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Child and Youth Reform Section Consultation Team
Department of Health, Disability and Ageing
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Submitted via: https://consultations.health.gov.au/mhspd-child-youth-and-priority-pops-br/draft-models-of-care/consult_view/

Dear Child and Youth Reform Section Consultation Team,

Consultation on draft models of care for headspace Plus and Youth Specialist Care Centres

The Australian Psychological Society (APS) appreciates the opportunity to respond to the public consultation on the draft models of care for headspace Plus and Youth Specialist Care Centres (YSCC). Dr Kelly Gough, APS President, is pleased to represent APS members on the Youth Mental Health Models of Care Expert Advisory Group (EAG) and provided feedback on the models to the EAG Secretariat in March 2026.

The APS commends the Government's investment in strengthening mental health care for young people whose needs are not adequately met by existing services.

However, the APS also notes that gaps in mental health support for children and young people will remain beyond the proposed models. To address this issue, our submission includes recommendations to improve access to Medicare Benefit Schedule (MBS) Better Access services for children and young people.

In addition, we make four other key recommendations:

1. the role of psychologists within these models should be more clearly defined;
2. pathways for collaboration with psychologists working in private practice, schools, community services, and other settings should be strengthened;
3. defined regional service planning processes that clearly articulate pathways, referral arrangements, shared-cared responsibilities and service interfaces across Commonwealth, state and community-based services; and
4. the establishment of a national evaluation framework with consistent outcome, experience and access measures to support continuous improvement and accountability.

The APS acknowledges that a structured, multiple-stakeholder process has informed the development of these models. Given the significance of the proposed reforms, the APS recommends that future consultation processes allow sufficient time for detailed sector and community input, including from our members. This would support more comprehensive feedback, strengthen implementation planning, and help build trust and confidence in the services to be delivered.

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Should any further information be required from the APS, I can be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely,

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APS response to the consultation on the draft models of care for headspace Plus and Youth Specialist Care Centres

Response to Consultation questions

Proposed target populations

The APS supports a flexible, needs-based approach to defining the target populations for headspace Plus and Youth Specialist Care Centres (YSCCs). While the proposed target populations are broadly appropriate and consistent with the intent of the models to respond to young people in the "missing middle" of the mental health system, they are not well defined.

The APS supports headspace Plus being positioned for young people aged 12-25 whose needs extend beyond mild to moderate presentations and who may require more comprehensive, holistic and integrated care; and YSCCs being targeted at young people aged 12-25 whose needs exceed primary mental health care but do not require acute or tertiary care. It is appropriate that access to YSCCs is guided by clinical stage, functional impairment and complexity rather than diagnosis alone.

The boundary between headspace Plus and YSCC requires further clarification. The APS endorses the intent of a "no wrong door" approach, particularly for young people whose needs are evolving, intersecting, or difficult to categorise at first presentation. To give effect to this principle, the models should provide clear guidance on how clinical stage, functional impairment, risk, acuity, severity, diagnosis, psychosocial adversity, co-occurring needs and local service availability will be weighed in access decisions. Without clearer guidance, there is a risk of inconsistent triage, unclear accountability and young people continuing to fall between services.

Further, the APS supports the inclusion of priority populations for the headspace Plus model, including First Nations young people, LGBTIQA+ young people, young people from multicultural backgrounds, young people who use alcohol and other drugs, young people experiencing or at risk of homelessness, young people with disability and young people from rural and remote communities.

The APS also supports the inclusion of young men as a priority population group where this reflects lower rates of help-seeking and service access. However, the rationale for priority populations refers both to barriers to care and higher risk of poor mental health. On this basis, the models should also recognise the distinct needs of young women, who experience higher prevalence of mental health conditions and psychological distress[4]. The APS recommends that the models adopt a broader gender-responsive approach[5], recognising that gender may shape prevalence, help-seeking, engagement, acuity, risk, service experience, and outcomes. This would allow the models to appropriately address lower service access among young men and higher reported prevalence and psychological distress among young women.

