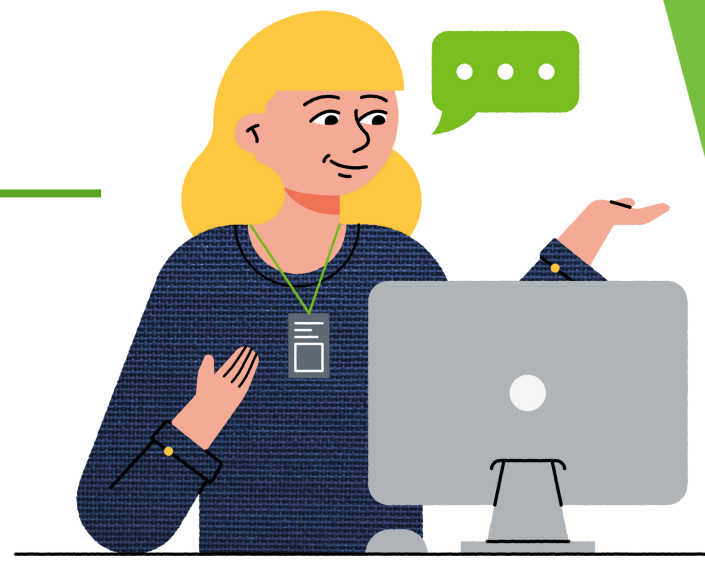


headspace Telepsychiatry

Strengthening the system: how Telepsychiatry secondary consultations increase the capacity of the youth mental health workforce



Summary

Clinical teams in headspace centres across Australia are benefiting from access to specialist psychiatry support through their engagement in Telepsychiatry secondary consultations, particularly in rural towns and communities. On average, 36 participating headspace centres engaged in 8 secondary consultations with a psychiatrist via video each year.

headspace centre stakeholders are very positive about their experience of accessing secondary consultations. Over 9 in 10 were satisfied with their experience, and many highlighted the importance of support provided for care planning and advice, diagnostic clarification, and medication review of young people presenting with complex mental health issues.

Telepsychiatry secondary consultations support the professional learning and development of headspace clinicians and GPs, with over 9 in 10 reporting increased knowledge and skills for use in clinical practice, and nearly 9 in 10 reporting increased confidence and capacity to support young people and families.

Clinical teams interact and engage in discussion with colleagues and psychiatrists through secondary consultation clinical case review and learning opportunities, resulting in over 9 in 10 reporting increased practice sharing and over 7 in 10 reporting improved care collaboration. Telepsychiatry secondary consultations develop multidisciplinary teams and enhance holistic care and support for young people and families, contributing to improved mental health outcomes for young people and a strengthened youth mental health system.

“It has opened up many of the staff's preconceptions about psychiatry, increased their learning and they are more confident to consider and discuss mental health from this perspective... [they] can now provide a better mental health service to all our young people and families...” - Clinical lead, 2024

“[Telepsychiatry] provides added supports to our young people, our existing clinical team and is also a part of the collaboration of integrated care for our young people.” - Centre manager, 2024

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, Telepsychiatry connects young people engaged with headspace centres to a psychiatrist via video consultation. The program engages with centres, service providers, and other partners to deliver shared care and support for young people and families.

Telepsychiatry also facilitates capacity-building activities for the regional, rural and remote youth mental health workforce, providing secondary consultations for headspace centre-based clinical staff and GPs. Secondary consultations include specialist clinical supervision and case management review and advice, facilitating integrated care for young people and their families through a multidisciplinary approach to their care. Telepsychiatry provides further access to professional learning through the design and delivery of tailored webinars on relevant youth mental health topics.

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

Program evaluation

An evaluation of secondary consultations was undertaken as part of a broader program evaluation of all Telepsychiatry services provided in 2023 and 2024. The evaluation was mixed methods, drawing on quantitative and qualitative data from a range of sources including program monitoring data, online surveys of young people and centre staff, centre stakeholder interviews, and psychiatrist and program team focus groups. 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 supported by the program.

Over 200 (n=212) stakeholders connected to headspace centres that engaged in Telepsychiatry in the 2-year evaluation period were invited to participate in an anonymous and voluntary survey. The survey was completed by 65 individuals, an overall response rate of 31 per cent. Most survey respondents were working as clinical leads or clinicians (52%, n=34), and centre managers (28%, n=18) and GPs (14%, n=9) were also represented. Forty-five per cent (n=29) of survey respondents reported engagement in secondary consultations.

Key stakeholder interviews were conducted with 10 individuals connected to headspace centres engaged in the program, including centre managers, clinical managers, clinical leads and GPs. Six Telepsychiatry psychiatrists participated in either a focus group discussion or interview.



