October 2025

evaluation snapshot report

evaluation of the headspace Early Career Program 2021-2025

summary

The Early Career Program (ECP) is providing a pathway for allied health earlycareer graduates into a youth mental health career. The ECP has supported 59 headspace centres to host 102 graduates and 670 students. The ECP has trained a new generation of mental health clinicians by providing a comprehensive education program and funded centres to employ Clinical Educators who support students and graduates in centres.

The ECP has contributed to workforce growth. Over half of the ECP graduate clinicians have remained in headspace or the youth mental health sector after completing the program.

Also, students overwhelmingly have a positive placement experience at headspace centres and expressed intentions to work in headspace or youth mental health after their placement. Importantly, this also applied to students who did not have an interest to work in youth mental health at the beginning of their placement.

In addition to workforce growth outcomes, the evaluation found the ECP increased the service capacity of participating centres.

background

The Australian mental health workforce has been experiencing increasing challenges with supply, distribution and capacity for decades[1]. Australia's National Mental Health Workforce Strategy (2022-2032) has highlighted; a critical demand for mental health services, a current and projected shortfall in mental health workers, a maldistribution of the workforce (including critical shortages in regional, rural and remote areas), and one of the greatest supply gaps being services for young people aged 0 –17 years[2].

[1] The need to address workforce shortages was highlighted as far back as the Richmond Report in 1983, and since this time in the National Action Plan on Mental Health 2006 – 2011, The Roadmap for Mental Health Reform, COAG, 2012-2022, The Fifth National Mental Health and Suicide Prevention Plan, 2017, and the Productivity Commission, 2020, Mental Health, Report no. 95 amongst others.

[2] Ibid. p.16. The Productivity Commission also highlighted the need to address a "significant shortage' of child and adolescent mental health specialists (p.712)

headspace
National Youth Mental Health Foundation

about the headspace ECP

The primary aim of the Early Career Program is to grow the youth mental health workforce – both now and into the future - with a focus on improving regional distribution and strengthening the capability and confidence of graduate clinicians and students. The program has been delivered across four states; Victoria, Tasmania, Queensland and Western Australia, and involves four key components:

- **Clinical student placements** - psychology, occupational therapy, and social work students undertake clinical placements at headspace services in line with their discipline and course structure.
- **Graduate clinicians** – the program employs early career graduate clinicians from social work, psychology, and occupational therapy disciplines on a two-year contract, which includes two 12-month secondments at different headspace services. Ideally, at least one of these placements is in a regional, rural or remote (RRR) area.
- **Graduate education program** - involves the equivalent of 40 days of learning/education over the two-year graduate program to support the development of capable and confident early career practitioners. The education program includes self-paced learning, skill-based challenges, seminar groups, discipline specific communities of practice, and clinical practice support and supervision.
- **Clinical Educators** – headspace centres are funded to employ Clinical Educators (0.4 FTE) who are responsible for program coordination and provide support to students and graduate clinicians across all disciplines.

The majority of students and graduates are based in headspace centres, some are also placed in the Digital Mental Health Program (DMHP) and headspace Early Psychosis program (hEP).

about the evaluation

headspace National conducted an evaluation of the ECP, covering the funding period July 2021 to January 2025, with a specific focus on graduate clinician intakes for 2022 and 2023. The evaluation used a mixed method approach and triangulated different types of data from different stakeholders to inform findings. Data sources included numerous surveys, service and program quantitative data sets and qualitative data from twenty eight focus groups and interviews with fifty-five program stakeholders. The evaluation aimed to explore the extent to which the ECP:

- was delivered as intended
- increased the youth mental health workforce, including the regional distribution of the workforce
- supported the development of a quality workforce, and
- increased service capacity at headspace centres.

This snapshot report captures important insights and outcomes from the evaluation of the Early Career Program.

what did the evaluation find?

the headspace ECP key achievements

ECP activities were largely delivered as intended, and led to the following key achievements:

program as a whole

59
Centres engaged in the program

670
Clinical student placements

102
Graduates recruited

108
Clinical educators employed [3]

Regional, Remote and Rural (RRR)

51% of participating centres were in regional areas

24% of student placements were delivered in regional areas

56% of graduates that participated in both years of the program undertook a regional placement

[3] This is the total number employed over the three years of the program not the total number of roles funded due to staff turnover at headspace centres.

