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Submitted to: https://dandolopartners.syd1.qualtrics.com/jfe/form/SV_55aRSjzNYb5PGB0

Dear Ms Browne,

Mental Health Consortium Sector-Led Advice on Youth Mental Health Services

The Australian Psychological Society (APS) welcomes the opportunity to contribute to the Models of Care Consortium's consultation to inform sector-led advice to the Department of Health and Aged Care. This process represents a critical opportunity to improve the accessibility, integration and effectiveness of youth mental health services for young people aged 12 to 25. The APS supports the development of evidence-based, person-centred models of care that are responsive to young people's needs, underpinned by psychological science, and inclusive of priority populations.

About the APS
The APS is the leading professional association for psychologists in Australia. We are committed to advancing the science, ethical practice and application of psychology to promote mental health and wellbeing, empowering individuals, organisations and communities to reach their full potential. Our work is informed by United Nations human rights treaties and conventions[1] and the United Nations Sustainable Development Goals (SDGs)[2]. We advocate for a fair, inclusive and environmentally sustainable world, recognising the evidence that national and global prosperity, now and in the future, hinges on prioritising the wellbeing of people and the planet[3].

Psychologists are essential to the delivery of youth mental health care in Australia, providing evidence-based, person-centred support across the continuum of need—from prevention and early intervention through to complex care. Working in diverse settings including headspace centres, schools, community services, and digital platforms, psychologists support young people aged 12 to 25 with a wide range of mental health concerns. In addition to direct care, psychologists contribute to the sustainability and quality of the youth mental health system through research, education, supervision, and service design. Their expertise is critical to ensuring youth mental health services are accessible, developmentally appropriate, culturally responsive, and effective.

Please find the APS response on the following pages. We consent to this letter and our response being made publicly available. If any further information is required from the APS, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at z.burgess@psychology.org.au.

Yours sincerely

Dr Zena Burgess, FAPS FAICD
Chief Executive Officer

Australian Psychological Society (APS) Response to the Mental Health Consortium Sector-Led Advice on Youth Mental Health Services

The combined impacts of climate change, the cost-of-living crisis and social challenges are contributing to elevated levels of mental distress among Australians, particularly young people (e.g.,[4–7]). This has led to increasing demand for mental health care and high levels of unmet need, placing growing pressure on the broader health system, including GPs, first responders, emergency departments and mental health professionals such as psychologists — ultimately driving up costs to government and taxpayers[8]. An APS member survey in July 2024 confirmed that cost-of-living pressures and slow progress in mental health reform are preventing Australians from accessing much needed psychology services[9]. Many of our young people are forgoing psychological or other mental health support due to financial reasons[6,10].

Against the backdrop of rising cost-of-living pressures, the APS has repeatedly called for strategic investment in mental health as a national priority to support both immediate and long-term wellbeing. The APS appreciates the high-level approach outlined in Orygen's *Summary of Consortium Early Advice* and supports the continued development of youth mental health services that are accessible, evidence-based, and responsive to the diverse needs of young people. We commend Orygen and the Department of Health and Aged Care for initiating this sector-led consultation and offer the following feedback to support the evolution of youth mental health services. We look forward to ongoing collaboration and consultation to ensure that psychological expertise informs the evolution of these vital services.

Our responses to the consultation questions below are based on APS member input and our ongoing advocacy.

1. Please tell us about your perceptions of / experience with the youth mental health system.

APS members describe the current youth mental health system as highly fragmented which limits the effectiveness of services for people during this developmentally important time. The *Summary of Consortium Early Advice*, similarly alluded to youth services being fragmented meaning that young people are 'drip fed' support rather than receiving holistic care. This includes other services and schemes (such as the NDIS) being used (often incorrectly) because they offer more support, rather than public mental health services flexing to accommodate the needs of young people.