Program engagement

During the evaluation period, 594 Telepsychiatry secondary consultations were scheduled for clinicians, GPs and other service providers affiliated with 36 headspace centres and 2 headspace digital mental health programs (DMHP). Secondary consultations were funded by 11 main sources, including the NSW COVID-19 Recovery Package, one primary health network, 8 lead agencies, and headspace DMHP.

Over 90 per cent of scheduled secondary consultations were attended (91%, n=543), 7 per cent (n=40) were cancelled, and 2 per cent (n=11) were not attended. Most secondary consultations attended (93%, n=507) were facilitated by a core group of 3 Telepsychiatry psychiatrists. A summary of secondary consultation engagement is shown in Figure 1.



Figure 1. Summary of Telepsychiatry secondary consultation engagement in 2023 and 2024.¹ Two DMHPs were also engaged in secondary consultations.

headspace centres engaged in secondary consultations were located across all states and territories in Australia (except the Australian Capital Territory), with the number engaged ranging from one in Western Australia to 14 in New South Wales² (Figure 2). Three-quarters of secondary consultations attended were connected to centres in New South Wales (44%, n=238), Victoria (18%, n=96), or South Australia (13%, n=73; Figure 2). The number of secondary consultations attended by each centre or DMHP ranged from one to 48, with an average of 16 attended per centre over the 2-year period.

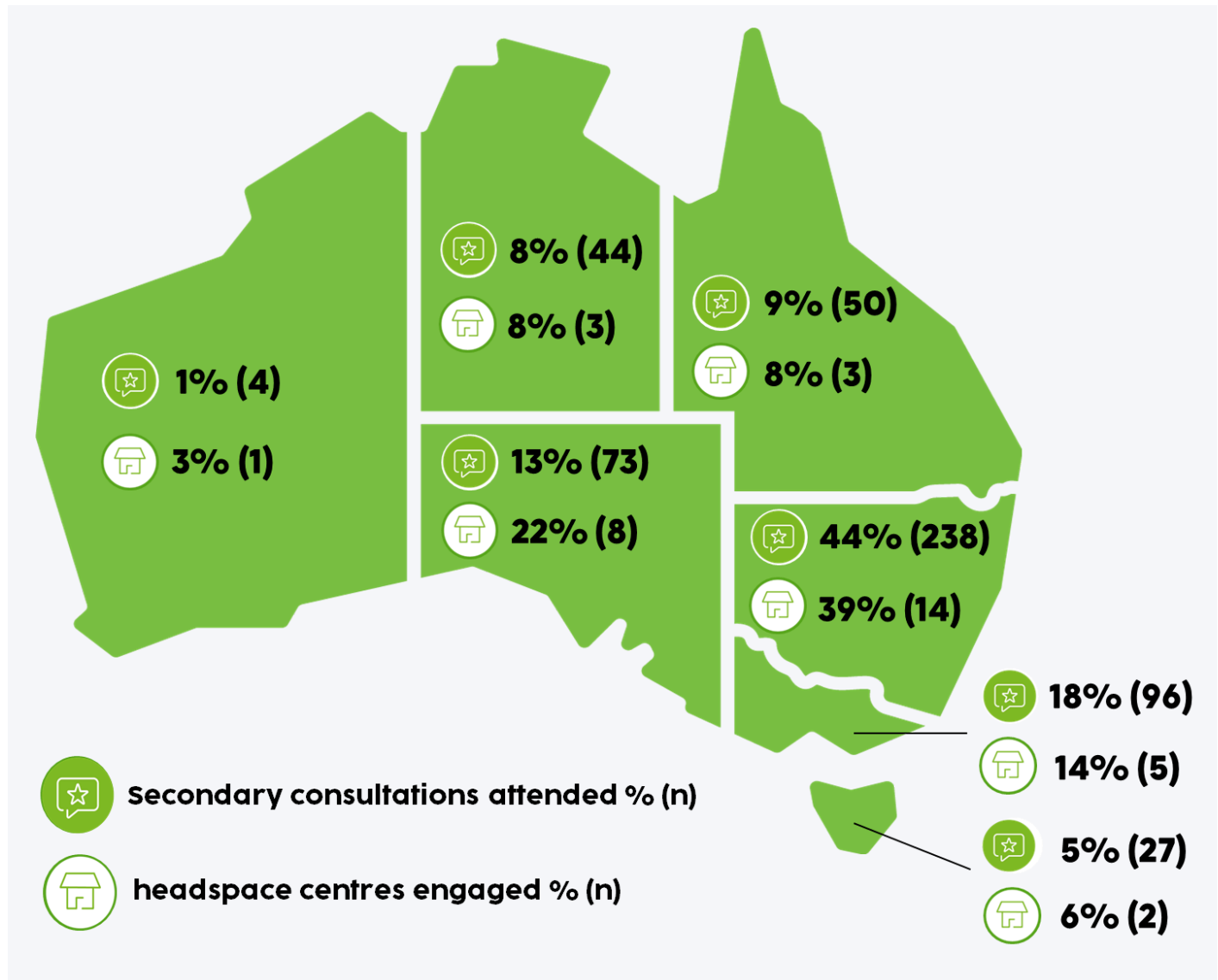


Figure 2. Proportion and number of Telepsychiatry secondary consultations attended (n=543) at headspace centres (n=36) by state or territory. An additional 11 (2%) were attended by 2 headspace DMHPs.

