

headspace: Australia's National Youth Mental Health Foundation — where young minds come first

Patrick D McGorry, Chris Tanti, Ryan Stokes, Ian B Hickie, Kate Carnell, Lyndel K Littlefield and John Moran

headspace is Australia's national youth mental health initiative, created in 2006, which aims to promote and support early intervention for young people with mental and substance use disorders. It has received more than \$54 million from the Australian Government, and is designed to complement existing primary care and specialist services, and better integrate and coordinate service responses for young people.

The principal aim is to establish a highly accessible, more specialised, multidisciplinary model of care to target the core health needs of young people. A related aim will be to ensure that the schism between mental health and drug and alcohol services can be overcome through strategies including, wherever feasible, co-location and common clinical governance. The physical health needs of young people will not be the primary focus, as they represent a minor component of the burden of disease at this stage of life, but the service model will be able to address these needs when required.

It is planned to establish up to 30 youth service platforms or "communities of youth services" across metropolitan, regional, and rural Australia over the next 2 years. *headspace* will also provide training and professional support to general practitioners, school counsellors, and other health professionals and specialists working with young people. A focus on improving community awareness of youth mental health will encourage help-seeking and knowledge about youth mental health. Finally, the establishment of a Centre of Excellence in youth mental health will ensure that the latest research is collated, analysed and disseminated to those working in the field and to the general community. New research will also be stimulated through the resources and expertise available within the Centre of Excellence and the other organisations in the *headspace* consortium.

The *headspace* consortium

The consortium, led by the ORYGEN Research Centre at the University of Melbourne, also comprises the Australian General Practice Network, the Australian Psychological Society, and the Brain and Mind Research Institute at the University of Sydney. ORYGEN is a blend of a youth mental health service and a research centre, with over a decade of experience in treatment and research and in the development of early intervention models for the full range of mental disorders in young people, from the early teens to the mid 20s. ORYGEN has developed within the public mental health system through a blending of traditional child and adolescent mental health services and adult mental health resources. Its focus on the emerging adult (15–25 years), with an emphasis on prevention, has proved safe, feasible and highly acceptable to young people and their families. A missing element, however, has been a strong, enhanced primary care structure, equally attuned and accessible to young people in the transition between childhood and adulthood. Crucially, as a consortium, *headspace* has access to national expertise from the primary care sector (Australian General Practice Network; Brain and Mind Research Institute)

ABSTRACT

- *headspace*, Australia's national youth mental health initiative, was created in 2006 in response to the recognition that the existing health system needed to be much more accessible and effective for young people with mental and substance use disorders.
- With funding of more than \$54 million from the Australian Government, a carefully constructed and selected system of 30 "communities of youth services", or integrated service hubs and networks, across the nation is being established, supported by programs for community awareness, workforce training and evidence-based resource material.
- *headspace* aims to improve access, and service cohesion and quality, and ultimately health and social outcomes, for young people aged 12–25 years experiencing mental illness and related substance use problems.
- Within the Council of Australian Governments framework, this will require synergistic planning with, and co-investment on behalf of, state and territory governments, as well as the support and involvement of local communities and the wider Australian society.

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as well as from professional psychology (the Australian Psychological Society).

headspace aims to:

- build greater awareness of youth mental health within specific communities, as well as nationally, to encourage young people with mental health concerns to seek appropriate help and to do so earlier.
- build the capacity of several Australian communities, their young people and their families to:
 - ensure early detection and early intervention in emerging mental and substance use disorders;
 - create youth- and family-friendly service environments;
 - benefit from significant improvements in access, service integration and quality, through co-location, secondment of clinical staff and outreach; and
 - access evidence-based interventions for the treatment of mental and substance use disorders.

headspace has established a national office in Melbourne, and the other three consortium partners have satellite offices. It is developing a national reform program with four key components. The major element is the Youth Services Development Fund, and this is linked to and draws upon a national professional training program, community awareness strategies, and an evidence-based resource platform, all of which are intended to lead to better access, better care, and better outcomes for young people. Over the next 2.5 years, 30 *headspace* youth service platforms or "communities of youth services" (CYSs) will be established in metropolitan, regional, rural and remote locations across Australia.

Communities of youth services (CYSs)

The CYS concept is focused on building the capacity of local communities to identify at an early stage and provide effective responses to young people aged 12–25 years with mental health and related substance use disorders. It will require genuine reform of and growth in local service systems, a visible and accessible location for the service hub, planning and local implementation of community awareness campaigns, and service-provider education and training. A key additional element for optimal functioning and sustainability is a genuine synergy with, and new investment from, state-funded specialist mental health and drug and alcohol services, as they also strengthen their response for young people in this age range.

Each local CYS will be directed by a lead agency on behalf of a local partnership of organisations responsible for the delivery of services to young people — specialist mental health, drug and alcohol and primary care services; vocational services and training; and employment support and other services, such as supported accommodation.