The ECP successfully engaged early career allied health professionals. The total number of clinical student placements consisted of 352 psychology students (53%), 242 social work students (36%), and 66 occupational therapy students[4] (10%). The 102 graduates recruited into the program were predominately social work graduates (n=89, 87%), followed by occupational therapy (n=9, 9%) and psychology graduates (n=4, 4%).

Across the evaluation period, the number of student placements increased by 34%, from 190 in 2022 to 254 in 2024. Centres in metropolitan areas hosted the majority of student placements (76%) and experienced the greatest increase in student placements (38% between 2022 and 2024), compared to centres in RRR areas (19% growth between 2022 and 2024).

While there were some challenges for centres in recruiting and retaining Clinical Educators there was a strong increase in the number of centres with a filled Clinical Educator position over the evaluation period. These challenges were more apparent in the RRR centre locations. Filled Clinical Educator positions increased from an average of 70 per cent in 2022 to an average of 89 per cent in 2024.

student placement experiences positively influenced career trajectories

Feedback from students was overwhelmingly positive, with 260 out of 268 student respondents indicating they were either "very satisfied" or "satisfied" with their placement experience. Students were most positive about the following aspects:

- **Gaining clinical experience, knowledge and confidence** (n=172) – working with a diverse range of young people and clinical presentations; gaining experience in assessment, case reviews, and referrals; and different interventions and therapeutic approaches.
- **Working in a positive team culture and a supportive multidisciplinary environment** (n=118) - receiving support from different team members in a safe learning environment and having exposure to multidisciplinary ways of working.
- **Receiving clinical supervision and support** (n=41) – students highlighted the learning benefits of quality and accessible supervision.

the headspace Early Career Program provided a supported career pathway for early career allied health workers to become youth mental health clinicians

97%

of respondents reported being satisfied with their student placement experience

"The most significant impact I've experienced from working at headspace is developing the confidence in my abilities to apply evidence-based and clinically informed interventions with young people. I have been continuously supported by the clinical team and other staff at the centre to ensure I am able to effectively complete sessions with a wide variety of clients.

My previous knowledge and skills were respected and valued in the team which subsequently lead to more positive development as a mental health clinician. Completing this placement at headspace has definitely helped to recognise my strengths and clarify my career goals!"

– Psychology Student, Queensland

"Getting practice working with clients in a professional role has helped me develop the confidence and trust in my own abilities to practice effectively. This was helped greatly by having a supportive team that catered to my current skill levels and help facilitate my personal growth by gradually giving me more responsibilities as placement progressed as I became more comfortable and confident in my role".

– Occupational Therapy Student, Victoria

[4] There were also 10 unknown disciplines in the clinical student placement register.

Additionally, student clinicians indicated that a positive placement experience resulted in an increased intention to work at headspace and in youth mental health. The majority of students, across all disciplines, indicated an intention to seek work at headspace (82%) and the youth mental health sector (88%). Furthermore, 71% of respondents (n=117) who indicated they did not intend to work in youth mental health at the beginning of their placement, indicated they were likely to seek employment at headspace at the end of their placement. See Figure 1.

