decade, headspace is uniquely placed to provide insights and learnings to inform future reform in mental health. The success of headspace's establishment can be attributed to some important principles, the most important of which is partnership with young people, their families, carers and friends in design, planning, delivery and governance of headspace centres and services.

Term of reference (c) – capacity of State and other community mental health services, including in rural, regional and remote New South Wales

Key takeaways

→ In 2022, headspace provided almost 125,000 occasions of service across centres in NSW, and almost 13,000 occasions of service via eheadspace.

→ To respond to COVID-19 and natural disasters in regional areas of the state, the NSW Government has funded headspace to deliver additional capacity and programs to meet specific needs

→ The NSW Government has also funded headspace to establish community collaboratives in areas impacted by suicide deaths.

headspace provides in person and online services to young people across NSW

headspace provides early intervention mental health services to 12 to 25 year olds. headspace has 45 centres across NSW, and in 2022 provided 124,606 occasions of service across these centres. Some headspace services provide two additional in-person programs:

- **Early Psychosis Program** – this program is delivered via three centres in NSW, and in 2022 provided 89,014 occasions of service (including direct and indirect) to 610 young people.
- **Work and Study (Individual Placement and Support)** – this is delivered in 14 centres and provided 5,745 occasions of service to 623 young people.

Young people in NSW also receive care via headspace's digital service delivery. In 2022, 4,815 service users accessed **eheadspace**, receiving 12,854 occasions of service. In addition, 557 young people experiencing mental health challenges accessed **headspace Work and Study Online** receiving 13,824 sessions, and 4,759 young people logged into online community chats targeting specific needs and experiences.

Online Communities provide safe, supportive and meaningful ways for young people and their families to connect with their peers, in real-time and on topics that are important to them. Peer support chats run Monday to Thursday and are led by our Online Peer Support Workforce who create a welcoming and inclusive space for connection through the sharing of lived experience.

In 2022/23, 153 Online Peer Group Chats were run by Online Community Peer support Moderators and Online Community Peer Group chats were attended 4034 times nationally.

headspace is also implementing a range of NSW-specific programs

To boost capacity, headspace has worked with the NSW government to deliver a range of programs. These programs are summarised in Table 1 below.

Table 1: headspace programs in NSW

Program	Investment and timing	Description
NSW Community Collaboratives and Community Grants	$3m, 2022 - 2024	This is an initiative to empower local communities that have been impacted by suicide deaths to come together. The Collaborative model is an all age and all stage approach in assisting high risk and vulnerable communities in NSW to recover and prepare from suicide through the establishment and development of community collaborations, in partnership with Lifeline Australia Suicide. This initiative is funded under the NSW Government's Towards Zero Suicides initiative.

Program	Investment and timing	Description
NSW Parent/Carer Information Sessions	$1.17m, 2021 - 2022 (now complete)	When the NSW Collaboratives were funded early 2021, headpace was also funded to deliver 200 information sessions to NSW parent/carer in 10-12 regions across the state. This was designed to support the work of the Collaboratives and other identified emerging risk areas.
NSW 2021 Storm and Flood Recovery Package: Schools Resilience Program	$3.5m, 2022 - 2024	This project is to support and guide schools and communities through short, medium and long-term recovery trajectories following disaster events. Activities are based on trauma-informed practice relevant to natural disaster mental health training, service support, suicide prevention and community resilience.
NSW 2022 Flood Support: Recovery to Resilience Program	$3.5m, 2022 – 2024	This program is supporting communities that have been impacted by natural disaster, particularly in the Northern Rivers region. The program enhances and strengthens collaboration, activation, and integration of available services, supports, strategies, resources, and approaches. Its focus is primarily on mental health, safety, and wellbeing.
NSW COVID-19 Response	$3.5m, 2022 – 2023	This initiative delivered increased services at headspace centres; promotion of headspace services and supports to young people and families; and parent and career information sessions. The response was jointly funded by the Commonwealth and NSW governments.
NSW COVID-19 Recovery Program	$20m, 2022 – 2024	This funding is to commission new headspace centres and to deliver a recovery program for young people. The program provides young people with timely access to mental health support, by boosting workforce capacity and integration at headspace centres across the state. headspace funded four streams of activity: student placements; boost in GP capacity; enhancing psychiatry; and a pilot graduate program.
NSW Regional Telephone School support (Northern Rivers and Western NSW)	$0.8m, 2022 – 2022	This initiative provided counselling services to flood-impacted schools in the Northern Rivers region, as well as schools in western areas of the state.

headspace brings unique expertise to these programs, including in:

- **suicide prevention** using a rapid response model to contain the epicentre of risk, then detect and prevent further risk. Our expertise delivers significant benefits including localised awareness campaigns around help-seeking, increased mental health support, and the implementation of mechanisms to improve coping, wellbeing and resilience.
- **disaster recovery** to support and guide schools and communities through the short, medium and long term phases of recovery following an event, via trauma informed mental health training, service support, suicide prevention and community resilience.

Case study: NSW COVID-19 Recovery Program

The NSW COVID-19 Recovery Program aims to improve workforce capacity, sustainability, and integration within headspace centres to support timely access to mental health care for young people across NSW. These aims are being achieved through clinical student placements (psychologists, social workers, and occupational therapists), as well as GP and psychiatrist recruitment and retention initiatives. The program was recently expanded to include a Pilot Graduate Program with three graduates having commenced supported early career placements in March 2023.

headspace National manages the program, providing guidance and resources to centres to support program establishment and student activities, and monitoring and evaluation. There are 38 participating centres across NSW, delivering activities in up to three interlinked streams.

