A low-intensity, low-cost model for youth mental health

THE HEADSPACE DENMARK APPROACH

July 2025

headspace

Det Sociale Netværk

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Acknowledgements

Orygen extends its sincere thanks to all headspace Denmark staff and volunteers who generously gave their time to participate in interviews, as well as those who provided documentation, information and valuable advice throughout this project.

We are also grateful to the stakeholders who contributed their insights on youth mental health models as part of our crowdsourcing survey including during the workshop we hosted on youth mental health models at the 2025 International Association of Youth Mental Health conference.

Special thanks to the members of our end-user consultation group, including Paula Yarrow (Waves for Change), Charlotte Oloya (Strong Minds), Catalina Popoviciu (Let's CEE!), and Dr. Muhammad Adib Bin Baharom (Mentari, Malaysia) whose perspectives helped shape the project's direction.

Finally, we thank the Australian Government Department of Health, Disability and Ageing for its support of the project.

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headspace offers free and anonymous counselling throughout Denmark to everyone between the ages of 12-25

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Working with young people, our partners and one another, we're redefining what's possible in global youth mental health research, policy, education and clinical care.

Context

Over the last fifteen years, many countries have developed their own model of youth mental health care. These have largely evolved around an integrated care model within a youth hub, such as headspace in Australia and Foundry in Canada. Whilst these models have been widely successful in their adaptation to other high resource settings, the same cannot be said for programs in low and middle resource settings. As a result, many low and middle resource settings are examining models which require less resourcing and access to a specialist youth mental health workforce.

Although Denmark is a high resource setting, its model of care for youth mental health adopts a low intensity, low resource approach, sitting outside of the health care system. Embedded in civil society, this approach utilises volunteers and youth peer workers as the primary workforce, hence offering a low-cost alternative to offering youth mental health support. The model has therefore generated widespread interest in many low resource settings and high-income countries, with stakeholders keen to see developments that occur outside an often intransigent health care system.

As a result, Orygen Global has led a project to further understand this low intensity and early intervention approach to assist other jurisdictions to understand the model and how a similar approach could be adapted to their own settings and contexts.

A Global Way Forward

Peer and volunteer-led support is positioned as a key pillar in providing community-based mental health services by the World Health Organization in its service guidance for mental health for children and young people (see the details using this **link**).

Orygen Global conducted a comprehensive study to explore the current landscape of peer or volunteer-led youth mental health services that exist globally; and to document how the headspace Denmark model operates as a service supporting young people through a primarily volunteer workforce.

Throughout this document, we will use the term headspace to refer to the headspace Denmark model (and not other services such as headspace in Australia).

The following methodology was applied:

- A rapid review investigating existing service models in the published academic literature.
- A crowdsourcing survey gathering service models not covered in academic literature.
- Qualitative, semi-structured interviews with key stakeholders across headspace Denmark.
- A qualitative inquiry into the quality model and process evaluation of headspace Denmark.

Rapid literature review

Methodology

A rapid review was undertaken to identify peer or volunteer-led youth mental health services in the literature base. Given the rapid nature of the review, two databases were searched (PsycINFO and Embase), and the search was limited to full text only articles. Search terms were a combination of mental health, youth, volunteer/peer, and service model terms.

The following inclusion criteria was applied:

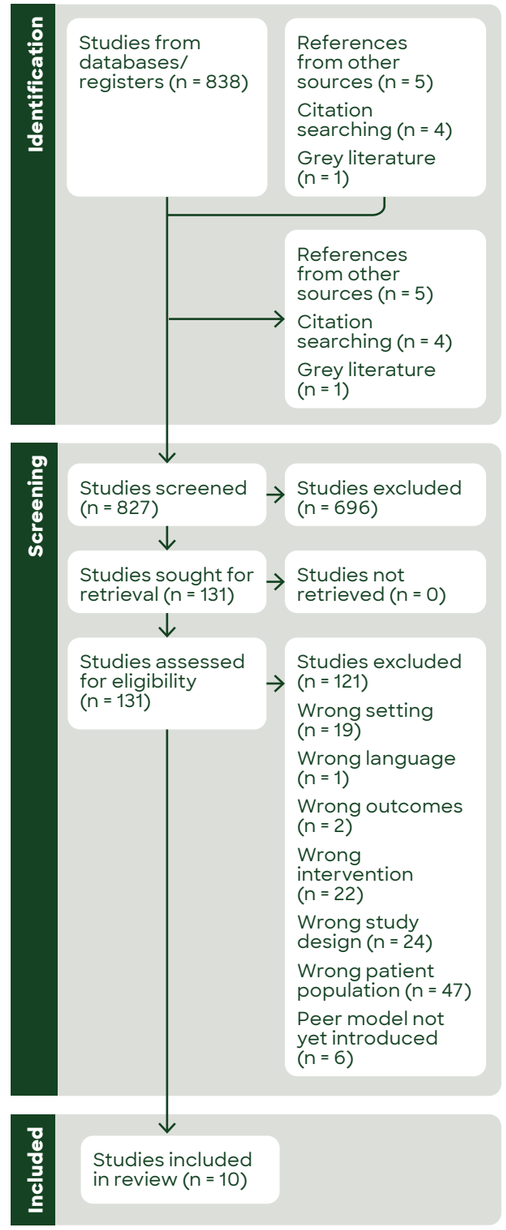
- Articles that reported on a mental health service incorporating volunteer, lay-worker or peer-based mental health support.
- The reported service was specifically for young people.
- Published in English.
- Published between 2000-2025.

The following exclusion criteria was applied:

- Reported on a service that was targeted at adults, or were not youth-specific.
- Services did not include volunteer, peer, or lay workers.
- Reported isolated programs not embedded into community mental health services (e.g., online programs, school-based interventions, in-patient services, tertiary services).
- Services had not been implemented yet.

Results

The PRISMA Flowchart highlights the details of the rapid review screening process.



PRISMA Flowchart

Following title/abstract screening and full text review, a total of ten articles were included. Of these, four were related to the Dutch service '@ease', two were related to Canadian service 'ACCESS Open Minds', and two reported on Canadian service 'Foundry'. The remaining two articles reported on a lay health worker initiative in India. Summaries of each service are detailed in the pop-up boxes. Further details for each of the included references can be found in the Literature review.