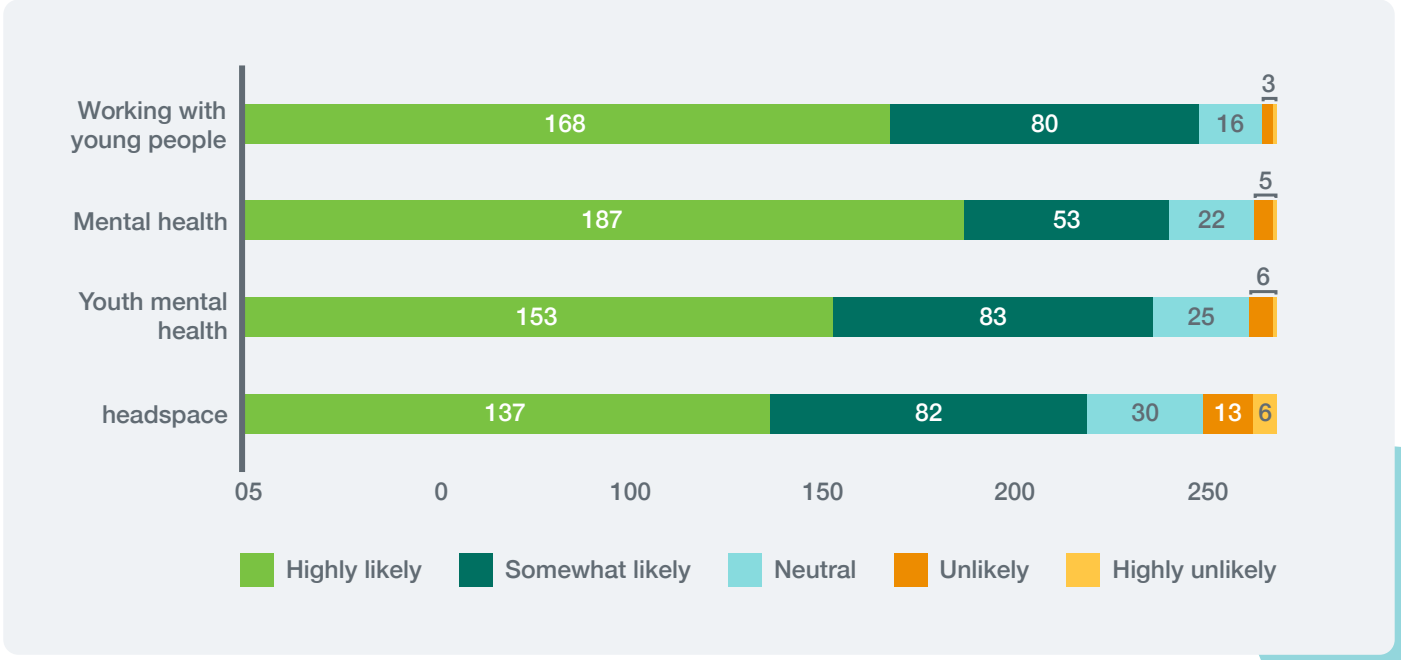


Figure 1. Post-placement intentions: Likelihood that students will seek work in the following fields (n = 268)

graduate clinician employment outcomes

most graduate clinicians are remaining in headspace, youth mental health or the mental health sector after engaging in the graduate program.

At the point of program departure, more than half (55%; n=48) of the graduate clinicians who provided information about their subsequent employment (n=87) continued to work at headspace, or in the broader youth mental health sector. Many graduates reported close connections with the teams at their placement centres, and many were successful in getting jobs at their centres, which sometimes resulted in an early exit from the graduate program.

A follow-up employment survey was distributed to 73 former graduates who had completed the program at least six months prior, a total of 43 graduates (59%) responded, of which 40 were currently employed. About half of the employed respondents (n=21) were working in headspace or the youth mental health sector. Figure 2 shows the employment sectors of employed[5] ex-graduates by length of time since leaving ECP.