The three program streams are:

Stream 1: Student placements and pilot graduate program

Students are supported to undertake clinical placements and deliver services under the supervision of their headspace centre. Graduates are employed by headspace National for two years, and complete two twelve-month secondments at headspace services. The program has supported a large increase in student placements in participating rural and regional centres. In 2022, a total of 58 students were placed across these centres.

headspace centres describe the benefits of the placement program:

> *The most exciting thing was we advertised for two positions in November and have now offered employment to two of these students. The advantage of employment students post placement is that they know our systems, have had their full placements with us, they know us, and it's a great entry for them to start their career.*

> *Student involvement has allowed existing clinicians to focus on clients with more complex presentations, allowing the students to facilitate the low intensity sessions or groups. Students can assist with wellbeing checks for waitlisted clients, complete screenings and contribute towards community engagement.*

Stream 2: GP Boost

GP capacity in centres is strengthened through improved recruitment and retention activities. Services may choose to implement a range of activities that enhance clinical and administrative support for GPs, team integration functions and education and training. When surveyed 85 per cent of centres agree that they have enhanced their clinical support as a result. Early outcomes show a positive trend towards increased supports and satisfaction for GPs.

> *The additional high level clinical skills (the GP provides) within the centre has added considerable expertise to our headspace centre team and service delivery more generally.*

> *Our GP has reported feeling more connection to the team and feels safer as she is able to provide a clinical handover to the headspace team before her week ends.*

Stream 3: Enhanced Psychiatry

Centres are supported to engage sessional psychiatrists to provide specialist support and oversight to headspace and the young people who access services. Centres can engage psychiatrists directly, through their Local Health District or through the headspace Tele-psychiatry program.

> *Psychiatry makes our centre a much more comprehensive and cohesive and well-resourced centre.*

> *Telepsychiatry has enhanced the clinical care of young people, and increased clinical support and education for our GPs and team.*

Case study: NSW Community Collaboratives and Community Grants

When suicide deaths occur in a town or region, the devastation is felt community wide. It is a critical time for key support services and stakeholders to unite and activate a fast, effective, cohesive, and compassionate response.

Building on the work that headspace National has delivered for over 10 years in suicide-impacted communities, the NSW Community Collaboratives provide a rapid response postvention model that aims to contain the epicentre of risk, then detect and prevent further risk. It is a three-step process, beginning with the establishment of an interagency group to work alongside mental health agencies Lifeline and headspace. Stakeholders typically include Primary Health Networks, mental health services, police, ambulance and government representatives.

The postvention phase may last up to 12 months before services resume their suicide prevention strategies. With the impact on community members and media attention in mind, a collective communication protocol is co-designed and shared. A regional action plan is then developed with response, recovery and resilience as the key objectives. Each Collaborative focuses on a specific region or town, as bespoke approaches are known to be more time-efficient and effective.

Benefits include localised awareness campaigns around help-seeking, increased mental health support, and the implementation of mechanisms to improve coping, wellbeing and resilience. Risk detection and monitoring

is also intensified, particularly after hours. Another aspect of bespoke local responses is working with regional bereavement services to support families and individuals most impacted, while offering grief training and strategies across schools, community clubs and groups. A flexible funding pool (community grants program) is available to support capacity building and staffing in those communities.

Between May 2021 and December 2022, the NSW Collaboratives worked in 12 regions across the state, with all 12 entering into a grant agreement to receive funds to implement key activities. When a region is activated, the consultant will work with identified local stakeholders to implement the three main areas of the rapid response model (i.e. regional interagency group, communication protocol and regional action plan). Over the last 18 months, some of the actions that have been implemented in communities include targeted gatekeeper training, media campaigns and support and community wellbeing days.

The immediate impacts and enduring outcomes of this rapid response postvention model include:

- strengthened collaboration and interagency activation.
- supported containment and guidance for media responses.
- ascertained capacity of agencies and services to enhance services and strengthen referral pathways.
- activated localised training of all relevant workforces and audiences. established safe and contained sharing of real time intelligence and data.
- guided development and implementation of local action plans (including capacity building, suicide prevention and health promotion).
- established local communication and response protocols for deaths (and near misses).
- intensified risk detection and monitoring, including application of national principles learned through other risk areas
- activated localised awareness campaigns around help seeking and mental health literacy
- improved protective factors, coping, wellbeing, resilience.

Term of reference (d) – integration between physical and mental health services, and between mental health services and providers

Key takeaways

→ headspace provides a holistic, integrated service, offering support across four core streams: mental health; physical and sexual health; alcohol and other drugs; and work and study.

→ Better horizontal and vertical integration of service and supports for young people with more complex needs is required, particularly for young people with more complex needs, including between headspace centres and more specialist child, adolescent and adult services.

→ Successful service and integration will require a system-wide approach (beyond co-location or shared workforces); a shared vision; clear governance, roles and responsibilities; strong relationships between partners; and clarity around where there are opportunities for local flexibility.

Integrated care is holistic and focused on the whole person. It requires health professionals to work together to improve the client's experience of care, by removing barriers, creating seamless referral pathways, offering continuity of care, and tailoring care to the needs of the individual and their family.

Major reviews of Australian mental health systems, both at the national and state level, report that systems and services are not integrated. Rather, they are siloed, fragmented, and hard for both clients and providers to navigate.