At both Foundry and Access Open Minds, peer support services comprised one part of the larger service model for supporting youth mental health. Alternatively, peer and lay-worker support was the main service for @ease and the Indian initiative. Articles focussed on an array of outcomes, including service implementation, user outcomes, and cost-of-illness analyses. Across services, users were predominantly young women and commonly seeking support to discuss emotions. Several articles highlighted that their service was improving accessibility to mental health care. This occurred through rapid access (e.g., walk in services, services within 72 hours), reducing barriers such as a required diagnosis, and improving visibility of mental health care. Feedback from Foundry service users indicated that if Foundry did not exist they would not have sought help.

Service implementation was described for ACCESS Open Minds and the Indian initiative. Common elements for these activities were involving key stakeholders including youth, identifying the aims of the service, assessing available infrastructure and resources, working collaboratively with other community sectors and services, and attaining feedback to advise changes.

Regarding symptomatic analyses, the Indian initiative reported that service users showed improvements in clinical symptoms, functioning and quality of life over time. Satisfaction for this service was rated very highly, with 100% of users satisfied after 12 months. Additionally, @ease reported that 28.4% of clients showed a reliable improvement in psychological distress from their first to last peer-to-peer session, however 65.3% did not show any change in psychological distress scores. Service satisfaction for @ease was high, with one location attaining a satisfaction score of 4.3 out of 5, and another reporting 4.8 out of 5.

Summary

The rapid review results indicate that there is growing investment and implementation of peer or volunteer-based mental health services for young people. Despite this, the evidence base is clearly in its infancy and there is heterogeneous reporting, analyses and evidence in the existing literature. Emerging evidence suggests that lay-worker and peer-support models may help young people navigate complex systems, build connections, and access support faster, which in turn may positively impact their mental health and wellbeing. Future studies should aim to gather longitudinal data to provide evidence for service efficacy. Additionally, data from peer and lay-workers surrounding motivations, workload, role satisfaction, and risk management is also needed to inform gaps in the literature.

Foundry: Canada

Service users: Young people aged 12-24.

Aims/values: to provide integrated mental health and social care to young people.

Services: peer support, mental health, substance use, physical/sexual health, social services, family support.

Staff model: services provided by physicians, psychiatrists, psychologists, nurses, counsellors, peer support workers, and family peer support workers.

Peer/Volunteer Training: not reported.

Funding: Provincial government.

@ease: Netherlands

Service users: Young people aged 12-25.

Aims/values: reaching young people early on, increasing resilience and spreading awareness.

Services: walk-in peer-to-peer counselling.

Staff model: two young-adult peers per session, one healthcare/clinical professional per centre (supervisory), one psychiatrist per region (on call for consultations)

Peer/Volunteer Training: 2-day training, ongoing clinical supervision and support.

Funding: research funding reported though unclear if contributed to service funding.

ACCESS Open Minds: Canada

Service users: Young people aged 11-25.

Aims/values: early identification, rapid access to mental healthcare, appropriate care, continuity of care, and youth and family engagement.

Services: peer support, mental health, physical/sexual health, social services, family support and traditional indigenous programmes/support.

Staff model: services provided by peer support workers, and ACCESS clinicians.

Peer/Volunteer Training: community integration course.

Funding: research funding reported though unclear if contributed to service funding.

Lay health worker initiative: India

Service users: Young people aged 14-30.

Aims/values: reduce prevalence of untreated mental disorders in the region. Increase access, capacity and sustainability of mental health treatment.

Services: individual counselling and support, home visits, family support, mental health assessments.

Staff model: lay health workers, mental health assessments by psychiatrists.

Peer/Volunteer Training: one week of didactic lectures and three months of field training.

Funding: Research funding reported though unclear if this contributed to the service.

Crowdsourcing survey

A crowdsourcing survey was launched to gather information about peer or volunteer-led services around the globe that may not be sufficiently well-represented in the peer-reviewed, English language literature. The survey asked participants about the name and location of the service, the target population, delivery method, and key intervention components of the model. Overall, 17 distinct service models were identified from 12 different countries. The table below summarises the key results of the survey.

Name	Country	Brief Summary of Service	Who Delivers the Service
allcove Beach Cities	United States	A youth mental health centre designed with, by, and for young people aged 12-25, offering peer support, therapy, physical health services, education support, and crisis intervention.	Peer specialists, therapists, counsellors, and social workers
Teenergizer	Ukraine and other countries	A youth-led movement providing free, anonymous online peer-to-peer counselling and mental health training.	Peer counsellors (trained students), professional psychologists
Poule met een doel	Netherlands	A service supporting experts by experience to provide supervision, guidance, and support for care services.	Experts by experience
@ease	Netherlands	A free, anonymous walk-in centre providing mental health peer support for youth, adapted from the Australian headspace model, with support from headspace Denmark.	@ease Foundation
Dimagi	India and global	Digital solutions enhancing mental health care accessibility, focussing on scalable approaches for non-specialist providers.	Non-specialist health providers
Aspire Health Toolkit	United States	A toolkit offering various mental health support tools, including anti-bullying training and emotional monitoring.	Virtual service
Grassroot Soccer	Kenya and other countries	MindSKILLZ program training non-specialists to improve youth mental health awareness and resilience.	Trained non-specialist lay providers called “Coaches”
TWOGERE	Uganda	Breaking barriers to mental health care through accessible and inclusive services.	People with lived experience of mental health conditions
Stress Clinic Uganda	Uganda	A social-emotional participatory program enhancing youth mental health capacity through weekly sessions.	Volunteers
LIFAFA Research Foundation	Cameroon	A holistic initiative promoting mental health among young people affected by crises, through school and community programs.	Clinical psychologists, trained peer educators, guidance counsellors
Wellbeing Circle Vietnam	Vietnam	Student-led wellbeing circles fostering a supportive learning environment for youth.	Students with support from mentors and psychological teachers
Listening Movement	Philippines	Conducting listening sessions to provide support and refer individuals to professional help if needed.	Volunteer confidants, medical doctors, psychiatrists, psychologists
#GoodforMEdia	United States and global	A youth-led peer mentoring program promoting healthier social media experiences.	Young people aged 12-25 supporting other young people
Instituto Bem do Estar	Brazil	An immersive initiative fostering socio-emotional development through art and self-care practices.	Mental health specialists, educators, facilitators
Jesuit Refugee Service Malawi	Malawi	Mental health support for young refugees through psychosocial development and personal growth programs.	MHPSS workers (case managers, social workers, community activists)
The DoBAt and Ebikolwa Studies	South Africa and Uganda	A gamified mental health app supported by peer mentors, developed through user-centred co-design.	Peer mentors
Mental Health Hour Manila	Philippines	A listening movement providing space for diverse groups to discuss mental health challenges.	Volunteer confidants, medical doctors, psychiatrists, psychologists

