Youth mental health model of care review

MENTAL HEALTH COORDINATING COUNCIL

Submission to Orygen and dandolo partners

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Introduction

Mental Health Coordinating Council (MHCC) is the peak body largely for community-managed mental health organisations (CMOs) in New South Wales (NSW) and is a Registered Training Organisation (RTO) delivering accredited and non-accredited programs. We mostly represent community-based, not-for-profit/non-government organisations that support people living with mental health challenges. MHCC's 150 members assist people to live well in the community by delivering mental health and psychosocial supports including social inclusion, rehabilitation, and clinical services. Our purpose is to promote a strong and sustainable community-managed mental health sector with the investment, resources, and workforce it needs to provide effective psychosocial, health and wellbeing programs and services to the people of NSW.

MHCC provides policy leadership, promotes legislative reform and systemic change, and develops resources to assist community-based organisations build their capacity to deliver quality services informed by a human rights-based, trauma-informed, recovery-oriented practice approach. MHCC works closely with Mental Health Australia on matters of national interest to the sector, including cross-governmental collaboration, bilateral agreements, and the NDIS. We also collaborate with other peak bodies across a diversity of human service contexts, and are members of the Mental Health Alliance, a partnership of state-based peak bodies and professional associations, on matters of mutual interest in NSW.

MHCC welcomes the opportunity to contribute to this vital review of youth mental health models of care. With increasing complexity in young people's needs and a growing demand for integrated, accessible supports, reforming the current system must be a national priority.

We thank Orygen and dandolo partners for the opportunity to provide commentary on this significant area requiring urgent reform. We are hopeful that the actions resulting from this review will lead to meaningful improvements in the mental health services available to young people across the national service landscape. We express our willingness to be consulted on any matters related to this submission.

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1. The Youth Mental Health System

Young people in Australia are experiencing growing and significant challenges to their mental health and wellbeing. With approximately 3.3 million Australians aged 15–24, recent data has shown that this group of young people experience the highest rates of mental health challenges, substance use, and suicide compared to any other age group[1], and that more than one million young people living with mental health challenges are not seeking professional support[2]. Suicide remains the leading cause of death among young people, with alarming rates of self-harm and suicidal ideation, particularly among young females[3][4]. These figures reflect the profound and growing service gap for young Australians, signalling an urgent call to action.

The transition from adolescence to young adulthood is marked by significant biological, social, and psychological changes. During this time, approximately 75% of all mental health challenges emerge[5]. These significant life transitions are complex and require mental health responses that are flexible, developmentally appropriate, and tailored to diverse needs, especially for First Nations youth who face disproportionately higher risks and systemic inequities[6].

There is significant evidence highlighting the challenges and risks associated with treating young people with complex needs in adult inpatient settings. These environments often fail to meet the emotional and developmental needs of young people, potentially leading to trauma and reluctance to engage with other mental health and community services following discharge. One study synthesises evidence on the risks for young people moving into, through and out of inpatient mental health care. It highlights issues such as dislocation from normal life, identity, friends, and family, as well as the stigma and educational disruptions they face[7]. Another study emphasises the importance of understanding care transitions for individuals with complex needs to improve integrated models of care[8].

The establishment of headspace in 2006 represented a pivotal moment in youth mental health reform in Australia. It fostered a shift in how mental health is perceived and helped reduce stigma amongst young people, increasing help-seeking behaviours and early intervention. Over time, tailored digital youth mental health platforms have further contributed to significantly reducing mental health stigma and increasing accessibility of supports [9].

Despite these successes, the system remains inadequately funded, fragmented, and challenging to navigate. Due to resource constraints, youth services often function in silos, with restrictive eligibility criteria which often includes an arbitrary cut-off point at age 18, creating an unhelpful transition to adult services at a critical point in service delivery. This discontinuity is especially harmful as the late teens and early twenties are high-risk periods for the onset of mental health challenges and life stressors[10]. While emerging service models have shifted to a broader 12–25 age range, gaps remain, particularly for those with moderate to severe needs (the “missing middle”). These young people are often deemed ‘too complex’ for early intervention models but ineligible for tertiary services. There is a clear need to scale up community-based, person-centred, wrap-around and multidisciplinary supports that are flexible and accessible for all levels of mental health support.

