

# headspace Telepsychiatry

## A gateway to specialist support: how Telepsychiatry primary consultations are improving mental health outcomes for young people

### Summary

Young people across Australia are benefiting from access to specialist psychiatry support through their engagement in headspace Telepsychiatry, particularly in rural towns and communities. On average, over 1000 young people connected to 79 headspace centres received mental health support from a psychiatrist via video each year. These primary consultations provided access to psychiatry services for young people not available otherwise due to social, economic, and geographic factors. Centre stakeholders and young people agreed that Telepsychiatry provided affordable, timely and easy-to-access support for assessment and diagnosis, treatment and medication advice and review of complex mental health issues.

Young people and centre stakeholders were very positive about their experience of receiving Telepsychiatry support. Over 80 per cent of young people surveyed felt included, listened to and understood, and comfortable sharing information with the psychiatrist. Over 90 per cent of participating centre stakeholders reported that Telepsychiatry provided a supported care experience for young people at their centres, delivered by high quality youth and family-centred psychiatrists. Young people reported the benefits of psychiatrists working in partnership with centre clinicians and GPs, communicating and collaborating effectively to provide wrap-around care that helped them to feel safe and supported.



Telepsychiatry contributed towards mental health and wellbeing outcomes for young people, with evidence of increased awareness and understanding of mental health issues, emotions and behaviours, and improved mental health and functioning. Eighty per cent of young people surveyed reported increased understanding of and capacity to cope with their mental health issues. Nearly 90 per cent of participating centre stakeholders reported improved mental health and wellbeing of young people following their engagement in Telepsychiatry and nearly 70 per cent of young people surveyed felt the support helped them to feel better day-to-day. Centre stakeholders, psychiatrists and young people shared stories of positive changes in the ability of young people to manage their daily lives, enabling them to “thrive and flourish” at home, school, and in the community.

*“I’d never even heard of Telepsychiatry and have had many doctors I’ve gone to that have not helped me at all. Through one video call I got more reassurance and advice than I have over the past 3-4 years.”*

**- Young person, 18 years, 2025**

*“These were young people who were not going to see a psychiatrist otherwise... the costs are tremendous to see a psychiatrist and the waits are long... and so every time you actually see someone, I think that’s a very significant change.”* - **Telepsychiatry psychiatrist, 2025**

### About the program

headspace Telepsychiatry is a critical part of the integrated digital mental health support provided by headspace. The program addresses barriers to accessing psychiatry services for young people and the mental health workforce in regional, rural and remote Australia. Telepsychiatry designs and delivers services intended to increase access to specialist support, improve mental health and wellbeing outcomes for young people, and increase the capacity of service providers, contributing to a strengthened and more equitable youth mental health system.

Working in partnership with primary health networks and lead agencies, the program connects young people engaged with headspace centres to psychiatry services. Centre clinicians and GPs identify young people aged between 12 and 25 years who would benefit from referral to a psychiatrist. Primary consultations take place at the headspace centre, with the psychiatrist attending via video and in-person attendance of the young person, a centre support person, and a parent or carer if the young person is under 16 years. Young people may also choose to have a family member or friend present for support. Primary consultations include a diagnostic assessment and management plan or review and are provided as Medicare Bulk Billed services to young people in regional, rural and remote areas.<sup>1</sup>

In addition to primary consultations with young people, Telepsychiatry provides secondary consultations for centre-based clinical staff and GPs, including specialist clinical supervision and case management review and advice, facilitating integrated support for young people and families through a multidisciplinary approach to their care. Telepsychiatry provides further access to professional learning through tailored webinars on relevant youth mental health topics.

This report is focused on the engagement and impact of Telepsychiatry primary consultations. It is one of a 3-part series, with other reports focused on secondary consultations and webinars.



### Program evaluation

An evaluation of Telepsychiatry primary consultations was undertaken as part of a broader program evaluation of services provided in 2023 and 2024. The evaluation was mixed methods, drawing on quantitative and qualitative data from multiple sources. All evaluation tools utilised stories of change methodology, to evidence the contribution of Telepsychiatry to outcomes for service users and providers, and to amplify the voices and experiences of young people and stakeholders.

Client and service data was accessed via Halaxy, the Telepsychiatry Electronic Medical Record (EMR), or via the hAPI platform (the data collection platform used across headspace centres).

A young person experience survey was distributed to 363 young people who received a Telepsychiatry occasion of service recorded in hAPI in 2024, were 12 to 25 years at that time, and had consented to be contacted for evaluation purposes. Fifty-four young people completed the survey, a response rate of 16 per cent. The respondent sample was broadly representative of the Telepsychiatry service user population, except for an overrepresentation of females and an underrepresentation of males and LGBTIQ+ young people.

Staff of headspace centres engaged in Telepsychiatry in the evaluation period (n=212) were invited to participate in the centre stakeholder survey. Sixty-five individuals representing 57 per cent of engaged centres (n=45) completed the survey, a response rate of 31 per cent. Two-thirds of survey respondents (66%, n=43) were working in clinical or medical roles, and 29 per cent (n=19) were centre managers.

Key stakeholder interviews were conducted with 10 individuals, including centre managers, clinical leads and GPs, and 6 psychiatrists participated in either a focus group discussion or interview.

<sup>1</sup>headspace centres classified in Modified Monash Model (MMM) areas 2 to 7 are eligible for Medicare Bulk Billed primary consultations. Funding sources such as the NSW COVID-19 Recovery Package and other contractual agreements have also been in place to fund primary consultations, including in metro (MM1) areas.

Program engagement

A total of 2201 young people connected to 79 headspace centres (n=2199) and one headspace digital mental health program (n=2) were engaged in Telepsychiatry throughout 2023 and 2024. Young people were included as engaged in the program if they received an eligible referral to the service (n=1990) and/or had at least one appointment booked for a primary consultation with a psychiatrist via video (n=2053) during the evaluation period.<sup>2</sup> A summary of headspace Telepsychiatry primary consultation engagement is shown in Figure 1.

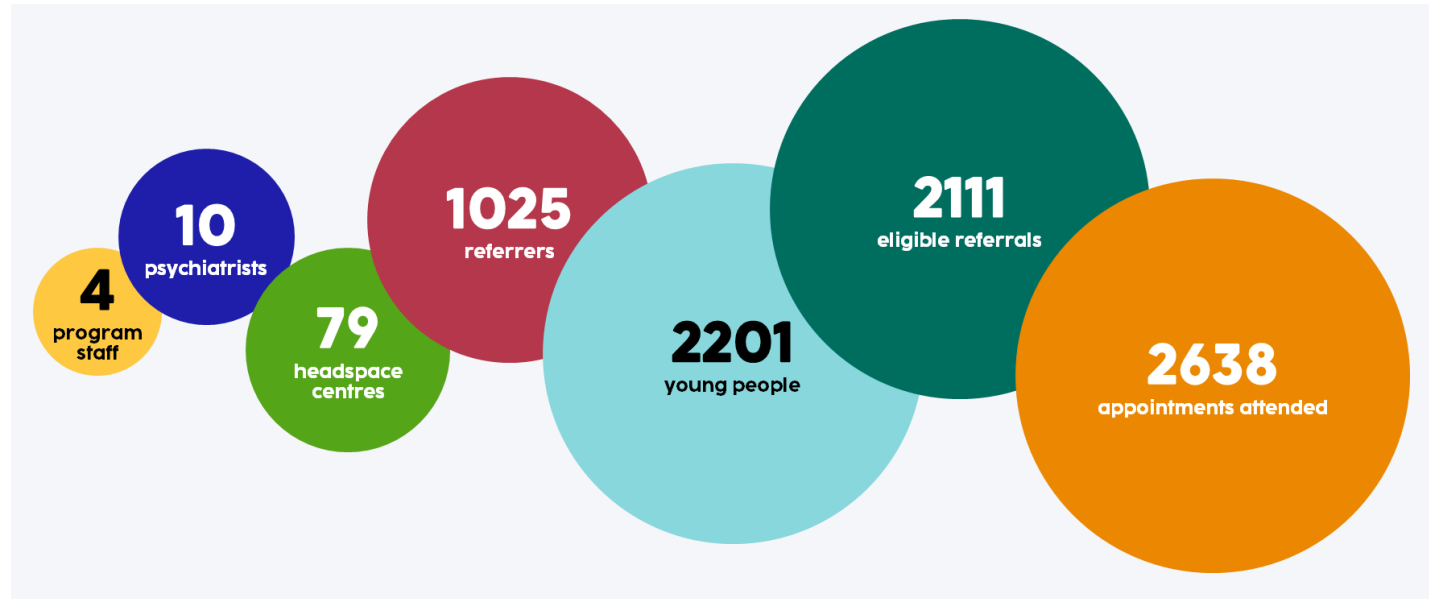


Figure 1. Summary of Telepsychiatry primary consultation engagement in 2023 and 2024.<sup>3</sup> One headspace digital mental health program was also engaged in primary consultations.

