



# Response to the Productivity Commission's Inquiry into Mental Health Draft Report

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# Preface

## About headspace

headspace is the National Youth Mental Health Foundation and is one of the Australian Government's major investments in youth mental health, providing 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. Comprising the largest national network of youth mental health services, headspace has 112 centres embedded in local communities in metropolitan, regional and remote areas, as well as online and phone support services through eheadspace, and supports young people in school settings.

Under the headspace brand, headspace provides national coordination and support for all headspace services; national community awareness campaigns; national workforce training, education and development; national data collection, evaluation; and model integrity.

## headspace's joint submission to the Inquiry

headspace and Orygen delivered a joint submission to the Productivity Commission's inquiry into the social and economic benefits of mental health in Australia as part of the first call for contributions.

The submission outlined five key priorities and 17 recommendations for the Commission to consider as part of its initial assessment, including:

1. Increasing access to effective mental health services and supports for young people across all stages of mental ill-health (Recommendations one to seven);
2. Improving education and workforce participation for young people with mental illness (Recommendations eight to 10);
3. Reducing self-harm and suicide-related behaviours in young people (Recommendations 11 to 12);
4. Building a youth mental health workforce to meet the current and future needs (Recommendations 13 to 14); and,
5. Driving improvements through research, data, and outcome monitoring (Recommendations 15 to 17).

These priority areas were developed following significant consultation with a variety of key stakeholders, including young people and their families, service managers, clinical advisers and researchers.

headspace stands by the stated position, priorities and recommendations contained in the original submission, which can be accessed [here](#).

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# EXECUTIVE SUMMARY

## Introduction

headspace welcomes the Productivity Commission's Draft Report as a promising start to delivering meaningful reform of Australia's mental health system. The report acknowledges that mental ill-health is more prevalent in Australia's young people than any other age group and recognises the significant personal, social and economic impact resulting from experiences of mental illness.

headspace would like to acknowledge the Commission for the breadth and depth of analysis contained in the Draft Report and the considerable effort required to deliver such an undertaking.

While headspace supports the Commission's 'diagnosis' of the problem, including the scale and economic cost of mental illness in Australia, we are deeply concerned that some of the proposed recommendations will negatively impact young people's help-seeking, and further, will not address the most significant challenges that are currently faced to improve the mental health and wellbeing outcomes of young Australians. These challenges include:

- The need for protection of funding for evidence-based programs which specifically support young people with mental ill-health.
- The hundreds of thousands of young people with more moderate to serious mental health issues who are currently missing out on effective and expert care.
- The significant structural, governance and funding barriers to providing integrated and coordinated mental health supports both within mental health services and across systems, particularly for young people with additional complexities.
- The increasing rates of self-harm and suicide among young Australians.

Our response to the Draft Report is outlined in full in this document.

## Summary of inclusions for the Final Report

headspace is pleased the Commission has acknowledged the prevalence of mental ill-health in young people and the unique needs related to the transition between childhood and adulthood. It is crucial the Final Report recognise the importance of a youth mental health system and not just a system that comprises the child/adolescent and adult age paradigms. **Any reform to mental health must specifically include youth mental health.**

Young people are at a crucial juncture in life, a period that comprises key developmental periods for education, employment and interpersonal/relational outcomes. Given this, headspace would urge the Commission to **add functional outcome measures to existing distress measures** to more accurately assess improvement in young people's mental health and wellbeing. Functional outcomes are key to any productivity gain for young people.

headspace strongly rejects two recommendations in the Draft Report that will have a negative effect on young people's help-seeking and reverse the significant gains made in the establishment of headspace as Australia's youth mental health platform. Globally, Australia is at the forefront of youth mental health service research, design, development and delivery. Putting this momentum at risk has serious consequences for young people. We argue for the following recommendations be removed from the Final Report:

- **Draft Recommendation 24.2 (Regional autonomy over service provider funding) will create long-term negative impacts on young people's ability to access crucial early intervention services** that have been carefully researched, adapted and delivered specifically for them. In addition, it will decrease the numbers of young people seeking help, place the national headspace infrastructure in jeopardy and result in a fragmented and difficult-to-navigate system for young people.
- **Draft Recommendation 5.3 (Ensuring headspace centres are matching consumers with the right level of care) is ill-considered as youth mental health services should align with individual needs** and not be driven by arbitrary targets. Further, it is premature to establish targets without evidence, it is not appropriate care for the myriad of young people using headspace services, and it will increase pressure on already stretched headspace centres.

headspace supports a range of recommendations in the Draft Report that will have a positive impact on the mental health of young Australians including:

- **progressing the roll-out of the Individual Placement and Support** program (Draft Recommendation 14.3) to support people with mental ill-health to engage in work and study. headspace emphasises its desire to see greater expansion of this model carefully monitored and effectively delivered, preferably with Orygen and headspace playing a key role in this process
- **expansion of online personalised work and study support for young people** (Draft Recommendation 14.2), specifically the online headspace Work and Study program which has indicated considerable return on investment for government and value to young people due to its accessibility and youth-friendly platform
- **providing assertive follow-up support** (Draft Recommendation 21.1) post-discharge after a suicide attempt. headspace emphasises the need for national commitment and investment in youth-specific systems designed in partnership with young people
- **providing more outreach and mobile home treatment services** (Draft Recommendation 8.1) for individuals experiencing mental ill-health as alternatives to emergency departments
- **strengthening the youth peer workforce** (Draft Recommendation 11.4), where headspace reiterates the importance of nationally-consistent training and registration through the Australian Health Practitioner Regulation Agency
- **a range of measures to support young people and school communities**, including Wellbeing Leaders in schools (Draft Recommendation 17.5), a nationally-consistent approach to supporting social and emotional development in schools (Draft Recommendation 17.3), and the collection of data on child social and emotional wellbeing in schools (Draft Recommendation 17.6)
- **greater integration of accessible online support for young people**, however as hard-to-reach populations may not have capacity to access online services, a range of face-to-face and online treatment options must always be available for young people (Draft Recommendation 6.1)
- **implementing regular, large-scale, robust research and data collection activities**, particularly regarding young people's mental health and wellbeing. This includes use of the 12–25 years age range as existing data collection methods measuring 'youth' currently use conflicting age ranges, making it difficult to meaningfully compare results. headspace is open to shaping this process and working alongside Government to create large-scale, meaningful data sets.

To further improve outcomes for young people experiencing mental ill-health, headspace would like to see:

- **expansion of headspace Early Psychosis**. There is strong economic evidence for targeted early psychosis services compared to treatment as usual, as well as strong evidence for long-term recovery outcomes.
- **greater mental health and wellbeing support specifically for those at-risk of disengaging from education and training** as a result of poor mental health. Incentivising young people to remain engaged in education and employment has the potential to result in significant long-term benefits for Australia's economy.
- **greater incentivisation for engagement with families and friends** as part of the clinical care of young people e.g., trials of dedicated family-focused practitioners and amendment to Medicare Benefits Schedule.
- **more support for teachers and school staff**, including nationally-consistent training and staff roles and responsibilities mapped within a stepped care model.

While headspace is neutral on any changes to State and Federal Commissioning arrangements, we emphasise the need for a **stepped approach to structural reform in the mental health sector** and the **inclusion of youth advisory councils in the governance structures** of commissioning bodies.

Any reform to youth mental health must draw on the **lived experience of young people and their families and friends**. We would encourage the Commission to prioritise youth and family participation as a matter of urgency before the production of the Final Report. headspace would be happy to coordinate opportunities for the Commission to meet with young people and their families and friends with experience in the youth mental health system.

We appreciate the Commission's willingness to date in engaging with headspace, and we look forward to continuing to work together to ensure that the Final Report delivers the major reform and investment in youth mental health that young Australians need.

headspace strongly believes that scaled-up investment in **youth-specific, holistic, and evidence-based early intervention will transform the lives of young people and their families**, and deliver significant social and economic benefits, not only to the Australian community, but in communities around the world.

# Getting reform right for young people

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

Investing in youth mental health has lifetime benefits and represents significant value for money – supporting young people to achieve mental health and wellbeing ensures they can participate fully in work and study and avoids future health system costs. Deloitte Access Economics estimates that activities through headspace contributed around \$230 million to Australia's gross domestic product (GDP) in 2018–19. headspace's role in improving outcomes for young people resulted in a GDP increase of \$18 million in 2019 due to improved employment outcomes, and an average \$450 million worth of benefits from net gains in wellbeing annually. In addition, the value of young lives saved through headspace is between \$31.2 million and \$49.4 million on average annually. Fewer individuals also require informal care, saving between \$122.1 million and \$193.5 million on average per year based on the value of carer time<sup>1</sup>.

The rate of mental ill-health among young people is higher and more costly compared to any other age group. Young people's help-seeking behaviour is fragile. 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.<sup>2</sup> In order to intervene as early as possible when mental health difficulties arise, young people need easy to find, accessible and trusted information and services to maximise the likelihood that they will reach out. Young people also need a consistent 'soft entry point' to the mental health system - one that is non-stigmatising, welcoming and holistic. This is why headspace has been purposefully co-designed with young people over many years to overcome barriers to access appropriate support.

Young people are transitioning from childhood to adulthood and they have their own set of unique stressors and needs, which is why youth mental health must be protected as a separate and unique paradigm from child/adolescent and adult mental health. Neither child nor adult mental health services are set up to support young people, whereas headspace has been specifically designed by young people, for young people.

## Young people across Australia trust and engage with headspace

Since 2006, over 520,000 young people accessed almost 3 million face-to-face and online services provided by headspace<sup>3</sup>. headspace is a nationally trusted brand, with 77% of young Australians recognising headspace as a youth-specific mental health organisation<sup>3</sup>.

headspace has achieved positive mental health outcomes for young people through:

- the trust we have built through our national platform and brand
- involving young people in the design and continuous improvement of headspace services
- delivery of locally-tailored, appropriate and holistic service delivery for young people, in partnership with local stakeholders, through our national platform and consistent brand.

The national headspace brand is known to many young people and parents as a place to seek information and support. Our brand tracking data and community impact research tell us that young people and their parents have high trust and confidence in headspace<sup>4</sup>. Independent analysis by Deloitte Access Economics<sup>5</sup> placed a value of \$54 million on the headspace brand, defining this as the incremental operating benefit generated by the brand for the headspace network.

Other key stakeholders in the youth mental health system agree that headspace has achieved positive mental health outcomes for young people, including school principals and wellbeing coordinators, General Practitioners (GPs), local lead agencies, and local headspace consortia members such as community-based mental health services, youth services, tertiary mental health services, drug treatment services and vocational services.<sup>6</sup>

Young people engage well with our nationally-recognised and trusted services. headspace services are accessible, particularly for hard-to-reach young people, illustrated by higher engagement in headspace services compared to the relative Australian population. In 2019, headspace provided 761,370 services to 131,865 young people via headspace centres, eheadspace and headspace Early Psychosis. Across these programs, we supported the following numbers of young people from key priority groups: 9,300 Aboriginal and

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<sup>1</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>2</sup> Rickwood, D., Deane, F.P., Wilson, C.J. and Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. 4(3) Australian e-journal for the Advancement of Mental Health, 218.

<sup>3</sup> Colmar Brunton (2018). Australian youth mental health & well-being survey 2018. Unpublished.

<sup>4</sup> Colmar Brunton (2019). headspace brand tracking research, March 2016 to October 2019. Unpublished. Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

<sup>5</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>6</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

Torres Strait Islander young people; 11,720 Cultural and Linguistically Diverse young people; and 23,913 young people who identify as LGBTIQ+<sup>7</sup>.

## headspace supports productivity by improving mental health outcomes for young people

Improved mental health outcomes translates into significant wellbeing, employment and productivity benefits. Evidence suggests that headspace clients have improved mental health outcomes, as illustrated below.

headspace clients report:

- **reduced psychological distress and increased functioning** – 60.4% of young people accessing headspace services between 2015 and 2019 reported improvement in their psychological distress and/levels or in their social and occupational functioning, as measured by K-10 and/or Social and Occupational Functioning Assessment Scale (SOFAS)<sup>8</sup>. Additional headspace analysis, shows this increases to 68% for those who attended five or six sessions at headspace<sup>9</sup>.
- **further positive improvement after exiting headspace services** –up to two years after leaving headspace, young people have shown continued improvement in clinical and wellbeing outcomes.<sup>10</sup>
- **improved mental health literacy, wellbeing and vocational functioning** – as a result of headspace services<sup>11</sup>
- **improved quality of life outcomes** across five domains important to young people: general wellbeing, day to day activities, relationships with friends, relationships with family, and general coping. These outcomes are maintained up to two years after leaving headspace<sup>12</sup>
- **increased engagement with work and study** - headspace data indicates that more young people are employed, and employed young people are able to work productively on more days, as a result of headspace services.<sup>13</sup>

These positive outcomes can also result in a range of broader economic benefits, for example:<sup>14</sup>

- **decreased psychological distress** when mapped to disability weights result in a net benefit worth around \$2.2 billion between 2015 and 2019. Extrapolating this figure to the average life expectancy of a young person, this equates to a lifetime net present value of \$9.4 billion.
- **reduction in the number of young lives lost to suicide** is estimated to be worth \$247.1 million over five years
- **increased productivity** – headspace clients who are employed reported being able to work for an average additional 8.2 days annually at the end of their treatment compared to the start due to reduced absenteeism (translating to an additional 39,713 days worked per annum). Clients are also estimated to be between 0.6% and 1.2% more productive over a given year due to reduced presenteeism (translating to between 6,873 and 11,056 additional days worked per annum) between 2015 and 2019
- **headspace clients being more fully engaging in the workforce** through increased productivity and participation increased GDP by between \$74 million and \$100 million in net present value (NPV) terms (in 2018–19 dollars) than what would have otherwise occurred over the last five years
- an estimated **reduction in young people accessing more acute and more expensive health services**, is projected to be saving between \$7.5 million and \$11.9 million over five years an estimated **reduction in annual informal carer costs** of between \$122.1 million and \$193.5 million in 2019

In addition, headspace has been assessed as providing a direct **economic contribution** worth \$173.3 million in GDP in 2018–19, and an indirect contribution worth \$57.1 million in GDP in 2018–19<sup>15</sup>.

## headspace is core to Australia's youth mental health system delivering effectively at a national and local level

The headspace platform is a core foundation of Australia's youth mental health system – it is recognised as an accessible service with a strong network of centres, online presence and national programs. headspace offers an evidence-based model of care that has been developed and adapted with young people. This

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<sup>7</sup> headspace unpublished service data, 2018–19 Financial Year.

<sup>8</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>9</sup> headspace unpublished service data, 2013-2018.

<sup>10</sup> headspace (2019). headspace centre young person follow up study. headspace.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>15</sup> Ibid.

'national-yet-local' model creates greater engagement and leads to positive outcomes for young people, their families and local communities – all under one trusted national brand.

The reach of the 112 centres is extensive and the network is the largest of its type in Australia. This creates significant value in that each centre is able to develop evidence-informed interventions in the context of the local community, while drawing on national resources that create efficiencies and scale. headspace plays a pivotal role in supporting stakeholders across the system including PHNs, lead agencies, GPs and education providers. These stakeholders agree that headspace is a vital community service that provides accessible services to those that need them.<sup>16</sup>

### Putting the existing youth mental health platform at risk for local communities will have negative impacts for young people

Australia has pioneered major reforms over the past decade in youth mental health with the development of a national youth mental health service platform. This platform has improved service access and delivery; created novel online and digital supports and interventions; increased levels of mental health awareness and literacy among young people, their families and the broader community; and reduced stigma (a key barrier to early help-seeking). Globally, Australia is at the forefront of youth mental health service research, design, development and delivery. Putting this momentum at risk has serious consequences for young people.

**headspace strongly rejects the inclusion of two draft recommendations in the Draft Report.** Draft Recommendation 24.2 will have a negative effect on young people's help-seeking and reverse the significant gains made in the establishment of Australia's youth mental health platform. While Draft Recommendation 5.3 will create arbitrary targets for young people's care which goes against our approach of aligning youth mental health services with individual needs. This recommendation is also inconsistent with requirements placed on other providers of youth mental health care across the system.

Young people access headspace because it minimises uncertainty for them – it is a national platform and a brand they recognise and trust. This delicate balance will be disrupted should the national model be altered which, in the direst situations, will lead to young people not accessing services at all. Data shows local demand for mental health services from young people has increased – there is significant risk to young people in those locations if their access to services is subsequently reduced. Simply leaving an independent commissioning agency with the choice to remove headspace services from a local community is unacceptable. If a local headspace centre is not meeting the needs of its community, then headspace's robust youth engagement approach will ensure the service is improved in a way that is informed by the voices and experiences of young people.

### The youth mental health system must continue to evolve and improve

headspace acknowledges that further change and evolution is required across the youth mental health system in order to continually improve access and outcomes for young people. headspace is a central component of the existing system from which this change can build, but it is important to remember that headspace is not the only avenue of support for young people.

The evolution of improvement of mental health has meant that young people can access mental health support and services from GPs, Aboriginal Controlled Community Health Organisations (ACCHOs) and headspace. This means that young people's choices are not restricted by having a headspace in a local community. headspace supports young people seeking help from General Practice and ACCHOs, but it is imperative that there is integration amongst the support options for young people.

Major system change should not be recommended unless it is certain that it will improve the mental health system for young people, and not put the mental health of Australian young people at risk. For structural reform to be successful, key service gaps must be filled (for example, the 'missing middle') and careful consideration should be given to improving service integration. Commissioning should also be done with young people to ensure their unique needs are met. Funding for the youth mental health system also requires reconsideration – it is currently insufficient and is leading to unintended outcomes (such as underutilisation, underservicing and over reliance on the primary and tertiary mental health systems).

Finally, it must be acknowledged that system reform will only work if undertaken with young people at its core. Lived experience and peer support is an important element of service design and planning; youth mental health services should be youth-focused – designed with young people, for young people

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<sup>16</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.



# PART A: The detail behind our position

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

## Key messages

- Investing in youth mental health has lifetime benefits and represents significant value for money – supporting young people to achieve mental health and wellbeing ensures they can participate fully in work and study and avoids future health system costs.
- The burden of disease caused by mental ill-health in young people is alarmingly high and growing. Suicide is the leading cause of death for Australia's young people.
- Young people's help-seeking behaviour is fragile. In order to intervene as early as possible when mental health difficulties arise, young people need easy-to-find, accessible and trusted information and services to maximise the likelihood that they will reach out.
- headspace has been purposefully designed over many years in order to overcome barriers to access for young people.
- headspace provides young people, as well as their family and friends, schools, clinicians and the government, with a youth mental health service that is evidence-informed, trusted and equitable.

## Investing in prevention and early intervention results in improved outcomes and represents significant value for money

As noted by the Productivity Commission<sup>17</sup>, investing in youth mental health has lifetime benefits and represents significant value for money. This includes supporting young people to increase their participation in the economy through engagement with study and employment, as well as avoiding costs associated with loss of wellbeing. For this reason, investment in youth mental health offers significant value for money in terms of likely outcomes.

Deloitte Access Economics estimates that activities through headspace contributed around \$230 million to Australia's gross domestic product (GDP) in 2018-19 and its contribution to improving outcomes for young people resulted in net benefits of around \$18 million through employment and almost \$450 million through social outcomes. In addition, the value of young lives saved through headspace is between \$31.2 million and \$49.4 million. Fewer individuals also require informal care, saving between \$122.1 million and \$193.5 million.<sup>18</sup>

*"Improved mental health outcomes translates into significant wellbeing, employment and productivity benefits... and evidence suggests headspace clients have improved mental health outcomes"*<sup>19</sup>, Deloitte Access Economics 2019

Greater investment in prevention and early intervention is critical in terms of making inroads into the incidence of mental ill-health in young people. This can help to address young people's mental health issues before they progress to more serious and longer-lasting conditions<sup>20</sup>, particularly taking into account that:

- many young people do not seek help
- young people's help-seeking behaviour and engagement in services is fragile
- mental health issues in young people can persist into adulthood, resulting in chronic morbidity
- the nature of young people's mental health problems are not fixed - they may first present with sub threshold symptoms which then resolve, become threshold for diagnosis, change symptoms etc.

Prevention and early intervention in youth mental health must be a priority given that:

<sup>17</sup> Productivity Commission (2019). Mental Health, Draft Report Volume II – page. Commonwealth of Australia. Pg. 703.

<sup>18</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>19</sup> Ibid.

<sup>20</sup> Senate Committee on Mental Health (2006). A national approach to mental health – from crisis to community: First report. Commonwealth of Australia.