There is both need and opportunity to increase holistic, multi-disciplinary, wrap-around support that responds to individuals' needs and circumstances across ages and stages of life – ensuring people can access the right support, when they need it and how they want it.

This must include holistic, integrated care in the formative years if our young people are to benefit from social and economic participation over their life. With three quarters of mental health disorders emerging before the age of 25, concerted action early in life is the key to shifting NSW mental health trajectory.

headspace provides a holistic response

headspace offers young people support across mental health, physical and sexual health, alcohol and other drugs, and work and study – providing an integrated service horizontally across these domains of care.

Our integrated services provide the holistic, multi-faceted support that is a necessary component of a responsive service system model. This includes:

- **headspace centres:** the headspace network of over 150 centres are youth-friendly, integrated service hubs, where multidisciplinary teams provide holistic support across the four core streams.
- **Community awareness:** guided by local youth reference groups and centre staff, Community Awareness Officers at each headspace centre work locally to build mental health literacy, reduce stigma, encourage help-seeking, identify local needs and ensure young people know they can access help at headspace.
- **Digital mental health programs and resources:** headspace uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.
- **eheadspace:** our virtual service provides safe, secure support to young people and their family and friends from experienced youth mental health professionals via email, webchat or phone. There are also online group sessions led by clinicians or peers, focused on the big issues facing young people and their family and friends.
- **headspace campaigns:** campaigns focus on stigma reduction, building mental health literacy and encouraging help seeking, while ensuring young people know headspace is a safe and trusted place they can turn to in order to support their mental health.

- **headspace in schools:** Through evidence-based mental health promotion, prevention, early intervention and postvention services, headspace delivers key initiatives designed to support the mental health and wellbeing of school communities.
- **Vocational supports:** headspace centres provide integrated mental health and vocational support to young people to help them remain engaged in work and study, including implementing Individual Placement and Support (IPS) in headspace centres. In addition, headspace provides vocational support via:
  - **headspace Work and Study Online** (hWS) is a national digital program that provides integrated mental health and vocational support via the phone, video conferencing, online messaging and email. hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months.
  - **headspace Career Mentoring** connects young people aged 18 to 25 years living with mental health challenges with industry professionals to meet fortnightly over a period of six months via video conferencing and/or the phone to enhance a young person's employment and career opportunities.

Integration of youth mental health services

While headspace services provide holistic primary care and early intervention services, integration with services offering more intensive support is also necessary – and often missing in the current system.

headspace is currently working with NSW Health and the Commonwealth Department of Health and Aged Care to support the development of stronger integration between headspace and state-funded services.

Our work is informed by existing initiatives in NSW and other states, and our research collaboration with the Mindgardens Neuroscience Network including the South Eastern Sydney Local Health District. As a contribution to the growing international evidence-base for effective integration of youth mental health services, headspace National in collaboration with Mindgardens and the Centre for Excellence in Youth Mental Health has published the following research:

1. Defining integrated care in youth mental health: Implications for implementation at the service and clinical level[1] - a joint project that sought to define integrated care in the context of youth mental health, and understand the essential components from a health system building blocks framework, which are underpinned by core common values.

2. Review of Integrated Care in Youth Mental Health[2] - an assessment of current integrated care models, and their effectiveness in improving mental health in young people (12-25 years). Integrated care models aim to minimise barriers experienced by young people seeking mental healthcare.

Under the National Mental Health and Suicide Prevention Agreement, the Commonwealth and NSW governments have agreed to work towards closer integration of services and providing a seamless and person-centred mental health system. The bilateral agreement includes a focus on service integration for young people, to ensure young people can access an appropriate level of support with minimal wait times and well-supported transitions between services when required.

In particular, under the bilateral agreement signed in March 2022, the Commonwealth and NSW agreed to:

- establish a partnership approach to enhance, through funding or an equivalent in-kind contribution, 31 existing and 3 planned headspace services to increase access to multidisciplinary youth mental health services in NSW, consistent with the headspace model,

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[1] Bartholomeusz, C. & Randell, A., (2022). *Evidence to practice: integrated care in youth mental health*. Headspace, The National Youth Mental Health Foundation. Melbourne. Available at: https://headspace.org.au/assets/download-cards/Integrated-care-in-youth-mental-health.pdf.
[2] Hodgins, M., McHugh, C., Hu, N. Georgiou, G., Paul, N., Eapen, V., Lingam, R. & Curtis, J., (2022). *Review of integrated care in youth mental health*. Headspace, The National Youth Mental Health Foundation. Melbourne. Available at: https://headspace.org.au/assets/Review-of-integrated-care-in-youth-mental-health.

with a focus on ensuring young people can access an appropriate level ofsupport, wait times are minimised, and transition between headspace and NSW youth mental health services is streamlined.[3]

- work collaboratively to identify an approach to improving access to multidisciplinary youth mental health services in NSW that ensures integration with existing services. NSW will work with new and existing headspace sites to provide support for complex and /or severe presentations and to facilitate a transition to state-based services where needed.[4]

The agreement provides the opportunity for health services to work together to remove barriers to care, create seamless referral pathways, and offering continuity of care that meets the needs of young people and their families.

Based on headspace's experience in working across organisational boundaries to achieve integrated care, several factors will be critical to the success of the bilateral agreement:

- a **shared vision and objectives** among all participating organisations

- a **system-wide approach** to integrated care, beyond shared workforce and co-location

- **clear governance**, including mechanisms for decision-making, data collection and feedback

- **strong relationships**, with clear roles, responsibilities and governance structures

- **clarity around where model fidelity is critical**, and where implementation flexibility is possible or desirable.

