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EARLY INTERVENTION IN THE REAL WORLD

Australia's innovation in youth mental health care: The headspace centre model

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Aim: headspace is Australia's innovation in youth mental healthcare and comprises the largest national network of enhanced primary care, youth mental health centres world-wide. headspace centres aim to intervene early in the development of mental ill-health for young people aged 12 to 25 years by breaking down the barriers to service access experienced by adolescents and emerging adults and providing holistic healthcare. Centres have been progressively implemented over the past 12 years and are expected to apply a consistent model of integrated youth healthcare. Internationally, several countries are implementing related approaches, but the specific elements of such models have not been well described in the literature.

Method: This paper addresses this gap by providing a detailed overview of the 16 core components of the headspace centre model.

Results: The needs of young people and their families are the main drivers of the headspace model, which has 10 service components (youth participation, family and friends participation, community awareness, enhanced access, early intervention, appropriate care, evidence-informed practice, four core streams, service integration, supported transitions) and six enabling components (national network, Lead Agency governance, Consortia, multidisciplinary workforce, blended funding, monitoring and evaluation).

Conclusion: Through implementation of these core components headspace aims to provide easy access to one-stop, youth-friendly mental health, physical and sexual health, alcohol and other drug, and vocational services for young people across Australia.

KEYWORDS

early intervention, integrated models, mental health, models of care, youth

1 | INTRODUCTION

headspace is Australia's National Youth Mental Health Foundation. It commenced in 2006 with funding from the Australian Federal Government via the Department of Health in recognition of the urgent need for health system reform to respond more effectively to the high incidence and prevalence of mental health problems among young people in the adolescent and early adult years, and their low level of mental health service use (McGorry, Tanti, et al., 2007; McGorry, Purcell, Hickie, & Jorm, 2007).

At the heart of the headspace initiative is the headspace centre, which is an easy-access, youth-friendly, integrated primary care service, that builds upon the capacity of services in the local community to provide an early intervention approach to mental health problems for young people aged 12 to 25 years (McGorry, Purcell, et al., 2007). headspace centres have been implemented progressively across Australia, with an initial 10 centres in 2007 and scaling up to a national network of 110 centres in 2018. Recently, centres have been strengthened in six regions by vertical integration with specialized services for more complex, low prevalence disorders, notably early presentations of psychosis. Further, the national headspace initiative

provides other services and programs including an online youth mental health service "eheadspace", headspace mental health in education services, the headspace interactive website, and a digital work and study service, among others.

Internationally, congruent approaches to integrated youth mental healthcare have been commenced in several countries (Hetrick et al., 2017), although the headspace centre network comprises the largest national implementation of a consistent primary care model, worldwide. A framework for youth-friendly health services was developed by the World Health Organization some time ago, and emphasizes three core features: that services are accessible, acceptable and appropriate (McIntyre, 2002). The headspace centre model is consistent with this framework and has been further developed and refined through more than 10 years of practice and evaluation (Rickwood, Anile, et al., 2014). Guiding principles for youth mental health services have recently been published (Hughes, Hebel, Badcock, & Parker, 2018), and the headspace centre approach both helped to inform and complies with these principles.

The headspace centre network is supported in model implementation by a national office (headspace National) that develops resources and undertakes activities to facilitate model integrity and evidence-informed innovation and growth. National resources include collection of a national minimum data set, which is routinely gathered from headspace centre clients and service providers, and used to monitor and evaluate service activity and outcomes (Rickwood, Telford, Parker, Tanti, & McGorry, 2014). There have been two major external evaluations of the centres (Hilferty et al., 2015; Muir et al., 2009), regular internal evaluations (Rickwood, Telford, Mazzar, Parker, et al., 2015; Rickwood, Anile, et al., 2014) and ongoing consultation for continuous service development (Rickwood, Telford, Mazzer, Anile, et al., 2015). These quality improvement activities show that, overall, there is a high level of uptake and access of headspace centres (Hilferty et al., 2015), young people and their families are very satisfied with the headspace centre model (Nicholas, Holloway, Telford, & Rickwood, 2017; Rickwood, Nicholas, et al., 2015), and positive outcomes are being achieved (Hilferty et al., 2015; Rickwood, Telford, Mazzer, Parker, et al., 2015).

