headspace
National Youth Mental Health Foundation

headspace Plus model of care

Australian Government

Department of Health, Disability and Ageing

headspace National Youth Mental Health Foundation received funding from the Australian Government Department of Health, Disability and Ageing to develop this model of care.

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Foreword

headspace Plus and Youth Specialist Care Centres represent a significant reform to the youth mental health system and will strengthen the continuum of care by addressing well-recognised service gaps for young people with higher intensity needs.

Despite Australia's innovation in youth mental health over the last two decades, the prevalence of mental disorders among young people has increased from 26% in 2007 to almost 39% in 2020-2022 and is the highest of any age group.[1][2] A growing cohort of young people require more intensive and sustained support than can be provided through existing primary mental health care, but do not meet thresholds for acute and specialist tertiary services.[3] This cohort of young people are falling through the 'missing middle' service gap in the mental health system and are experiencing minimal or no improvement in outcomes because they are not receiving appropriate or timely care.[4]

Through 2025-26 MYEFO and following the 2025 Federal election, the Australian Government committed more than $700 million over four years from 2025-26 to deliver more free mental health services for young people aged 12 to 25 years. This includes enhancing 30 headspace centres to deliver the headspace Plus Model of Care and introducing a new network of 20 Youth Specialist Care Centres (YSCCs).

headspace Plus and YSCCs will strengthen the continuum of care and support the growing number of young people whose needs are not being met by existing services. They will provide higher intensity levels of care to complement existing services (see Figure 1) and address the well-recognised 'missing middle' gap between existing primary mental health services and state-funded acute and specialist tertiary care.

Together, headspace Plus and YSCCs complement each other to strengthen the system's ability to support young people with higher intensity needs.

headspace Plus builds on the long established and trusted headspace model, enhancing capacity to provide a greater range of holistic and specialist care for young people who need a higher level of care.

YSCCs provide specialist, multidisciplinary, longer-term care for young people with severe or emerging mental health conditions who have high complexity needs that exceed primary care, but who do not require state-funded acute and specialist tertiary treatment. YSCCs build on Early Psychosis Youth Services and extend care to a broader range of mental health conditions.

Implementation will be tailored to the unique service landscape in each area and consider local needs and gaps to ensure that headspace Plus and YSCCs complement existing services. Across the system, all services share responsibility for ensuring appropriate step-up/step-down care and for working together so young people can access the right care, at the right time.

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[1] Australian Bureau of Statistics (2023), *National Study of Mental Health and Wellbeing, 2022-2022*, accessed 13 May 2026.
[2] Australian Bureau of Statistics (2008), *National Survey of Mental Health and Wellbeing: Summary of Results, 2007,* accessed 13 May 2026.
[3] Orygen (2021), *Defining the Missing Middle*, accessed 13 May 2026.
[4] Orygen (2025), *Sector-led advice on new and/or refined models of youth mental health care: Final advice*, accessed 13 May 2026.

Figure 1. Overview of the position of headspace Plus and Youth Specialist Care Centres in the youth mental health service system

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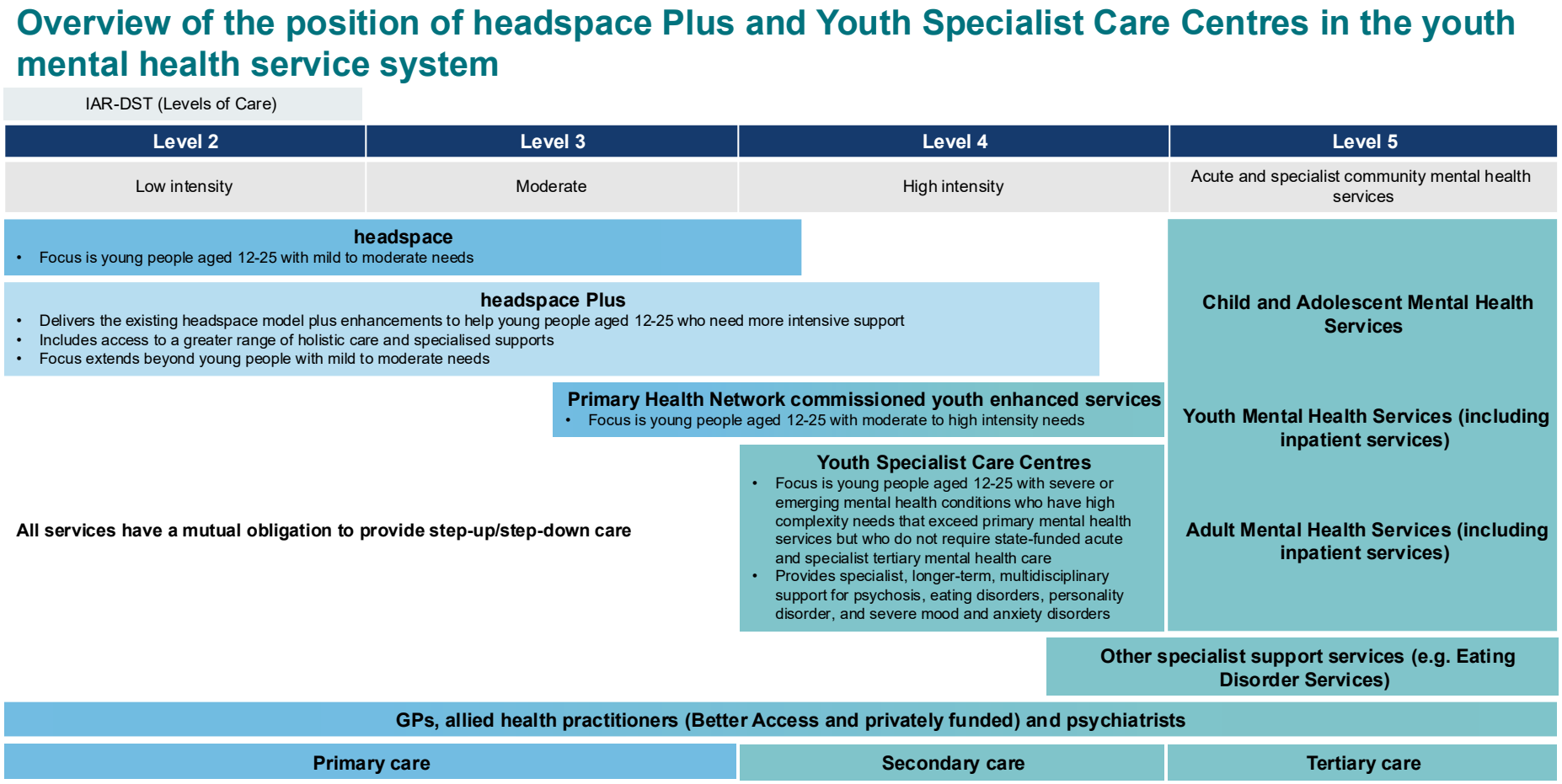


Notes: This diagram provides an indicative, generalised overview. In practice, services do not have 'hard boundaries' and may support young people with lower/higher intensity needs than what is depicted in this diagram. In particular, headspace services may support young people with higher intensity needs where other services are not available and acute and specialist community services may support young people with moderate to high intensity needs. Age ranges and level of services differ between states and territories and sometimes by location. The IAR-DST guides recommended levels of care but is always applied alongside clinical judgement.

This model of care provides a framework that will be used by Primary Health Networks, lead agencies and service partners to inform delivery of headspace Plus. It sets out the principles, intended target clients and service expectations in delivering headspace Plus. It does not include detailed operational or implementation matters as these will be worked through separately to allow services to adapt to local circumstances.

This model of care has been developed by headspace National on behalf of the Department of Health, Disability and Ageing. It has been informed by:

- advice provided by an Expert Advisory Group that includes a cross-section of key sector stakeholders
- advice provided by a Jurisdictional Working Group that includes representatives from the Commonwealth, states and territories
- a public consultation process
- targeted consultations undertaken by headspace National
- sector-led advice on youth mental health models of care that was delivered in 2025.

Context

Australia can be proud of the progression of headspace over the last twenty years, an evolution that has been led by young people. Together with communities, committed headspace teams, and other experts in youth mental health, young people and increasingly families across Australia have a shared voice and power to ensure that headspace services can meet the many needs that young people seek support for.

With thanks to the Commonwealth Government, headspace is continually innovating and improving services, working in national, state and local partnerships, building capacity, developing the workforce and responding to gaps in services. One of the most significant commitments to expanding the level of support for young people is the headspace Plus Model of Care, to be implemented through 30 headspace centres across the country.

The development of the headspace Plus Model of Care creates an opportunity to better resource the selected centres to respond to young people with diverse, intersecting and evolving needs.

The headspace Plus Model of Care has been developed through an extensive consultation process. Young people aged between 12 and 25 years, families, headspace centres and lead agencies, PHNs, State and Territory governments, youth mental health experts, and other stakeholders have generously contributed their ideas, suggestions and feedback to help develop a model of care that will grow headspace's capacity to meet more of the needs of young people and families. The consultation has also reaffirmed the commitment from headspace to help reduce stigma and help seeking barriers experienced by many young people.

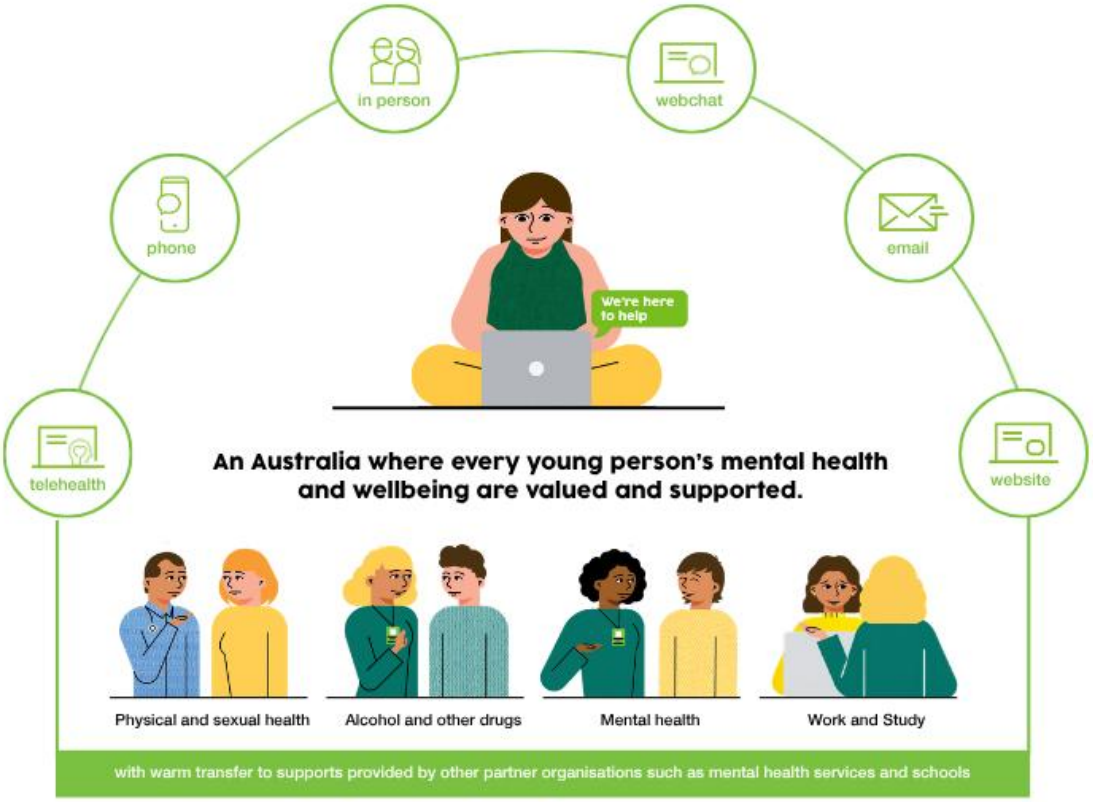
The national headspace network of 175[5] funded headspace services is located across metropolitan, regional, rural and remote communities around Australia. All services are delivered through headspace centres, with further reach to other communities in the form of satellite locations, outreach and dedicated First Nations designed services. Each centre is locally responsive and provides holistic support for young people aged 12 to 25 years, across their mental health, physical and sexual health, alcohol and other drugs, and work and study needs. Centres also provide support for families of young people. Evaluation of outcomes and the experiences of young people throughout their journey with headspace is critical to headspace's ongoing commitment to quality of care and continuous improvement.

To deliver headspace services, headspace National partners with local organisations, the lead agencies, who establish and operate headspace centres. We also partner with the 31 Primary Health Networks and the Department of Health, Ageing and Disability to commission, monitor and improve service delivery.

The national centre network is enhanced by headspace's integrated digital services. These enable young people and families to access support at times and in ways that work for them, whether that be accessing only digital services, seeking support online before accessing in-person services at a centre, or accessing digital services after-hours or between their centre-based appointments.

There has never been a more important time to develop and implement a better resourced model of care – headspace Plus.

[5] As at April 2026



"My needs changed over time, and I needed more than just one kind of support. What mattered was having a place that didn't turn me away, that could adapt with me and support all of who I am – not just part of it."

"Expand the service offerings so that centres can have the resources and skills to support young people with evolving and intersectional needs"

"Complex – not the best word for young people. Lots of the words used might be clinically accurate, but deficit focused."

A note on language

Language plays an important role in how we understand and describe people's experiences, identities and perspectives. In this model of care, we use terminology that reflects headspace's commitment to culturally safe, trauma-informed, youth-centred and family-inclusive practice.

We acknowledge that terminology preferences differ across individuals, families, communities and cultural groups. No single term will feel right for everyone, and some terms commonly used may be experienced as clinical, impersonal or not reflective of how people see themselves.

A full glossary is provided in Appendix 1: Glossary and acronyms.

Use of the term 'young person'

The term 'young person' is used here as a broad descriptor. We recognise that not all young people identify with this term. We also recognise that alternative terminology, such as consumer, participant, person with lived or living experience, survivor, or terms chosen by First Nations young people and families, may be preferred in practice.

Use of the term 'family'

At headspace, family is defined uniquely by each young person. Family is considered to be an integral part of a young person's circle of care. Family and other caregivers – whether by birth, choice, or circumstance – hold a significant role in supporting a young person by fostering a sense of belonging and connection through their shared experience. For young adolescents, family will have a key role in care, decision-making and safety; for older young people, the role of family as partners in care will evolve depending on the young person's age and development, consistent with the headspace Plus service principles and legislated requirements in each state and territory.

The term family may include parents, caregivers, siblings, partners, Elders, kin, mentors, and other community members who are viewed by the young person as people who play a significant emotional, cultural, faith-based, or other role in their life.

We also recognise that alternative terminology, including family member, carer, supporter, or terms chosen by First Nations families, may be preferred in practice.

Lived and/or living experience

The headspace Plus Model of Care uses 'lived and/or living experience' to refer to:

- **personal lived and/or living experience**: a young person who is living with or has lived with mental ill-health, psychological and/or emotional distress, trauma, neurodivergence or other mental health and wellbeing challenges
- **family lived and/or living experience**: someone who is caring for, supporting or has supported a young person who is living with or has lived with these challenges.

This reflects headspace's recognition that the perspectives of young people and family with lived and living experience are foundational to the headspace Plus Model of Care.

Young people's evolving and intersecting needs

When describing young people's needs and the types of support provided, it is common to use language such as 'complex' or 'severe' mental health needs. Often, this can be used to capture a range of needs, across acuity, severity, distress and other contextual factors (for example, describing a cohort of young people with 'complex needs').

Throughout the development of the headspace Plus Model of Care, young people and family have reflected on the impact of this description on their mental health and wellbeing. In particular, hearing they are 'too complex' or 'not complex enough' can leave young people feeling rejected,

invalidated and too demanding for their service provider. This language also fails to recognise the changing nature of young people's needs over time. Based on this feedback, we have intentionally avoided using the terms 'complex', 'complexity' or 'complex needs'.

We acknowledge young people's diverse, evolving and intersecting needs, and the importance of providing a response that meets young people's priorities and reflects their developmental, family and cultural contexts.

Youth and family participation

headspace routinely works hand in hand with young people and family with lived experience to guide the design, delivery, evaluation and continuous improvement of our programs and services. At headspace, this practice is called youth and family participation. Consistent with headspace National's approach, participation in centres delivering the headspace Plus Model of Care will include young people aged 12 to 25 years, and the following groups:

- young people and family with lived experience of mental health or social and emotional wellbeing challenges, help seeking, personal recovery, or assisting others
- priority population groups – headspace recognises the historical and continuing structural barriers faced by particular communities of young people and family. Acknowledging intersectionality, this includes but is not limited to First Nations people, LGBTIQA+ communities, multicultural communities, people with disability and those living in regional and remote areas.
- First Nations young people and family, in acknowledgement of specific roles and structures that support self-determination at headspace National.

Providing holistic care that responds to psychosocial needs and builds lifestyle skills

Holistic care in headspace centres brings together support for both psychosocial needs and lifestyle skills as part of meeting the everyday needs of young people, identified in collaboration with the young person and family. Many centres already support young people in this way, recognising that some young people may benefit from help to develop lifestyle skills to support everyday functioning and increase independence. These supports focus on building individual capacity and may include help managing sleep routines, preparing nutritious meals, exercise planning and learning about budgeting. Within this model of care, this is referred to as support for 'lifestyle skills'.

Young people accessing headspace services may also need support for psychosocial needs, such as support for managing relationships, engaging in study or employment, and securing appropriate housing. Addressing the underlying psychological and social factors that underpin psychosocial needs helps strengthen the overall mental health and wellbeing of young people, and helps foster a greater sense of connection, belonging and engagement with their community.

Blended care

Young people live their lives, seamlessly between the physical and the online worlds. In this model of care, 'blended care' refers to the delivery of care that is integrated across digital and in-person options, where young people can access integrated support via in-person, phone or online options. Centres delivering the headspace Plus Model of Care will design, build and deliver service offerings that seamlessly connect with headspace's digital programs.

Multidisciplinary teams

The headspace Plus Model of Care will be delivered by a multidisciplinary team of clinical and non-clinical staff. This will include mental health clinicians, GPs, psychiatrists, youth and family peer workers, bicultural and social and emotional wellbeing practitioners and workers, and other specialists. This workforce will have the right knowledge, skills and expertise to work together

holistically to meet the mental health and wellbeing needs of young people and families. The glossary provides more details on the roles included in the headspace Plus multidisciplinary team.

Describing headspace core streams

The headspace Plus Model of Care describes the headspace four core streams as: mental health, physical and sexual health, work and study, and alcohol and other drugs. Development of the headspace Plus Model of Care is an opportunity to consider the naming of each of the four core streams in light of the current scope of holistic care for young people and the language of young people, family and the sector. This process is underway and may result in changes to the name of one or more of the streams, such as 'alcohol and other drugs', in the future.

Executive summary

Young people in Australia are growing up in a very different world to the one that existed when headspace began in 2006. Societal, economic and technological shifts have created new challenges for young people to navigate. Along with pressures such as climate change, these have created the need for new and additional services to support young people's mental health and wellbeing. The headspace Plus Model of Care helps meet this need.

The headspace Plus Model of Care incorporates the headspace Centre Model (the 'headspace model'). headspace centres have been delivering the headspace model for two decades; successive independent evaluations have found headspace services to be accessible, engaging and effective at improving young people's mental health and wellbeing.[6]

The headspace Plus Model of Care also includes a range of enhancements across access and engagement; holistic and appropriate care; and leadership, workforce and governance. headspace Plus is also designed to enhance relationships with communities and to strengthen integration within and beyond the existing youth mental health system. Together, the headspace model and the enhancements provide a strong Model of Care that enables centres to respond more effectively to the diverse, intersecting and evolving needs of young people and family.

With additional funding, selected headspace centres will be uplifted to deliver the headspace Plus Model of Care. These centres have greater capacity to recruit a larger and more diverse workforce, employ more senior and specialist staff, and build stronger connection to communities and partnerships with local services and community organisations. This enables centres delivering the headspace Plus Model of Care to enhance their service delivery to:

- increase mental health promotion and outreach activities
- better reach young people experiencing difficulties connecting with support
- provide more holistic, specialist and integrated support for young people experiencing moderate and more severe symptoms of poor mental health
- offer more physical and sexual health services
- improve partnerships with families to support young people
- boost opportunities for youth and family participation
- reduce fragmentation and improve integration across the broader youth mental health system.

Introducing the headspace Plus Model of Care also provides an opportunity to deliver service offerings via a blend of in-person, phone and online modalities. Young people increasingly live their lives online, using apps, social media, AI and other digital technologies for their social, education, creative and wellbeing needs. The headspace Plus Model of Care provides seamless integration between digital and in-person services, and better responds to young people's online lives.

The implementation of each centre is influenced by the needs and preferences of the centre's local community, the availability and capacity of other services in their area, and their current capacity and resourcing. Centres have flexibility to build new entry points and pathways, design innovative services, and build a workforce tailored to local needs while working collaboratively with local partners to clarify roles, interfaces and shared care arrangements. Collectively, these enhancements provide young people with accessible, integrated and responsive care, while reducing fragmentation and improving continuity of care.

[6] See for example: KPMG (2022), *Evaluation of the National headspace Program – Final Report*, available at: National headspace Evaluation Final Report June 2022

PART A: INTRODUCTION

1. About the headspace Plus Model of Care

The headspace Plus Model of Care provides enhanced headspace services, offering young people and family greater engagement and access, support for more diverse and intersecting needs, and improved care navigation and integration.

Responding to the mental health needs of young people and family requires a model of care that provides accessible, holistic and integrated care across young people's physical, psychological, social and cultural needs. This needs to include community awareness and engagement, entry points that are easy and non-stigmatising, and options for in-person and digital care. The headspace Plus Model of Care is designed to provide a contemporary model for headspace service delivery, based on current evidence, practice learnings and the contributions from lived and living experience of young people and family provided through the model development consultations.

The Australian Government has committed funding for 30 headspace centres to employ additional staff and uplift their current operations to deliver the headspace Plus Model of Care. The headspace Plus Model of Care articulates these enhancements, while also reiterating principles and approaches that are essential to all headspace service delivery (such as adopting a 'no wrong door' approach and building a positive risk culture).

