RACGP
Royal Australian College of General Practitioners

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11 June 2026

Department of Health, Disability and Ageing
GPO Box 9848
Canberra ACT 2601

Dear CYRS Secretariat,

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

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the Consultation on draft models of care for headspace Plus and Youth Specialist Care Centres (YSCCs).

The RACGP recognises the need to strengthen Australia's mental health system for young people, particularly those requiring a higher level of care or experiencing complex, evolving needs that exceed what primary mental health care can provide. The RACGP acknowledges these models of care aim to strengthen referral pathways to provide access to multidisciplinary services and enhance continuity of care for young people with more complex mental health needs. A central issue across both models is the need for stronger integration with existing services, particularly general practice, and the risk of fragmentation where services operate separately from a young person's usual care. Where coordination is limited or roles are unclear, there is a risk of gaps in care, duplication and reduced continuity

This submission provides an overview of the role of general practice in providing mental health care for young people, followed by overall considerations, and specific comments on relevant items in each of the draft models.

1. The role of general practice

The majority of mental health care in Australia is provided in general practice.[1] Consistently 71% of GPs report psychological issues in their top three reasons for patient presentations [2] and 38.8% of Australians aged 16–24 with a 12-month mental disorder[i] consulted a GP for their mental health,[3] more than any other profession. As most mental health problems in adults begin during adolescence and young adulthood (ages 12–25), early identification and diagnosis in young people is essential for timely support and improved long-term mental health. GPs play a crucial role in this process, often serving as the first point of contact for young people and providing initial assessment, early intervention, and referral to appropriate mental health services.[4] GPs will routinely continue to support young people at all IAR-DST levels, for example on discharge from acute mental health services or when more intensive therapy is being delivered.

The GP role includes early identification of emerging mental health issues, assessment, management, referral and coordination of care across health and social care sectors.[5] Young people require comprehensive care that general practice offers, addressing not only their mental health, but also their physical wellbeing including sexual health, substance use, immunisations, and chronic disease management. Mental health issues often present with physical symptoms that can resemble other serious conditions, and GPs are well-equipped to differentiate and diagnose these complex presentations. Furthermore, mental illness is often closely linked to social determinants such as housing instability, unemployment, and financial hardship. In these cases, GPs frequently play a vital role in providing documentation, care coordination, and advocacy to support young people in navigating the health and social system

It is, therefore, critical for general practice to be effectively integrated into models of care for young people. As the key health professional providing mental and physical health services, GPs need resourcing and support to effectively address the growing needs of young people. Australian general practice provides continuity of care and care that is accessible. The RACGP notes that in a 2022 evaluation, the cost for Headspace episode of care was $842. By contrast the MBS item for Mental Health Care plan up to 40 minutes consultation by a GP with mental health training is $79.05 from which infrastructure costs are usually taken.

[i] *Definition: People who met criteria for a mental health diagnosis and had symptoms of that disorder in the previous 12 months*

2. Overall considerations

Fragmentation and alignment with existing care

Care for young people with complex needs is not delivered through isolated service episodes, but through ongoing relationships, which are often initially established in general practice. Where services operate outside these relationships, care may become fragmented, with duplication and unclear responsibility. Standalone mental health services lead to fragmentation of a patient's healthcare. It is critical that mental health services are supported to be appropriately integrated with general practice and a person's usual GP. When the headspace model is working well, GPs who refer patients to headspace with a Mental Health Treatment Plan are sent brief progress reports, ensuring continuity of care. Any new and/or refined models of care for youth mental health should be required to share information with the patient's GP, when they have one.

Integration with general practice

Integration with general practice is critical to both models. While integration is identified within the models, it is not clearly described in operational terms. Coordination between services is assumed, but there is limited detail on how communication, shared care, and clinical responsibility will be managed in practice.

Effective integration requires early identification of a young person's usual GP, regular communication, clearly defined clinical responsibilities, and the capacity for direct clinician-to-clinician engagement. General practice provides a broad range of care alongside mental health treatment, including management of physical health, preventive care and comorbidity, which reinforces the need for active and ongoing GP involvement. Without these elements, integration is unlikely to be implemented consistently.

Clinical care for this cohort is strengthened when a GP is an active member of the multidisciplinary team, rather than being positioned primarily to receive updates.

Time-limited care and transition to ongoing care

Both models provide time-limited care and cannot deliver ongoing management for many young people with complex needs or chronic needs. As a result, their effectiveness depends on how well they support transition out of services. This requires early planning and ongoing connection to a young person's usual GP so that transition is supported along the patient's journey and not just occurring at the point of discharge to ensure continuity of care.