Nevertheless, a recent systematic review concluded that many different integrated youth mental health models have evolved internationally and that no single example could currently claim to constitute best practice (Hetrick et al., 2017). The review noted that the core features of the services have not been sufficiently well defined or described, although the general concepts underpinning these models have been established (McGorry, Goldstone, Parker, Rickwood, & Hickie, 2014). Consequently, to redress this knowledge gap, the aim of this paper is to describe the essential components of the headspace centre model as a key example of innovation in youth mental healthcare.

2 | THE HEADSPACE CENTRE MODEL

At the epicentre of the headspace model are young people themselves. Everything that headspace centres do revolves around being responsive to the needs of young people aged 12 to 25 years. It is now well-documented that this is a life-stage of very high vulnerability to the emergence of mental health problems, yet marked reluctance to seek help, particularly professional help (Slade et al., 2009). Three-quarters of all mental disorders commence by the age of 24 (Merikangas et al., 2010). Within a population health approach, effective early intervention is essential for young people at high risk and experiencing the early signs of mental health problems to attempt to prevent deterioration of mental health and to support vulnerable young people to transition more effectively into productive adulthood (Australian Government, 2000). The headspace model is based on removing the barriers to service access and increasing the propensity for young people to seek help at this stage of life. The aim is to ensure that young people receive accessible, appropriate and effective services within a sustainable service system (Rickwood, Anile, et al., 2014).

The headspace centre model comprises 16 components, 10 of which are core service provision components and 6 of which are enabling system components. These are shown in Figure 1 and described briefly below.

3 | SERVICE COMPONENTS

3.1 | Youth participation

The participation of young people is a key driver of the headspace model to ensure that it is genuinely youth-centric and responsive to young people's needs and preferences. This is evident through youth participation being the first core model component. Youth participation occurs at three levels. The first level is the young person's treatment plan, whereby young people are enabled to participate in their own care. This is supported by a comprehensive orientation process, resources for young people, and policies and procedures to involve them in decisions about their care at all points in their care pathway, including a collaborative treatment plan. The second level is that young people are engaged in ongoing service development, particularly through the operation of a centre-specific Youth Reference Group. This group is able to provide input into service design, delivery and evaluation. The third level is at the highest level of governance. Young people need to be included in centre governance processes, through attendance at governance meetings and input to strategic and operational planning.

Youth participation in service evaluation is facilitated by routine collection from young people of a standardized measure of service satisfaction via the national electronic data collection system (Rickwood, Nicholas, Mazzer, Telford, et al., 2015). This information is continually fed back to the centre through a dashboard report of the centre's satisfaction scores and regularly analysed by the headspace National evaluation staff. This helps to identify service gaps and areas of strength according to the voices of young people accessing centre services.

3.2 | Family and friends' participation

The second key driver is young people's family and friends. Young people live their lives supported by family and friends, and these