Key CYS activities

- Deliver community awareness campaigns to the local community to enhance help-seeking behaviour by young people and the capacity of local service providers and families to identify emerging mental health problems at an early stage.
- Develop specialist-, youth- and carer-friendly youth services that ensure that young people's needs are met with a coordinated and integrated response. It is expected that CYSs will employ a range of strategies to ensure effective coordination, depending on local needs and priorities, particularly given that the needs of a rural community will differ from those in metropolitan areas.
- Utilise funding streams, such as the new mental health Medicare Benefits Schedule items for GPs, allied mental health professionals and psychiatrists, which were introduced in November 2006; the access to psychological services available under the Better Outcomes in Mental Health Care Program; and a range of new funding streams, such as the expanded youth pathways scheme, and the mental health nursing initiative announced as part of the Council of Australian Governments' National Reform Agenda in 2006.
- Plan and implement local education and training programs using *headspace* training packages, to increase local mental health, primary care and other workers' understanding and use of evidence-based approaches in mental health care.
- Develop a clear process for engaging young people and carers in the planning, development and review of both their community awareness campaign and their *headspace* service platform.

There will be a significant focus on ensuring that services provide a youth-friendly environment. This is rarely available in primary care or specialist mental health systems. Many young people are reluctant to access public mental health services due to concerns about stigma. Community-based services, particularly those that are collocated, will offer a "soft" entry point for young people that is more appealing and effective in attracting them into the service and, more importantly, engaging them over a period of time, ensuring effective treatment outcomes. Outreach and mobile strategies will be an essential element in working with young people with mental health issues. A CYS will be a visible youth-friendly venue for young people with mental and substance use disorders of all types, which will possess "in-house" specialist

expertise, backed up by and linked with a network of other primary and specialist services and providers in the local and regional community.

headspace: an opportunity for better access, greater synergy and cohesion

Throughout this Supplement we have illustrated the weaknesses and structural problems of current models of care in responding to the major public health problem of unmet and poorly met need in youth mental health. Some may contend that alternative reform proposals would be preferable; however, we have seen little evidence of clear proposals from other sources. Meanwhile, all agree that something has to be done to tackle this neglected issue, and the government has strongly endorsed *headspace* as a way forward.

headspace enables the current adolescent mental health system to be strengthened and extended in a way that fits well with both developmental and epidemiological needs and existing community resources. Synergy with *headspace* provides a great opportunity to strengthen and extend the adolescent component of the specialist Child and Adolescent Mental Health Service mandate, as it offers the increased resources that child and adolescent psychiatrists have long sought.

Strengthening the component for younger (prepubertal) children could well be a secondary focus, but may require additional advocacy and partnerships with other initiatives, such as the Australian Research Alliance for Children and Youth, and with paediatricians and child psychiatrists. It is important to note that the allocation of new funds to *headspace* has not been achieved at the expense of prepubertal children.

Psychiatry as a discipline, and mental health as a field, have traditionally been weak and divided in their appeal to the community and government. It is crucial that the field acts in a mutually supportive manner and joins with other key agencies and perspectives to strengthen the entire service system for young people. The Council of Australian Governments' reform agenda shows the potential benefits of this approach. Progress must occur in stages and with a range of strategies, recognising that success in one area does not automatically diminish the importance of other areas of continuing need. Of course, no reform will be perfect, particularly in its first iteration, and there is an opportunity to evaluate the impact of *headspace* as it rolls out, and to adapt and modify the model (which will vary to some extent from place to place). Momentum and flexibility have to be maintained if nationwide coverage is to be achieved over the next few years. Alternative models and evolution guided by experience will almost certainly emerge and allow scope for sceptics of the initial design to be accommodated.

Thus, *headspace* aims to strengthen the existing system by introducing a new stream of multidisciplinary care. It has come into being because national policymakers have accepted the fact that the existing specialist system is weakest at the point it needs to be strongest, namely the transition between late adolescence and young adulthood. It has not diverted resources away from younger children (who, we strongly agree, also need more mental health resources — but this is clearly not an either-or situation), and is intended to reduce complexity, not to increase it. New funds have been allocated to address our most serious gap in mental health care in terms of unmet need. *headspace* aims to reduce, not increase, fragmentation, and complement hard-pressed, state-funded services. State governments undoubtedly also need to preferentially invest more in this critically underserved cohort. The quality of care for young people,

more than any other group, in state public mental health services across Australia, leaves a great deal to be desired.

A key principle will be that no one will be turned away from *headspace* on the basis of severity or diagnosis, as occurs in the public mental health system (although there may yet be waiting lists and queues). As in physical medicine, the *headspace* philosophy is that young people with mental health problems who are seeking help have a legitimate right to access to care, irrespective of perceived severity. For more information on *headspace* visit <<http://www.headspace.org.au>>.

Competing interests

Kate Carnell is paid "out of pocket" expenses to attend *headspace* meetings. *headspace* is funded by the Australian Government.

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