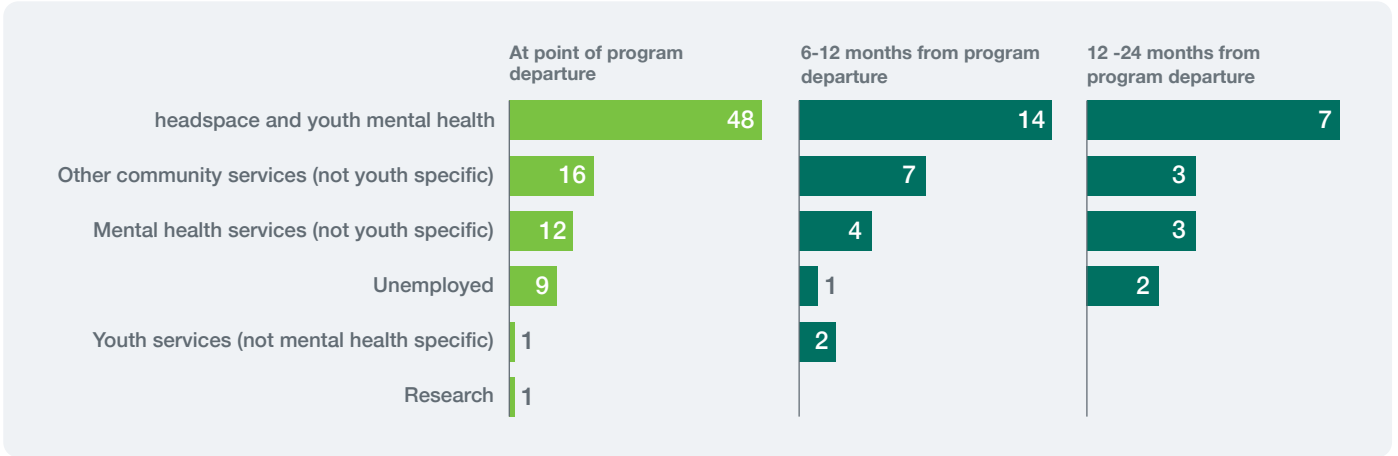


Figure 2. Post Program Employment of Graduates

[5] A minority of respondents were not employed, n=9 at the point of departure, n=1 between 6-12 months, and n=2 between 12-24 months

Graduates expressed that participation in the program contributed to their career progression. Out of 46 surveyed graduate clinicians, 42 (91%) indicated that the graduate program had contributed either ‘significantly” (76% or n=35) or “somewhat” (15% or n=7) to them attaining their subsequent role. The contribution was higher for ex-graduates who were subsequently employed at headspace or in youth mental health, with 83 per cent indicating participating in graduate program has “significantly” contributed.

“ECP gave me the opportunity for learning in a graded way without throwing me in the deep end. As well as the opportunity to learn, through the education side of things, that positioned me very well to apply for a job in the tertiary setting”

– Graduate Clinician

“I think it would be highly unlikely that I would’ve gotten this role had I not already been in the ECP program, when the role became available and I was a graduate, there were people that had been applying externally, people who may even have a little bit more experience, clinically, than I had, but I actually had experience in the team”

– Graduate Clinician

“I really owe a lot to the ECP program. It helped me launch my career in mental health and I wouldn’t have the role of mental health practitioner without it.”

– Graduate Clinician

geographic distribution of employment after leaving ECP

The ECP increased the RRR workforce whilst graduates were participating in the program, with 44 (43%) graduates participating in a regional placement for at least 6 months. However, post-program employment data showed no longer-term net redistribution to RRR areas. Figure 3 presents graduate residential locations before, during and after participation in the graduate program for 76 graduates.