Two-thirds (67%, n=24) of headspace centres engaged in secondary consultations supported young people and families in regional centres, rural towns or remote communities (Figure 3). Half of centres engaged (50%, n=18) were located in large, medium, or small rural towns, classified as Modified Monash Model³ (MMM) areas 3 to 5 respectively (Figure 3).

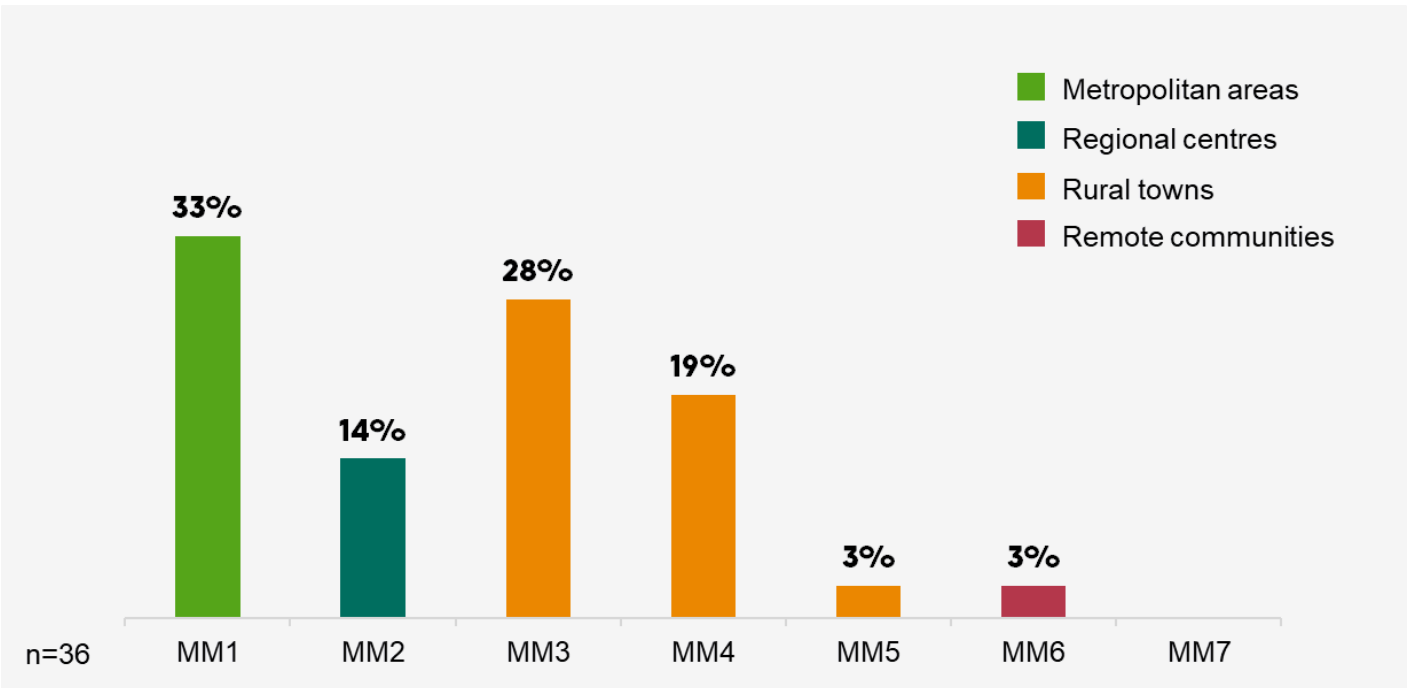


Figure 3. Proportion of headspace centres engaged in Telepsychiatry secondary consultations (n=36) located in MMM areas. Areas classified MM1 are considered metropolitan, MM2 are regional, MM3-5 are rural, and MM6-7 are remote.

Program experience

Survey results showed high levels of overall satisfaction, with 93 per cent (n=27) of centre stakeholders reporting they were satisfied or very satisfied with Telepsychiatry secondary consultations (Figure 4).