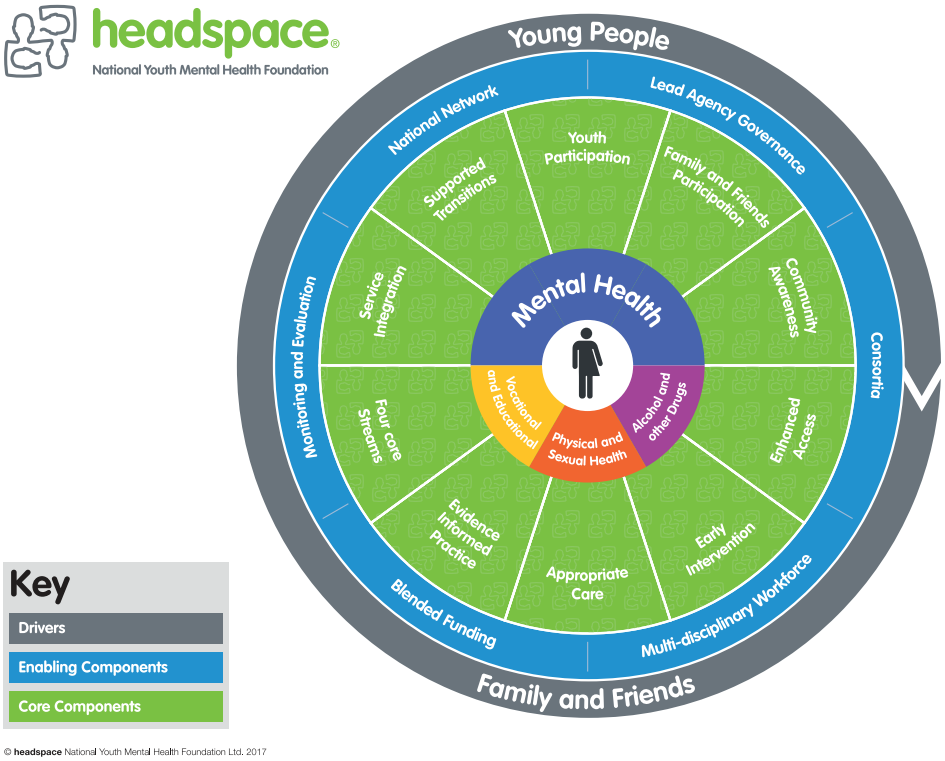

FIGURE 1 The headspace centre model

people are critical to their service access and engagement (Rickwood, Mazzer, & Telford, 2015) as well as their ongoing well-being. headspace centres need to be accessible and accommodating to the needs of family and friends.

Family and friends' participation is also at the three levels. At the first level of a young person's individual care, the critical role of the family is recognized and prioritized. Centre staff emphasize engaging family and friends in supporting the young person in their mental healthcare and encourage family inclusive practice. The inclusion of family and friends is negotiated with the young person with due regard to choice, confidentiality and privacy. At the second level, family and friends have a role in service development and evaluation. This ensures that the operations of the centre are suited to the needs of families and friends, enabling their engagement and ability to support their young person. This can be achieved through a Family and Friends' Reference Group, or other mechanisms that include the views of young people's significant others in service development. At the third level, family and friends' input is required in governance of the centre. This ensures that the strategic directions of the centre are responsive to the needs and well-being of families and friends. This is achieved through involving family and friends in centre governance processes and strategic planning.

The participation of family and friends in service evaluation is facilitated by an annual survey whereby centres are supported by headspace National to obtain feedback on a standardized measure of service satisfaction developed specifically for family and friends (Nicholas et al., 2017). This satisfaction survey is available all year round, but during a 1-month period each year a major focus is placed on obtaining this feedback. Information is analysed by evaluation staff at headspace National and provided back to the centre network through a centre-specific report.

3.3 | Community awareness

Community awareness and engagement are essential to the headspace model to enable young people to seek help early. Young people, their families and the general community need a good level of mental health literacy to: be able to recognize when issues might need professional support, reduce the stigma of mental health problems, encourage a positive attitude to seeking help and know where to go for appropriate support (Jorm et al., 1997). Awareness about the local headspace centre is a primary focus. headspace centres dedicate a proportion of their staffing resources to a community awareness and engagement position and have an annual plan of activities to build community knowledge and support. It is essential that young people and relevant agencies in the community (especially schools and general practices) are aware of the work of the headspace centre and know how to access it.

While awareness is critical for the local community, this is further supported by national campaigns run by headspace National. To date, these have focused on improving mental health literacy and reducing stigma for population groups that are less likely to access mental health services, such as young men and young people from Aboriginal and Torres Strait Islander backgrounds (Brown, Rice, Rickwood, & Parker, 2015).

3.4 | Enhanced access

This service component recognizes that the design of the centre must reduce the many barriers that have been identified to young people

accessing mental health services (Gulliver, Griffiths, & Christensen, 2010; Rickwood, Deane, & Wilson, 2007). Fundamentally, headspace centres accept all types of referrals, including self-referral, and services are no or low cost. Centres are expected to have a "no wrong door" policy so that young people can present with any issue, meaning they and their families do not have to navigate a complex care system on their own. This is in marked contrast to traditional mental health services in Australia, and elsewhere, which have many exclusion criteria (Purcell et al., 2011). Centres are expected to provide a timely response to young people and wait times are routinely monitored through the headspace minimum data set. Centres are also expected to operate out of normal business hours, as a 9 AM to 5 PM approach does not meet the needs of many young people and their families. Young people need to be able to attend at times that don't interfere with their study or work commitments, or that are suitable to a family member transporting them. Young people from more marginalized population groups, such as those who are homeless, particularly value the availability of drop-in sessions (Rickwood, Telford, Mazzer, Anile, et al., 2015).