The majority of young people engaged in Telepsychiatry for whom gender identity data was available (n=1994) identified as female (67%, n=1332), 27 per cent identified as male (n=551), and 6 per cent (n=111) identified as gender diverse (Figure 2). Of young people for whom other demographic data was available, over half (54%, n=681) were between 15 and 20 years old, nearly 40 per cent (39%, n=429) identified as LGBTIQA+, 10 per cent (n=123) identified as Aboriginal and/or Torres Strait Islander people, and 5 per cent (n=62) identified as culturally and linguistically diverse (Figure 2).

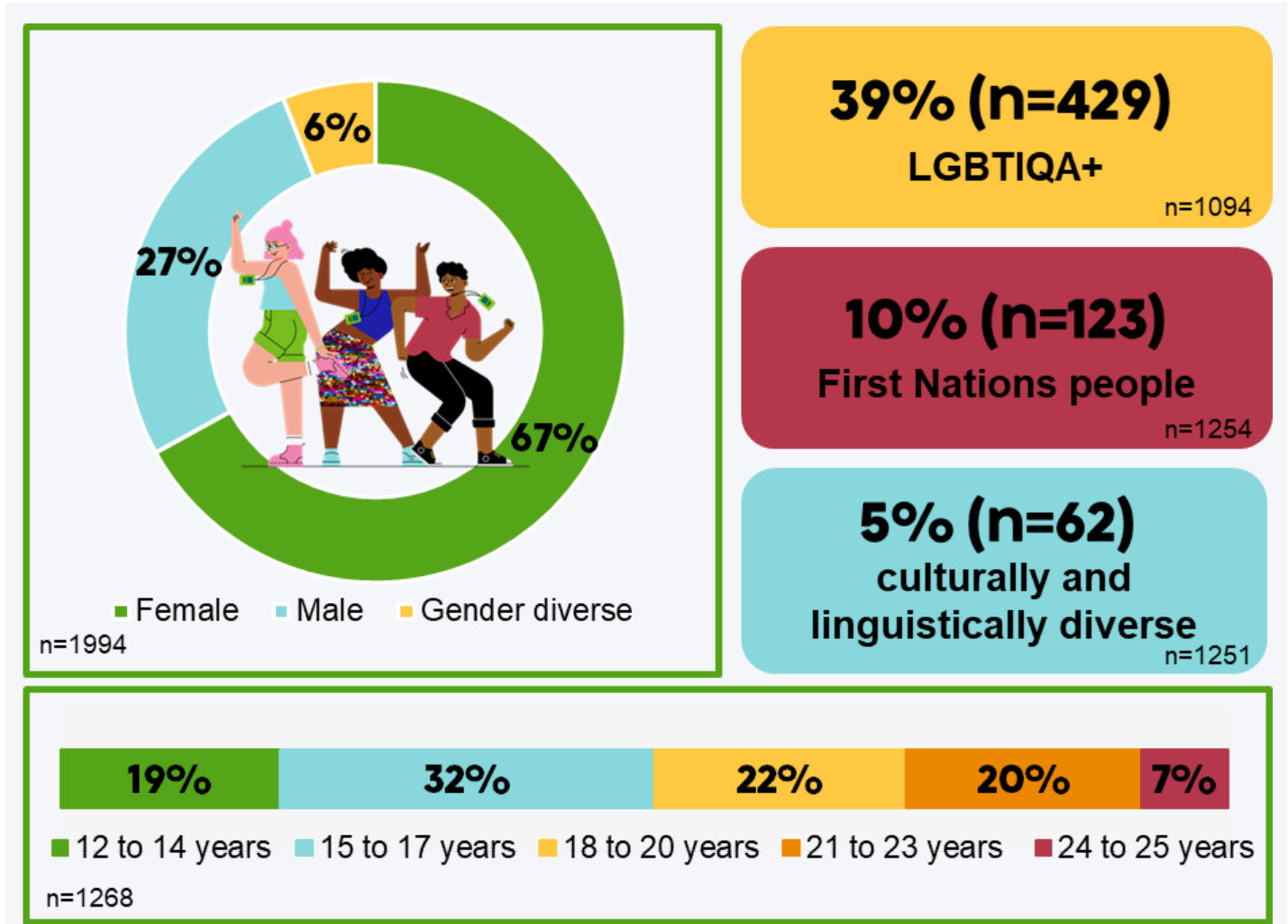


Figure 2. Demographic characteristics of young people engaged in Telepsychiatry primary consultations in 2023 and 2024.

Ninety-two per cent (n=2026) of young people engaged in Telepsychiatry were connected to headspace centres in regional, rural, or remote areas. Seventy per cent (n=1525) of young people were supported by centres located in large, medium, or small rural towns, classified as Modified Monash Model (MMM)<sup>4</sup> areas 3 to 5 respectively (Figure 3).

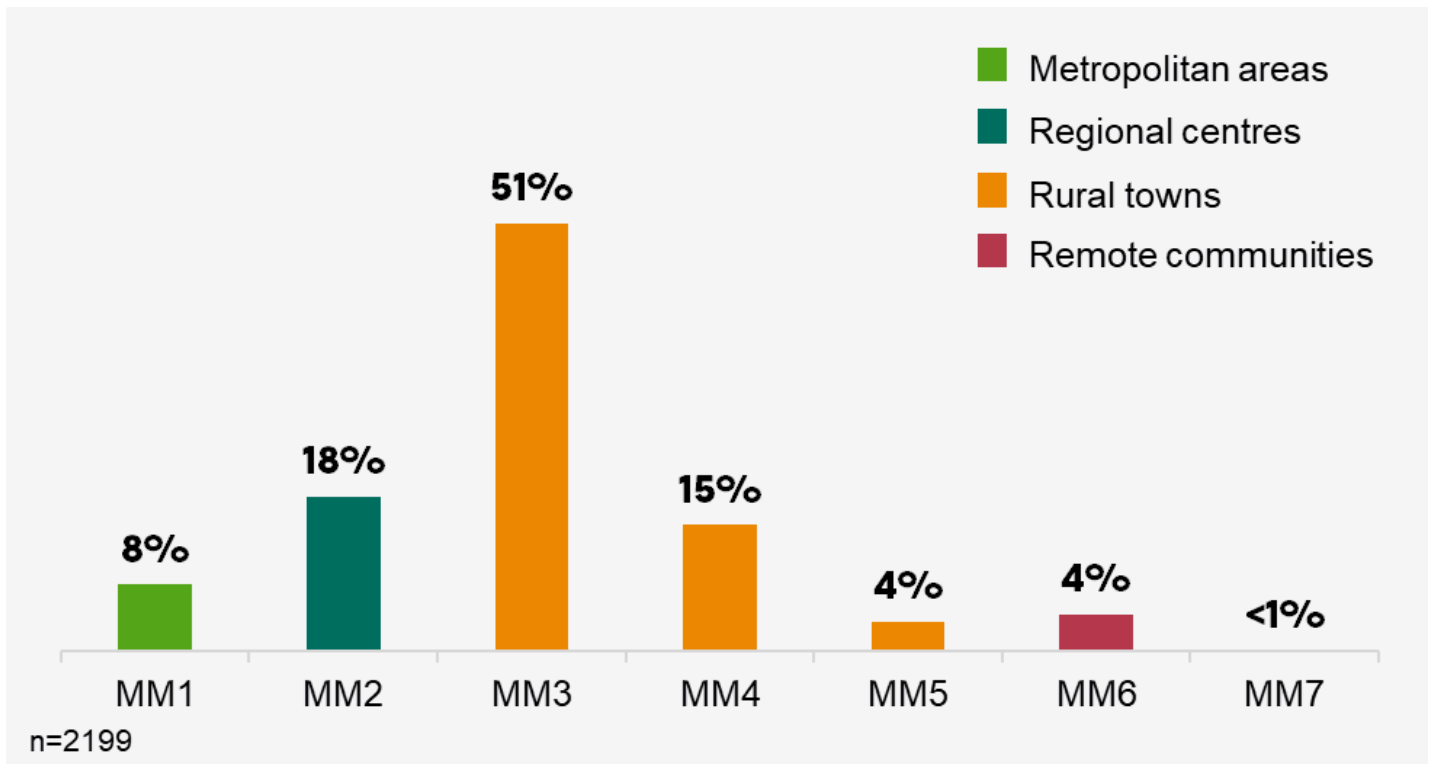


Figure 3. Proportion of young people engaged in primary consultations in 2023 and 2024 (n=2199) connected to headspace centres (n=79) located in MMM areas.