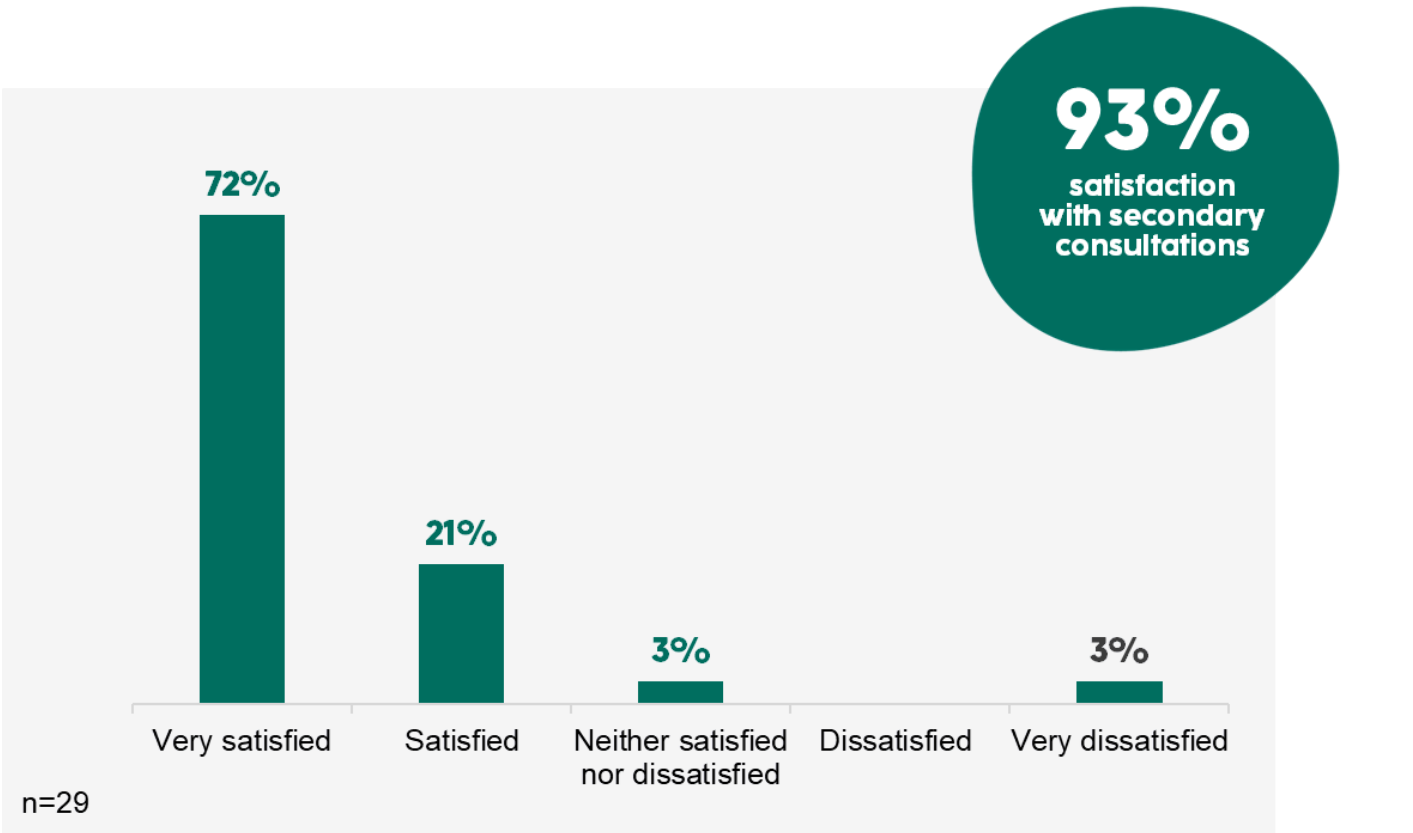


Figure 4. Centre stakeholder survey respondent satisfaction with Telepsychiatry secondary consultations (n=29). Figures sum to less than 100% due to rounding.

Centre stakeholders also expressed satisfaction with and appreciation for Telepsychiatry psychiatrists, describing their approach to the facilitation of secondary consultations and their subject-matter expertise as the best aspects of the program.

“We’ve just entered our second year of having secondary consultations monthly... so that’s been really good. We got that funded for a year and I think everyone got so much out of it, we decided that a good use of our professional development budget was to access that again.” - Clinical lead, 2025

“Psychiatrists are youth friendly and knowledgeable - in both primary and secondary consults.” - Clinical lead, 2024

“Each psychiatrist has been patient, compassionate and very knowledgeable.” - Clinician, 2024

¹ Telepsychiatry psychiatrists who provided at least 1% of secondary consultations attended were considered engaged in secondary consultations. An additional 2 psychiatrists provided a total of 4 occasional secondary consultations over the 2-year period.
² Program engagement in NSW headspace centres was supported by the NSW COVID-19 Recovery Package
³ 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>

Program impact

Secondary consultations provide access to specialist psychiatry support

Centre stakeholder survey results showed an overwhelming 98 per cent agreement (n=51) that Telepsychiatry provides access to specialist psychiatry support that would not otherwise be available due to a range of social, economic and geographic factors, particularly in regional, rural and remote areas. Centre stakeholders commented on the scarcity of resources and psychiatry services in their areas, highlighting the importance of access to specialist psychiatry support to meet the needs of service users and service providers alike.