Despite experiencing heightened and complex challenges, vulnerable groups are often those most in need of, and yet are the least likely to access, essential support. Particularly vulnerable young people include:

- **Aboriginal and/or Torres Strait Islander young peoples** – The unique and ongoing impacts of colonisation have led to intergenerational trauma and ongoing disenfranchisement for Aboriginal and Torres Strait Islander young people. It is vital to recognise that the social determinants of mental health and wellbeing are experienced differently across communities, and for Aboriginal and Torres Strait Islander young people, these are deeply shaped not only by historical injustice and cultural disconnection, but also ongoing structural inequity such as high rates of interaction with the criminal justice system[11] and substance use, racism and discrimination,[12] service inequalities and poor education and health outcomes. Addressing these challenges requires culturally safe, strengths-based, and community-led responses. These inequalities must be addressed appropriately in order to see tangible progress in mental health outcomes for Aboriginal and Torres Strait Islander young people. We commend and note that this has already been raised in the *Summary of Consortium Early Advice*.
- **Those in the child protection system -** Young people in the child protection system often face major barriers to accessing consistent mental health care. Frequent moves between placements can disrupt the continuity of their care, causing further harm and preventing the development of stable therapeutic relationships. Child protection systems should ensure that children can maintain consistent access to mental health providers, regardless of changes to their physical location. This cohort is recognised in Australia's National Children's Mental Health and Wellbeing Strategy as being at significantly increased risk of developing a mental disorder. Children in high conflict families who repeatedly take disputes about their child to a Family Law Court are a similarly at risk of developing a mental disorder[13]. These two cohorts of children fall between State and Commonwealth support systems, and their needs are commonly overlooked by both systems.

- **Those without housing security -** Mental health support should be closely tied to the provision of stable, appropriate housing in recognition that access to safe housing is a prerequisite for effective mental health care.
- **Those with families in challenging family environments –** Parental mental illness, parental substance misuse, domestic violence, and parental difficulties in managing their child's behavioural disturbance [see 14] can all impact access to effective mental health care for young people.
- **Those living in rural and remote areas –** Depending on their circumstances, young people living in rural and remote areas may have to travel many hours to access mental health services. This travel can come at a high financial cost, both 'out of pocket' and the lost work time and income for young people or their families. Unfortunately, mental health help seeking behaviour in some rural and regional areas can also be low due to a strong culture of stoicism[15,16] and expectations of self-sufficiency[16].

2. What is going well?

APS members highlighted some elements of current youth mental health systems which are positive and should be encouraged and supported. In particular, they drew attention to:

- **Increased options for young people in rural and remote areas** – Recent developments have provided new options for young people in rural and remote areas to access mental health support. Specifically, the ability to receive psychological services remotely (i.e. telehealth, as per the *Summary of Consortium Early Advice*) has removed significant barriers related to distance, travel, and availability of local services. In addition, some new services have opened in regional areas (e.g. new headspace centres). However, we also note some of the issues and challenges with such centres in our response to questions 3 and 4 below.
- **Public health messaging** - Public health messaging regarding promotion of mental health is seen as important and positive.
- **Reduction of stigma** – APS members report that, although still unacceptably high, there have been some gains and new initiatives to reduce the stigma associated with accessing mental health support [see related 17]. APS members describe services (such as headspace, school wellbeing teams) as being youth-friendly and are also helping to reduce mental health stigma.
- **Co-located services** - When services are integrated or co-located (e.g. mental health and housing), our members report improved access and engagement by young people.
- **Outreach** - Programs that involve outreach or flexibility (e.g. home visits or community-based supports) work well for vulnerable young people.
- **Targeted teams** – Specific child-focused teams which support particular needs, for example, targeted eating disorder teams, multidisciplinary child teams, LGBTIAQ+ support teams can provide more tailored, specialised care and improve outcomes by addressing the unique challenges faced by different groups.