Service access is facilitated by ensuring that the centre has a welcoming environment, in both its physical setting, and a non-judgemental and personalized staff response and orientation process. Importantly, the service must be youth-friendly, and socially and culturally inclusive. This is achieved through staff training and a prioritized focus on being inclusive of young people from more vulnerable population groups within the local community, including young people who are same-sex attracted, gender diverse, and from diverse cultural backgrounds.

The design and décor of the centre are understood to be critical factors in access and engagement. Centres are expected to be located in easily accessible locations with public transport access, but also some privacy to entry. There are clear design and branding requirements to ensure that the centre is identifiable as a headspace centre and appears welcoming and inclusive. For example, evaluation research has shown that displaying posters showing that the centre acknowledges diverse sexual orientations and having Aboriginal and Torres Strait Islander artwork is helpful for young people from these population groups to feel more comfortable (Rickwood, Telford, Mazzer, Anile, et al., 2015). Through youth and family participation, and community engagement, the centre is able to identify local youth needs and customize the centre's atmosphere and orientation accordingly.

3.5 | Early intervention

Early intervention is about reorienting services to enable young people access as early as possible in the development of a mental health problem. In contrast to traditional service approaches, young people are able to access headspace centres long before an acute or crisis situation arises, or before a problem or disorder becomes chronic. Young people at risk of developing a mental health problem through exposure to risk factors and those showing early symptoms and subsyndromal mental disorder are expected to be prioritized.

The headspace initiative is based on the population health premise that only by intervening early will the burden of mental illness be reduced, over time (Mrazek & Haggerty, 1994). It is also a fundamental tenet that intervening early is in the best interests of young people, their families and communities, to provide appropriate treatment and psychosocial supports to help young people get their life back on track quickly and make an effective transition to productive adulthood. Key aims are to eliminate the damage to physical health, social relationships and vocational engagement that ineffectively treated mental illness can cause.

Maintaining a focus on early intervention is acknowledged as an ongoing challenge because there is so much unmet need for all stages of mental health intervention, due to the lack of sufficient resources allocated to mental healthcare (Purcell et al., 2011). Consequently, headspace centres do not turn away young people who are accessing with later presentations. Rather, a constant focus on ensuring early access for early presentations is expected. This is monitored through the minimum data set which shows the proportion of young people accessing at different stages of risk and ill-health.

3.6 | Appropriate care

Appropriate care is developmentally and culturally tailored, and proportional to the stage of illness, stage of life and complexity of presenting issues. First, care provided through the headspace model must be developmentally appropriate; the age range from 12 to 25 years spans a period of dramatic change in all the domains of physical, cognitive, social and emotional development (Arnett, 2013). The characteristics and needs of young people in early adolescence are distinct from those in later adolescence, which are different from those in early adulthood. headspace centre staff must be skilled in developmentally appropriate assessment and treatment approaches.

Similarly, cultural safety and appropriateness is essential. Australia has a very diverse population mix culturally, including first nation Aboriginal and Torres Strait Islander peoples, who through their history of invasion and colonization experience unique and potent risk factors for their mental health and well-being (Parker & Milroy, 2014). headspace prioritizes Aboriginal and Torres Strait Islander young people through regular cultural awareness training for staff, targeted consultation for youth participation and national media campaigns, and development of Reconciliation Action Plans.

Other population and cultural groups also need to be recognized, and the priority groups vary centre-by-centre depending on the population mix in the local community. Young people who are lesbian, gay, trans, intersex, queer or questioning are expected to always be a priority group. Other priority groups for young people from diverse cultural and linguistic backgrounds will vary by community. Centres are expected to know and respond to the needs of the priority cultural groups in their community. This is achieved through appropriate local planning and can be facilitated through relevant partnerships and representation on the headspace centre governance group.

Providing services across a range of risk and illness presentations and complexity is also paramount. With a focus on early presentations, but also a "no wrong door" approach, centres must be able to respond appropriately to diverse presentations. This requires a highly skilled and multidisciplinary workforce, along with strong partnerships and referral pathways with other local services. If the headspace

centre itself is not able to address any presenting issue, then a "warm referral" that ensures that a young person gets to an appropriate service is required.