The headspace Plus Model of Care forms part of a package of resources that supports licencing, implementation, and evaluation of the headspace Plus Model of Care. These are described below.

1.1 Relationship between headspace and headspace Plus

The headspace Plus Model of Care incorporates the headspace Centre Model (the 'headspace model') and a range of enhancements that strengthen and improve services for young people and families.

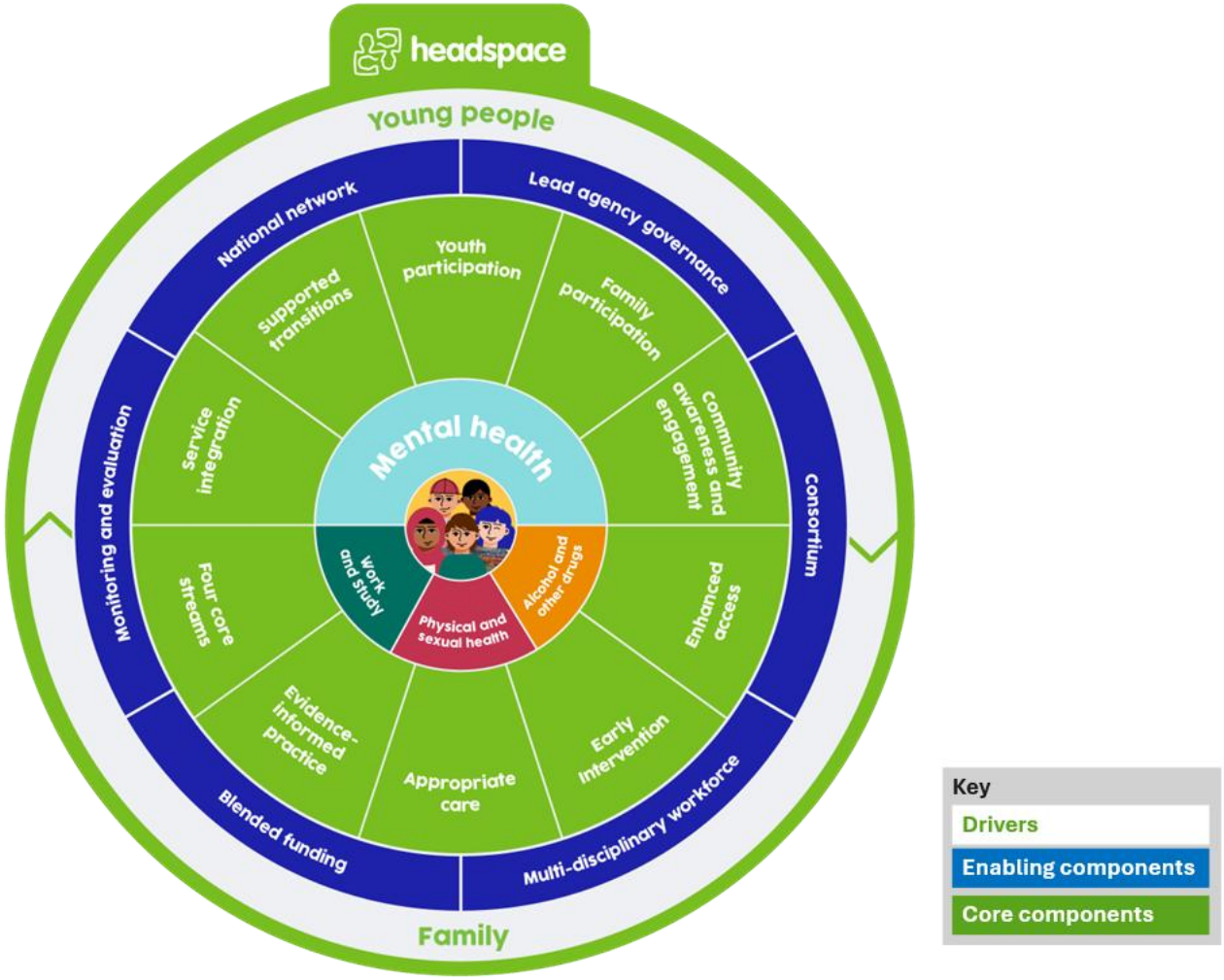
The headspace Plus Model of Care builds upon the headspace model, which has been progressively developed since 2006 with young person input at all levels.[7] The headspace model comprises 16 components: 10 core service provision components, and six enabling system components (Figure 2 or Appendix 1: Glossary and acronyms).

Independent evaluations have found that the headspace model offers well-designed, comprehensive and highly appropriate support for young people's mental health needs.[8] Given its ongoing relevance for meeting the needs of young people across Australia, the headspace model forms the base for the headspace Plus Model of Care.

[7] Rickwood, D., Paraskakis, M., Quin, D., et al, (2019), Australia's innovation in youth mental health care: The headspace centre model, *Early Intervention Psychiatry*, 13(1): 159-166.

[8] See for example: KPMG (2022), *Evaluation of the National headspace Program – Final Report*, available at: National headspace Evaluation Final Report June 2022

Figure 2. The headspace Centre Service Model



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1.2 headspace Plus Model of Care enhancements

To deliver the headspace Plus Model of Care, centres also provide a range of enhancements, in addition to the headspace model. These enhancements apply across access and engagement; holistic and appropriate care; and leadership, workforce and governance (Figure 3). More details on each of these enhancements can be found in the relevant section of the Model of Care.

There are many synergies between and inter-dependencies within the suite of headspace Plus enhancements. For example, offering a greater range of holistic supports and increasing access to specialist services is important to effectively respond to young people and family with evolving and intersecting needs, and this needs to be supported by increased community awareness and engagement activities and more pathways into and through care.

While each enhancement delivers direct benefits for young people and families, the combined impact creates the value of the headspace Plus Model of Care. Together, the headspace model and the enhancements provide a stronger model that enables centres to respond more effectively to the diverse, evolving and intersecting needs of young people and family.

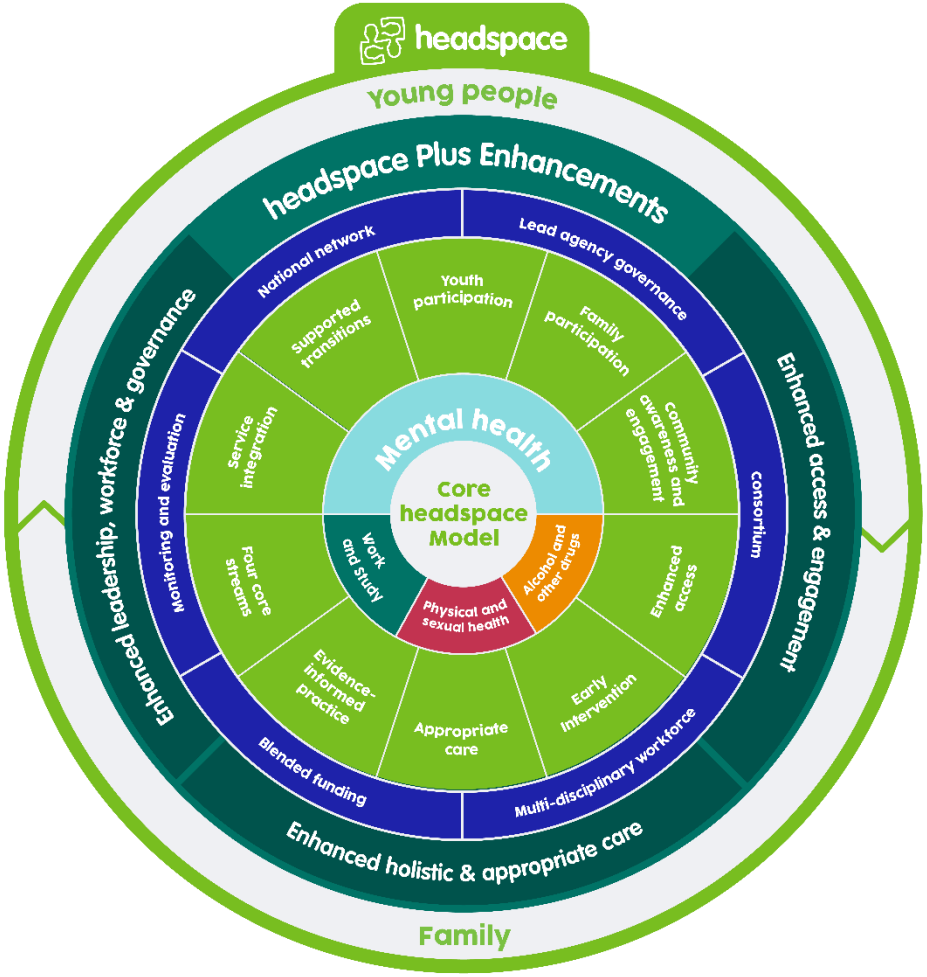
Together, the headspace model and the headspace Plus enhancements form the headspace Plus Model of Care (Figure 4).

Figure 3. headspace Plus Model of Care enhancements

Enhanced access and engagement	Deliver more community awareness and engagement, including health promotion, local service promotion, partnership development and capacity building	Section 4
	Provide additional pathways into care, including drop-in sessions, extended hours and safe third space[9] activities and programs for young people	Section 4
	Enhance service access opportunities, including via outreach and headspace digital services	Section 4
	Build enhanced partnerships with local services and community groups	Section 4
Enhanced holistic and appropriate care	Enhance access to a greater range of holistic supports to respond to psychosocial needs	Section 5
	Offer harm minimisation across alcohol and other drugs, pornography, gambling and gaming	Section 5
	Strengthen support for work and study	Section 5
	Increase access to specialist services (e.g.: support for eating disorders) and cultural supports (e.g.: social and emotional wellbeing services)	Section 5
	Expand access to physical and sexual health services, with more GPs and nurses	Section 5
	Provide additional supports to build lifestyle skills	Section 5
	Increase access to supervision and review by psychiatrists, GPs, senior clinicians and cultural specialists	Section 5
	Offer blended in-person and digital offerings, connected via the headspace system	Section 5
	Embed consistent partnership with families as part of care	Section 5
	Update practices to acknowledge the role of the online world in young people's lives (e.g.: asking about a young person's use of apps for their health and wellbeing, considering online identity in holistic care)	Section 5
	Increase opportunities for care coordination and navigation	Section 6
	Strengthen partnerships with local service providers, re-setting existing and creating new relationships, to deliver integrated care	Section 6
	Boost shared care arrangements	Section 6
Enhanced leadership, workforce and governance	Strengthen the leadership team, incorporating clinical and cultural leadership, clinical education, and integration management	Section 8
	Broaden and recruit a more experienced and diverse salaried workforce, including clinicians, youth and family peer workers, work and study specialists, family specialists, bicultural and social and emotional wellbeing workers and practitioners	Section 8
	Increase support for integration and navigation, including digital services	Section 6
	Provide more opportunities and resources for youth and family participation in service design, development and continuous improvement	Section 8
	Strengthen partnerships to provide access to integrated services to meet local needs	Section 8
	Operate as a teaching and learning centre	Section 8
	Contribute to the headspace Learning Health System	Section 11

[9] 'Third space' refers to spaces outside of home, school or work, where people can connect and interact, often informally. For centres delivering the headspace Plus Model of Care, this involves providing a youth-friendly, low pressure program, space or activity where young people can be present, interact with staff and feel comfortable visiting the centre. For more details, refer to Section 4: Access and engagement.

Figure 4. The headspace Plus Model of Care



Enhanced access & engagement

- Mental health promotion, capacity building and other community awareness and engagement
- Additional pathways into care, including drop-in sessions and extended hours
- Outreach, digital and other service access points
- Stronger partnerships with community groups

Enhanced holistic & appropriate care

- More holistic care for psychosocial needs, lifestyle skills, work and study, and physical and sexual health
- Expanded harm minimisation across AOD, porn, gaming, gambling, social media use
- Blended in-person and digital offerings
- Increase access to supervision and review
- Boost shared care arrangements
- More support for families, as partners in young people's care

Enhanced leadership, workforce & governance

- Stronger clinical, cultural and integration leadership
- More experienced and diverse workforce
- Enhanced youth and family participation
- Teaching and learning centres that contribute to the headspace Learning Health System

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1.3 headspace Good Care Framework

All headspace centres are required to deliver care that aligns with the headspace Good Care Framework, which articulates what constitutes good care for young people and family in the headspace context.

The framework applies to all disciplines and areas of practice, is informed by First Nations Social and Emotional Wellbeing practices and frameworks and serves as a foundation and linking resource to provide guidance and advice to headspace centres and services.

The headspace Good Care Framework (**Figure 5**) aligns with the headspace model and is reflected in the headspace Model Integrity Framework and practice guidance from headspace National.

Figure 5. headspace Good Care Framework

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1.4 The relationship between headspace Plus and the headspace national network

Centres funded to deliver the headspace Plus Model of Care continue to be part of the headspace national network. The headspace network across Australia comprises:

- headspace centre services (including headspace centres, satellites and outreach), lead agencies delivering headspace centre services, and the Primary Health Networks (PHNs) that commission and oversee headspace centre services
- headspace digital services
- headspace work and study services
- headspace school and community programs
- headspace workforce programs, including the Early Career Program, GP support and peer work programs

- headspace National, providing stewardship of the national network and supporting headspace services to provide safe, high quality, nationally consistent and locally responsive services.

Operating as a national network provides young people across Australia with consistent support, enables shared learning across the system, and strengthens the quality of the services delivered. Centres delivering the headspace Plus model contribute to the network, by growing and developing the workforce and sharing insights and innovations. These centres also leverage the network, including by connecting with headspace's digital programs and systems to offer young people and family blended in-person and online support (More details can be found in Section 6: Integration).

1.5 Minimum service requirements

Centres delivering the headspace Plus Model of Care are required to deliver each of the enhancements to the headspace model. The full suite of enhancements form the minimum service requirements for centres delivering this model of care.

This includes enhancements to:

- access and engagement
- holistic and appropriate care
- leadership, workforce and governance.

Figure 3 lists the enhancements in more detail. As part of the minimum service requirements, centres will need to deliver each enhancement.

Centres delivering the headspace Plus Model of Care are expected to demonstrate how they are implementing each of the headspace Plus enhancements. This includes increased opportunities for care coordination, enhanced access to a broader range of holistic supports to respond to psychosocial needs, consistent partnerships with families as part of care, stronger clinical, cultural and integration leadership and the full range of enhancements included in Figure 3.

While all of these enhancements are required, the Model of Care allows flexibility in how they are implemented. For example, each centre will design outreach activities that are appropriate and responsive to local community needs, with consideration of the availability of existing services. Further detail on how this flexibility will be applied is provided in Section 7: Flexibility and localisation.

Any risks to access, quality or safety that arise through flexible implementation will be identified, monitored and addressed through strengthened lead agency and centre governance arrangements, as described in Section 9: Safety, quality and governance. These risks will also be managed through the licencing and model certification requirements for centres delivering the headspace Plus Model of Care.

These minimum service requirements are in addition to the expectations of all headspace centres, including delivering:

- the headspace model
- care that aligns with the headspace Good Care Framework.

1.6 Licencing and model certification requirements for headspace Plus

To operate a headspace service under the headspace brand, lead agencies are required to hold a service specific headspace Trade Mark Licence Deed (TMLD).[10] All services must maintain integrity

[10] TMLD is a legal agreement outlining the requirements a lead agency must meet to operate a service and use the headspace trademark. headspace National issues the TMLD for headspace centres.

with the headspace model to hold a TMLD. Certification against the headspace Model Integrity Framework (hMIF) enables centres to demonstrate integrity with the model.

Each of these requirements includes updates for the headspace Plus Model of Care, as follows:

- **headspace Plus Schedule to the headspace TMLD:** to deliver the headspace Plus Model of Care, centres are required to adhere to the headspace Plus Schedule to the headspace TMLD, which specifies all additional requirements of the headspace Plus Model of Care. Lead agencies are required to have an executed TMLD in place prior to service commencement.
- **headspace Plus Service Type, Integrity Indicators and Evidence Guidance in hMIF**: the existing headspace Model Integrity Framework includes a new service type (headspace Plus), associated integrity indicators and evidence guidance for headspace Plus services. This ensures that upon certification, centres delivering the headspace Plus Model of Care can be appropriately assessed as maintaining its integrity, whilst maintaining alignment with the broader headspace model.

1.7 headspace Plus Model of Care outcomes

The headspace Plus Model of Care delivers a range of outcomes for young people and family in their local community (noting that centres delivering the model will not have a defined geographic catchment). This includes young people who experience difficulties connecting to care or a need for higher intensity support (or both). These young people are often from headspace's priority populations (see 2.1 Engaging with young people facing barriers to care). Table 1 shows some of the intended outcomes.

Table 1. headspace Plus Model of Care outcomes

Mental health literacy	Service access and choice
Young people, family and communities will have increased: • mental health awareness • awareness of and trust in headspace services • help seeking behaviour	Young people and family have increased access to: • timely support in ways that align with their preferences, circumstances and readiness for care, including choices in sites, locations, times, and service modalities • a wider suite of services that respond to psychosocial needs and support the development of lifestyle skills • culturally appropriate and responsive services for First Nations and multicultural young people and family
headspace experiences	**Mental health and wellbeing outcomes**
Young people and family will experience, regardless of the level of care needed: • more timely, holistic and appropriate care • coordinated and integrated service experience, including blended digital and in-person care • good care – for example, experience autonomy in their care, care is identity affirming, and care is culturally safe for First Nations and multicultural young people	Young people and family experience: • improved quality of life, including outlook on the future and connection to community • increased mental health management skills and symptom management • improved work and study participation, lifestyle skills, and physical and sexual health • reduced psychological distress and suicide risk. Health inequalities between young people will also be reduced.

Evaluation and the use of measurement-based care in the headspace Learning Health System are explored in more detail in Section 11.

1.8 Additional resources

The headspace Plus Model of Care forms part of a suite of resources and guidance that support the implementation of the new model across the headspace network. These include existing resources updated to incorporate details relevant to the headspace Plus Model of Care, and new documents such as those listed in Appendix 3: Indicative suite of headspace Plus resources and guidance. These form part of the implementation phase of the headspace Plus funding initiative.

2. Service population

Consistent with the headspace model, all young people aged 12 to 25 years can access centres delivering the headspace Plus Model of Care. This includes young people experiencing any of:

- moderate to high levels of distress
- situational concerns, such as bullying or relationship break-ups
- work and study needs, including disengagement from school or job seeking
- symptoms of poor mental health, including young people with a diagnosed mental health disorder
- physical and sexual health needs
- concerns about alcohol and other drug use, gambling, excessive gaming or social media use, pornography or other behaviours.

Across the 12-to-25-year age range, there is significant variation in young people's developmental stages and context. This requires centres to adapt access, engagement, family involvement and care planning and delivery to each young person's needs.

Centres apply a 'no wrong door' approach, where all young people are encouraged to access help and receive a respectful, engaging response that leads to appropriate support. Under the headspace Plus Model of Care, centres are better equipped to engage with young people who may be facing barriers to care and/or may need a higher intensity of support.

2.1 Engaging with young people facing barriers to care

Centres delivering the headspace Plus Model of Care are better equipped to engage with young people facing stigma or other barriers to care for their mental health, physical and sexual health, alcohol and other drug and work and study needs. The headspace Plus enhancements also enable centres to better engage with young people who are at higher risk of poor mental health. As with all headspace services, the priority populations will include:

- First Nations young people
- LGBTIQA+ young people
- young people from multicultural backgrounds
- young men
- young people who use alcohol and other drugs
- young people experiencing, or at risk of, homelessness
- young people with disability
- young people from rural and remote communities.

There may be times when a young person or their family present at the margins of the headspace 12-to-25-year age range. Centres need to respond flexibly to the developmental stage, cultural and

family contexts of each young person, and consider the availability of alternate services and the impact of not responding to the young person's needs.

For example, First Nations young people may present to a centre delivering the headspace Plus model at a younger age, often alongside family or community members. In these circumstances, services should provide appropriate support and engagement, while assisting the young person and/or family to access further supports where available.

2.2 Supporting young people with higher levels of mental health need

Through the suite of enhancements under the Model of Care, centres delivering the headspace Plus Model of Care are better equipped to provide services to young people who experience a need for more intensive mental health supports. This could be due to their level of distress, the acuity or severity of their mental health symptoms, or their social and economic situation.

The needs of young people seeking help for their mental health and wellbeing may vary over time and in a range of intersecting ways, including:

- **level of distress** – the degree of discomfort the young person is experiencing
- **acuity** – the immediacy of the young person's needs, or how urgently the young person needs a therapeutic intervention
- **severity** – the degree to which symptoms of a mental health condition are impacting a person's functioning and overall wellbeing. This is typically categorised as mild, moderate or severe, with varying levels of distress, functional impairment and impact on daily life
- **psychosocial factors** – coping skills, family and peer relationships, online experiences, and help-seeking attitudes can vary from person to person
- **social, economic and systemic factors** – these are structural factors that can influence a young person's mental health, including exacerbating poor mental health. These factors can include homelessness, family violence, or involvement in the child protection or youth justice systems
- **co-occurring conditions** – including intellectual disability, alcohol and other drug use, or neurodiversity.

Many of these considerations intersect and overlap, driving a need for more intensive support. System factors, such as service constraints that make it difficult to access care when a young person needs it, can also influence the intensity of need.

With the headspace Plus Model of Care, the headspace network is better able to respond to the needs of young people who require a higher intensity of support, whether that be due to the severity of their symptoms, social and economic factors, and/or intersecting needs (Table 2). For reference, Table 2 also indicates the young people supported by Youth Specialist Care Centres (YSCC); the relationship between centres delivering the headspace Plus model and the YSCC are discussed further in Section 6: Integration.

