Eastern Melbourne - Headspace Demand Management and Enhancement
2025/26 - 2028/29
Activity Summary View

WTRP - 1 - Wait Time Reduction (April 2026)

Activity Metadata

Applicable Schedule *

Headspace Demand Management and Enhancement

Activity Prefix *

WTRP

Activity Number *

1

Activity Title *

Wait Time Reduction (April 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description

Aim of Activity *

To address demand and wait list management at headspace services identified as highest need.

Description of Activity *

Requirement to fund 1.2 FTE Peer Workers (Treat First Model)
The deed specifies a requirement to hire and fund 1.2 FTE Peer Workers to introduce and implement the Treat First Model. This requirement has been met and exceeded at headspace Hawthorn.
Hawthorn currently employs 1.7 FTE Peer Support Workers (PSWs). Funding has supported recruitment of one PSW, with active recruitment underway for a second role. The peer workforce is embedded within the Connect and Engage function, focusing on

initial contact with young people, early engagement, 1:1 peer support, waitlist check-ins, and development of peer-led group programs.

Despite broader leadership and workforce pressures across the three headspace centres (including the temporary absence of senior leadership), the expanded peer workforce has strengthened early engagement, increased low-intensity support options, and reduced reliance on clinical waitlists. This directly aligns with the intent of the deed requirement.
While peer-led group programs have not yet commenced due to the second PSW not being fully onboarded, this remains an active priority and is expected to further enhance support across a young person's episode of care.

Impact on access, engagement and wait times
Implementation of the Support First / Treat First approach, alongside the peer workforce, has delivered measurable improvements in access:

• Reducing the amount of information required prior to booking has resulted in a reduction in time to first direct service from 8.2 calendar days (Jan–Mar 2025) to 5.5 calendar days (Jan–Mar 2026).
• This is significantly below the KPI requirement of 10 working days from receipt of referral.
• Improved responsiveness enables engagement with young people at the point they are actively seeking support and delivery of meaningful, goal-focused intervention during the Support First appointment.

Connect and Engage staff have also increased capacity to support young people on waiting lists, including proactive monitoring of changing circumstances and offering additional sessions where required. From a demand management perspective, all First Nations young people are prioritised and allocated to the next available clinician or requested service stream without joining a waitlist.

Alignment with the Australian Government Response to Contributing Lives, Thriving Communities
Implementation of the Treat First (and Support First) model aligns strongly with the Australian Government response to Contributing Lives, Thriving Communities, particularly in relation to:
• Early access and timely care: All young people can access a Treat First single treatment session
• Person-centred and recovery-oriented care: The model prioritises welcome, hope and empathy, lived-experience engagement, and choice in care pathways.
• Stepped and integrated care: Use of the IAR-DST supports appropriate allocation to low-, moderate- or higher-intensity services, improving system efficiency and integration.
• Reduced assessment burden: Assessment and treatment are combined from first contact, reducing duplication and improving engagement.
These reforms reflect national priorities to simplify access, reduce fragmentation, and deliver care proportional to need.

Data considerations and service mix
From a data perspective, it remains challenging to distinguish young people who conclude care because the Support First session was sufficient, from those who choose not to continue for other reasons (e.g. consent, readiness to engage). Similarly, while young people assessed at IAR-DST Level 2 are routinely offered peer and/or group support, current data systems limit the ability to precisely quantify which service streams are accessed by this cohort.

Planned evaluation activity will focus on strengthening this visibility.

Anticipated impact (based on model review and IAR-DST data)
Based on Hawthorn's service model review and existing data, it is anticipated that:

• 20% of young people will not require further support following Treat First and follow-up
• 19% will have lower-intensity needs (IAR-DST Level 2) and can be supported through peer work or group programs rather than psychology waitlists.