“...there is limited access to psychiatry outside of the tertiary mental health system. It is crucial to be able to access psychiatry for secondary and primary consults in our team.”

- Centre manager, 2025

“Unfortunately, resources are minimal in [our] region and many young people and their families do not have the financial resources to access psychiatry services... headspace Telepsychiatry allows our centre and our clinicians to work within the early intervention and prevention lens of care provision.”

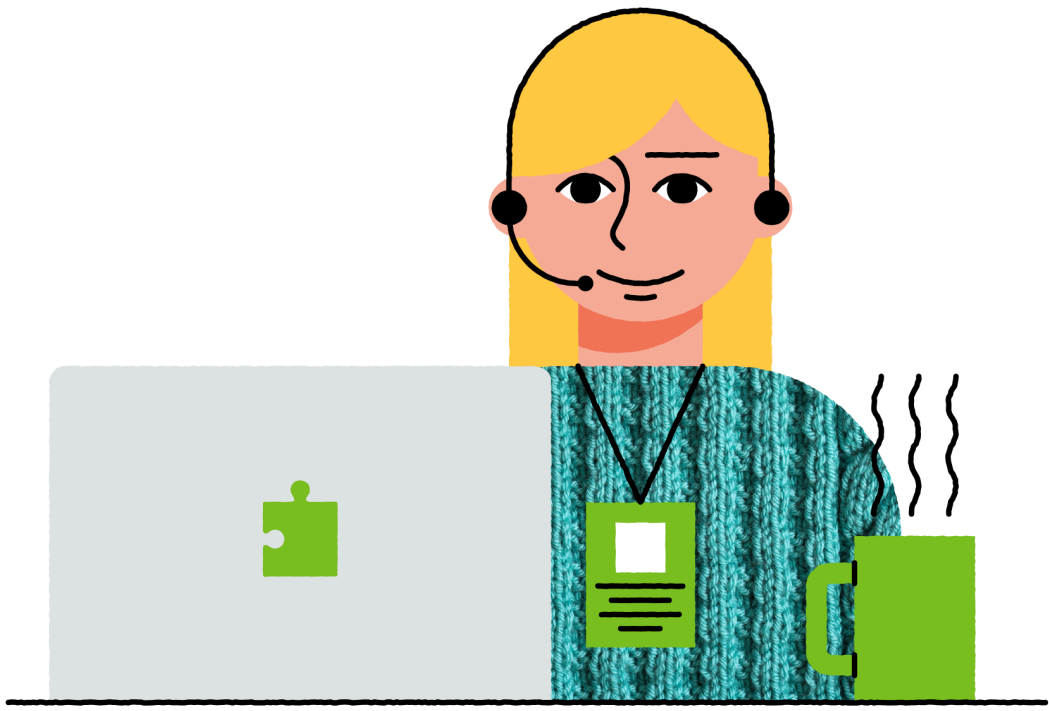
- Centre manager, 2025

Secondary consultations meet service provider psychiatry services needs

Findings identified service provider needs met through Telepsychiatry secondary consultations. More than half (57%, n=27) of centre stakeholders highlighted support and advice for care planning, particularly of complex cases, as their primary need for secondary consultations. One in 3 (34%, n=16) centre stakeholders identified the need for diagnostic support and clarification, and about one in 5 mentioned medication reviews and advice (17%, n=8) and service provider capacity building and professional learning and development needs (17%, n=8; Figure 5).

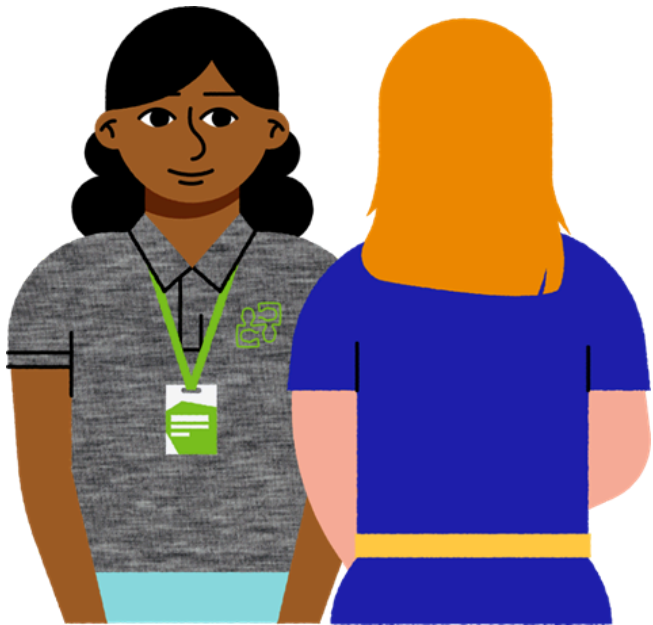


Figure 5. Most frequently identified service provider needs for specialist psychiatry support provided through secondary consultations (n=47). Figures sum to more than 100% due to service providers identifying multiple needs.