The APS welcomes the proposed flexibility for young people and families who present at the margins of the 12-25-year age range and the acknowledgement of developmental diversity within this age range. As identified in our previous submission[3], there are significant differences in the needs of 12-year olds compared with 25-year olds, requiring the models to tailor family involvement, care planning and service delivery to the needs of each young person.

Service requirements

The proposed service requirements are clinically appropriate in intent. The emphasis on holistic, evidence-informed, multidisciplinary and integrated care is strongly supported.

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The APS also endorses the YSCC service requirements for more specialist multidisciplinary care. which are appropriate for young people whose needs exceed primary mental health care but do not require acute or tertiary mental health care.

The APS recommends that psychologists be explicitly recognised within the core clinical workforce required to deliver both models of care. Psychologists have a central role in developmentally appropriate assessment, psychological formulation, evidence-based psychological intervention, risk assessment, multidisciplinary consultation, clinical supervision, workforce development, evaluation and outcome monitoring. These capabilities are directly relevant to the proposed service requirements, including multidisciplinary formulation, evidence-informed practice, family-inclusive practice, trauma-informed care, neurodevelopmental adaptation, supported transitions and care for young people with co-occurring and higher-intensity needs.

In addition, the APS recommends that both models more clearly specify how evidence-based psychological care will be delivered safely and consistently, including through appropriate training, supervision, senior clinical review, scope of practice safeguards and manageable caseloads. This is particularly important where headspace Plus is expected to extend the capacity of an enhanced primary care platform to support young people with higher-intensity and evolving needs.

The feasibility of the proposed service requirements will depend on explicit recognition of psychology capability, realistic workforce expectations, clear clinical standards, appropriate supervision and scope of practice safeguards, and sufficient clinical governance to ensure young people receive safe, high quality and evidence-informed care.

We note that the Australian Government has committed funding for 30 headspace centres to uplift their services to the headspace Plus model of care which will entail recruiting more specialised and senior clinicians. The success of both models depends on attracting and retaining experienced psychiatrists, psychologists and other clinicians in a context where remuneration is currently more attractive for clinicians working in private practice. Feasibility in delivering these service requirements will therefore depend on ensuring that there is sufficient funding available to attract and retain senior clinicians.

Local flexibility

The APS supports sufficient local flexibility to adapt service delivery to community needs, workforce availability and local service landscapes, including differences across rural, regional and metropolitan contexts, priority populations, existing service gaps, and availability of psychologists and other professionals.

However, local flexibility should operate within clearly defined minimum service requirements and clinical standards so that access, safety and quality are not variable across locations. The APS recommends that local adaptation be informed by meaningful and valid local data, including community consultation, local service mapping, workforce and referral pathway mapping, and engagement with clinicians and services already working with young people in the region. Clarification is required regarding how the models will ensure that locally collected data is used to inform service design, continuous improvement and equity of access.

Workforce, supervision, training and clinical governance requirements

The APS broadly agrees with the multidisciplinary workforce required to deliver the headspace Plus and YSCC models of care. The breadth of workforce described is appropriate given the models' emphasis on holistic, developmentally appropriate, culturally responsive, family-inclusive and integrated care.

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The APS particularly supports the YSCC workforce model, which recognises the need for formulation-informed and transdiagnostic care, advanced diagnosis-specific capability, structured supervision, workforce development, placements, specialist consultation and staff wellbeing.

However, as stated above, the workforce requirements should more explicitly recognise psychologists within the core clinical workforce for both models of care. Psychologists are more clearly recognised in the YSCC model but are not identified in the headspace Plus multidisciplinary workforce description or minimum service requirements. This is a significant gap given psychologists' central role in assessment, formulation, evidence-based psychological intervention, risk assessment, clinical supervision, consultation, workforce development, evaluation and clinical governance.

The APS recommends that the final models more clearly define workforce roles and capabilities, including what is meant by "clinician", "mental health clinician" and "senior clinician". Multidisciplinary care is essential, but clinical roles are not interchangeable. Clearer role definition is needed to avoid role dilution, inappropriate task substitution, or ambiguity about who is qualified to deliver psychological assessment, formulation and evidence-based psychological therapies.