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[3] Bilateral schedule of mental health and suicide prevention: New South Wales, 2022. Available at: nmh_sp_bilateral_agreement_nsw_0.docx (live.com).
[4] Bilateral schedule of mental health and suicide prevention: New South Wales, 2022. Available at: nmh_sp_bilateral_agreement_nsw_0.docx (live.com).

Term of reference (e) – appropriate and efficient allocation of mental health care workers, including psychiatrists, nurses, psychologists, GPs, councillors, social workers, allied health professionals and peer workers

Key takeaways

→ Youth mental health services are facing acute workforce shortages, at a time when demand and complexity are growing.

→ Addressing funding inadequacies and improving workforce training and development will help build the workforce.

→ There are also opportunities to support the First Nations mental health and wellbeing workforce, and to build the youth peer workforce.

The availability of a skilled youth mental health workforce is critical to providing effective, appropriate and accessible community mental health services. Currently, the youth mental health workforce has variable skills and competencies, and these strongly depend on what settings they work in and what professional and clinical accreditations they have.

Addressing urgent workforce challenges and gaps is critical to ensuring:

- young people have timely access to the support and early intervention they need to be mentally healthy and engaged in their communities
- the youth mental health sector is well placed to respond to increasing demand and future reform priorities.

Current workforce issues in youth mental health

The headspace centre network is hamstrung by limited access to a workforce capable of delivering the evidence-based care that is required to ensure that young people are mentally healthy and able to participate both socially and economically. The 2018 national survey of headspace centres showed that 87 per cent of centres have difficulty attracting and retaining staff. Recruitment of youth workers and allied health staff, especially psychologists, is relatively more successful than recruitment of GPs and psychiatrists.

In particular the headspace network has had difficulty with:

- attracting GPs and GP registrars – in 2023, only 67 or 43 per cent of headspace centres have access to a GP, and very few have a GP registrar
- the significant national dearth of appropriate workforce in healthcare roles from Aboriginal and/or Torres Strait Islander and refugee and migrant backgrounds to deliver culturally appropriate services for these population groups
- accessing private practitioners in outer regional, rural and remote areas.

There is a large body of literature about why people leave the mental health workforce. Commonly cited reasons for high staff turnover in the mental health sector include:

- remuneration issues in the sector and job insecurity resulting from short term contracts
- limited access to professional development, lack of career paths and professional recognition[5]

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[5] ConNetica (2009). *Queensland NGO Mental Health Sector Workforce Profile and Analysis Report.*

- excessive workload[6], burnout and high rates of absenteeism due to perceptions of system failure.[7]

Current initiatives to build the youth mental health workforce

To build the youth mental health workforce pipeline, headspace has established a number of workforce development programs:

- the **NSW COVID-19 Recovery Program**, funded by the NSW Government, aims to improve workforce capacity, sustainability and integration within headspace centres, to support timely access to mental health care for young people across NSW. The program provides:
  - o clinical placements for psychology, social work and occupational therapy students
  - o GP and psychiatrist recruitment and retention initiatives
  - o two-year graduate pilot program for early career social workers, occupational therapists and psychologist.

- the **headspace GP registrar program**, is a pilot program funded by the Australian Government since 2020. The headspace GP Registrar Pilot Program aims to support General Practitioner Registrars to train at headspace to build the GP workforce capacity to provide timely, appropriate evidence-based care to young people. The pilot program has increased the number of headspace centres that have an appropriately supported senior GP registrar undertaking extended skills training in youth mental health within a safe and positive learning environment.

- the **headspace Early Career Program**, funded by the Australian Government. Under the program, headspace offers student placements and a two-year graduate program across social work, occupational therapy and psychology disciplines. The program is currently operating in Queensland, Victoria, Tasmania and Western Australia.

Case study: Early career program

The Early Career Program is designed to grow the youth mental health workforce and provide an immediate boost to service capacity. Under the program, students and graduates are placed in headspace centres, supported by clinical educators who provide supervision, training and support. The students and graduates deliver services to young people under supervision, and clinical educators lift the practice standards across centre services.

The Early career program has had a considerable impact on the headspace mental health workforce. Since commencement, 102 graduates have taken up roles and 402 students have completed placements across 48 headspace centres, all supported by clinical educators. These graduates and students have delivered over 23,000 occasions of service to young people.

Early evaluation findings indicate that the students and graduates feel well supported in their training and development, and are more inclined to pursue a career in youth mental health. Centres have valued the investment in clinical educators and the additional capacity to meet the needs of young people.

> *I was able to put my knowledge, experience and skills into practice with the help of a supportive environment. I have upskilled myself in many different sectors and learnt many things from the different multidisciplinary professions here. (ECP student)*

> *Having Clinical educator positions has provided excellent resources to our centres to enable development of a more structured and planned student placement program. ... having someone dedicated to coordinate student placements as well as development of policies and procedures in relation to students and graduates. The dedicated coordinator has also enhanced our connections with education providers, previously this was ad hoc and not very structured. Graduates now have access to a wonderful education program, instead of being 'thrown in the deep end a bit' by being employed as an intake clinician. The fact that orientation is so thorough has meant that graduates can join the team with good knowledge and support immediately. There is less strain on centres to manage junior clinicians - adequate resourcing helps with clinical governance. (Centre Manager)*

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[6] Workplace Research Centre (2008). *Identifying patters to skills growth or skills recession: Decisions for workforce development in the community services and health industries.* Surry Hills NSW: Community Services and Health Industry Skills Council.
[7] Andrews, G. & Titov, N. (2007). Changing the face of mental health care through needs-based planning. *Australian Health Review,* 31:S122-S8.

