NORTHERN TERRITORY
MENTAL HEALTH
COALITION

May 2025

Submission: Refined models of youth mental health care

About

The Northern Territory Mental Health Coalition (The Coalition) is the peak body for community managed mental health services across the Northern Territory (NT). We work in collaboration with a wide network of community mental health organisations, people with lived experience, and their families and supporters. As a peak body, The Coalition ensures a strong voice for member organisations and a reference point for governments on all issues relating to the provision of mental health services in the NT. The Coalition provides advice and input into mental health care policy and associated challenges around service delivery to all levels of government and contributes to national mental health networks and associated peak bodies.

We welcome the opportunity to make this submission on the existing system of mental health services for young people aged 12 to 25, and potential new and/or refined models of care for mental health services for young people. See below our responses to the Summary of Consortium Early Advice.

For further information or clarification, please contact Ira Racines, Sector Engagement Coordinator on (08) 8948 2246 or ira@ntmhc.org.au

1. Strengthen and expand headspace's model

We support the strengthening and expansion of headspace's model to encompass moderate to severe mental health concerns. We recognise that young people across the NT experience diverse and often complex issues which, in context to the current model, is unable/not thoroughly resourced to provide the necessary support. Considerations must be made to include support for young people within child protection or youth detention, noting that timely access to support and engagement becomes challenging when young people are engaged within those systems. Integrating future expansion of services with government child and youth mental health teams, through co-location, shared professional development and case conferencing will enable best-practice care for young people and their carers.

As part of a service and funding expansion, we strongly recommend the inclusion of an outreach component within the primary early intervention stream to enhance accessibility of support to young people, especially those living in rural/remote areas of the Territory. We would also recommend a stronger presence of Social and Emotional Wellbeing (SEWB) and lived experience workers to improve cultural responsiveness of the model and timely support of young people.

2. Invest in specialist support services that provide transdiagnostic care

We support further investigation into a transdiagnostic service. Having access to such a service would allow for more holistic support with comorbidities alongside a young person's mental health concerns. In context to the Northern Territory, this service would be particularly beneficial alcohol and other drugs and eating disorders, noting the limited

clinical supports available specifically for young people around these issues. Considerations could also be made to upskill the existing workforce to encompass the necessary skills and collaborate within a transdiagnostic framework.

3. Reconsider the footprint of headspace's centres and other youth mental health services

The Coalition supports a more thoughtful and consultative process for the roll out of future headspace services. Existing services should be mapped out thoroughly at potential sites and partnerships should be cultivated early through consistent and meaningful relationship building. In line with the thoughts of the Consortium members, we agree that more flexible outreach models should be considered, especially for the remote NT context. We highlight the work occurring in headspace Katherine and headspace Alice Springs, who are currently providing support to remote communities in their regions by way of active outreach. In conjunction with these outreach models, a low intensity mental health workforce should be built up in place so that communities do not rely as heavily on services that only have drive in/drive out capacity.

4. Harmonise the age range of the youth mental health system

We recognise that the age grouping of 12 to 25 has been identified as a key developmental period for young people, where mental health problems are most likely to emerge. We agree that harmonising the age range will enable better integration of services, however our members are also emphasising the need for supports for young people under the age of 12. If not through direct service, we believe the model could still contribute within the definition of early intervention support for those under 12 years of age, as well as their families, carers and kin.

5. Pilot approaches using care navigators

We support the concept of piloting approaches using 'care navigators', providing young people with an additional layer of consistent support during their mental health journey. We see this role as a helpful resource in maintaining relationships with young people and their families during workforce changeovers and in between drive in/drive out service provision, which is often the case in remote areas of the NT. This role should also have a strong community development and engagement approach as navigators will need to understand the how services and systems intersect to support those linked in with this type of service.

We see this as a workforce opportunity and believe that these 'care navigators' should be peer workers and/or people with lived experience. They possess a unique skill set and perspective that is best placed to support and advocate for young people on their mental health journey.

Navigators would have a key role in supporting young people living with a disability to access the NDIS and receive related mental health supports. They can also identify appropriate services for those living with a disability who may not qualify for the NDIS but would still benefit from/are wanting to engage in psychosocial supports.

6. Integrate psychosocial services with clinical services

We agree that psychosocial services should be integrated with clinical services to create a more streamlined approach to engagement. Though there is a presence of some psychosocial support programs in the NT, there would be benefits from some form of coordination to improve access and awareness for all young people. These programs must also be tailored to support the social and emotional wellbeing needs of young people from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and LGBTIQA+ communities.

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7. Build a national, person-centred data system

We support the leveraging of existing systems in place of developing something new. A number of systems are available from which comprehensive data can already be obtained. The development of an additional data system would mean young people, their families, carers and kin would be subjected to another mechanism of data collection. We are concerned that this would increase the risk of respondent and/or community fatigue and ask that this be considered more thoughtfully from a community perspective.

8. Leverage digital technologies in practice and service

The Coalition agrees that digital technologies can be better utilised and promoted to young people and those connected to them. Digital pathways can help reduce wait times for young people accessing support, but they must first be shown how to navigate it and become familiar with the support. Bringing peer workers into the workforce will help in addressing this gap to support young people in learning to effectively use telehealth. Practitioners must also be supported in their professional development to include digital technologies, which can subsequently be shared with the community. Issues relating to accessibility must also be taken into consideration when applying this idea. Rural and remote community settings may not have the infrastructure set up to integrate digital technology into their everyday practice. Mobile phone coverage also poses an additional challenge for those who may be wanting to engage in phone based support services.

Although apps are great additions when supporting a young person, however some apps and mental health tools are primarily in English, which poses a notable barrier for culturally diverse populations. We would like to highlight culturally responsive tools such as the Stay Strong app, developed by Menzies School of Health Research. It utilises a social and emotional wellbeing framework to support people in a culturally safe and engaging way. We encourage investment in identifying and rolling out contextualised tools like this to better support the social and emotional wellbeing needs of young people.

9. Develop a directory of evidence-based services

Within the NT, a number of directories already exist and numerous projects have been undertaken in the past to thoroughly map services in the area for both professionals and broader community. A new directory will cause an overlap, adding confusion to the sector and to those looking for an appropriate support service. It must be noted that directories require consistent updating as local programs and services adapt to changes to funding and needs of the community. We recognise that a directory would be helpful for those in service navigation roles, but we encourage more thought to what a consumer facing directory will look like, especially for such a broad audience.

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Resources

1. Goodyear, M., Taylor, E., Marsh, C., Scharling-Gamba, K., Mclean, S., Burn, M., & Morgan, B. (2024). *Scoping child mental health workforce capability: Final report*. Emerging Minds.

2. Smitha, W. D. R., Defina, R., & Hitchcock, C. (2025). Cultural practices within Indigenous Australian communities enhance mental health. *The lancet. Psychiatry*, S2215-0366(25)00064-1. Advance online publication. https://doi.org/10.1016/S2215-0366(25)00064-1

3. ARACY Young and Wise report
https://www.aracy.org.au/wp-content/uploads/2025/02/Young-and-Wise-report-web.pdf

4. Children's Ground (2023)
https://childrensground.org.au/evidence/

5. Story of Our Children and Young People
https://cmc.nt.gov.au/children/story-of-our-children-and-young-people/overview

   De Vincentiis B, Guthridge S, Su J-Y, Johnston, K. Story of Our Children and Young People, Top End 2021. Darwin: Menzies School of Health Research, 2021.

   De Vincentiis B, Guthridge S, Su J-Y, Johnston, K. Story of Our Children and Young People, Big Rivers 2021. Darwin: Menzies School of Health Research, 2021.