- almost half of all Australians aged 16–85 will experience mental ill-health at some point<sup>21</sup>
- the leading cause of mortality in Australian young people aged 15–24 is suicide<sup>22</sup>
- almost twice as many 15–24 year olds with a mental health condition did not see a GP because of cost barriers compared with those without a mental health condition<sup>23</sup>
- the highest rate of mental-health related emergency department presentations is among 18–24 year olds<sup>24</sup>
- young people aged 15–24 with a mental illness experience the highest proportion of discrimination of any age range with one in three experiencing discrimination compared to one in five for those without a mental illness<sup>25</sup>
- smoking, drinking alcohol and using illicit drugs have been on the increase among young people aged 18–24 with mental illness while for the general population in that age range they have been in decline<sup>26</sup>
- The rate of suicide among Indigenous people aged 15 to 24 during 2013-17 was almost four times higher than for non-Indigenous young people – 41.1 young people per 100,000 compared with 11.3 per 100,000. The rate of suicide among Indigenous children aged 0-15 was more than five times higher than for non-Indigenous children – 3.2 children per 100,000 compared to 0.6 per 100,000<sup>27</sup>

### 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.<sup>28</sup> 75% of all mental health issues emerge before the age of 25.<sup>29</sup> 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.<sup>30</sup> 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.<sup>31</sup>

The leading causes of burden of disease in 15–24-year-olds are:

- suicide and self-inflicted injuries (8.4%)
- anxiety disorders (7.5%)
- depressive disorders (6.8%)
- alcohol use disorders (5.6%).<sup>32</sup>

As the Productivity Commission noted<sup>33</sup>, certain groups of people are more susceptible to mental ill-health including Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, rural and remote young people, Culturally and Linguistically Diverse (CALD) people, and young men. headspace targets and reaches these often hard-to-reach groups as a priority.

<sup>21</sup> Australian Institute of Health and Welfare (2018). Australia's health 2018. Australia's health series no. 16. Australian Institute of Health and Welfare. Retrieved from <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>.

<sup>22</sup> Ibid.

<sup>23</sup> Productivity Commission (2019). Report on Government Services 2019: Mental Health Management. Table 13A.19. Commonwealth of Australia.

<sup>24</sup> Australian Institute of Health and Welfare (2019). Mental health provided in emergency departments 2017-18 section. Pg. 2. Canberra: AIHW.

<sup>25</sup> Australian Bureau of Statistics (2014). General Social Survey: Summary Results, Australia. Cat no. 4159.0. Canberra: ABS.

<sup>26</sup> Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

<sup>27</sup> Australian Bureau of Statistics (2017). Causes of Death, Australia, Australia. Cat no. 3303.0. Canberra: ABS.

<sup>28</sup> Australian Bureau of Statistics (2008). National survey of mental health and wellbeing: summary of results, 2007. Australian Bureau of Statistics.

<sup>29</sup> Slade, T., Johnston, A., Teesson, M., Whiteford, H., Burgess, P., Pirkis, J., Saw, S. (2009). The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing. Department of Health and Ageing, Canberra. Retrieved from: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/A24556C814804A99CA257BF0001CAC45/\\$File/mhaust2.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/A24556C814804A99CA257BF0001CAC45/$File/mhaust2.pdf)

<sup>30</sup> Burns, J. and Birrell, E. (2014). Enhancing early engagement with mental health services by young people. Psychology Research and Behaviour Management. Psychology Research and Behavior Management 2014:7 303–312.

<sup>31</sup> Australian Government Department of Health (webpage accessed 2020). Suicide prevention. Commonwealth of Australia. Retrieved from: <https://www.health.gov.au/health-topics/suicide-prevention>

<sup>32</sup> Australian Institute of Health and Welfare (2018). Australia's health 2018. Australia's health series no. 16. Australian Institute of Health and Welfare. Retrieved from <https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>.

<sup>33</sup> Productivity Commission (2019). Mental Health, Draft Report Volume II. Commonwealth of Australia. Pg. 121.

## Young people's help-seeking behaviour is fragile

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.<sup>34</sup> Help-seeking behaviour is also a greater issue for young men, Aboriginal and Torres Strait Islander young people, LGBTIQ+ people, rural and remote young people, and Culturally and Linguistically Diverse (CALD) young people.<sup>35</sup>

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.<sup>36</sup>

*"I think there is still this feeling that if I'm not in a crisis situation, or if I'm not presenting acute mental ill health then there is this barrier you put on yourself to seek help, because you think 'I'm taking up the space of somebody who actually really needs this, I'm not sick enough, or I'm not unwell enough to try get support' because it's still something I can handle on my own with the support of my friends."* – young person discussing barriers to help seeking, female, 24 years

*"[The mental health system] is just so deficit-focused, which is a huge barrier to help-seeking. No wonder people don't stay engaged when there's so much focus on everything that's seen to be "wrong" with them."* – young person discussing barriers and disengagement from help seeking, male, 23 years

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.

The potential for a young person to disengage in the help seeking journey is high. There are multiple points where a young person may be derailed or stop seeking help as illustrated below in Figure 1.

*"While we do talk about how important it is to look after your own mental health we also do mention that there are only ten sessions that you can get through your mental health care plan, the waitlists at services are also really long, so I think if I'm not in a crisis situation I won't add onto that because I don't want to be overloading the system, I don't want to be contributing to that problem."* – young person, female, 24 years

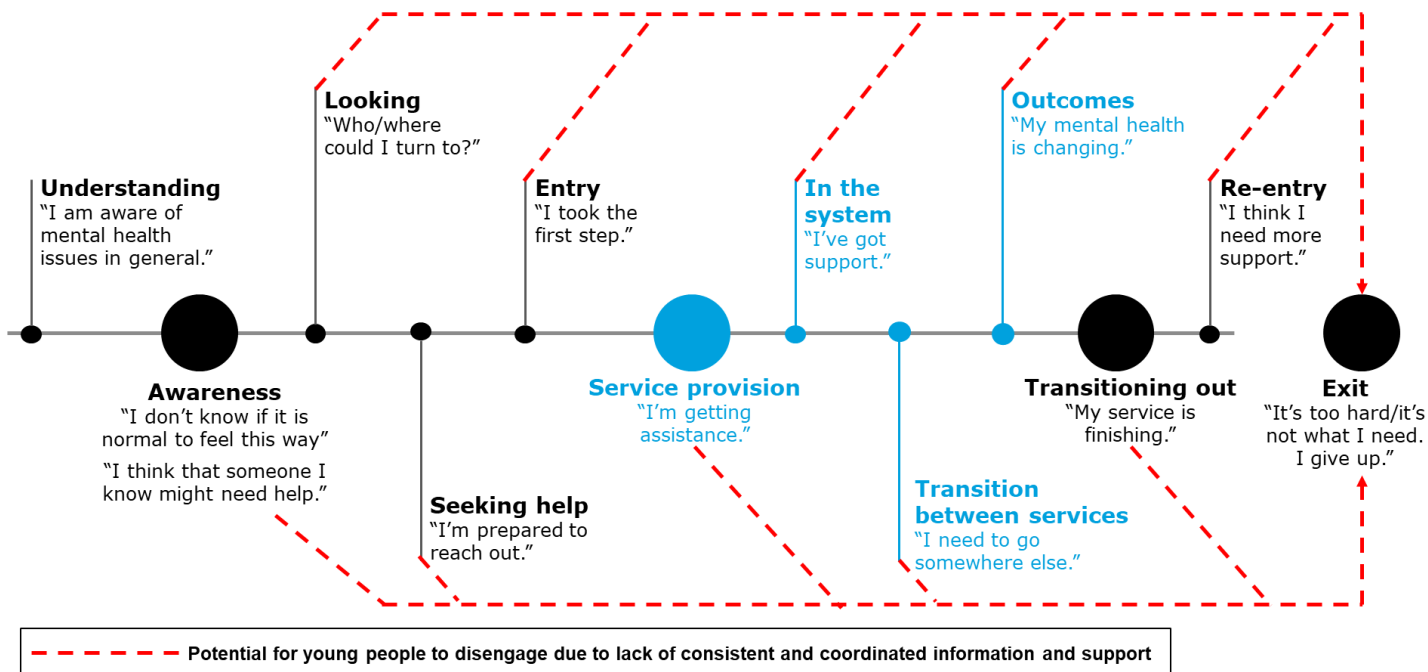
*"I know the organisation is a trustworthy and reliable one that has the potential to help those who need it, and has high availability to those who need it."* – young person, female, 15–21 years

<sup>34</sup> Colmar Brunton (2018). Australian youth mental health & well-being survey 2018. Unpublished.

<sup>35</sup> 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.

<sup>36</sup> Rickwood, D. et al. (2005). Young people's help-seeking for mental health problems. 4(3) Australian e-journal for the Advancement of Mental Health, 218.

Figure 1: An example of a fragile help-seeking journey for a young person<sup>37</sup>



## The mainstream mental health system is not set up to support young people

Young people report to headspace that the broader mental health system is adult focused, and not suited to their needs.<sup>38</sup> Young people describe their experiences with the general mental health system as:

- "Outdated", "Expensive", "Hard to navigate", "Two-tiered (public versus private)", "Too focused on medicine", "Discriminating against youth", "Medicalised, not holistic", "Disconnected", "Inconsistent experiences with clinicians and practitioners", "Too focused on diagnosis and not on symptoms".

*"The current mental health system doesn't take into consideration all the parts of your life – it's hard to stay engaged when there are so many other stressful parts of life to focus on" – young person, female 21 years*

*"The system is really two-tiered – there's a system for the better-off and then a system for everyone else" – young person, female, 21 years*

In contrast, headspace has been specifically designed by young people, for young people. It is intended to be holistic and overcome the known barriers to access that young people face. 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%).<sup>39</sup>

<sup>37</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>38</sup> headspace National Youth Reference Group consultation, December 2019.

<sup>39</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

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

Young people tell us 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.<sup>40</sup>

A major barrier to young people seeking help for mental illness is the stigma associated with mental health issues.<sup>41</sup> Additional barriers include poor mental health literacy, access to mental health services – particularly in rural and remote areas – and concerns about cost and confidentiality.<sup>42</sup>

headspace offers a unique, evidence-based model of care, providing the only holistic, integrated model for youth mental health in Australia. It was purposely designed to counteract the barriers young people typically face in seeking help.

*"It's not realistic to say you can solve all your problems in ten sessions, or that you'll be able to afford it after that. Accessible low cost services are really important, and that's made a huge difference in how I've done, and how I've seen my friends do. The ones who don't do well are the ones who can't afford it generally."* – young person discussing barriers to mental health service, female, 22 years

*"You can't get help at a time that works for you. How are you meant to keep up with work or study when that's the only time services are available?"* – young person discussing barriers to mental health service, gender diverse, 22 years

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<sup>40</sup> 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.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

# Young people across Australia trust and engage with headspace

## Key messages

- Trust and confidence in headspace is high among young people and parents which translates into high levels of awareness and engagement in the service.
- headspace has high levels of brand awareness with 77% of young Australian's recognising headspace as a youth-specific mental health organisation
- headspace is accessible to thousands of young people, and has helped more than 520,000 young people access almost 3 million face-to-face and online services
- Young people have high levels of engagement with headspace including:
  - online engagement through the headspace website and social channels
  - service engagement with hard-to-reach young people

## Young people and their parents know and trust headspace

Since establishment in 2006, 520,000 young people have accessed close to 3 million face-to-face and online services from headspace<sup>43</sup>. The strength of the nationally consistent and recognisable headspace brand means that headspace is known to young people and parents as a place to seek information and support in times of need. In fact, communities across Australia continue to petition<sup>44</sup> for the establishment of headspace centres, demonstrating the trust and brand equity that has been created.

*"It's a place to feel safe and confident in opening up about your problems" – young person, female, 22–25 years*

*"I used to go to headspace quite a lot and they were always so helpful and professional" – young person, female, 15–21 years*

## Awareness

77% of young Australians recognise headspace as a youth-specific mental health organisation.<sup>45</sup>

There have been significant increases in young people's and parents' familiarity and recall of headspace as an organisation since 2016. headspace awareness has increased by about 15 percentage points, while other mental health services brands have been flat or declining.<sup>46</sup>

*"It's one of the earlier organisation that I am exposed to. Heard quite a bit about it. Easily accessible." – young person, male, 22–25 years*

*"headspace has been in the forefront for all mental health issues with youth for a long time" – young person, male, 15–20 years*

## Young people and parents of young people trust headspace

A recent survey shows that the perception of headspace is positive among young people and parents of young people, as shown in Figure 2.<sup>47</sup>

<sup>43</sup> Specifically, 524,800 young people and 2,957,402 face-to-face and online services as at 30 June 2019. headspace (2019). Annual Report 2018-19. headspace.

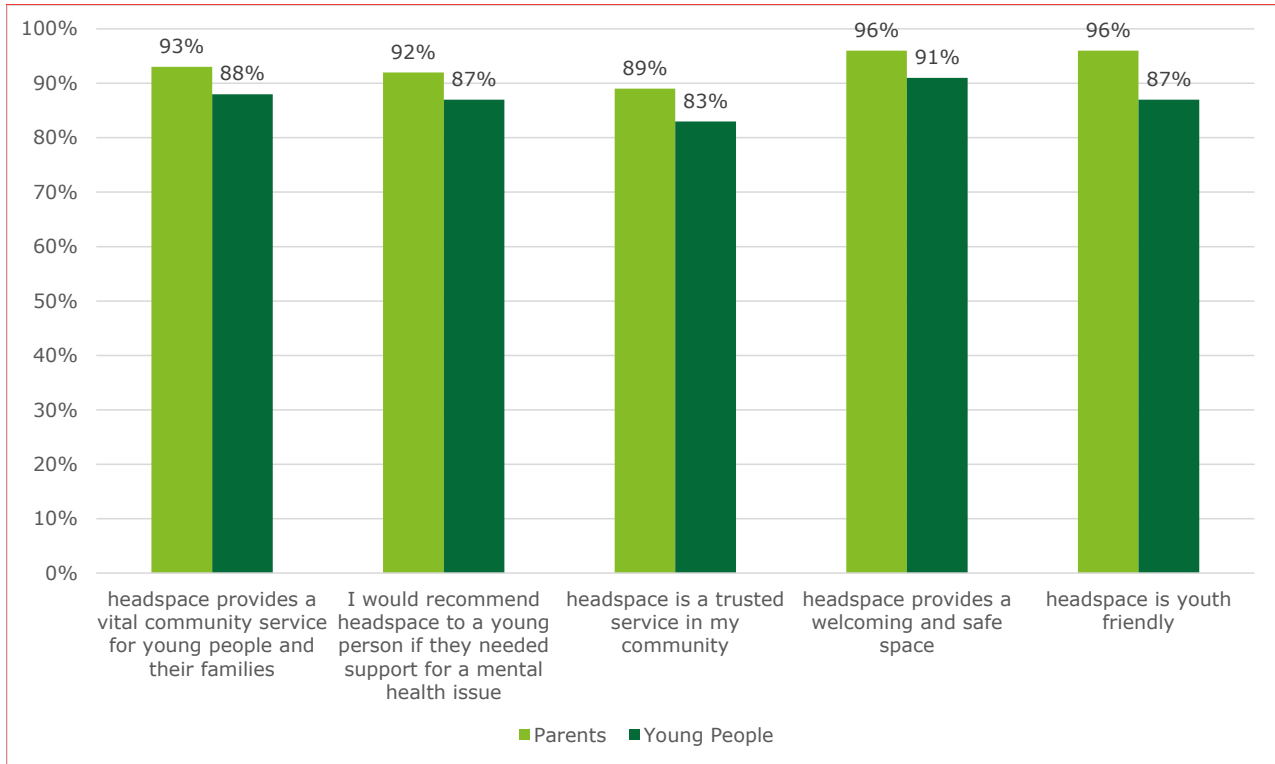
<sup>44</sup> Durkin, L. (2019). headspace centre push. Gippsland Times. Retrieved: <https://www.gippslandtimes.com.au/story/5904709/headspace-centre-push/>

<sup>45</sup> Colmar Brunton (2019). headspace brand tracking research, March 2016 to October 2019. Unpublished.

<sup>46</sup> Ibid.

<sup>47</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

Figure 2: Young people and parents of young people who 'agree' (response of 7-10) with the following statements... (%)



Family and friends are a key pillar of support for young people experiencing mental health issues during help-seeking, treatment and recovery.<sup>48</sup> They are also key in referring young people to services and support.

Forty per cent of young people reported that they had mostly attended headspace because of the influence of their parents, and other family and friends.<sup>49</sup>

### Young people engage with headspace

headspace places young people at the centre of its service model. The headspace model was informed by young people and continues to evolve with them. Young people are at the heart of headspace’s service planning, delivery and continuous improvement. This is why they engage so well with headspace services. The following quotes illustrate the importance of the initial engagement for young people in feeling welcomed into the headspace service:

*"It was youth friendly, the staff were mindful and understood that as young people we may find reaching out for help a challenging thing to do and I felt welcome and comfortable that I wouldn't be judged based on my issues."* – young person, female, 19 years

*"You don't really have that worry of how they are going to see you when you come in... because they just accept everyone equally and assist everyone."* – young person, male, 18 years

*"I know that at [a mental health service] I just bounced around between people until I found something that was sort of right, but it never felt completely right. Definitely here [at headspace] they took the extra time."* – young person, female, 16 years

<sup>48</sup> headspace (2012). Position Paper – Inclusion of families and friends. headspace.

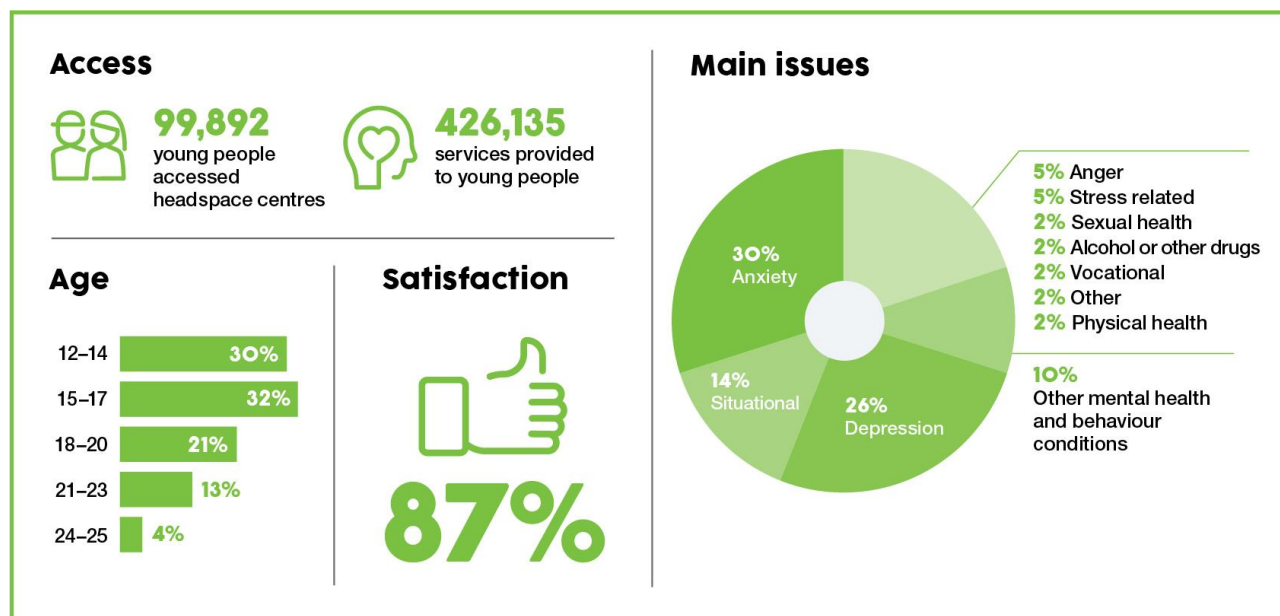
<sup>49</sup> Hifferty, F., Cassells, R., Muir, K., Duncan, A., Christensen, D., Mitrou, F., Gao, C., Mavisakalyan, A., Hafekost, K., Tarverdi, Y., Nguyen, H., Wingrove, C., and Katz, I. (2015). Is headspace making a difference to young people’s lives? Final report of the independent evaluation of the headspace program. University of NSW.

In 2015, an independent evaluation found that headspace was an accessible and engaging service for young people, parents and school staff.<sup>50</sup> Key components of headspace that contributed to this were the:

- youth-friendly environment and innovative engagement approaches
- friendly, non-judgemental and relatable staff
- free or low-cost service
- wide range of services provided
- practical assistance provided, such as transportation.