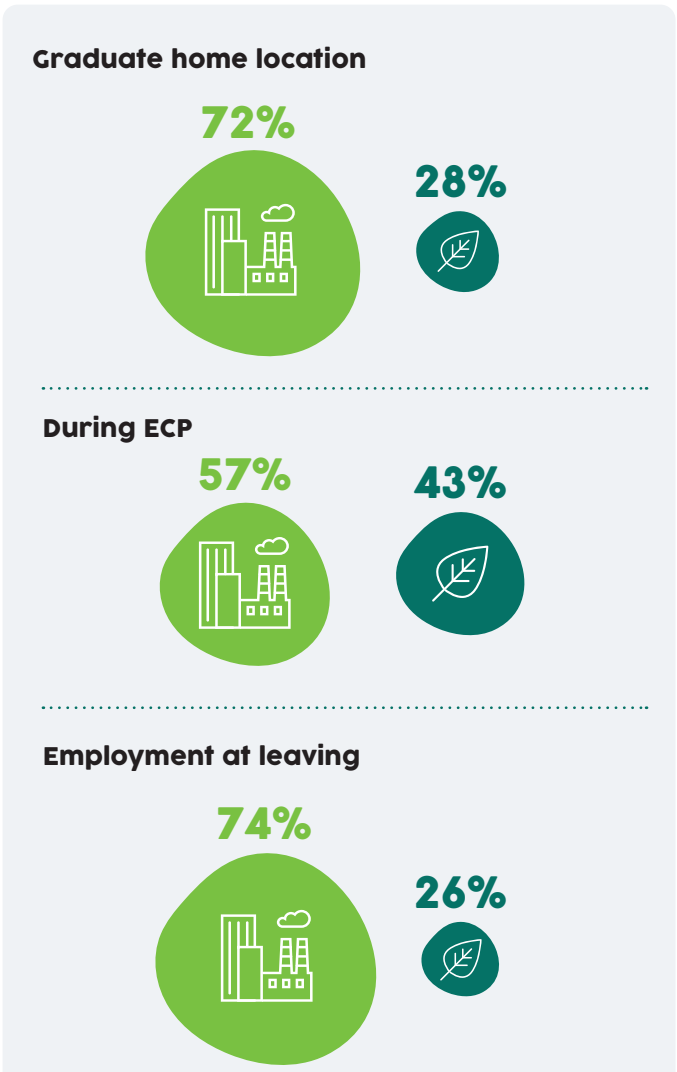


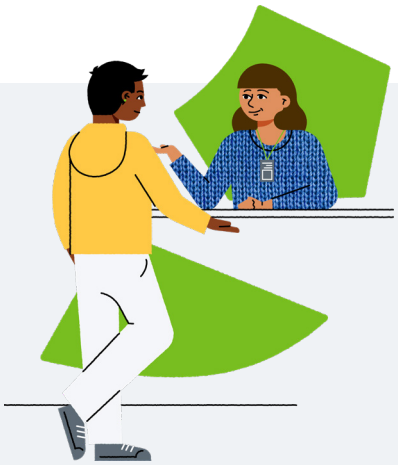
Figure 3. RRR distribution increased during the program but was not sustained post-employment[6]

Although overall relocation rates did not change, the data supports a positive relationship between regional exposure and post-program regional employment. Of the 20 graduates working in RRR services post-program, seven were originally from RRR areas, and 13 had relocated from metropolitan areas following a regional placement. Eight of these 13 were employed in the same area as their last graduate program RRR placement.

[6] Home postcode was the residential postcode of the graduate at the time of joining the program. A limitation of this is that graduate clinicians may have previously resided in regional areas

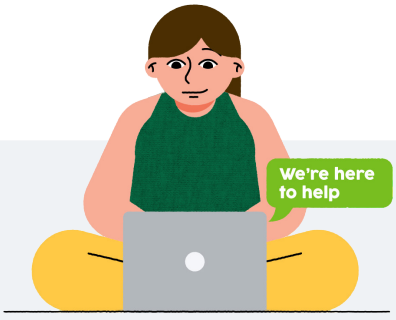
ECP students and graduates provided valuable services to young people in participating headspace services

The ECP graduates and students provided approximately 61,655 occasions of service (OOS) to 22,221 young people in participating headspace centres, accounting for ten per cent of all services delivered in these centres (n=59). In addition eight ECP graduates and 16 students delivered 7,658 occasions of services within DMHP, while two ECP graduates delivered 2,104 services as part of the headspace Early Psychosis Program.



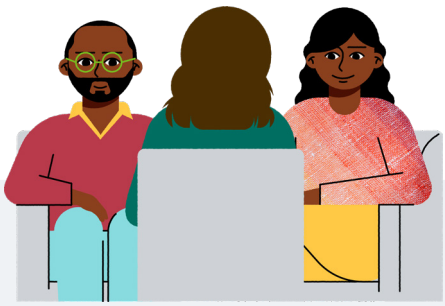
primary centres

- 61,655 OOS, 57,037 direct, and 4628 indirect
- 22,221 young people
- Graduate clinicians delivered 61% and students delivered 39%
- Equating to 10% of services in participating centres



digital mental health

- 7,658 services
- Graduate clinicians delivered 58% and students delivered 42%
- Equating to 6% of all DMHP services



early psychosis

- 2 graduates
- 2,104 services

Clinical educators highlighted that graduates increased the service capacity of their centre both directly, by independently carrying their own case load and providing intake/assessment duties, and indirectly by freeing up the time of other staff to focus on other initiatives.

