



Consultation Hub Paper

Consultation on the National Early Intervention Service draft service delivery model



Draft service delivery model

Draft Service Principles

Implementation of the NEIS will be guided by the following service principles:

1. **Quality and safety:** The NEIS provides safe, reliable, quality and evidence-based services within the stepped model of care, delivered by a sufficiently large, trained, and competent workforce.
2. **Suitability:** People are supported to access the appropriate level of care for their needs, and clearly understand the scope of the NEIS as an early intervention digital mental health service.
3. **Accessibility:** The NEIS is easily accessible and easy to use, and people are supported to access services when they need them.
4. **Cultural competency:** The NEIS provides services that are culturally safe and have actively considered diverse backgrounds and experiences.
5. **Continuous improvement:** Outcome and experience data and leading research is routinely reviewed to support the continual improvement and expansion of the NEIS over time.
6. **Choice and consent:** People are empowered to make informed decisions about their engagement with the NEIS and other mental health services.
7. **Connected to the sector:** The NEIS is connected to other services and, where possible, leverages widely used tools and processes to facilitate seamless transitions within the stepped care model.
8. **Privacy and security:** The NEIS implements confidentiality and privacy arrangements in line with applicable standards and legislation.
9. **Quality governance:** The NEIS operates under robust governance frameworks that ensure transparency, accountability and alignment to system priorities.

Target population

The NEIS will be available to help seekers who are experiencing or at risk of experience have mild mental ill-health or transient distress. The service will be targeted at adults. Young people over the age of 12 can use the service with the consent of a parent or guardian. The service will not be available for individuals aged 12 years and under and is not designed for children.

Intake and assessment

A two-step intake and assessment process will help determine whether the NEIS is the most appropriate service for the help-seeker. The intake process for help-seekers being referred into

the NEIS (e.g. from GPs, Head to Health) will be streamlined to avoid duplication and the need for help-seekers to retell their story multiple times, where possible.

Self-assessment: A user-led simple self-conducted online screening (via a questionnaire or similar) for those accessing online content, utilising validated tools.

Worker-assessment: A worker-supported phone or video assessment, potentially using the Initial Assessment and Referral Decision Support Tool (IAR-DST) for those wanting to access therapy. The IAR-DST is already integrated into many parts of the mental health system, including Medicare Mental Health Centres, and use of this tool within the NEIS will further consistency across services, enabling intake assessments to better integrate, supporting smooth referrals between services as needed.

Referrals

There will be two referral pathways into the NEIS.

1. **Self-referrals** – help-seeker self-navigates onto the NEIS website or is directed to the NEIS website by their primary carer or another service.
2. **Warm referral in** – help-seeker is referred into the NEIS through another service, or GP, the service contacts the NEIS directly with a help-seekers information.

The NEIS will also provide and support referrals out of the service for those help seekers who require additional or specific support the NEIS is unable to provide. The referral out pathways will include:

1. **Self-navigation out** –NEIS help-seeker is provided with the right information to navigate to other services.
2. **Worker-led warm referral** – NEIS help-seeker needs further/alternative support and self-identifies, or is identified by a NEIS worker, as needing referral support. NEIS worker conducts a ‘referral conversation’ with the help-seeker to discuss a range of possible options they can be directed to for support. The NEIS supports referrals to other treatment services, for example, through sharing personal and clinical data or direct contact with other services on the help-seeker’s behalf, given consent.

Service offerings

Component 1 – Low-intensity Cognitive Behavioral Therapy (LiCBT)

The NEIS will offer LiCBT to help seekers. The LiCBT service offering could look like:

- **Structure:** A pre-session measure of symptoms, guided sessions with a practitioner (typically 30 mins) and completion of homework/practice in-between, reinforcing learning and promoting self-reliance.

- **Sessions:** A minimum of 6 – 8 sessions recommended, depending on practitioner assessment of need and with some flexibility.
- **Frequency:** Likely fortnightly, staggering the final sessions to assist with increasing self-reliance and discharge.
- **Access:** Extended hours of availability (beyond only 9am – 5pm Mon-Fri) to increase access for help-seekers, but not 24/7.

The LiCBT delivered will be effective for people experiencing anxiety and depression symptoms.

Component 2 – Self-guided pathways

The NEIS will provide a self-guided online pathway which will include a suite of online tools and resources designed to help individuals, their families and carers, to manage and improve their mental health without a NEIS worker. The self-guided service offering could include:

- mental health articles and education materials
- interactive, self-guided digital content (e.g. modules, activities, quizzes)
- pre-recorded content from trained professionals (e.g. videos, podcasts).

The self-guided pathway will provide tools and resources for people experiencing anxiety and depression symptoms and other specific mental health issues (i.e. sleep disorders or eating disorders). Professionally moderated peer discussion forums, live webinars and Q&A platforms could be considered as part of future updates to the service.

Other therapy and treatment options

Other therapy and treatment options available through the NEIS will be considered as part of the staged roll-out. This may include treatment options for people with a broader range of symptoms, with the aim of improving care options for help-seekers.

Workforce

The NEIS will be made up of a diverse workforce with a range of skills and capabilities. From 1 January 2026, the front-facing workforce engaging with help-seekers to deliver the LiCBT (known as a NEIS practitioner) will be required to hold a recognised qualification or accreditation according to their profession, with clinical supervision being provided by a qualified professional. This assures the workforce have met minimum study, practice and ethical requirements in the completion of their qualification and while working. Additionally, they must also possess minimum skills and capabilities required in health service delivery, such as:

- taking patient's history
- rapport building
- professional boundaries
- understanding and developing treatment plans

- conducting reviews and referrals.

Workers would undertake an intensive training period on LiCBT followed by ongoing training facilitated by a relevant body. The course will be accredited by a relevant accrediting body.

Over the course of the staged implementation of the service a trainee workforce may be introduced and scaled up to meet the service demands through integrated work experience and training to deliver LiCBT. With quality and safety considerations at the forefront, this could include workforces that have lower accreditation/qualifications upon entry and investing in building them up over time.

Digital solution design

The NEIS is considering the below core digital capabilities and functions as key to the NEIS.

- **Customer portal:** help-seekers can navigate and track progress of self-guided content, create and manage account profiles, access their dashboards and book and manage CBT appointments.
- **Provider portal:** back-end, staff dashboard that allows easy access to their appointments and essential resources, tools and information relating to their work.
- **Electronic medical record:** storage of medical records that should be accessible to the CBT provider via the provider portal and accessible to the help-seeker. This would include user personal information, self-guided resources completed, LiCBT sessions completed, case notes and intake assessment outcome.
- **Content management system:** data storage system that enables administrative help-seekers to create, curate/manage, and publish content to the self-directed platform, without requiring extensive technical knowledge.
- **Appointment management system:** facilitates scheduling, management, and tracking appointments efficiently.
- **Telehealth platform:** delivers remote CBT sessions via audio, video and/or chat

The NEIS will have two core digital delivery channels:

1. **Online** – desktop or mobile-optimised website, suitable for self-service via a customer portal.
2. **Over the phone** – videoconferencing or phone call services, used to support administration of LiCBT via a customer contact centre.

A third potential delivery channel is also proposed:

3. **Via SMS or synchronous messaging:** SMS, webchat and/or email-based services utilised to administer CBT.