As a result of headspace’s strong national brand, localised approach and national program delivery, headspace has a significant reach to young Australians. In 2018–19, 15.4% of all Australian young people with a mental health issue accessed headspace services and programs.<sup>51</sup> Figure 3, Figure 4 and Figure 5 show the reach of headspace across headspace centres, eheadspace and headspace Early Psychosis.

Figure 3: Overview of key statistics relating to services delivered across headspace centres in 2018–2019<sup>52</sup>



*“The atmosphere was very warm and welcoming, staff were friendly and helped make me feel relaxed. Got no impression of judgement and I felt they really did have my best interest at heart.” – young person, female 17 years*

*“My younger cousin was suffering with a lot of depression and anxiety issues due to her home situation as well as bullying at school. She goes to headspace regularly and they have helped her a lot” – young person, female, 22–25 years*

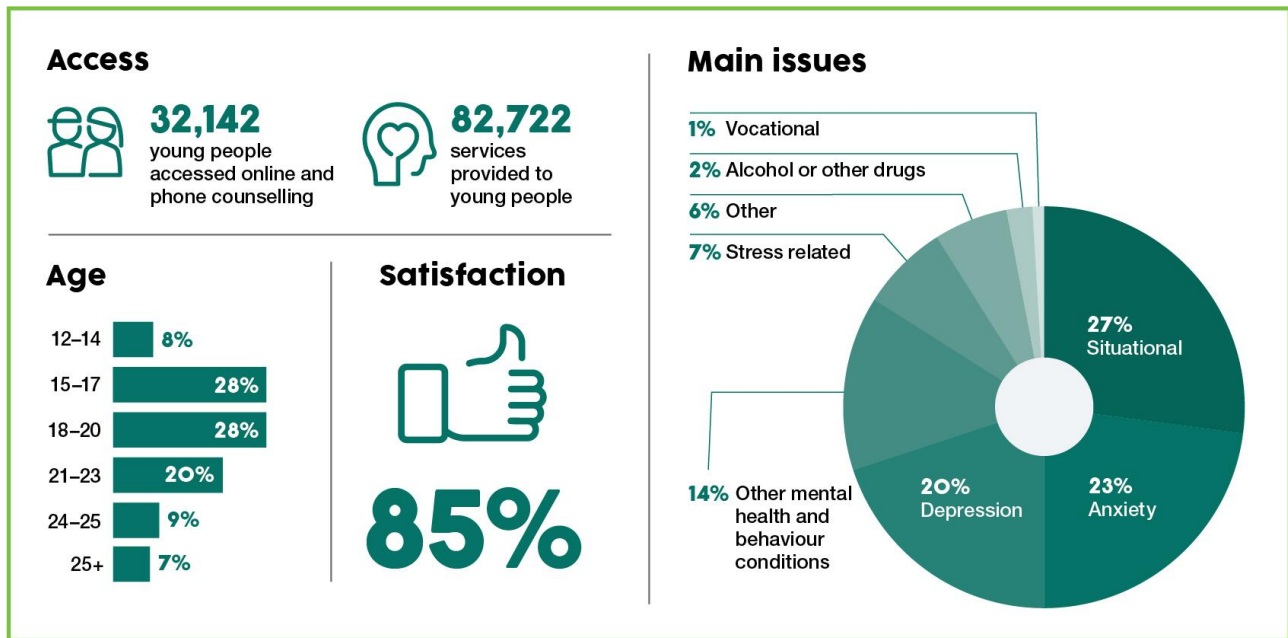
<sup>50</sup> Ibid.

<sup>51</sup> Estimated based on ABS demographic data and national mental health prevalence rates.

<sup>52</sup> headspace (2019). Annual Report 2018-19. headspace.



Figure 4: Overview of key statistics relating to services delivered via eheadspace in 2018–19<sup>53</sup>



*“I’d like to say that I think eheadspace is a wonderful as it has helped me push through all the bad times. It is a wonderful thing that you have generated as it gives us kids who are in the shadows [the chance] to be heard and stop the harm.” – young person, anonymous*

*“The lady...I was talking to was amazing and so helpful in guiding me through some difficult times with my son...She was so nice and supportive and helpful and listened to me and I’m very grateful. Thank you.” – parent of young person, anonymous*

Figure 5: Overview of key statistics relating to services delivered via headspace Early Psychosis in 2018–19<sup>54</sup>



### Digital engagement

headspace is recognised as a place to access online information during early stages of help-seeking, with opportunities for further improvement in terms of its utilisation as a key health promotion platform. In 2019, 1.6 million people visited the headspace website, equating to the site being accessed 2.4 million times.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

The headspace brand has high online engagement through social channels, including:

- 139,097 Facebook followers
- 75,717 Twitter followers
- 42,059 Instagram followers
- 34,477 LinkedIn connections.

### hard-to-reach young people engage with headspace

headspace is accessed by diverse and hard-to-reach young people, many of whom are overrepresented in mental health statistics and less likely to seek help.

The 2015 independent evaluation of headspace found that ‘headspace is an accessible program’ particularly for hard-to-reach young people, illustrated by higher engagement of the following groups in headspace centre services compared to the relative Australian population:

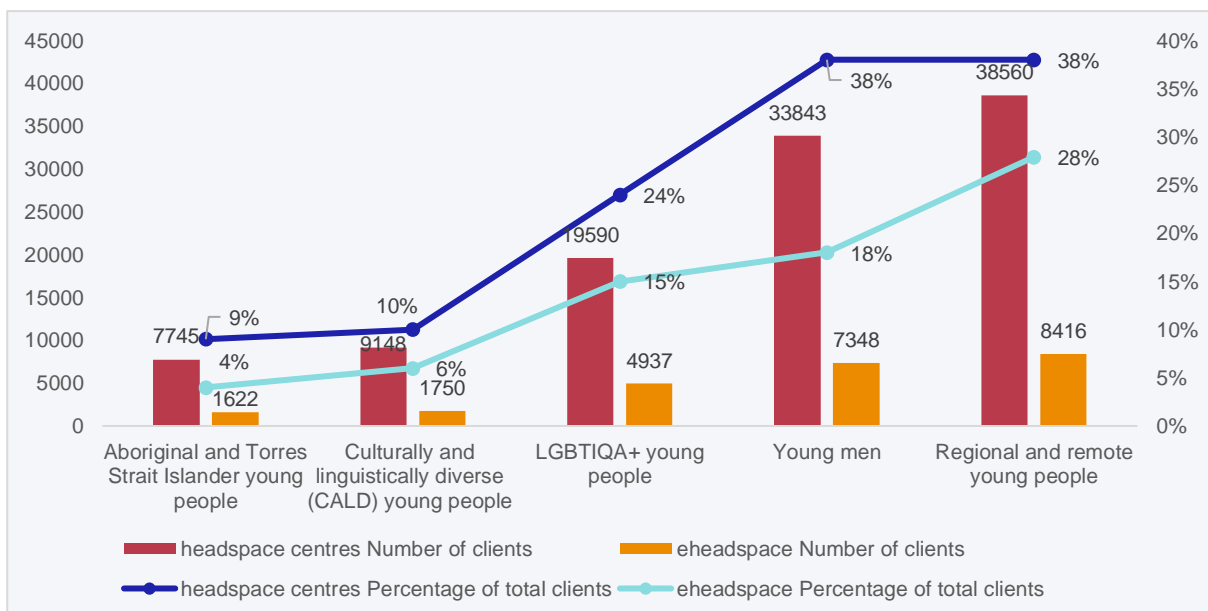
- 7% of headspace clients identified as Aboriginal or Torres Strait Islander (4.3% of Australian young people from 12–25 years old identify as Aboriginal or Torres Strait Islander)
- 39% of headspace clients lived in regional areas (26.2% of Australian young people live in regional areas)
- 20% of headspace clients identified as LGBTIQ+ (3–4% of the Australian population identify as LGBTIQ+)⁵⁵
- 7% of headspace clients were from Culturally and Linguistically Diverse (CALD) backgrounds (compared to 19.3% of the Australian population).

These figures have since increased, along with figures for all other groups, as outlined in Figure 6.

*“headspace is particularly welcoming; there’s always the rainbow flag in the window and a little sticker on the door saying safe space for LGBT and that kind of thing” – young person, female, 20 years*

*“If you’re an Aboriginal or Torres Strait Islander young person, you can go to headspace to yarn safely about things.” – Aboriginal and Torres Strait Islander young person, anonymous*

Figure 6: Hard-to-reach young people who used headspace centres and eheadspace in 2018–19⁵⁶



⁵⁵ 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.

⁵⁶ headspace (2019). Annual Report 2018-19. headspace.

# headspace supports productivity by achieving positive mental health outcomes for young people

## Key messages

- Evidence shows that headspace works and it improves mental health outcomes for young people
- Improved mental health outcomes for young people translate into long-term, lifetime benefits for young people, government and the economy.
- headspace has led to significant improvements in the quality of life for young people. Deloitte Access Economics have valued the benefit of this improvement to society at approximately \$2.2 billion over five years.
- Young people are more productive members of society due to headspace. Young people worked an additional 39,713 days per annum as a result of engaging with headspace due to reduced absenteeism and are between 0.6% and 1.2% more productive over a given year due to reduced presenteeism.
- There is limited evidence available to compare these results relative to other prevention and early intervention programs in youth mental health. Yet these results clearly demonstrate that headspace works.

## Inaccurate outcome data attributed to headspace in the Draft Report

headspace rejects the outcome data that was attributed to its services in the Productivity Commission's Draft Report. Outcomes of adult mental health services cannot be compared with youth mental health services as we know that psychological distress fluctuates more in young people and service models are not comparable. Focusing only on K10 scores can mask important changes in mental health, social and occupational functioning, and quality of life for young people. In addition to distress scales, functional outcome measures must be included to accurately assess improvement in young people's mental health and wellbeing, which is key to any productivity gains.

In the Final Report, we urge the Commission to show accurate and comparable outcome data (listed below) attributed to headspace and for it to include functional outcomes as well as reductions in distress as the most accurate measures to assess young people's mental health and wellbeing.

## 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%).<sup>57</sup> 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.<sup>58</sup>

*“Honestly headspace has saved my life and many others, if it wasn't here it would be very difficult and intimidating to seek help for mental and physical illness.” – young person, self-described gender, 15–17 years*

A recent survey of young people showed that, following engagement with headspace services, young people's understanding of mental health issues was high:<sup>59</sup>

- 89% understood how to manage their mental health and feel listened to
- 89% understood how to reduce the impact mental health has on their lives
- 80% have a better understanding of their own mental health issues.

<sup>57</sup> 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.

<sup>58</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>59</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

In the same survey, young people reported that, following engagement with headspace services, they had experienced positive benefits:

- 78% could better manage their general health and wellbeing
- 78% had experienced reduced impact of mental health issues in their day-to-day lives
- 73% had a reduced sense of isolation
- 71% were more likely to stay in work or at school.

### **Young people report reduced psychological distress and improved functioning**

Mental ill-health is associated with high levels of psychological distress and poorer quality of life. headspace uses the Kessler psychological distress scale (K-10) to measure psychological distress in clients. K-10 scores are regularly collected throughout the course of a young person's engagement with headspace services.<sup>60</sup>

60.4% of young people accessing headspace services between 2015 and 2019 reported an 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). 38.1% reported an improvement only in their K-10, while 40.4% reported an improvement only in their SOFAS<sup>61</sup>. Analysis by headspace indicates improvement of up to 68% of young people who attended five or six sessions at headspace<sup>62</sup>.

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<sup>63</sup>.

The most common primary diagnoses for headspace clients are anxiety disorders (23.4%) and major depressive disorders (20.7%).<sup>64</sup> After having received care at a headspace centre, young people experiencing anxiety disorders and major depressive disorders had a net gain in wellbeing worth an estimated \$2.2 billion over five years.

*“Going to headspace was literally a turning point in my life... I can barely describe the change in my day to day thinking and mental health. Yes I still have bad days, but it's just that: a bad day. Tomorrow is another one. And the fact that I learnt to do this self sufficiently. I went from trying to [take my own life] and being an absolute emotional mess with no hope to just enjoying every day and being at peace.” – young person, female, 23 years*

*“It's helped me find the tools to manage my off days so I can cope, and when I can't manage, I have tools in place so I don't spiral.” – young person, female, 16 years*

### **Young people report improved wellbeing and participation**

headspace clients report improvements to their mental health literacy, wellbeing and daily functioning. These improvements were sustained up to two years later.<sup>65</sup> Young people reported:

- better understanding of their mental health problems (86%), developing the skills to deal with them (80%), and feeling supported in managing them (85%)
- reduced impact of mental health issues on their lives (78%), improved general wellbeing (82%) and more hope for the future (80%)
- reduced impact of mental health issues on work and study through increased understanding of the impact of mental health (83%), and increased confidence to better manage their work and study situation in the future (76%)
- a significant reduction in the number of days (3.1 days to 2.43 days) that they were unable to carry out most or all of their usual activities at school, study, work or home during the previous two weeks.

<sup>60</sup> K-10 scores are typically collected at visits 1, 2, 3, 7 and 11. This means that the last recorded K-10 score may not reflect the last occasion of service at exit and may include young people who are still receiving treatment.

<sup>61</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>62</sup> headspace unpublished service data, 2013-2018.

<sup>63</sup> headspace (2019). headspace centre young person follow up study. headspace.

<sup>64</sup> headspace (2019). Annual Report 2018-19. headspace.

<sup>65</sup> headspace (2019). headspace centre young person follow up study. headspace.

This aligns with what young people have told us about how the ideal youth mental health system can support wellbeing and healthy functioning.

*“headspace helped me work through the issues I had at the time and was a pivotal tool in my recovery.” – young person, male, 24 years*

*“Before I went to headspace I was so depressed I couldn’t function. My therapist helped me reduce alcoholism, self-harm, control suicidal ideation and insomnia and work through trauma. Without headspace I wouldn’t have my life at all.” – young person, female, 19 years*

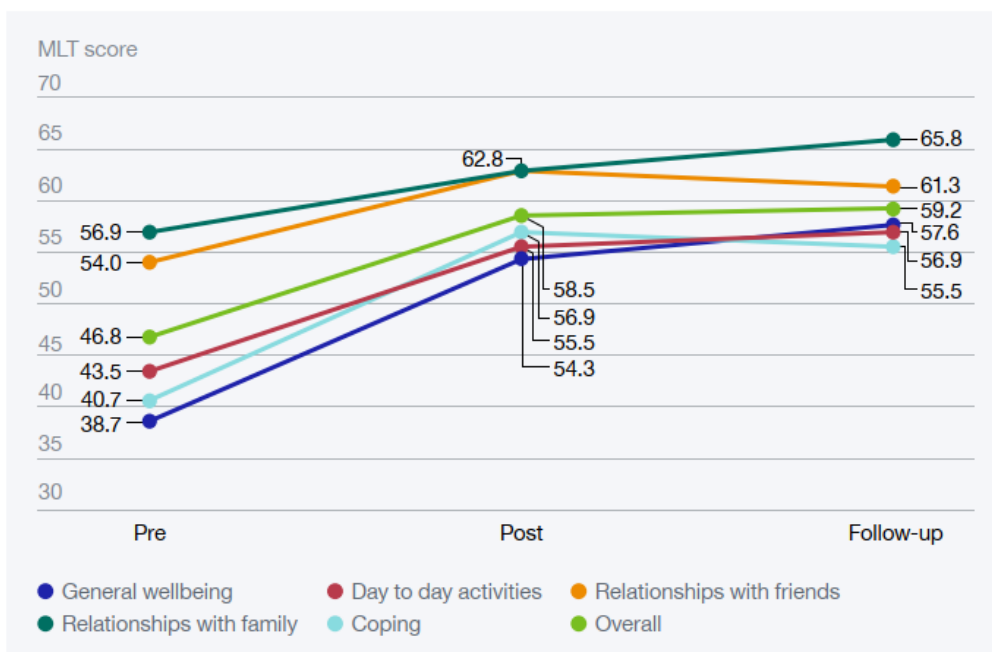
### Young people report improved quality of life

headspace developed the MyLifeTracker (MLT)<sup>66</sup> in response to the lack of outcome measures available for young people’s mental health. MLT assesses young people’s quality of life outcomes across five domains important to young people: general wellbeing, day to day activities, relationships with friends, relationships with family, and general coping.

The MLT is a self-report measure scored on a sliding scale from 0–100, anchored with a sad face (at zero) to a happy face (at 100). Young people were asked to self-report how they felt when they first contacted headspace (pre), when they had completed their treatment (post) and then again approximately 12 months since their last interaction with headspace (follow-up).

As shown in Figure 7, all age groups achieved significant increases in MLT scores ( $p < .001$ ), overall and across all domains while at headspace (pre and post service) and these results were maintained once leaving headspace.<sup>67</sup>

Figure 7: MLT scores pre service, post service and at follow up, by MLT domain



*“I was at a point where I couldn’t manage getting through a day. headspace offered a lifeline for me in giving me somewhere that I could come once a week to prioritise my own wellbeing and pay attention to the issues that were dragging me down, discussing them with an experienced social worker. I am so thankful that headspace was there and was so instantaneously accessible, it really saved my life.” – young person, female, 24 years*

<sup>66</sup> Kwan, B., Rickwood, D., & Telford, N. (2018). Development and validation of MyLifeTracker: A routine outcome measure for youth mental health. *Psychology Research and Behavior Management*, 11, 67-77.

<sup>67</sup> headspace (2019). headspace centre young person follow up study. headspace.

*“Time spent at headspace has giving me confidence to face everyday life and its everyday challenge.” – young person, female, 16 years*

## Improved mental health outcomes for young people translate into lifetime benefits for young people, government and the economy

The costs of mental ill-health in Australia are significant – estimated at over \$43 billion per year to the economy, and an additional \$130 billion in individual costs of lost wellbeing. Addressing mental ill-health early can lead to a lifetime of benefits for young people, cost savings to government, and economic benefits as a result of improved workforce participation and productivity.

### Improved quality of life

Young people with mental ill-health may experience a loss in quality of life due to associated psychological pain and disruption to day-to-day activities. These costs are often more substantial than those incurred directly on the health system or from reduced productivity.

Quantifying the value of lost quality of life has been estimated using headspace clients' K10 scores and changes, and mapping these to disability weights as provided by the Australian Bureau of Statistics (ABS) multiplied by the value of a statistical life year (\$213,000 in 2019).<sup>68</sup> Analysis shows that when considering the (positive or negative) change in psychological distress experienced by headspace clients, the net benefit of this improvement to society would be around \$2.2 billion over five years.<sup>69</sup>

### Increased productivity and participation

Mental ill-health reduces the likelihood of being in paid employment,<sup>70</sup> or completing secondary or tertiary education.<sup>71</sup> Ensuring young people can participate in the economy to their full potential leads to economic benefits now and in the future in terms of actual and potential increases in productivity.

Young people are more able to engage in work as a result of improved wellbeing and functioning. This brings broader benefits to the economy due to higher rates of both:

- labour force participation – through more young people joining the labour force and seeking employment
- productivity – through greater ability to concentrate or focus while at work for those employed, and through fewer mental-health related absences

From 2015 to 2019, headspace clients who are employed reported being able to work for an average additional 8.2 days annually at the end of their treatment compared to the start of their treatment due to reduced absences – resulting in an additional 39,713 days worked per annum on average. The effect of presenteeism – headspace clients working more effectively while at work – is estimated to increase productivity between 0.6% and 1.2% in a given year, equivalent to an additional 6,873 to 11,056 days worked per annum.

It is estimated that over the last five years, headspace clients more fully engaging in the workforce through increased productivity and participation increased GDP by between \$74 million and \$100 million in net present value (NPV) terms (in 2018–19 dollars). This is up to an additional \$100 million than what would have otherwise been the case if those clients did not report any positive change in their work and mental health outcomes<sup>72</sup>.

<sup>68</sup> Department of Prime Minister and Cabinet (2019). Best Practice Regulation Guidance Note Value of statistical life. Commonwealth of Australia.

<sup>69</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>70</sup> Butterworth, P., Leach, L.S., Pirkis, J. and Kelaheer, M. (2012). Poor mental health influences risk and duration of unemployment: a prospective study. 47(6) *Social Psychiatry and Psychiatric Epidemiology* 1013.

<sup>71</sup> Leach, L.S. and Butterworth, P. (2012). The effect of early onset common mental disorders on educational attainment in Australia. 199(1) *Psychiatry Research* 51.