3.7 | Evidence-informed practice

headspace centres deliver services based on the best current evidence (Rickwood, Anile, et al., 2014). This is achieved by employing staff who are appropriately trained and credentialed, and additionally trained through headspace orientation. A knowledge transfer cycle is supported throughout the headspace network by headspace National, which includes a continually updated headspace learning platform available through online and other resources. This education and training is informed by research, evaluation and comprehensive evidence reviews, strongly supported by a key partnership with Orygen: The National Centre for Excellence in Youth Mental Health (www.orygen.org.au), which is a centre of long-standing excellence in youth mental health research and clinical practice in Australia and internationally. The centre network also convenes regularly in a headspace Forum which is used to share research and practice and keep staff up-to-date with the most recent advances in youth mental health.

Centres are committed to developing the evidence base for youth mental health through involvement in research and evaluation. They contribute to the evidence base by sharing innovations in practice with other centres through the headspace network and its resources. Centres are required to input to the routine minimum data set collection, as well as be engaged in research and evaluation projects that are identified as priorities through the headspace National research and evaluation strategy.

3.8 | Four core streams

headspace centres are an enhanced primary care platform providing four core service streams—mental health, physical and sexual health, alcohol and other drug, and vocational—that match the needs of young people in adolescence and young adulthood (McGorry, Bates, & Birchwood, 2013). The main health need for this age range is mental health, however, so this comprises the largest service focus. Other issues that are important are physical health, particularly sexual health, which is critical due to rapid sexual development and exploration at this life-stage. While physical health issues, in general, are relatively uncommon, general health services can provide a non-stigmatizing, soft-entry point to mental health care. It is also critical to treat the whole person and ensure both mental and physical health needs are met. Recognizing that young people with the more common physical health concerns, such as asthma, are at increased risk of mental health concerns (Rickwood, White, & Eckersley, 2007), is also imperative to ensure their mental health needs are identified and met.

Alcohol and other drug use emerges during these years and co-morbid syndromes of mental health and substance use problems are common presentations (Baker & Kay-Lambkin, 2016). Young people may develop dependency, but are also at risk through initial experimental use and need effective harm minimization approaches to be available.

The foundations of vocational well-being are laid down in adolescence and early adulthood, so the engagement of young people in study and work must be a primary focus. Young people accessing headspace services are at significantly increased risk of disengagement from work and study (Holloway et al., 2017). Ensuring that vocational needs are assessed and appropriate supports put in place are essential to enabling young people an independent adulthood. Young people with more complex mental health problems may require intensive vocational support, but even transitory mental health issues can cause disruptions to study and work that have long-term consequences, so all young people need to be supported to be engaged on an appropriate vocational track.

Implementation of the four core streams is facilitated through holistic assessment that focuses on all the domains of a young person's life through routine implementation of the headspace holistic assessment tool (Parker, Hetrick, & Purcell, 2010). The headspace minimum data set is also used to monitor the level of service activity across streams.

3.9 | Service integration

On-site and off-site service integration are necessary to coordinate and provide appropriate clinical governance for the four core streams and any other services provided through the headspace centre. After the holistic needs of each young person are identified, they are met through an integrated care pathway with a coordinated approach to the mix of services required.

On-site integration is achieved within the headspace centre and co-located services through collaborative care planning and delivery, shared-care arrangements and multidisciplinary case review. Administrative procedures are expected to provide a seamless experience for the young person and their family. For example, medical records and other paperwork should be harmonized. Any headspace services that are not co-located physically are expected to be similarly integrated.

headspace centres need to maintain an up-to-date register of other services in the community that young people might need. Strong partnerships, established referral pathways and warm referrals are used to integrate care with external service providers. For example, psychosocial needs, like housing, may need to be addressed and the headspace centre requires strong collaborative relationships with such community service providers to ensure a timely and integrated response. Maintaining strong links and relationships with other local service providers critical to young people's care pathways is an important focus of centre staff.

3.10 | Supported transitions

Supported transitions proactively and personally link young people with external services when a headspace centre is not able to meet their needs. This ensures those who are at risk of disengagement do not fall through the gaps during transitions. Again, strong collaborative partnerships, established referral pathways and warm referrals are the techniques used to support effective service transitions.