The APS also recommends that psychologists be embedded in relevant clinical leadership, supervision, workforce development and governance structures. Psychology capability should not be treated only as a direct service role, but as part of the clinical infrastructure needed to support safe, evidence-informed and high-quality care.

The APS supports the emphasis on teaching and learning functions, student and registrar placements, structured supervision, cultural supervision, peer worker supervision and workforce development. These functions will require sufficient senior clinical capability, protected supervision time and discipline-specific supervision arrangements, particularly for psychology students, provisional psychologists, registrars, early-career psychologists and other clinicians delivering psychological interventions to young people with higher-intensity and complex needs.

Workforce sustainability is another key feasibility issue. The success of both models will depend on attracting and retaining experienced psychologists and other mental health professionals in a context where private practice may remain more attractive. The final models should therefore recognise the need for realistic workforce planning, clear career pathways, appropriate supervision structures, manageable workloads and strong clinical leadership.

Pathways into and out of services

The APS strongly agrees with the models' emphasis on a "no wrong door" approach, flexible entry points, warm referrals, care navigation, step-up and step-down pathways, and proactive follow up during transitions. The APS further supports the headspace Plus model's emphasis on multiple flexible pathways into care and the YSCC model's use of clinical staging, Initial Assessment and Referral-Decision Support Tool (IAR-DST) level, functional impairment, risk profile and multidisciplinary intensity to guide access, streaming and transitions.

While the models provide useful guidance on the intended role of headspace Plus and YSCCs, some uncertainty remains about overlap between the models and services in practice. This is particularly likely where young people's needs fluctuate over time, where they sit at the boundary between service tiers, or where they are already engaged with other providers such as private psychologists, schools, GPs, community services or state-funded mental health services.

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The APS recommends that implementation of these models be supported by defined regional service planning processes that clearly articulate pathways, referral arrangements, shared-cared responsibilities and service interfaces across Commonwealth, state and community-based services. These processes will facilitate the development of clear guidance on how shared care, step-up and step-down, transition, re-entry and clinical responsibility will be managed where more than one service is involved.

Many young people accessing headspace Plus or YSCCs may already be engaged with a psychologist or may transition to psychological support as part of step-down care, ongoing therapy, relapse prevention or ageing out of youth services. Strengthening pathways for collaboration, shared care and supported transitions with psychologists working in private practice, schools, community services and other settings would improve continuity of care and reduce fragmentation.

The APS also recommends consideration of mechanisms to better support multidisciplinary collaboration and case conferencing, including new MBS items that enable allied health professionals to consult as part of multidisciplinary care without requiring initiation by a General Practitioner.

Gaps, risks or implementation issues

The APS has addressed key gaps and risks throughout this response, including the need for recognition of psychologists, realistic workforce expectations, and clearer guidance on service boundaries and shared care.

In addition, the APS recommends that Government ensure headspace Plus and YSCCs are implemented as complementary to, rather than replacements for, existing effective services. This includes government, community and privately funded services that support young people with higher-intensity needs, including eating disorder services and other specialised programs. Clear positioning will be important to avoid destabilising effective local service ecosystems or reducing access to established supports.

The APS also recommends establishing a national evaluation framework with consistent outcome, experience and access measures across existing headspace locations, headspace Plus and YSCCs to support continuous improvement, accountability, and assessment of the value, impact and effectiveness of these models.

It is likely that gaps in mental health support for children and young people will remain following implementation of these models. Ongoing continuity of care can be provided by a psychologist to support young people stepping up and down within, in- and out- of the proposed models. We therefore reiterate related recommendations from our 2026-27 Pre-Budget Submission[2] to improve access to MBS Better Access services for children and young people, namely to:

- Introduce a $0 youth mental health Medicare safety net threshold for Better Access psychology sessions. Equivalent to the Extended Medicare Safety Net, but with no threshold amount, this initiative would mean that young Australians aged 14 to 25 would receive 80% of the out-of-pocket costs for a Better Access psychology service as a Medicare benefit. In doing so, it would help ensure young people can access appropriate psychology support regardless of their personal or family financial situation.