Further opportunities to ensure the appropriate and efficient allocation of the youth mental health workforce

Address funding inadequacies

Current funding models make it difficult for the community youth mental health sector to attract and retain staff. Services often operate with limited core operational and infrastructure funding, short term funding contracts, and a need to offer 'no gap' or low cost services to minimise any financial barriers to accessing care. In contrast, many private providers charge private fees, deliver shorter consultations, and often have fewer 'do not attends' (due to the more significant financial investment by the person accessing treatment). This makes it difficult for headspace and other community youth mental health services to compete with primary provider organisations and provide long term job security.

Community youth mental health services need:

- an integrated sustainable workforce strategy across primary and tertiary sectors that is flexible to future emerging needs and evidence informed as to best outcomes for the serviced communities.

- longer funding cycles, both from both Commonwealth and state and territory governments.

- funding agreements with built-in annual CPI increases.

- increased operational funding, to build the required 'wrap around' supports and integrated holistic models of care that include AOD and vocational and provide more opportunities for professional development.

- greater funding provision through the MBS to deliver family engagement sessions, secondary consults to support professional development, and telepsychiatry outside of remote and rural areas where difficulties accessing psychiatrists are evident.

Improve workforce training and development

Across the community mental health sector, views on what constitutes 'workforce development' can be limited. For many, participating in a one-day training workshop – which might provide a theoretical overview and some useful tools – is the extent of their development opportunities, with limited follow-up to the training or access to mentoring and other supports to implement their new knowledge successfully. There is also a tension between pre-service training and on-the-job training. Some providers expect a minimum amount of knowledge and experience from their staff, but offer limited support to continue to develop these skillsets.

Ideally, community youth mental health services need access to funding to support workforce training and development activities that:

- is coordinated and delivered alongside regular duties

- emphasises on-the-job training, aligned with the broader system but specific to the service setting

- includes ongoing support and mentoring, to embed the skills and competencies developed.

headspace is working to improve training and development, via the Early Career Program. Psychology, occupational therapy and social work students and graduates can access comprehensive training program, local implementation of practice skills support and clinical supervision. The program may provide a helpful model for broader workforce training activities.

Provide greater incentives

Trialling financial or other types of incentives may also help youth mental health services to address workforce challenges. For example:

- offering bursaries or scholarships to medical registrars or early career psychologists to complete research projects or additional training, targeted specifically to rural areas and/or headspace centres

- funding for regional training hubs, to better coordinate training and development and build local workforce development capacity

- allow general practitioners in headspace centres to charge gap payments, to attract GPs to headspace centres (particularly in rural and remote areas) and improving service delivery through access to supervision, secondary consultation, and greater integration and care coordination.

Supporting an Aboriginal and Torres Strait Islander and multicultural workforce

There is an opportunity to build the capacity and capabilities of the youth mental health workforce to respond to the preferences, needs and unique circumstances of Aboriginal and Torres Strait Islander young people and young people from refugee and migrant backgrounds.

Informed by our national consultation with First Nations communities and staff across the headspace network carried out in partnership with Cox Inall Ridgeway, headspace National recommends:

- setting minimum expectations for cultural training requirements as part of contractual agreements for all youth mental health and wellbeing funded programs and services.

- ensuring workers are trained in cultural security, social and emotional wellbeing and trauma-informed service delivery.

- investing in training, development and additional positions for First Nations and multicultural youth mental health and wellbeing workers, via long-term funding targeting programs such as traineeship opportunities for young people.

- funding community liaison and youth worker roles to support the growth of cross-sector and inter-agency partnerships, to expand outreach and engagement with Aboriginal and Torres Strait Islander young people and young people from migrant and refugee backgrounds and their respective communities.

- establishing and formalising mechanisms for youth mental health services to work with Aboriginal Health Services – providing young people with an entry point through these services if that is their preference.

headspace has successfully piloted the **Aboriginal and Torres Strait Islander Youth Mental Health Traineeship Program**, to provide opportunities for First Nations young people in rural and remote areas, and increase the involvement of First Nations young people in the design and delivery of mental health services. This program could be implemented in NSW to build the First Nations youth mental health workforce.

Building and supporting a peer workforce

The peer workforce has become integral to an effective youth mental health system.

Peer support improves empowerment, social functioning, empathy and hope, and reduces stigma. In addition, evidence suggests the availability of mental health peer support can reduce admission rates to acute services. The social benefits and the costs averted from hospitalisation and acute care solidify the role of the peer workforce in cost-effective mental health care.

Peer support programs also align with the social and emotional wellbeing needs of First Nations young people by destigmatising help seeking and facilitating access to information and support as a soft entry point.[8]

The National Mental Health Commission identified increasing the number of mental health peer workers as an immediate priority.[9] Given the identified need and growth of the workforce, there is a strong need to support and retain youth and family peer workers. Consultations with youth peer workers has indicated that clearer role definition, professional development through peer-led training

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[8] Cox Inall Ridgeway (2020). *Internal Rapid Audit and Literature Review: embedding cultural safety into the headspace model integrity framework.*
[9] National Mental Health Commission. (2014). *The National Review of Mental Health Programmes and Services.* Sydney.

and supervision, and enhanced job security for the workforce are all important areas for improvement.[10]

headspace is undertaking work to expand the youth peer support workforce, and to provide them with online training and development. It has also developed peer support guidelines and implementation supports for headspace centres.