<sup>72</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

## Population and mortality

headspace has the potential to reduce the years of life lost due to suicide. Research by Deloitte Access Economics found that, when considering years of life lost due to suicide, an average of 28.7 years are lost per suicide for those aged 12–25 years. This is in the context of a suicide rate among young people aged 12–25 years of 0.045 per cent.

These two figures were used to determine the likely reduction in suicide due to young people engaging with headspace services, together with the percentage of headspace clients who improved mental health or psychosocial outcomes between 2015 and 2019: the avoided lost years of life equates to 1,160 years. In financial terms, applying the value of a statistical life year (VSLY), the value of young lives saved is \$247.1 million over five years, or an average annual value of \$49.4 million.

If only the 38.1 per cent of headspace clients who experienced a reduction in their psychological distress are considered, the total years of life lost would be 732 as a lower bound. Applied to the VSLY, this is equivalent to \$155.8 million over five years or an average annual value of \$31.2 million.

## Cost savings to government

The prevention and early intervention focus of headspace services means that many young people will receive relatively low-cost mental health services early enough to reduce the likelihood of requiring high-cost, acute care later.<sup>73</sup>

According to national Australian data, approximately 6.2% of young people who report psychological distress eventually use hospital emergency, outpatient or inpatient services.<sup>74</sup> Assuming 6.2% of the 60.4% of headspace clients who report either improved psychological distress or psychosocial outcomes no longer experience mental ill-health severe enough to present to hospital, this potentially reduces the cost of mental health services to government by \$11.9 million over five years. When limiting the analysis to the 38.4 per cent of headspace clients who experienced a reduction in their psychological distress as measured by K-10, the lower bound total savings equate to approximately \$7.5 million over five years.<sup>75</sup>

headspace service provision has been estimated to have contributed to a reduction in informal carer costs of between \$122.2 million and \$193.5 million in 2019.<sup>76</sup> This is based on economic opportunity costs, rather than financial costs, arising from the time informal carers take out of their daily lives.

Government also saves costs of establishing another brand that is trusted and accessed by young people – this saves the Government from ‘reinventing the wheel’.

## Economic contribution

Deloitte Access Economics estimates that activities through headspace contributed around \$230 million to Australia’s gross domestic product (GDP) in 2018–19. headspace’s role in improving outcomes for young people resulted in a GDP increase of \$18 million in 2019 due to improved employment outcomes, and an average \$450 million worth of benefits from net gains in wellbeing annually. In addition, the value of young lives saved through headspace is between \$31.2 million and \$49.4 million on average annually. Fewer individuals also require informal care, saving between \$122.1 million and \$193.5 million on average per year based on the value of carer time<sup>77</sup>.

By generating value-added and supporting employment, headspace contributes to gross domestic product (GDP). The direct economic contribution of headspace, both as a national body and through the network of centres, was found to be worth \$173.3 million in GDP in 2018–19. Indirect economic activity was found to be worth \$57.1 million in GDP in 2018–19.<sup>78</sup>

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<sup>73</sup> Lam, R. & Kennedy, S. (2004). Evidence-based strategies for achieving and sustaining full remission in depression: Focus on metanalysis. 49(3) Canadian Journal of Psychiatry 17S.

<sup>74</sup> Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J. and Zubrick, S.R. (2015). The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Commonwealth of Australia.

<sup>75</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

## headspace is core to Australia's youth mental health system, delivering effectively at a national and local level

### Key messages

- The headspace platform is a core foundation of Australia's youth mental health system – it is recognised as an accessible service, supported by its strong network of centres, online presence and national programs, as well as its brand recognition, which boosts mental health literacy and awareness of services
- headspace offers an evidence-based model of care developed and adapted with young people
- The combined value of this 'national-yet-local' headspace model creates greater engagement and leads to positive outcomes for young people, their families, friends and local communities, under one trusted national brand
- The reach of the 112 centres is extensive and this network is the largest of its type in Australia. This creates significant value in that each centre is able to develop evidence-informed interventions in the context of the local community, while drawing on the resources, scale and efficiencies provided through headspace National.
- headspace plays a pivotal role in supporting stakeholders across the system including PHNs, lead agencies, GPs and education providers. These stakeholders agree that headspace is a vital community service that provides accessible services to those that need them.

### headspace at a national level

#### headspace is the national youth mental health platform

The headspace platform is the foundation of Australia's youth mental health system. The platform aims to improve the mental, social and emotional wellbeing of young people aged between 12 and 25. It provides a range of mental health services through its centres, online and over the phone. In addition, headspace delivers national programs supporting better outcomes for young people. To date, it has provided close to 3 million services to over 520,000 young Australians.

The service is free or low cost to ensure easy access and overcome the cost barrier that precludes many young people from seeking help. This is especially important when you consider that twice as many 15-24 year olds with a mental health condition did not see a GP because of cost barriers compared with those without a mental health condition<sup>79</sup>.

headspace is recognised as an accessible service, supported by its strong network of centres, online presence and national programs, as well as its brand recognition, which boosts mental health literacy and awareness of services.

The headspace platform of services includes (but is not limited to):

- 112 headspace centres nation-wide that provide local, place-based youth mental health services, along with other complementary services that are aligned with community need
- online mental health service delivery via eheadspace
- specific services for young people experiencing early psychosis in six headspace clusters (14 centres)
- implementation partner for Be You, inclusive of suicide postvention support to primary and secondary schools; and,
- enhanced support for young people experiencing mental ill-health to engage in education, training and employment through the Individual Placement and Support (IPS) model and the online Digital Work and Study Service (DWSS).

headspace offers a unique, evidence-based model of care, providing the only holistic integrated model for youth mental health in Australia that is free or low cost.

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<sup>79</sup> Productivity Commission (2019). Report on Government Services 2019: Mental Health Management. Table 13A.19. Commonwealth of Australia.



The headspace model has been developed and adapted based on feedback from young people, and their families and friends. The Productivity Commission's Draft Report highlights the need to link mental health to a broader response to the wellbeing of community members. At a national level, headspace services work by breaking down siloes between different health and human service organisations and providing services across four core streams:

- mental health
- physical health (including sexual health)
- alcohol and other drugs
- vocational education and training.

In addition to the platform of services, headspace:

- provides a variety of resources to increase awareness and knowledge of mental health for young people, and their families and friends
- manages the headspace national minimum data sets
- delivers programs to support young people experiencing issues with alcohol and/or other drugs, education, vocational training and employment, and physical and sexual health
- delivers mental health literacy and stigma reduction campaigns at a national level.

The early-intervention and community-based approach of headspace contributes to a more mentally healthy Australia - its community awareness campaigns increase mental health literacy and encourage help-seeking in a group which is less likely to seek help. As a result of a recent campaign, headspace Day, 82% of young people who saw the campaign took action to better their mental health based on information provided.<sup>80</sup>

### **The national brand**

The national headspace brand is known and trusted by young people and parents. Independent analysis by Deloitte Access Economics<sup>81</sup> placed a value of \$54 million on the headspace brand, defining this as the incremental operating benefit generated by the brand for the headspace network.

The brand equity rating conducted by Deloitte Access Economics classified the headspace brand as 'strong' noting that this is an extremely favourable rating in the context of the available resources.

Deloitte Access Economics also noted that the national headspace brand partners with and influences a range of stakeholders, including young parents, parents, GPs, local communities, teachers, corporate partners and government stakeholders.

Deloitte Access Economics is of the view that headspace's brand equity at a national level generates the following benefits relative to youth mental health messages and services:

- greater awareness of mental health services and how to access support
- increased cut-through of education messages
- reduced stigma and greater propensity to engage with online content and forums
- increased willingness to participate in counselling, whether online or at centres
- reduced likelihood of dropping out of mental health support, or not re-engaging when further help is required.

Deloitte Access Economics's independent brand analysis found that the equity and value of the headspace brand has been built through effective brand strategy, consistent marketing and an integrated operating network.

*"It is advertised and has good reviews as well as it has helped people meaning that the organisation is trust worthy."* – young person, female, 15–21 years

*"Well known name and seems like a safe place and confidential place for them to talk."*  
– young person, female, 15–20 years

<sup>80</sup> headspace (2019). headspace day 2019 evaluation. Unpublished.

<sup>81</sup> Deloitte Access Economics (2020). headspace brand valuation. Unpublished.

*“headspace are amazing. They have been seeing my daughter for over 12months and I highly recommend them.” – parent of a young person, anonymous*

*“I found out my daughter was self harming and was referred to them by her school. They were wonderful to both of us and helped us both through an awful time” – parent of a young person, anonymous*

## **The operating model for headspace centres**

In the headspace centre operating model, PHNs assess the regional needs for services and determine which services will be commissioned. Following this, PHNs then commission services and manage contracts (and performance) with health service providers (Lead Agencies) who operate headspace centres. PHNs and Lead Agencies sign a Trademark License Deed and participate in the headspace Model Integrity Framework (see Figure 8) process with headspace National to enable them to use the brand and headspace model.

The operating model enables each centre to benefit from the network, yet provide place-based, localised services aligned with the needs of their local community. Benefits include:

- centres have access to headspace National orientation materials, clinical resources, brand and marketing materials, and a comprehensive online education and learning platform
- centres have opportunities for collaboration and engagement through communities of practice and the bi-annual headspace Forum where centre staff convene to share their experiences and innovations.
- centres can localise national community awareness campaigns to build mental health literacy and reduce stigma which creates efficiencies and minimises cost under a single recognisable, trusted brand.

headspace National takes a partnership approach with the key stakeholders in the centre network. The type of support the stakeholders most value from headspace National is provision of training and learning materials (clinical and non-clinical) and facilitating information sharing and learnings across the network<sup>82</sup>. A recent survey of the stakeholders showed that they felt headspace National was facilitating positive and effective relationships within the headspace network, and between headspace centres and their PHNs and Lead Agencies.<sup>83</sup>

## **headspace at a local level**

### **headspace supports local, place-based services that adhere to evidence based best practice and quality standards**

As well as having national infrastructure across a national network, headspace is local. The combined value of this ‘national-yet-local’ model creates greater engagement and leads to positive outcomes for young people, families, friends and local communities.

headspace centres deliver locally-tailored, place-based, holistic services for young people in partnership with local stakeholders. headspace centres seek to operate in such a way so that there is ‘no-wrong-door’ for young people when they search for information, seek help, and enter (and possibly re-enter) the youth mental health system.

The reach of the 112 centres is extensive and this network is the largest of its type in Australia. This creates significant value in that each centre is able to develop evidence-informed interventions in the context of the local community, while drawing on the resources, scale and efficiencies provided through headspace National.

In order to uphold a consistent high-quality standard of primary care service delivery, each centre:

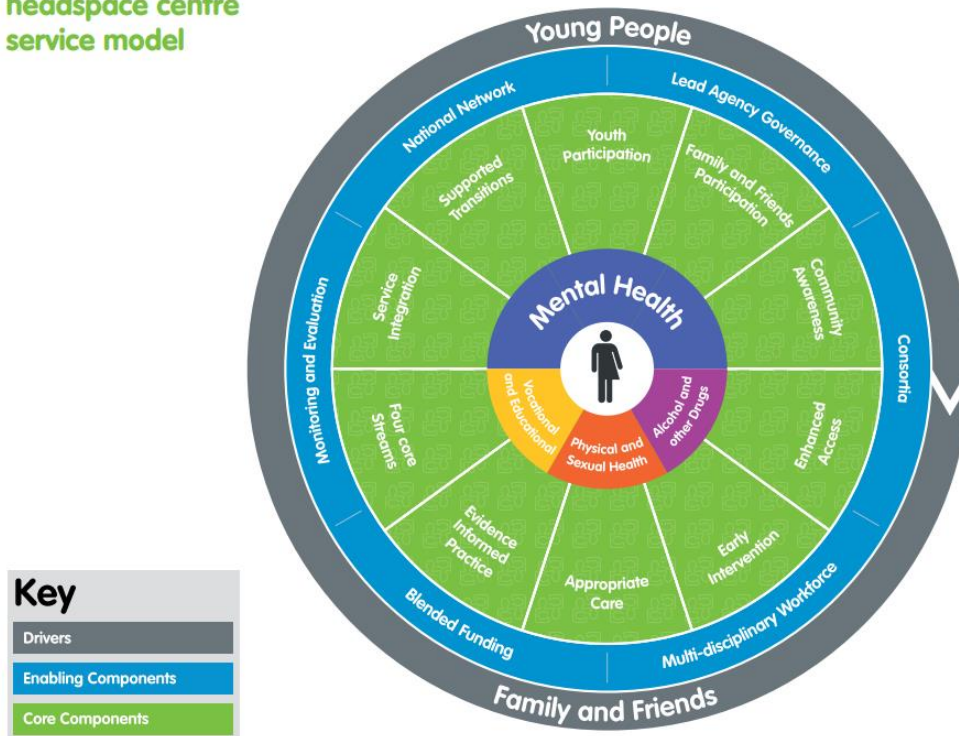
- abides by a national model integrity framework structure
- adheres to the 16-component model described in Figure 8
- operates under a national brand.

<sup>82</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

<sup>83</sup> Ibid.

Figure 8: headspace Model Integrity Framework

headspace centre  
service model



In order to deliver a localised, place-based service, each centre:

- is led by a local lead agency – an independent service provider with local connections in the community
- employs a workforce from the local community
- is governed and supported by a consortium of local service providers who ensure the centre meets community needs through planning and collaboration
- operates to match local community needs with appropriate headspace services
- has its own local Youth Reference Group (YRG)
- operates autonomously
- tailors its services based on the needs of the local community.

Each headspace centre operates according to the headspace Model Integrity Framework (hMIF). This sets out the key components that each centre is responsible for delivering.

### Local service system and local stakeholders

headspace centres operate within their own local service system and create connections and partnerships with a range of local stakeholders who can support the holistic needs of young people (see Table 2). This local network is inclusive of a multidisciplinary workforce and delivers strong engagement and referral pathways with local services.<sup>84</sup> It is common for these stakeholders to play a key role in the local consortia who support the centre.

<sup>84</sup> Rickwood, D, Parakakis, M, Quin, D, Hobbs, N, Ryall, V, Trethowan, J & McGorry, P. (2019). Australia's innovation in youth mental health care: The headspace centre model. *Early Intervention in Psychiatry* 13, 159.

Table 1. headspace centre – local stakeholders

Stakeholder category	Examples
Commissioners	<ul style="list-style-type: none"> <li>Local Primary Health Network (which administers the funding for each centre, contracted through the Lead Agency)</li> </ul>
Health and social services	<ul style="list-style-type: none"> <li>General practice</li> <li>Other local and state mental health organisations and support services, such as Child and Adolescent Mental Health Services (CAMHS), Alcohol and Other Drugs (AOD) services</li> <li>Other services provided by the Lead Agency operating the headspace centre</li> </ul>
Community and tertiary organisations	<ul style="list-style-type: none"> <li>Community health organisations including Aboriginal Controlled Community Health Organisations (ACCHOs)</li> <li>Consortium partners who provide the governance and support for local headspace centres and include::                             <ul style="list-style-type: none"> <li>state and local government, and not-for-profit providers delivering services focused on mental health and broader health, AOD, physical and sexual health, domestic and family violence, youth, homelessness, and others</li> <li>vocational education and training providers</li> <li>schools and universities</li> <li>local businesses</li> <li>local police, council</li> </ul> </li> </ul>
Ecosystem (education, employment, society)	<ul style="list-style-type: none"> <li>Schools, universities and TAFE</li> <li>Vocational education and training services</li> <li>Employment providers</li> </ul>

The case studies below are two examples of centres who are deeply embedded within their communities and have established strong local relationships that support improved mental health outcomes for young people.

## Case Studies:

### Metropolitan Centre: Bondi Junction

#### Localised factors:

The young people of Bondi Junction face a range of mental health challenges and the centre responds to the wide range of needs by creating and sustaining partnerships with their local community on many levels.

#### Localised response:

headspace Bondi Junction has a strong focus on getting out into the community and bringing services they need to them, when they need them. That could be anything from:

- providing mental health first aid training to Bondi Surfing Club.
- building mental health literacy in local schools.
- working collaboratively with local LGBTIQ+ organisations to deliver free support training.
- attending and assisting with clinical review meetings of their local tertiary child and adolescent mental health service (CAMHS) to address the challenges as young people with more complex mental health issues transition between services.

By creating a safe space within their centre, headspace Bondi Junction facilitates service delivery and stronger referral pathways for visiting primary and tertiary health service providers such as:

- a weekly psychiatrist to support gender diverse young people
- a funded exercise physiologist

regular bulk-billed GP services

## Regional Centre: headspace Grafton

### Localised factors:

- This area experienced higher than state average rates of suicide since early 2015. The media were not favourable in their reporting of the deaths and local schools were blamed for not doing enough to support young people at risk.
- The Traditional Custodians of the area are the Bundjalung, Gumbaynggirr and Yaegl nations, and this area has a large cohort of Aboriginal and Torres Strait Islander young people.
- Young people in Grafton, like in other regional communities across Australia, are exposed to a range of factors that result in them having poorer mental health including feelings of isolation or a lack of access to services.
- Grafton has been in the centre of bushfires impacting the Coffs Coast community.

### Localised response:

#### Youth suicide

- headspace Grafton is an integral component community-driven wellbeing initiative in place to address the higher-than-state average rate of suicide in the area. The centres involvement includes:
  - community meetings to discuss the issue
  - community interviews to identify risk and protective factors and existing mental health and wellbeing strategies
  - workshops to commence development of local strategies
  - the development and implementation of the 2016–2018 plan for improving mental health and wellbeing in the area.
- The community were very active in campaigning for a headspace centre and subsequently headspace Grafton opened in 2017. It is a major part of the community, is widely used and accepted and the community feel very connected to the service.
- headspace Schools is now very active in this community and there is continued postvention support and support for whole school approaches with the secondary schools. Currently schools across the Clarence Valley are working toward positive mental health and have, for the most part, moved away from the recovery phase..

#### Aboriginal and Torres Strait Islander young people

- Grafton makes it a priority to work with local Aboriginal and/or Torres Strait Islander communities, which is done with Aboriginal Elders. . Aboriginal and Torres Strait Islander services and land coun
- The team work with Aboriginal Elders to promote mental health awareness, roll out specific men/women groups in Yamba and run mental health awareness training for Aboriginal Elders.
- headspace Grafton also chairs the Aboriginal Medical Services (AMS) which provides health services to the Aboriginal communities of the Grafton & Casino areas.

#### Community events (sport)

- headspace Grafton has established partnerships with two local Rugby League clubs, knowing that this sport plays a very important role in the community.
- The Centre developed the inaugural headspace Grafton Round where these two rival teams come together as part of a big community event, sporting headspace-branded gear to raise awareness about mental health and start much needed conversations in the community.

#### Bushfires

- headspace Grafton was recently established as one of the main evacuation sites in the recent bushfires, greatly impacting the local area.
- Community members are continuing to make donations of food, clothing, supplies and stockfeed to the Centre before distributing to affected residents. headspace Grafton, while continuing to roll out their regular service, is providing additional support for young people greatly impacted by the disaster.