Within the youth mental health system to date, the progress in relation to co-designed services, digital innovations, and increased youth engagement, demonstrates that we know what works and what is inherently missing. What is now required is a systemic and sustainable investment in these models to ensure that every young person has access to the right care for their unique needs, at the right time, in the right place.

2. What is Going Well

Australia has made significant strides in youth mental health over the past two decades. The establishment and expansion of headspace has played a momentous role in driving cultural change, reducing stigma, and significantly increasing youth engagement in mental health services. With over 130,000 young people accessing services through headspace each year, and over 3.6 million occasions of service delivered by late 2020, the impact of this model is clear[11]. These figures not only demonstrate the increased accessibility but also reflect a broader cultural shift towards help-seeking and mental health awareness among young people.

In addition to the success of headspace, co-designed programs such as ReachOut have effectively embraced the voices of young people in shaping how services are delivered[12]. These initiatives have improved trust in the system, making services feel more accessible and relevant to those they are intended to support. The principle of co-design has been instrumental in fostering environments where young people feel seen, heard, and safe, which is essential in encouraging engagement and long-term support-seeking behaviours.

The growing role of digital delivery models has also expanded the reach and responsiveness of youth mental health services. Online platforms have proven particularly valuable in reducing stigma, providing quick and anonymous support, and serving as a critical first point of contact for many young people. Digital services allow for earlier intervention, help address geographical barriers and provide support outside traditional hours. Importantly, digital engagement is meeting young people where they are already spending their time and helping to normalise conversations about mental health and wellbeing.

There is also increasing recognition of the particular value of peer-led psychosocial supports. While these models remain underfunded, early evidence shows their potential to enhance rapport and offer holistic supports grounded in lived experience. When peer support is incorporated into models of care, outcomes are often improved due to the emphasis on empathy, relatability, and recovery-oriented approaches[13]. These principles of practice lay the groundwork for a more inclusive and effective youth mental health system[14].

3. What Should be Changed

Despite the promising developments in youth mental health care, the current system remains overwhelmed by fragmentation, inequality, and inaccessibility. To create an effective and inclusive service system, several key areas require urgent attention and reform:

Address structural fragmentation

A reform of funding structures is required to enable integrated, holistic, and multidisciplinary responses. Often due to resource restraints, rather than resistance to collaboration, many services operate in silos, with restrictive eligibility criteria and minimal collaboration between clinical, psychosocial, and other human service/wellbeing services and supports. This fragmentation results in poor continuity of care, particularly for those experiencing complex needs or who are transitioning to different services.

Funding models must be reformed to support integrated, multidisciplinary teams that can provide holistic care. As ReachOut note[15]:

[Young people] shouldn't be expected to know which service is state funded or federally funded, or to coordinate care between different service models, or to navigate a fragmented system that has too many dead ends and doesn't provide enough support.

Co-location of services, whereby young people can access multiple types of support under one roof, would greatly improve efficiency and service experience. Investment must be directed toward developing and scaling up youth hubs that provide integrated mental health, housing, education, employment, and alcohol and other drug (AOD) supports. These hubs should be embedded within communities and designed to reflect the unique needs of the populations they serve.

Furthermore, funding of services should be considered in light of principles outlined in the NSW Governments Roadmap to Secure Jobs Funding Certainty which has three focussed pillars: Long-term funding arrangements (5-year funding), Funding Framework and Jobs Compact (including a pricing approach) and a whole-of-government pre-qualification scheme. There are also opportunities to imbed advice from Mental Health Australia's Sector Sustainability Statement.

Expand the youth mental health service landscape

While headspace has had a profound impact, it was never intended to be the sole or primary vehicle for youth mental health care. Our Members have reported that headspace has somewhat operated as a triage service, often seeing young people, assessing them and then referring them to our Members who are at capacity with long waiting lists. Headspace is not designed to meet the needs of young people with moderate to severe mental health challenges. A more diverse, distributed, and community-led service landscape is required. This must include significant investment in establishing services and programs which can meet the broad spectrum of mental health needs of young people, including the "missing middle".