headspace centres supporting young people engaged in primary consultations were located across all states and territories (except the Australian Capital Territory), with the number of centres engaged ranging from 3 in Tasmania to 27 in New South Wales<sup>5</sup> (Figure 4). Over three-quarters of young people engaged in primary consultations were connected to centres in either Victoria (31%, n=683), NSW (31%, n=675), or South Australia (17%, n=372; Figure 4). The number of young people engaged at each participating centre ranged from one to 143, with an average of 28 young people supported per centre over the 2-year evaluation period.

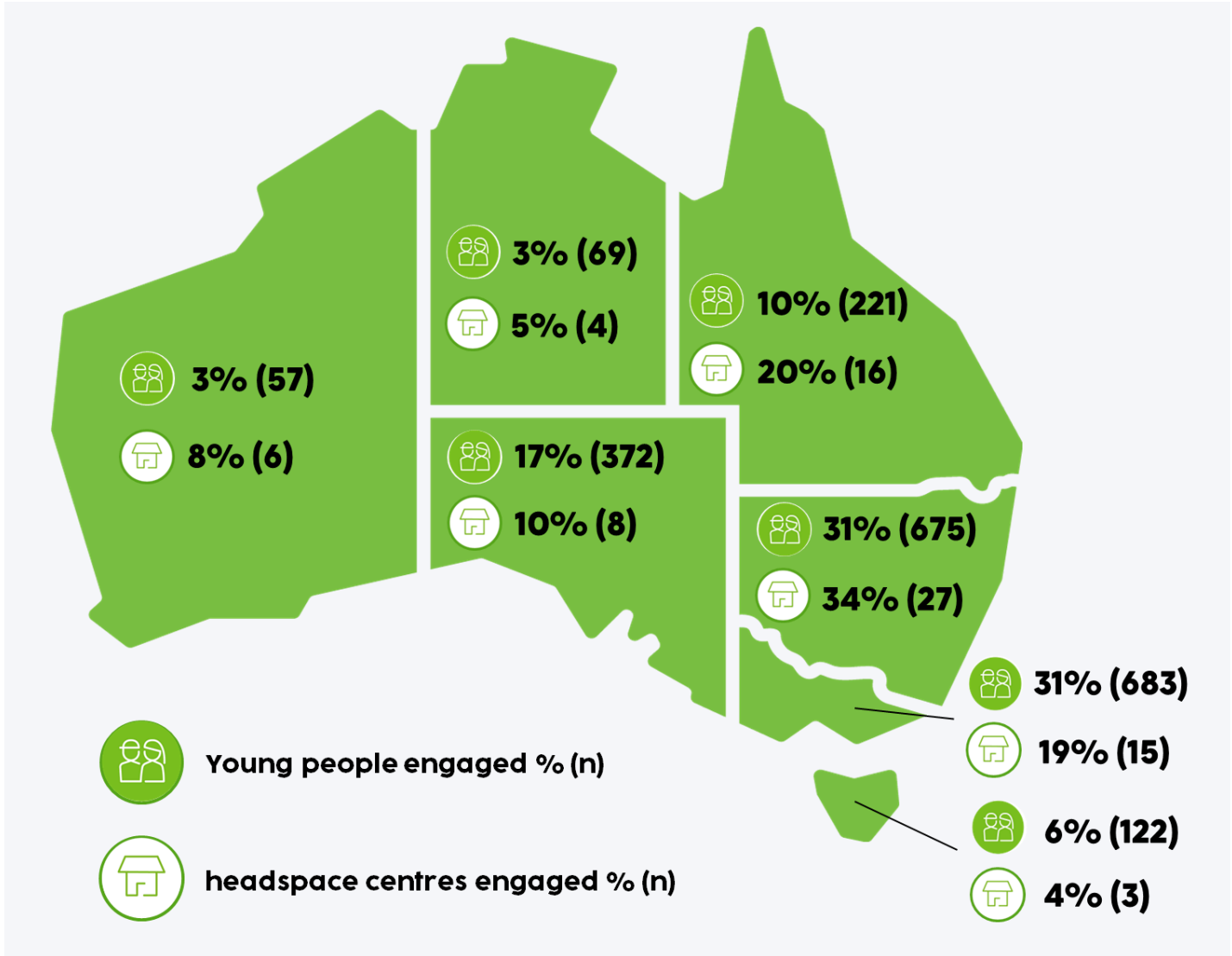


Figure 4. Proportion of young people engaged in Telepsychiatry (n=2199) at headspace centres (n=79) in each state or territory. Figures do not sum to 100% due to rounding.

Primary consultation appointment type and attendance

A total of 3236 primary consultation appointments were booked for 2053 young people across 2023 and 2024. Two-thirds of appointments (67%, n=2154) were initial consultations for assessment and development of a management plan, and one-third (33%, n=1082) were follow-up appointments for management plan and/or medication review.

Overall, 82 per cent of appointments were attended (n=2638), 9 per cent (n=304) were not attended, and 9 per cent (n=294) were cancelled. Rates of attendance, non-attendance and cancellation for initial and follow-up appointments are shown in Figure 5. Nearly 90 per cent of attended appointments (88%, n=2315) were provided by a core group of 5 psychiatrists.

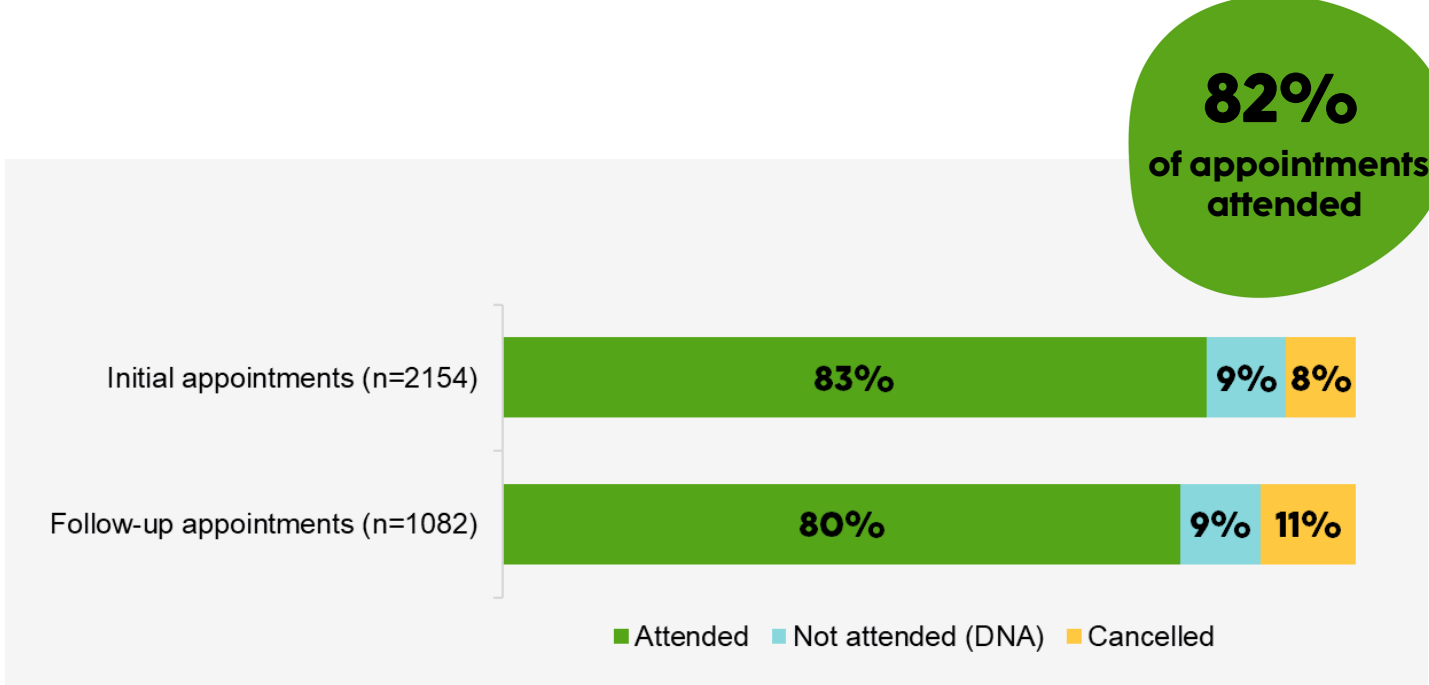


Figure 5. Proportion of initial and follow-up Telepsychiatry primary consultation appointments booked (n=3236) that were attended (n=2638), not attended (DNA; n=304), and cancelled (n=294) in 2023 and 2024.