Peer and volunteer-led service models are positioned as potentially highly scalable and low-cost methods of providing mental health support to communities. The survey results illustrate that these models are indeed widely used across geographies, with many initiatives engaging youth with lived experience, trained peer counsellors, or non-specialist lay providers to deliver support. The services participating in this survey often emphasised accessibility and low barriers to entry, including free, anonymous, and walk-in or online formats. Several models integrate creative or holistic methods, such as gamified tools, art-based interventions, and school-based wellbeing circles. Further, many initiatives focus on early intervention, psychosocial education, and emotional resilience as compared to symptom reduction or intervention when a young person is already experiencing mental ill health. This indicates that peer and volunteer-led services may be well positioned to support mental health prevention and promotion, and serve as gatekeepers towards specialist services, should a young person need it.

headspace Denmark: a service model based on volunteering

In the context of emerging youth mental health services globally, the headspace model illustrates how a low-barrier, easily accessible service may be embedded in communities. headspace services include face-to-face counselling sessions, online chat, outreach workshops in schools, and family support - delivered primarily by volunteers.

headspace operates as a low-threshold mental health support service for young people aged 12 to 25, with any size or type of mental health concern, from everyday challenges to more serious issues. The model's core mission is to look at every young person as an expert of their own life, focussing on the young person's narrative of their own concerns. Through active listening and supportive conversations, young people can find their own ways forward with questions that concern them. Importantly, the service is non-clinical and sits outside of the health care sector. This helps to build trust with young people and allows headspace to act responsively to each young person without silos or diagnostic thresholds. headspace centres collaborate directly with the health system, through local municipalities and regional health services, as well as other sectors involved in supporting young people's development.

Overall, the strength of the headspace approach is that it builds on a workforce consisting primarily of volunteers, supported and supervised by a relatively small number of paid employees managing headspace centres. As well as these paid youth counsellors, each centre has a colleague seconded by the local municipality with a clinical qualification. Overall, the fact that the service model relies on a primarily volunteer workforce means that headspace has a low-cost, freely available and easy to access service offered to young people.

The following sections will outline all key pillars of headspace's service model.

Counselling at headspace Denmark

The counselling approach

The counselling support provided takes a human-centric approach, whereby no problem raised by a young person is too big or too small. The young person is considered the key driver and the centre of attention throughout the counselling process: they are free to choose what is most helpful for them to discuss. The conversations are youth-led, flexible in setting and frequency, and grounded in the values of curiosity, respect, and the creation of a non-judgemental space.

The aims of the counselling support at headspace include:

- Greater life satisfaction
- Improved general wellbeing
- Reduced loneliness
- Increased self-efficacy

Young people aged 12-25 are the primary target group of headspace. They can walk into a centre or book an appointment digitally. Since 2024, family members can also access counselling directly through the headspace Family programme available at five pilot centres.

The approach to counselling at headspace is built on three pillars:

- The core values including curiosity and respect.
- Taking an appreciative human view of young people's concerns.
- A multidisciplinary theoretical foundation.

The counselling provided relies primarily on the active listening skills of the volunteers, inspired by recognition theory and mental health promotion theory.

The counselling techniques practised at headspace centres include:

- Active listening: conversations are respectful, attentive, and emotionally attuned.
- A relational approach: paid and volunteer youth counsellors foster trust, empathy, and safety.
- Dialogue tools: including open questions, reflections, summaries, and support for constructing alternative narratives beyond what may be constructed as a 'problem'.

During the counselling sessions, youth counsellors openly discuss power dynamics, are transparent about the counsellors' role, and clarify what counselling at headspace may be able to achieve, versus what is beyond the scope of the program. It is also established that the headspace counsellors are not therapists. They can support reflection and connection, but they will refer for clinical help when necessary. Young people can also access the service in the form of an online chat, staffed by volunteers.

Accessing the service

Access to the service may be self-initiated and is barrier-free: there is no need for a referral, there is no cost involved, and no waiting time. The average number of sessions per young person across headspace is five but the service is designed so that young people can access as many or as few sessions as they wish. Service modalities include individual sessions (in-person or online video), group sessions (6-8 weeks long), and online chat.

Upon arrival, they are greeted by a volunteer or paid youth counsellor who helps guide them through the process in a warm and non-clinical environment. This first interaction typically involves an informal conversation rather than a clinical assessment.

The approach taken during the sessions is intentionally non-medical and focuses on the young person's own narrative and needs. The sessions are always led by two people, and at least one must have significant experience with leading supportive conversations. Typically, this means that the session is led by one volunteer with significant experience and one with less experience at headspace. However, at times it may also be two volunteers with significant experience, or a volunteer and a paid youth counsellor. All sessions are focussed on listening and understanding the concerns of the young person. No formal diagnostic tools are used unless the situation clearly calls for a specialist. If a significant risk is identified, a paid employee steps in, and this may be the municipal employee with clinical qualifications. Emergency services may also be called, or the young person may be referred to specialist services.

Before the session

Ahead of a session, one of the paid youth counsellors and the two volunteers hold a short briefing to help volunteers prepare for the supportive conversation. These briefings help volunteers centre their attention to the young person, consider information from any previous sessions, and discuss the roles of each volunteer during the session.