Transitions within stepped or staged care processes may be required so that young people receive the level of care that best

meets their needs (Hamilton et al., 2017). For example, headspace centres are expected to be strongly connected with local schools so that young people can be identified as in-need at school and receive a well-coordinated approach to care at the local headspace centre. For young people who need more intensive, longer-term or complex-care management than the headspace primary care approach can provide, supported transitions are required with secondary and tertiary services. Such transitions are able to be strongly supported for young people experiencing the early signs of psychosis by vertical integration with headspace Youth Early Psychosis Program services, which have been built onto some of headspace primary care services since 2014. Further, young people ageing out of headspace at 26 years may need to be sensitively and effectively engaged with appropriate adult mental healthcare.

4 | ENABLING COMPONENTS

4.1 | National network

The national network, currently comprising 110 centres along with the coordinating support of headspace National, provides a strong platform to leverage its collective strength. The network enables innovation and shared learning to develop best practice and continually improve service quality. The network supports and strengthens individual centres, helps achieve national consistency with appropriate local customization, and provides opportunities for inter-centre knowledge transfer.

Having a strong and consistent national brand that clearly identifies and promotes headspace centres is crucial, and something that is quite unique for a mental health service. The national brand and communication strategies, including national media, position headspace as the peak organization for youth mental healthcare across Australia. The brand has become a trusted and credible source of information and support that is highly visible and valued by young people, families and communities throughout Australia (Hilferty et al., 2015).

The network operates through multiple channels to bring the centres together to learn from evidence-based practice and practice-based evidence. Centres have access to headspace National orientation material, national resources and a comprehensive online education and learning platform, communities of practice, and the Forum where centre staff convene to share their experiences. Centre staff particularly value learning from each other, with more established centres being models for newer centres, and centres that are innovating in particular aspects of the model able to share their expertise. A strong sense of community and identification with the headspace way has been forged, and headspace staff are passionate about youth mental health and their role in system and practice reform.

A national data system that collects a consistent minimum data set from young people and their headspace service providers was implemented in 2013. The data items cover who, how and why young people access headspace centres, what services they receive, outcomes achieved, and their satisfaction with services (Rickwood, Telford, et al., 2014). This information is used to monitor and evaluate activity across the centre network. It enables centres to compare themselves with national and peer groupings. The data are used in multiple ways to identify progress and areas of strength as well as gaps and service development needs.

The network is further enhanced by the partnership with Orygen, which inspires a strong commitment to research to better understand the mental health needs of young people and the most effective interventions and systems of care. Centres are expected to be regularly involved in research as well as service evaluation projects.

4.2 | Lead agency governance

Another enabling component of the headspace centre model is governance by a Lead Agency. Independent organizations are commissioned to operate each headspace centre, although some agencies operate multiple centres. There are currently 68 different Lead Agencies operating the centres. The Lead Agency provides the infrastructure and is responsible for corporate and clinical governance. Lead Agencies have the premises, employ staff, engage with the community and develop partnerships with other agencies to fulfil their role of delivering safe, high quality services that implement the headspace model and meet the needs of young people and their families. Importantly, although centres are operated by different Lead Agencies, they are branded and delivered as headspace.

4.3 | Consortia

Governance is provided by a Consortium of local service providers that collaborate with the Lead Agency to give strategic direction, additional capacity through in-kind contributions and local planning oversight. The Consortia approach enables local community investment in and support for the centre and ensures that the centre meets community needs through planning and appropriate collaboration. It provides a formal structure for the creation and maintenance of partnerships that increase the reach and continuity of care of headspace services.

Membership needs to have representation from each of the four core streams of mental health, physical health, alcohol and other drug, and vocational services. The Consortium should also have representation from other relevant organizations within the community. For example, in a community with a significant Aboriginal and/or Torres Strait Islander population, an appropriate organization representing these interests should be on the Consortium. Through such strategic collaborations, the centre can make sure that it is responsive to the needs of the local community and is able to draw on local expertise to do so.

The Consortium operates under formal governance processes and terms of reference. Consortium members have a partnership agreement or memorandum of understanding with the Lead Agency. Meetings are held regularly and appropriately recorded. As described in the youth participation and family and friends' participation core components, established mechanisms for such participation at the Consortium level must be evident. Importantly, the Consortium is led by an independent chair, so that it can provide strategic oversight and direction specifically for headspace and independent of the interests of the Lead Agency.

