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A Volunteer-Based Counselling Service for Youth Mental Health in Denmark: A Qualitative Multi-Stakeholder Study of the Implementation of Headspace

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Abstract

Background: Mental health problems among young people are a major public health concern. Youth-centred, health-promotive, and preventive approaches are needed. headspace Denmark provides a low-threshold, volunteer-based mental health service embedded in civil society however, evidence on volunteer-driven, non-clinical models remains limited.

Purpose: This study investigates how counselling, bridging support to social and health services, and outreach activities are implemented across local headspace centres in Denmark.

Methods: A qualitative design guided by a pre-established program theory. Data, including interviews, observations, and documents, were collected from counsellors, cross-centre management, and embedded

professionals, and were analysed thematically to understand how activities were carried out and supported across diverse local settings.

Results: Counselling was delivered through structured yet flexible, youth-friendly conversations emphasizing collaboration and confidentiality. Bridging support relied on relational trust, equality, and hands-on guidance, though referrals to external services remained challenging. Outreach activities promoted mental health and reduced stigma through creative, youth-oriented formats. Across activities, supportive organizational structures—including targeted volunteer recruitment, training, supervision, pre- and debriefing routines, and partnerships—were essential to sustaining consistent practice.

Conclusion: Counselling, bridging support, and outreach were implemented consistently in youth-centred, flexible, and relational ways across local centres, supported by strong structures for recruitment, training, supervision, and cross-sector collaboration. Important areas for further development include strengthening bridging pathways, supporting volunteer retention, refining outreach practices, and implementing systematic measures of youth and volunteer satisfaction. The findings also point to the potential value of developing a fidelity scale tailored to the Danish model to support quality assurance and guide future implementation.

Keywords: volunteer training, mental health promotion, prevention, adolescence, low-threshold service, emerging adults

Introduction

Mental health problems among youth are among the most serious health concerns worldwide. About 63% of all mental illnesses worldwide begin before age 25 (1). Mental health problems among young people can have far-reaching consequences, including risk of physical illness and premature death, and social adversities such as educational discontinuation and labour market exclusion (2,3). While formal health services play a critical role in treatment provision, preventive and mental health-promoting efforts can support young people experiencing poor mental well-being before it develops into mental illness. In Denmark, some health-promotive services for young people are delivered through civil society organizations, including non-governmental, community-based, and volunteer-led initiatives (4). headspace Denmark offers a low-threshold, free, easily accessible mental health service to youth, promoting well-being and empowering them with mental health information and guidance on available support options. This is done by offering young people between 12 and 25, free counselling, predominantly delivered by volunteers, in addition to assistance to bridge to support in mental health and social services, if necessary. headspace also provides information about mental health through outreach activities in the community (5,6). headspace Denmark was established in 2013, inspired by the Australian headspace model. Variations of the headspace model also exist in Israel, and Iceland among others, but the models differ in terms of their funding, staffing and integration into mental health services (4,5). The civil society model presents a compelling framework for delivering accessible, low-intensity early intervention to individuals who do not require specialist care, thereby potentially offering a scalable and cost-effective alternative to traditional clinical services. The evidence base for youth mental health services rooted in civil society is, however, thin (3,7). There is a lack of scientific knowledge to inform whether the interventions are effective and provide insights into how, for whom and under which conditions they work. For peer and lay worker models, such as headspace Denmark, more research is needed on peer and lay workers' motivation, workload, risk management, and role

satisfaction (6). To address the current gaps in the research literature, a national, independent evaluation of headspace Denmark was launched in 2022, comprising effectiveness, process, and socio-economic components (5). Evidence from the evaluation indicated a small but statistically significant improvement in well-being at six-month follow-up, suggesting its potential role in early health promotion and prevention (8). While the overall evaluation addresses the intervention's effectiveness, its process-related mechanisms, and its socioeconomic outcomes, the present study aims to provide an in-depth examination of the implementation of headspace. This includes an analysis of how the key intervention activities (counselling, bridging support and outreach activities) were operationalized, the experiences of stakeholders involved in their implementation, and the contextual factors and supporting activities that shaped implementation practices.

Method

Study design

This study employed a qualitative approach to examine how key activities within the headspace Denmark model are implemented and experienced by multiple stakeholders across local headspace centres. The multi-stakeholder perspective captures diverse experiences and insights, ensuring a more comprehensive understanding of how the intervention functions in practice (9). The design was guided by a predefined program theory, which specified assumed causal pathways linking program activities to mechanisms of change and to expected proximal and distal outcomes.

Program Theory, Research Questions and Analytical Framework

The preliminary program theory specifies how headspace Denmark is expected to reduce loneliness and strengthen well-being, mental health, and self-efficacy among young people. It identifies key activities—individual counselling, community engagement and outreach, and bridging support to health and social ser-

vices—as essential components activating mechanisms leading to the desired outcomes. Supporting activities, including recruitment, training, and supervision of staff and volunteers, and collaboration with external services, enable these key activities. Community engagement raises awareness of headspace and normalizes mental vulnerability, individual counselling provides accessible, flexible support, and bridging support improves knowledge of services and promotes timely help-seeking.