Innovative strategies and impact
Key strategies implemented jointly by EMPHN and headspace Hawthorn include:

• Embedding peer workers within the Connect and Engage team
• Support First appointments replacing assessment-heavy first sessions (176 completed since FY26 Q1)

• Integrated Allocation Meetings enabling early multidisciplinary review
• Systematic demand management embedded into routine planning and reporting

These strategies have contributed to strong performance against most KPIs despite high demand and operational constraints.

KPI and deed performance
Hawthorn has continued to improve access and wait time performance since commencement, despite workforce and space pressures.
What has worked well:

• Proactive investment in peer workforce
• Consistent monitoring of access and wait times
• Strong governance and integration across service streams
• Credible and transparent management of demand pressures

Evaluation activity (last 12 months and planned)
Monitoring to date has included:

• Quarterly KPI reporting (wait times, access and utilisation)
• Service model review findings, including demand analysis and IAR-DST data
• Operational oversight through Integrated Allocation Meetings and governance processes

Planned evaluation includes monitoring:

• Average and median time to treatment
• Proportion completing IAR-DST and recommended level of care
• Percentage allocated to low-intensity options (peer support or groups)
• Demand diverted from psychology waitlists following Treat First sessions

This supports continuous improvement and accountability.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
MH and SP - Increase community-based and lived experience workforce capacity and availability to provide equitable early assessment and ongoing management of mental health	139
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	139

Activity Demographics

Target Population Cohort

Young people aged 12 to 25 with, or at risk of, mental illness access headspace services, and their families.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions.

Activity Milestone Details/Duration

Activity Start Date

29/06/2020

Activity End Date

29/06/2027

Service Delivery Start Date

30/06/2020

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
30.09.2025 12 Month Performance Report
30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2025 Other Report – Confirm if DOHAC Needs Assessment is current
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – Confirm if DOHAC Needs Assessment is current
30.04.2027 Activity Work Plan
30.09.2027 Final 12 Month Performance Report
30.09.2027 Final Financial Acquittal Report
15.11.2027 Other Report – Confirm if DOHAC Needs Assessment is current

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

BCC - 1 - Building Cultural Capability (April 2026)

Activity Metadata

Applicable Schedule *

Headspace Demand Management and Enhancement

Activity Prefix *

BCC

Activity Number *

1

Activity Title *

Building Cultural Capability (April 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description

Aim of Activity *

Building cultural capability to improve access and provide better support for young people from priority groups including but not limited to those from First Nations, LGBTIQA+ and Culturally and Linguistically Diverse (CALD) communities.

Description of Activity *

headspace Syndal:
Alignment with the Australian Government Response to Contributing Lives, Thriving Communities

The implementation of this Activity aligns strongly with the Australian Government's response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services through its focus on:
• Improving equity of access
• Strengthening culturally safe service delivery
• Supporting early intervention for priority populations
Syndal delivered culturally targeted outreach activities in school settings, including an International Students Wellbeing workshop delivered in partnership with school wellbeing leads. This activity explicitly aimed to reduce cultural barriers to accessing mental health services and included multilingual engagement (English and Mandarin) with involvement from clinical leadership and Youth Advisory Committee members. This demonstrates practical application of cultural capability principles in service access and engagement

Further alignment is demonstrated through headspace Syndal's achievement of hMIF V3 Certification in March 2026. While broader than cultural capability alone, the Model Integrity Framework explicitly includes requirements for culturally safe, inclusive and accessible service delivery. Achievement of V3 certification provides external validation that the service meets national standards consistent with the Government's reform objectives to improve service quality, accountability and consumer experience.

Evaluation Activity (Past 12 Months and Planned)

In the past 12 months, EMPHN has supported data-informed review of service accessibility and consumer experience at headspace Syndal, with a specific focus on CALD young people. Service data indicates a 16 per cent increase in CALD for young people accessing the service in the first year of implementation (last year's goal was to increase CALD attendance by 15% per year). Consumer-reported outcomes further demonstrate positive impact, with 308 CALD young people reporting an average score of 9.1 out of 10 in response to whether their culture is respected at headspace, and 36 CALD young people reporting an average satisfaction rate of 81 per cent regarding service access.