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[10] Fava N, O'Bree B, Randall R, Kennedy H, Olsen J, Matenson E, et al. (2018) Building a strong and supported youth peer workforce. In: Fong T, Stratford A, Meagher J, Jackson F, Jayakody E, editors. *Peer Work in Australia: A New Future for Mental Health*, Flourish Australia.

Term of reference (g) – benefits and risks of online and telehealth services

Key takeaways

→ Telehealth and online mental health services are critical to meet demand for services, and to enable young people to access support through the medium of their choice – in person or via phone, video, webchat, email or websites.

→ headspace offers supports and information for young people, parents and careers, professionals and educators via its digital platform.

Both telehealth and online mental health services are – and will continue to be – a critical part of the NSW mental health system. These service help meet the mental health needs of people across NSW. Telehealth and online services are also key to providing person-centred care: people should be able to access timely, quality support through the medium of their choice, whether that be in person or via phone, video, webchat, email or websites.

Online and telephone counselling are particularly important for young people. Online and telephone counselling may overcome barriers to help seeking, such as the stigma and embarrassment that some people experience with face-to-face counselling. It can also offer services where face-to-face services are limited or not available.

The COVID-19 pandemic has highlighted the importance of building alternatives to in-person support into the mental health system. The pandemic increased the urgency for integrating digital and in-person modes of access but has also provided an impetus to build system preparedness for diversifying service delivery options.

headspace online and telehealth services

headspace uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.

eheadspace provides online and telephone support and counselling to young people aged 12 to 25 years, and their families and friends. The service is confidential and free. Support is available through email, live webchat, group chat and a 1800 telephone line. Young people can access a youth mental health professional when, where and how it suits them. Like headspace centres, eheadspace offers a stigma-free, 'no wrong door' youth focused, family inclusive approach.

Young people can create their own account on the headspace platform to access personalised services, information and support. Users can build their own personalised mental health toolkit where they can design their own avatar and collect and save resources that are helpful to them. The account provides access to safe and supportive online community chats that provide a means to connect with other young people, family and friends with similar experiences, and to 1-on-1 direct support with a clinician.

By providing support online, eheadspace reaches people who may not otherwise seek help. Four in ten (40%) have never seen a mental health professional before, while seven in ten (71%) have never accessed a headspace centre before contacting eheadspace.

headspace also offers **headspace Telepsychiatry** which provides services to young people accessing headspace centres in rural and remote Australia, few of which have access to on-site psychiatrists. These services are all bulk billed in recognition of the difficulty young people have in paying out-of-pocket expenses.

For professionals and educators, headspace's online portal provides free access to a diverse range of evidence-based research and practice guidance. Health professionals can download clinical practice guidelines, research and information summaries about the prevalence, onset, risk factors, assessment and treatment for common mental health issues in young people, as well as printable fact sheets to share with young people and family and friends supporting young people. They can also access our clinical research database to find published studies (controlled trials and systematic

reviews) of treatment and prevention strategies for mental health and substance use problems in young people.

headspace provides school educators with digital professional learning, tools and resources to support young people, family, friends and carers, as well as access to research and evaluations of school-based programs and interventions. Schools can also access suicide prevention, postvention and response support through the site.

Managing the risks of online service delivery

In some ways, online and telehealth service delivery can be more challenging than providing in person, face to face supports. Communicating online means not all information, such as tone and non-verbal ques, are available. Service users can hang up, not answer calls, not reply to emails or log off a webchat at any time. The clinician or peer worker doesn't have a 'captive audience' – the young person may leave the computer, without warning, at any time – making it difficult to establish trust and good rapport. It can also be difficult to collect all the information needed to carry out accurate mental health assessments, and decisions can rely heavily on clinical judgement.

To mitigate these challenges, headspace:

- has a clear clinical governance framework, including ongoing supervision and regular review meetings
- recruits experienced and credentialled mental health clinicians to deliver online and telephone counselling services, and provides ongoing training to maintain and build skills
- has comprehensive practice and operations manuals, including policies and procedures on cyber safety.

Increasing the availability, uptake and quality of digital mental health services

All services provided online or via telehealth should be high quality, evidence-based, safe and inclusive. To achieve this, stronger integration of digital and in-person services is required, across the stepped care continuum, to enhance service quality and efficiency and to enable access and choice.

Term of reference (h) – accessibility and cultural safety of mental health services for First Nations people, culturally and linguistically diverse (CALD), LGBTQIA+ people, young people, and people with disability

Key takeaways

→ Young people, more than any other age group, experience high rates of poor mental health, and need stable, accessible and trusted sources of support.

→ Priority groups for support include First Nations young people, LGBTQIA+ young people, and young people from a refuge or migrant background.