During the session

During the session, the young person speaks with the two volunteers, who adopt a non-judgemental and empathetic approach to the conversation. The session is led by the needs and experiences of the young person: they are free to bring up any topic, question or concern they may have. Volunteers do not give direct advice: their focus is on allowing the young person to feel heard, supported, and to help find ways forward that work for them.

The average age of young people coming to headspace is 18. Frequent themes they bring to counselling sessions include experiencing academic pressure, identity issues, family and peer dynamics, loneliness, social expectations and the desire to be listened to and heard.

If the young person wishes, they can schedule their next appointment after the session. This is not required though, and a young person can simply reach out to headspace again if they'd like another appointment.

After the session

Directly after the session, the paid youth counsellor and the two volunteers hold a debrief to reflect on what was discussed. They also assess what next steps may be needed and whether the young person needs referral to other support services. During these debriefing sessions the counsellors can also check in which each other to ensure they maintain their own good mental health.

Referrals

Bridging support (supporting young people to attend other appointments) is a core service for young people with more complex needs. When more specialised help is needed, the team facilitates a referral to an external service such as a psychologist or social worker, always with a young person's consent. If a young person is referred to another service, headspace counsellors take the time to explain what those services look like, what can happen at an appointment, and what type of support the young person can expect. The team also offers to accompany the young person to the service recommended if they think it may be helpful. While attending specialist services, young people may continue their sessions at headspace. In such cases the headspace volunteers ensure that it is clear to the young person what services and support they can expect at headspace and at the specialist services.

The venue: what a headspace Denmark centre looks like

headspace centres are typically located in areas that are easy to reach for young people. Ideally, their venue is central, well-connected to local public transportation, but nevertheless with the opportunity to maintain privacy and access it confidentially. The centres are designed by young people and aim to give the feeling that the young person arrives 'home', to their own living room and community space.

> "We had a few options [for the headspace venue] and the place that we ended up choosing was actually right at the bus terminal. So in the very city centre, which was really good because it was easily accessible...The downside was that it was really visible. It was really easy to see. Like, if you went to headspace, it would be harder to hide from your friends. And we also kind of wished to have a place that had a more anonymous entry."
> **headspace centre manager**

Young person's journey

Young person aged 12-25 needing someone to talk to

headspace

Phone local centre
Send SMS to book appointment
Walk in during opening hours

Free · No waiting time

FIRST APPOINTMENT

15-minute briefing for counsellors

50-minute counselling session with young person and two counsellors

15-minute debrief for counsellors

On the terms of the young person

GOALS

- Greater life satisfaction
- Improved general wellbeing
- Reduced loneliness
- Increased self-efficacy

ONGOING APPOINTMENTS

As many appointments as the young person wants
Average = five

15-minute briefing for counsellors	• Recap of previous conversations • Consideration of needs of the young person • Allocation of roles in session
50-minute counselling session with young person and two counsellors	• Non-judgemental • Non-clinical • Empathetic, supportive listening • Focussed on what the young person wants to talk about
15-minute debrief for counsellors	• Debrief of conversation • Consideration of need for referral • Check-in for counsellors

BRIDGE-BUILDING

Warm referrals to alternative or complementary supports, based on the individual needs of the young person

Approx. 14% of young people are referred to more specialised support

GROUP SESSIONS

6-8 week group program based on local needs

HEADSPACE FAMILY

Group and individual support for family members of the young person

The volunteer model

A key component of headspace is its volunteer model. Each headspace centre recruits its volunteers locally.

Volunteers attend a training programme consisting of approximately 12 hours of mental health-related education focussing on active listening skills and mental health literacy. This foundational training is complemented by further educational modules available through an online learning management system called headspace Academy, group supervision sessions four times a year, as well as the mentoring provided by headspace paid youth counsellors and more experienced volunteers.

Volunteers come from a range of backgrounds, and often include students of psychology, social work, philosophy, or related fields, former headspace users, and older adults who wish to contribute to societal good. When volunteers are former headspace users, special attention is paid to ensuring they feel ready and comfortable in their new role. Approximately 60% of headspace volunteers are under the age of 30. This high representation and input of younger volunteers helps the service stay relevant to the needs and preferences of local young people.

> "[I decided to volunteer with headspace] because I struggled with mental health myself, and I wish something like this existed when I was in school." **headspace volunteer**

> Being part of headspace makes me feel like I'm helping create a future where young people don't have to suffer in silence.

headspace paid youth counsellors are responsible for the recruitment and coordination of volunteers. They also lead the regular briefing sessions before and after support sessions. The sense of belonging to headspace is at the core of engaging and retaining volunteers. Centres also host social hours and community events for volunteers. This means that both volunteers and paid youth counsellors can find a sense of purpose and belonging.

> "Being part of headspace makes me feel like I'm helping create a future where young people don't have to suffer in silence." **headspace paid youth counsellor**

> "I don't think that we're in sort of competition with the more professional healthcare system...the respect and gentleness in our approach to young people...I get to wake up every day and do something that I feel in my core is like very meaningful work." **headspace paid youth counsellor**

In general, volunteers are asked to commit to engaging with headspace for at least a year. However, within this timeframe, they may be involved in as much or as little as they wish to. In fact, some volunteers may not wish to provide counselling sessions but rather be of support by taking incoming phone calls, welcoming young people to the space, and helping create a sense of community at the centre.

Centre managers and volunteers at headspace describe the bond between a volunteer and a young person as different from the rapport between a professional and a young person. The key difference described was that volunteers have the choice to spend their time doing something different. They do not have a financial motive to be there but rather choose to volunteer at headspace.

> "You're so important that I want to spend my time talking to you instead of doing something else that I could just easily then do as well. So right now I'm not, like at a cafe with my friends or playing soccer with my own kids because I want to talk to you because you matter." **headspace paid youth counsellor**

> "...the young people also tell us that the conversation becomes more friendly in the room also because the volunteers can share something about themselves, from their life." **headspace paid youth counsellor**

Other paid youth counsellors at headspace highlight the difference between the headspace approach and the approach taken by clinical services. They emphasise that the core mission of headspace is to listen to young people where they are at and not to provide therapy or solutions, allowing for young people to feel heard, welcomed, and understood.