> "We've been able to offer more groups with graduates and students on board. We're a small team here, there's the clinical lead and three other clinicians. There's a lot of demand for the service, so once we've had graduates and students around, we've had those extra people around to offer more groups. That's made a difference.... We've been wanting to do this for a long time, but we haven't had enough staff".
>
> **– ECP Clinical Educator**

Although Clinical Educators did not directly deliver services to young people and family, analysis found a small but statistically significant positive association between a filled clinical educator position and increased service delivery in the centre. In interviews, Centre Managers (n=6), reported that in addition to supporting graduates, the Clinical Educator roles were highly valued for student placement coordination, and wider leadership and supervisory functions they provide.

"I know pre-ECP, it was up to me to coordinate all the clinical student placements at the centre. Whereas our Clinical Educators now do that work. They interview and onboard the clinical student placements. It's allowed extra capacity for the managers."

– Centre Manager

"The clinical educator has been worth her weight in gold. When I think about the value we get from having two days of a Clinical Educator is obscene. [Our CE] has allowed us to offer Master of Clinical Psychology placements to complement the ongoing treatment [of young people]. They have supervised Master of Clinical Psychology (MCP) placement students, and they wrote our Dialectical Behaviour Therapy (DBT) manual and is now the main facilitator for our DBT group."

– Centre Manager

"Getting that extra funding to allow the clinical educator to prop up our senior team has been huge, not just for supporting the graduate clinicians and the clinical student placements that we get in the placement. It really allowed us to increase how many clinical student placements we were getting on placement which was very helpful"

– Centre Manager

increased knowledge and confidence to practice as a youth mental health clinician

Graduates reported significant increases in knowledge and confidence across all topics in the youth mental health capability framework. Ten graduates from the 2022 and 14 from the 2023 intake completed a retrospective rating on their pre and post knowledge, skills and confidence of capability topics. Figure 4 shows graduates from both intakes self-reported improvements in knowledge, with strong improvements across all capabilities with the largest improvements regarding using evidence-informed assessment and treatment tools and referring appropriately.