## The role of headspace National

The Department of Health provides funding directly to headspace National to support the headspace primary care platform through the provision of:

1. licencing and model integrity standards
2. support to PHNs in the commissioning and establishment of headspace services
3. network linkages supports and services to Lead Agencies and headspace centre network
4. advice to government on youth mental health
5. evaluation and support to research
6. brand and community awareness
7. clinical guidelines to support evidenced-based practice
8. peer group benchmarking, networking and collaborative learning forums
9. workforce education and training for the network of centres through headspace Learning
10. youth, family and friends participation, including engagement of national reference groups to participate in the ongoing design and planning of headspace initiatives
11. collection of nationally-consistent data to support the Primary Mental Health Care Minimum Data Set
12. help-seeking and mental health literacy campaigns
13. delivery of the wait times reduction project to support headspace centres facing wait times challenges across the network

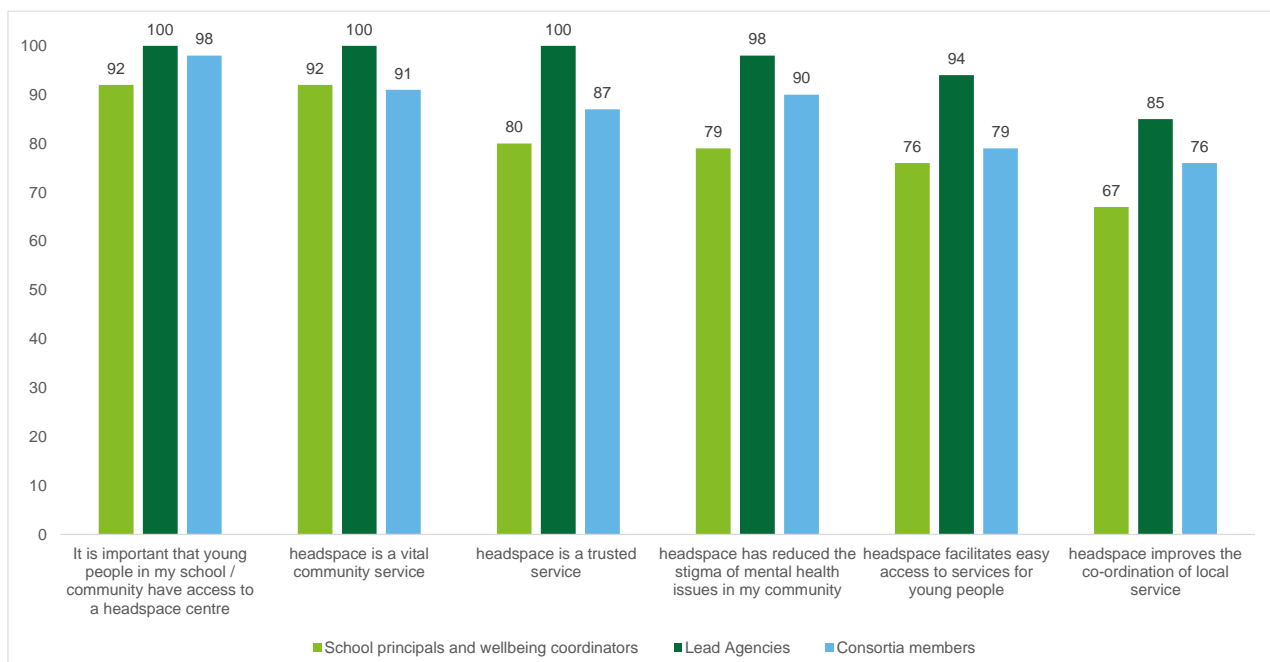
Four national programs are also managed by headspace National – eheadspace, headspace Schools, headspace Work and Study, and headspace Telehealth. In addition, headspace National supports the delivery of headspace Early Psychosis and is an implementation partner for the national Be You Initiative.

### headspace augments and stimulates other parts of the youth mental health system

headspace plays a pivotal role in supporting stakeholders across the system including PHNs, lead agencies, GPs and education providers. In a recent survey, stakeholders strongly advocated for headspace. Schools, lead agencies and headspace consortia members alike agreed that their local headspace centre provides a trusted service that has led to increased and easier access to mental health services for young people; provided a vital community service; reduced stigma; and improved coordination of local services.

These results are shown in Figure 9 below.

Figure 9: Stakeholders who 'agree' (response of 7-10) with the following statements... (%)<sup>85</sup>



<sup>85</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

## Schools

A recent survey of school principals and wellbeing coordinators found<sup>86</sup>:

- 78% agree that the headspace Schools team has built their capacity to respond to mental health issues
- 69% agree headspace strengthens relationships between service providers and schools.

headspace works with schools across the spectrum of prevention, early intervention, and postvention of suicide. The headspace Schools Support (hSS) program was the first of its kind established anywhere in the world to support schools following a suicide in their local community. hSS provides capacity building across schools in order to support them to better understand suicide behaviours as well as how to respond effectively post-suicide.<sup>87</sup>

*“headspace provides an independent, easily accessible resource for students and parents within the community. The school simply does not have the resources to support students past the point of referral and emergency care. Additionally, it is not possible for the school to really support parents which is sometimes where the issues begin.” – school staff member*

*“In talks I had during high school, it was one of the most highly recommended mental health services by school counsellors and teachers alike” – young person, female, 15–21 years*

## Lead Agencies

Lead Agencies that responded to a headspace-commissioned survey reported positive perceptions in relation to their experience of having a headspace centre in their local community and reported a variety of benefits of headspace, including:<sup>88</sup>

- 100% reported having seen care pathways improve in their community for young people experiencing mental health issues since a headspace centre was introduced
- 100% believe headspace has benefited their local community by helping people to know more about mental health issues, how to look after their own mental health and how to feel comfortable talking about mental health issues
- 98% would recommend headspace to a young person in need
- 96% had seen positive effects in service delivery for young people in terms of encouraging broader service collaboration and supporting continuity of care for young people
- 89% believe that headspace reduces demand on the service system.

*“Wherever a headspace is set up, it provides a hub for the community –and our one is no different. It provides a focus for young people and their families to access support at the early end of mental health difficulties, and be referred to other services if they have additional needs or more complex presentations. Without this service the tertiary system and GPs would be overloaded, and young people would not obtain the support and treatment that they need at this time. The community engagement role within the headspaces also enable schools to have a contact that they value and find useful for young people. Without a headspace, schools would also be under increased pressure.” – Lead Agency representative*

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<sup>86</sup> Ibid.

<sup>87</sup> Baldwin, G, Butler, H, Hannaway M. and headspace School Support. (2017). Delivering effective suicide postvention in Australian school communities. headspace.

<sup>88</sup> Colmar Brunton (2020). headspace Community Impact Research. Unpublished.

## Consortia members

Consortia members provide governance and localised support to headspace centres in collaboration with the Lead Agency. Consortia members can include community-based mental health services, youth services, tertiary mental health services, drug treatment services, vocational services, and primary care agencies.

A survey of this group showed they perceive that their local headspace centres deliver a wide range of positive benefits, including<sup>89</sup>:

- 87% reported that headspace supports the delivery of locally relevant services
- 87% believe that headspace is a trusted service in their community
- 84% reported that headspace supports continuity of care for young people
- 83% consider headspace to encourage broader service collaboration and have improved pathways to care for young people.

*“If the current service was taken away there would be significant long term distrust making it difficult to reengage.” – Independent Consortia Chair*

*“If headspace was not available in my community] the impact would be significant and many more young people would not be able to access the support they need as they would not meet criteria for child and adolescent mental health services or adult community mental health services. ED would be seeing more people with mental health issues and people would be forced to go private, without the finances to do it! The system would implode!” – Consortia member*

## GPs

A separate survey of Australian GPs shows that<sup>90</sup>:

- each month approximately 40% of the GPs surveyed refer clients to headspace centres and 29% refer to eheadspace services
- most surveyed GPs view headspace positively, with the majority agreeing that headspace is a vital community service (73%)
- 61% of surveyed GPs endorse headspace as the leading voice for youth mental health
- three quarters of GPs are advocates for headspace (77%) and would recommend it to a young person they thought needed support

This reflects recognition of headspace as an integrated primary care provider for young people in Australia. The availability of support across different platforms allows GPs to match clients' needs with appropriate services.

*“[headspace is] an acceptable and very well utilised service by young people and I think that the benefit of the headspace model is its excellent responsiveness to local community needs with its local consortium partnerships and the federally funded components making a very, very good partnership which leads to very specific local responses.” – GP working in a headspace centre*

*“I do believe that GPs are very well placed to work in centres like headspace and that we're well placed to enhance the management of mental and physical wellbeing for young people” – GP working in a headspace centre*

*“I've worked in many different settings in my youth health expertise and so my journey has been trying to understand how young people best access primary care and there is no one size fits all. ... headspace facilitates youth friendly practice in a way that Medicare funded direct services do not” – GP working in a headspace centre*

<sup>89</sup> Ibid.

<sup>90</sup> Colmar Brunton (2019). headspace: GP brand perceptions research. Unpublished.



# Putting the existing youth mental health platform at risk will have negative impacts for young people

## Key messages

- Australia has pioneered major reforms over the past decade in youth mental health with the development of a national youth mental health service platform that has significantly improved access to services for young people.
- Globally, we are at the forefront of youth mental health service research, design, development and delivery. Putting this momentum at risk has serious consequences for young people.
- headspace strongly rejects the inclusion of Draft Recommendation 24.2 as it will have a negative effect on young people's help-seeking and reverse the significant gains made in the establishment of Australia's youth mental health platform.
- headspace strongly rejects the inclusion of Draft Recommendation 5.3 as youth mental health services should align with individual needs and not be driven by arbitrary targets.
- Young people access headspace because it minimises uncertainty for them – it is a national platform and a brand they recognise and trust. This delicate balance will be disrupted should the national model be altered which, in the direst situations, will lead to young people not accessing services at all.
- The way the Australian Government commissions headspace is unique – and purposefully so.
- Youth mental health is a national issue and the rate of youth suicide a national crisis.

Australia has pioneered major reforms over the past decade in youth mental health with the development of a national youth mental health service platform. This platform has improved service access and delivery; created novel online and digital supports and interventions; increased levels of mental health awareness and literacy among young people, their families and the broader community; and reduced stigma (a key barrier to early help-seeking). Globally, Australia is at the forefront of youth mental health service research, design, development and delivery. Putting this momentum at risk has serious consequences for young people, which is why headspace strongly rejects the inclusion of two draft recommendations in the Draft Report – Draft Recommendation 24.2 and Draft Recommendation 5.3 (see below).

Young people access headspace because it minimises uncertainty for them – it is a national platform and a brand they recognise and trust. This delicate balance will be disrupted should the national model be altered which, in the direst situations, will lead to young people not accessing services at all.

**Draft Recommendation 24.2 will have a negative effect on young people's help-seeking and reverse the significant gains made in youth mental health**

### **Draft Recommendation 24.2: Regional Autonomy over Service Provider Funding**

headspace strongly rejects the inclusion of this recommendation as it will have a negative effect on young people's help-seeking and reverse the significant gains made in the establishment of Australia's youth mental health platform.

Together with young people and families and friends, headspace has developed a world-leading platform of services that provides a safe and consistent entry point to the mental health system. Any reform to the mental health system that would put this momentum at risk will have significant consequences for young people's help-seeking and mental health.

Changing the commissioning model and arrangements that see headspace centres operate across 112 locations around Australia will do young people more harm than good. Young people access headspace currently because it minimises uncertainty for them – it is a national platform and a brand they recognise and trust. This delicate balance will be disrupted should the national model be altered, which in the direst situations will lead to young people not accessing services at all which leads to a deterioration in access to care and mental health outcomes for young people.

If Draft Recommendation 24.2 is implemented, it will:

- create long-term negative impacts on young people's ability to access crucial early intervention services that have been carefully researched, adapted and delivered specifically for them
- result in significantly less young people seeking help in a timely manner
- result in a fragmented and difficult-to-navigate system, and silo youth mental health services further

- place the national headspace infrastructure in jeopardy and put evidence-based programs that are delivered through this platform, such as the Early Psychosis and Individual Placement and Support (IPS) programs, at a high level of risk

Across Australia, young people are able to access help through a range of options including through headspace, their local GP or through an ACCHO. This means that young people's choices are not restricted by having a headspace in a local community. headspace supports young people seeking help from headspace, GPs and ACCHOs and we strongly believe that all of these avenues should be protected and supported to ensure young people can access youth friendly, evidence informed and culturally safe services. More importantly, it is imperative that there is integration amongst the support options for young people.

Simply leaving an independent commissioning agency with the choice to remove headspace services from a local community is unacceptable. If a local headspace centre is not meeting the needs of its community, then headspace's robust youth engagement approach will ensure the service is improved in a way that is informed by the voices and experiences of young people.

We urge the Commission to remove Draft Recommendation 24.2 from its Final Report as it will create long-term negative impacts on young people's ability to access crucial early intervention services that have been carefully researched, adapted and delivered specifically for them. In addition, it will decrease the numbers of young people seeking help, place the national headspace infrastructure in jeopardy and result in a fragmented and difficult-to-navigate system for young people.

### Recommendation 5.3 is ill-considered - youth mental health services should align with individual needs and not be driven by arbitrary targets

#### Draft Recommendation 5.3: Ensuring headspace centres are matching consumers with the right level of care

headspace strongly rejects Draft Recommendation as youth mental health services should align with individual needs and not be driven by arbitrary targets. It is premature to be setting targets because there is no evidence base for where the target should be set. We are equally concerned that targets will result in inappropriate care for young people.

We know that low intensity services are important but they are not the only appropriate treatment pathway for young people. Appropriate care is about matching the right type and degree of care or intervention to a young person's changing needs and unique preferences.

Mental health services can arrange interventions into intensity levels: low, moderate, high and acute, matched to low, moderate and high clinical needs. headspace provides services to young people across all of these levels, as shown in Table 2.

Table 2. Example of headspace services mapped to intervention levels

Service	Intensity	Model alignment
<b>Help seeking (stigma reduction campaigns and population mental health literacy)</b>	N/A	Prevention
<b>headspace resources and website</b>	N/A	Prevention and early intervention (mild)
<b>headspace centres*</b>	Low for Brief Intervention Clinics Moderate to high for other services	Early intervention (mild) and prevention
<b>Eheadspace</b>	Low to moderate	Early intervention (moderate to high)
<b>Early Psychosis</b>	High	Early intervention and secondary (moderate)
<b>headspace Schools</b>	Moderate to high	Prevention (as well as through Early Intervention, Intervention, Post-vention)

\*headspace centres deliver services across four core streams, including mental health, physical and sexual health, work and study, and alcohol and other drugs.

Further, the introduction of referral targets places additional pressure on already stretched headspace centres. It does not consider a number of factors, specifically that some regional areas have limited appropriate youth mental health services. Constraining services to either low or high intensity services may exclude young people from accessible healthcare.

Setting quota targets for low intensity treatment referrals as described in Draft Recommendation 5.3 is:

- ill-considered as youth mental health services should align with individual needs and not be driven by arbitrary targets
- premature without an evidence base for where the target should be set.
- not appropriate care for the myriad of young people who seek services at headspace especially those who fall into the 'missing middle' category
- going to increase pressure on already stretched headspace centres especially those in rural and regional areas
- inconsistent with requirements placed on other providers of youth mental health care across the system

We urge the Commission to remove recommendation 5.3 as it is ill-considered as youth mental health services should align with individual needs and not be driven by arbitrary targets.

# The youth mental health system must continue to evolve and improve

## Key messages

- Further change and evolution is required across the youth mental health system in order to continually improve access and outcomes for young people – headspace is a central component of the existing system from which this change can build.
- Major system change should not be recommended unless it is certain that these will improve the mental health system for young people, and not put the mental health of Australian young people at risk.
- A key service gap is the ‘missing middle’ who are experiencing moderate to severe complex mental health issues.
- For structural reform to be successful, careful consideration should be given to improving service integration, and for commissioning to be done with young people to ensure their unique needs are met.
- Funding for the youth mental health system requires reconsideration – it is currently insufficient and is leading to unintended outcomes (such as underutilisation, underservicing and over reliance on the primary and tertiary mental health systems).
- Any reform needs to be undertaken with young people at its core. Youth mental health services need to be developed and commissioned in consultation with young people – a core element of the headspace model.

## The youth mental health system must continuously improve

headspace acknowledges that further change and evolution is required across the youth mental health system in order to continually improve access and outcomes for young people. headspace is a central component of the existing system from which this change can build.

Rather than reversing over ten years of innovation in developing an effective youth mental service system that has enabled over half a million young people to get the help they need, the Commission should consider enhancements that will improve this approach with further innovation and integration, as well as proposing approaches that can address known service gaps, for example, the ‘missing middle’.

Young people tell us they need affordable, approachable, easy-to-reach services that are identified as youth-friendly and tailored to meet individual needs. Young people also they need a ‘soft entry point’ into the youth mental health system. Given that this is what headspace provides, we urge the Commission to integrate new youth mental reforms into existing national platforms such as headspace, General Practice and Aboriginal Community Controlled Health Organisations.

For long term change to be successful, the change needs to be premised on an evidence-informed, young-person-centred future state, supported by a clear implementation plan.

headspace is of the view that major system change should not be recommended unless it is certain that the change will improve the mental health system for young people, and not put the mental health of Australian young people at risk.

## A key service gap is the missing middle

headspace has estimated that 12% of young people with mental ill-health in any given year are likely to be experiencing moderate to severe complex mental health issues. This group may be missing out on appropriate care given that community and specialist mental health services do not have appropriate funding models to deliver services to them.

This results in this ‘missing middle’:

- presenting to Emergency Departments at crisis point
- presenting to police and/or ambulance services
- potentially disengaging with employment and education in the short and long-term
- being ‘bounced’ from service to service, leading to cost-inefficient duplicated clinical efforts

- falling through the cracks and disengaging from services altogether at great potential risk to their health and wellbeing
- may continue to function or be dysfunctional without any engagement with the service system
- potentially having an increased risk of suicide<sup>91</sup>.

Given the gap in available services, this ‘missing middle’ group are either overwhelming primary mental health services such as headspace, General Practice and Aboriginal Community Controlled Health Organisations (ACCHOs) or are landing in tertiary services, such as acute and specialist state-funded mental health services.

headspace was not intended to provide a service response to this cohort, given its intended focus on prevention and early intervention. However, in the absence of a suitable alternative, headspace centres often become the default for this cohort. This increasing level of complexity and severity of presentations across the headspace network is putting it under considerable strain. In late 2018, 90% of headspace centres (n = 103) reported that wait times are a major concern, with average wait times comprising 10.5 days for intake session, 25.5 days for first therapy session, and 12.2 days for second therapy session<sup>92</sup>.

Additional funding should be provided to primary care services to enable care coordination and increase primary care service provider capacity to better support and link young people with complex needs to appropriate higher-intensity services.

### Expanding services for young people experiencing complex and severe mental health

headspace Early Psychosis is a service that should be expanded nationally to improve outcomes for complex, low prevalence disorders, specifically early presentations of psychosis. There is strong economic evidence for targeted early psychosis services compared to treatment as usual, as well as strong evidence for long-term recovery outcomes.

During 2018–19, headspace Early Psychosis provided 296,539 services (direct and indirect) to 3,077 young people across the 14 headspace centres delivering the program.

Early analysis of the program data shows improved outcomes for young people accessing support from headspace Early Psychosis, as well as high satisfaction rates from young people (94%) and their families and friends (98%). The following demonstrates significant improvements during treatment for young people in the First Episode Psychosis stream at the twelve month review:

- 48.9% showed significant improvement in levels of psychological distress (measured by the K10)
- 53.6% showed significant improvement in experience of psychosis symptoms (measured by the Brief Psychiatric Rating Scale)
- 60.0% showed significant improvement in their social and occupational functioning (as measured by the SOFAS).

For young people at risk of experiencing psychosis and accepted into the Early Psychosis Program under the Ultra High Risk stream, outcome results at the six month review are as follows:

- 61.3% showed significant improvement in levels of psychological distress (measured by the K10)
- 47.0% showed significant improvement in their social and occupational functioning (as measured by the SOFAS)
- 51.5% showed significant improvement in their quality of life (as measured by the MyLifeTracker).

*“The support just isn’t enough when you’re transitioning out of hospital. No one really helps you to put solid plans in place to meet all your ongoing needs. People are being discharged into homelessness and abusive situations with no supports” – young person, female, 19 years*

*“It was an easy, and kind way to seek help and begin my track between different services to get the help I needed. I knew something was wrong but I didn’t know where to start. headspace was that starting place.” – young person, anonymous*

<sup>91</sup> Orygen and headspace (2019). Submission to the Productivity Commission’s Inquiry into Mental Health, Orygen and headspace.

<sup>92</sup> Ibid.

## Service integration

Young people need a high-quality, standardised, trusted and integrated mental health system. Integrating services into a cohesive system is a key factor in improving health outcomes and is a priority for Commonwealth and State and Territory Governments in Australia. Across all health services there is a need to:

- reduce service fragmentation
- improve coordination and partnerships between services
- align financial incentives for providers
- ensure monitoring, evaluation and feedback to guide continuous improvement
- focus on clients and empower clients to be partners in their care.<sup>93</sup>

One of the key drivers behind the establishment of headspace was to support greater integration and coordination of services for young people.<sup>94</sup> The need for an integrated, coordinated mental health system has not changed and headspace continues to be the essential national platform through which this can be achieved.

## Funding arrangements

Funding structures should be designed in a way that recognises the role of universal and secondary public health interventions, reducing strain on more expensive tertiary health services.

Funding mechanisms in primary care are a continual topic of discussion, including in the Productivity Commission's Draft Report. The Grattan Institute suggests that 'funding, organisation and management of primary care has not kept pace with changes to disease patterns, the economic pressure on health services, and technological advance'.<sup>95</sup>

Existing headspace funding arrangements have been established in order to enable equitable access to mental health support for young Australians. Current arrangements see Federal Government funding provided to PHNs for regional decision-making in order to support contextual, regional headspace centres. headspace clinicians can see young people through mental health treatment plans (MHTP) funded through the MBS. headspace centres are also funded through a range of grants and opportunities provided by PHNs. This highlights that headspace is a core foundation at the local level to build on other youth mental health initiatives requiring the engagement of young people.