Over 90 per cent (92%, n=1883) of young people for whom a primary consultation was booked attended at least one appointment over the 2-year evaluation period, with two-thirds (66%, n=1350) attending a single appointment, 20 per cent (n=413) attending 2 appointments, and 6 per cent (n=120) attending more than 2 appointments. For young people who attended more than one appointment in the 2-year period, there was an average number of 75 days between their first and second scheduled appointments.

<sup>2</sup> 211 young people had an appointment booked from a referral recorded prior to 1 January 2023, and 148 young people had received an eligible referral but were awaiting an appointment booking as of 31 December 2024.  
<sup>3</sup> Telepsychiatry psychiatrists who provided at least 1% of appointments attended (n=25) were considered engaged in primary consultations. An additional 5 psychiatrists provided occasional appointments over the 2-year period (n=59).  
<sup>4</sup> Commonwealth of Australia. (2025, April 10). Modified Monash Model. Australian Government Department of Health and Aged Care. <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>.  
<sup>5</sup> Program engagement in NSW headspace centres was supported by the NSW COVID-19 Recovery Package.

## Program impact

### Primary consultations provide critical access to specialist psychiatry support

Evaluation findings demonstrated the critical role of Telepsychiatry primary consultations in providing psychiatry services for young people and families facing significant barriers to accessing specialist mental health support in their communities. Service users and service providers alike affirmed the importance of the program as a gateway to a much needed and highly limited youth mental health resource. Survey results showed that nearly all centre stakeholders (98%, n=51) and most young people (82%, n=42) agreed that Telepsychiatry provided support they could not have accessed otherwise. Over two-thirds of centre stakeholders surveyed (65%, n=30) highlighted increased access to psychiatry support for young people as the most important change resulting from their centre's engagement with the program.

### Primary consultations are affordable, timely and easy to access

Survey and interview findings supported the important role of the program in addressing a range of social, economic, and geographic barriers to accessing psychiatry services for young people and families in regional, rural and remote areas. Over three-quarters (76%, n=38) of centre stakeholders surveyed pointed to either the affordability, proximity, or timeliness of access as the best aspect of the program.

Over half (53%, n=18) of young people surveyed who explained why they could not access other psychiatry support highlighted affordability, with one young person describing "the cost involved if we went to a private psychiatrist" as "out of our reach". Many young people also identified living in a rural area as a barrier, due to limited availability of psychiatry services locally, and the time and cost required to travel to appointments.

Nearly 80 per cent (79%, n=41) of centre stakeholders surveyed agreed that primary consultation appointments occur in a timely manner, and 82 per cent (n=42) agreed that assessment reports from the psychiatrist were received by the centre within 2 weeks of the appointment (Figure 6).

Program monitoring data showed an average wait time from referral to a young person's initial appointment of 57 days, or about 8 weeks. Clinical staff and GPs commented on the timeliness of this access relative to other psychiatry services in their communities that may be either completely unavailable or have wait times of between 6 and 12 months or more.

Service users and providers reported that Telepsychiatry was easy to access and use. Over 70 per cent (73%, n=37) of young people surveyed agreed the service was easy to use. Centre stakeholder survey results showed nearly all respondents (96%, n=49) who engaged in primary consultations understood how to make a referral, and 86 per cent (n=44) felt confident referring young people to the service (Figure 6).



98%

of centre stakeholders agreed primary consultations provided support young people could not have accessed otherwise

"We had no access to child and adolescent psychiatry in our regional area before the introduction of this service."

- headspace GP, 2024

"I couldn't see a psychiatrist without headspace."

- Young person, 15 years, 2025

"...in terms of young people and their families... these are people that I wonder whether they would have been seen at all, to be honest, because they were so distant from the opportunity to have a psychiatry review. I think it does make a difference."

- Telepsychiatry psychiatrist, 2025

"...we do not have any psychiatrists in our town and when we do have them, there are restrictive criteria to access them... a significant number of our families cannot afford or navigate a psychiatry pathway themselves."

- headspace clinical lead, 2024

"I could not have accessed the support I needed due to high appointment costs, or the cost and logistics of traveling out of a rural area to receive support elsewhere."

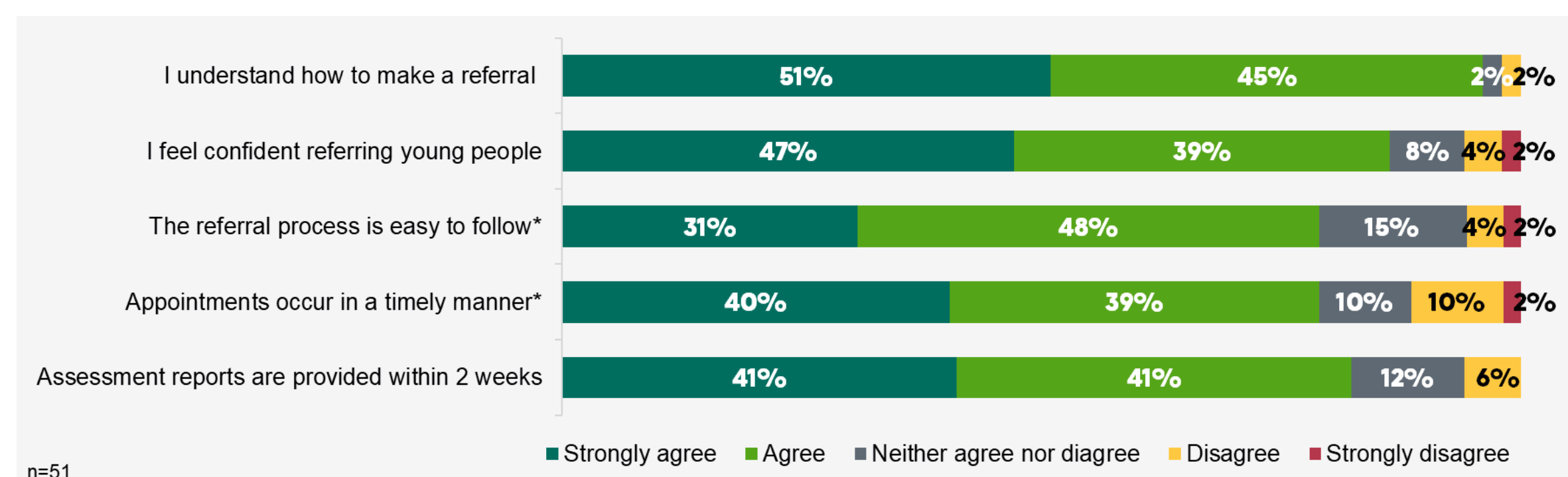
- Young person, 24 years, 2025

"Without Telepsychiatry young people would have to travel 10 hours round trip, and overnight stays to access psychiatry in the city. This is a huge impact for young people and their families to remain in their own community and access quality specialist care."