Secondary consultations support clinical governance and risk management

The importance of “psychiatry oversight” of care for young people presenting with complex mental health issues was a prominent theme emerging from interviews and focus groups. Centre staff acknowledged a shift from young people presenting to headspace with mild to moderate mental health and wellbeing challenges to a more complex picture. Psychiatrists also reflected on the complexity managed by centres, commenting on how clinical teams have been “dealing with really complex and sometimes severe situations”.



“I think every clinician has one or two young people that they're particularly concerned about... and to have been able to bring that to a secondary consult and talk it through with the psychiatrist... that's been really, really helpful.”

- Clinical manager, 2025

Both centre stakeholders and psychiatrists recognised an important role for secondary consultations as an additional layer of clinical governance, risk management and support given the complexity of young people presenting to headspace centres and programs.

“Young people are turning up, they have got complex problems... and [clinical staff] have the skills to help them a lot, but maybe not to recognise when they do need to take medicine, for example, or when they need to be seen by specialists. So in those secondary consults, I think the main work I do is encouraging people to get a review... saying that person really needs to see a psychiatrist.”

- Telepsychiatry psychiatrist, 2025

“...having secondary consults... has been amazing for a few of my really complicated patients... helping us to say when do we actually seek extra help... and being a sounding board for us and supporting us...”

- headspace GP, 2025

“We engaged [the Telepsychiatry psychiatrist]... to provide us with some secondary consults... to give a little bit of weight in terms of our advocacy, but also a check around what we were holding... so if we were holding that risk and complexity, having [the psychiatrist] presence at a clinical review... to be able to say once a month at minimum, that risk register is reviewed and [the psychiatrist] is part of that.”

- Centre manager, 2025

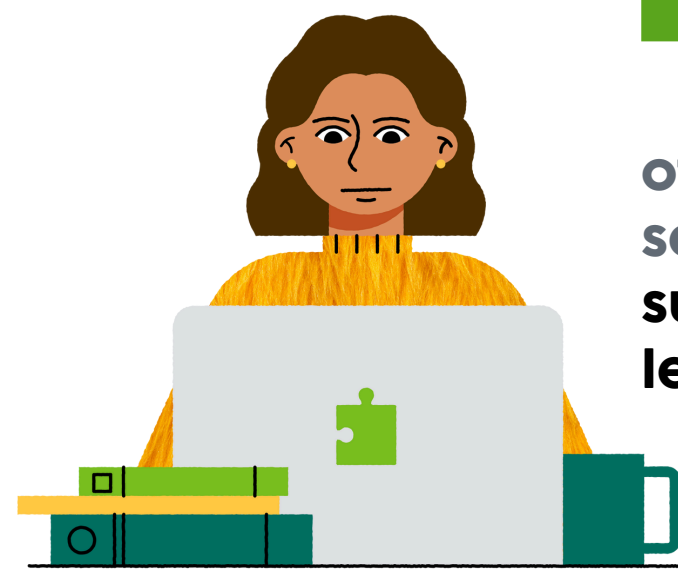
Program impact continued

Secondary consultations contribute to outcomes for service providers

Ninety-three per cent (n=27) of centre stakeholders who engaged in Telepsychiatry secondary consultations agreed they supported their professional learning and development.

Centre stakeholder survey results and interviews demonstrated evidence of the contribution of secondary consultations to outcomes for headspace clinicians and GPs, including:

- increased knowledge, skills and ideas relevant to clinical practice
- increased confidence and capacity to support young people and families.



93%

of centre stakeholders agreed secondary consultations supported their professional learning and development

“Secondary consults have been invaluable for staff development.”
- Centre manager, 2024

Increased knowledge, skills and ideas relevant to clinical practice

The centre stakeholder survey provided insights into the quality of learning and development, with 93 per cent (n=27) of respondents reporting both increased clinical knowledge and skills and agreement that secondary consultations provided evidence-based ideas and tools they could use in their practice (Figure 6).

Nearly half of survey respondents (48%, n=13) provided examples of ideas and interventions introduced in their practice that were provided by psychiatrists and discussed in secondary consultations, including:

- “new intervention methods and techniques”
- “implementation of strategies to manage symptoms”
- “application of screening questions around diagnoses”
- approaches to “involve family and reflect on family history”.