As outlined in our first round joint submission<sup>96</sup> to the Productivity Commission, there are numerous challenges caused by current funding arrangements for headspace. For example, there are limits on the number of sessions through the MHTP, and there is no funding to enable family and friends support or participation in treatment. Further, current funding arrangements are contributing to the existence of the 'missing middle' because services are almost entirely unfunded to provide services to this group. Combined these funding issues lead to a range of unintended consequences, including that young people 'ration' their 10 visits allowed through the MHTP, as opposed to accessing services as needed.

In the context of a disparate mental health system, as noted by the Productivity Commission the broader mental health system remains fragmented. Short term funding agreements in community mental health and psychosocial services are leading to 'short termism', including introducing a degree of uncertainty in terms of the longevity of programs. This can lead to concern in consumers and staff alike, as was noted by the Productivity Commission, 'based on short contract cycles, which make it harder to deliver quality services on a continuous basis to people'.<sup>97</sup>

## Commissioning

Services should be commissioned in a way that reduces young people's access barriers, enables better transition between services, and does not involve 'reinventing the wheel' or duplication of effort and cost. Commissioning headspace centres to provide local youth mental health services, supported by a national body that oversees quality and supports capacity building, overcomes fragmentation of services.

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<sup>93</sup> NSW Department of Health, NSW (2014). State Health Plan: Towards 2021. New South Wales Government.

<sup>94</sup> McGorry, P., Tanti, C., Stokes, R., Hickie, I.B., Carnell, K., Littlefield, L.K. and Moran, J. (2007). headspace: Australia's National Youth Mental Health Foundation — where young minds come first. *Med J AustMedical Journal of Australia* 187 (7): S68.

<sup>95</sup> Swerissen, H., Duckett, S. and Moran, G. (2018). Mapping primary care in Australia. Grattan Institute.

<sup>96</sup> Orygen and headspace (2019). Submission to the Productivity Commission's Inquiry into Mental Health, Orygen and headspace.

<sup>97</sup> Productivity Commission (2019). Mental Health, Draft Report Volume I. Commonwealth of Australia. Pg. 44.

The current approach provides certainty for young people in that they know and trust headspace, as well as supporting the attraction and retention of youth mental health clinicians who are provided some assurance in terms of the permanency of their employment.

Another reason behind the initial establishment of headspace was the recognition that existing primary care and specialist mental health systems were failing young people because they were not youth-friendly environments.<sup>98</sup> Each headspace centre provides young people with an avenue to seek help in a non-stigmatising way. This model gives them agency, it empowers them, and builds their capacity to understand their own mental health and take ownership of their treatment and recovery. Empowering young people in this way leads to improvements in their mental health, as well as providing broader social capital benefits. headspace is unique in providing a platform for young people in a way not possible via alternative commissioning models.

### **Rebuild or Renovate – Considerations**

headspace is neutral on any changes to State and Federal Commissioning arrangements, however, what we would emphasise is the need for a stepped approach to structural reform in the mental health sector.

In addition, to keep young people at the centre of allocative decisions on resourcing, we would recommend youth advisory councils (YAC) embedded in governance structures of the commissioning bodies.

It is our view that the approach should build on recent investments and support existing structures to grow in capability, and include the following considerations:

- A clear framework and guidelines should establish:
  - Roles and responsibilities of key stakeholders (government, commissioning bodies, services and consumers)
  - Governance structures
  - Processes around the commissioning, recommissioning and decommissioning of services.
- Key stakeholder buy-in is essential throughout the process of reform:
  - A strong leadership team should be established to drive and oversee change
  - Clinical leaders should contribute to establishing a clear rationale for change
  - The voice and power of people with lived experience should be amplified and leveraged in decision making at a State and Federal level.
  - headspace recommends that a YAC is embedded in the structure

The difference between regional and local commissioning should be noted; regional commissioning is not localised unless it reflects the specific, evidenced needs of neighbourhoods, towns, suburbs and cities. Structural reform will require a national infrastructure that provides oversight of monitoring and evaluation of evidence-based commissioned mental health services. Reporting requirements should be streamlined and simplified to support efficiency, appropriate resource allocation, and meaningful data analysis.

### **System reform will only work if undertaken with young people at its core**

Young people should also be engaged in the implementation of changes to the mental health system. Embedding the perspective of young people in system reform reflects an acknowledged value of listening to experts of experience when reviewing models of care. It represents a cultural shift in a sector that historically established power inequities between authorities and vulnerable communities. This shift has stimulated increased buy-in and leadership opportunities for previously disengaged individuals and increased capacity to respond to mental health consumer and carer needs in Australian communities.

Lived experience and peer support is an important element of service design and planning; youth mental health services should be youth-focused – designed with young people, for young people. Lived experience of young people in decision making should be supported at an individual, service, region (Primary Health Network), State and national level in the following ways:

- **Individual:** young people (and their family and friends, when appropriate) included and involved in the decision making about their own care and treatment plans, informed about their rights and responsibilities
- **Service:** those with a lived experience supported to provide feedback on services via surveys, committees, reference groups and working groups

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<sup>98</sup> McGorry, P. et al. (2007). headspace: Australia's National Youth Mental Health Foundation — where young minds come first. *Medical Journal of Australia* 187 (7): S68.

- **Region (Primary Health Network):** young people supported to participate in regional committees and networks that discuss community needs in health planning
- **State and National:** peak state and national health agencies engage young people in developing policies and programs to develop appropriate health services.

headspace strongly urges the Commission to undertake further engagement with young people and their family and friends prior to the release of the Final Report.

*“Youth participation is really empowering. It helps empower yourself to understand your feelings better, communicate them better, and know what makes you feel better” – young person, female, 22 years*

*“Not only as a client of headspace, but being involved with the headspace Youth National Reference Group and in my local youth reference group has given me a little bit more faith in myself, and has let me be a little bit more okay with who I am as a person” – young person, male, 18 years*



# PART B: headspace response to Draft Recommendations and Information Requests

Recommendation	Supported/contested	headspace response
<b>1. MODES OF SERVICE DELIVERY</b>		
<b>1.1. Navigation platform</b>		
10.2	Supported	<ul style="list-style-type: none"> <li>• Consultation with key stakeholders (General Practitioners and school staff, etc) is key in establishing effective referral pathways.</li> <li>• A number of PHNs currently use scalable online navigation platforms to support referral pathways and disseminate appropriate resources and support materials.</li> </ul>
10.3	Supported	<ul style="list-style-type: none"> <li>• The General Practitioner is best placed to develop the single care plan. However, the scope and remit of a 'single plan' needs to be defined.</li> <li>• An MBS item should be developed to enable clinicians and support staff, including mental health nurses and care coordinators, to support the preparation, oversight and revision of the plan.</li> </ul>
10.4	Supported	<ul style="list-style-type: none"> <li>• In the context of General Practitioner shortages, effective care coordination and assertive outreach can support young people in accessing timely and appropriate care.</li> <li>• The MHNIP model of support and case management evidences how mental health nurses can provide ongoing support to young people with extensive mental health difficulties across multiple sessions.</li> </ul>
<b>1.2. Telehealth</b>		
5.1	Supported	<ul style="list-style-type: none"> <li>• MBS funding for psychiatrists to support General Practitioners would most likely yield benefit. However, this would need to be premised on a shared understanding of the complexity of mental illness and would require considered implementation planning in order to realise these.</li> </ul>
5.7	Supported	<ul style="list-style-type: none"> <li>• The provision of mental health services via telehealth can be efficacious. However, there are a number of factors which can impact on the effectiveness of treatment delivered in this way.</li> <li>• Telehealth should only be utilised as a treatment modality in the instance that this is the optimal treatment medium for the young person. It should be delivered as part of a treatment and care plan that has been designed aligned with the needs of the young person and in conjunction with key services actively engaged in the young person's care.</li> </ul>

Recommendation	Supported/contested	headspace response
7.2	Supported	<ul style="list-style-type: none"> <li>• Telehealth is a viable and valuable option for many communities and should be broadened to be a highly accessible option throughout regional and remote Australia.</li> </ul>
<b>1.3. Online</b>		
6.1	Supported	<ul style="list-style-type: none"> <li>• Online platforms can be leveraged to provide highly accessible support options for young people with a diverse range of needs, however hard-to-reach populations may not have capacity to access online services.</li> <li>• Content on headspace's self-help portal and interactive decks can be expanded to support young people to understand their own mental health and their treatment options.</li> <li>• Online interaction with Peer Moderators may further support young people as they navigate their options.</li> <li>• Many high intensity clients are accessing teleweb options and this cohort appears to be growing.</li> </ul>
6.2	Supported	<ul style="list-style-type: none"> <li>• Collaborative care planning can be supported by sharing outcome measures between mental healthcare practitioners, General Practitioners and allied health professionals involved with a young person.</li> <li>• With consent from the young person, the care plan and other relevant materials could be shared between practitioners.</li> </ul>
<b>1.4. Group therapy</b>		
5.5	Supported	<ul style="list-style-type: none"> <li>• Group therapy sessions are an economic way of delivering low intensity intervention; fewer practitioners are required to provide care to a larger cohort of mental healthcare consumers. The rate of uptake and provision of such services can be enhanced in the Australian context.</li> <li>• The minimum number for group therapy sessions should be reduced from 6 to 4, with fewer being required to attend the session. This may enhance group session accessibility for a wider range of young people (including those experiencing social anxiety).</li> <li>• Current MBS arrangements provide inadequate remuneration for therapy sessions exceeding individual session length. Creating new MBS items for longer sessions may incentivise practitioners to deliver group therapy sessions.</li> </ul>
<b>1.5. Psychological therapy</b>		
5.4	Supported	<ul style="list-style-type: none"> <li>• A tiered approach to the number of sessions provided to young people is warranted; headspace clinicians identified 10 sessions as being insufficient to address the needs of some young people experiencing complex comorbidities, difficult living situations, or complex low prevalence conditions.</li> <li>• A tiered approach to session allocation means young people can access the appropriate intensity of treatment according to their needs. Young people accessing more than 10 sessions should receive coordinated care management and family sessions.</li> </ul>

Recommendation	Supported/contested	headspace response
IR5.1	-	<ul style="list-style-type: none"> <li>In principle, headspace agrees with the Commission that there is a need to increase the presence of low intensity options in mental health services. This should be explored as an addition to clinical services rather than a (cheaper) replacement for mental health professionals. There is a role for both peer and clinical support across the appropriate care pathway.</li> <li>headspace strongly supports the integration of peer workers in headspace services. headspace National is currently undertaking a peer support project which will result in the development of a peer work framework and training for peer workers and their supervisors across the headspace network. Many headspace centres employ peer workers who are involved with community awareness/development activities, and the delivery of low intensity interventions to young people and families (e.g. groups; brief interventions; psycho-education and advice about the system of care).</li> <li>Additional funding for headspace centres would allow them to employ both family and youth peer (support) workers, in order to support the delivery of low intensity interventions.</li> </ul>
<b>1.6. Work and study</b>		
14.2	Supported	<ul style="list-style-type: none"> <li>headspace strongly recommends the inclusion of online personalised work, study and careers support (as separate to a peer support program).</li> <li>A recent evaluation of the online headspace Work and Study trial clearly indicated considerable return on investment for government and value to the young person due to its accessibility and youth friendly platform.</li> <li>Online services can be easily misunderstood as not being person centred, headspace therefore emphasises that online services can have a personalised case management approach, using dedicated specialists to regularly engage with small caseloads of young people.</li> <li>'Digital First' is a solution identified for jobactive participants, yet has no interaction with a support person and cannot be misconstrued or be replaced with online personalised support. This is a clear and important distinction to make, as there exists untapped potential for effective online solutions in this space.</li> <li>Another common misunderstanding is that online services are not localised. headspace has developed its online service to build strong partnerships with local community services, employers, employment services and health organisations. An example is the close relationship between the online Work and Study Service and the 31 Local Learning and Employment Networks across Victoria who all have strong connections with local industry, employers and training institutions.</li> <li>The evaluation of headspace Work and Study suggested that there is considerable merit in online personalised employment support and indicated that this model should be further replicated and refined. A strength of the approach is the benefit for people living in regional areas or with limited transport, and those living with social anxieties due to its flexibility and reach, its youth friendly platform and its capacity to be anonymous. This model could be easily expanded or emulated across other fields i.e. juvenile justice, homelessness etc. as online,</li> </ul>

Recommendation	Supported/contested	headspace response
		<p>personalised services provide a unique opportunity to support vulnerable cohorts when implemented appropriately.</p>
14.3	Supported	<ul style="list-style-type: none"> <li>• Eligibility for IPS employment support should not be limited to individuals receiving welfare payments. The IPS program should be extended to support individuals accessing community mental health services who are underemployed or at risk of unemployment across every headspace centre.</li> <li>• There is scope for IPS specialists to be employed by mental health services to deliver the program. Implementation will require coordination and technical support. Centralised program management at a regional level will support efficiency.</li> <li>• Currently, 24 headspace centres provide co-located IPS workers supporting the holistic model.</li> </ul>
IR14.1	-	<ul style="list-style-type: none"> <li>• headspace supports the recommendations provided in the Draft Report with regards to Employment Support Assessment Measures. headspace experiences high numbers of vulnerable young people presenting to their employment support programs who have been inaccurately assessed as Stream A and are receiving minimal supports with jobactive services. This problem will potentially be exacerbated with 'Digital First' and 'self-service' approaches that eliminate meaningful engagement with service providers.</li> <li>• headspace would recommend that all assessment measures be reviewed and updated with the engagement of young people. This would ensure that the questions and the language used would provide the best possible opportunity for a young person to comfortably explain their mental health status.</li> <li>• headspace would be willing to assist the Government in this review. Currently, assessment tools are not accurately assessing young people who are experiencing mental health related barriers to employment. 75% of all mental health disorders first emerge by the time people are 25 years of age. However, many people do not have a formal diagnosis by this stage. Issues that result in an inaccurate assessment include: stigma, labelling, fear of personal impact of long-term government records, lack of awareness of their current mental health condition, and limitations with approaches that prioritise diagnosis rather than symptom alleviation.</li> </ul>
<b>1.7. Low intensity support</b>		
Expanding low intensity clinician-supported online treatment and self-help resources for young people	Supported	<ul style="list-style-type: none"> <li>• Young people should have the option of using evidence-based digital technologies, however this treatment needs to be coordinated within their face-to-face care and should only be available for young people who want to engage with online treatment options.</li> <li>• The implementation, delivery and outcomes of clinician-facilitated online support for young people should be monitored and evaluated to identify success factors, barriers, and impact.</li> <li>• The headspace appropriate care model aligns a young person's unique set of circumstances, needs and preferences to an appropriate, evidence-based intervention. This model advocates for concurrent support for identified physical health, alcohol and other drugs, education/vocation, and risk of harm needs.</li> </ul>

Recommendation	Supported/contested	headspace response
<ul style="list-style-type: none"> <li>We acknowledge the importance of low intensity services but they are not the only appropriate treatment pathway for young people. Appropriate care is about matching the right type and degree of care or intervention to a young person's changing needs and unique preferences.</li> </ul>		
<b>1.8. Moderate intensity support</b>		
<p>Online therapy complementing specialist treatment for schizophrenia and bipolar disorder</p>	<p>Supported</p>	<ul style="list-style-type: none"> <li>Digital and telehealth may provide efficient support to young people experiencing schizophrenia or bipolar disorder, who are accessing clinical treatment. These platforms: <ul style="list-style-type: none"> <li>support efficient and effective allocation of highly-skilled resources to vulnerable and hard-to-reach populations</li> <li>can foster positive peer connections between mental healthcare consumers</li> <li>offer options that complement and support face-to-face clinical therapy.</li> </ul> </li> <li>Supported online therapy may be complementary to specialist treatment, as long as it has been determined to be an appropriate treatment modality for the young person in the context of their individual needs and treatment plan.</li> <li>It is important that digital and telehealth support continues to be appropriately resourced with skilled clinicians. Further, content and usability should evolve in line with emerging evidence and technology.</li> </ul>
<b>1.9. Cost effectiveness</b>		
<p>Assertion that headspace is not as cost-effective as Better Access</p>	<p>Contested</p>	<ul style="list-style-type: none"> <li>The suggestion that the provision of Better Access services is more cost-effective than headspace does not consider: <ul style="list-style-type: none"> <li>the majority of consultations delivered in headspace centres are funded through Better Access</li> <li>the cost of Better Access services encompasses the 6+4 sessions provided, but no infrastructure costs. These costs are borne by the consumer, who is required to pay out of pocket co-payments</li> <li>headspace costs encompass the cost of care, ongoing and adapting wrap around support, infrastructure, and youth focused service with appropriate clinical governance frameworks. This means that most consumers are not required to make out of pocket payments to receive care.</li> </ul> </li> <li>Current data that is collected by headspace does not reflect the full range of client interface, in particular the time spent on phone calls, follow-up, warm referrals, and support to family and friends.</li> <li>As noted by the Productivity Commission, there is little evidence to demonstrate the overall effectiveness of the Better Access program. Therefore, it is difficult to evaluate performance of headspace relative to this program. Better Access should be further evaluated to determine effectiveness, as recommended by the Productivity Commission.</li> </ul>

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>● In relation to the cost-effectiveness of headspace, recent research by Deloitte Access Economics showed the following:               <ul style="list-style-type: none"> <li>- <b>Increased productivity:</b> based on headspace data collected from 2015 to 2019, employed young people who experienced an improvement reported being able to work for an average additional 8.2 days annually at the end of their treatment compared to the start of their treatment – resulting in an additional average 39,713 days worked per annum due to reduced absenteeism. The effect of reduced presenteeism – headspace clients working more effectively while at work – is estimated to increase productivity between 0.6% and 1.2%.</li> <li>- <b>Cost savings to government:</b> by seeking care at headspace, young people may avoid needing to seek care at a hospital. The savings for government as a result of fewer ED presentations or hospitalisations due to engagement with headspace are estimated to reduce the cost of mental health services to government by between \$7.5 million and \$11.9 million (2018-19 dollars) over five years.</li> <li>- <b>Reduced need for informal care:</b> There were approximately 59,917 informal mental health carers for those aged 12-25 years in Australia in 2019, 5,648 of whom are estimated to care for a young person in headspace. This does not have financial costs, but it does have economic costs, as it takes away the time that informal carers can spend time on work or leisure. By helping to reduce the requirement for informal care through reducing the severity of mental health conditions, it has been estimated that headspace’s services may save between \$122.1 million and \$193.5 million in informal care costs annually.<sup>99</sup></li> <li>- <b>Broader economic benefits:</b> the direct economic contribution of headspace, both as a national body and through the network of centres, was found to be worth \$173.3 million in GDP in 2018-19. Indirect economic activity was found to be worth \$57.1 million in GDP in 2018–19.<sup>100</sup> It is estimated that over the last five years, headspace clients more fully engaging in the workforce increased GDP by between \$74 million and \$100 million in net present value (NPV) terms (in 2018–19 dollars). This is up to an additional \$100 million than what would have otherwise been the case if those clients did not report any positive change in their work and mental health outcomes.<sup>101</sup></li> </ul> </li> </ul>
<b>1.10.</b>	<b>Matching headspace funding to stepped care</b>	
5.3	Strongly contested	<ul style="list-style-type: none"> <li>● headspace is strongly against the inclusion of this recommendation as youth mental health services should align with individual needs and not be driven by arbitrary targets</li> <li>● It is premature to be setting targets because there is no evidence base for where the target should be set.</li> </ul>

<sup>99</sup> Deloitte Access Economics (2020). The Economic and Social Value of headspace. Unpublished.

<sup>100</sup> Ibid.

<sup>101</sup> Ibid.