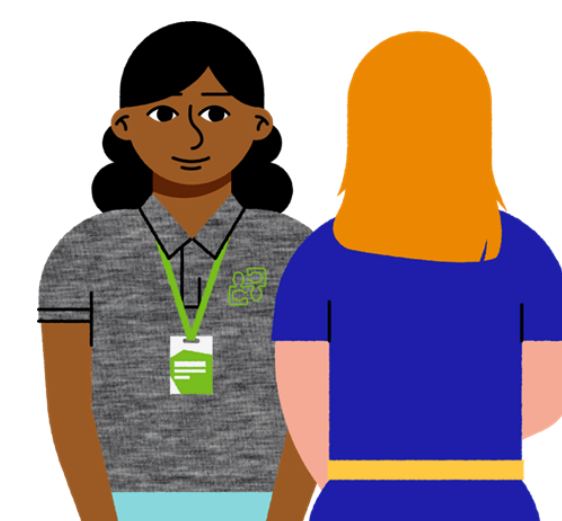
- headspace clinician, 2024



Although most respondents to the centre stakeholder survey (79%, n=41) agreed the referral process is easy to follow (Figure 6), a few described it as "arduous" or "difficult" and commented on the administrative burden on centre clinicians and GPs. Centre stakeholders generally acknowledged the significant "amount of paperwork" required for the primary consultation referral process, while recognising the importance of ensuring comprehensive information is provided to the psychiatrist to enable "the right diagnosis" and "a good plan" for the young person.



**Figure 6.** Centre stakeholder survey respondent agreement on the ease of referrals and timeliness of appointments to headspace Telepsychiatry primary consultations (n=51, n=52). Figures do not sum to 100% due to rounding.





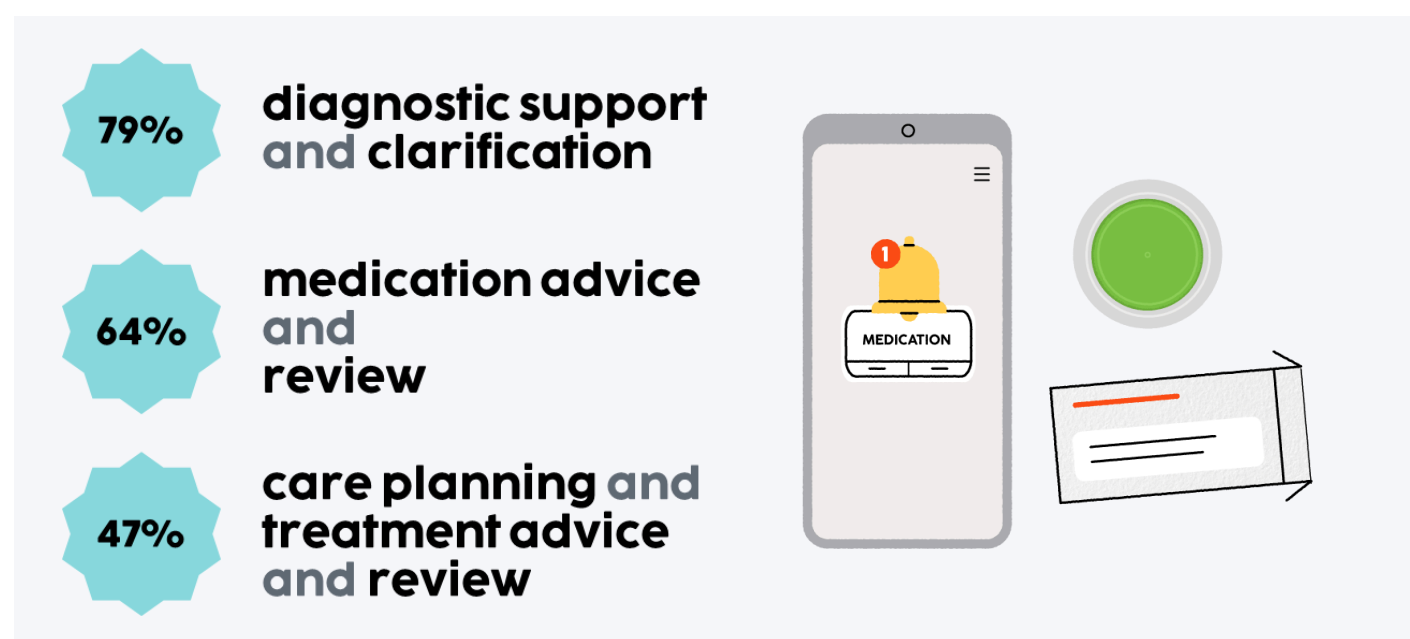
74%

of young people agreed receiving support from the psychiatrist by video met their needs

## Program impact continued

### Primary consultations meet the psychiatry services needs of young people

Findings identified service user needs met through Telepsychiatry primary consultations. Over 90 per cent (93%, n=53) of centre stakeholder survey respondents commented on the psychiatry services needs of young people and families connected to their headspace centres. More than three-quarters (79%, n=42) identified the need for diagnostic support and clarification of the presenting mental health issues of young people, about two-thirds (64%, n=34) highlighted the need for young people to receive advice and review of appropriate new and existing medications, and nearly half (47%, n=25) mentioned the need for young people to receive care planning and treatment advice and review (Figure 7).



**Figure 7.** The psychiatry services needs of young people most frequently identified by centre stakeholders (n=53). Figures sum to more than 100% due to centre stakeholders identifying multiple needs.

Survey findings showed that about three-quarters (74%, n=38) of young people agreed that receiving support from the psychiatrist by video met their needs. Several young people who shared stories about the most important change because of Telepsychiatry specifically referred to the positive impact of receiving diagnostic clarity that enabled appropriate medication and management advice tailored for their needs.

*“Receiving diagnoses, a medical report and request for medication that was forwarded from the psychiatrist to my GP has informed my care and supported me in getting the medication and treatment that I need.”*  
- Young person, 24 years, 2025

*“The psychiatrist was able to prescribe me with a medication that was completely different to what doctors had me taking previously which completely changed everything as the previous medication was causing side effects the doctors did not diagnose as relevant.”*  
- Young person, 25 years, 2025

Over 70 per cent (71%, n=37) of centre stakeholder survey respondents agreed that Telepsychiatry met the needs of young people at their centre, with over half (54%, n=20) identifying these needs as the assessment, diagnosis and/or management of one or more specific mental health disorders, including attention deficit hyperactivity disorder (ADHD) and/or autism spectrum disorder (ASD; 85%, n=17), depression and other mood disorders (35%, n=7), and anxiety and eating disorders (30%, n=6).

*“Probably the primary benefit is a pathway for our over 18 young people to access assessment and review for ADHD... there's been a huge uptick in young people approaching the service, wondering if they have ADHD and wanting to learn more about that and prior to Telepsychiatry, there was no bulk billing service able to provide that.”*  
- headspace GP, 2025

ADHD diagnostic clarification, medication and/or management support was also frequently highlighted by centre stakeholders who disagreed that the program met the needs of their young people (17%, n=9), with one clinical lead describing “the short-term care for young people with ADHD” as a “huge service gap in the community”.

### Primary consultations provide diagnostic support and clarification for young people and service providers

*“I think that diagnostic clarity has been really helpful... and I think that's helpful both for the young person and their family, as well as for the clinician.”*