Young people's experience of mental health is unique, their help-seeking is fragile and improved outcomes has a lifetime benefit

Young people's experience of mental health is unique and help-seeking behaviour by young people with mental health issues is extremely fragile. In a recent survey of young people, almost half said that if they were experiencing a personal or emotional problem, they would deal with it on their own.[11] Help-seeking behaviour is a concern particularly for young men, Aboriginal and Torres Strait Islander young people, LGBTIQA+ people, rural and remote young people, and young people from migrant and refugee backgrounds.[12] Further, if young people find the courage to seek help for a mental health issue and they do not have a positive experience, they are highly likely not to seek help again.[13]

Young people who are members of the headspace Youth National Reference Group describe some key barriers to accessing mental health services that explain fragile help-seeking:

- there can be a lack of accessible information, specific to young people, about mental health and related support services

- there is stigma around talking about and identifying with mental ill-health

- accessing the mental health system is scary, and confusing to access and navigate

- the mental health system is adult centric and not designed with young people in mind

- many young people have had negative experiences with mental health services.

Mental ill-health is more prevalent in Australia's young people than any other age group

The incidence of mental ill-health in Australia is highest amongst young people aged between 16 and 24, with one in four young people experiencing symptoms.[14] This group has an increased risk of comorbidities, including drug and alcohol issues, lifelong social exclusion, and economic marginalisation if mental health issues are not addressed.[15] Suicide is the leading cause of death for people aged between 15 and 24, accounting for one-third (36%) of deaths amongst people in this age group.[16]

In addition, suicide attempts and self-harm are up to 20 times more common than suicide and are the primary risk factor for future suicide. Many more young people think about or attempt suicide. The most recent Australian Child and Adolescent Health and Wellbeing Survey found that in the past 12

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[11] Colmar Brunton (2018). Australian youth mental health and wellbeing survey 2018. Unpublished
[12] Rickwood, D, Deane, F & Wilson, C. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia* 187(7), 35.
[13] Rickwood, D. et al. (2005). Young people's help-seeking for mental health problems. *Australian e-journal for the Advancement of Mental Health*, 218.
[14] Australian Bureau of Statistics (2008). *National survey of mental health and wellbeing: summary of results, 2007*. Australian Bureau of Statistics.
[15] Burns, J. and Birrell, E. (2014). Enhancing early engagement with mental health services by young people. *Psychology Research and Behavior Management* 2014:7 303–312.
[16] Australian Government Department of Health (webpage accessed 2020). *Suicide prevention*. Commonwealth of Australia. Available at: https://www.health.gov.au/health-topics/suicide-prevention.

months, 7.5 per cent of young people aged 12-17 years reported having considered suicide and 2.4% (or approximately 41,000 Australian adolescents) had made an attempt.[17] Data captured through headspace Schools & Communities shows that headspace school support service responds to 4-5 deaths a week (across Australia), with a notable increase in requests for support from primary schools.

Addressing youth mental ill-health is complex and requires a holistic, integrated approach

There has been significant investment in support for young people aged 12 to 25, including a large expansion in services through headspace. However, there remains a shortfall in the supply of services for young people across the system, as demand for mental health services, and resulting increases in acuity thresholds to be able to access them, has resulted in long waiting lists for services. Many young people in the 'missing middle', who have mental health and wellbeing challenges that are too complex for primary care alone but are not complex enough to meet the threshold for treatment, care and support at the area level from specialist services, miss out on care.[18]

Young people tell headspace they need affordable, approachable, easy-to-reach mental health services that provide support tailored to their individual needs. Young people need a 'soft entry point' to the mental health system – one that is non-stigmatising, welcoming and holistic. The key factors that influence whether a young person is likely to seek help include awareness of mental health issues, and availability of and access to appropriate services. Research indicates that a young person is more likely to seek help if they have positive past experiences and a supportive network of family and friends.[19]

A major barrier to young people seeking help for mental illness is the stigma associated with mental health issues. Additional barriers include poor mental health literacy, access to mental health services – particularly in rural and remote areas – and concerns about cost and confidentiality.

Young people report that the following things are important to them in relation to their experience engaging with headspace:

- knowing they won't be turned away (92%)
- welcoming and safe space (91%)
- free or low cost (90%)
- knowing service was youth friendly (87%)
- easy to get to (84%)
- being able to be connected to other services if needed (84%)
- having all needs met is one location (83%).[20]

headspace improves mental health outcomes for young people

High numbers of young people access headspace centres, many of whom report high or very high levels of psychological distress at their first visit (74.2%).[21] Their net gain in wellbeing – considering young people who improved their levels of psychological distress experienced a decline or remained the same over the course of their treatment at a headspace centre – is estimated to be worth $2.2 billion over the last five years.[22]

Six in ten (60.4%) young people accessing headspace services between 2015 and 2019 experienced a statistically significant improvement in their psychological distress levels and/or in their social and occupational functioning, as measured by K-10 and/or Social and Occupational Functioning Assessment Scale (SOFAS). Analysis by headspace found that 68 per cent of young people who

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[17] Lawrence, D. Johnson, S., Hafekost, J., Borerhoven De Haan, K. et al (2015). *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Department of Health, Canberra.

[18] Witness Statement of Professor Patrick McGorry AO, to the Royal Commission into Victoria's Mental Health System (2019).

[19] Gulliver, A, Griffiths, K & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review'. *BMC Psychiatry* 10, 113.

[20] Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

[21] Hifferty, F. et al. (2015). *Is headspace making a difference to young people's lives? Final report of the independent evaluation of the headspace program*. University of NSW.