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>• headspace is concerned that targets will result in inappropriate care for young people. It is our view that low intensity services are not appropriate care for the myriad of young people who seek services at headspace especially those who fall into the ‘missing middle’ category</li> <li>• The headspace appropriate care model aligns a young person’s unique set of circumstances, needs and preferences to an appropriate, evidence-based intervention. This model advocates for concurrent support for identified physical health, alcohol and other drugs, education/vocation, and risk of harm needs.</li> <li>• We acknowledge the importance of low intensity services but they are not the only appropriate treatment pathway for young people. Appropriate care is about matching the right type and degree of care or intervention to a young person’s changing needs and unique preferences.</li> <li>• This Draft Recommendation will create arbitrary targets for the young people’s care and is inconsistent with requirements placed on other providers of youth mental health care across the system.</li> <li>• The introduction of referral targets does not consider a number of existing and emerging factors: <ul style="list-style-type: none"> <li>• existing headspace centres are already stretched</li> <li>• some regional areas have limited appropriate youth mental health services. Constraining services to either low or high intensity services may exclude young people from accessible healthcare.</li> </ul> </li> <li>• Productivity Commission Draft Recommendation 17.5 aims to improve the capacity of schools to support more young people with mild or emerging mental health concerns. This means that young people with low intensity needs will be better supported through their school. This increases the likelihood of headspace centre presentations requiring moderate to high interventions to meet severe or complex needs.</li> <li>• Successful referral to appropriate care will rely on enhanced investment in specialist and primary care services, improved resourcing for tertiary mental health services, and a strengthened headspace centre model.</li> </ul>

**2. SETTINGS-BASED ENGAGEMENT**

**2.1. Family and carers**

13.3	Supported	<ul style="list-style-type: none"> <li>• Families and friends play an integral role in supporting emotional function and maintaining post intervention improvements in young people. It is therefore important for these stakeholders to be engaged in the young person's mental health management or recovery journey.</li> <li>• Ideally, in the current 10 session model, family and friends should be integrated into the care of young people – i.e. in 1-3 sessions, family and friends can join the individual appointment for the last 10-15 minutes.</li> <li>• Appropriateness of family and friends approaches will need evaluation using qualitative and quantitative methods including family and friends satisfaction. Findings should inform service modifications.</li> </ul>
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Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>headspace encourages the Productivity Commission to recommend a trial and evaluation of one dedicated family-focused practitioner to the youth mental health sector, ACCHO organisations and every headspace centre.</li> <li>headspace endorses an amendment to the MBS schedule to subsidise mental health professionals providing family therapy both within the young person's mental health treatment plan and four sessions without the young person present.</li> </ul>
22.3	Supported	<ul style="list-style-type: none"> <li>Consumers, carers and families provide valuable insight on the quality, effectiveness, accessibility and appropriateness of mental health services. Non-tokenistic, meaningful engagement with young people and their families and friends is being demanded and reflected in the mental healthcare system and should be considered the gold standard in participation in the mental health system. headspace has benefitted, first hand, from the value of collaborating with young people and their families and friends to ensure that services are informed by the people accessing them.</li> <li>Young people require specialised support to amplify their voice. Targeted support should be provided to ensure the perspective of a diverse range of populations is captured. Capacity will need to be built within the existing workforce to listen to, and engage with, young people and their perspective.</li> <li>The NMHC should monitor and report on the nature of consumer and carer participation within the sector (headspace uses the IAP2 framework to monitor consumer participation in decision-making).</li> </ul>
IR3.2	-	<ul style="list-style-type: none"> <li>headspace does not collect data on out-of-pocket expenses. However, headspace is aware that APA and AASW recommend family treatment sessions to be charged at the same rate as individual sessions, but not subsidised by MBS.</li> <li>This means that low to moderate income earners have limited access to mental health services.</li> <li>This drives demand and long waitlists for free or low-cost services like headspace, reducing accessibility and engagement. On top of a gap payment, young people and families incur a loss of income while attending therapy sessions.</li> <li>headspace recommends that services for young people remain free or low cost as cost is a significant barrier to help-seeking for young people.</li> </ul>
<b>2.2. Early childhood</b>		
17.1	Supported	<ul style="list-style-type: none"> <li>The scope of perinatal data collection should be extended to mental health screening. This will support the identification of perinatal mental illness and referral to appropriate services.</li> <li>This is particularly important for young parents precluded from accessing school mental health supports recommended by the Productivity Commission.</li> </ul>



Recommendation	Supported/contested	headspace response
17.2	Supported	<ul style="list-style-type: none"> <li>● headspace acknowledges the risk of labelling, stigma and expectations of mental health in young people. A young person's experiences and mental health in their foundational years significantly impact mental health and wellbeing in later years.</li> <li>● For this reason, early childhood educators and carers (ECECs) should receive preservice training in social and emotional development and wellbeing. This should seamlessly link to capacity building activities in primary schools.</li> <li>● Further, state/territory departments of education should ensure that ECECs have ready access to support and advice from qualified mental health professionals.</li> </ul>
17.3	Supported	<ul style="list-style-type: none"> <li>● A nationally consistent approach to supporting social and emotional development at schools is required.</li> <li>● Pre-service and professional learning should incorporate trauma-informed practice.</li> <li>● Objectives and key stakeholder roles and responsibilities should be clearly defined when mapping program and policy design, implementation, and monitoring and evaluation. These stakeholders include, but are not limited to, health and education departments at national and state/territory levels, state/territory education systems, and schools.</li> <li>● This will help reduce confusion and duplication of efforts across the health and education systems.</li> <li>● Design, implementation and tools should be informed by findings from Social and Emotional Learning successfully implemented in schools.</li> <li>● An expert panel should be established to discuss how remoteness and complex contexts, health, and cultural diversity are reflected in program guidelines.</li> <li>● Regional networking should be facilitated to ensure schools work together to support young people and their families across key transition points that may expose vulnerability.</li> <li>● There are a number of contextual factors to consider in the design and implementation of programs and policies: <ul style="list-style-type: none"> <li>- capacity building in the existing workforce to assist teaching staff to respond to student needs</li> <li>- capacity building should have a strong focus on developmental stages and include basic skills for supporting students, including psychological first aid and Suicide Gatekeeper training for leaders and educators in secondary schools</li> <li>- it is possible that the stepped care model of mental health could be mirrored in the tiering of roles and responsibilities within schools</li> <li>- the culture and environment of schools and how these may complement or compromise the implementation of a social and emotional development program. Specifically, physical environments; disciplinary and</li> </ul> </li> </ul>

Recommendation	Supported/contested	headspace response
		<p>student management approaches; student and family participation strategies; and processes and practices for facilitating transitions within and between educational settings, should be considered.</p> <ul style="list-style-type: none"> <li>Integrated frameworks which consider intrapersonal, interpersonal, and cognitive competence should be considered in this context, for example - Collaborative for Academic, Social, and Emotional Learning (CASEL) monitoring tools, resources and rubrics could be leveraged for implementation and monitoring<sup>102</sup></li> </ul>
17.4	Supported	<ul style="list-style-type: none"> <li>Schools and teaching staff should make reasonable adjustments to ensure young people experiencing mental illnesses can participate and remain engaged in learning. In doing so, it is important that staff do not: <ul style="list-style-type: none"> <li>assume students cannot flourish if their mental illness is classed as a disability</li> <li>contribute to stigma or undue lowering of expectations of student achievement.</li> </ul> </li> <li>Accordingly, it is important that: <ul style="list-style-type: none"> <li>training should be nationally consistent, but tailored to reflect contextual needs</li> <li>staff training clarifies, from a strengths-based lens, the relationship between mental illness and disability</li> <li>staff understand their roles and responsibilities within a stepped care model. The New Zealand Ministry of Education has developed an accessible infographic that visually demonstrates that educators continue to support/teach students in schools as they move through the stepped care process<sup>103</sup>.</li> <li>young people experiencing mental illness are engaged in co-designing support in the school context</li> <li>adequate resources and support are provided at the crisis level of support.</li> </ul> </li> </ul>
17.5	Supported	<ul style="list-style-type: none"> <li>Student Wellbeing Leaders should be introduced in schools. Role description and provision of training and support, should be defined and rolled out in a nationally consistent manner.</li> <li>headspace endorses the key responsibilities of the role outlined on page 687 of the Productivity Commission Draft Report.</li> <li>The Leader should be trained in mental health literacy across promotion/prevention, early intervention, intervention and suicide postvention; managing risk; promoting help-seeking; psychological first aid; mental health and wellbeing within a school improvement framework/process; use of data and evidence-based programs to inform practice; supporting staff wellbeing; understanding and facilitating partnerships between schools and services.</li> </ul>

<sup>102</sup> <https://schoolguide.casel.org/> and at the community/district level: <https://drc.casel.org/practice-continuous-improvement-rubric/> See 'The CASEL Guide to Schoolwide Social and Emotional Learning' (<https://schoolguide.casel.org/>) and at the community/district level see 'CASEL District Resource Centre' (<https://drc.casel.org/practice-continuous-improvement-rubric/>).

<sup>103</sup> <https://www.education.govt.nz/assets/Documents/School/Supporting-students/Pastoral-Care-Guidelines-Te-Pakiaka-TangataNov2017.pdf>

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>The Leader should coordinate with school leadership staff to support the wellbeing of staff and young people, specifically those managing emerging or complex needs.</li> <li>The Australian Government Departments of Health and Education should jointly oversee the development of key competencies and quality assurance processes for this role to ensure both clinical and educational quality and integrity. Given the extensive range and magnitude of expectations on the Leader, it will be important for each school to have a senior leader of wellbeing supported by a teams-based approach that extends across schools and communities.</li> <li>The Australian Government should collaborate with State and Territory governments to build on the various existing roles similar to the proposed Leader role.</li> <li>Protocols should be established to support effective and consistent communication between the Leader and health professionals. This can support a shared understanding of roles and responsibilities and an informed approach to prevention, intervention, and postvention in schools.</li> </ul>
17.6	Supported	<ul style="list-style-type: none"> <li>The collection, publication and use of data should be informed, ethical and equitable. This can be supported by evolving school guidelines, as in the UK<sup>104</sup></li> <li>Activities should be reviewed through the lens of social justice, inclusion, equity and clinical safety.</li> <li>Useful and safe data sharing between schools should be considered to support key transition points (year level to year level, or primary to secondary school).</li> </ul>
18.1	Supported	<ul style="list-style-type: none"> <li>There is a significant gap in the continuity of care for young people post-school.</li> <li>As with all education transitions for young people, support should be approached from a process perspective, rather than a point-in-time. For this reason, pre-transition is required in secondary school. The Jed Foundation (USA) provides a model for secondary schools and tertiary institutions to support the mental health of young people once they are in a tertiary setting, including services, help-seeking and suicide prevention and postvention<sup>105</sup></li> <li>This has been identified as a significant gap in continuity of care from school to post-compulsory education, given the high levels of reported mental health issues amongst young people in tertiary education<sup>106</sup>. Through its work with schools in suicide postvention support, headspace has often been made aware of ex-students who</li> </ul>

<sup>104</sup> Deighton, J., Lareya, S. T., Morgan, E., Breedvelt, J., Martin, K., Feltham, A., Robson, C. (2016). *Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges*. Retrieved from <https://www.annafreud.org/media/4612/mwb-toolkit-final-draft-4.pdf>.

<sup>105</sup> <https://www.jedfoundation.org/> See 'The Jed Foundation' (<https://www.jedfoundation.org/>).

<sup>106</sup> Orygen, The National Centre of Excellence in Youth Mental Health. (2017). *Under the radar. The mental health of Australian university students*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health. Retrieved from [https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under\\_the\\_radar\\_report](https://www.orygen.org.au/Policy/Policy-Reports/Under-the-radar/Orygen-Under_the_radar_report); and Veness, B. G. (2016). *The wicked problem of university student mental health*. Sydney: Winston Churchill Memorial Trust.

Recommendation	Supported/contested	headspace response
		<p>have died by suicide but the systematic gathering of data about the study/work circumstances of those individuals has not been within scope to date.</p> <ul style="list-style-type: none"> <li>A significant concern related to this recommendation is the increasing casualisation of the teaching workforce in tertiary institutions. It is not uncommon for the number of sessional staff in a faculty to far outweigh those who are permanent/tenured. This presents a challenge in terms of providing consistent and continuous care. This is a matter that should be taken up by the Australian Government Department of Education and leaders in the higher education sector.</li> </ul>
IR3.1	-	<ul style="list-style-type: none"> <li>This information would be best provided by State and territory governments in collaboration with the Australian Government.</li> <li>However, it is important to consider not only services supporting young people with particular mental health issues, conditions or disorders, but also costs related to promotion/prevention, early intervention, intervention and suicide postvention. This includes, but is not limited to, professional learning, induction, planning and implementation of programs, parent partnerships and support, across the whole mental health spectrum.</li> </ul>
IR17.1	-	<ul style="list-style-type: none"> <li>This question is best answered by State and Territory governments in collaboration with the Australian Government.</li> <li>Existing resources for other wellbeing related frameworks, policies, and programs could be leveraged. Contextual appropriateness should be considered.</li> <li>The Australian Government should fund the role, as well as training packages to support professional development of Wellbeing Coordinators in government and non-government schools.</li> <li>A process should be established whereby non-government schools can demonstrate where they have a position in the school that could fulfil this role, have that position accredited and receive government funded training (or exemption where existing competencies and qualifications can be demonstrated).</li> <li>Alternatively, a per-capita subsidy per enrolled student could be drawn on by both government and non-government schools.</li> </ul>
IR18.2	-	<ul style="list-style-type: none"> <li>Staff should receive training in relation to mental health literacy, early intervention, help-seeking support, the challenges of transitioning from school to higher education, Psychological First Aid and suicide gatekeeping.</li> <li>Teaching staff should be informed on how to refer young people on to appropriate support that meets their needs.</li> <li>Specific training should be delivered to teaching staff communicating with young people online.</li> <li>Training should be accredited; the Federal Government could commission existing providers to develop and implement courses or modules for this purpose.</li> </ul>

Recommendation	Supported/contested	headspace response
<b>2.3. Tertiary education</b>		
18.2	Supported	<ul style="list-style-type: none"> <li>• Tertiary education institutions should implement coordinated student mental health and wellbeing strategies in collaboration with primary and tertiary mental health services.</li> <li>• Strategies should facilitate universal access mental health support, specific support for vulnerable populations, including students with complex mental health needs and international students experiencing stress around transitioning to a new country, and a suicide postvention strategy.</li> <li>• All services should be user-friendly and cater for diverse populations, including Aboriginal and Torres Strait Islander and refugee students, LGBTQI+ students and those returning to study or juggling family responsibilities.</li> <li>• Students should receive clear information on induction but also regular reminders of available support, for example through their student portal, perhaps including drop down menus of key support pathways alongside lists of academic and other support.</li> <li>• Faculty, executive and facility staff should receive practical training on how to support student wellbeing, how to converse with students experiencing distress, and specific stressors for international students.</li> <li>• Onsite counselling services can provide links to the broader health system; headspace centres and PHNs could play a key role in partnerships between tertiary institutions and the healthcare system.</li> <li>• The strategy should foster a supportive learning environment that offers tech-enabled structured and flexible support options.</li> </ul>
18.3	Supported	<ul style="list-style-type: none"> <li>• To establish a commissioning model or guidelines for on-university higher education and VET providers, it will be important to consult with key stakeholders to understand need, barriers, and existing strengths and skillsets.</li> <li>• Key stakeholders to be consulted include education providers, young people experiencing mental health issues who are participating in, have participated in, non-university courses. As well as organisations like headspace, Orygen, ReachOut, and Children of Parents with a Mental Illness (COPMI).</li> <li>• To provide appropriate levels of support to international students enrolled in tertiary institutions headspace would recommend the following reforms: <ul style="list-style-type: none"> <li>- Tertiary institution engagement with insurance companies to ensure a minimum level of coverage for international students. Visa requirements should include private health cover for access to mental health services with minimal gap fees.</li> <li>- Specific resources for international student mental health support</li> <li>- Culturally-appropriate orientation programs that engage students within a peer support network and provide information on challenges that may be faced in the initial adjustment period</li> </ul> </li> </ul>

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>- Partnerships with key service providers, such as housing, to ensure appropriate framework and response regarding student wellbeing and mental health.</li> <li>• Visa requirements should be revised to allow international students to reduce their workload should they experience mental illness.</li> </ul>
IR18.1	-	<ul style="list-style-type: none"> <li>• Tertiary institutions should actively provide online mental health services for young people.</li> <li>• Transitioning to living away from family, financial independence and balancing work and study places tertiary education students at increased risk of distress and anxiety.</li> <li>• Self-stigma and low mental health literacy can delay help-seeking. Providing flexible, online and anonymous (where possible) resources and support, including information on mental health, self-help modules, peer support and web-based counselling services, may be less confronting and more accessible to young people. This will also reduce the burden on face-to-face clinical treatment.</li> <li>• However, many students still prefer face-to-face support services when they need them. As such, online services should not be seen as a replacement for treatment or support (and not utilised as a low-intensity support replacement), and should always be used to integrate with and augment, rather than diminish, existing services.</li> <li>• Counselling services, community primary care services and tertiary mental health services should be engaged in the design and delivery of online resources and support, as well as follow-up support where required.</li> </ul>
IR18.3	-	<ul style="list-style-type: none"> <li>• At the time of acceptance and arrival, students may not have been aware of, or have experienced, mental ill-health. With the significant changes including change of culture, distance from community networks including family and friends, transition to independent living for the first time, pressure to participate in both financial employment and meet requirements of study.</li> <li>• Visa requirements prevent international students from adjusting their workload to acknowledge their mental health needs. This reduces help-seeking and access to early intervention services.</li> </ul>
<b>2.4. Workforces and workplaces</b>		
11.1	Supported	<ul style="list-style-type: none"> <li>• Service integration and collaboration between general practice and mental health services can enhance the provision and experience of care for young people with mental health needs. Specifically, co-locating general practitioners and trainees in regional mental health services like headspace can facilitate transfer of knowledge, professional support, informed referrals, and dynamic consultation.</li> <li>• Co-location can enhance the capacity of the mental health workforce in a sustainable way; extensive, comprehensive, well supported and supervised training positions for health trainees will support community and workforce capacity to respond to mental health needs.</li> </ul>

Recommendation	Supported/contested	headspace response
11.2	Supported	<ul style="list-style-type: none"> <li>• There is a noted shortage of access to psychiatric services and supervision in both regional and metropolitan areas. headspace recommends that consideration be given for an incentive program to increase the numbers of psychiatrists in youth mental health.</li> <li>• Future planning and funding models should leverage PHN capacity to engage and facilitate local and regional psychiatrist supervision of general practice and allied health professionals, and secondary consultation via telehealth.</li> </ul>
11.3	Supported	<ul style="list-style-type: none"> <li>• Accreditation and increased funding for mental health nursing can incentivise specialisation in the field. Access to specialisation could be supported via several pathways: <ul style="list-style-type: none"> <li>- Undergraduate units on emerging evidence for mental health interventions</li> <li>- Undergraduate and postgraduate exposure to clinical placements in primary and tertiary mental health settings</li> <li>- Salaried graduate roles in clinical allied health (similar to the Mental Health Graduate Nurse Program)</li> <li>- Funded places (scholarships)</li> <li>- Flexible entry pathways that allow volunteers to upskill into the profession via certificates or diplomas.</li> </ul> </li> <li>• Increasing the number of mental health nurses on the Nurses Board can promote the discipline and address stigma against the profession.</li> </ul>
11.4	Supported	<ul style="list-style-type: none"> <li>• headspace National is currently undertaking a peer support project which will result in the development of a peer work framework and training for peer workers and their supervisors across the headspace network.</li> <li>• Currently, headspace centres employ peer workers to undertake community awareness and capacity building activities, and to deliver low intensity interventions for young people and their families.</li> <li>• Additional funding for headspace centres could expand the delivery of economic, non-clinical services by a cohort of peer workers to include family and youth peer support workers.</li> <li>• Nationally consistent training and registration of peer workers through AHPRA would provide consistent and clear role descriptions and support structures within which peer workers could operate.</li> </ul>
11.5	Supported	<ul style="list-style-type: none"> <li>• While general practice awareness on the side effects of medication is important, a broader set of current gaps and learning objectives in general practice should be established in consultation with general practitioners and other key stakeholders.</li> <li>• Distinct subgroups of mental health consumers, including young people, should be engaged to share their experiences of managing their mental health needs.</li> </ul>