Increased knowledge and understanding of specific areas of youth mental health were also identified by centre stakeholders (44%, n=12) including ADHD, eating disorders, depression, anxiety, psychosis, functional neurological disorders, and appropriate medications.

“I have an increased understanding of the different medications used for mental illness and their effects.”

- Centre manager, 2024

“I have definitely gained greater understanding of medications and prescription options for patients with complex presentations.” - headspace GP, 2024

Increased confidence and capacity to support young people and families

Eighty-six percent (n=25) of centre stakeholder survey respondents who had engaged in secondary consultations reported increased confidence and capacity to support young people and families (Figure 6). Centre stakeholders also reflected on how knowledge and skills developed through secondary consultations led to “improved clinical outcomes” for young people.

Findings from stakeholder interviews and the psychiatrist focus group supported the contribution of secondary consultations to increased clinician and GP confidence and capacity, particularly through validation of current practice combined with support for further learning and development.

“[Telepsychiatry psychiatrists] are so respectful of the work that we do... and how we provide care and [they’re] able to coach us, to then extend ourselves a little bit more, gain a little bit more confidence and help us to really reflect on our practice... then bring this to the next level and provide an extra bit of care for our young people to make sure we meet their needs a little bit better... to consider this person more holistically as well, and be able to complement our skill sets with their skill sets to find the best outcome for young people...” - headspace GP, 2025

“The secondary consults are incredibly valuable for the team just to run something past them... often they are pretty much on the right track, but it does increase their confidence and capacity to manage the complexity... often in a setting where there’s limited other supports...” - Telepsychiatry psychiatrist, 2025

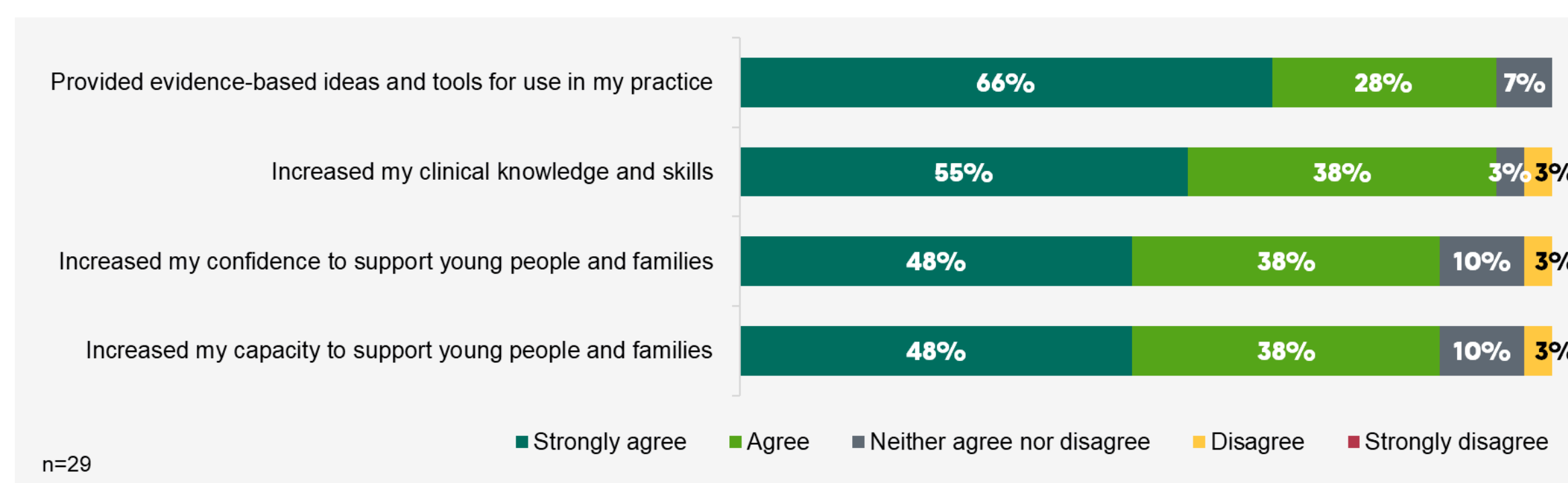


Figure 6. Service provider learning and development outcomes following Telepsychiatry secondary consultations (n=29). Figures sum to more or less than 100% due to rounding.





Program impact continued

Secondary consultations contribute to practice sharing and care collaboration

Centre stakeholder survey results provided evidence of the contribution of Telepsychiatry secondary consultations to practice sharing and collaboration. Over ninety per cent (93%, n=27) of survey respondents who engaged in secondary consultations reported increased practice sharing amongst colleagues and service partners (Figure 7), and over seventy per cent (72%, n=21) agreed that secondary consultations improved care collaboration between their centre and psychiatry services (Figure 7).