Looking forward, evaluation will be strengthened through ongoing attendance tracking at community and outreach events, structured feedback from international student coordinators and CALD community partners, and longitudinal monitoring of CALD service access. EMPHN and headspace Syndal have set a clear performance target to increase CALD attendance by 15 per cent per year over the next three years, with progress reviewed regularly to inform continuous improvement.

Innovation, Outcomes and KPI Achievement

EMPHN has supported several innovative strategies at headspace Syndal that have contributed to improved access and positive consumer outcomes. These include the recruitment of a bicultural clinician (0.8 EFT, supplemented by 0.2 EFT from an experienced clinician) providing culturally responsive intake and therapy, including Mandarin-language phone and face-to-face services. This role has extended beyond clinical care to support community engagement, development of an international student mental health handbook, delivery of school-based wellbeing workshops, and facilitation of CALD-focused social groups such as Lunar New Year activities.

Cultural capability has also been embedded through youth-led co-design, with Youth Advisory Committee members—many of whom are international students—co-developing and co-facilitating outreach activities and psychoeducation materials. Partnerships with CALD-focused organisations, including Shapes and Sounds, have provided specialist mentoring and consultation, strengthening workforce capability and ensuring culturally informed practice. Collectively, these strategies have contributed to increased CALD service access, high levels of perceived cultural respect, and positive satisfaction outcomes, indicating that KPIs and deed objectives relating to accessibility and inclusivity have been met or are tracking positively.

Delivery in the Last Year vs Planned Activity This Year

Over the past year, EMPHN and headspace Syndal have focused on embedding cultural capability within existing service structures through targeted outreach, youth-led co-design, bilingual engagement, and the recruitment of bicultural clinical capacity. While these initiatives have delivered measurable improvements, internal review has identified ongoing capacity constraints among clinical leads to sustain and scale CALD-focused outreach alongside competing priorities.

In response, planned activity for the coming year will shift from partial to dedicated capacity through the proposed employment of a 1.0 FTE culturally focused clinician acting as a cultural liaison. This role will formalise responsibility for CALD-specific intake, community outreach and psychoeducation, including webinars and seminars for parents and students aimed at reducing stigma and improving mental health literacy. The role will work closely with international student coordinators to improve navigation pathways for international students who face additional barriers related to language, stigma and visa concerns. Ongoing partnership with Shapes and Sounds will be expanded to include monthly professional development and consultation sessions, ensuring sustained workforce capability and continuous quality improvement. This represents a deliberate progression from embedded practice to scaled, systematised delivery to meet growing demand and achieve sustained impact

headspace Knox :

Activity overview and outcomes to date

In the first year of implementation, headspace Knox undertook a review of service-level data to assess cultural safety and accessibility for young people from culturally and linguistically diverse (CALD) backgrounds. Results indicated strong performance against key objectives:

- Cultural safety: 212 CALD young people reported an average score of 8.2 out of 10 in response to the question, "Do you feel that your culture is respected at headspace?"
- Service accessibility: 43 CALD young people reported an average of 84% satisfaction with access to the service.
- Workforce outcomes: headspace Knox successfully recruited two peer support workers (0.6 FTE each; 1.2 FTE total) to deliver direct peer support and undertake targeted community engagement.

These outcomes demonstrate positive progress against KPIs relating to access, experience of care, and workforce capacity.

Alignment with Contributing Lives, Thriving Communities
The activity aligns with the Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services through its focus on:

• Early intervention and help-seeking by improving culturally appropriate access points for CALD young people
• Equity and inclusion, by embedding lived-experience peer roles drawn from CALD communities
• Culturally safe, person-centred care, supported through workforce development and community-led engagement
• System integration, by strengthening referral pathways and partnerships with local multicultural organisations

The use of peer support workers from CALD backgrounds directly supports the reform agenda's emphasis on community-based, recovery-oriented and culturally responsive models of care.