[22] Deloitte Access Economics (2020). *The Economic and Social Value of headspace*. Unpublished.

attended five or six sessions at headspace experienced a significant improvement in either K-10 and/or SOFAS.[23]

A headspace follow-up study found that young people had reported improvements in psychological distress while at headspace, and maintained or showed continued improvement in clinical and wellbeing outcomes after exiting headspace services – up to two years later.[24]

Meeting the needs of First Nations young people

For many decades Aboriginal and Torres Strait Islander people and communities have argued for accessible and appropriate mental health care to address the enduring mental health impacts of intergenerational trauma as the result of colonisation, racism, dispossession, discrimination, and marginalisation.[25] There is a direct relationship between poor mental health and wellbeing, and lack of access to land, culture, identity, self-worth and the breakdown of traditional kinship structures and roles within communities. First Nations young people are vulnerable to a lifetime of mental health concerns due to early and disproportionate exposure to risk factors.

The proportion of Aboriginal and/or Torres Strait Islander young people with psychological distress rose from 28.4 per cent in 2012 to 34 per cent in 2020.[26] In a national survey, Aboriginal and Torres Strait Islander young people reported more and deeper challenges than their non-Indigenous peers, including being less likely to feel happy or very happy with their lives. A higher proportion (47.1%) reported having been treated unfairly in the past year compared with non-Indigenous young people (33.6%). Over half said the reason was race/cultural background.[27]

However, mental health services are accessed at low rates by Aboriginal and Torres Strait Islander young people, relative to their level of need.[28] Three quarters (or 77%) of First Nations young people aged 18 to 24 years experiencing poor mental health have not seen a health professional.[29]

First Nations young people are more likely to access – and will experience better outcomes from – services that are respectful and culturally safe places.[30] However, these are often not available. The principle of accessibility must be at the forefront of culturally appropriate models improving Aboriginal and Torres Strait Islander experiences with mental health and suicide prevention services.[31]

Other priority groups also require a targeted approach

As the Productivity Commission noted, certain groups of people are more susceptible to mental ill-health, including Aboriginal and Torres Strait Islander people, LGBTIQA+ people, rural and remote young people, culturally and linguistically diverse (CALD) people, and young men.[32] These cohorts are also less likely to seek help.

headspace works hard to reach and provide safe and culturally appropriate services for these groups. As part of the headspace model, centres are required to use data to identify needs, and build community awareness and engagement approaches to respond to the needs of their local community, including priority populations. headspace achieves higher engagement in a number of priority groups:

[23] headspace (2019). headspace centre young person follow up study. headspace.

[24] headspace (2019). *Annual Report 2018-19*. headspace.

[25] Productivity Commission (2020) *Mental Health Report*, Vol.2, Commonwealth of Australia; Swan & Raphael (1995) *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy: National Consultancy Report*; Paradies, Harris and Anderson (2008), *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No.4; Herring and others (2013) The Intersection of Trauma, Racism, and Cultural Competence in Effective Work with Aboriginal People: Waiting for Trust, *Australian Social Work*, 66.1.

[26] Brennan, N., Beames, J. R, Kos, A., Reily, N., Connell, C., Hall, S., Yip, D., Hudson, J., O'Dea, B., Di Nicola, K., and Christie, R. (2021) *Psychological Distress in Young People in Australia Fifth Biennial Youth Mental Health Report: 2012-2020*. Mission Australia: Sydney, NSW.

[27] Tiller, E., Greenland, N., Christie, R., Kos, A., Brennan, N., & Di Nicola, K. (2021). *Youth Survey Report 2021*. Sydney, NSW: Mission Australia.

[28] Cox Inall Ridgeway (2020) *Internal Rapid Audit and Literature Review: embedding cultural safety into the headspace model integrity framework*.

[29] Royal Commission into Victoria's Mental Health System (2021) *Final report*, Vol. 3.

[30] Cox Inall Ridgeway (2020) *Internal Rapid Audit and Literature Review: embedding cultural safety into the headspace model integrity framework*.

[31] Australian Parliament Select Committee into Mental Health and Suicide Prevention (2021) *Final Report*.

[32] Productivity Commission (2019). *Mental health, Draft report Volume II*, Commonwealth of Australia, p.121.

- 38 per cent of headspace clients lived in regional or remote areas (well above the national population proportion of 27 per cent of all young people who live outside metropolitan areas) (ABS, 2016)

- 24 per cent of headspace clients identified as LGBTIQA+ (which compares to national estimates of 4 per cent of males and 6 per cent of females identifying as non-heterosexual) (Wilsom & Shalley, 2018)

- 9 per cent of headspace clients identified as Aboriginal or Torres Strait Islander (compared with 2016 census data which found that 4.5 per cent of Australians aged 12–25 years identified as Aboriginal or Torres Strait Islander) (ABS, 2016).

headspace offers online community chats to provide accessible and safe support for young people. Groups for LGBTIQA+ and First Nations young people in particular have high take up.

Aboriginal and Torres Strait Islander youth participation occurs when "young people have genuine and meaningful involvement in decision-making processes in a way that recognises and values their rights to self-determination, experiences, knowledge and skills".[33]

Our First Nations Youth Advisory Council (FNYAC) place self-determination at the centre of meaningful youth participation. They highlight the need for dedicated spaces for Aboriginal and Torres Strait Islander young people, facilitated by Aboriginal and or Torres Strait Islander people. Young people with whom headspace National engages also highlight:

- the importance of supporting truth telling, culture, history, and language
- the importance of the relationship between Elders and young people in the design and the coordination of groups
- the need to formalise Aboriginal and Torres Strait Islander specific groups within governance structures
- in-person engagement as central to Aboriginal and Torres Strait Islander youth participation to foster a relational approach.

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[33] Koori Youth Council. (2020). Wayipunga resource. Available at: https://wayipungaresource.org/.

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