Meaningful co-design processes with young people and people with lived and living experience of mental health challenges are required to ensure that services are culturally safe and inclusive, youth-friendly, identity-affirming, and accessible. Services which are targeted to young people experiencing moderate-severe mental health challenges should not replicate institutional or hospital-based approaches but reduce stigma and promote safety, self-determination and community connection.

An increase in the availability of different types of mental health services is required for young people, including outreach services, crisis supports, early prevention and mixed peer and clinical services such as youth-specific Safe Havens, with a focus on regional and rural areas. These services need to be well-connected to other health and human services to ensure all of a young person's needs are met.

End rigid eligibility thresholds

The divide between child and adult mental health services is a known risk point for disengagement and deterioration. Many young people experience significant life stressors as they transition from primary to secondary school and then transition into adulthood. This can include leaving school,

starting work, commencing tertiary education, and moving out of home. These transitions require continuity of care, not disruption.

The youth mental health sector should universally adopt the 12–25 age range as the standard service window to ensure alignment with biopsychosocial developmental stages. Furthermore, there should be flexibility for people who fall just outside of this age bracket with unique developmental needs and other vulnerabilities who seek support from youth mental health services. There is clear evidence that some young people who have experienced mental health challenges and trauma in childhood may mature much later than might be expected. Flexibility is important to accommodate delayed maturity and support young people as necessary, not based on their age on paper[16].

Eligibility should not be determined solely by diagnosis or perceived 'complexity', but rather on the young person's need for support. A low barrier entry point and a 'no wrong door' approach must be standard practice to avoid young people falling through the cracks of the service system[17]. Consultation with MHCC members has revealed a significant reluctance among young people to access mental health care plans driven by concerns regarding future stigma and discrimination, particularly in relation to employment opportunities. Reforming the requirement to obtain an MBS mental health care plan could address this barrier. The current funding model of headspace is often unsustainable and subsequently provides sub-standard wrap-around supports. However, we could achieve what is suggested herein by restructuring the current funding model for headspace and expanding the role of community-managed mental health organisation to deliver headspace services on a needs-based basis.

Strengthen psychosocial and peer supports

Recovery does not happen in isolation or solely through clinical intervention. It is a socially and culturally embedded process that requires connection and a sense of belonging, autonomy, and dignity. Community-based, recovery-oriented psychosocial supports must be expanded and appropriately funded. These supports, particularly when delivered by trained peer workers, provide young people with hope, social connection and practical skills to navigate their lives.

"We need all practitioners to upskill. Most young people only want one single point of contact, so workers should be able to provide therapeutic supports as well as comprehensive case management to help them navigate the system and meet all of their needs". MHCC Member

Peer workers are uniquely placed to connect with young people on their own terms, in ways that clinical professionals may not be able to. The peer workforce must be recognised, valued, and embedded across all youth mental health settings. Funding the expansion of the peer workforce across the youth mental health sector will assist in bridging service gaps, reducing stigma, and improving outcomes for young people.

Implement system navigators

Young people and their families, carers and kin often describe the mental health and human services systems as confusing, overwhelming, and difficult to navigate. Navigators, especially peer navigators[18] as outlined in the Insights Report (Mental Health Commission of NSW, 2023) can help guide young people and their support networks through this complexity, connect them with appropriate supports, and foster ongoing engagement.

These roles are particularly effective in building trust with consumers and addressing the broader social determinants of health and factors that contribute to mental health challenges. They should be embedded across the system as a standard feature of the sector. These roles should be particularly focused on assisting those who are most at risk of disengagement, such as young people exiting hospital, the justice system, or out-of-home care. Where a young person prefers to have only one key support person, system navigators should work closely with service providers to ensure coordinated, person-centred support.

Ensure cultural safety and inclusion

Priority populations, including First Nations young people, LGBTQIA+ youth, culturally and linguistically diverse (CALD) communities, neurodivergent young people and those living with disability, continue to face systemic exclusion and inequitable access, despite growing awareness of their unique and varied needs. Services must be co-designed with these communities, and consider their unique cultural perspectives, barriers to engagement, and preferred models of care.