Workforce and implementation feasibility

The workforce component of the models does not fully address how services will be delivered across different settings, including rural and regional areas. In practice, the availability of both specialist and general practice workforce will affect how these models can be implemented. Access to services vary depending on location. Differences between urban and regional availability affects equity of access and the ability to deliver coordinated, team-based care.

Aboriginal and Torres Strait Islander health

The models identify young Aboriginal and Torres Strait Islander people as a priority population. Funding and health service models of care for Aboriginal and Torres Strait Islander people should align with existing government commitments under the Closing the Gap priority reform areas, including increasing funding to Aboriginal Community Controlled Organisations (ACCOs).

To support effective implementation, the models need to more clearly articulate how services will work with Aboriginal Community Controlled Health Organisations (ACCHOs) and align with existing Aboriginal-led models of care. This includes recognising the role of established frameworks such as the Gayaa Dhuwi (Proud Spirit) Australia framework, as well as programs and initiatives led by organisations such as the National Aboriginal Community Controlled Health Organisation (NACCHO), which provide culturally appropriate, evidence-based approaches to social and emotional wellbeing.

Partnerships with ACCHOs should not be assumed. Effective collaboration requires time, resourcing, and recognition of existing capacity, governance, and community priorities. Models should support Aboriginal-led approaches where they exist and ensure cultural safety is embedded across governance, workforce, and service delivery.

Specific comments on relevant items in each of the draft models is provided below.

3. Draft headspace Plus model of care

Aboriginal and Torres Strait Islander health

The headspace Plus model identifies Aboriginal and Torres Strait Islander people as a priority population and includes a range of commitments relating to culturally appropriate service design. These include expanding the First Nations workforce, including social and emotional wellbeing workers and cultural roles, strengthening cultural governance, embedding First Nations values, principles and practices within organisational structures, and developing partnerships with Aboriginal Community Controlled Organisations.

However, there is limited detail on how they will be implemented in practice, including how these roles will be resourced, how cultural governance will operate, and how partnerships with Aboriginal Community Controlled Health Organisations will be established and sustained

Integration with existing mental health and other relevant services.

Integration with general practice and other services is critical. While the model recognises the importance of communication, there is limited detail on how this will occur in practice. Regular, structured communication with referring GPs, including written updates and clear points of contact, is essential. The model should also encourage young people to maintain engagement with a usual GP to support continuity of care.

4. Draft YSCC model of care

Target population

A broad cohort is included, including those with early psychosis, complex mental health presentations, eating disorders and personality-related conditions. The breadth and complexity of this group creates a risk that services may become saturated, particularly where there are limited step-down options or ongoing care pathways.

Flexibility to allow for local implementation

Services are proposed to be delivered from a limited number of centres. Access will vary depending on location, particularly for young people in regional areas. This may also affect the ability of general practice to participate in team-based care where services are not geographically accessible.

Pathways into and out of services delivering these models of care

In the presented draft YSCC model, alignment with state-funded services, including Child and Adolescent Mental Health Services (CAMHS) and adult mental health services, is not clearly described. This creates a gap in how continuity of care will be maintained across service boundaries.

Safety and quality considerations

Clinical governance is described as psychiatry led. This does not fully reflect the breadth of clinical needs within this cohort. Young people with complex needs will experience physical health issues and comorbid conditions alongside mental health concerns. Inclusion of general practice input in clinical governance would support oversight of these aspects of care.

Integration with existing mental health and other relevant services.

Family involvement, alcohol and other drug services and therapeutic supports are identified. The RACGP questions how services will work with families where young people are not engaged in care, including where young people refuse care, are disengaged, or present in paranoid or psychotic states. In these situations, families may be seeking support or expressing concern about their child's safety or behaviour, including where underage young people refuse care. There is limited detail on how services will respond to families in these circumstances, including who will engage with and support parents.

The RACGP thanks the Department of Health, Disability and Ageing for the opportunity to provide feedback. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, National Manager, eHealth, Quality Care & Standards on (03) 8699 0544 or at Stephan.groombridge@racgp.org.au

Yours sincerely

Dr Michael Wright
President

5.References

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4. Kehoe M, Winton-Brown T, Lee S, Hopkins L, Pedwell G. General Practitioners' management of young people with mental health conditions in Australia. Early Interv Psychiatry. 2020 Feb;14(1):124-129
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