- Extend the flexibility of family and carer participation under Better Access to enable greater involvement of families and carers. This initiative would provide an increased annual allocation of family or carer participation sessions, up to the current session limit (currently 10), where clinically indicated, to strengthen family-inclusive practice and better align with best clinical practice.

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Summary of APS recommendations

Recommendations to strengthen the headspace Plus and Youth Specialist Care Centre Models

1. Clearly define the role of psychologists within both the headspace Plus and Youth Specialist Care Centre models, including their contribution to assessment, formulation, evidence-based intervention, supervision, clinical governance and outcome monitoring.
2. Specify how evidence-based psychological care will be delivered safely and consistently, including through appropriate training, supervision, senior clinical review, scope of practice safeguards and manageable caseloads.
3. Clarify the boundary between headspace Plus and Youth Specialist Care Centres, including how clinical stage, functional impairment, risk, acuity, severity, diagnosis, psychosocial adversity, co-occurring needs and local service availability will inform access decisions.
4. Adopt a broader gender-responsive approach that recognises how gender may shape prevalence, help-seeking, engagement, acuity, risk, service experience and outcomes.
5. Ensure local flexibility operates within clear minimum service requirements and clinical standards, informed by local data, community consultation, service mapping, workforce mapping and referral pathway mapping.
6. Clearly define workforce roles and capabilities, including the meaning of “clinician”, “mental health clinician” and “senior clinician”, to avoid role dilution, inappropriate task substitution or ambiguity in responsibility.
7. Embed psychologists in clinical leadership, supervision, workforce development and governance structures, recognising psychology capability as part of the clinical infrastructure needed for safe, high-quality care.
8. Provide clear guidance on shared care, step-up and step-down pathways, transitions, re-entry and clinical responsibility where young people are involved with more than one service.
9. Strengthen pathways for collaboration with psychologists working in private practice, schools, community services and other settings to improve continuity of care and reduce fragmentation.
10. Consider new MBS mechanisms to support multidisciplinary collaboration and case conferencing, including items that allow allied health professionals to consult as part of multidisciplinary care without requiring GP initiation.
11. Undertake regional service planning to articulate pathways, referral arrangements, shared-care responsibilities and service interfaces across Commonwealth, state and community-based services.
12. Establish a national evaluation framework with consistent outcome, experience and access measures to support continuous improvement and accountability.

Broader system recommendations to address remaining gaps in youth mental health care

13. Improve access to Better Access psychology services for children and young people, including by introducing a $0 youth mental health Medicare safety net threshold.
14. Extend flexibility for family and carer participation under Better Access where clinically indicated, to support family-inclusive practice and better align with best clinical practice.

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References

1. Australian Psychological Society. (2026). *APS feedback—Draft Youth Mental Health models of care (Expert Advisory Group Meeting 2)*.
2. Australian Psychological Society. (2026). *Advancing national wellbeing through the psychology workforce: APS 2026-2027 Pre-Budget Submission*. https://psychology.org.au/psychology/advocacy/submissions/2026/aps-pre-budget-submission-2026-27
3. Australian Psychological Society. (2025). *APS Response to Mental Health Consortium Sector-Led Advice on Youth Mental Health Services*. https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2025/aps-response-to-mental-health-consortium-sector-le
4. *Young people's mental health (12–24 years)—Mental health*. (2026, May 12). Australian Institute of Health and Welfare. https://www.aihw.gov.au/mental-health/topic-areas/populations/young-people-s-mental-health
5. Australian Psychological Society. (2025). *Thinking Futures: Psychology's role in transforming women and girls' psychological health*. https://psychology.org.au/getmedia/de877bab-2154-44f6-811d-0fcb4b7eab67/thinking-futures-report-2025.pdf

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