For instance, many First Nations young people report high rates of discontinuation due to services failing to reflect cultural relevance, values and the impact of colonisation[19]. It is well known that First Nations communities have a holistic concept of wellbeing, and services need to ensure that this is respected and represented in their engagement with First Nations young people. This further extends to respecting the importance of connection to land, community, and family. Building cultural safety into service design, delivery, and evaluation is essential for inclusive and affirming practice and improved social and emotional outcomes.

4. Other Considerations

In addition to the structural and systemic reforms discussed above, several operational issues must be addressed to ensure that youth mental health services are effective, sustainable, and equitable.

Workforce development: The mental health system must invest in a youth-specific, trauma-informed workforce that extends beyond traditional clinical roles. A sustainable, youth-specific workforce cannot rely solely on support from psychologists and psychiatrists. Social workers, occupational therapists, counsellors and psychotherapists, youth workers, and peer workers are all critical to providing comprehensive care yet are frequently undervalued and underutilised. These practitioners offer diverse and complementary skill sets that are essential to meeting young people where they are and supporting their recovery journey. MHCC's own report on Mental Health Workforce Solutions Towards A Strategy For Community-Managed Mental Health in NSW identifies 10-key areas to support workforce progress including:

1. Workforce recruitment, retention and growth
2. Career promotion and pathways
3. Training and education
4. Conditions, remuneration, equity
5. Systemic challenges and opportunities
6. Funding issues
7. Contestable funding arrangements and related issues

8. The role of Commonwealth Government in workforce capacity building including in bilateral agreements
9. Standards, regulations and guidelines and quality improvement
10. Data gathering and evaluation

Expanding the workforce must also involve reviewing Medicare Benefits Schedule (MBS) billing requirements, which currently restrict service flexibility and create barriers to innovative, holistic approaches to supports.

Accessibility: Accessibility remains a major barrier for many young people, particularly those living in rural and regional communities. Service availability is patchy, and many regions suffer from workforce shortages, limited transport, and socioeconomic disadvantage. These factors contribute to service disengagement and poorer mental health outcomes. To improve accessibility, services must be physically located in areas that young people frequent, such as shopping centres, schools, or sports facilities, be easily accessible by public transport, and should be low-cost or free to remove financial barriers.

"The geographic locations of youth mental health services are not sufficient to reach all young people. There needs to be at least a service site, or available outreach service, no more than 5km away from all young people." MHCC Member

The known socioeconomic disadvantages and isolation of rural and remote communities additionally contribute to high rates of service withdrawal due to the financial burden of travel as well as payment of services once Medicare subsidies have come to an end[20]. Service environments must be welcoming and non-clinical in appearance to help young people feel safe and respected.

Flexible, holistic and person-led services: Recovery is not linear, and young people's needs change over time. Services must offer flexible appointment times, multiple modes of engagement (online, group, drop-in), and the ability for young people to pause and return to services without needing to jump through hoops. Providing choice in workers and involvement in support planning fosters self-determination and promotes positive engagement.

Services should address not just mental health needs, but also housing, education, employment, and community participation, which are critical social determinants of wellbeing. Step-up and step-down models, youth community-living supports, transitional housing, and wraparound supports are crucial for young people leaving acute settings or those navigating periods of instability.

A best practice approach: Youth services must be informed by principles that embed a trauma-informed recovery-oriented approach to practice [21]. These principles should be reflected across service delivery contexts so that a young person can safety transition across and between service delivery contexts that are also aligned to human-rights principles [22].

"The key principles that work for young people are being needs-based and meeting the young person where they're at, taking a systemic approach to working with people by working with a young person's support networks to ensure a coordinated approach to their care, and being holistic in understanding and addressing all of the needs of the young person such as working closely with OOHC and housing." MHCC Member

Digital inclusion must be prioritised: Many young people turn to social media and online forums for support before accessing formal supports. Research shows that 73% of young people use social media for mental health support, with many using it as a substitute for professional help [23]. As such, there is a need to invest in safe, moderated digital platforms that serve as entry points to the broader mental health system. The anonymity, accessibility and affordability of online modes of mental health support are highly regarded benefits for young people to engage in early intervention and crisis support. These platforms should not be viewed as separate from traditional services but as an integrated part of a comprehensive mental health system.