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>Existing and emerging evidence should inform professional development in general practice that supports an appropriate and collaborative approach to care.</li> <li>Professional development activities should leverage existing resources, including training packages.</li> <li>A formal and specialised training program for General Practitioners which leverages subject matter experts from RACGP, ACRRM, RTOs and universities should be delivered via online modules, face to face and onsite professional development.</li> <li>There is an opportunity for headspace to collaborate with mental health subject matter experts to establish a qualification that highlights an evidence-based approach to providing young people with appropriate care.</li> </ul>
19.1	Supported	<ul style="list-style-type: none"> <li>Individual mental health outcomes are impacted by workplace culture and environments.</li> <li>Young people with mental health conditions experience higher rates of bullying, harassment and exploitation in the workplace.</li> <li>Reduced agency means they are less likely to assert their rights in the workplace.</li> <li>Workplace health and safety laws should be designed and implemented to protect and improve mental health and wellbeing outcomes for young people at risk of mental illness.</li> </ul>
19.2	Supported	<ul style="list-style-type: none"> <li>Codes of practice should reflect needs of workers across a range of life stages.</li> <li>Codes should reference the employer's duty of care in regard to communicating observed mental health at work to the family or carers of workers below the age of 18 years. Specifically, whether workplace duty of care aligns with clinical guidelines or not, it is important that codes of practice respect a young person's agency and protects their mental health in a sustainable manner.</li> <li>Implementation and monitoring and evaluation guides can assist employers in creating and maintaining a psychologically safe workplace.</li> </ul>
19.3	Supported	<ul style="list-style-type: none"> <li>Workplace compensation schemes should provide lower premiums to employers who implement genuine workplace safety initiatives.</li> <li>Best practice incorporates a whole of workplace approach to enhancing culture and minimising and responding to identified and emerging risks to employee mental health.</li> </ul>
19.4	Supported	<ul style="list-style-type: none"> <li>The process of establishing proof of claim for mental health related injuries can further exacerbate mental ill-health.</li> <li>No-liability treatment for mental health related compensation claims could support young workers to receive appropriate care as early as possible.</li> </ul>
IR5.2	-	<ul style="list-style-type: none"> <li>Mental health nurses can support efficiencies to a multi-disciplinary general practice team.</li> </ul>



Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>Specifically, mental health nurses can assist with mental health assessments as well as the management, preparation, review and clinical monitoring involved with mental health treatment plans.</li> </ul>
<b>3. SPECIFIC GROUPS AND ISSUES</b>		
<b>3.1. Aboriginal and Torres Strait Islander people</b>		
20.3	Supported	<ul style="list-style-type: none"> <li>Traditional healers play an important role in supporting social and emotional wellbeing in Aboriginal and Torres Strait Islander communities. Culturally Grounded Social and Emotional Wellbeing Programs can strengthen young Aboriginal and Torres Strait Islander people's connection to community, history and culture.</li> <li>However, current funding arrangements limit the ability of mental health community services from engaging and remunerating Traditional Healers.</li> <li>The Government should consider existing and emerging evidence on best practice for establishing and maintaining partnerships to support Aboriginal and Torres Strait Islander young people. Specifically, the Government should leverage learnings from the Aboriginal Community Controlled Sector and the tertiary mental health sector regarding how they have embedded Traditional Healers into their models of care.</li> <li>Aboriginal and Torres Strait Islander young people and Traditional Healers should be consulted to provide perspective on the need and design of services. These perspectives should inform cultural competency in the non-Indigenous health workforce.</li> <li>The value of Traditional Healing practices should be recognised through the MBS and be billed in line with General Practice, Psychology and Allied Health Professionals.</li> <li>There are several members of the 20-member headspace Youth Reference Group and headspace Youth Ambassadors who identify as Aboriginal and Torres Strait Islander and are available for consultation, as well as an Aboriginal and Torres Strait Islander staff network across the headspace centre network.</li> </ul>
21.2	Supported	<ul style="list-style-type: none"> <li>Place-based suicide prevention strategies designed and implemented by Aboriginal and Torres Strait Islander communities and organisations have the potential to respond to, and anticipate, community needs. Organisations should demonstrate: <ul style="list-style-type: none"> <li>- cultural competence</li> <li>- a clear understanding of community needs</li> <li>- processes to co-design strategies with communities</li> <li>- ability to leverage evidence to design culturally appropriate suicide containment strategies.</li> </ul> </li> </ul>
IR11.1	-	<ul style="list-style-type: none"> <li>A number of mental health and community agencies preclude recruitment of staff who are not tertiary trained or eligible for registration with a professional body. This limits progression into clinical and support roles for Aboriginal and Torres Strait Islander mental health workers who hold certificate level qualifications in Youth</li> </ul>

Recommendation	Supported/contested	headspace response
<p>Work, Mental Health, AOD and Community Services. Access to Aboriginal and Torres Strait Islander Health Practitioners depends on a mental health service's engagement with GPs.</p>		
<ul style="list-style-type: none"> <li>headspace coordinates a small pilot Aboriginal and Torres Strait Islander Youth Mental Health Traineeship Program to provide education and employment opportunities for Aboriginal and Torres Strait Islander young people interested in establishing a career in the mental health sector. The Program supports young people to undertake a Cert IV in Mental Health or an equivalent course whilst providing on-the-job training for 18 months. This opportunity not only supports the individual's capacity to engage young people, it supports the development of a sustainable Aboriginal and Torres Strait Islander mental health workforce and culturally appropriate services. headspace recommends consideration be given to expanding this program.</li> </ul>		
<p><b>3.2. Culturally and Linguistically Diverse (CALD) people</b></p>		
IR6.1	-	<ul style="list-style-type: none"> <li>The demand for online support services for CALD young people must be understood before it is designed and implemented in models of care.</li> <li>There is potential for online resources, peer support work, and low intensity interventions to be delivered online as an accessible and flexible entry to help-seeking.</li> <li>However, CALD young should be consulted on mental health needs, contextual complexities, and demand for online services.</li> <li>A number of headspace centres work closely with CALD young people and communities. These headspace centres are available to be consulted on how best to provide online treatment for CALD young people. As well as these headspace centres, four members of the headspace Youth National Reference Group and two headspace Youth Ambassadors identify as CALD and are also available for consultation.</li> </ul>
<p><b>3.3. Acute mental health</b></p>		
8.1	Supported	<ul style="list-style-type: none"> <li>headspace supports the adoption of alternative approaches to foster collaborative and coordinated inter-agency assessment between the Police, Ambulance and health services of young people who are at risk or present in crisis that reduces the need to attend emergency departments.</li> <li>headspace advocates for assertive outreach and mobile crisis teams providing the link between existing services to ensure that young people do not fall through the gaps following suicide attempts and have access to the recommended aftercare support.</li> <li>headspace advocates for mutually accountable partnerships between existing providers of mental health services, that include information sharing guidelines, better linkages and referral pathway support for young people presenting in crisis. Ideally, the care offered post-suicide attempt would be based on needs following risk and clinical formulation rather than risk stratification.</li> </ul>
8.2	Supported	<ul style="list-style-type: none"> <li>The Emergency Department and adult inpatient wards are an inappropriate environment for young people when they are acutely at risk of self-harm.</li> </ul>

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>Models for peer workers should be developed and evaluated with young people e.g. integration of peer workers and mental health workers alongside paramedics.</li> <li>If a young person requires inpatient treatment, it is important that treatment is delivered in a safe and culturally/youth appropriate environment by specially-trained professionals.</li> </ul>
<b>3.4. The 'missing middle'</b>		
7.1	Supported	<ul style="list-style-type: none"> <li>headspace has estimated that 12% of young people with mental ill-health in any given year are likely to be experiencing moderate to severe complex mental health issues. This group may be missing out on appropriate care given that community and specialist mental health services do not have appropriate funding models to deliver services to them.</li> <li>This results in this 'missing middle': <ul style="list-style-type: none"> <li>presenting to Emergency Departments at crisis point</li> <li>presenting to police and/or ambulance services</li> <li>potentially disengaging with employment and education in the short and long-term</li> <li>being 'bounced' from service to service, leading to cost-inefficient duplicated clinical efforts</li> <li>falling through the cracks and disengaging from services altogether at great potential risk to their health and wellbeing</li> <li>may continue to function or be dysfunctional without any engagement with the service system</li> <li>potentially having an increased risk of suicide<sup>107</sup>.</li> </ul> </li> <li>Given the gap in available services, this 'missing middle' group are either overwhelming primary mental health services such as headspace, General Practice and Aboriginal Community Controlled Health Organisations (ACCHOs) or are landing in tertiary services, such as acute and specialist state-funded mental health services.</li> <li>Regional service planning should determine the number of public acute mental health beds in hospitals, specialist mental health community treatment services and subacute/non-acute mental health bed-based service. Adequate and aligned funding can support planners to respond to community need in a sustainable manner. Specifically, consideration of, and integration with, federally funded primary care services (including General Practice, Private Allied Health, ACCHOs and headspace) can reduce duplication and facilitate a systems approach to meeting community mental health needs.</li> </ul>

<sup>107</sup> Orygen and headspace (2019). Submission to the Productivity Commission's Inquiry into Mental Health, Orygen and headspace.

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>Additional funding should be provided to primary care services to enable care coordination and increase primary care service provider capacity to better support and link young people with complex needs to appropriate higher-intensity services.</li> </ul>
<b>3.5. Suicide</b>		
21.1	Supported	<ul style="list-style-type: none"> <li>Community organisations and health services, as well as relevant education institutions, should be engaged in the implementation of universal access to aftercare for young people.</li> <li>There should be a shared understanding of roles, responsibilities and communication protocols following a young person's suicide attempt. This will facilitate the delivery of appropriate support prior to and following discharge from a hospital or acute health service.</li> <li>Young people are at significant risk of suicide in the 3-month window following a suicide attempt. For this reason, it is critical that relevant service providers have the relevant information and support networks required to understand and support the mental health needs of a young person.</li> </ul>
21.3	Supported	<ul style="list-style-type: none"> <li>The way in which young people demand and respond to mental health treatment is significantly different to adult mental healthcare consumers.</li> </ul>
22.1	Supported	<ul style="list-style-type: none"> <li>Young people with a lived experience of mental ill-health should be engaged in developing the National Suicide Prevention Implementation Strategy.</li> <li>The design and implementation of the Strategy should reflect existing evidence of what works in suicide prevention for young people, such as sending peer support workers with paramedics to respond to acute mental health needs of young people and reduce or assist with emergency presentations and admissions.</li> <li>headspace advocates that the Strategy should: <ul style="list-style-type: none"> <li>Consider a young person's agency to select where and when they would like to access treatment</li> <li>Promote place-based and context-specific suicide prevention strategies for young people</li> </ul> </li> <li>The Strategy should provide guidelines only – in order to recognise that each young person may have individual needs and may respond to treatment in different ways</li> </ul>
<b>3.6. Stigma reduction</b>		
11.6	Supported	<ul style="list-style-type: none"> <li>Increased exposure to a range of mental health conditions can reduce stigma in the health and mental health workforce. This can enhance mental health literacy, comprehension of lived experience, and empathy in the emerging health workforce.</li> <li>Pre-service or professional development clinical placements in primary or community health services should be provided to Allied Health, nursing, medical, and other health professional students and graduates.</li> </ul>

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>Professional development should focus on contemporary mental health practice principles of shared decision-making, collaboration, empowerment, and recovery-oriented strategies.</li> <li>Training and resources should be provided by local mental health specialists, or State and Federal Government where there is limited access to local expertise.</li> <li>Placements should support, and be complemented by, interaction with mental healthcare consumer advocates, peer support workers, and family and friends supports.</li> </ul>
20.1	Supported	<ul style="list-style-type: none"> <li>A National Stigma Reduction Strategy should encompass a range of mental health literacy campaigns designed for specific audiences.</li> <li>Targeted campaigns should be co-designed with organisations who have established relationships with communities, as well as early childhood educators, primary school educators and students, secondary school educators and students, tertiary educators and students, clinicians (health and mental health), organisations (PHNs and LGAs), and State and Federal Government departments (education, health, jobs and training, and primary industry).</li> <li>headspace has led several national stigma-reducing campaigns that have been co-designed with stakeholders, in particular with young people, their family and friends. For example, <a href="#">The Big Stigma</a> was a national campaign led by headspace aimed at increasing the public's openness to having conversations about mental illness.</li> <li>headspace has collected data on what different cohorts want to know about mental health. Topics include: <ul style="list-style-type: none"> <li>how people can support their own and others' mental health, regardless of whether they have a diagnosed mental health condition or not</li> <li>what to do and say if someone you know is anxious, depressed, or at risk of self-harm.</li> </ul> </li> </ul>
<b>4. MONITORING AND EVALUATION</b>		
25.1	Supported	<ul style="list-style-type: none"> <li>headspace is a leading organisation in monitoring, evaluation and reporting. headspace has developed and implemented national data collection systems for all its main services, including the 110+ centres, 6 hYEPP clusters and eheadspace.</li> <li>These data collection systems comprise a wide range of data, including outcome data, and client and family satisfaction data. Some of the measures were developed with the input of headspace clients and family and friends to ensure that they are meaningful to consumers and carers. Notably, headspace developed measures of client satisfaction for centre clients, eheadspace clients, and family and friends of centre clients, as there were no suitable measures available. All data collections were developed through extensive consultation with service providers, clients and other key stakeholders.</li> <li>All centres and eheadspace must contribute to the national data sets through the headspace data collection system. Analytics are routinely provided through dashboard reports to service providers, centre managers, Lead</li> </ul>
25.2	Supported	
25.3	Supported	
25.4	Supported	
25.5	Supported	
25.6	Supported	
25.7	Supported	

Recommendation	Supported/contested	headspace response
		<p>Agencies and their commissioning agents about the characteristics and outcomes of young people accessing the centres and the level and types of service activity. Centres are expected to use this information and undertake their own evaluations to improve performance and engage in a cycle of continuous quality improvement.</p> <ul style="list-style-type: none"> <li>The headspace data are widely used for multiple monitoring and reporting purposes. They are used to inform individual client care and for service improvement. headspace services and PHNs receive regularly updated data reports. Data for centres are also uploaded into the PMHC-MDS. headspace has provided data for external evaluations and is in collaboration with several other agencies regarding appropriate data linkage projects.</li> <li>headspace services are also required to be involved in evaluations undertaken by headspace National and external evaluators, as required. There is a high priority placed on demonstrating outcomes to the Australian public and identifying areas for service improvement.</li> <li>As well as internal reports and reports to Government, headspace has published in academic literature, with over 15 publications describing the client characteristics, services and outcomes for headspace.</li> </ul>
25.8	Supported	<ul style="list-style-type: none"> <li>While cost-effectiveness considerations are warranted, it is noted that genuine cost-effectiveness calculations are very complex and based on many assumptions, many of which will not be evident before a program is funded.</li> <li>However, a consideration of the likelihood of cost-effectiveness should be incorporated in new programs and submissions.</li> </ul>
25.9	Supported	<ul style="list-style-type: none"> <li>Evidence and information sharing are integral to making continued gains in terms of the effectiveness of services and treatment provided to young people.</li> </ul>
22.5	Supported	<ul style="list-style-type: none"> <li>A stronger evaluation culture can support informed and efficient allocation of public funding across the mental health system.</li> </ul>
IR25.1	-	<ul style="list-style-type: none"> <li>Underutilisation of datasets can be attributed to inconsistent age breakdowns across reporting styles. This limits data comparison across datasets.</li> <li>A consistent breakdown of age groups 0–4, 5–11, 12–17, 18–24 is required for meaningful data analysis.</li> </ul>
IR25.2	-	<ul style="list-style-type: none"> <li>Consultation with youth mental health service providers, young people and their families, carers and friends is required in developing meaningful indicators of mental health treatment progress and outcomes.</li> <li>Indicators should be specifically developed for different services and should measure experience of care as well as functional and social outcomes.</li> </ul>

Recommendation	Supported/contested	headspace response
IR25.3	-	<ul style="list-style-type: none"> <li>• A formal data collection, reporting and monitoring system should be established to support the NMHC to undertake its proposed role in monitoring and reporting of mental health and suicide prevention.</li> <li>• A youth-service-centric approach should be taken to developing reporting requirements. Requirements should be nationally consistent, to support data comparison, and services required to report data should receive sufficient resourcing and training to meet requirements.</li> <li>• A secure data transfer and storage system will be required.</li> </ul>
<b>5. COMMISSIONING AND GOVERNANCE</b>		
23.3	Neutral	<ul style="list-style-type: none"> <li>• headspace is neutral on any changes to State and Federal Commissioning arrangements, however, what we would emphasise is the need for a stepped approach to structural reform in the mental health sector.</li> <li>• In addition, to keep young people at the centre of allocative decisions on resourcing, we would recommend youth advisory councils embedded in governance structures of the commissioning bodies.</li> </ul>
24.1	Supported	<ul style="list-style-type: none"> <li>• headspace supports the need for exploration of alternative models to fund mental health services. However, this would need to be undertaken in consultation with key stakeholders, as well as considering benefits and unintended consequences.</li> <li>• Should changes to the mental health funding occur, these would need to be made in the context of the following considerations: <ul style="list-style-type: none"> <li>• population growth overtime and flexibility of the funding formula to address this</li> <li>• increase in MBS item usage in an area due to a variety of issues such as disaster, community event causing trauma, distress and harm</li> <li>• variability in PHNs' allocation of funds</li> </ul> </li> <li>• National guidelines should be established to ensure consistent implementation, monitoring and evaluation of funding approaches.</li> </ul>
24.2	Strongly contested	<ul style="list-style-type: none"> <li>• headspace is strongly against the inclusion of this recommendation as it will have a negative effect on young people's help-seeking and reverse the significant gains made in the establishment of Australia's youth mental health platform.</li> <li>• Through headspace and Orygen, Australia has pioneered major reforms over the past decade in youth mental health with the development of a national youth mental health service platform. This has improved access, created novel online and digital supports and interventions; increased levels of mental health awareness and literacy among young people and reduced stigma (a key barrier to early help-seeking).</li> <li>• Globally, Australia is at the forefront of youth mental health service research, design, development and delivery. Putting this momentum at risk has serious consequences for young people.</li> </ul>

Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"> <li>● Placing the national headspace infrastructure in jeopardy is ill considered and it puts evidence-based programs that are delivered through this platform, such as the Early Psychosis and Individual Placement and Support (IPS) programs, at a high level of risk</li> <li>● Young people tell us they find it hard to seek help and a youth-oriented brand that is known and trusted offers a clear sign post for their help-seeking.</li> <li>● A more fragmented system will result in siloed service provision and this will negatively impact on young people's ability to access crucial early intervention services that have been carefully researched, adapted and delivered specifically for them. In turn, this could lead to deterioration in access to care and mental health outcomes for young people.</li> <li>● Significantly less young people will seek help in a timely manner</li> <li>● Further, there is a significant risk that commissioning new and varying mental health services will revert the system to a more siloed approach to youth mental health.</li> <li>● We therefore request the removal of this recommendation.</li> <li>● headspace National has, and will continue to, work with commissioning authorities on identifying and supporting needs in communities and enhancing or replacing services should they not be meeting community needs.</li> <li>● There is a requirement to develop the understanding of how national and local politics affects decisions and explore the long-term impact of decommissioning and recommissioning and its impact on staff retention and, more importantly, on client care and outcomes. This would allow for, as mentioned before, clear national frameworks, guidelines and procedures to be developed to support the implementation of any reform, with clear points of authorisation to drive consistency to commissioning, decommissioning and recommissioning.</li> </ul>
IR 23.1	-	<ul style="list-style-type: none"> <li>● headspace emphasises the need for a stepped approach to structural reform in the mental health sector.</li> <li>● It is our view that the approach should build on recent investments and support existing structures to grow in capability and to adapt these.</li> <li>● In addition, to keep young people at the centre of allocative decisions on resourcing, we would recommend youth advisory councils embedded in governance structures of the commissioning bodies.</li> <li>● A clear framework and guidelines should establish: <ul style="list-style-type: none"> <li>- Roles and responsibilities of key stakeholders (government, commissioning bodies, services and consumers)</li> <li>- Governance structures</li> <li>- Processes around the commissioning, recommissioning and decommissioning of services.</li> </ul> </li> </ul>



Recommendation	Supported/contested	headspace response
		<ul style="list-style-type: none"><li>● Key stakeholder buy-in is essential throughout the process of reform:<ul style="list-style-type: none"><li>- A strong leadership team should be established to drive and oversee change</li><li>- Clinical leaders should contribute to establishing a clear rationale for change</li><li>- The voice and power of people with lived experience should be amplified and leveraged in decision making at a State and Federal level.</li><li>- headspace recommends that the YAC is embedded in the structures</li></ul></li><li>● The difference between regional and local commissioning should be noted; regional commissioning is not localised unless it reflects the specific, evidenced needs of neighbourhoods, towns, and suburbs.</li><li>● Structural reform will require a national infrastructure that provides oversight of monitoring and evaluation of evidence-based commissioned mental health services.</li><li>● Reporting requirements should be streamlined and simplified to support efficiency, appropriate resource allocation, and meaningful data analysis.</li></ul>