Table 2. Capacity to respond to the needs of young people across headspace, headspace Plus and Youth Specialist Care Centres

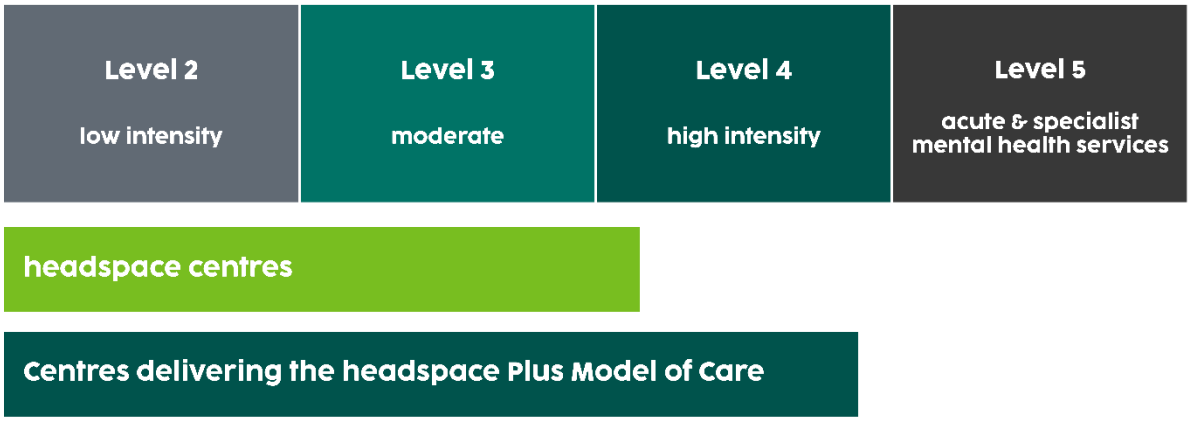
Seeking help for:	headspace	headspace Plus	Youth Specialist Care Centre
Moderate to high level of distress	✓	✓	
Situational distress or crisis	✓	✓	
Symptoms of high prevalence mental health conditions (e.g.: anxiety, depression) - low to moderate severity - moderate to high severity	✓ *(limited capacity)*	✓ ✓	
Symptoms of low prevalence mental health conditions (e.g.: eating disorders, personality disorders)	Identify and provide limited support	✓	✓
Diverse and intersecting social, economic and systemic factors	*(limited capacity)*	✓	✓

The support provided to young people can also be described in terms of levels of intensity of need, based on the recommendations used in the Initial Assessment and Referral Decision Support Tool (IAR-DST). Using this approach, centres delivering the headspace Plus Model of Care support young people who need care across levels 2 (low intensity), 3 (medium intensity) and 4 (high intensity) (see Figure 6). Service allocation decisions are not determined by diagnosis, clinical stage or IAR level alone. Decisions consider the young person's needs, preferences, risks, goals, local service availability and potential benefits of care within each setting.

The headspace model was originally designed to meet the needs of young people with mild to moderate levels of need. headspace centres often lack the staff, capacity and resources to meet all the needs and provide holistic and integrated support for young people who may need a more intense level of care. Despite this, and consistent with headspace's no wrong door approach, many headspace centres currently – and will continue to – support young people with Level 4 needs, who often present to the centre due to gaps in the mental health system.

In contrast, the headspace Plus Model of Care has been purposefully designed to support young people with a need for higher intensity of care. With the enhancements under the headspace Plus Model of Care – including the expanded multidisciplinary and specialist workforce, additional service offerings and strengthened integration – centres delivering this model of care are better equipped to respond to young people with needs from Level 2 to 4. This includes offering more opportunities for engagement, choice of services, specialist supports, and integrated care to support people who need more intense support. This in turn leads to fewer referrals to alternate services.

Figure 6. Current reach of headspace centres compared to centres delivering the headspace Plus Model of Care



Where appropriate, centres delivering the headspace Plus model provide support in a shared-care arrangement. This applies to any young person requiring statutory care under the state or territory mental health legislation. The headspace Plus Model of Care does not replace state-funded acute and specialist tertiary mental health services, disability services, specialist eating disorder services, specialist gender services, or Youth Specialist Care Centres. It strengthens headspace's capacity to provide more integrated and coordinated support while working in partnership with these services.

Centres delivering the headspace Plus model have the capacity to respond to young people with high acuity needs, similar to current arrangements for headspace centres.

2.3 Supporting neurodivergent young people with mental health needs

Neurodiversity refers to natural variation in how people think, communicate, learn and experience the world, and can include autism, ADHD and other neurodevelopmental differences. While neurodivergent young people are more likely than neurotypical young people to experience poor mental health, neurodivergence itself is not a mental illness.

Centres delivering the headspace Plus Model of Care recognise neurodivergence as a distinct design consideration across access, engagement, assessment, care planning, workforce capability and system integration. This is due to its prevalence, the frequency of co-occurring mental health needs, and the complexity of navigation across the mental health, disability and education systems to access appropriate support.

While centres delivering the headspace Plus Model of Care do not replace specialist diagnostic services, centres are equipped to recognise when a young person may be neurodivergent and to deliver neuro-affirming mental health care. Centres assist young people and families to access local autism or ADHD assessment services, while continuing to access care at a headspace centre.

2.4 Supporting trans and gender diverse young people with mental health needs

Centres delivering the headspace Plus Model of Care provide support for trans and gender diverse young people and family, who are at higher risk of poor mental health compared to their cisgender peers. Being trans or gender diverse is not a mental illness; trans and gender diverse young people

may be more likely to experience discrimination or stressful situations that contribute to an increased risk of poor mental health, self-harm and suicide.

Centres delivering the headspace Plus Model of Care provide identity-affirming care for trans and gender diverse young people, helping these young people feel safe, seen, and supported. This includes engagement and care, mental health support, social affirmation of gender and the exploration of identity and wellbeing, family-inclusive practice and care coordination. This requires a whole of centre approach to identity-affirming care. The centre may also provide peer support and the centre's GP may provide aspects of gender affirming care.

Where required, centres will assist young people and family to access specialist gender services (including paediatric, endocrinology or sexual health supports), while continuing to access care at a headspace centre. This includes providing warm referrals and offering shared care, maintaining continuity of support to the young person and family. Centres will also assist young people and family to access providers of legal and medical affirmation of gender, when required.

2.5 Support for family

Family plays a critical role in the wellbeing, safety and recovery of young people. For many young people, positive and supported relationships with family can strengthen engagement, improve outcomes and enhance continuity of care.

Centres delivering the headspace Plus Model of Care vary family involvement in young people's care in a developmental and chronological age-appropriate way that considers the young person's circumstances, recognising autonomy, preferences and decision-making capacity. Family as partners in care is the default, unless this is not safe or appropriate to do so. This includes ensuring that family, where they are supporting care, have sufficient information to participate safely in the care process.

Family involvement, consent, confidentiality and information sharing is applied in a developmentally appropriate and safety-oriented way that feels safe, culturally appropriate and meaningful. For younger adolescents, involvement of family (particularly parents or those with parental responsibility) often play a key role in care, decision-making and safety. Where family are supporting care or safety, appropriate information sharing is integral to safe and effective practice, unless a documented assessment determines this could create harm.

Centres delivering the headspace Plus model recognise that families often require their own information, guidance and support to feel confident to assist a young person. Centres will provide families with access to timely, accessible and developmentally appropriate information about youth mental health, help-seeking, recovery and navigating the broader service system. This may include psychoeducation, brief interventions, peer-led supports or referral to external family and carer services.

In recognition of the critical role family plays in young people's mental health and wellbeing as partners in care, centres delivering the headspace Plus model provide support for the family of a young person who has not attended or engaged with the centre, where this support relates to the young person's mental health and wellbeing. This could include one-on-one services, parenting programs and group programs.

Family involvement may extend to kinship networks, Elders, and community. Centres deliver support in a way that is culturally responsive, trauma-informed and inclusive of families experiencing disadvantage or system complexity. Physical environments, service processes and staff practices will support family to feel acknowledged, respected and included when attending the centre. A visible commitment to family inclusion will be reflected in centre culture, workforce capability and everyday interactions, reinforcing that family are valued partners in care.

3. Service principles

Young people have always been at the core of all headspace services, and participate in all areas of service design, development, implementation, monitoring and evaluation. Over the past 20 years, headspace has prioritised and invested in ensuring that young people's views and needs guide the growth and nature of the headspace network. The voices of young people and family continue to guide centres delivering the headspace Plus Model of Care.

Extending the headspace model, the headspace Plus Model of Care is underpinned by a set of 13 service principles. The principles incorporate young people's preferences, expectations and needs and guide all service activity (including the development of partnerships to support and guide service interfaces and referral pathways with other service providers).

The principles are adapted from the 10 principles developed by an Australian youth mental health community of practice[11]. Three additional principles (beyond those articulated by the community of practice) are included for headspace Plus, in recognition of how service delivery is evolving:

- deliver culturally safe and responsive care
- build, support and grow the headspace workforce
- embed robust quality and safety systems and processes.

Table 3 outlines the 13 principles, noting how these are reflected both in current headspace service delivery and in the headspace Plus Model of Care.

Table 3. headspace Plus Model of Care service principles

Service principle	Application of the service principle in centres delivering the headspace Plus Model of Care
Acknowledge the importance of young person-centred care that promotes choice, autonomy, and self-determination	All headspace centres: • work with young people and family collaboratively, promoting choice and autonomy and supporting young people to make decisions about their care
	In addition, centres delivering the headspace Plus Model of Care: • increase their workforce capacity to enhance young person-centred care • employ a more diverse workforce to better reflect and support young people's identities and self-determination • provide blended in-person and digital services options and other opportunities that enable genuine choices for young people in their care
Create a welcoming youth-friendly, culturally responsive and identity affirming environment	All headspace centres: • are welcoming and easily accessible • are respectful and affirming of young people's gender, cultural identity, faith, neurotype and sexuality • involve young people in the design, development and review of the service through youth participation activities

[11] Hughes, F., Hebel, L., Badcock, P., & Parker, A.G., (2018) Ten guiding principles for youth mental health services, *Early Intervention Psychiatry*, 12(3): 513-519.

Service principle	Application of the service principle in centres delivering the headspace Plus Model of Care
	In addition, centres delivering the headspace Plus Model of Care: • have increased capacity for youth and family peer work • expand and better resource youth participation, embedding this in service operations • expand community awareness and engagement • employ more First Nations/social and emotional wellbeing (SEWB) and bicultural workers • grow the workforce to better support young people's needs and context, including identity affirming care
Tailor care to each young person's developmental stage and context	All headspace centres: • provide developmentally appropriate assessment, treatment and supports • provide services across an age range that covers crucial age and developmental points, to avoid disruptive service transitions
	In addition, centres delivering the headspace Plus Model of Care: • incorporate more disciplines and specialist skill sets in their workforce • grow the workforce to better support young people's needs and context, including neurodiversity
Provide and support clinically responsive care pathways	All headspace centres: • provide prevention, early intervention, and treatment • work closely with other local service providers
	In addition, centres delivering the headspace Plus Model of Care: • increase their clinical capacity, with more senior clinicians and a broader multidisciplinary team • grow their capacity to coordinate care and support care navigation, across their teams and with other service providers • offer more service modalities, including outreach activities and blended in-person and digital service offerings
Prioritise young people who experience difficulties connecting with appropriate support	All headspace centres: • provide community engagement, awareness and outreach as core parts of service delivery
	In addition, centres delivering the headspace Plus Model of Care: • expand their outreach, flexible entry points, blended in-person and digital service offerings • tailor their service staffing and offerings (including building their youth and family peer workforce) to more closely align with local population needs – particularly cohorts underrepresented in current access of headspace • proactively expand partnerships with community groups that support priority populations
Create smooth pathways and a range of access points into services	All headspace centres: • provide community engagement, awareness and outreach as core parts of service delivery
	In addition, centres delivering the headspace Plus Model of Care: • extend their operating hours or provide local alternatives that support young people and families at times that suit • increase outreach activities • provide blended digital and in-person services supports • expand community awareness and connection opportunities
Deliver evidence informed practice	All headspace centres: • use scientific evidence, lived experience, evaluation and monitoring, First Nations-led practices, the young person's context, and practice wisdom to inform service delivery

Service principle	Application of the service principle in centres delivering the headspace Plus Model of Care
	In addition, centres delivering the headspace Plus Model of Care: • recruit more senior/experienced clinical and non-clinical staff • increase their specialist roles • enhance the use of measurement-based care • contribute to the headspace Learning Health System
Care considers the holistic needs of young people, including their psychosocial and lifestyle factors	All headspace centres: • provide support across four core streams: mental health, physical health, alcohol and other drug needs, and work and study needs
	In addition, centres delivering the headspace Plus Model of Care: • increase support for psychosocial needs and lifestyle skills, integrated with clinical service offerings • better integrate their community-based, centre-based and digital offerings
Deliver culturally safe and responsive care[12]	All headspace centres: • provide culturally appropriate assessment, formulation and intervention • are building their cultural governance capability
	In addition, centres delivering the headspace Plus Model of Care: • strengthen their cultural governance arrangements • enhance their capacity for culturally safe and responsive care • offer more social and emotional wellbeing supports for First Nations young people, in consultation with First Nations communities • offer services to strengthen the mental health and wellbeing of multicultural young people, in consultation with multicultural communities • tailor culturally responsive service offerings to the local population profile
Provide family-inclusive practices	All headspace centres: • provide support for a young person's family as part of routine care • actively facilitate involvement of family in a young person's care • use family inclusive practices across all service offerings • all staff practice in a way that includes and supports family from reception through to clinicians and management
	In addition, centres delivering the headspace Plus Model of Care: • connect with family through community awareness and engagement activities • provide a welcoming space for family • dedicate resources (e.g.: family peer workers, family specialist workers) to support family inclusion • improve the cultural responsiveness of family work with First Nations and multicultural young people • strengthen engagement and responsiveness for LGBTIQA+ young people and their families
Collaborate with other services in the mental health and wellbeing system	All headspace centres: • partner with other local providers to offer integrated service delivery • support young people during transitions to other services
	In addition, centres delivering the headspace Plus Model of Care: • grow their capacity for embedded partnerships across health, education, community and social services, delivering integrated care, shared care and supported transitions • offer more blended care, with digital and in-person service offerings

[12] The headspace Plus Model of Care includes this service principle, in recognition of the evolution of service delivery since the work of Hughes et al. (2018).

Service principle	Application of the service principle in centres delivering the headspace Plus Model of Care
Build, support and grow the headspace workforce[13]	All headspace centres: • provide ongoing staff training and development, including peer support, mentoring and opportunities to learn from more experienced practitioners • participate in national or local communities of practice and quality improvement activities
	In addition, centres delivering the headspace Plus Model of Care: • operate as learning environments, with specialist staff (e.g. clinical educators) for workforce development • introduce new, additional and diverse service delivery roles that add to workforce growth through knowledge sharing • develop and strengthen relationships with education providers to enhance student and registrar placement opportunities • provide more cultural supervision, peer worker supervision and learning opportunities for all staff
Embed robust quality and safety systems and processes[14]	All headspace centres: • build robust quality and safety systems and structures to support clinical practice
	In addition, centres delivering the headspace Plus Model of Care: • expand quality and safety systems and processes to capture additional specialists and disciplines and facilitate continuous quality improvement • strengthen the connections between clinical and cultural governance, to improve safety and quality of services

More broadly, the headspace Plus Model of Care has been informed by and is underpinned by Australia's obligations under the United Nations Convention on the Rights of the Child.[15] The Convention underpins all aspects of the Model of Care, including by embedding lived and living experience of young people and family, tailoring care to young people's age, developmental stage and circumstances, and providing safe and non-stigmatising service environments. The Convention also underpins the role of family as partners in care, in recognition of family responsibilities that evolve as their young person's capacities grow.

[13] The headspace Plus Model of Care includes this service principle, in recognition of the evolution of service delivery since the work of Hughes et al. (2018).
[14] The headspace Plus Model of Care includes this service principle, in recognition of the evolution of service delivery since the work of Hughes et al. (2018).
[15] United National General Assembly (1989) *Convention on the Rights of the Child*. Adopted 20 November 1989, entered into force 2 September 1990. Office of the High Commissioner for Human Rights.

PART B: SERVICE OVERVIEW

4. Access and engagement

Consistent with all headspace services, centres delivering the headspace Plus Model of Care are youth-friendly, welcoming and inclusive. Centres offer community engagement and awareness, multiple points of access, and a focus on engagement before assessment. All centres continue to operate with a 'no wrong door' approach, where all young people are engaged to access help and receive a respectful, engaging response. Outreach and other access points help centres to meet young people where they are.

In addition, centres delivering the headspace Plus Model of Care:

- deliver more community awareness and engagement, including mental health promotion, local service promotion, partnership development and capacity building
- provide additional pathways into care, including drop-in sessions, extended hours, and a safe third space for young people
- enhance service access opportunities, including via outreach and headspace digital services
- build enhanced partnerships with local services and community groups.

Enhancements to access and engagement will work in synergy with the improvements to holistic and appropriate care, helping centres to better meet the needs of young people who may be experiencing difficulties connecting with support and/or who need more intensive support.

4.1 Community engagement and awareness

All headspace centres are required to build community engagement and awareness. Centres delivering the headspace Plus Model of Care build on their existing presence in their communities, with dedicated staff working with local partners to build mental health literacy, reduce stigma around mental health, and increase early help seeking among young people and families.

Additional resourcing allows centres to employ multiple staff with specialised skills, rather than relying on a single generalist position, and grows their capability and expertise in mental health promotion and capacity building. These staff broker opportunities for other centre staff to engage with community as a whole-of-centre responsibility.

This work has three areas of focus (as outlined below): mental health promotion for young people and families; capacity building among schools, workplaces and community organisations; and building partnerships. Centres partner with headspace Schools and Communities to deliver these activities.

The community engagement and awareness team also helps to promote the new and enhanced services offered as part of the headspace Plus Model of Care to young people and family.

Mental health promotion

Centres delivering the headspace Plus Model of Care implement expanded and targeted mental health promotion activities with young people and families in local schools and educational institutions, community groups and workplaces, to promote mental health and wellbeing literacy and decrease stigma. Under headspace Plus, mental health promotion is delivered as a sustained, place-based and strengths-focused practice that builds mental health literacy, trust and early

help-seeking in priority communities, aligned with the centre's enhanced clinical and care coordination capacity to support safe and timely access to care.

There are many ways in which young people can build and strengthen their mental wellbeing and prevent poor mental health. This includes improving sleep hygiene, eating nutritious meals, being physically active, connecting to cultural and faith-based practices, and building healthy relationships. Reducing use of alcohol and other drugs, or problematic use of gaming, gambling or pornography also helps, as does understanding when and how to seek help. The centres' community engagement and awareness activities have a focus on strengthening young people's mental health.

Centres delivering the headspace Plus Model of Care also engage with families in their local communities, to promote help-seeking, reduce stigma and increase their understanding of young people's mental health. As partners in care, this helps family to identify concerns earlier, understand referral pathways, and respond more effectively to young people's emerging needs. This includes capacity building support for families to assist them develop insight and practical skills that can assist with recognising early signs of distress, providing appropriate support, and seeking timely help.

Centres delivering the headspace Plus Model of Care work with local schools, employers and community organisations to develop and deliver mental health promotion activities that will engage all young people and families. These activities move beyond general awareness-raising to focus on strengthening protective factors, supporting early identification of distress, and improving understanding of referral pathways, particularly for priority populations.

Capacity building

Centres delivering the headspace Plus Model of Care work with and extend their partnerships with local schools, community organisations and employers, to further grow their capacity to support young people and provide pathways to support. This enhances the local community's capacity to recognise emerging concerns early, use prevention or early intervention strategies, and reduce the harms associated with poor mental health, including the risk of suicide.

Centres, with the support of headspace National, build community capability by offering consultation, training and partnership initiatives to organisations that engage with priority populations of young people, and who may not have alternate access to resources and youth mental health information. Topics for consultation and training can include: improving mental health knowledge; strengthening cultural safety; and building confidence to respond earlier to emerging needs among young people.

Local partnerships

Centres delivering the headspace Plus Model of Care have greater capacity to refresh, grow and sustain local partnerships and relationships. This is enabled by embedding community awareness and engagement as a whole-of-centre function, expanding the workforce, and enhancing the senior leadership support for these activities. Recognising that not all partnerships begin with formal agreements, these centres invest in consistent presence, relationship-building and trust across community and service settings. Centres delivering the headspace Plus Model of Care are better equipped to use the community engagement and awareness workforce as brokers of relationships for other key staff in the centre to form deeper, more sustainable partnerships, and engage more consistently and strategically with partner organisations. These partnerships broaden existing access and referral pathways.

4.2 Accessing centres

All headspace centres provide enhanced access, referral pathways into the centre, and supported transitions to alternate services where required. The headspace Plus Model of Care builds on this to provide more pathways into care, such as via drop-in sessions at the centre.

Strong partnerships support pathways between centres delivering the headspace Plus Model of Care and other services, to facilitate referral or reconnection with the service following a supported transition. These transitions are structured and managed to reduce repeated storytelling and maintain continuity of care. This includes mutually agreed pathways to tertiary services, as explored further in Section 6: Integration.

Young people and family can enter care through multiple flexible entry points and are offered various engagement options with pathways to ongoing support. No referrals are required so that young people can self-refer, and referrals from other services and agencies are welcome. Initial engagement is warm, welcoming, culturally responsive, inclusive, trauma-informed, and focussed on identifying the young person's priorities and immediate needs.

Often the first point of contact, reception and administration staff play a critical role in creating safe and welcoming spaces for young people and family. This first contact can shape initial experiences of the service, promote engagement and provide a positive entry. These staff can require training, support and capability to deliver their role in alignment with the headspace Good Care Framework.

Enhanced access

Centres delivering the headspace Plus Model of Care provide young people and family with enhanced access to headspace services. As with all headspace centres, this means:

- services that are free of charge to young people (where these are funded directly by headspace funding)
- first points of contact that feel welcoming, relaxed and approachable.

For centres delivering the headspace Plus Model of Care, enhanced access also means that centres will:

- provide space and opportunity to visit the service to build connection and trust
- offer flexible drop-in sessions and open groups in formats that provide new ways for young people to access support without appointments
- further expand their operating hours outside standard business hours, beyond current requirements for headspace centres
- offer outreach activities as core business, provided by a range of members of the headspace Plus team
- intentionally blend in-person and digital options, to reflect the contemporary lifestyle and behaviours of young people, with easy access to the range of digital supports within the headspace network.