3. What isn't going well?

There are many opportunities to improve the current youth mental health system. Our members described issues relating to the integration of services, coordination of care, and inconsistency of care. In particular, our members report issues with:

- **Insufficient emphasis on early intervention** – The current system is geared to support moderate-to-severe cases and ultimately those experiencing crisis or hyper-acute presentations. If greater emphasis was placed on early intervention[18,19], the pressures on emergency care could be lessened[8], while also ensuring that young people receive timely support and potentially preventing the escalation of mental health concerns - improving long-term mental health outcomes.
- **Limited psychological workforce** – There are insufficient psychologists to provide psychological therapies to young clients. Consistent with our previous advocacy [e.g. 20], our members tell us that psychologists are often limited to case-management which leads to marked role erosion for clinicians with mental health treatment expertise. Ultimately, this can impact psychology staff retention.
- **Lack of culturally safe and trauma-informed services** – This is particularly problematic for young people from diverse backgrounds.

- **Inconsistent care** - Young people often "bounce between" services or get discharged without adequate follow-up, particularly if they miss appointments. This means that those who are not able to afford private mental health services are disadvantaged. For those who do remain in the public system, staff shortages and retention often mean that there is a lack of a consistent therapeutic relationship. Effective care should involve actively engaging with the young person from the outset and beginning to address their concerns, building trust, and working collaboratively to support meaningful change - not merely referring them on. Furthermore, our members report a strikingly non-unified service approach i.e. different services providing very different approaches which additionally impacts the consistency of care.
- **Complex referral pathways and exclusion criteria** – APS members report that mainstream public services often create barriers to access for young people with complex needs, rather than facilitating appropriate care. In addition, referral processes can be complex and difficult for young people (and their supports) to navigate. Our members tell us that their clients often have to repeat their story and describe their personal situation many times, which can have anti-therapeutic effects.
- **Unacceptable wait times** – Our members report issues with young people in distress having to wait for long periods of time before accessing care. Some services have high thresholds for entry (e.g. must have a diagnosed disorder), which leaves many young people without support or exacerbates delays in receiving appropriate care. APS members also describe delays regarding the identification of neurodivergence and inconsistent training and understanding around neurodivergence in educational programs.
- **Diagnostic overshadowing leading to simplistic approaches** - Young-people with co-occurring concerns are typically streamed at point of referral based on the most significant presenting issue. Importantly, this might not be the primary underlying or perpetuating factor contributing to their distress.

4. What should be changed?

As previously discussed, one major issue with the current youth mental health and wellbeing system is the lack of emphasis on prevention activities. Schools are one of the most critical settings for mental health promotion and early identification and response to mental health concerns in children and adolescents[21]. All psychologists working in schools, including, but not limited to, educational and developmental psychologists and counselling psychologists, play a vital role in promoting student wellbeing, identifying and intervening early in cases of psychosocial distress and mental health concerns and providing timely, evidence-based support for learning and behavioural needs.

Deep integration within school communities allows psychologists to build trusted relationships and provide culturally and developmentally appropriate care in a timely, non-stigmatising environment. By embedding mental health literacy and wellbeing strategies into schools and their communities we can build the resilience of our youth to reduce the burden on the healthcare system and reduce the chronicity of mental health concerns. In addition to supporting the vital work of psychologists in schools, it is essential to ensure that the liaison between health and education is seamless and person-centred so that when at risk students are identified, appropriate and timely services are available to them.

Despite this, access to school psychologists in Australia remains limited, inconsistent and far below recommended levels. The Productivity Commission's 2020 *Mental Health Inquiry Report*[22]recommended a national benchmark of one school psychologist for every 500 students, recognising that school-based services are essential to a well-functioning mental health system. However, current resourcing in many jurisdictions falls well short of this benchmark, with significant variation across states and territories. In some areas, ratios exceed 1:1000 students, depending on location and school type—leaving many schools, especially those in rural and remote locations, without access to sufficient psychological expertise to meet the growing mental health needs of students.