- Clinical manager, 2025

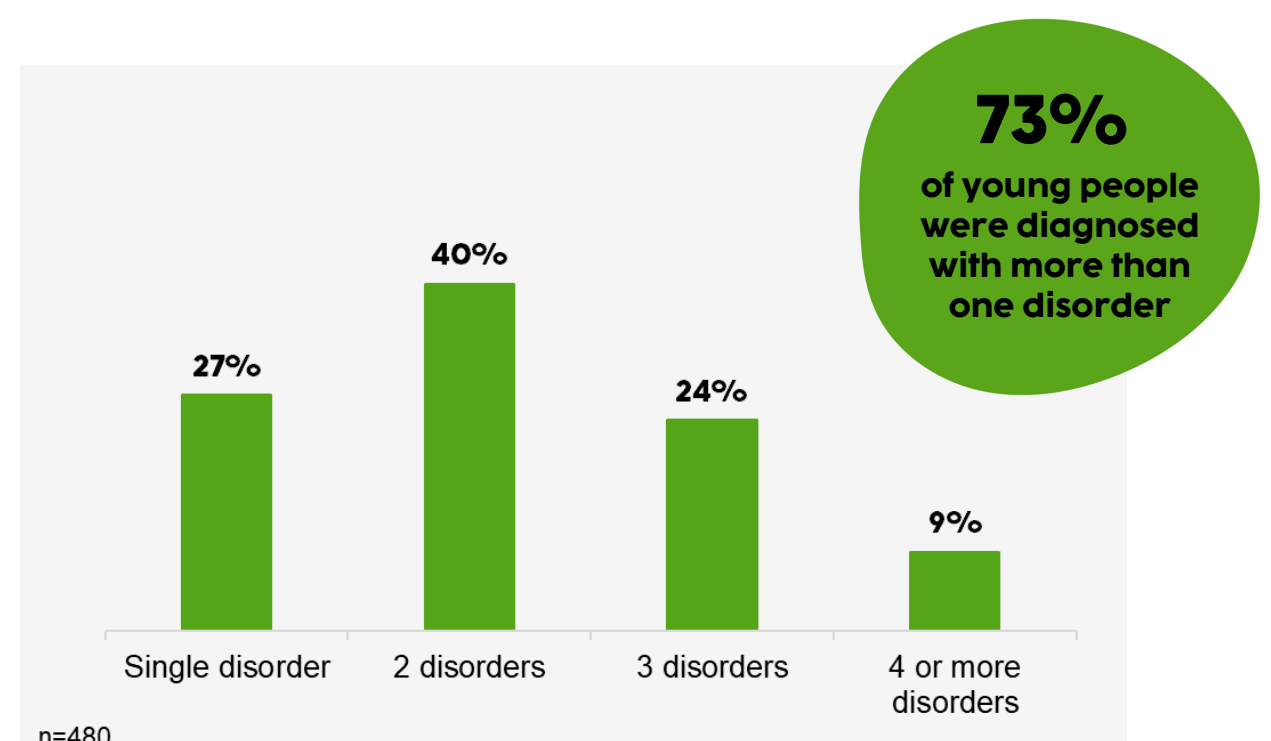
Evidence of the program providing diagnostic support and clarification was available for 480 young people who received a diagnosis from a Telepsychiatry psychiatrist in the final 6 months of the evaluation period. A total of 23 mental health disorders were diagnosed during this period, occurring individually and in 173 combinations of disorders.

Young people were most frequently diagnosed with an anxiety disorder (46%, n=225), most often occurring as part of a co-occurring or comorbid diagnosis (40%, n=194). Anxiety was most frequently diagnosed with depression (16%, n=75) and post-traumatic stress disorder (PTSD; 8%, n=39). Over one-quarter (26%, n=124) of young people received a diagnosis of depression, often present with other disorders (24%, n=117) such as anxiety (16%, n=75) and PTSD (6%, n=30). The mental health disorders most frequently diagnosed by Telepsychiatry psychiatrists are listed in Table 1.

**Table 1.** Frequency of mental health disorders diagnosed in young people (n=480) by a Telepsychiatry psychiatrist in the last 6 months of 2024. Disorders diagnosed in more than 10 per cent of young people are included.

Mental health disorder diagnosed	Frequency % (n)
Anxiety	46% (225)
Depression	26% (124)
Post-traumatic stress disorder (PTSD)	23% (110)
Attention deficit hyperactivity disorder (ADHD)	20% (96)
Complex trauma and PTSD (C-PTSD)	18% (85)
Autism spectrum disorder (ASD)	17% (81)
Eating disorder	14% (69)
Obsessive compulsive disorder (OCD)	13% (61)

Diagnosis data reflected the complexity of presentations in young people supported by headspace, with nearly three-quarters (73%, n=351) receiving comorbid diagnoses featuring the co-occurrence of between 2 and 6 mental health disorders. The proportion of young people receiving comorbid diagnoses are shown in Figure 8. The complexity of diagnoses received by young people was related to gender, with individuals identifying as gender diverse presenting with an average number of 3 disorders relative to 2 disorders for young females and males.



**Figure 8.** Proportion of young people receiving comorbid or co-occurring diagnoses from a Telepsychiatry psychiatrist between 1 July and 31 December 2024 (n=480).

## Program impact continued

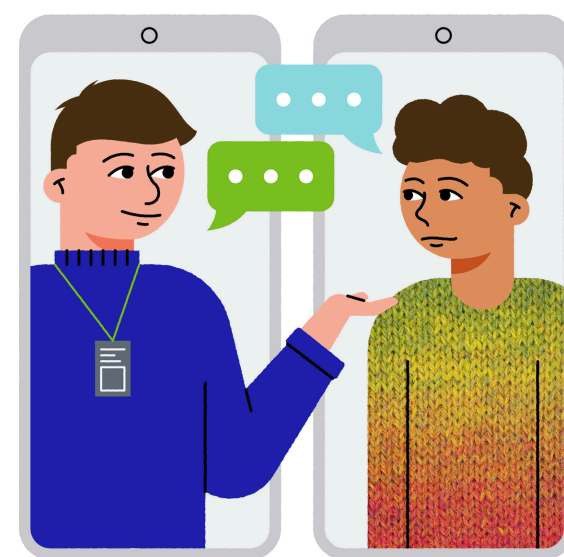
### Primary consultations provide a positive experience of mental health support

Evaluation findings demonstrated a positive help-seeking experience for young people engaged in Telepsychiatry. Most young people who responded to the survey agreed:

- they felt listened to and understood by the psychiatrist (84%, n=43)
- felt comfortable sharing information with the psychiatrist (86%, n=44)
- felt included in decision-making about what would happen next following their Telepsychiatry appointments (82%, n=42; Figure 9).

Young people described feeling “heard and supported”, and that receiving a diagnosis helped in “validating [their] feelings”. Several young people also described feelings of safety due to the option of having a headspace clinician and family member and/or other support person present for the appointment. Additionally, most young people (80%, n=41) who responded to the survey agreed they would suggest the service to a friend who needed this sort of support.

Over 90 per cent of centre stakeholder survey respondents (92%, n=48) agreed that primary consultations provided a positive experience of mental health support, and 90 per cent (n=47) agreed that young people received a supported care experience once referred. Several centre staff described Telepsychiatry psychiatrists as “youth-friendly” or “young person and family-centred”, and commented on their capacity to communicate effectively with young people and families.



84%

of young people felt listened to and understood by the psychiatrist

*“I felt listened to and included in my session, at the forefront of my care as a person rather than as a puzzle to be solved or just another number...”*

- Young person, 24 years, 2025

*“I was able to have clear options of what to do and a sense of control over the whole situation... which made me feel very supported...”*

- Young person, 16 years, 2025

*“The psychiatrist we saw was very understanding and extremely easy to communicate with and explained things really well...”*

- Young person, 16 years, 2025

*“The psychiatrists are excellent with supporting the young person in the appointment assisting them with feeling at ease and displaying understanding and empathy for the young person in the process.”*

- headspace clinician, 2024

*“The psychiatrists are knowledgeable and form rapport with young people very easily. They offer support in very youth friendly language and clients feel well understood, included and supported.”*

- headspace clinician, 2024

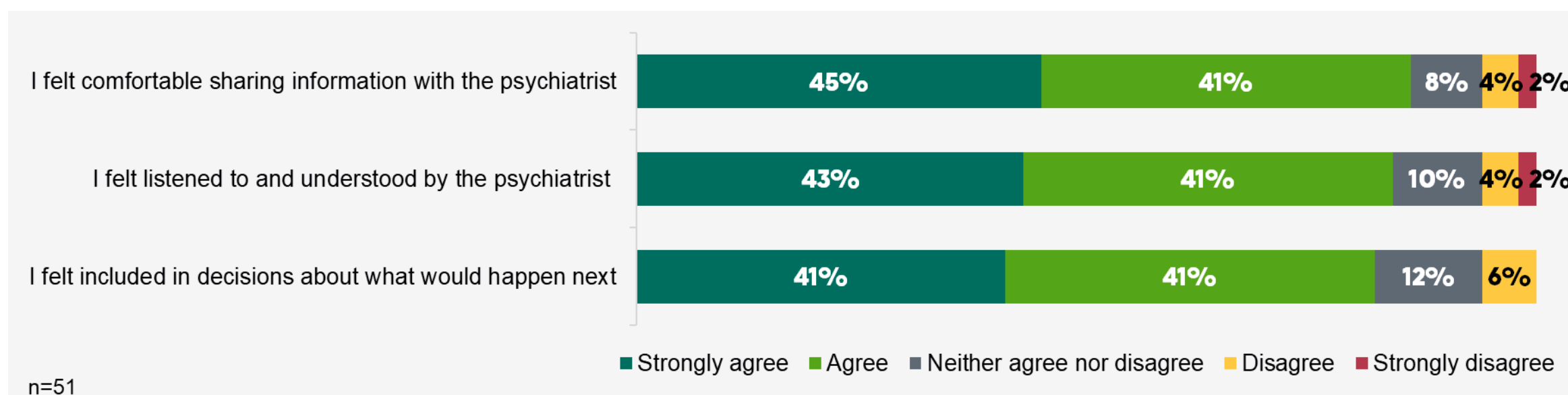


Figure 9. headspace Telepsychiatry young person survey respondent agreement on the experience of primary consultations (n=51).



