

11 June 2026

To the Department of Health, Disability, and Ageing,

The Youth Affairs Council of WA (YACWA), Western Australian Association for Mental Health (WAAMH), and Consumers of Mental Health WA (CoMHWA) welcome the opportunity to contribute to the Department of Health, Disability and Ageing's drafted models of care for headspace Plus and Youth Specialist Care Centres (YSCCs). The development of these services represents a critical opportunity for the Federal Government to enhance the continuum of mental health care for young people across the country. This submission is derived from feedback shared during Orygen's targeted consultations and thus focuses on the YSCC model of care.

As Western Australia's peak bodies representing young people and the youth sector, the community mental health sector, and mental health consumers, this submission draws on extensive stakeholder engagement from across the state.

While we commend the progress in expanding mental health care to better meet the needs of young people, we are concerned that the lack of place-based consultation limits the feasibility of the model for regional WA communities, as it may not address the varying experiences, concerns, and perspectives of young people across these areas.

Voices of young people

The YSCC model of care would benefit from outlining further mechanisms to embed young people's voices throughout service design, delivery, governance, leadership, and evaluation. The design and delivery of the YSCCs could be enriched by placing young people at the core of co-design processes. It is unclear whether the current model of care adequately embeds young people at the centre of decision-making, as the inclusion of lived experience leadership is listed separately from the clinically oriented enablers of governance, accountability, and stewardship. This gives the impression that decision-making across leadership, governance, and strategy will be clinically driven, rather than shared with the young people receiving care. A clear commitment to embedding lived experience expertise in decision-making and governance must be expressed consistently throughout the model of care to ensure it is central to service design and practice.

Service design and delivery will better align with the needs of young people if YSCCs are co-designed alongside young people with lived experience. Developing youth advisory groups for every YSCC will create additional, ongoing mechanisms that hold services accountable to young people's support needs. Extending this process to include the design and implementation of peer support roles will enhance young people's continued contribution into the operation of YSCCs.

Regional feasibility and delivery

WA's geography means that services are not available to many people in regional and remote communities, as a lack of public transport and other travel barriers constrain young people's capacity to travel for treatment. For example, a young person living in Esperance,

located in the Goldfields-Esperance region, may have to travel 400km to access the broader range of acute services in Kalgoorlie. Local infrastructure and travel subsidy schemes, such as the Patient Assisted Travel Scheme (PATS), are often not sufficient to facilitate young people's travel across regional WA, thereby restricting their access to services. There must be further consultation and consideration to decide the location of the YSCCs and how they will enable young people from across regional WA to access these services.

Additionally, the model of care assumes a base level of existing clinical and community services/staff in an area for YSCCs to operate. This is particularly problematic for regional service delivery, with many communities struggling to recruit and retain staff partly due to the higher cost of living and scarcity of housing available for workers. These difficulties impact young people's access to specialist and generalist medical care, further hindering their access to and the quality of the model's delivery in regional WA. Further place-based consultations must be conducted to identify the most appropriate settings for this model and design a thorough plan for regional staffing and operation.

Relationship with existing service ecosystem

The model of care is unclear on how the YSCCs will be integrated into existing service and public mental health networks. Consumers have emphasised the importance of the continuation of services, particularly in regional and under-resourced areas, acknowledging that young people may have varying experiences engaging with organisations and thus need a range of service options. For example, there is concern for the potential loss of Youth Enhanced Services (YES) in WA, particularly the service in Geraldton that is integrated into an existing youth mental health service hub. To ensure the YSCCs are seamlessly integrated into local service systems, further discussions must be held with service providers across metropolitan and regional WA who were not included in the initial consultation process. The Department must also ensure there is no loss of existing youth mental health services in regional WA, so that existing services, such as YES Geraldton, are retained.

Clinical model of care

The YSCC model of care is very clinical, which may hinder practitioners' capability to respond to or support the complex needs of young people. The supports listed as central to the model of care predominantly focus on short-term behavioural interventions (e.g. cognitive behavioural therapy). However, these behavioural interventions may not adequately address the systemic and historical drivers of young people's wellbeing. The list of core supports offered must be reconsidered to incorporate less clinical, youth-centred treatment options, such as art and play therapies, and a broader range of supports decided by young people, such as psychotherapy options, to better address their unique needs.

The short-term, clinical focus may also limit young people's autonomy in deciding the best treatment and participating in care. Infrastructure, staffing, and supports must be adequately resourced and designed so that young people are centred in their care

planning and participation. Adequately resourcing services to hire multiple peer workers to walk alongside young people throughout their engagement with the YSCC will ensure they are the lead of their care. It is crucial for peer workers to be valued equally with other team members by embedding lived experience roles in the governance and leadership of YSCCs. Additionally, implementing findings from existing research and consultation on youth care models in WA into the model of care will enable the YSCC delivery to better meet the needs of young people. For example, please refer to the Youth Disability Advocacy Network and CoMHWA's joint submission on *Models of Care Consortium for Youth Mental Health Sector (2025)*.

Young people experiencing homelessness with co-occurring mental health and AOD challenges

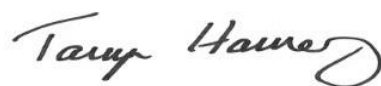
While the model of care mentions supports for young people impacted by the intersections of homelessness, mental health, and alcohol and other drugs (AOD), this inclusion must be more explicit about this being a primary target cohort. Our member agencies have echoed this, sharing how youth homelessness, mental health, and AOD impact young people and their eligibility to receive care from services. There must be a greater emphasis on supporting them as a primary target cohort to ensure all young people are receiving proper care to prevent further crisis and disadvantage.

The recommendations outlined in this submission present a clear path forward to address the concerns raised by our members across the state. By implementing these recommendations, the YSCCs can enhance the continuum of mental health care for young people.

Sincerely,



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