With enhanced access, young people and family can initiate, continue or return to care in ways that suit their needs and preferences.

Providing opportunity to build connection and trust: A safe third space

Building trust in a service is an essential step for young people seeking support for their mental health and wellbeing needs. Having an opportunity to get to know a centre – before accessing services – can help foster a sense of connection, safety and belonging.

Centres delivering the headspace Plus Model of Care provide a youth-friendly, low pressure and flexible environment where young people can be present, interact with staff, and feel comfortable with visiting the centre.

Places where young people can connect and interact that are not their home, workplace or school are often described as 'third spaces'. In the context of a centre delivering the headspace Plus Model of Care, the focus is on developing a space or activity where young people can be present and informally engage with staff, resources and activities.

Centres delivering the headspace Plus Model of Care consider their facilities, local community and areas of staff interest to curate an environment that provides opportunities to strengthen relationships and trust. This can include creating:

- areas where young people can make or access healthy food
- reasons for young people to visit the centre's reception area without an appointment, such as collecting items from a food or clothing bank
- outdoor spaces where young people can tend to plants or staff can host BBQs
- spaces for young people to work on homework or participate in group activities to support social connection, build life skills or participate in other learning opportunities.

Young people and family are supported in third space activities by centre staff (including clinicians, peer workers and community engagement and awareness staff) who are skilled in engagement and relationship building. These staff are supported by the centre's established processes to respond to varying levels of need, distress or risk that may emerge with open access arrangements. In designing and operating these spaces, centres also consider the developmental stage, privacy requirements, cultural safety and needs of different age groups (including managing mixed age-groups).

Referral pathways in

Young people and families are able to enter centres delivering the headspace Plus Model of Care via multiple entry points, including:

- self- and family-referral
- drop-in sessions including 'third space' activities
- integrated online services available via the headspace website
- outreach activities
- referrals from GPs, psychologists and other private practitioners
- referrals from local schools and education providers
- referrals from state and territory mental health services, Medicare mental health services, youth services, ACCOs, ACCHOs, multicultural organisations, housing and homelessness services, family services, child protection, youth justice, AOD providers and other community partners.

Referral pathways out

Where needed, centres delivering the headspace Plus Model of Care provide access to specialist services through shared care and referral pathways.

Warm referrals are standard practice. This includes shared appointments, supported introductions and active communication to help young people and family engage with the service they are being connected with. All centres delivering the headspace Plus Model of Care are equipped with the necessary systems and processes to manage secure electronic referrals.

Returning for support

Many young people experience fluctuating, episodic or recurring mental health challenges. Centres delivering the headspace Plus Model of Care support young people to return to care when required, with clear pathways for re-engaging. The centre recognises previous engagement with the service, facilitates timely reconnection with care, and seeks to minimise re-telling of experiences and repeated assessments.

Supported transitions

Centres delivering the headspace Plus Model of Care provide supported transitions that are planned, timely, relational and considered from the first engagement with a young person. Transitions are developed in partnership with the young person and their family. Whether a young person is transitioning within the service, between providers, or exiting care, the centre ensures that transitions are safe and aligned with the young person and family's goals, readiness and circumstances of the young person and their family. Transitions include active follow-up proportional to the level of need, risk and vulnerability of the young person.

Transitions to other services are supported through joint sessions, care coordination and proactive follow-up between headspace and the alternate service. Where a young person's needs change, care is stepped up or stepped down. Responsibility for care remains with the referring or transferring service until transfer is confirmed and the young person and family are aware of this.

As part of the headspace Plus Model of Care enhancements, centres deliver increased care navigation and service integration, with additional staff capacity for care navigation, more outreach activities to support young people during transitions, and stronger partnerships with relevant providers for improved integration between services.

Supported transitions to adult services

Young people may also transition to adult mental health services, due to reaching the age limit for youth services or to access a service that provides more intensive support.

Centres delivering the headspace Plus Model of Care work with each young person transitioning to an adult service, tailoring the approach to the young person's needs, preferences and goals and making sure planning starts early in their care. The young person will be supported to understand their options and actively involved in decision-making. With the young person's consent, families, carers and other supports are included in transition planning.

As with all transitions, care is transferred through warm referrals, shared care arrangements and direct communication between services to minimise retelling of stories and reduce the risk of disengagement. Centres also maintain a flexible approach when the young person is transferring due to age, to maintain continuity of care and avoid disruption.

4.3 Outreach activities

All centres delivering the headspace Plus Model of Care provide outreach activities in their local community, making care more accessible for young people. These activities are consistently available and tailored to local needs and priorities, with a particular focus on reducing barriers and strengthening engagement for First Nations and multicultural young people through culturally safe, responsive and community-informed approaches. Activities are integrated with in-centre and headspace online services, and delivered in line with the headspace Outreach Guidelines. These outreach activities provide opportunities to:

- engage with young people facing barriers to accessing support
- build relationships with young people reluctant to engage
- maintain connection with young people and family between episodes of care

- offer support in settings where young people feel comfortable
- provide re-entry points for young people and family.
- enhance access to headspace services.

In delivering outreach activities, clinicians at centres delivering the headspace Plus Model of Care work alongside community awareness and engagement teams, First Nations and bicultural workers, and peer workers, to authentically connect in and with community and deliver culturally safe and responsive outreach activities. This collaborative approach supports delivery of outreach that is culturally safe, trauma-informed and responsive to the strengths, values and preferences of local young people, with specific attention to the needs and experiences of First Nations and multicultural young people and families.

Centres delivering the headspace Plus Model of Care have the infrastructure and resources needed to deliver outreach activities, such as dedicated outreach policies and procedures and appropriate supports for escalation where required. This includes appropriate clinical governance and support for activities delivered outside the centre, provided by the centre leadership.

4.4 Engagement and assessment

The headspace Plus Model of Care offers meaningful, responsive first interactions for young people and family accessing the centre. Engagement and assessment functions are aligned with the principles of the headspace Good Care Framework[16] and delivered by a multidisciplinary team, including clinicians, community and engagement workers, and cultural specialists (bicultural workers and First Nations social and emotional wellbeing workers, practitioners and leads). All staff – from receptionists to centre managers – play a role in engaging with young people, as part of a whole-of-centre approach.

Engagement first

Consistent with the headspace model, centres delivering the headspace Plus Model of Care prioritise engagement before assessment, recognising that not all young people require comprehensive assessment at first contact. Services engage with young people in culturally and clinically safe and responsive ways, to build trust from first contact. This includes family, unless specifically indicated otherwise.

In addition to engagement, clinically responsive care at the point of initial access involves identifying emerging mental health and wellbeing difficulties, providing early intervention for these difficulties, and considering the need for ongoing support. For many young people, this will be facilitated by evidence-based brief interventions or single session ('one-at-a-time') approaches, which enable services to respond to immediate needs and plan further care concurrently.

Culturally responsive care involves understanding a young person's and family's cultural identities, valuing community strengths and adapting communication and engagement to cultural preferences. It also involves being curious, checking assumptions, and actively addressing barriers, such as past experiences with services, to ensure that care feels respectful, inclusive and relevant.

Centres delivering the headspace Plus Model of Care have a larger and more diverse multidisciplinary workforce, including clinical and non-clinical staff. This includes senior clinicians and cultural specialist workers who provide supervision (ad hoc and routine) and secondary review. This additional workforce, along with improved partnerships with specialist organisations,

[16] Refer to Section 1: About the headspace Plus Model of Care for more details about the headspace Good Care Framework.

facilitates more comprehensive and/or targeted assessment when required to inform care planning.

Assessment, case formulation and care planning

Centres delivering the headspace Plus Model of Care provide timely, collaborative, holistic and responsive assessment. This may involve a point in time assessment (if clinically indicated) and/or may continue across a young person's pathway of care. The assessment process is ongoing and informs evolving formulation and a clear shared holistic care plan that reflects the young person's priorities, cultural context and support needs.

Care planning considers clinical, functional, psychosocial, lifestyle, cultural and developmental factors, and is reviewed regularly to reflect changing needs. Engagement, assessment and formulation incorporate SEWB-informed understandings of wellbeing, including connection to family, culture, Country, community and spirituality. These are responsive to the cultural and social contexts of young people from diverse backgrounds, alongside clinical and functional considerations.

Centres delivering the headspace Plus Model of Care provide training, supervision and other development opportunities to skill all clinicians in the identification of mental health and wellbeing needs, risks, and previous traumatic experiences. All clinicians are supported to identify when to provide further assessment, and respond to any disclosures appropriately.

All headspace staff working in a centre delivering the headspace Plus Model of Care contribute to the development and maintenance of partnerships with other services, helping all clinicians to be aware of the appropriate care pathways for all mental health presentations. Services use appropriate assessment guides and tools where required, such as the IAR-DST.

Centres delivering the headspace Plus Model of Care employ staff who with strong expertise in clinical yarning, social and emotional wellbeing frameworks and cultural considerations to inform assessment, case formulation and care planning.

Care pathways

Centres design an appropriate care pathway for young people and family that is transparent, flexible and provides timely access to the right support. This pathway reflects a 'no wrong door' approach, where every practitioner, regardless of their role or discipline:

- is equipped to respond with empathy, curiosity and skill
- outlines clearly what young people and family can expect when accessing care
- makes decisions collaboratively with young people and family
- adapts care to the full range of a young person's needs and circumstances
- recognises that wellbeing is shaped by many interconnected factors
- uses formulation-based understanding and measurement-based care to determine care pathways, not diagnosis alone
- blends digital care supports into their practice
- can assist in service navigating and supporting required transitions in care.

Pathways include outreach activities, flexible care arrangements, non-clinical supports, group programs, digital options and resources, warm referrals and ongoing support options. Support is sustained over time and across transitions, adapting as young peoples' needs evolve to provide continuing care.

Multidisciplinary input into assessment and care planning

Multidisciplinary input and team-based approaches is a defining feature of assessment, care planning and delivery in centres delivering the headspace Plus Model of Care. A collaborative approach between all team members, young people and family ensures decisions reflect a holistic understanding of the young person's wellbeing, strengths, challenges, engagement in work and study and family, housing and social circumstances. This can include involving external members of the care team through shared arrangements with partner organisations, including state-funded and community-controlled services.

Multidisciplinary assessment and care planning may draw on staff with expertise in supporting young people's mental health, physical and sexual health, alcohol and other drug, vocational, and psychosocial needs, as well as the centre's peer, family and cultural teams. Depending on each centre's staffing profile and local partnerships, this may include input from nurses, dietitians, exercise physiologists, occupational therapists, other practitioners. Each of these disciplines contribute to an integrated and holistic approach to mental health and wellbeing. Care planning integrates these perspectives to develop shared, holistic goals and coordinated interventions.

Staff routinely schedule multidisciplinary meetings, case reviews and joint sessions, and are supported to engage in team collaboration. Senior staff provide clinical leadership, including assistance with formulation, risk assessment and decisions about care intensity. Access to clinical and cultural specialist consultations enhances the team-based approach and breadth of expertise in developing formulation and care planning.

In addition to the multidisciplinary approach to care under the existing headspace model, centres delivering the headspace Plus Model of Care have larger and more diverse teams. This expanded team aims to reduce unnecessary external referral, decrease fragmentation, and support continuity of care within the service.

Comprehensive assessment

While not every young person accessing a centre delivering the headspace Plus Model of Care will require a comprehensive assessment, clinicians may identify that this is clinically indicated. Routine access to senior clinicians for ad hoc consultation in these centres helps facilitate this.

Clinicians prioritise the young person's voice, goals and preferences in decisions, including the need for further assessment processes. This is done with the balance of also recognising the role of family in supporting safety, engagement and implementation of care. In addition, clinicians are aware of the impact of power dynamics, marginalisation and systemic barriers and how these impact on a young people's sense of safety in engaging with services.

Comprehensive assessment is progressive, developmentally appropriate, culturally responsive and matched to the young person's preferences and pace. A shared, coordinated and relationally informed approach to involving family helps ensure that young people and family are not repeatedly required to retell stories and carry the burden of system fragmentation. Findings from assessment inform case formulation and guide collaborative care planning.

Collaborative safety assessment, formulation and planning

Centres delivering the headspace Plus Model of Care provide timely risk assessment. Young people and family are informed about risk processes in a way that supports agency, safety and shared planning.

Trained staff undertake assessments, with a continued focus on engagement, and are supported via senior clinical consultation. Risk considerations will include:

- suicide risk

- self-harm
- eating disorder cognitions and behaviours
- harm to and from others
- developmental risks
- vulnerability/neglect
- exploitation
- deterioration
- social or environmental risks (e.g.: homelessness).

Therapeutic risk management means focusing on what matters to the young person to allow their safety to improve in the moment and over time. Clinicians take time to build a trusting relationship with the young person and family, focusing on collaborative care planning and supported decision-making, essential for promoting autonomy and support.

In situations where a young person's risk or acuity increase, centres delivering the headspace Plus Model of Care make use of the full range of supports available at their centre, such as making additional appointments for the young person or using digital options to provide support. This occurs under robust clinical governance arrangements, including clear escalation pathways.

In situations where young people disengage during periods of distress or heightened risk, centres use active follow up, outreach activities and digital services to reengage with the young person. The centre also maintains connection with family, keeping them involved in the young person's care.

Centres have clear pathways for family to share concerns early, report deterioration, seek guidance during periods of escalation, and communicate when they are no longer coping or able to safely sustain support for their young person. Families are not expected to assume sole responsibility for managing risk.

Where multiple providers are involved in supporting a young person, roles and responsibilities are clearly defined and shared with young people and family to ensure risks are managed safely across services, and to support shared accountability.

Shared care

Centres delivering the headspace Plus Model of Care operate within the broader youth mental health service landscape and complement, rather than replace, other providers. Shared care arrangements may include a range of internal, external and digital providers with the understanding that not all care will be delivered by clinicians working at the centre delivering the headspace Plus Model of Care. When multiple providers are involved in a young person's care, centres delivering the headspace Plus Model of Care take an active role in care coordination and navigation, with clear roles, timely communication, and decision-making aligned across providers.

Centres delivering the headspace Plus Model of Care develop a culture that understands and values care coordination, through structured processes and protected time, where staff set aside dedicated time for review and collaborative care planning. This approach embeds care navigation into existing roles to reduce internal fragmentation.

5. Holistic and appropriate care

Centres delivering the headspace Plus Model of Care provide young people and families with holistic and appropriate care, offering access to a broad range of services onsite and online.

To provide young people with holistic care, centres delivering the headspace Plus Model of Care deliver the four core streams offered as part of the headspace model. The headspace Plus Model of Care expands on this to include:

- access to a greater range of supports for psychosocial needs and lifestyle changes
- expanded access to physical and sexual health services
- harm minimisation approaches for harmful use of pornography, gambling, gaming as well as alcohol and other drugs
- access to more specialist and cultural supports.

To deliver appropriate care, centres delivering the headspace Plus Model of Care embed the headspace Good Care Framework, a requirement for all headspace centres. The headspace Plus Model of Care also includes a range of enhancements to increase centres' capacity to deliver appropriate care to young people, including:

- updating their practices to acknowledge the role of the online world in young people's lives
- providing genuine integration of headspace digital and in-person services
- greater access to supervision (ad hoc and routine) and review by psychiatrists, GPs, senior clinicians and cultural specialists
- more consistent, structured and developmentally appropriate involvement of family as partners in care.

The enhancements to holistic and appropriate care are essential to better meet the needs of young people who may be experiencing difficulties connecting with support and/or who need more intensive support. These enhancements also work in synergy with improvements to access and engagement, better enabling centres to meet and provide appropriate care to young people where they are.

These enhancements enable centres delivering the headspace Plus Model of Care to provide more holistic and appropriate care to all young people and families accessing their services. All of these enhancements are particularly relevant for young people who need more intensive support due to their level of distress, the acuity or severity of their mental health symptoms, or the young person's social and economic situation.

Providing support for young people and family can be described by duration (number of weeks) and intensity of care (frequency of sessions). The evidence on duration and intensity of care indicates that good outcomes for young people are achieved with time limited, episodic care; this aligns with young people's preferences for care. At centres delivering the headspace Plus Model of Care, both the duration and intensity are determined by young person needs and preferences, an assessment-guided clinical formulation, and the evidence base specific to the young person's needs and symptoms.

With salaried positions, centres delivering the headspace Plus Model of Care are no longer subject to previous limitations on the number of times a young person could access care (such as an annual cap of 10 sessions funded under the Medicare Better Access Scheme). Additionally, centres are equipped to respond to more of the needs that a young person may present with; this may mean that a young person receives more occasions of service as part of their episode of care, as they access support for mental health, sexual health, work and study or other needs.

5.1 Providing holistic care

Centres delivering the headspace Plus Model of Care provide holistic care, recognising that young people's mental health and wellbeing are shaped by biological, psychological, social, cultural and economic factors. Centres respond to the full spectrum of contemporary influences on young people's mental health.

As part of their enhanced capacity for holistic care, centres delivering the headspace Plus Model of Care deliver a greater range of supports that meet psychosocial and lifestyle needs. This includes:

- support to improve **young people's wellness**, such as support for nutrition, exercise, sleep and other protective lifestyle factors
- care that supports young people's **psychosocial needs**, to build young people's functional capacity to manage their mental health in everyday life to stay well and connected in the community
- supports to build and empower young people in their development of **independent living and lifestyle skills**, such as meal preparation and managing finances to contribute to their overall wellbeing
- **greater support to young people experiencing social, economic and systemic factors** that impact on their mental health, such as involvement in child protection and/or youth justice systems.

Depending on local needs and workforce configuration, holistic care may include direct service delivery, group programs, consultation, shared care arrangements or partnerships with practitioners across a range of disciplines, such as occupational therapy, dietetics, exercise physiology and nursing. These supports will be integrated into assessment, care planning and ongoing review rather than delivered as standalone interventions.

In addition, centres delivering the headspace Plus Model of Care have increased capacity to deliver supports across the four core streams: mental health, physical and sexual health, alcohol and other drugs, and work and study. The supports delivered across these streams are described below.

Together, these enhancements provide young people with accessible, integrated and responsive care, while reducing fragmentation and enhancing continuity of care.

Mental health

In centres delivering the headspace Plus Model of Care, the mental health stream provides engagement, assessment, brief intervention, social and emotional wellbeing supports, structured psychological therapies, pharmacotherapy (where indicated), and group programs.

Centres delivering the headspace Plus Model of Care offer expanded mental health service offerings to provide more support for young people's mental health and wellbeing needs. This includes specialist supports for young people who need Level 4 care under the IAR-DST. Depending on the centre's staffing profile, this may include providing more:

- specialised mental health supports, such as for eating disorders or personality disorders
- support for young people with co-occurring needs, such as trauma, physical health concerns, neurodivergence, and use of alcohol and other drugs
- culturally grounded social and emotional wellbeing support for First Nations young people
- targeted supports for priority population groups.

These specialist supports will build on the service offerings at all headspace centres. For example, all headspace centres are expected to have capacity to identify, assess, respond to and support

young people with disordered eating and eating disorders. Depending on local needs and existing services, centres delivering the headspace Plus Model of Care may strengthen the capability of the multidisciplinary team to respond to young people with a broader range of and more severe presentations. In particular, these centres will offer identification, initial response and some community-based treatment (as defined by the National Eating Disorders Collaboration[17]). As with all headspace centres, young people requiring community-based intensive treatment or hospital or residential treatment may be referred to a dedicated eating disorder service, YSCC or tertiary service, or supported via shared care.

The service offerings will also include options that involve movement and physical activity, being out of the centre, or ways of building relationships beyond sitting and talking.

headspace digital support services are available across the full care pathway, with blended care and after-hours access offered as routine practice. Staff are trained to integrate headspace digital tools in care. This approach delivers services in alignment with young people's expectations and strengthens accessibility, reduces barriers, and supports ongoing engagement between sessions.

The stream is delivered by a multidisciplinary team that can flex to meet changing needs, offering relational engagement and continuity of support.

Physical and sexual health

Centres delivering the headspace Plus Model of Care deliver a full range of interventions to improve physical and sexual health, including incorporating support for nutrition, exercise, tobacco/vaping cessation, and sleep into holistic care. These expansions may be achieved by employing staff (e.g.: GPs, dietitians, exercise physiologists, practice nurses), integrating digital tools and/or via consortium agreements.

Centres expand their care for sexual health needs beyond testing, treatment and tracing services and include a positive, respectful and holistic approach to sexuality and relationships. Staff across the centres consider sexual health broadly and:

- consider the whole young person, including the role of relationships, mental health, trauma, culture and identity in sexual health
- promote positive and respectful relationships
- support autonomy, privacy, safety and consent
- provide safe, inclusive and affirming advice, and health promotion
- support the provision of clinical care and opportunistic testing.

Centres delivering the headspace Plus Model of Care will deliver these expanded physical and sexual health services by employing GPs, nurses and other staff with the skills and capacity to support these needs (across extended hours, where available). Increased access to facilities such as storage fridges for vaccinations and pathology tests also enhance access to physical and sexual health care. All physical and sexual health services are integrated into the overall care pathway so that young people can access holistic support in one setting.

Alcohol and other drugs

Centres delivering the headspace Plus Model of Care provide harm minimisation focussed support to young people for alcohol and other drug use, along with other behaviours (such as use of pornography, gaming, social media or gambling) that can be harmful. Centres provide harm reduction, brief, and early interventions, delivering holistic care that responds to psychosocial needs and supporting pathways to specialised care when required.

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[17] National Eating Disorders Collaboration (NEDC). (2023). *The stepped system of care for eating disorders*. NEDC. Available at: https://nedc.com.au.

Centres offer early, strengths-based support that builds awareness, reduces risk and promotes safer choices. This is delivered within a harm minimisation approach, recognising the many factors that influence the use of alcohol and other drugs (including nicotine) and/or other harmful behaviours, and seeking to reduce the social and health impacts on young people.

Centres delivering the headspace Plus Model of Care have capacity and capability to deliver these supports within the service, either in-person, online or via a mix of modalities. While services may employ AOD specialists, these centres build the skills, confidence and capability of their teams to deliver harm minimisation across all service streams and offerings.