> "...we are curious but we don't have that agenda...we're not being paid to get you from A to B..." **headspace centre manager**

However, there are also challenges related to working with a volunteer workforce. Keeping volunteers engaged requires attention to their motivation, workload, and sense of belonging. Centre managers aim to ensure that their centre has the right balance of volunteers and young people seeking support, otherwise the centre risks losing volunteers or volunteers losing their motivation if the centre is underutilised, especially in the early phases.

> "If you have 30 volunteers and only 10 young people coming per week, the volunteers will get bored or think they aren't needed." **headspace centre manager**

headspace centre managers and volunteers both shared similar reflections on what volunteers find easy and challenging in their roles. Volunteers typically find it easy to learn active listening skills to create a non-judgemental space. What they may find more challenging is to take a step back during counselling sessions and not give advice or their own opinion. This is where the support of more experienced volunteers or clinicians may be helpful.

> The school workshops are really great because they spark real conversations among students. It's not just talking at them, it's getting them to think and open up.

Community awareness and health promotion

headspace places significant emphasis on outreach and engagement to ensure that local young people know about headspace centres and the services available. Centres maintain strong ties with local schools, local non-governmental organisations, social services, and other community organisations.

> "[When we opened our headspace centre,] for a limited time, we got a headspace car and we drove around in the entire municipality, like road tripping, you know, going around to the schools, giving them brochures, talking to them about like we just opened up this new offer, it's completely free and anonymous. All the youngsters can use it. And then we asked, like, do you have a mental health worker or a special teacher or a counsellor we could talk to? So we just knocked on the doors, like when opening a new business or something." **headspace centre manager**

Centrally, headspace developed a standardised set of four outreach workshops to be delivered in schools, focussing on stress reduction, mental health awareness, self-esteem, and help-seeking behaviour. On the one hand, these workshops help increase mental health literacy locally and normalise discussions around mental health. On the other hand, these events promote help-seeking and allow for young people to get to know headspace should they feel they need support.

These workshops help create a sense of familiarity with the headspace model, as illustrated by one of the headspace paid youth counsellors:

> "We try to help people get to know us and say oh, they were nice, they came to my school, I feel like I can trust them." **headspace paid youth counsellor**

> "The school workshops are really great because they spark real conversations among students. It's not just talking at them, it's getting them to think and open up." **headspace volunteer**

Governance

National headquarters (the Secretariat)

The national office handles strategic operations including policy engagement, fundraising, monitoring and evaluation, communications and social media, training, and the development of new centres. It also leads the design of outreach programmes and national-level campaigns.

Regional network of centres

Centres operate semi-independently across Denmark. Centres collaborate on a regional level, sharing experiences with each other. There may be slight differences among centres, depending on where they are located. For example, centres based in urban areas would often have a larger base of community and civil society partners to refer young people to, while in rural areas headspace may be the primary source of support for most young people. Further, the volunteers' profile may also slightly differ depending on the location and would be reflective of local demographics.

Partnership with the municipality

Each centre is launched through an agreement with the local municipality. This means that the municipality must contribute to the funding of the centre and provide staff who will form part of the centre's paid staff membership. The municipality is also typically involved in finding a physical venue for service delivery. headspace complements this with staffing, training, and operational processes.

The fact that staff members from the local municipality become part of headspace also means that young people who may need a referral to municipality services get to know people working there in the first instance, building familiarity with all services available to young people.

> "A very important area of the collaboration is that there are employees from the municipality working in headspace together with headspace employees to help young people...because many of these young people have had a very bad experience previously with municipality and they are afraid that if they go to the municipality, they might take them away from my home or something...and because our employees now work together with headspace, the young people get a totally different view about municipality employees."
> **Municipality representative**

Centre-level management

Each centre is staffed by paid youth counsellors, including a centre manager and a clinician seconded by the municipality, and volunteers. The centre team is supported by the national office and follows national guidelines for service quality, outreach, and reporting.

The centre manager typically has prior experience in headspace or similar environments. This manager coordinates all operational aspects, including staff supervision, volunteer engagement, and community partnerships. In some cases, one manager may oversee multiple centres.

Blended funding model

Initially, headspace was completely independent of public funds, to demonstrate the feasibility and the impact of the approach. As the initiative grew, it became increasingly clear that it provided an essential, trusted, service to young people, complementing that provided by the public sector, and significant funding was committed by the Danish government.

Currently, headspace centres are funded through a mixed model combining municipal contributions, national government support, philanthropic funding, and private partnerships. Public funding accounts for approximately 75% of headspace's income, and private donors account for roughly 25%. This approach allows for funding sustainability, autonomy in decisions over services, and prevents over-reliance on any single funding stream.

> A very important area of the collaboration is that there are employees from the municipality working in headspace together with headspace employees to help young people...

Embedding headspace in the broader Danish context

Social media

Most young people access headspace because of a recommendation by a peer, teacher, or trusted adult. Word-of-mouth remains the most effective marketing tool, supported by consistent visibility and community presence.

While headspace maintains a social media presence, only around 8% of young people cite it as their first point of contact. Instead, social media plays a supporting role, with greater emphasis placed on national media campaigns and partnerships with municipal communication teams.

Policy and advocacy

Building strategic relationships with policymakers is key to ensuring the sustainability of headspace. Policy advisors at headspace engage politicians using their language and framing the conversation around how the headspace model can improve societal productivity, social cohesion, and economic value, topics that resonate more directly with policy agendas. headspace also aims to offer policy suggestions that can show impact within the term of politicians to ensure they remain engaged.

When reaching out to policymakers, headspace policy advisors suggest building a coalition of support across party lines can help safeguard initiatives through transitions in government.

Service evaluation

Monitoring and evaluation are essential to understanding how the headspace Denmark model works. Anonymous data is collected from all centres to track service usage and identify key themes discussed with young people. Young people attending sessions can decide whether and when they provide information about their sessions – it is entirely voluntary. Aggregated data is shared with local municipality partners twice a year.

headspace is a low-threshold service, and its success indicators are set accordingly. This means that its evaluation model emphasises improvements in general wellbeing, but improvements on clinical scales are not a requirement or expectation. The model uses wellbeing measures as well as lifestyle-related outcomes, such as engagement with school or employment.