### Primary consultations increase the capacity of young people to self-monitor and manage their mental health

Survey findings demonstrated the importance of Telepsychiatry in developing the capacity of young people to self-monitor and manage their mental health and wellbeing. Over 70 per cent (71%, n=29) of young people who provided stories of change highlighted being better able to understand and manage their mental health as the most important change resulting from Telepsychiatry support. Key themes emerging from quantitative and qualitative data included the contribution of psychiatry support to increased:

- self-awareness and understanding of mental health issues, emotions and behaviours
- knowledge, skills and capacity to cope with mental health issues and challenges

### Primary consultations increase self-awareness and understanding of mental health issues, emotions and behaviours

Eighty per cent (n=35) of young people surveyed agreed that receiving support from the psychiatrist helped them to understand their mental health issues more clearly (Figure 10). Young people shared how receiving an explanation of their diagnosis supported them to move forwards with support and treatment. Some young people extended this increased understanding of their mental health issues to family, reflecting on how helpful it was to have communication with and support for family as part of the process. Centre stakeholders affirmed the importance of family involvement, both in terms of safety and support for the young person, and as a critical learning opportunity for family about their young person’s mental health issues and needs.

Young people also reflected on their learnings about their own emotions, thoughts and behaviours, including increased understanding of the history and determinants of these, and how to recognise and self-regulate them when they are triggered.



80%

of young people agreed psychiatry support helped them to understand their mental health issues more clearly

*“I have had insight into the mental health issues I face, including diagnosis, recommended medication and an explanation about them.”*

- Young person, 23 years, 2025

*“They also helped and supported my family with what I was going through at that time and kept them updated with whatever was going on which was really helpful. It gave my family a better understanding of what I was experiencing and helped my support system at home.”*

- Young person, 16 years, 2025

*“I have learnt that my emotions are due to past trauma experiences... that has open[ed] a whole understanding for my condition.”*

- Young person, 14 years, 2025

*“...if I do feel low/depressed I am able to recognise this and regulate my emotions enough to be able to do something to help myself.”*

- Young person, 23 years, 2025



## Program impact continued

### Primary consultations increase knowledge, skills, and capacity to cope with mental health issues

Survey results demonstrated how Telepsychiatry increased knowledge, skills and capacity of young people to self-manage their mental health. Over three-quarters (77%, n=34) of young people surveyed agreed that support from the psychiatrist helped them gain knowledge and skills to better manage their mental health (Figure 10). Findings also evidenced the importance of care planning to support young people to develop skills and strategies, with over three-quarters (77%, n=34; Figure 10) of young person and 87 per cent (n=45) of centre stakeholder survey respondents agreeing that support from the psychiatrist helped young people to set and work towards mental health goals. One centre manager suggested that “clarity in developing goals and therapeutic strategies relevant to the young person” was the most important change from Telepsychiatry support.

Eighty per cent (n=35; Figure 10) of young person and 84 per cent (n=44) of centre stakeholder survey respondents agreed that the program increased the capacity of young people to cope with their mental health issues. Several young people who shared stories of change specifically referred to the positive impact of Telepsychiatry support on developing coping strategies for their mental health and wellbeing.



87%

of centre stakeholders agreed primary consultations helped young people set and work towards mental health goals

*“I received printed resources from the Telepsychiatry session that were tailored to my exact needs and which have helped me gain confidence in dealing with my diagnoses.”*

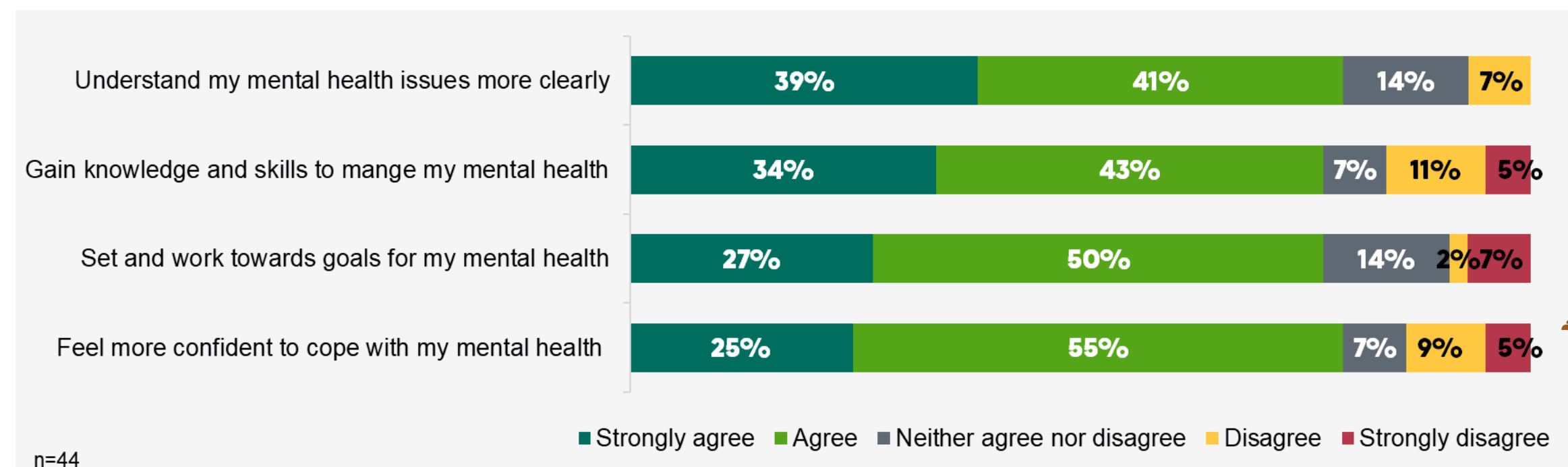
- Young person, 24 years, 2025

*“Without the help from my headspace counsellor and the relationship with headspace [Tele]psychiatry, I would have never known my triggers, my diagnosis... and my coping strategies. This has been a life changing 2 appointments.”*

- Young person, 25 years, 2025

*“I am learning to open my window of tolerance, and on medication and following coping strategies that help me thrive in everyday life... the last 2 years of being a part of headspace and accessing their Telepsychiatry has been beneficially life changing.”*

- Young person, 25 years, 2025



**Figure 10.** headspace Telepsychiatry young person survey respondent agreement on the contribution of primary consultations to their understanding and capacity to self-monitor and manage their mental health (n=44). Figures may not sum to 100% due to rounding.



### Primary consultations improve the mental health and wellbeing of young people

Evaluation findings demonstrated the contribution of Telepsychiatry support to improved mental health and wellbeing of young people. Over two-thirds (68%, n=30) of young people surveyed agreed that support received from Telepsychiatry helped them to feel better day-to-day. Young people shared important changes to their mental health since engaging in the service, including feeling “less depressed”, and “more physically and mentally healthy”. Centre stakeholders affirmed these findings, with 88 per cent (n=46) of survey respondents agreeing that receiving Telepsychiatry support had improved the mental health and wellbeing of young people connected to their centres.

*“...it felt like it saved my life. Struggling with thoughts and anxiety made me feel like I couldn't be [a]wake... until I came to headspace, I finally learnt everything about me and how to cope with my brain.”*

- Young person, 18 years, 2025

Survey and interview findings suggested that support received from Telepsychiatry contributed to improved social and occupational functioning in young people. Over two-thirds (68%, n=30) of young person and 82% (n=43) of centre stakeholder survey respondents agreed that Telepsychiatry support increased the capacity of young people to manage their daily lives and activities. Young people shared stories of change in their ability to manage their studies and work, and improvements in their relationships with friends and family. Centre stakeholders described stories of young people who they had seen “thrive and flourish” following Telepsychiatry, with diagnostic clarity, treatment and medication for their mental health issues leading to improved functioning in many aspects of their lives at home and in the community.