Work and study

Centres delivering the headspace Plus Model of Care provide in-person employment and educational support for young people, with a focus on meaningful participation in learning, training or employment. This includes support for school re-engagement, connecting to training pathways, sustaining employment, navigating workplace challenges, and building confidence, routine and self-efficacy.

Centres can provide this support via:

- the Individual Placement and Support (IPS) program, with work and study specialists delivering the IPS model in centres (if separately funded)
- one or more dedicated work and study specialists employed at the centre (if a centre is not funded to deliver the IPS program).

In addition, centres bolster their work and study support through:

- headspace Work and Study Online, with young people accessing support via phone or online
- providing casual spaces where young people can drop in and study, work on job applications or other work focussed tasks
- localised supports that consider support needs outside of the scope of IPS, such as school reengagement, job searching skills and financial management support.

Centres delivering the headspace Plus Model of Care may enhance these offerings by employing education specialists, school re-engagement workers, career coaches or peer workers. These roles help tailor support to local needs, including young people disengaged from education, those facing systemic barriers to employment, or those navigating mental health challenges that impact vocational functioning.

When young people access work and study supports, these are integrated with any other headspace services they receive, including for mental health, physical health and psychosocial needs.

5.2 Providing appropriate care for young people and family

Each young person accessing a headspace service is an individual with unique needs, preferences, identity and cultural background. To provide appropriate care, centres match each young person with supports that meet their needs and preferences, and consider the acuity, severity and persistence of their symptoms.

Within centres delivering the headspace Plus Model of Care, a range of enhancements to the headspace model increases the centre's capacity to deliver appropriate care to young people, particularly those who need more intensive levels of care. Many of these enhancements are enabled by workforce growth, including more experienced clinicians.

All care provided by centres delivering the headspace Plus Model of Care needs to align with the headspace Good Care Framework, described in Section 1.3 headspace Good Care Framework.

Good care is whole of person centred, effective, safe, equitable and responsive. Good care shapes how services engage and support each young person who reaches out for help. It guides how staff hear young people's story, understand their strengths and difficulties, and work alongside them, their family and community with hope and optimism to improve their social and emotional wellbeing and support them to live a full and engaged life.

Young people and the online world

Young people are growing up inside digital and AI-enabled ecosystems that shape how they connect, learn, create, and manage their health and wellbeing. This is driving a need for practice change, to recognise the digital lives of young people and provide support that is grounded in the culture, identity and experiences of young people.

Centres delivering the headspace Plus Model of Care provide care that acknowledges the role of the online world in young people's lives. This can include:

- adding digital literacy to mental health promotion activities, to build confidence, safety and agency in how they engage online and with AI or other technologies
- asking young people about their use of technology as a routine part of engagement and assessment, to both understand the young person's context and their use of online supports to manage their mental and physical health (e.g. what apps do they use to support their health? Have they used AI for their mental health?)
- helping young people consider and manage the risks linked to gaming, gambling, pornography, exposure to harmful content, and sexploitation or exploitation from deep fakes
- routinely asking about young people's preferences on service modalities and offering services that blend digital and in-person service offerings.

For many headspace staff, this requires a change of mindset and approach to engaging with young people. Centres delivering the headspace Plus Model of Care need to train and upskill their staff, update their practice guidelines, and adopt a digital by design approach to service delivery. Becoming teaching and learning centres and connecting with external experts will help centres to manage these changes in practice.

Digital by design

Centres delivering the headspace Plus Model of Care offer young people and family a blend of digital and in-person service offerings, with digital options integrated by design rather than exception. By offering this, centres meet young people's expectations for connected service delivery and offer best practice, frictionless care.

headspace digital supports are embedded across the full care pathway; this increases choice and accessibility, but also enables more engagement between face-to-face sessions, supports shared care, and facilitates continuity of care between providers and after hours. Where young people move between online, outreach and in-centre services, care continuity is prioritised so that young people do not have to repeatedly retell their story.

Young people can access online and phone supports, with services provided by peer workers, clinicians, psychiatrists and work and study specialists. These service offerings:

- enable young people to access support outside centre hours
- provide access to headspace telepsychiatry providers, for primary and secondary consultations
- connect young people and families with specialist programs and supports (such as InsideOut Institute for Eating Disorders' online therapies and Monash University's Partners in Parenting program)
- provide a soft entry point and pathway for priority population groups.

All young people are asked about their preference for accessing services in-person, by phone or online, and all staff understand how to integrate digital navigation and blending of supports into their practice. Integration of digital and in-person services is supported by:

- increased expectations of blended care
- clear procedures for digitally enhanced care
- coordinated access and structured after-hours support.

All centre staff are expected to support young people's engagement with headspace's digital service offerings. This is coordinated and supported by the centre's integration lead, who works with headspace National's digital programs, centre leadership and staff to embed best practice in blended care.

headspace's digital programs provide a comprehensive suite of mental health, wellbeing and work and study supports for young people and families. The headspace system further provides a platform to incorporate additional service offerings; for example, young people can connect to InsideOut Institute's online therapies for eating disorders via their online headspace account, and families can access Monash University's Partners in Parenting product. This provides young people and family with a seamlessly blended experience of digital supports, which is a key tenet of the headspace Plus Model of Care.

Access to consultations

Centres delivering the headspace Plus Model of Care have increased capacity for ad hoc consultation to help staff with cultural and clinical decision making. This is provided by GPs, psychiatrists, and senior clinicians, including SEWB workers and practitioners and cultural leaders and advisors.

Ready access to more senior clinicians in the centre and through headspace's digital mental health services helps staff to adapt care to meet the needs of each young person, and to vary care intensity or modality as needs change or emerge.

Family inclusive practice

Centres delivering the headspace Plus Model of Care deliver family inclusive practice as a core component of care. A family inclusive practice approach is not 'one size fits all'. The nature and extent of family involvement will vary, however all staff (including reception, administration, community awareness and engagement and management) are required to be equipped to engage effectively with family and acknowledge their knowledge, perspectives and support needs.

Family are recognised as partners in care, whose knowledge and capacity are critical to effective care. Services providers balance respect for the young person's independence and involvement of the family, respecting the young person's choices, confidentiality and privacy and negotiating family involvement with the young person in ways that support safe and responsive care. For younger adolescents in particular, family involvement is often central to safety, engagement and continuity of care, and will be actively supported in ways that are developmentally appropriate.

Families have access to useful information, resources and tailored support including information about who is responsible for care and guidance during periods of deterioration or increased risk. They can also access headspace's digital service offerings, including self-guided resources and programs, and one-on-one and group support from family peer workers or clinicians, recognising that families may seek support in their own right, including when a young person is unable or unwilling to engage. Where family members support a young person's care or safety, services seek to align involvement, communication and planning to support safe, coordinated and continuous care.

Employing family peer workers or family specialists furthers family inclusion in centres delivering the headspace Plus Model of Care, and provides consistent, reliable, structured and accessible family-inclusive supports. These roles provide direct therapeutic support and lived-experience guidance for family, recognising their own support needs, while also building the capability of the wider workforce through consultations, modelling, training, and co-facilitation.

Suicide prevention

Preventing youth suicide requires a whole-of-community approach, with services, schools, local communities and governments working together to address the complex range of factors that influence youth mental health and suicide risk. Centres delivering the headspace Plus Model of Care contribute to their community's public health efforts to prevent self-harm and suicide.

As part of the national network, centres delivering the headspace Plus Model of Care work with headspace Schools and Communities, to provide evidence-based approaches to:

- reduce the stigma associated with poor mental health, self-harm and suicide
- support communities impacted by suicide
- deliver mental health promotion
- improve access to holistic mental health care.

Enhanced infrastructure will enable centres delivering the headspace Plus Model of Care to provide more targeted and responsive health promotion and suicide prevention activities. This includes building the capability of young people, family, schools, community organisations and service partners to recognise distress, respond early and connect young people to appropriate support.

Where suicide risk or suicidal distress are identified, centres respond with evidence-based practices. These responses are supported by the centre's robust governance arrangements, including risk escalation processes, timely risk assessment, safety planning and crisis response arrangements, alongside care coordination and supported transfer or shared care with acute, crisis or specialist services where required.

Stigma reduction

Centres delivering the headspace Plus Model of Care play a critical role in reducing stigma by normalising mental health care as a routine, relational and community-embedded part of young people's lives. By expanding care beyond the centre, the headspace Plus Model of Care will reduce the stigma often associated with attending a mental health service, particularly for young people who have experienced judgement, discrimination or exclusion.

Through youth participation, peer-led engagement, culturally safe practice and strong community partnerships, centres delivering the headspace Plus Model of Care help shift perceptions of mental health support from something that is 'accessed when in crisis' to something that is expected, accessible and ordinary.

6. Integration

Improved integration across the various headspace service offerings and with key youth mental health stakeholders is a key opportunity for centres delivering the headspace Plus Model of Care. It provides a better experience for young people, family and the headspace workforce, and is essential to enhancing access, engagement and holistic and appropriate care under the headspace Plus Model of Care.

All headspace centres are required to develop local partnerships and provide integrated care. The headspace Plus Model of Care builds on this to include:

Internal integration

- increase opportunities for care coordination
- enhance internal integration across the centre's multidisciplinary team

Local service integration

- strengthening partnership arrangements with local service providers (including youth mental health services and state/territory services), by resetting existing partnerships and establishing new arrangements
- boost the use of shared-care arrangements

headspace network integration

- contribute to the national network, by developing the workforce and providing learnings and insights
- leverage headspace National's programs to provide blended care, via in-person and digital service offerings.

Centres delivering the headspace Plus Model of Care have a dedicated integration lead role focused on integration and partnerships with the local and wider network, to help prioritise and embed integration.

6.1 Integration leadership

All headspace centres have a range of partnerships in place in their local communities. This includes partnerships with their consortium, an advisory group made up of local organisations that partner with the lead agency to provide partnership opportunities, strategic direction and resources to enhance the headspace service's capacity to meet local needs. It can also include service partnerships, which can also offer in-kind support for the headspace centre.

Centres work in partnership with PHNs, who play a critical role in the planning, commissioning and coordination of primary mental health services within their regions. PHNs also have a government-funded responsibility for system integration. Centres delivering the headspace Plus Model of Care work with their local PHN to support coordinated service planning, local service system development, and care pathways.

Centres selected to deliver the headspace Plus Model of Care will need to review their existing partnerships with local services, resetting these where necessary, and identifying and developing new partnerships.

The integration lead, part of the centre management team, is responsible for leading partnership work. The integration lead works closely with the PHN on integration with YSCC, primary care and state/territory services. They also lead integration with the centre's community partners and headspace's national programs, including digital services. The integration lead is supported by staff across the centre, with both clinical and non-clinical staff working with service partners and

community organisations to build and maintain strong relationships and deliver outcomes for young people and family.

Clear governance arrangements, documented agreements and processes and building strong relationships are essential to the success of these partnerships. In some instances, formal agreements such as memorandums of understanding or service level agreements support agreed pathways and processes.

6.2 Internal service integration

Centres delivering the headspace Plus Model of Care operate as fully integrated teams, helping young people and family experience care as a single, interconnected service, regardless of who they engage with or what services they access.

While this is a requirement for all headspace services, centres delivering the headspace Plus Model of Care have larger and more diverse teams. This drives a need for effective, multidisciplinary teamwork (across clinical and non-clinical staff) and creates capacity for improved coordination of care for young people and family.

Improved internal integration is achieved through:

- a reduction of the fragmentation of teams (separate intake, outreach, or care coordination teams) to provide greater continuity of care with workers able to support young people across their care journey
- a comprehensive, shared understanding of the functions and scopes of practice of each role in the multidisciplinary team, how to deliver integrated care
- shared systems and processes, including intake meetings, clinical reviews and care team meetings, and collaborative care planning including young people and family
- seamless blending of in-person and the full suite of headspace's digital service offerings, where young people are supported to access these programs at any stage of their care pathway
- increased staff time for collaborative work across the care pathway.

6.3 Local service integration

Centres delivering the headspace Plus Model of Care require intentional relationships and partnerships across the local service system. Centres need to build on, reset and strengthen existing relationships, and establish new relationships across the primary care and mental health system (including local GPs) and with education, employment, community and social services (including disability services). The headspace Plus Model of Care contributes to system coherence through shared care, step-up and step-down pathways. Partnerships with relevant organisations are facilitated by:

- service level agreements, memorandums of understanding or other formal agreements
- defined roles and responsibilities
- clear communication expectations and regular touchpoints
- documented care pathways
- clear information-sharing processes, so that each provider involved in a young person's care has access to relevant information (with consent) and can contribute to coordinated treatment
- shared accountability across partners.

Partnerships with headspace and youth specialist care centres

The headspace Plus Model of Care is being implemented alongside the introduction of the YSCCs. The YSCCs deliver specialist youth mental health care through a transdiagnostic, stage-informed model. The model of care for YSCCs integrates transdiagnostic care with access to syndrome-

specific expertise for psychosis, eating disorders, personality disorders and severe mood and anxiety disorders. YSCCs provide a specialist service platform for young people whose needs exceed the capacity of enhanced primary mental health care but who do not require sustained tertiary treatment. Youth specialist care centres provide specialist multidisciplinary, evidence-based support, with structured pathways and coordinated care for young people experiencing symptoms of low prevalence mental health conditions.

In some areas, young people and family may be within travelling distance of a headspace centre, a centre delivering the headspace Plus Model of Care and a YSCC. Any young person and family can be directed to their local headspace service (whether it is a centre delivering the headspace model or the headspace Plus Model of Care). Where the needs of a young person require more intensive supports beyond those offered, a headspace service will then refer the young person to another service, including to a youth specialist care centre or state-funded tertiary youth mental health service, where appropriate.

Young people may also be referred from a YSCC to any headspace centre as a 'step-down' pathway.

State/territory funded tertiary and other mental health care providers

Centres delivering the headspace Plus Model of Care maintain active, structured partnerships with other mental health services, including state or territory-funded tertiary mental health services and community managed mental health services.

Many headspace centres have well established relationships in place with state and territory-funded tertiary mental health services. Individual state and territory bilateral agreements under the National Mental Health and Suicide Prevention Agreement have strengthened these arrangements. This engagement continues, supported by headspace National, to reflect the centre's changed access pathways, service offerings and capacity as centres are uplifted to the headspace Plus Model of Care.

This integration supports safe escalation ('step-up') and de-escalation ('step-down') of care. Young people are stepped up to state or territory mental health services when their needs exceed what centres delivering the headspace Plus Model of Care can safely support, including where young people's presentation requires acute, inpatient, statutory or compulsory treatment, and/or where risk cannot be safely managed within a primary care framework. The headspace Plus Model of Care does not include providing compulsory treatment and will not be a substitute for statutory mental health services. Tertiary services also refer young people to centres delivering the headspace Plus Model of Care (step-down) as young people's needs change.

Centres delivering the headspace Plus Model of Care and tertiary services need to review systemic barriers to escalation and de-escalation, and work collaboratively to address any challenges. This includes where accessing care at one service limits access to support from another service. Where available, resources under the bilateral agreements may help overcome these challenges.

Clear clinical governance arrangements are an essential component of these partnerships. This includes setting clear shared-care processes, defining roles and responsibilities, outlining communication expectations, and establishing regular touchpoints. Shared templates, documented pathways and routine information-sharing (with appropriate consent) help each provider contribute to coordinated treatment.

Centres also provide warm transitions and develop collaborative approaches to meet the needs of young people with diverse, intersecting and evolving needs. Staff have dedicated time to participate in case reviews and collaborative care planning, to help embed consistent and timely integration with local providers in everyday practice.

Other service providers

Centres delivering the headspace Plus Model of Care establish new partnerships and strengthen existing relationships with:

- schools, other educational institutes and training providers
- employment services
- housing and homelessness organisations
- family services
- justice and youth justice programs
- disability providers and NDIS
- cultural organisations and broader community groups as priority partners.

These relationships create sustainable wellbeing outcomes across psychosocial domains such as learning, connection, housing stability and community participation. For young people experiencing diverse and intersecting challenges, this integrated approach enhances community awareness and engagement into local centres delivering the headspace Plus Model, as well as significantly reducing the risk of disconnection between systems.

6.4 National network

Centres delivering the headspace Plus Model of Care operate as part of the headspace national network, which brings together headspace centres and satellites, lead agencies, PHNs, and headspace National. The headspace network also includes headspace school, community, digital and workforce programs, including the headspace Early Career Program, Work and Study Online, headspace Telepsychiatry, eheadspace and other digital mental health programs.

Active participation in the national network strengthens service quality, provides young people across Australia with consistent support, and enables shared learning across the system. The national network provides the infrastructure for collective capability-building, aligned practice, data-driven improvement and shared governance principles.

Contributing to the headspace network

All headspace centres form part of the national network, sharing learnings, developing the workforce and growing the service offerings for young people and family. Centres delivering the headspace Plus Model of Care contribute to the network through three approaches in particular:

- as **teaching and learning centres** (see Section 8) – centres delivering the headspace Plus Model of Care are teaching centres, resourced to provide support to students, graduates and registrars, and grow and develop the youth mental health workforce
- participating in **headspace Plus communities of practice**, to share common experiences, test ideas and collectively improve practice including increasing opportunities for youth participation
- by supporting the **headspace Learning Health System** (see Section 11) – centres delivering the headspace Plus Model of Care test new approaches, develop innovative workforce models, and share innovations and insights with the headspace network more broadly.

These centres participate in opportunities for learning, collaboration and improvement, including national network briefings, forum presentations, and communities of practice. Centres will remain closely connected to headspace National and each other to share emerging headspace Plus learnings, contribute to collective expertise and play an active role in shaping ongoing improvements across the network.

Leveraging the headspace network

As part of the national network, centres delivering the headspace Plus Model of Care leverage other headspace programs and activities, including:

- **headspace National programs** – Centres delivering the headspace Plus Model of Care leverage these programs to provide connected, evidence-based care. For example, centres make use of headspace's digital service offerings to provide blended care across in-person, online and phone modalities. Centres also work with headspace Schools and Communities, to provide evidence-based mental health promotion in their local community.
- **workforce orientation and training** – all members of the headspace Plus workforce complete headspace National induction and relevant role-specific training. Staff have access to national guidance, learning modules, digital resources, branding tools and practice materials. This includes upskilling in the value of, and processes to integrate, headspace digital programs into service delivery.
- **headspace National's Clinical Practice, Multicultural Practice, First Nations Wellbeing and Engagement, and Centre Services teams** – these teams support headspace centres to deliver the headspace model and best practice youth mental health care. Clinical Practice provides knowledge translation, implementation and workforce development, including through peer-to-peer initiatives for the network, while Centre Services licences, credentials and supports centres to operationalise the model. The First Nations Wellbeing and Engagement team, along with the Multicultural Practice team, help guide the cultural capability of the network and support centres to deliver culturally safe care.
- **national messaging and branding** – centres delivering the headspace plus Model of Care apply headspace National brand policies across communication, digital content, physical environments and community engagement. Local activation of national campaigns is co-designed with young people and family to ensure messages are culturally safe and locally relevant.

PART C: SERVICE FLEXIBILITY

7. Flexibility and localisation

Like existing headspace services, the headspace Plus Model of Care provides for nationally consistent and locally responsive service delivery.

Each centre delivering the headspace Plus Model of Care is required to implement the full set of headspace Plus enhancements while maintaining compliance with national licensing requirements, the headspace Model Integrity Framework, relevant governance frameworks and minimum workforce and service expectations. Within this, there is scope to tailor and adjust their implementation of the enhancements to meet the needs, priorities and lived experience of their local communities. This includes considering existing capacity within both the headspace centre and local service system.

How each centre delivering the headspace Plus Model of Care adapts and tailors each activity and offering is influenced by:

- the design of services with the local community, including the centre's consortium
- enhanced measurement-based care and learning health systems that support review of clinical outcomes and service pathways to support continuous improvement
- workforce growth and development (see Section 8).

Flexibility in enhancing access and engagement

Centres delivering the headspace Plus Model of Care have capacity, through stronger community partnerships, cultural governance and youth and family participation, to develop service offerings that are closely aligned with community needs. This includes how access and engagement are enhanced. For example, centres may:

- expand local entry points, with drop-in options, outreach activities, blended digital options and other new or flexible approaches
- extend the centre operating hours
- design care pathways that consider local population demographics, community priorities and existing service networks.

Holistic and appropriate care flexibility

While all centres will deliver enhancements to strengthen their delivery of holistic and appropriate care, how they do this depends on local community need and existing service capacity, both within their own centre and other nearby services. For example, where a centre already provides a comprehensive sexual health services, they may focus on enhancing other aspects of their service offerings.

Centres delivering the headspace Plus Model of Care also develop new and innovative approaches to service delivery. This could include:

- developing new service offerings and supports that target priority populations, such as group programs, activities to build lifestyle skills, and flexible counselling options
- providing capacity building and clinical support for ACCO or ACCHO run programs, by embedding clinicians in established programs
- introducing specialist programs that address current unmet needs in the community.

More targeted support for priority populations also includes a commitment to strengthening suicide prevention activity for groups with elevated risk. For example, centres delivering the headspace Plus Model of Care may work with their local service and community partners to:

- review how young men engage with existing supports for suicidal distress and using these insights to design new service options that better meet their needs
- increase the availability of safe, appropriate suicide prevention services for LGBTIQA+ young people
- expand tailored, culturally grounded supports for multicultural young people.

The expanded ability to tailor the multidisciplinary workforce to suit the needs of the community enables young people and families to access support from workers with differing expertise, disciplines, lived experience and cultural backgrounds, allowing care to be matched more closely to individual preferences and needs.

Governance and leadership flexibility

Similarly, centres delivering the headspace Plus Model of Care have capacity to implement the model's governance and leadership enhancements in ways that are appropriate for their local context. This may involve:

- trialling new workforce models, such as integrating pharmacists in headspace centres to support safe, integrated and effective medication management
- developing new options for youth and family participation
- formalising partnerships with ACCHOs or ACCOs to align governance structures to increase integration and capacity building opportunities.