4.4 | Multidisciplinary workforce

Centres are staffed by multidisciplinary teams that can address the holistic needs of young people. This comprises both clinical and non-clinical staff with a minimum staffing mix that includes a centre manager, clinical coordinator, community engagement and intake workers, and reception staff. Services are delivered by appropriately qualified and experienced allied health professionals (eg, psychologists, social workers), youth workers, nurses, general practitioners, alcohol and other drug workers, and vocational workers. Access to sessional psychiatry is ideal. Core staff are directly employed through the headspace centre grant, while others are employed through contracted private practitioner arrangements or via in-kind contributions. The centre has processes to promote and support multidisciplinary team-based care through, for example, a shared electronic medical record and team-based orientation, training, care planning and case review, and regular meetings and communication channels.

Workforce capacity is, however, a challenge for some centres, particularly those in rural and remote locations where a full complement of the necessary workforce may not be available (Carbone, Rickwood, & Tanti, 2011). Innovative ways to increase workforce capacity are a constant focus to build the ability of centres across Australia to deliver to this component, as well as advocacy for improved funding models that can incentivize the required workforce.

4.5 | Blended funding

Multiple funding streams are combined to support a headspace centre. This ensures that services can be provided to young people at no or low cost. Blended funding also facilitates growth, flexibility and sustainability of the centre. The headspace centre grant, which comes from the Australian Government Department of Health, provides core funding which covers infrastructure and salaries for essential staff positions. Health and mental health service provision is supported by access to the Australian Government's Medical Benefits Scheme, which rebates medical and allied health staff for designated health services. In-kind contributions are expected from Consortium member organizations and from other local partner organizations to provide the full range of services. Fundraising and donations are encouraged. Some centres are enhanced by funding from additional state/territory government funding. headspace National helps to address some workforce capacity issues; for example, by providing tele-psychiatry to eligible rural centres. Centres, and their Lead Agencies, are expected to be proactive in investigating and taking advantage of all appropriate funding opportunities, and ongoing advocacy from headspace National and the entire network promotes greater resourcing of youth mental health.

4.6 | Monitoring and valuation

The final component reflects the priority accorded to continuous quality improvement. All centres must contribute to the national minimum data set through the headspace data collection system. Analytics are routinely provided through dashboard reports to service providers, centre managers, Lead Agencies and their commissioning agents (regional Primary Health Networks) about the characteristics and outcomes of young people accessing the centres and the level and types of service activity. Centres are expected to use this information and undertake their own evaluations to improve performance and engage in a cycle of continuous quality improvement. They are also required to be involved in evaluations undertaken by headspace National and external evaluators, as required. There is a high priority placed on demonstrating outcomes to the Australian public and identifying areas for service improvement.

5 | CONCLUSION

The 16 core components of the headspace model articulate the 10 service components and 6 enabling components that underpin a headspace centre. Altogether, these describe what makes a headspace centre unique in youth mental healthcare. While headspace centres have flexibility in how they deliver these components to ensure they are responsive to their local community context, all components need to be under implementation for the centre to be licenced to operate, and this is ascertained through the headspace Model Integrity Framework process. It is acknowledged that some components of the model have many implementation challenges, mostly due to insufficient workforce and funding capacity, and need to be strengthened, but a clear description of the core components facilitates the ability of each headspace centre to work progressively towards stronger model integrity.

The components reflect what is currently understood as best practice to reorientate youth mental healthcare to meet the needs of young people at this critical and vulnerable stage of life through an enhanced primary care platform. The model will evolve as the headspace initiative matures, expands and continues to innovate to better meet the needs of young people in Australia. For example, future model extensions will include provisions for supporting young people with more severe and complex presentations and to increase the reach of services through innovations in service delivery modes, such as outreach.

Finally, while the headspace centre model represents a key example of innovation and best practice in youth mental healthcare, youth mental health service reform has been gaining ground internationally—in Ireland, Canada, United Kingdom, Denmark, Asia and United States (McGorry et al., 2014). In terms of generalizability, the underlying framework and principles being applied internationally are remarkably similar (Henderson, Iyer, & Rickwood, 2018), however, the ways that the principles are operationalized inevitably varies between countries. In particular, replicability must take into account different funding streams, health service systems and capacity, youth population needs and cultural mores. As youth mental health reform continues to advance internationally, all countries will benefit from sharing information on the principles, core components and implementation practices that work.

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