

National Early Intervention Service - Draft Service Delivery Model – Online Survey

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20 Jan 2025

Draft service delivery model questions

14. To what extent does the proposed draft service delivery model align with the NEIS' objectives?

Aligned

The Australian Psychological Society (APS) has long advocated for prevention and low intensity interventions approaches to mental health, so we are delighted that the express aim of the NEIS is to prevent the development of mental health disorders that require more intensive, and possibly longer-term, treatment.

To ensure that the proposed draft service delivery model aligns with the NEIS objectives, adequate funding is imperative. Further, it is essential that there are clearly articulated policies, processes and procedures to support:

- Integration with other services and linkages with the entire mental health system including state and federal programs and initiatives,
- Clients who escalate and require a crisis response, and
- NEIS clients facing long waiting lists for referral to an appropriate service, or worse, no available options for referral.

15. As the NEIS implementation will be staged, gradually building to maturity in 2029, what target populations (as identified in the draft service model) should be prioritised for access to the NEIS?

We agree that the NEIS should be targeted at people who are experiencing, or are at risk of experiencing, mild mental ill health and transient distress. The current target population (page 2 in the Consultation Hub Paper) is appropriate and the NEIS should be funded to ensure that it is available to as broad a population as possible (within the current age parameters).

To enable the NEIS to provide effective, ethical and developmentally appropriate services, it is essential that staff training and client resources are tailored to account for different developmental stages over the lifespan. In addition, issues associated with consent and confidentiality need to be addressed, particularly regarding younger users of the service (i.e. how will Gillick competence be confirmed?).

16. Are there alternative low-intensity therapies that should be considered as part of the staged-roll out of the NEIS?

Yes

While research demonstrates that CBT is an effective treatment for many mental health disorders, an appropriate early intervention approach, and has the advantage that it can be manualised and delivered in 6-8 sessions, there may be emerging evidence for the efficacy of other early intervention therapies which need to be considered. Please see: [*Evidence-based psychological interventions in the treatment of mental disorders: A literature review \(2024, 5th ed.\)*](#)

17. Should specific groups be prioritised to receive these other low-intensity therapies?

No

While we do not agree that specific groups should be prioritised to receive other low-intensity therapies, we highly recommend a person-centred approach that tailors interventions to the needs of the client - which may mean that alternative therapies should be considered.

In addition, we highlight the Principle of Cultural competency and, therefore, the need for flexibility when choosing therapeutic interventions to ensure services are culturally safe and have actively considered diverse backgrounds and experiences.

18. How important do you consider it is to include an SMS or other synchronous messaging channel for the NEIS?

Neutral

While alternatives may be preferred, we suggest that the delivery of LiCBT would be best by phone or online video call as non-verbal cues or differences in voice inflections can provide helpful insights for practitioners.

The exceptions to this would be users who have hearing difficulties or other disabilities which would make these approaches preferable, or individuals who are unable, for other reasons, to have dedicated phone or video calls (for example, those experiencing domestic and family violence).

If these approaches are incorporated into the NEIS, we caution against the use of AI (i.e. chatbots) without appropriate safeguards and evaluation. There remains some contention around the risk of harm associated with their use (see: [*APS Response to the Safe and Responsible AI in Australia Discussion Paper*](#) and [*Submission to the Department of Health and Aged Care Consultation on Safe and Responsible AI in Healthcare*](#)).

19. How important do you consider that government health services and infrastructure be utilised through the NEIS (e.g. My Health Record and MyID)?

Very Important

While we acknowledge that some Australians have difficulty establishing My Health Record and MyID, from our perspective it is important that such Government health infrastructure is included in the NEIS. This would enable individuals to move seamlessly between the different levels of a stepped care approach and facilitate warm referrals. In addition, integration of the NEIS into My Health Record helps legitimise it and spread awareness of it once established.

However, integrating these data systems would only be viable if all staff have access to them which is currently not the case for many health practitioners (health records are not integrated across the health/mental health system).

As an aside, we recommend using the term 'health records' rather than 'medical records' (see page 5) as not all staff will be medically trained and will not refer to their records in this way.

20. Is there anything important you would like to add to your submission that might not have been mentioned previously?

The Australian Psychological Society is pleased to see the development of the NEIS and was very grateful to have the opportunity to meet with the consultation team. We would be keen to continue to work with the Government to support the design and implementation of the NEIS.