7.1 Using community consultation and design

Community consultation and design are essential for centres delivering the headspace Plus Model of Care as they develop, grow and embed locally responsive service offerings. Each centre engages in deliberate and ongoing design processes with young people and family. Community partners, including consortium members, ACCOs, ACCHOs and multicultural organisations, are also involved.

Design processes are used to:

- tailor the staffing profile of the centre (while meeting minimum requirements)
- develop new functions and associated roles
- explore options for how services are delivered (e.g., in community, blended with headspace digital services)
- inform opening hours and what services are offered after normal hours.

Local design helps centres delivering the headspace Plus Model of Care to develop and provide services that are relevant, culturally safe and aligned with local expectations.

7.2 Using community data

Centres, lead agencies and PHNs use robust, place-based data and intelligence to inform local service planning. This includes community consultation, service and workforce mapping, and analysis of referral pathways, which help build service models that are responsive to local needs, strengths and gaps. Planning draws on:

- demographic and population health data
- existing headspace data, mental health and wellbeing indicators
- service use and waitlist data
- workforce availability and capability mapping
- service system and referral pathway mapping

- input from young people, family and community partners
- advice from First Nations organisations, multicultural organisations and other priority population partners.

8. Workforce

The headspace Plus Model of Care includes enhancements to the centre's workforce. These include:

- a broader leadership team, incorporating clinical and cultural leadership, clinical education, and integration leadership
- increased multidisciplinary roles, including youth and family peer workers, family specialists, bicultural and social and emotional wellbeing workers and mental health practitioners
- strengthened partnerships to provide access to integrated services to meet local needs
- operating as teaching and learning centres to drive workforce development.

While multidisciplinary teams are a requirement for all headspace centres, the headspace Plus Model of Care is delivered by a larger and more diverse team. This includes early career to senior clinicians, cultural specialists, peer workers, and community engagement and awareness staff.

Growing the workforce is essential for centres to deliver each of the enhancements in the headspace Plus Model of Care.

All centres delivering the headspace Plus Model of Care need to meet the expected workforce requirements. This includes recruiting the staffing profile (with a larger and more diverse team compared to other headspace centres) to fully deliver the model's functional domains.

The functional domains identify the broad areas of service delivery, operations and governance required to deliver the model's enhancements across access and engagement; holistic and appropriate care; and leadership and governance.

The staffing profile includes two types of roles:

- core staffing
- additional staff that centres may recruit to deliver the model's functional domains.

The staffing profile incorporates a degree of flexibility, given that many of the functional domains can be delivered by a multidisciplinary team with different qualifications, training and experience. Centres use the flexibility within the staffing profile to recruit a diverse and multidisciplinary team that has the right knowledge, skill and expertise to work together holistically to meet the mental and wellbeing needs of local young people and families.

This section provides an overview of the functional domains and minimum staffing profile for the headspace Plus Model of Care. More details (including the minimum FTE) are provided in the headspace Plus Workforce Implementation Guidance and the updated headspace Model Integrity Framework.

8.1 Functional domains

To successfully operationalise the headspace Plus Model of Care, centres must be able to deliver the functional domains, as set out in Table 4.

Table 4. Functional domains required to deliver the headspace Plus Model of Care

Functional domains	Purpose in headspace Plus Model of Care
Leadership and governance • **Operational** • **Clinical** • **Cultural**	Provides strategic, operational and community leadership to enable delivery of the headspace Plus Model of Care and workforce sustainability
	Leads model integrity, clinical governance, supervision, risk management and quality improvement across all settings
	Ensures culturally safe, SEWB-informed practice and cultural governance, and cultural supervision
	Leads integration across headspace digital, primary care, YSCC, state/territory services and community partners to reduce fragmentation
	Supports a teaching and learning culture that builds workforce capability through supervision, training, placements and education partnerships
Practice operations	Enables safe, efficient service delivery, including coordination of medical workforce and front of house functions
Community awareness and engagement	Reduces stigma and improves help seeking through health promotion, local service promotion, capacity building and partnership development
Participation and lived experience	Embeds lived experience participation in service design, delivery and governance
Service Delivery • **Physical and Sexual Health** • **Mental Health** • **Work and Study** • **AOD** • **Psychosocial Needs and Lifestyle skills** • **Peer Work**	Provides youth friendly engagement and assessment pathways, including outreach and safe third spaces
	Delivers assessment and therapeutic care, including family inclusive, outreach and blended digital and in-person care
	Provides access to targeted expertise to support young people with additional needs, including family support, alcohol and other drug (AOD) support, cultural support, neuro-affirming practice, and support for specific mental health presentations.
	Supports care navigation and continuity of care with flexible individualised supports that remove barriers to engagement
	Integrates care that supports physical, sexual and mental health assessment, medication management, care coordination, health education and clinical review.
	Supports employment and educational participation to enable functional recovery
	Provides recovery oriented, relational support and digital navigation to strengthen engagement and continuity
	Includes identified roles and dual role workforce (e.g. a First Nations social worker holds their role as a professional and brings lived experience). Delivers culturally responsive care, outreach and community engagement for priority populations

8.2 Minimum staffing profile

The staffing profile helps centres delivering the headspace Plus Model of Care to provide the functional domains.

Core staff

Consistent with the expectations for all centres, those delivering the headspace Plus Model of Care employ staff in the following roles:

- centre management, clinical leadership, and practice operations
- community awareness and engagement and participation support roles
- mental health clinicians.

While these roles are consistent with the minimum staffing profile for all headspace centres, how this is operationalised in a centre delivering the headspace Plus Model of Care may be different. For example, these centres will need a larger team of mental health clinicians, dedicated participation support roles and community awareness and engagement, and staff in management and leadership positions will need the skill, capability and experience to lead a large and diverse team.

Centres delivering the headspace Plus Model of Care also employ staff roles that fulfil the following functional domains (these may also be found in other headspace centres):

- cultural leadership, clinical education and integration leadership
- practice management
- service delivery, including GPs, psychiatrists, youth and family peer workers, work and study specialists and other service provision roles.

Additional staffing

In addition to the core staffing, centres delivering the headspace Plus Model of Care may employ additional staff to deliver the functional domains. This is likely to include:

- clinicians with specific expertise, such as family specialists or AOD clinicians
- registered nurses, or other staff to deliver holistic care
- cultural specialist roles, including bicultural workers, First Nations social and emotional wellbeing workers and practitioners.

Centres may also secure additional staff or services, including:

- additional allied health staff
- more youth or family peer workers
- more mental health nurses
- digital service navigation workers
- pharmacists
- exercise physiologists
- dietitian/nutritionist
- bicultural peer workers
- LGBTIQA+ peer workers
- art, music, dance therapists
- financial counsellors
- educators to support homework club/groups
- youth workers
- group workers, to offer cooking classes or other lifestyle skills training
- sexual health staff.

While core staff will be directly employed by the centre, additional staff may be sourced via:

- partnering with local services, to secure in-kind services to meet local needs
- buying in expertise or skills
- recruiting private practitioners to deliver MBS-funded services (on a no-gap basis for young people and family)
- partnering with headspace National to identify, design and deliver roles and functions that may be more effectively or efficiently met through an online workforce.

8.3 Designing diverse teams to meet local needs

Centres delivering the headspace Plus Model of Care need teams that are diverse in terms of disciplines and areas of expertise and specialisation, the ages and years of experience of staff, and the cultural, gender and faith identities of team members.

This diversity is essential to deliver the model's service offerings (including providing outreach and drop-in sessions) and intensity of support (including for young people who may require support at IAR level 4). It also helps each centre to employ a workforce that is representative of the local community.

The centre's staffing profile may also include 'dual roles', where staff bring both their professional and lived experience to their work. For example, a bicultural clinician can provide both clinical and cultural expertise to the centre's team.

Centres undertake a consultation and local design process with their community (including the members of their consortium) to identify the most relevant enhanced service offerings for their community. This process includes consideration of the workforce and partnerships needed to deliver these enhancements.

By tailoring their staffing profile, centres can employ the expertise and experience they require to deliver the additional functions and activities needed to support young people and families locally, and complement existing workforce capacity within the broader service system.

Centres delivering the headspace Plus Model of Care are expected to use their funding to offer competitive salaries to attract and retain experienced and specialised staff.

8.4 Teaching and learning centres

Centres delivering the headspace Plus Model of Care operate as learning hubs (or teaching centres), where clinical educators and experienced team members foster a culture of shared growth and continuous improvement. With high quality placement opportunities, structured clinical supervision, and shared learning, centres delivering the headspace Plus model are building future workforce capability, contributing to the national headspace network, enhancing recruitment and retention, and strengthening the broader youth mental health system.

Centres delivering the headspace Plus Model of Care embed clinical education as a whole-of-centre function. Senior members of the workforce hold teaching and learning responsibilities as part of the core expectations of their role. Centres need:

- dedicated clinical educator roles
- early career, intern, graduate or registrar roles
- structured supervision systems, for clinical and cultural supervision
- effective relationships with education providers
- infrastructure to support student placements, reflective practice, and co-facilitated learning across disciplines, including the non-clinical workforce.

- partnerships with ACCOs, ACCHOs and multicultural organisations to develop placements, shared supervision and workforce development pathways
- opportunities for staff to develop leadership skills and move into more senior roles, including clinicians and peer workers
- a culture of continuous learning.

Centres delivering the headspace Plus Model of Care need to allocate appropriate resourcing to specific roles to more appropriately meet their relevant practice standards around supervision requirements, supervised practice and contact hours. Where a discipline-specific supervisor is not available on site, integrated headspace digital health teams ensure continuity in professional learning and help grow centres' reputations as attractive places to undertake placements towards professional qualifications.

With more senior staff, and access to specialists, centres delivering the headspace Plus Model of Care have capacity to deepen and broaden clinical and cultural knowledge and skills. This adds richness to the learning environment and complements other national youth mental health workforce initiatives.

PART D: SERVICE OPERATIONS

9. Safety, quality and governance

Centres delivering the headspace Plus Model of Care provide evidence-informed, effective and culturally safe services for young people and family. Consistent with the requirements for headspace services, this requires lead agencies and centres delivering the headspace Plus Model of Care to have comprehensive, holistic governance, quality assurance and compliance arrangements in place.

Safety, quality and governance are enhanced in these centres by:

- increased opportunities for youth and family participation in service governance, planning, design, delivery and continuous improvement
- stronger clinical governance arrangements.

These improvements are essential to enable the enhancements under the headspace Plus Model of Care.

9.1 Governance arrangements

Lived experience governance

Centres delivering the headspace Plus Model of Care are expected to further embed lived experience roles within service delivery. This requires strong investment from clinical leadership teams to ensure fidelity to lived experience–informed approaches to care, and that these contributions are both valued and appropriately recognised.

This is particularly relevant for peer worker roles, where robust operational and governance structures are essential. Such structures ensure that the expertise of this workforce is meaningfully and safely integrated into care pathways, while also mitigating the risks of lived experience burnout and peer drift.

Youth participation

Centres delivering the headspace Plus Model of Care involve young people in service governance, planning, design, delivery and continuous improvement, to maintain trust, provide suitable services and remain relevant. Additional resources (such as a dedicated participation support role) help centres to bolster coordination of both youth and family participation activities.

Centres provide a range of opportunities to gather the perspectives and experiences of young people in their community, including but not limited to young people accessing services at their centre. Young people can share their feedback and ideas through:

- membership of ongoing youth reference groups, providing input into centre governance
- working groups with young people from priority populations, exploring ways to build trust and engagement, and facilitated by peer workers, First Nations workers and/or bicultural workers
- delivering and developing group programs alongside staff
- involvement in evaluation programs, helping centres assess how they are progressing against their plans and young people build skills in evaluation and data management.

These participation activities must be culturally appropriate and responsive for First Nations and multicultural young people with safe spaces, the centring of self-determination, and staff engaging

in critical reflection, ongoing learning and cultural humility. Young people and family are also remunerated for their involvement in participation activities.

Family participation

In addition to youth participation, centres delivering the headspace Plus Model of Care also involve family in service governance, planning, design, delivery and continuous improvement.
Centres achieve this through a range of activities and opportunities for family to provide feedback, ideas and actively contribute to service improvements. This could include:

- expanding engagement with family to review service provision and engagement opportunities
- involving family in internal governance structures such as the consortium and reference groups
- establishing consistent feedback opportunities facilitated by family peer workers.

By enhancing family inclusive practice, centres delivering the headspace Plus Model of Care also increase the pool of family representatives in governance activities.

Lead agency governance, including corporate, clinical and cultural governance

Each centre delivering the headspace Plus Model of Care continues to be operated by a lead agency. Consistent with the commissioning arrangements for all headspace centres, these lead agencies are legally, operationally and clinically responsible and accountable for the headspace services they deliver. This includes proactively developing local relationships and partnerships between the headspace centre and other local services/sector partners to provide system integration.

As part of the enhancements to a centre, lead agencies need to strengthen their cultural governance arrangements, embedding First Nations values, principles and practices into organisational structures and policies. These demonstrate how the service values, builds and maintains cultural integrity, appropriateness, safety and responsiveness. The arrangements are documented in a cultural governance framework, which includes mechanisms to:

- support decision making and self-determination
- build the cultural capability of the service
- enable cultural safety for the First Nations
- improve cultural safety of young people and families
- support staff to continue to learn and reflect on anti-racism
- incorporate cultural supervision for key roles
- provide accountability and oversight.

Cultural governance specifically is also bolstered by strengthening partnerships with First Nations community groups and organisations. These groups guide and support meaningful development and implementation of cultural safety and capability within the service.

Sitting alongside and in alignment with cultural governance, centres delivering the headspace Plus Model of Care have robust:

- corporate governance – the systems and processes necessary for service accountability and sustainability, such as strategic planning, performance monitoring, risk management, and maintaining compliance with relevant legislated requirements
- clinical governance – the expectations and frameworks for safe and high-quality services, with systems for clinical escalation, pharmacotherapy, incident management, after hours safety, supervision, professional standards, evidence-informed practice and other processes, as required under the headspace Clinical Governance Framework.

Centres delivering the headspace Plus Model of Care also document the privacy, ethical considerations, clinical governance and information security controls for the use of digital and AI-enabled technologies across their activities. These controls include human oversight, clear accountability for clinical use, transparent communication with young people when these tools are used, and (wherever practical) mechanisms for young people to make informed choices about their use.

Having access to more senior staff (including GPs, psychiatrists, clinical leaders and cultural specialists) enhances the robustness of headspace Plus governance arrangements.

More details about the required governance arrangements for centres delivering the headspace Plus Model of Care can be found in the updated headspace Model Integrity Framework.

9.2 Quality improvement

Centres delivering the headspace Plus Model of Care operate a continuous quality improvement system, where processes are regularly reviewed and refined over time. This system is informed by routine data review, service monitoring and evidence-informed change processes. Both leadership commitment and whole-of-team participation are essential features of the system.

In addition, centres maintain robust systems for:

- incident reporting, consistent with the headspace Centres Serious Incidents and Complaints Reporting Policy
- feedback from young people, family and other stakeholders, including compliments, suggestions and complaints.

In centres delivering the headspace Plus Model of Care, the additional senior clinicians and cultural specialists contribute to existing or new quality improvement meetings and processes. A culture of teaching and learning also supports quality improvement across the centre.

Centres build a culture of feedback, recognising it as an opportunity for learning and continuous improvement.

A continuous improvement approach to complaints:

- encourages feedback from young people and family about the quality of services
- works with people who make provide feedback to find solutions
- learns from complaints and considers them when developing risk management, service delivery and staff development.[18]

9.3 Compliance

All centres delivering the headspace Plus Model of Care are required to meet relevant legislative, regulatory and licensing requirements. This includes:

- relevant quality and safety standards, including the National Safety and Quality Health Service Standards or National Safety and Quality Mental Health Standards for Community Managed Organisations, issued by the Australian Commission on Safety and Quality in Health Care
- child safety requirements, including the National Principles for Child Safe Organisations
- state and territory mental health acts, including requirements for consent
- privacy and data requirements, including the Australian Privacy Principles
- risk management, including alignment with the headspace Clinical Governance Framework

[18]Aged Care Quality and Safety Commission (2025), *Better practice guide to complaints handling in aged care services,* Australian Government.

- workforce credentialling and supervision requirements, including those set by the Australian Health Practitioner Regulation Agency and the national professional registration boards.

More broadly, the headspace Plus Model of Care has been informed by Australia's obligations under the United Nations Convention on the Rights of the Child. The Convention underpins all aspects of the Model of Care, including by embedding lived and living experience of young people and family, tailoring care to young people's age, developmental stage and circumstances, and providing safe and non-stigmatising service environments. The Convention also underpins the role of family as partners in care, with responsibilities that change as their young person's capacities evolve.

9.4 Positive risk culture

Centres delivering the headspace Plus Model of Care operate from a lens of positive risk culture, with a focus on collaborative, strengths-based, young person-centred approaches.[19]

This allows young people the 'dignity of risk', where the young person is afforded the right (or dignity) to take reasonable risks, acknowledging that impeding this right can suffocate personal growth, self-esteem and overall quality of life.[20] Dignity of risk means that people should be supported to live the life they choose, even if there are risks involved. This is a crucial component of person-centred care.[21]

Risk cannot be avoided nor ignored and should be approached from the perspective of what can be done. A positive risk culture creates and supports an environment where young people and family needs come first, where risks are visible, understood and a shared responsibility.

Centres will enable engagement and support without restricting care, by maintaining straightforward and accessible governance, supported by evidence-informed practice and effective leadership.

10. Service implementation

Centres delivering the headspace Plus Model of Care are larger centres with significant capacity and capability, compared to centres delivering the headspace model. This creates opportunities: centres need to develop new service offerings, referral pathways and partnerships with local service providers and community organisations.

Expanding from delivering the headspace model to the headspace Plus Model of Care also creates challenges; proactive change management is critical to implementation success. Centres need to maintain continuity of care for existing service users while accommodating new presentations, expand after-hours and outreach activities sustainably, and manage workforce growth and any relocations, expansions or upgrades to facilities and infrastructure.

Effective change management processes help build shared understanding of the purpose and benefits of headspace Plus, support capability uplift and staff capacity, and ensure consistent adoption of the Model of Care while allowing for local contextualisation – ultimately supporting young people's experience.

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[19] Just, D., Palmier-Clause, J.E., Tai., S. (2021), Positive risk management: Staff perspectives in acute mental health inpatient settings. *Journal of Advanced Nursing*, 77: 1899-1910.
[20] Ibrahim & Davis, 2013 Ibrahim, J.E. & Davis, M-C. 2013, Impediments to applying the 'dignity of risk' principle in residential aged care services. *Australasian Journal of Ageing*, 32(3): 188-193.
[21] Aged Care Quality and Safety Commission, 2022, *What is dignity of risk?*

The implementation of the headspace Plus Model of Care is a collaborative process with the lead agency, PHN and headspace National working in partnership to ensure that the enhanced headspace service meets the needs of the local community, can be delivered within the available budget, and meets the headspace Plus licensing requirements (see Section 1: About the headspace Plus Model of Care for more details).

10.1 Phased approach to implementation

The uplift from a centre delivering the headspace model to a centre delivering the headspace Plus Model of Care takes place across five phases (Table 5). Each phase builds the centre's capability to deliver safe, effective and integrated care by embedding model requirements into local planning, workforce configuration, operational processes and service pathways.

These phases are underpinned by a suite of revised implementation and guidance documents to ensure they are contextualised for operationalising the headspace Plus Model of Care. This includes but is not limited to: a headspace Plus Schedule to the headspace TMLD; a headspace Plus Implementation Plan; headspace Plus integrity indicators and evidence guidance in hMIF; headspace Plus specific guidance in the headspace National Facility Guidelines; and the headspace Brand Policy and Guidelines. The full set of new and revised resources is provided in Appendix 3: Indicative suite of headspace Plus resources and guidance.

Table 5. Service implementation phases, activities and required guidance[22]

Phase	Description	Key activities	Required resources
Phase 0: **Establishing stakeholder relationships and ways of working**	This preparatory phase is dedicated to relationship building and priority setting between key stakeholders. It will set the expectations for collaborative implementation, to drive sector integration and avoid duplication. This includes consideration of other activities on the headspace platform or in the local sector landscape (for example, YSCC transitions).	The Department works with headspace National, PHN and lead agency to drive co-production of: • program guidelines • roles and responsibilities • implementation approach • change management considerations • critical milestones • respective priorities.	• headspace Plus Implementation Guidance for PHNs (new)
Phase 1: **Localised design and consultation to meet community needs**	This phase establishes the foundational design of the centre, ensuring it is responsive to local community needs.	Key activities for this phase include: • assess local needs and priorities and analyse local service gaps to determine a workforce that meets Model enhancements • develop a local stakeholder engagement plan • commence community design and consultation for localisation of service • assess site viability and infrastructure needs	• headspace Plus Model of Care (new) • headspace Plus specifications to hMIF, including new service type and associated integrity indicators and evidence guidance • headspace Facilities Guidelines (updated to include headspace Plus requirements where appropriate)

[22] The proposed key activities and resources described here are indicative only and will be refined during Phase 0. Where a lead agency is not able to demonstrate compliance with the essential obligations of the headspace TMLD, headspace National reserves the right to not issue and/or revoke a TMLD, and/or require remedial action to ensure the safety and quality of headspace services.