Innovative strategies and what worked well
EMPHN supported headspace Knox to implement a targeted CALD peer workforce model, which has proven effective in:

• Enabling trusted, culturally informed engagement with young people and families
• Strengthening community outreach and referral pathways
• Supporting service responsiveness through feedback from peer workers with lived and cultural experience

In parallel, the lead agency, EACH, commenced a CALD Innovation Project in the City of Knox. This complementary initiative delivers Youth Mental Health First Aid and Tuning in to Teens programs for Chinese, Indian and Sri Lankan communities. Operating concurrently, the two initiatives created synergies across workforce, community engagement and literacy-building activities, supporting deeper and more systemic change.

Evaluation
Evaluation has been embedded through:

• Routine analysis of client-reported experience measures, including cultural safety and satisfaction
• Workforce monitoring to assess recruitment success and capacity for direct service delivery and engagement
• Ongoing review of referral patterns and community partnerships

These evaluation mechanisms will continue to be used to monitor impact and inform continuous improvement over the life of the activity.

What has changed and what is planned next
In the past year, the focus was on establishing the CALD peer workforce, embedding peer roles within service delivery, and initiating targeted community engagement.
Over the next period, EMPHN will support headspace Knox to expand this work by:

• Recruiting and maintaining CALD peer support capacity to enable a more targeted and sustained engagement approach
• Leveraging peer workers to support formalised referral pathways with local CALD organisations
• Using peer insights to inform training opportunities for clinicians, strengthening culturally informed practice across the service

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
AOD - Improve awareness, access to culturally appropriate community-based MH, social support services to prevent mental ill health and AOD use, manage early symptoms in multicultural and First	137

Nations	
MH and SP - Access to community-based specialist mental health care for at-risk cohorts to provide early intervention and management and reduce need for hospital care for high-prevalence episodes.	139

Activity Demographics

Target Population Cohort

Young people aged 12 to 25 with, or at risk of, mental illness access headspace services, and their families.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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Activity Milestone Details/Duration

Activity Start Date

29/06/2020

Activity End Date

29/12/2027

Service Delivery Start Date

30/06/2020

Service Delivery End Date

30/12/2027

Other Relevant Milestones

Department milestones:
28.05.2025 Activity Work Plan
30.09.2025 12 Month Performance Report
30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
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Activity Commissioning

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Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

CEI - 1 - Capital Enhancement and Infrastructure (April 2026)

Activity Metadata

Applicable Schedule *

Headspace Demand Management and Enhancement

Activity Prefix *

CEI

Activity Number *

1

Activity Title *

Capital Enhancement and Infrastructure (April 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description

Aim of Activity *

To address demand and wait list management at headspace services identified as highest need.

Description of Activity *

Hawthorn headspace:
Enhancing the IT infrastructure of headspace Hawthorn greatly contributed to the longevity and sustainability of the service, noting that the existing infrastructure had been impacting service provision and staff productivity. Improving the infrastructure through the system upgrades described below contributed to improved workflows and enabled staff to spend more time on client-related activities, rather than waiting for outdated IT systems to function. Consultation was undertaken with staff regarding proposed IT upgrades and their anticipated impact on day-to-day work, with strong support for the proposal across all teams.

The project was able to be implemented quickly following budget approval and was completed within three months of commencement, allowing time for procurement and installation of computer hardware. Through this funding, Hawthorn procured and installed 26 docking stations and 16 laptops, including headsets and monitors.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
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In Scope AOD Treatment Type *

Indigenous Specific *

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Indigenous Specific Comments

Coverage

Whole Region

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Activity Milestone Details/Duration

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29/06/2020

Activity End Date

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Service Delivery Start Date

30/06/2020

Service Delivery End Date

30/06/2027

Other Relevant Milestones

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No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a