Success indicators include:

- The young person feels seen, heard and met
- The young person feels supported
- Promoting mental health
- Building bridges to other relevant supports
- Helping the young person (if relevant) move towards education or employment

When selecting measures, the experience of those at headspace indicate it is important that outcome measures are easy to understand by young people. For example, concepts such as self-efficacy may be challenging for younger people to grasp. Similarly, using long measures, or asking to reflect on a longer interval of time which is required with some existing measures may not be best practice when working with young people.

Accordingly, the measures used at headspace include the Danish version of the World Health Organization-5 Wellbeing Index for general wellbeing, Cantril's Ladder measuring the degree of life satisfaction, 3-Item Loneliness Scale, and the Health Behaviour in School-Aged Children for self-efficacy. Further, young people assess their experience of the sessions through the Session Rating Scale.

An evaluation conducted in 2021 of headspace's face-to-face counselling shows strong evidence of its positive impact on young people's mental health. The model significantly improves life satisfaction, general wellbeing and self-efficacy, and reduces loneliness. These outcomes are backed by pre/post evaluations using validated tools and feedback from over 3,700 young people. The counselling model also receives very high satisfaction ratings from young people, averaging above nine out of ten across multiple dimensions.

Currently, a five-year evaluation[1] of headspace Denmark's counselling is underway by the Copenhagen Research Unit for Recovery with support from TrygFonden. This study compares over 1,500 young people who received counselling at headspace to a control group of nearly 10,000 young people. The evaluation is due to be completed in 2027, but early results show increased wellbeing in the group of young people coming to headspace. This indicates that headspace plays a significant role in mental health promotion and early intervention for young people in Denmark.

1 Bjørkedal ST, Christensen TN, Poulsen RM, Ranning A, Thorup AA, Nordentoft M, Bojesen AB, Hastrup LH, Ustrup M, Eplov LF. Study protocol: an effectiveness, cost-effectiveness, and process evaluation of headspace Denmark. Frontiers in Public Health. 2025 Apr 7;13:1491756.

Designing and implementing a volunteer-led model in diverse contexts

There is a growing interest in implementing an easily accessible, low-intensity, low-barrier and low-cost service for young people across diverse settings. The headspace Denmark model demonstrates an approach embedded in Danish civil society, operating through extensive partnerships with local municipalities and other services providing support to young people. There are several considerations to take into account when designing and implementing a peer or volunteer-led service.

These include:

- Contextual adaptation considerations.
- Service design considerations.

Contextual adaptation considerations

Traditionally, Denmark has a strong culture of volunteerism, embedded in a relatively stable economy with low levels of income inequality on a global scale. There are examples of engaging volunteers in delivering mental health services across diverse contexts. Examples include Strong Minds in Uganda, the Women's Development Army in Ethiopia, or student and peer-delivered services such as Teenagizer in Ukraine or Kortárs Segítő Csoport (Peer supporters) at Eotvos Lorand University in Hungary. When designing a service model for youth mental health, the following aspects may be considered for adaptation.

- The existing culture around volunteering.
- The ethical and legal considerations around engaging an unpaid workforce in service delivery.
- Motivational structures for those delivering services (such as a certificate of attendance, reference letters to university, credits for continuous professional development).
- Mental health needs in the local community.

Service design considerations

Operations

- Explore how the service model can maintain financial sustainability through public-private partnerships, grants, and philanthropic support.
- Consider conducting a regular economic evaluation of the service, including documenting costs, a cost-effectiveness analysis against other similar models that exist in the local context, and a return on investment model that can be used to advocate for long-term funding.
- When considering growth and scaling, explore what the smallest functional version of the model looks like and what resources are needed for its replication.
- Consider the marketing, public relations and branding strategy for the service.

Governance with youth participation

- Design a governance model that includes young people in decision-making.
- Promote participatory design methods for shaping service delivery and physical spaces.

Service design

- Conduct a landscape analysis to understand existing services, existing cross-sectoral collaboration and referral pathways.
- Conduct user testing interviews with potential delivery agents and the future beneficiaries of the service to understand whether and how a peer- or volunteer-led service may work in the local context.
- Explore whether there are existing peer or volunteer-led services in the community and consult them regarding facilitators and challenges to using this model in the local context.
- Consider whether the service may include online services (chat, video sessions). Consider if the online conversations may be secure, and whether young people locally can safely access them.
- Detail how staff members and volunteers handle acute mental health crises or suicidal ideation. Consider partnerships with crisis hotlines or specialist mental health and psychiatric services.
- Develop clear referral pathways and partnerships with other services supporting young people, across health care, social welfare and education.

Workforce

- Identify the future workforce supporting youth mental health needs in the community
- Detail how volunteers and staff can access continuous education and supervision.
- Address training needs for working with diverse youth populations, including immigrants, LGBTQIA+ youth, and indigenous communities.

Monitoring and evaluation

- Design a monitoring and evaluation strategy and create standard operating procedures for staff to easily record data when needed. Consider using measures and metrics that track outcomes beyond mental health symptoms, such as general wellbeing, community engagement and school retention.
- Include tools for young people to provide feedback after attending the service.
- Consider implementing feedback loops that allow for volunteers and staff members to feel comfortable reporting on errors and mistakes.

Legal and ethical considerations

- Examine and understand local safeguarding and data management policies that a youth service must comply with.
- Define the service's own procedures for handling disclosures of self-harm, suicide and other risks.
- Clarify legal protections for volunteers and staff which may include public liability and professional indemnity insurance.
- Clarify local regulations around parental consent needed for minors to attend the service.
- Outline protocols for safeguarding young peoples data.

There are ethical considerations to be taken into account when relying on a primarily non-paid workforce. In some settings this may not be acceptable, and in others it may risk exploitation.

headspace implementation learnings

When getting started with developing a headspace-like model of care, planning for and implementing the first centre/hub is a crucial step. Below is a checklist with considerations around building this first, pilot centre, before scaling an approach.