Phase	Description	Key activities	Required resources
Phase 2: **Tailored support for scaling up to delivery**	This phase clarifies how the service will: • organise multidisciplinary workflows • manage demand • and prepare for integrated delivery across centre-based, after-hours, digital and outreach settings. By the conclusion of this phase, the lead agency has a clear, practical pathway to operationalise the headspace Plus Model of Care.	This phase involves developing a detailed implementation plan to enhance service offerings, based on the headspace Plus Model of Care. This includes: • change management considerations • proposed expanded workforce and identified training needs • developing new partnerships and consortium memberships, including reviewing partnerships with local tertiary mental health services • site refurbishment, relocation or expansion plans and infrastructure upgrades including digital • youth and family participation processes • creating core documentation and/or updates to existing core documentation (e.g. service pathways, workforce profile, clinical practice manual etc.)	• headspace Plus Implementation plans and supplementary implementation resources for requirement completion (new)
Phase 3: **Licencing and operationalising the headspace Plus Model of Care**	With support from the PHN and headspace National, the lead agency progresses the steps identified in their headspace Plus Implementation Plan. When all implementation requirements have been met and all approvals have been recorded, headspace National issues the lead agency with a headspace Plus Schedule to the headspace TMLD. The centre then commences delivery of enhanced headspace Plus activities and focuses on monitoring workforce capacity, service pathways, demand patterns and day-to-day operational pressures.	Key activities for this phase include: • progressing steps in the Implementation Plan • review and approval by headspace National of relevant deliverables, including updated or new core documents and templates (e.g. clinical practice manual, clinical governance framework, workforce profile, community awareness plan, etc.) • issue lead agency with headspace Plus Schedule to the headspace TMLD • deliver the headspace Plus Model of Care	• headspace Plus Schedule to the headspace TMLD (new)

Phase	Description	Key activities	Required resources
Phase 4: **Full implementation**	By this phase, the centre has reached full implementation. The centre continues to be supported by the PHN and headspace National to deliver safe, effective and integrated services. This phase includes troubleshooting operational barriers, refining workflows, stabilising multidisciplinary practice and adjusting processes as required to support effective delivery of the uplift.	Key activities for this phase include: • delivering services in accordance with the headspace Plus Model of Care and under the headspace Plus Schedule to the headspace TMLD • monitoring and continuously improving operations • scheduled service reviews at identified milestone times.	• headspace Plus Model of Care (new) • headspace Plus Schedule to the headspace TMLD (new) • headspace Plus Implementation Plans and supplementary implementation resources for requirement completion (new) • Additional resources available on headspace ourspace to support service operations and delivery of the headspace Plus Model of Care

10.2 Facilities, location and digital infrastructure

Centres delivering the headspace Plus Model of Care must be easily accessible and located in an area which is congenial for local young people. The facilities must be welcoming, safe and youth friendly, with sufficient space and the necessary infrastructure to deliver centre-based, outreach and digital services for young people and family.

Facilities and location

Centres delivering the headspace Plus Model of Care need to operate in locations and facilities that meet the headspace Plus requirements in both the headspace Facility Guidelines and headspace Brand Policy and Guidelines. The locations and facilities will need to be:

- safe and accessible
- compliant with relevant standards and legislation
- functional and cost effective
- youth friendly
- socially, culturally and family inclusive.

The layout of the service must cater for the various functions of a centre delivering the headspace Plus Model of Care, including individual, family and group sessions as well as flexible, informal third space areas that support drop-in access and engagement activities. The layout must also include a waiting area and staff areas. Rooms must cater for a range of users, including mental health clinicians, GPs, sexual health nurses and work and study specialists. The centre must support an enhanced multidisciplinary team to deliver the headspace Plus Model of Care.

All facilities involved in the delivery of the headspace Plus Model of Care must meet the requirements of the headspace National Facility Guidelines and obtain approval processes for relocation, expansion or refurbishment sites. All services are delivered under the headspace brand.

Layout is somewhat informed by the existing building constraints. Where a relocation is not required, refurbishment and capital works to existing services must align with the requirements outlined in the headspace Facility Guidelines and the headspace service refurbishment documentation.

Digital infrastructure and interoperability

Centres delivering the headspace Plus Model of Care must implement digital systems and infrastructure that enable efficient, secure and interoperable operations across headspace's in-centre, outreach and digital service modes. This includes using an electronic medical record (EMR) that is compatible with the headspace environment and enabled for secure transfer of private personal information, as required under the TMLD. Centres need to maintain reliable connections between the EMR, national headspace digital platforms, routine outcome tools and communication systems.

Lead agencies must provide telehealth rooms, digital drop in spaces (where a young person can access digital resources) and other infrastructure enhancements to enable blended care across the headspace suite of services, consistent with the facilities guidelines for centres delivering the headspace Plus Model of Care. Services need centre-managed devices, stable connectivity and clear, documented and maintained escalation pathways for system failures. Centres must ensure telepsychiatry, online workforce and other remote digital supports can be integrated into local workflows and documentation, and establish procedures for incorporating online and phone teams into surge management, case reviews and shared-care arrangements.

11. headspace Learning Health System

All headspace services form part of the headspace Learning Health System, where real-world data, lived experience, feedback, evaluation, research, and the priorities of young people and family shape practice.

Centres delivering the headspace Plus Model of Care operate as part of this system, contributing insights, innovation and knowledge to the headspace network.

A Learning Health System (LHS) uses data, often in real-time, to drive continuous improvement and quality care, enabling a culture that supports learning and innovation at all levels of the system. Learning occurs across multiple interconnected levels of headspace and the broader health, education and social care environment. Figure 7 shows the headspace Learning Health System.

Figure 7. The headspace Learning Health System

To enable this, good quality data are critical at all levels of the system to inform progress, impact and innovation. Implementing the headspace Plus Model of Care provides an opportunity to enhance data collection, monitoring and evaluation to understand the implementation and effectiveness of the new model of care, and boost the value of headspace as a LHS.

As shown in Figure 7, a LHS can be considered at three levels: individual, group and system levels.

At the **individual level** are young people, family and service providers, in the centres delivering the headspace Plus Model of Care. The focus here is on the service encounter, using real-time feedback from the young person to guide and improve individual care (such as through measurement-based care). At this level, young people participate in their own care and decision-making, with family involvement as the default, unless there are clear safety reasons not to do so. This level of the LHS also includes multidisciplinary teams, who learn from shared practice data and team review processes to identify improvements in care pathways, service delivery, and clinical practice.

Centres delivering the headspace Plus Model of Care and the supporting headspace network are at the **group level** of the LHS. At this level, data from young people, families and service providers are aggregated and analysed to identify patterns, monitor performance and inform service improvement. Learning is driven by leadership, governance, internal policy and a unified learning culture that embeds data-informed continuous improvement as usual business.

The wider service system is at the **system level** of the LHS, including the entire national/regional health system and cross-sector collaborations between health, education, and social services. At this level, data are brought together across organisations to understand broader population needs, monitor outcomes, identify system-wide trends and inform planning, policy and service improvement. Importantly, for centres delivering the headspace Plus Model of Care, this level includes YSSCs, public mental health services, private mental health services, inpatient and tertiary services.

The introduction of the headspace Plus Model of Care has created an opportunity to strengthen the headspace LHS, particularly its integration and implementation into routine practice. Centres delivering the headspace Plus Model of Care are resourced to actively participate in and contribute to the LHS. Staff and management are expected to maintain high quality data collection and provision, and to regularly review data at the service provider, team and centre levels. Senior staff are responsible for ensuring data quality and compliance, and for integrating new and emerging evidence into practice over time so that data insights effectively inform supervision, case reviews, community engagement, service planning, and workforce development. The LHS approach will also support and build the teaching and learning role of these centres.

Updated data requirements and improved access to timely data and insights enable centres delivering the headspace Plus Model of Care to contribute to and fully benefit from the LHS. This includes capturing data on more holistic and integrated care pathways, as well as the needs and outcomes of young people presenting with diverse, intersecting and evolving needs.

11.1 Measurement-based care

Measurement-based care is an essential part of the individual level of the headspace LHS, and focuses on the service encounter between the young person and their care provider. Measurement-based care supports service providers to understand young people's needs, focus on their priorities, provide interventions tailored to meet these needs, keep treatment on track, and support engagement and achievement of positive outcomes.

Centres delivering the headspace Plus Model of Care use established headspace measurement infrastructure to support measurement-based care. This includes MyLifeTracker,[23] the purpose-built outcome measure designed for headspace centre services, and the My headspace Experience measure, which provides real-time feedback on young people's experiences of care.[24]

Centres delivering the headspace Plus Model of Care are focused on implementing measurement-based care, with an expectation that all relevant service providers incorporate this into their practice. Service providers have the time and training to embed measurement-based care, and supervision and review processes focus on the use of measurement-based care to ensure services are tailored and responsive to the changing needs of each young person. Clinical staff in centres delivering the headspace Plus Model of Care also support the collection and use of additional data required to understand the diverse and intersecting needs, care pathways and outcomes of young people accessing these centres.

Service providers use data and outcome measures as one component of a broader understanding of the young person, integrating clinical judgement, cultural knowledge, lived experience and input from family and supports where appropriate.

11.2 Data collection

The headspace Minimum Data Sets (hMDS) comprises the data items required to ensure the collection of relevant, comprehensive and consistent data from service providers and young people across all headspace programs and services. These data support the provision of measurement-based care, program monitoring, evaluation and research at the local and national levels. The data also support national reporting requirements, including contributing to the Australian Government's Primary Mental Health Care Minimum Data Set. The hMDS will be expanded to incorporate the enhanced service delivery under the headspace Plus Model of Care.

Building on over 15 years of continuous improvement in data collection and reporting throughout the headspace network, data for headspace services (including headspace Plus) are collected, managed, and presented through the following platforms and processes:

- the headspace Application Platform Interface (hAPI) facilitates the collection and display of the hMDS data for headspace services.
- Tableau is used for data visualisation, to create and display data reports for headspace programs and services at a service or program level.

As well as supporting measurement-based care, program monitoring, internal evaluation, research, and reporting, data collected in the centres delivering the headspace Plus Model of Care support the external evaluation of the initiative.

11.3 Data reporting requirements

As a part of the broader headspace network, centres delivering the headspace Plus Model of Care collect data through the headspace hAPI system. This includes the additional data requirements to capture the service enhancements under the model. Centres delivering the headspace Plus Model of Care are also required to comply with the headspace Data Policy, which sets out the

[23] Kwan, B., Rickwood, D. J., & Telford, N. R. (2018). Development and validation of MyLifeTracker: A routine outcome measure for youth mental health. *Psychology Research and Behavior Management*, 11.

[24] Rickwood, D. J., Albrecht, S., & Telford, N. (2023). Development and validation of a routine session-by-session experience measure for youth mental health services: My Youth Mental Health Session Experience (MySE). *Psychology Research and Behavior Management*, 16, 4897-4908.

responsibilities of key data stakeholders to ensure that data collection, reporting and use are robust, meaningful and do not present unmitigated risks.

headspace National provides data reports to key stakeholders, including lead agencies, PHNs, and the Department of Health, Disability and Ageing. Delivery of the headspace Plus Model of Care also provides the opportunity for collaborative data sharing and review with YSSCs and potentially other mental health service providers, such as public mental health services. This will contribute to understanding of client pathways and service integration across the wider youth mental healthcare system.

headspace National is responsible for providing data and reporting to external agencies (such as the AIHW) under the governance of external data transfer agreements.

11.4 Evaluation and research

As part of a LHS, headspace places a high priority on using monitoring and evaluation to inform service planning, design and continuous improvement. Evaluation of the headspace Plus Model of Care will leverage headspace's established data and outcomes infrastructure, including hAPI, routine outcome monitoring, measurement-based care approaches and youth-designed service experience measures to generate evidence on implementation, outcomes and service effectiveness.

All centres delivering the headspace Plus Model of Care are involved in, and required to support, the evaluation of the headspace Plus Model of Care. This includes evaluations led by:

- headspace National – exploring implementation, the alignment with the headspace Plus Model of Care, and the impact of each tranche to:
  - learn about what works and what doesn't
  - inform any required adjustments or enhancements for subsequent tranches
  - identify learnings that can support all headspace services and programs
  - measure outcomes and impact of the headspace Plus Model of Care
  - develop an evidence-base to inform future development, decision making and investment of headspace Plus
- an independent evaluator, appointed by the Department of Health, Disability and Ageing, exploring the implementation of the headspace Plus Model of Care and its appropriateness and effectiveness at meeting program objectives.

Centres delivering the headspace Plus Model of Care also gather new knowledge about youth mental health care. These centres have an important role in identifying, co-designing and testing new ways to intervene early and effectively to address youth mental health issues and grow evidence through innovations in treatment, service delivery and system integration. Learning from these centres will help inform future service development across the headspace network and contribute to broader understanding of effective youth mental health care.

11.5 Knowledge transfer

Centres delivering the headspace Plus Model of Care play a key role in expanding service delivery, developing and testing new approaches, and strengthening how headspace works with young people and family. These learnings are shared and applied more broadly across the national headspace network and youth mental health system.

Centres delivering the headspace Plus Model of Care are expected to share their insights, learning and innovation, via:

- headspace national network briefings, forum presentations, collaborative projects and communities of practice
- regional or national youth mental health forums and symposia
- involvement in or contribution to research activities
- integration of knowledge into the content of the teaching and learning centre.

Appendix 1: Glossary and acronyms

Glossary

Term	Definition
Clinical governance	The systems, structures and processes in place to ensure young people receive safe, high quality, evidence-based and continuously improving care.
Clinical stage of illness progression	This refers to the progression of mental health difficulties as they vary over time, often from early, non-specific or attenuated presentations through to more discrete, persistent or recurrent disorders. It provides a framework for delivering timely, proportionate and evidence-based care by matching interventions to a person's current mental and psychosocial state and risk of progression.
Core documentation	The key operational and governance documents centres need to deliver services. Submission of core documents is required for service licensing (and will be required for headspace Plus implementation) and hMIF certification. These can include documented service pathways, a workforce profile, clinical practice manual and so on.
Cultural governance	The systems, structures, leadership mechanisms and decision-making arrangements to ensure centres embed First Nations culture, cultural knowledge, and cultural safety in all aspects of their work.
Developmentally appropriate care	Care and support that is tailored to a young person's cognitive, emotional, social and relational stage of development, recognising that needs, capacities and family roles vary significantly across the 12-to-25-year age range.
Family	Family is defined uniquely by each young person. The term family may include parents, caregivers, siblings, partners, Elders, kin, mentors and other community members who are viewed by the young person as people who play a significant emotional, cultural, faith-based or other role in their life.
Family inclusive practice	A way of working that recognises family as partners in care, whose knowledge and involvement are critical to a young person's wellbeing, safety and recovery, and actively supports family participation in developmentally appropriate and safety-informed ways.
headspace Plus Model of Care enhancements	The additional functions, capabilities, capacity and partnerships required to deliver the headspace Plus Model of Care, across access and engagement; holistic and appropriate care; and leadership, workforce and governance. This includes workforce expansions and specialist expertise; service offerings and capacity; and leadership, integration and participation functions. Collectively, these enhancements build on the headspace model to provide more accessible, holistic and responsive care for young people and family.
Holistic approach	To provide support and care that considers the person in the context of their physical, emotional, social and cultural wellbeing.

Term	Definition
Integrated care	Bringing service providers together to function as one, providing a seamless service experience for a young person, particularly if they require care involving multiple providers and supports.
Lifestyle skills	Lifestyle skills are the everyday abilities people use to manage daily life, maintain wellbeing, and participate in their communities. For young people, these will vary by developmental stage and context. They include: • meal planning and preparation • getting good quality sleep • physical activity and exercise • technology use • budgeting • managing medication.
Measurement-based care	Measurement-based care helps clinicians to understand young people's needs, focus on their priorities, and provide interventions that can meet these needs and achieve positive outcomes. Data are collected from young people before each occasion of service and made available to the service provider in real time to inform care and service planning.
Mental health literacy	How people understand, recognise, access information, manage and seek support for their mental health and wellbeing.
Multidisciplinary workforce	Multidisciplinary workforce refers to the clinical and non-clinical workers required from a range of disciplines and backgrounds – with the right knowledge, skills and expertise – who work together to holistically meet the mental health and wellbeing needs of young people and family, within the local community.
National Mental Health and Suicide Prevention Agreement	This is a four-year intergovernmental agreement between the Australian Government and all state and territory governments. The Agreement aims to drive coordinated national reform of Australia's mental health and suicide prevention system.
National network	The network of headspace services across Australia. It is composed of all headspace centres, satellites and outposts (including consortia members, lead agencies, youth and family reference groups, and PHNs), headspace National, and headspace digital, work and study, and school and community programs.
Neurodiversity	Neurodiversity refers to natural variation in how people think, communicate, learn and experience the world, and can include autism, ADHD and other neurodevelopmental differences.
Outreach activities	headspace outreach activities are delivered in community settings and youth friendly services that connect to and complement the services delivered from a headspace centre, satellite or other headspace service type. Outreach activities can include engagement, clinical sessions, and strengths-based programs that build lifestyle skills.

Term	Definition
Outreach programs	headspace outreach programs are funded, permanent extensions of, and governed by, an existing headspace centre, the 'parent centre'. The outreach program is delivered in another community or region. Outreach programs must deliver in three areas: 1. Community engagement 2. Therapeutic interventions 3. Forming connections and linkages with the local service system.
Participation	The involvement of young people or family in the governance, design, development, delivery, evaluation and continuous improvement of headspace services.
Positive risk culture	The shared values, beliefs and behaviours within a centre that support good risk management. For headspace centres, this includes having a collaborative, strengths-based and young person-centred approach to managing risk.
Priority populations	Priority groups are defined as groups of young people experiencing health risk factors and/or barriers to appropriate support. This in turn increases their risk of untreated mental ill health and, in turn, their risk of poorer health outcomes. Priority populations will include: • First Nations young people • LGBTIQA+ young people • young people from multicultural backgrounds • young men • young people who use alcohol and other drugs • young people experiencing, or at risk of, homelessness • young people with disability • young people from rural and remote communities.
Psychosocial needs	The essential emotional, social and psychological requirements for a young person's wellbeing, mental health and functioning, including social connectedness, belonging and safety, relationships, family and peer support, identity, participation in education or employment, and capacity for independent living.
Satellite service	A smaller, locally based headspace service, delivered under the governance and clinical oversight of a 'parent' headspace centre. It provides at least three of the four core streams, one of which must be mental health services.
Strengths-based approach	Care that is focused on a young person's strengths, and not their deficits. Strengths-based approaches recognise that every young person has personal, social, cultural and community strengths that can support their mental health and wellbeing.
Third space	'Third space' refers to spaces outside of home, school or work, where people can connect and interact, often informally.
Warm transfer	The service provider actively communicates with the other service to which the young person is being connected, providing essential information about their needs before transferring their care. The service provider maintains support for the young person and family until they are received by the other service.

Workforce glossary

Role	Description
Accredited Mental Health Social Worker	Those who are members of the Australian Association of Social Workers and have obtained credentialing as an Accredited Mental Health Social Worker.
Administration Officers and Receptionists	Administration and reception staff are the first point of contact for many people contacting a headspace service. This role may be referred to as Receptionist, Medical Receptionist or Client Service Officer depending on the service and lead agency.
Art, music, dance therapists	Those who have completed relevant training with a university or a registered training organisation as recognised and endorsed by the Australian, New Zealand and Asian Creative Arts Therapies Association. This profession is not regulated at a national or state level.
Bicultural worker (dual role, i.e. a Mental Health Clinician who is Bicultural)	Bicultural workers in dual roles fulfil their primary position while also contributing cultural knowledge and lived and living experience to support culturally responsive practice. They act as cultural connectors between communities and services, strengthening engagement, communication and trust, and work within the multidisciplinary team to ensure care is inclusive, respectful and responsive to diverse cultural contexts.
Bicultural worker (identified role)	An identified role where Bicultural workers provide culturally responsive support informed by cultural knowledge and lived and living experience, acting as cultural connectors between communities and services. They support engagement, communication and trust, advocate for community needs, and work alongside the multidisciplinary team to ensure care and service delivery are inclusive, respectful and responsive to cultural contexts.
Centre Manager	Centre Managers ensure smooth day-to-day operations of centres. They manage, lead, develop, implement and oversee operations. As well as being responsible for future growth and development, they uphold quality and safety and recognise and manage risk and staff performance.
Clinical Educator	Senior clinicians who have a significant role in mentoring, supervising, and supporting allied health students, graduates and centre staff regarding their clinical work and supporting clinicians to translate learning into practice.
Clinical Lead	Clinical Lead is a key leadership position and provides oversight of the coordination and delivery of high quality evidence based clinical services and clinical escalation. They develop, implement, review and monitor the Clinical Practice Manual to align with the Lead Agency Clinical Governance Framework and the headspace model whilst addressing local needs. They pass on key communications and opportunities to clinicians, private practitioners, and GPs.
Clinical Psychologist	Those who hold General registration as a psychologist and endorsement in clinical psychology with the Psychology Board of Australia.

Role	Description
Clinician	Clinicians refers to staff including Social Workers, Occupational Therapists who have completed an undergraduate or masters degree; Psychologists (fully registered general psychologist and Provisional psychologist); Division 1 registered nurses i.e. General (APHRA) performing mental health activities who have not completed mental health post graduate training. Counsellors or Psychotherapists whose skills, training and experience are equivalent to the requirements outlined within the Australian Counselling Association Scope of Practice Guidelines at a minimum Level 3 or above within those guidelines, and who are registered with the relevant membership body (ACA or PACFA or equivalent)
Community Awareness and Engagement Worker	Community Awareness and Engagement (CAE) staff lead the planning, implementation and evaluation of CAE activities in local communities. The goal of CAE work is to increase mental health literacy, reduce stigma around mental health issues, encourage early help seeking and promote access to headspace services, while building strong relationships with young people, their family, other local services and the broader community. Often, they also coordinate youth and family participation for their service, including the local Youth Reference Group.
Counsellor/ psychotherapist	Those who have completed an accredited course and are eligible for professional membership with the Australian Counselling Association (ACA) or via Psychotherapy and Counselling Federation of Australia (PACFA).
Dietitian	Those who have completed a university degree in nutrition and dietetics accredited by Dietitians Australia. Dietitians provide evidence-based assessment and support for nutrition-related needs that impact young people's mental health, physical health and overall wellbeing. They contribute specialist input to multidisciplinary care planning, deliver nutrition counselling and education, and support integrated, holistic care pathways within the headspace Plus model.
Digital service navigation workers	Digital service navigation workers support young people and families to access and engage with headspace digital services as part of blended, integrated care. They help assess digital preferences and needs, support navigation between online and in-person services, and work with the multidisciplinary team to strengthen continuity of care across the young person's pathway.
Educators	Educators support young people's learning, engagement and participation through homework clubs and group-based educational activities. They provide practical academic support, build confidence and routine, and contribute to holistic care by working alongside the multidisciplinary team to strengthen wellbeing, connection and participation in education.
Exercise Physiologist	Those who have completed an accredited course and are eligible for professional membership with Exercise and Sports Science Australia (ESSA) as an exercise physiologist, exercise scientist, or sports scientist. Exercise Physiologists support young people's mental health and wellbeing through safe, evidence-based physical activity and movement interventions. They contribute specialist input to multidisciplinary care planning, deliver tailored exercise support linked to therapeutic goals, and help integrate movement-based approaches into holistic, recovery-oriented care pathways.