The APS strongly supports the recommended benchmark of one school psychologist per 500 students and continues to advocate for its formal adoption, as outlined in our 2022 *Psychologists in Schools Position Statement*[21]. Evidence shows that building resilience and strengthening mental health early improves quality of life across the lifespan and delivers long-term savings to the health system. According to the National Mental Health Commission, investing early in children's mental health yields a return of $1 to $10.50 for every dollar spent[23]—making this a social and economic imperative.

In addition to supporting psychologists in schools, our members emphasised the need for broader investment in accessible mental health supports, including:

- Investment in **low-barrier, flexible support options** that **do not require a formal diagnosis**. Referral pathways must be easy and user-friendly.
- **Collaboration between mental health professions and relevant stakeholders** (i.e. youth workers, clinical services, schools, and families) — youth support is not only clinical in nature.
- **Co-production of services** by young people to ensure they are youth-led and fit for purpose.
- **System navigation support** — someone to walk with a young person through the process, beyond simply providing a referral (as per Point 5 in the *Summary of Consortium Early Advice*). System navigators could help, for example, prevent families and individuals having to repeat their stories many times.
- Support for **outreach** and **youth-friendly hours** (i.e. after school and evenings).
- **Consistent training** of staff regarding diagnosis, formulation and treatment. The use of a universal triaging tool adopted by secondary and tertiary platforms would create uniformity in referrals (enabling one referral entry point and one decision made on clinical care).
- Recognition of **discipline specific skill sets** (as opposed to generalised 'mental health clinician roles') for example, advertising a 'psychiatrist positions' and not 'mental health doctor'.
- **Supported pathways to both stable housing and mental health services** - young people should not have to choose between accommodation and mental health care. Systems need to prioritise continuity and accessibility over rigid administrative boundaries
- **Employment-related assistance** - support is needed to support young people gain and maintain employment. APS members suggest that young people need greater access to mentors as well as professional assistance.

5. Is there any other feedback you would like to give?

While supportive of the intention of the consultation, the APS holds concerns that the current approach may unnecessarily narrow the scope of potential solutions. The *Summary of Consortium Early Advice* reflects primary and secondary care considerations but gives limited attention to tertiary models of care, transitions between child/adult services, and youth focussed crisis care with pathways back to community models. Given Orygen's significant role in the design and delivery of headspace services, it is unsurprising that headspace features prominently in the *Summary of Consortium Early Advice*. We hope that this open consultation phase of the project will elicit a diverse range of perspectives and solutions from across the sector to build a more holistic view. To this end, our members have suggested additional models of care that emphasise integration as a critical component of effective youth mental health systems[24,25].

Headspace, like many child and adolescent mental health services, employs practitioners from a range of mental health training backgrounds. However, the effective treatment of young people with moderate to severe mental ill health requires access to appropriately qualified professionals — particularly psychologists — who are trained to deliver evidence-based therapies and to work with complex presentations over time. Psychologists bring specific expertise in assessment, formulation, and therapeutic intervention that is critical to supporting young people with more severe or enduring mental health needs. As outlined above, many young people who would benefit most from this level of consistent, professional support are currently unable to access it within the existing system.

Our members report working with many young people from the 'missing middle', that is, those who fall between the gaps in the current mental health system. The needs of these young people are often too complex for the headspace model, yet they frequently present with a pattern of sub-threshold difficulties and fluctuating risk that falls outside the current tertiary system's focus on acute suicide or violence risk.

In addition, as the current system exists, factors such as education, social issues, and developmental concerns are overshadowed. As a result, geographic location, socioeconomic status, ethnicity and race, have a strong association with a young person's ability to access care, rather than their actual need.