68%

of young people agreed psychiatry support helped them feel better day-to-day

*“I have stopped my drug usage which never seemed possible previously, my relationships with my family and partner have also gotten better while still learning to put boundaries in place for my own wellbeing.”*

- Young person, 24 years, 2025

*“The success stories are where it's given the young person, I guess a sense of being heard, getting a plan and then the functional outcomes of that... so outcomes in school, work, social life, friendships, reducing alcohol and drug use, becoming more involved with the community.”*

- headspace GP, 2025

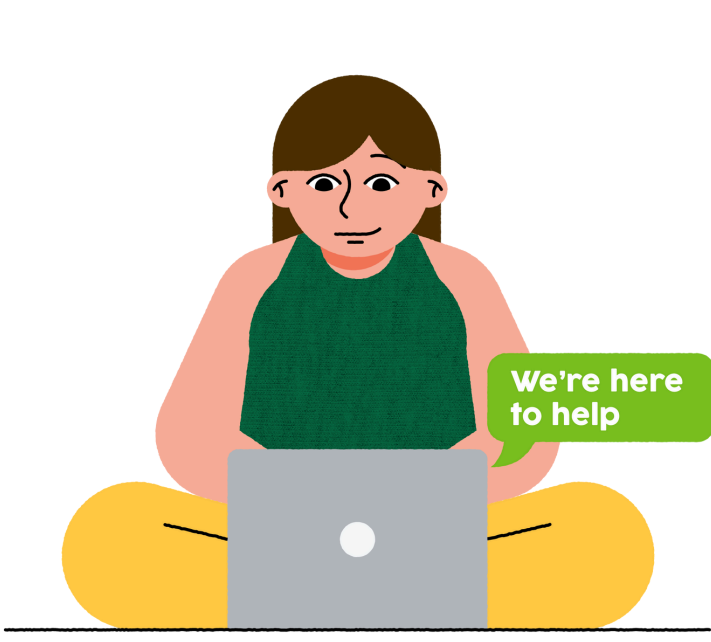
*“A young person came to us... trauma earlier in life, left school early, kicked out of home... was trying really hard to work on emotion[s] and mood and not getting very far... a history of self-medicating as well... Got a referral and went through Telepsychiatry... given a diagnosis of bipolar... had education around starting medication... and the service did reviews and the GP was able to follow those recommendations. They now are out of the service... had held [a] job, accommodation, got their license, their car, living their best life... and it was lovely to say goodbye... because it made such a difference to their life.”*

- headspace clinical lead, 2025

Program impact continued

Primary consultations contribute to care collaboration and service integration


Evaluation findings provided evidence of the contribution of Telepsychiatry to care collaboration amongst headspace service providers and partners. In interviews, centre stakeholders expressed their commitment to working in partnership with Telepsychiatry to provide the best possible care for young people and families, highlighting the importance of effective communication between program staff, psychiatrists and centre staff at all stages of the referral, assessment and review process. Clinical leads and GPs emphasised the importance of having a clinician who knows and has worked with the young person present during appointments, both to provide support to the young person and be available to communicate directly with the psychiatrist if any additional background information is required.



79%

of centre stakeholders agreed Telepsychiatry improved digital and in-person support integration

About one-quarter (24%, n=8) of young people surveyed who explained why they could not have accessed psychiatry services other than through Telepsychiatry highlighted the importance of the psychiatrist and centre staff working together to provide them with wrap-around support. Feedback from psychiatrists further validated the importance of service provider collaboration, reinforcing the value of working as a team to co-manage young people throughout their care.

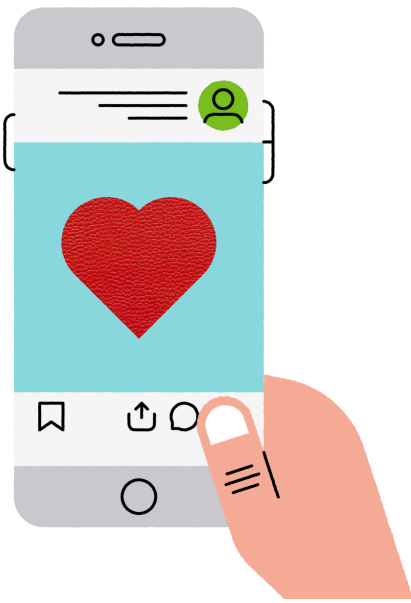


*“The psychiatrist listened to both me and my clinician so if I forgot something I had support and didn’t feel alone. This was really great to make sure everything was covered in the appointment and responsibility wasn’t solely on me.”*  
- Young person, 23 years, 2025

*“The fact that the workers can be involved in the assessments whereas if someone goes privately, we don't always have confidence that information would get to the psychiatrist, and we can't have that sort of input around helping the psychiatrist to understand the context or the situation.”* - headspace clinical lead, 2025

*“I like the headspace Telepsychiatry set up because they have clinicians on the ground... so young people have a clinician allocated to them who facilitates... counselling or CBT and then they have the psychiatry input with that. So, it's much more effective that way... and with GPs being based at headspace as well then you have a lot more chance to co-manage the patient with the GP who's local. I think that system works.”* - Telepsychiatry psychiatrist, 2025

Findings demonstrated the role of Telepsychiatry in strengthening integration between supports for young people and families, including between digital and in-person services. Nearly 80 per cent (79%, n=42) of centre stakeholders surveyed agreed the program improved digital and in-person support integration for young people and families at their centre. One-third (33%, n=18) of young people surveyed reported receiving support from one or more additional headspace digital mental health programs, including eheadspace, Online Communities, Regional Phone Counselling Service and headspace Connect.



Engagement with the Telepsychiatry primary consultation assessment and review process was also reported to be a crucial enabler for centre staff to advocate on behalf of young people for further and possibly more intensive resources for their ongoing care, both within headspace and externally – for example, with the NDIS and tertiary mental health services.

*“Often I've ended up with cases which are quite tricky and complicated and shouldn't be sitting with headspace and then having a psychiatrist review the young person and support the GP in making a referral back to CAMHS<sup>6</sup> is also an important aspect, where we can actually bolster their advocacy to get more intensive resources.”*  
- Telepsychiatry psychiatrist, 2025

Key learnings, program strengths and opportunities

Primary consultations are a critical element of the suite of headspace Telepsychiatry services, providing a gateway for young people and families in regional, rural and remote communities across Australia to access specialist mental health support. Evaluation findings demonstrated that engagement with primary consultations in 2023 and 2024 provided positive experiences of psychiatry support leading to increased clarity and understanding of mental health and improved mental health and wellbeing outcomes for young people in underserved communities.

Young people highlighted a positive mental health help-seeking experience as a strength of Telepsychiatry, describing feelings of being included, listened to, and understood by psychiatrists, clinicians and GPs working as a team to provide them with holistic and wrap-around support. Centre stakeholders and psychiatrists identified the important role of the program in providing access to a much needed yet scarce resource to inform diagnostic clarity, management and medication advice and review of often quite complex young people who would not have received specialist mental health support otherwise. Centre stakeholders also emphasised the quality of service delivery as a strength of Telepsychiatry, including the responsiveness, communication and flexibility of the program team, and the expertise and quality of advice and reports received from psychiatrists.

Opportunities for improvement were identified through the evaluation, including clearer channels for providing feedback to the program team and further streamlining of the referral process. Support for centre staff to meet administrative and clinical referral requirements emerged as a challenge, particularly in relation to ADHD assessments due to the extensive prerequisite forms and screening tools involved. Although clinicians expressed appreciation for the need for a rigorous process, in several instances required information was unavailable due to young people being disengaged from school or study and disconnected or estranged from home and family. Funding and resources for access to further follow-up Telepsychiatry support for young people, as well as more widespread access to metropolitan areas, were also identified as opportunities to further strengthen the program, albeit with acknowledgement from service providers of the current structural constraints associated with Medicare billing.

headspace Telepsychiatry is committed to continued engagement with youth mental health services and the headspace centre network to provide high quality youth-centred psychiatry support that leads to improved mental health and wellbeing outcomes for young people and families across Australia.