- **Municipality partnership:** Opening a headspace centre begins with an agreement with the local municipality (local government district). The municipality typically contributes part of the financial resources, such as providing a physical space or covering part of the operational costs. headspace Denmark matches this with its own funding and resources.
- **Management:** Select a centre manager with experience from another centre or similar environment to headspace.
- **Planning:** Dedicate time to early-stage negotiations and logistics. There is a lot of back-and-forth negotiation in the early stages to define who provides what resource. For example, municipalities often supply the physical location, while headspace handles staff, training, and operational frameworks.
- **Local integration:** Once the centre is ready to launch, a major focus is on promotion in the local community. This includes outreach to schools, teachers, counsellors, and other stakeholders who work with young people.
- **Building a volunteer base:** Recruiting and balancing the number of volunteers is critical. Too many volunteers in the early phase when there are fewer young people visiting can lead to frustration and disengagement. Too few volunteers lead to wait times for young people. Volunteer recruitment should therefore be carefully scaled.
- **Outreach and awareness building:** A combination of school workshops, community event participation, and social media campaigns can be used to build local awareness of the service.

Conclusion

The headspace Denmark model offers an example of a low-threshold and low-cost youth mental health service that prioritises accessibility and early intervention through working with a volunteer-led workforce. Its success lies in its non-clinical, youth-centred approach embedded in civil society and sitting outside of the health care system. This empowers young people to share their concerns without fear of judgement or the need to engage with the health bureaucracy. By utilising a trained volunteer workforce supported by paid staff members, the model offers a scalable but nevertheless low-cost addition to models relying on the clinical workforce. The model can act as an effective early intervention option for young people who do not require specialist clinical care, but rather accessible, low-intensity support on their terms.

As global interest grows in sustainable and scalable mental health care models for young people, the headspace Denmark approach provides a promising model for adaptation to a diverse range of settings and different cultural contexts.

References

Barbic, S., Mallia, E., Wuerth, K., Ow, N., Marchand, K., Ben-David, S., ... & Mathias, S. (2024). Implementing Foundry: A cohort study describing the regional and virtual expansion of a youth integrated service in British Columbia, Canada. *Early Intervention in Psychiatry, 18*(10), 877-887.

Boonstra, A., van Amelsvoort, T. A., Klaassen, R. M., Popma, A., Grootendorst-van Mil, N. H., Veling, W., ... & Leijdesdorff, S. M. (2024). Evaluating changes in functioning and psychological distress in visitors of the@ ease youth mental health walk-in centres. *BJPsych open, 10*(3), e101.

Boonstra, A., van Mastrigt, G. A., Evers, S. M., van Amelsvoort, T. A., Leijdesdorff, S. M., @ ease consortium, ... & de Winter, R. F. (2023). @ease peer-to-peer youth walk-in centres in The Netherlands: A protocol for evaluating longitudinal outcomes, follow-up results and cost-of-illness. *Early Intervention in Psychiatry, 17*(9), 929-938.

Dubé, A., Iancu, P., Tranchant, C. C., Doucet, D., Joachin, A., Malchow, J., ... & Beaton, A. M. (2019). Transforming child and youth mental health care: ACCESS Open Minds New Brunswick in the rural Francophone region of the Acadian Peninsula. *Early Intervention in Psychiatry, 13*(S1), 29-34.

Leijdesdorff, S. M., Rosema, S., Klaassen, R. M., Popma, A., & van Amelsvoort, T. (2022). Who is@ ease? Visitors' characteristics and working method of professionally supported peer-to-peer youth walk-in centres, anonymous and free of charge. *Early Intervention in Psychiatry, 16*(12), 1391-1397.

Leijdesdorff, S. M. J., Huijs, C. E. M., Klaassen, R. M. C., Popma, A., van Amelsvoort, T. A. M. J., & Evers, S. M. A. A. (2023). Burden of mental health problems: quality of life and cost-of-illness in youth consulting Dutch walk-in youth health centres. *Journal of Mental Health, 32*(1), 150-157.

Malla, A., Margoob, M., Iyer, S., Joober, R., Lal, S., Thara, R., ... & Mansouri, B. I. (2019a). A model of mental health care involving trained lay health workers for treatment of major mental disorders among youth in a conflict-ridden, low-middle income environment: Part I adaptation and implementation. *The Canadian Journal of Psychiatry, 64*(9), 621-629.

Malla, A., Margoob, M., Iyer, S., Majid, A., Lal, S., Joober, R., & Issaoui Mansouri, B. (2019). Testing the effectiveness of implementing a model of mental healthcare involving trained lay health workers in treating major mental disorders among youth in a Conflict-Ridden, Low-Middle income environment: Part II results. *The Canadian Journal of Psychiatry, 64*(9), 630-637.

Mathias, S., Wuerth, K., Mallia, E., Tee, K., & Barbic, S. (2023, July 10-12). *Integrated youth services in British Columbia, Canada: The foundry initiative* [Poster Abstract]. International Early Psychosis Association, Lausanne, Switzerland.

Reaume-Zimmer, P., Chandrasena, R., Malla, A., Joober, R., Boksa, P., Shah, J. L., & Lal, S. (2019). Transforming youth mental health care in a semi-urban and rural region of Canada: A service description of ACCESS Open Minds Chatham-Kent. *Early Intervention in Psychiatry, 13(S1)*, 48-55.