Bolstering of psychology services under the Better Access[26*] Initiative may improve access to mental health care and outcomes for the missing middle. Better Access was introduced to Australia's public health system in 2006 to subsidise psychological therapy services to improve accessibility, and the affordability of treatment from a psychologist. Unfortunately, 19 years later, several structural barriers impede the Better Access Initiative from reaching its full potential—most notably, the requirement for a formal diagnosis to access services. This requirement can delay early support and exclude those experiencing significant psychological distress who do not yet meet diagnostic thresholds. Supporting young people must be a national priority, with a stronger focus on prevention and early intervention which requires the removal of unnecessary barriers such as this to accessing psychology treatment. Consistent with Recommendation 11 of the *Evaluation of the Better Access Initiative Final Report*[27] and our ongoing advocacy, out of-pocket expenses for 14–25 year old Australians seeking psychology services also need to be reduced so that they can access psychological care without financial hardship.

We know that young people have been particularly impacted by the COVID-19 pandemic,[10,28] and there is a strong evidence base calling for an increase in the availability of targeted mental health support.[10] The COVID-19 Response Inquiry Report (released in 2024) states that "*Children and young people's mental health and wellbeing were significantly impacted by the pandemic*" (p. 370) and further, that additional funding and investment in their mental health should be a priority within the next 12 to 18 months.[28]

We recommend introducing a **$0 youth mental health Medicare safety net threshold for Better Access psychology services**. Equivalent to the Extended Medicare Safety Net (EMSN) 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. This is intended to ensure that young Australians, particularly the missing middle, can access psychological care without financial hardship for themselves or their families. This is consistent with Recommendation 11 of the Better Access Evaluation Final Report[27] and our ongoing advocacy.

This Better Access Initiative enhancement would help to mitigate the significant risks of limited access to appropriate psychology resources and support for our young people falling between the mental health care system gaps, and address the current national trajectory of:

1. Higher future health costs and burden of disease,[29]
2. Poor mental health in childhood and lower income as an adult,[30,31] reducing productivity,
3. Increasing inequity in accessing essential psychology services.[7]

6. What are your views on the Summary of Consortium Early Advice

In addition to the above, we would like to draw attention to the following:

- **Harmonise the age range of the youth mental health system)** – We support the *Summary of Consortium early Advice* (Point 4) about the need for greater consistency in age ranges across youth mental health services. Importantly:
    - **Age thresholds should reflect the realities of school transitions.** Some students begin high school as early as age 11, which may be a more appropriate lower age threshold than 12 years for youth mental health services.
    - **The needs of children and the importance of early intervention must not be overlooked.** Our members report young people coming into the youth sector at the age of 12 with already complex mental health issues. Adequate support, including access to psychologists in schools and other appropriate services, should be available earlier.
    - **Legal competence and decision-making require a graduated approach.** The current age threshold of 18 does not support young people to progressively build capacity and autonomy in making decisions about their mental health care[32].
    - **Developmental differences must inform service design.** There are significant differences in the needs of 12-year-olds compared with 25-year-olds, warranting tailored models of care across this age span.

* For full descriptions and anticipated benefit-cost-ratios, please see Accessible mental health and wellbeing: A psychological blueprint for Australia's 2025-26 Budget - APS Pre-Budget Submission 2025-26

- **Integrate psychosocial services with clinical services** (Point 6) – We agree and support this holistic view of mental health and wellbeing and encourage efforts to integrate services to provide better coordination of care and support. Considering social determinants like education, housing, and financial security are essential in supporting mental health and wellbeing.
- **Stronger emphasis on peer support and the integration of non-clinical workers,** (such as youth workers) into care teams. The role of peer workers, while increasingly recognised in the sector, is largely absent from current models of youth mental health care. Greater integration of peer workers and youth workers into care teams can enhance engagement and provide valuable lived-experience perspectives.
- Broaden consideration to include **family conflict, violence**[14] and **school disengagement.** These are well-established risk factors for poor mental health but are often underemphasised. Effectively working with parents, family and kin is key to the success of many youth mental health services. However, our members report limited training in this area, and such work is frequently perceived as complex and resource-intensive, particularly in cases involving separation or family violence.

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to the development of this submission.

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