Role	Description
Family Peer Worker	A peer worker provides support to others through the lived experience that they share. Family peer workers draw on their own experience of supporting a young person to build authentic connections, mutual understanding and hope.
Financial Counsellors	Financial counsellors support young people and families to address financial stressors that impact wellbeing, safety and engagement with care. They provide practical advice, advocacy and brief interventions, and contribute to integrated, holistic care planning within the multidisciplinary team.
First Nations Cultural Lead	The First Nations Cultural Lead is a key leadership role that provides guidance and oversight to ensure culturally safe, respectful and responsive service delivery for First Nations young people and families. The First Nations Cultural Lead builds and maintains strong relationships with young people, Elders, community members and stakeholders, and supports the broader team to embed culturally secure practice across all aspects of care, engagement and service delivery, while also supporting First Nations workers.
First Nations practitioners (dual role i.e. a Mental Health Clinician who is First Nations)	First Nations practitioners deliver their primary role while also bringing lived, cultural and community knowledge as First Nations people into everyday practice. They support culturally safe engagement, care and outreach for First Nations young people and families and strengthen integrated care pathways through culturally informed practice within the multidisciplinary team.
First Nations practitioners and Social and Emotional Wellbeing (SEWB) Practitioners (identified role)	An identified role in centres that support the holistic health of Aboriginal and Torres Strait Islander young people by fostering emotional, spiritual, cultural, and community wellbeing that works harmoniously with other forms of health support at headspace and is based upon Indigenous perspectives of health and wellbeing. The role includes: connecting young people to cultural activities and supports, including Aboriginal organisations and services; conducting service promotion within First Nations communities; using assertive engagement to help young people feel safe and ready to access headspace services; and offering a level of care coordination across multiple service providers involved in a young person's wellbeing.
General Practice Registrar	Those who are registered as a medical practitioner with general registration and are undertaking specialist training in general practice with the Medical Board of Australia.
General Practitioner (GP)	Those who are registered as a medical practitioner with general registration and specialist registration in general practice with the Medical Board of Australia. General Practitioners assess and manage holistic health care for young people. With headspace support, they engage with young people regarding mental health, physical health (including sexual health), and alcohol and other drug support.
Health promotion worker	Those who hold a tertiary level qualification in an area such as Health Promotion or Public Health.

Role	Description
Integration Lead	The Integration Lead is a key leadership role responsible for strengthening integration within the centre and across the broader service system to reduce fragmentation and improve continuity of care for young people and families. The role provides oversight and coordination of partnerships with local services, primary care, state and territory services, youth specialist care centres and headspace digital services, ensuring clear pathways, shared care arrangements and supported transitions. The Integration Lead works closely with the leadership team to embed integrated practice across multidisciplinary teams, support effective care navigation and contribute to a seamless experience for young people as they move across services, settings and levels of care.
Intern	Provisional psychologists who are employed by headspace services while completing their internship (either supported by higher education provider or independently).
Local Family Representative	Local Family Representatives have lived experience of supporting a young person with mental ill health and provide advice to the centre on how to improve services and resources for young people and family of young people.
Local Youth Representative	Local Youth Representatives are young people from local communities who are connected with a centre's Youth Reference Group. These young people may have lived experience.
Mental Health Clinician	Mental health clinicians are defined as psychologists (with full registration), mental health nurses, occupational therapists registered with APHRA (Australian Health Practitioner Regulation Agency), and social workers with AASW (Australian Association of Social Workers) membership (or eligible for membership). Occupational therapists, social workers and mental health nurses are credentialled or eligible for mental health credentialling by their respective professional bodies.
Mental health nurse	A Registered Nurse (RN) with additional training in a relevant mental health area (including a postgraduate qualification). Mental Health Nurses may enter the specialty through various pathways, including Graduate training or completion of a Transition to Practice Program (TPP) in mental health nursing.
Multicultural Practice Cultural Lead	The Multicultural Practice Cultural Lead is a key leadership role that provides guidance and oversight to ensure culturally safe, respectful and responsive service delivery for multicultural young people and families. The Multicultural Practice Cultural Lead builds and maintains strong relationships with young people, community leaders, community members and stakeholders, and supports the broader team to embed culturally responsive practice across all aspects of care, engagement and service delivery, while also supporting Bicultural workers.
Nutritionist	Nutritionists support holistic care by addressing nutrition and eating patterns that impact young people's mental health, physical health and wellbeing. They provide nutrition education, brief interventions and consultative input within the multidisciplinary team, and contribute to integrated care planning alongside clinical, primary care and wellbeing supports.
Occupational Therapist	Those who are registered as an occupational therapist with the Occupational Therapy Board of Australia.

Role	Description
Occupational Therapist with Mental Health Endorsement	Those who are registered as an occupational therapist with the Occupational Therapy Board of Australia and are endorsed under the Mental Health Endorsement Program with Occupational Therapy Australia.
Participation Coordinator	Participation Coordinators coordinate and support meaningful youth and family participation across service design, delivery, governance and continuous improvement. They enable safe, inclusive and accessible participation opportunities, support remuneration and engagement processes, and work with the multidisciplinary team to embed lived experience perspectives into everyday practice.
Peer Work Supervisor	Peer Work Supervisors are, or used to be, experienced Peer Workers, employed to offer 1-to-1 or group supervision to other headspace Peer Workers. This supervision is discipline specific, features reflective practice and provides opportunity to discuss experiences unique to the Peer Work role. This role is distinct from clinical supervision or line management.
Peer worker	Those who engage in a mutual and reciprocal exchange of lived experience with the purpose of supporting a person through their journey of recovery. Peer workers can also sometimes be called consumer workers, carer workers or lived experience workers. Peer workers can have formal qualifications (Cert IV) or no formal qualifications.
Peer Worker - Vocational	Vocational Peer Workers provide support to young people participating in the Individual Placement and Support (IPS) program in a headspace centre. The role does not duplicate that of a Work & Study Specialist, rather, it complements IPS services through the lens of lived experience.
Peer Worker - Bicultural	Bicultural Peer Workers provide culturally responsive, lived-experience informed support to young people and families from multicultural communities. They support engagement, navigation and continuity of care by bridging cultural understanding, strengthening trust, and working alongside the multidisciplinary team to deliver integrated care pathways.
Peer Workers – LGBTIQA+	LGBTIQA+ Peer Workers provide lived-experience informed, identity-affirming support for LGBTIQA+ young people accessing headspace Plus. They strengthen safety, connection and engagement, support navigation and continuity of care, and work alongside the multidisciplinary team to promote inclusive, respectful and culturally responsive care pathways.
Pharmacist	Pharmacists support safe, integrated and effective medication management within the headspace Plus multidisciplinary team. They provide consultation to clinicians, young people and families on psychotropic and other relevant medications, contribute to shared care and medication reviews, and support medication literacy and safety as part of holistic care pathways.
Practice Manager	Practice Managers oversee the day-to-day operations of the centre to ensure high-quality, youth-friendly mental health services are delivered efficiently and effectively. They support clinical (including GPs) and administrative teams, manage resources, and ensure compliance with relevant policies
Provisional psychologist	Those who hold Provisional registration as a psychologist with the Psychology Board of Australia.
Psychiatric Registrar	Those who are registered as a medical practitioner with general registration with the Medical Board of Australia and are undertaking specialist training (ANZCP Fellowship Program)

Role	Description
Psychiatrist	Those who are registered as a medical practitioner with general registration and specialist registration in psychiatry with the Medical Board of Australia. The Psychiatrist provides clinical leadership and evidence-based psychiatric care to young people.
Psychologist (General registration)	Those who hold General registration as a psychologist with the Psychology Board of Australia.
Psychologist (with other endorsement)	Those who hold General registration as a psychologist and endorsement in any approved area of practice other than clinical psychology with the Psychology Board of Australia.
Registered Nurse	Division 1 Nurse i.e. Sexual Health Nurse, practice nurse, paediatric nurse, immunisation nurse.
Senior Mental Health Clinician	As above, but with significant professional experience and increased expectations in terms of supporting other staff, escalation of care and support to the leadership team.
Sexual Health Staff	Sexual health staff provide accessible, respectful and youth-friendly sexual and reproductive health support as part of holistic care. They deliver assessment, education, testing and treatment, and work within the multidisciplinary team to integrate sexual health into broader mental health and wellbeing care pathways.
Social Worker	Those who hold an Australian Association of Social Workers (AASW) approved social work qualification from an Australian tertiary institution, or qualification from overseas that has been recognised by the AASW as comparable to an AASW approved social work qualification.
Work and Study Specialist	Work & Study Specialists support young people to obtain and maintain suitable employment and/or education. This includes Work and Study Specialists who deliver the Individual Placement and Support (IPS) program in a headspace centre.
Work and Study Supervisor	Work & Study Supervisors oversee vocational teams in headspace centres. This includes Work and Study Specialists delivering the Individual Placement and Support (IPS) program. They may also hold a small caseload.
Youth Peer Worker	Youth Peer Workers provide lived-experience informed, recovery-oriented support to young people accessing headspace Plus. They strengthen engagement, trust and continuity of care by walking alongside young people and contributing to integrated, multidisciplinary care pathways.
Youth Worker	Youth Workers hold a Certificate IV in Youth Work or higher (Diploma or Degree) and provide structured youth support within community-based and service settings. Their role includes engagement and outreach, structured youth case support, advocacy, group work, psychosocial support, and supporting young people to access and coordinate services, working under organisational policies and appropriate supervision.

Acronyms

Acronym	Term
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisations
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
EMR	Electronic medical record
FTE	Full time equivalent
GP	General Practitioner
hAPI	headspace Application Platform Interface
hMDS	headspace Minimum Data Sets
hMIF	headspace Model Integrity Framework
IPS	Individual Placement and Support
MBS	Medicare Benefits Schedule
PHN	Primary Health Network
SEWB	Social and Emotional Wellbeing
TMLD	Trade Mark Licence Deed
YSCC	Youth Specialist Care Centre

Appendix 2: The headspace Centre Model and headspace Plus Model of Care enhancements

In addition to delivering services in alignment with the headspace Centre Model, centres delivering the headspace Plus Model of Care are required to deliver a range of enhancements to the headspace model. Table A1 provides a summary of these enhancements, mapped against the 16 components of the headspace model.

Note the headspace model definitions provided here are part of the headspace Centre Model, and have not been developed or revised as part of the development of the headspace Plus Model of Care.

Table A1: headspace Plus Model of Care enhancements

Component	headspace model definition	headspace Plus Model of Care enhancements
Youth participation	Youth participation is the central and continuous involvement of young people in their own care, and in the governance, design, development, delivery, evaluation and continuous improvement of headspace services.	• Expanded, structured and resourced youth participation across service design, delivery, governance, evaluation and continuous improvement • Dedicated coordination and support for youth participation, including safe, inclusive and remunerated engagement • Increased involvement of young people from priority populations • Expanded opportunities for family participation in service design, governance and continuous improvement
Family participation	Family participation refers to the central and continuous involvement of family in the care of a young person, and in the governance, design, development, delivery, evaluation and continuous improvement of headspace services.	
Community awareness and engagement	This refers to the ability of the service to work with the local community to increase mental health literacy, reduce stigma, encourage early help-seeking and promote access to headspace services, while building strong relationships with young people, family, other local services and the broader community.	• Increased mental health promotion, local service promotion, stigma reduction and early help-seeking activities • Expanded capacity building with schools, workplaces, ACCOs, ACCHOs and community organisations • Stronger brokerage and partnership development embedded as whole-of-centre business
Enhanced access	Enhanced access means that headspace services are engaging, youth-friendly and set up to minimise the barriers young people typically encounter when seeking professional help. This enables early and easy access to services and supports effective help-seeking behaviour.	• Multiple flexible pathways into care, including drop-in access, extended hours, outreach and safe third spaces • Blended in-person, outreach and digital access as routine practice • Strengthened partnerships to broaden access points and referral pathways • Enhanced service access opportunities, including via outreach
Early intervention	Early intervention refers to the identification and provision of intervention and support services as early as possible in the development of mental health difficulties to prevent or delay the onset of mental ill-health or reduce the impact associated with mental ill-health and improve outcomes.	• Enhancing other components in headspace Plus services will create synergies that also enhance early intervention. For example, improved community awareness and engagement will increase early help seeking.

Component	headspace model definition	headspace Plus Model of Care enhancements
Appropriate care	Appropriate care refers to the provision of evidence-based interventions for each individual young person by matching the type, intensity, frequency, duration, location and mode of treatment to their presenting need. This includes identification and consideration of factors such as: risk and protective factors, stage of illness, psychosocial complexity, and developmental and sociocultural factors.	• More support and extended care for young people with evolving needs over time • Expanded access to specialist services, multidisciplinary formulation and senior review • Structured, developmentally appropriate and culturally responsive involvement of family as partners in care • Choice of in-person and digital offerings via a connected headspace system • Care informed by Social and Emotional Wellbeing frameworks that recognise the interconnected roles of culture, Country, family, community, identity and lived experience in assessment, formulation and care planning • Update practices to acknowledge the role of the online world in young peoples' lives
Evidence-informed practice	Evidence-informed practice refers to the use of the best available evidence to guide service development, delivery, evaluation and continuous improvement. Sources of evidence include clinical guidelines, peer-reviewed literature, expert opinion, centre-based research and service evaluation; and the unique knowledge, skills and expertise of service providers, young people and family.	• More supervision and review by psychiatrists, GPs, senior clinicians and cultural specialists • Developing innovative approaches to service offerings, including community awareness and engagement and outreach activities tailored to local needs • Routine use of measurement-based care to inform formulation, care planning and review • Contributing to a Learning Health System, to translate evidence into practice, continuously evolve, and respond to emerging needs
Four core streams	Four core streams refer to the provision of an enhanced primary care platform with four core service streams — mental health, physical and sexual health, alcohol and other drugs, and vocational and educational support — to holistically address the main mental health and wellbeing needs of young people within the local community.	• Expanded and integrated delivery across mental health, physical and sexual health, alcohol and other drugs, and work and study • Harm minimisation approaches for harmful use of pornography, gambling, excessive screen or social media use, and gaming, as well as alcohol and other drugs • Expanded access to physical and sexual health services • Enhanced access to a greater range of care and support for psychosocial and lifestyle needs that address factors identified as influencing the mental health and wellbeing of young people in the community • More supervision and review by psychiatrists, GPs, senior clinicians and cultural specialists • Strengthen support for work and study

Component	headspace model definition	headspace Plus Model of Care enhancements
Service integration	Service integration means bringing services together to function as one, providing a seamless service experience for a young person, particularly if they require care involving multiple service providers and supports.	• Increased capacity to deliver integrated care (via in-person and digital services), reducing the need for referrals to other services • Dedicated leadership for integration across headspace digital, primary care, YSCCs and state/territory services • Boost shared care arrangements, by increasing the centre's capacity to meet young people's needs and strengthening partnerships with other service providers • Provide digital options that are seamlessly blended with in-person services to provide more continuous care
Supported transitions	A supported transition is a formal handover that proactively and personally transfers a young person's care to any other service provider in a way that supports the ongoing engagement of the young person and continuity of care between service providers. This includes both transitions between service providers within headspace and exit from the headspace service. Transitions can occur for a number of reasons, including a young person's preferences, age, need for more specialised service or geographic location.	• Increased opportunities for care coordination and navigation • Increase support for integration and navigation, including digital services • Offer young people more opportunities to maintain connection with service providers during transitions to other services (referral, step-up and step-down), including engagement with youth and family peer workers and via outreach activities
National network	National network refers to the network of headspace services across Australia that collaborates to share learning, innovation and best practice, and in turn facilitates continuous improvement of services to enhance youth mental health and wellbeing outcomes. It is composed of all headspace centres, satellites and other services, headspace National, Primary Health Networks, Lead Agencies, Consortia, Youth and Family and Friends Reference Groups.	• Services develop and share innovative approaches to outreach, community awareness and engagement, providing support for psychosocial needs or lifestyle changes and other enhanced service offerings • Contribution to communities of practice, workforce development and shared learning • Sharing innovations, learnings and outcomes to support system-wide improvement • Contribute to the development and growth of youth peer, family peer, bicultural, and SEWB workforces, through supervision, role development, and other workforce processes
Lead agency governance	Lead Agency governance refers to the people, systems, processes, policies and procedures through which responsibility and accountability for corporate, clinical and cultural governance is assigned and exercised in order to ensure the delivery of safe, high-quality and inclusive headspace services for young people and their families and friends.	• Strengthen the leadership team, incorporating clinical and cultural leadership, clinical education, and integration management • Enhanced quality, safety and risk management supported by senior leadership and specialist expertise
Consortium	The consortium is a collaborative advisory group made up of local service providers and organisations that partner with a Lead Agency to provide partnership opportunities, strategic direction and resources to enhance the headspace service's capacity to meet local community needs. headspace services also form partnerships in their community beyond the Consortium to further enhance the wellbeing of young people in their communities.	• Expanded consortium membership, aligned with enhanced service delivery scope of headspace Plus • Resourcing for integration focus

Component	headspace model definition	headspace Plus Model of Care enhancements
Multi-disciplinary workforce	Multidisciplinary workforce refers to the clinical and non-clinical workers required from a range of disciplines and backgrounds – with the right knowledge, skills and expertise – who work together to holistically meet the mental health and wellbeing needs of young people, and their families and friends, within the local community.	• Broaden and recruit a more experienced and diverse salaried workforce, including clinicians, youth and family peer workers, family specialists, bicultural and social and emotional wellbeing workers and practitioners • Strengthen partnerships to provide in-kind services to meet local needs • Become teaching and learning centres
Blended funding	Blended funding refers to the use of multiple funding streams and in-kind contributions to increase income diversity, flexibility and the sustainability of the service in accordance with the needs of the headspace service, young people and their community to ensure access to no or low-cost services.	
Monitoring and evaluation	Monitoring and evaluation refer to the continual collection and review of comprehensive information to facilitate service planning, delivery, evaluation and continuous improvement for headspace services, Primary Health Networks and the national network.	• Active participation in local, national and external evaluations of headspace Plus • Contribute to the headspace Learning Health System

Appendix 3: Indicative suite of headspace Plus resources and guidance

Model and licensing	NEW	**headspace Plus Model of Care** The Model of Care sets out the service principles, how centres will provide access, engagement, integration and holistic and appropriate care, and an overview of implementing and operating the model.
	UPDATED	**headspace Model Integrity Framework** This framework enables headspace centres to demonstrate their fidelity to the headspace model. It also supports service quality, safety and the delivery of evidence-based care. The framework will be updated to include a new service type (headspace Plus) and associated headspace Plus integrity indicators and evidence guidance.
	UPDATED	**headspace Plus Schedule to the headspace Trade Mark Licence Deed** This defines the scope, activity parameters and service expectations for delivery under the headspace brand.
Implementation	NEW	**headspace Plus Implementation Guidance for Primary Health Networks** This will provide detail on headspace Plus Model of Care-aligned commissioning, service support and implementation for headspace Plus delivery.
	NEW	**headspace Plus Workforce Implementation Guidance** This will provide more detailed information about the minimum staffing requirements for centres delivering the headspace Plus Model of Care, including minimum FTE.
	NEW	**headspace Plus Service Implementation Plans and supplementary resources** headspace National will work with each lead agency and relevant PHN to develop an Implementation Plan for each centre, with agreed terms of reference and timelines. These plans will guide the implementation and change management process and will be used to document and monitor the progress against key deliverables required to obtain a headspace TMLD to operate the headspace Plus service. The implementation plans will document the workforce required to operate a headspace Plus service and capture the training, upskilling and recruitment strategies to scale up and recruit to the specified workforce. headspace National will provide supplementary resources (such as templates, guidelines, core document requirements, and training and orientation packages to support the implementation). The plan will document and monitor the milestones for services that are required to expand or relocate their service. More detail is provided in Section 11: Implementation.
	UPDATED	**headspace Facility Guidelines** This sets out the requirements for the physical environment for headspace centres, to ensure site design and fit-out arrangements include appropriate spaces, privacy and functionality to deliver headspace services. These guidelines will be updated to incorporate specific requirements for the headspace Plus Model of Care, where appropriate. More detail is provided in Section 11: Implementation.
	UPDATED	**headspace Outreach Guidelines** These provide information and guidance about outreach in the headspace context. These will be updated to incorporate specific requirements for the headspace Plus Model of Care. More detail is provided in Section 4: Access and engagement.
	UPDATED	**headspace Brand Policy and Guidelines** This sets out the requirements for branding for headspace services. These guidelines and associated brand resources will be updated to incorporate specific requirements for the headspace Plus Model of Care, where appropriate. More detail is provided in Section 11: Implementation.
Data capture	UPDATED	**headspace Minimum Data Sets (hMDS) and headspace Application Platform Interface (hAPI)** The headspace Minimum Data Sets comprise the data items required to ensure the collection of relevant, comprehensive and consistent data from service providers and young people across all headspace programs and services. hAPI is the user interface system that facilitates the collection of the hMDS. The hMDS and hAPI will be updated to include specific requirements for the headspace Plus Model of Care. More detail is provided in Section 12: headspace Learning Health System.

headspace services operate across Australia, in metropolitan, regional, rural and remote areas, supporting young people and family to be mentally healthy and engaged in their communities.

headspace acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities and continuing connection to Country, waters, kin and community.

We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

headspace celebrates, values and respects the diverse and intersectional living experiences of lesbian, gay, bisexual, transgender and gender diverse, intersex, queer and asexual (LGBTIQA+) young people, family and communities.

headspace is committed to engaging in continuous learning and eliminating all forms of discrimination in the provision of health services. headspace celebrates, values and respects all identities, experiences, cultures, abilities, faiths, bodies, sexualities, and gender identities.

headspace
National Youth Mental Health Foundation

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