Literature review

Study	Country	Participants N (% women): Age	Service Name: services offered	Analyses	Key results
Barbic et al., 2024	Canada	23,749 (62%); Mean age 19.54	**Foundry:** Integrated youth service offering 5 core services, including peer support, to young people aged 12-24.	Demographics and service usage of Foundry clients from 2018 to 2021.	Foundry's five service streams are: mental health, substance use, physical/sexual health, social services, and peer (and family) support. Foundry has opened 16 physical centres (19 more in development) in British Columbia and has a province-wide virtual service. Peer support was the second most common type of service provided virtually (29%; 9% in-person). Peer support rose from 7% of services pre-COVID-19 to 11% during the pandemic.
Boonstra et al., 2024	Netherlands	754 (62%); Age range 12-30	**@ease:** a walk-in peer-to-peer counselling service offered to young people aged 12-25.	Analysed changes in clinical symptoms and functioning as well as service use outcomes.	Satisfaction with @ease was rated 4.5 out of 5. Only 2.5% of visitors were not satisfied with services. Primary reasons for visiting @ease were to discuss feelings, followed by social relationships. Of those who answered the CORE-10 (psychological distress) at their first and last visit (n = 95), 28.4% improved reliably (decline of ≥6 points), 6.3% deteriorated reliably (increase of ≥6 points) and 65.3% did not change reliably. When looking at first, second and third visits, psychological distress and suicidal ideation declined, while social and occupational functioning improved.
Boonstra et al., 2023	Netherlands	Not applicable	**@ease:** a walk-in peer-to-peer counselling service offered to young people aged 12-25.	Details the protocols for three studies to assess the efficacy of @ease.	Study one will be an outcome evaluation of service users' clinical distress. Authors hypothesised that psychological distress would decrease, and social and occupational functioning will improve. Study two will be a follow-up evaluation at 3, 6, and 12-month intervals after service users' last visit. Study three will be a cost-of-illness study, replicating a financial analysis conducted in 2020 (see Leijdesdorrf et al., 2020).
Dubé et al., 2019	Canada	13 (No report); Age range 14-22	**ACCESS Open Minds:** delivered to youth aged 11 to 25. Has five main objectives of care: • Early identification of youth in need. • Rapid access to mental healthcare. • Appropriate care. • Continuity of care beyond the age of 18. • Youth and family engagement.	Details the implementation of ACCESS Open Minds in a rural Francophone region, New Brunswick. Focus groups conducted with youth to identify community mapping of mental health access points.	Service providers at ACCESS Open Minds include two social work clinicians and four youth workers (peers) who completed a community integration course. Authors report that ACCESS OM reduces barriers for youth, as they receive services faster (within 72 hours of reaching out), do not require a diagnosis for eligibility, and work in collaboration with community sectors. For instance, ACCESS can bridge the young person to government-based mental health services when needed. Focus group results suggest youth experienced challenges with accessing standard healthcare systems in New Brunswick, and that they found them to be dehumanising, traumatising and disconnected from the broader system.
Leijdesdorff et al., 2022	Netherlands	291 (65%); Mean age 21	**@ease:** a walk-in peer-to-peer counselling service offered to young people aged 12-25.	Details characteristics of the @ease service along with service user data from January 2018-July 2020.	Visiting young people are welcomed by two young-adult peers trained to conduct interventions (two-day training). Young-adult peers are typically aged between 18-30 years. Healthcare professionals supervise the peer workers (one per centre), and a psychiatrist is on call for consultations (one per region). Service users were mostly female (65%) and presented on their own initiative (68%). The main reason for attending @ease was to discuss feelings (75%). 92% of visitors met the clinical cut-off score on the Core-10. 28% expressed suicidal thoughts. Satisfaction with the @ease service ranged from 4.3-4.8 (out of 5; across two centres).

		Participants	Service		
Study	**Country**	N (% women): Age	Name: services offered	**Analyses**	**Key results**
Leijdesdorff et al., 2020	Netherlands	80 (56%); Mean age 20.5	**@ease:** a walk-in peer-to-peer counselling service offered to young people aged 12-25.	Cost-of-illness analyses for young people accessing @ease, based on school truancy and healthcare usage.	Cost of illness totalled €32,809.06, or €2,050.56 per person annually.
Malla et al., 2019(a)	India	Not applicable	**Lay health worker initiative:** Trained lay health workers to provide mental health services to young people aged 14-30 in the community (rural district of Kashmir Valley).	Details the principles and adaptation of the service model.	The article reports on the history of conflict in the area and subsequent mental health impacts, including increased rates of PTSD and suicidality. Authors described using theory of change to guide the implementation of the Lay Health Worker (LHW) model, which included involving key stakeholders, identifying key outcomes/goals of the service, starting points and preconditions. Authors described integrating the LHW model with available infrastructures and resources in the region. 40 LHWs were trained over one week of didactic lectures and three months of field training. LHWs completed post-training evaluations and reported increased knowledge of mental health conditions. LHWs identified young people that needed mental health intervention through direct contact with families, stakeholders and tertiary services.
Malla et al., 2019(b)	India	262 (65.6%); Mean age 23.5	**Lay health worker initiative:** Trained lay health workers to provide mental health services to young people aged 14-30 in the community (rural district of Kashmir Valley).	Analyses symptoms, personal functioning, quality of life, and disability amongst users of the LHW services.	Following identification from LHWs, young people saw a psychiatrist after a mean of 14 days to receive a diagnosis. 9% of young people dropped out of care following assessment. After six months in the service 91% remained involved, and after 12 months 78% remained involved. Clinical symptoms, functioning and quality of life showed improvements over time. 100% of young people reported being satisfied with the services they received after 12 months. Specifically, young people liked receiving free medication and other treatments; doorstep service by the LHWs and the chance to provide feedback on the change that the intervention had made in their lives.
Mathias et al., 2023	Canada	42,360 (NR); NR	**Foundry:** Integrated youth service that offers five core services, including peer support, to young people aged 12-24.	Percentage of services used.	This conference poster detailed the percentage of services used by young people. 8% of the 42,360 young people utilised the peer support service and 39% utilised mental health/substance use services (clinician-run). Notably, 27% of youth indicated that if Foundry wasn't available, they would not have sought help. Authors concluded that Foundry is filling a gap in early intervention health and social services for youth in British Columbia.
Reaume-Zimmer et al., 2019	Canada	Not applicable	**ACCESS Open Minds:** delivered to youth aged 11 to 25. Has five main objectives of care: • Early identification of youth in need. • Rapid access to mental healthcare. • Appropriate care. • Continuity of care beyond the age of 18. • Youth and family engagement.	Details the service implementation of ACCESS Open Minds in Chatham-Kent.	Article details the state of youth mental health services prior to ACCESS Open Minds, whereby six psychiatrists provided specialist mental health care and services were largely run by a public hospital, and one community organisation. Authors detail the core and adjunct stakeholder groups they conferred with. The article also describes creating collaborations between existing services (e.g., income and housing programs) to meet the services goals of early identification and rapid access. Two youth peer navigators are on site and trained in mental health first aid, and active listening.

NR= No report

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