Several centre stakeholders identified increased practice sharing and care collaboration as the most important change from their centre’s engagement with the program, suggesting that the interaction and discussion facilitated by secondary consultations had strengthened clinical teams and services for young people and families.

Interview and focus group findings provided additional insights into how interactions through secondary consultations contributed to the formation of supportive communities of practice for clinical teams, GPs and psychiatrists.

“The most important change is that [the psychiatrist] is part of our collaboration team with the existing clinical team. We have early career psychologists in our clinical team... it has been an added support to have a psychiatrist provide extra support and education to our clinical team and centre staff.” - Centre manager, 2024

“...to actually get support, not just from our Telepsychiatrist, but also other people on the same platform coming together for our secondary consults... we have actually formed these really close connections and ties and support for each other.” - headspace GP, 2025

“I think the secondary consults are really where the strength of the service is and what I find most rewarding... and particularly so where you get to know the teams... you develop close relationships with teams that you might never have any physical contact with, and that's really important...” - Telepsychiatry psychiatrist, 2025

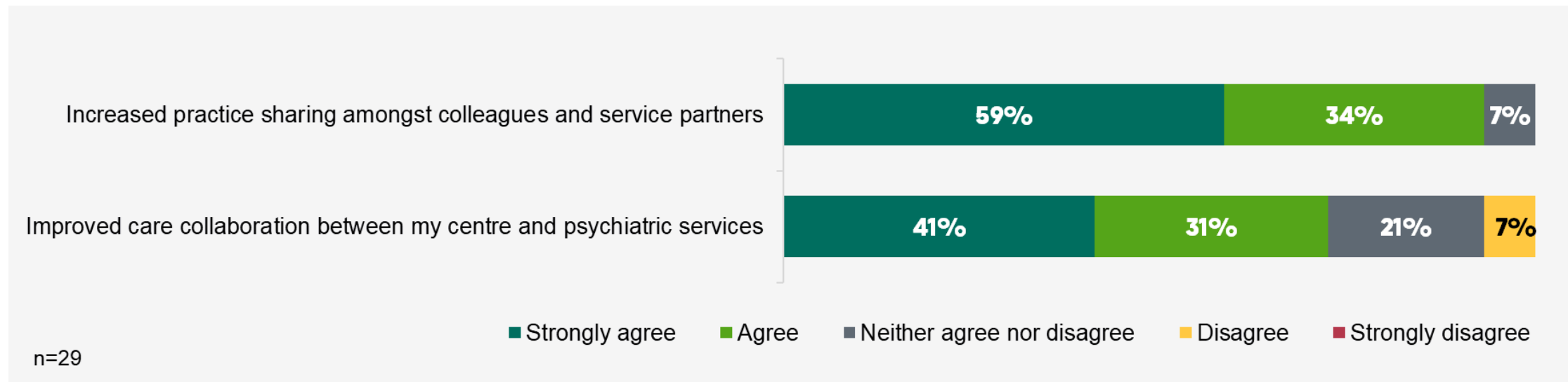


Figure 7. Service provider practice sharing and care collaboration following Telepsychiatry secondary consultations (n=29).

Key learnings, program strengths and opportunities

Secondary consultations are a critical component of the Telepsychiatry suite of capacity-building services implemented to support headspace service providers in regional, rural and remote communities across Australia. Evaluation findings demonstrate the contribution of secondary consultations to enhanced access to specialist psychiatry support, increased support for professional learning and development, increased knowledge, skills, and ideas relevant to clinical practice, and increased confidence and capacity of the youth mental health workforce to support young people and families in underserved communities.

Telepsychiatry secondary consultations provided positive learning and development experiences for headspace centre clinical and medical staff, facilitated by youth-friendly psychiatrists with specialist expertise and experience. Centre stakeholders and psychiatrists identified the important role of secondary consultations in both validating and extending current clinical practice, working together to build service provider capacity and delivering holistic and collaborative care that contributes to improved outcomes for young people experiencing complex mental health issues.

Opportunities for improvement were identified through the evaluation, including more information to increase awareness of secondary consultations across the headspace centre network. Funding and resources to support access to secondary consultations emerged as an opportunity to further strengthen the program, with one in 4 centre stakeholders who had not engaged identifying a lack of allocated funding within their centres as a barrier, and some stakeholders who had engaged reporting difficulties with securing funding to sustain access to secondary consultations in future.

headspace Telepsychiatry is committed to continued engagement with youth mental health services in regional, rural and remote communities, developing service provider knowledge and skills through access to secondary consultations, and strengthening relationships between services, service providers and partners to provide a foundation for improved youth mental health outcomes.