Key Opportunities for Reform

1. Expand the scope and footprint of youth mental health services beyond headspace.
2. Develop integrated youth hubs tailored to local and community needs.
3. Fund peer-led programs and system navigator roles.
4. Address systemic barriers for First Nations, LGBTQIA+, CALD, and neurodivergent young people.
5. Ensure meaningful youth involvement in all aspects of service design, implementation, evaluation and governance.
6. Build better, more connected pathways between services under a “no wrong door” approach.
7. Fund services within the Secure Jobs Funding Certainty Roadmap or within the Mental Health Australia Sector Sustainability approach.

Appendix 1 describes recommendations that MHCC heard expressed during the Orygen Consortium held in April 2025 in discussion with young people with lived experience and with service providers. These are expressed under overarching headings: Key Needs for Young People and Carers; Opportunities for Improvement; and Worthwhile options to pursue. MHCC included this additional material as it aligned to our other findings in this submission.

Concluding comment

MHCC thanks Orygen and dandolo partners for the opportunity to provide comment on the important issues to be considered in this review of the model of care for youth mental health services.

MHCC has reviewed relevant literature and consulted its members for the purposes of this inquiry and acknowledge their contributions to this submission.

We very much look forward to hearing the result of the sector-led advice to the Department of Health and Aged Care and express our willingness to be consulted about future discussion topics or provide more detailed comment on the contents of our submission.

16 May 2025

Appendix 1

Consultation feedback:

Key Needs for Young People and Carers:

1. **Access and Affordability**: Services, especially in rural and regional areas, need to be more accessible and affordable.
2. **Evidence-Based and Holistic Care**: Clarity on clinical, psychosocial, and medical needs, with integrated, evidence-based care.
3. **Family and Carer Inclusion**: Greater involvement of families and carers in care planning where appropriate.
4. **Connected and Integrated Care**: Improved coordination and integration of services to ensure seamless transitions and reduced wait times.
5. **Awareness and Specialisation**: Better understanding of available services, more specialised services, and less restrictive eligibility criteria.
6. **Safety and Reliability**: Safe, appropriate, and reliable care with good coordination and multidisciplinary support.
7. **Youth-Specific and Community-Based Services**: Greater access to youth-specific services (<25), locally co-designed services, and community-based supports for complex conditions.
8. **Trust and Workforce**: Building greater trust in the system and ensuring an appropriate, well-trained workforce.
9. **Innovative and Inclusive Services**: Culturally responsive services, greater peer workforce, and innovative, localised psychosocial supports.
10. **Navigation and Early Intervention**: Easy-to-navigate service systems, more early intervention services, and alternatives to inpatient care (e.g., step up/step down).

Opportunities for Improvement:

1. **Youth Foyers and Hubs**: Development of youth foyers and hubs that integrate mental health, employment, social services, AOD, and primary health.
2. **Localised Funding and Service Development**: Needs-based funding and service development tailored to local communities.
3. **Consistent Legislation**: Uniform legislation across states for child protection, mandatory reporting, and informed consent.
4. **Staff Retention and Flexibility**: Support for staff retention and flexibility in youth mental health services to support ages up to 25.
5. **Family Therapy Models**: Availability of family therapy and family functional therapy models.
6. **School Integration**: Integration of mental health supports in schools and increased presence of peer workers in early intervention spaces.
7. **Digital and Face-to-Face Integration**: Better integration of digital and face-to-face services.
8. **Service Navigation**: Providing navigation support for young people through system navigators.
9. **Non-Pathologising Approach**: Addressing the whole person in a non-pathologising manner.
10. **Research and Public Awareness**: Funding research for limited knowledge areas and increasing public awareness of available services.
11. **Flexible Funding**: Eliminating siloed funding to accommodate person-centred and recovery-oriented supports.

Worthwhile options to pursue:

1. Whole of community approaches – particularly for rural/remote and First Nations communities.
2. Invest in specialist support services that provide transdiagnostic care
3. Integrate psychosocial services with clinical services
4. Strengthen and expand headspace's model
5. Focus on different kinds and earlier assessments of young people's needs
6. Prevention and recovery residential services
7. Develop a directory of evidence-based services
8. Reconsider the footprint of headspace's centres and other young mental health services
9. Train and utilise 'care navigators'

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