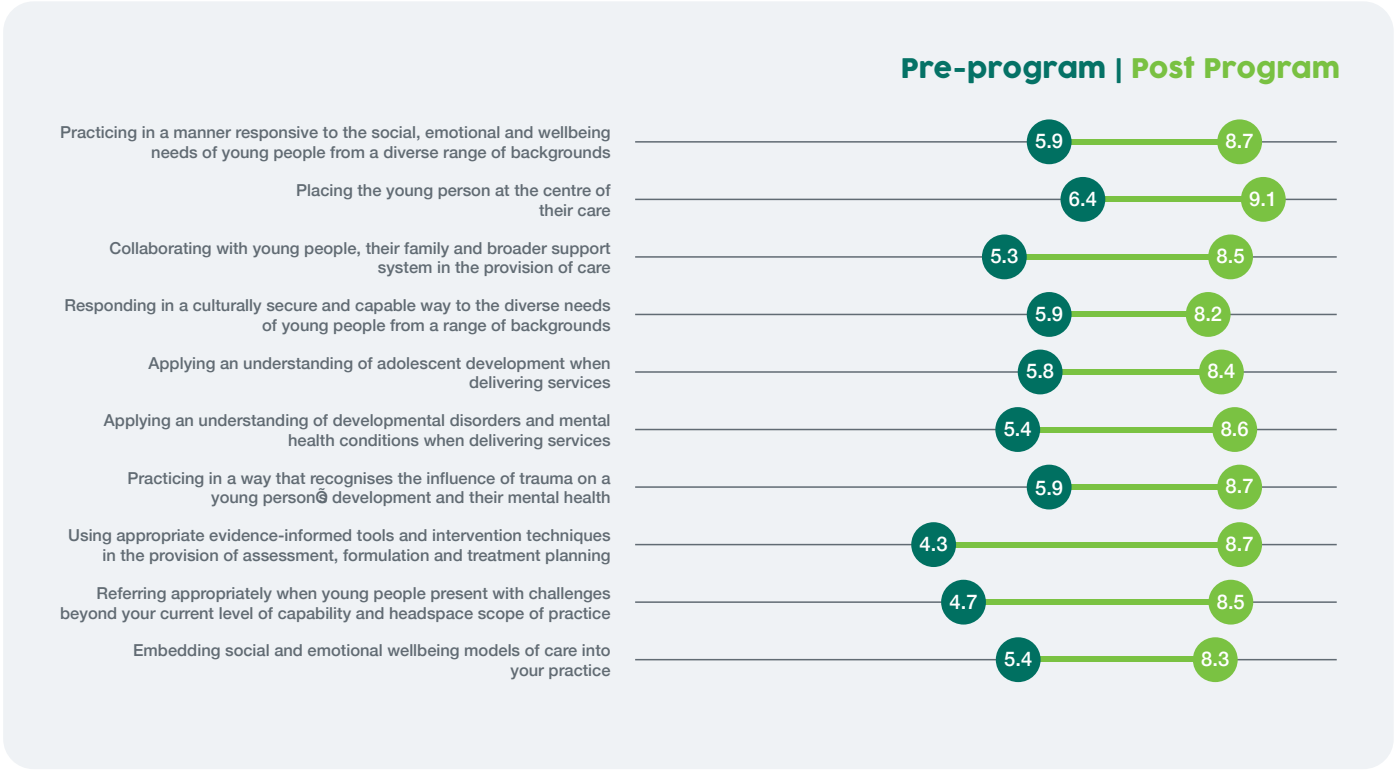


Figure 4. Average self-reported knowledge changes (n=24)[7]

[7] These results show the self-reported knowledge changes among graduate clinicians who responded to the end-of-program surveys. There were 10 respondents in the first intake (48% response rate) and 14 in the second intake (67% response rate).

Through the interviews, graduates reported that the main contributors to the development of their capabilities was clinical exposure, a supportive team and clinical supervision.

"Honestly, I think the biggest contributor to my professional development was the work… being in a centre, working … was shadowing other clinicians, was the direct support from my supervisor. In my first centre, my supervisor was also my clinical educator, she was a really good supervisor and a really good clinical educator... her experience as an [professional discipline] and my experience working, I think, was the biggest contributor"

– Graduate Clinician

"I just want to highlight that I had really good supervision. I met a lot of great supervisors, like, mentors from the program; had a lot of good relationships…. So, I think that has really been a highlight of my time at headspace. And I think that needs to be acknowledged, because at the end of the day, it's actually the people that makes the difference. And we need to value them"

– Graduate Clinician

Graduates also discussed the role of the education program in supporting their professional development and expressed an appreciation for the breadth of issues covered. The three topics where graduates reported the highest levels of satisfaction were: 'Evidence Informed Interventions', 'Schema-based Formulations' and 'Neurodiversity in Young People'.

"I have so much value in what I've learnt [in the education program] … it has really helped. I was struggling with imposter syndrome in that first year and… if I didn't have that training, assessment tools, support and de-briefing space where I could talk to other grads I think [the work] would have definitely been a bigger struggle."

– Graduate Clinician

"I found it [the education program] very good, learning the theories and themes that you wouldn't usually think about that are definitely relevant and do pop up in your clinical sessions. I also enjoyed communicating with my peers and learning the differences between the centres … because everyone's kind of in the same boat."

– Graduate Clinician

methods used

The evaluation used a mixed methods approach, utilised a broad range of data and engaged with diverse stakeholders to gain different perspectives. In 2024, HREC Quality Assurance (QA) approval was sought for existing and new data collection that related to graduate and student employment outcomes (Reference: RMH QA2024102)

28 interviews/focus groups with 55 individual stakeholders	Databases	10 different surveys:
• 20 past and present graduates • 12 centre managers • 7 clinical educators • 4 university placement staff • 11 ECP and headspace National staff • 1 sector expert	• Organisational datasets – hAPI and DH3, headspace LMS • Program datasets - clinical student placement spreadsheet, the ECP database, project reports, the headspace learning platform • Evaluation data collection activities	Including: • Graduates (education topic surveys, end of program surveys, early exit) • Ex-graduates (employment follow up survey) • Students (student placement experience) • Clinical educators (monthly reports)

The next stage of the evaluation will focus on refining the evaluation approach to address existing data gaps and more effectively assess attribution and the contribution of key stakeholders to program outcomes.

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acknowledgments

We would like to acknowledge the contribution of all evaluation participants who generously contributed their time, shared their experiences and provided insights which informed the findings in this evaluation. This includes ECP graduates and students, headspace service staff, and program stakeholders such as university placement coordinators.

headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.

headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and emerging and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

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