Guided by the program theory as the evaluation’s framework, the research question examines how headspace’s key activities are implemented and experienced across local centres, and the contextual factors impacting implementation. For each key activity, the analysis is structured around three dimensions: implementation, supportive activities, and contextual factors shaping implementation and mechanisms. This enables systematic comparison across activities and centres while accounting for local variation.

The Intervention

Currently, there are 36 headspace centres located in municipalities across Denmark (10), offering young people a place to talk through an anonymous counselling service. The headspace centres operate under the motto *“No issue is too big or too small to contact headspace”*, meaning that all young people in the targeted age group can access support for any problem they may have affecting their mental health and well-being. Each headspace centre is staffed with a cross-centre manager, two paid youth counsellors, and a team of volunteer counsellors. Additionally, two part-time embedded professionals—employed by local mental health and/or social services—are available to provide expert support to the youth counsellors when needed. The counselling conversations are youth-led, focusing on what the young person wants to discuss. Typically, two volunteer counsellors are present in every conversation to ensure quality and provide support. Volunteers are recruited locally and then attend a training program. If a young person requires support beyond what headspace offers, counsellors help connect them to appropriate services. By offering outreach activities, headspace centres raise awareness about youth mental health, work to reduce

stigma around mental health issues among young people and increase the outreach and accessibility of headspace through community involvement and partnerships with schools (5,6).

Recruitment

Recruitment for this study targeted multiple stakeholder groups—volunteers, staff, and managers—to reflect the full range of roles involved in the intervention’s implementation (see additional file 1). Data was collected in four headspace centres selected using a purposeful sampling strategy aimed at identifying cases that would provide the greatest possible insight into variation, contextual conditions, and meaningful differences in implementation (11). Centres were chosen to maximize geographical diversity across Denmark, based on the expectation that local factors—such as municipal size—would influence the implementation of each centre. Variation in centre age was also included, as long-established centres were assumed to encounter different implementation challenges than newly opened ones. This strategy was used to capture a broad range of contextual differences shaping implementation and thereby provide a nuanced understanding of headspace practice. For example, sparsely populated areas may face difficulties recruiting volunteers or ensuring young people’s access due to transportation barriers, while newly established centres typically prioritize outreach and visibility compared with more mature centres, which focus more on sustaining established activities. In summary, the four centres differed in age, geographical location (densely vs. sparsely populated municipalities), and local implementation conditions, all expected to influence their operations

Data collection

Key informant interviews (12) were conducted with centre managers. A semi-structured interview guide was employed (see Additional file 2), focusing on aspects such as volunteer recruitment, workflows, and the operation of headspace centres. In some instances, managers redirected questions to a paid youth

counsellor, who was subsequently interviewed. Where possible, interviews were also conducted with embedded professionals from mental health and social services, as not all centres had such staff at the time of data collection. These interviews were guided by a separate semi-structured interview guide (see Additional file 3), with a focus on collaboration, knowledge exchange, and the perspectives of staff from municipalities and mental healthcare services regarding bridging support. An interview was also conducted with a person responsible for outreach activities to explore how outreach activities were implemented and what conditions were required (see Additional file 4).

Youth counsellors were invited to participate in *focus group interviews* (13) (see Additional file 5) to examine their experiences, attitudes, and perspectives within the context of interpersonal interaction. In some centres, only volunteer counsellors participated, while others included both volunteers and paid staff. The composition of the focus group depended on the preferences of the counsellors. Interview topics included, for instance, counselling experiences, training, supervision, bridging support, and motivations for volunteering.

Participant observation was used to gain an in-depth understanding of how stakeholders' behaviours, interactions, and routines unfolded in their natural context, particularly aspects that participants could not articulate in the interviews and that were shaped by the social and physical environment. Observations were conducted over three consecutive days at each headspace centre, where the researcher observed daily operations, physical settings, and team dynamics (14). With consent, counselling conversations were also observed. During participant observation, informal conversations were held with both staff and young people to gain additional insights into the delivery of activities and stakeholder experiences. Additional observations included staff meetings, supervision sessions, training of counsellors and outreach activities. An observation guide based on the program theory and core values of headspace structured the process (see Additional file 6). Field notes were taken and later transcribed for analysis, and photos were used to document physical settings and materials.

Data analyses

Interviews were digitally recorded and transcribed for analysis, and all data, including field notes, were analysed using NVivo. For the analysis of the data, we applied a thematic reflexive content analysis as described by Braun & Clarke (15). The approach consists of six phases that support deep engagement with the material and help identify meaning, patterns, and trends. These phases include familiarizing with the data, generating initial codes that were connected to the key activity or the supporting activity, identifying how the codes related to potential themes, reviewing and refining themes, defining and naming them, and synthesizing the findings into a coherent structure (15). Through this process, meaningful units and descriptive themes were developed, resulting in main themes and subthemes that capture and highlight relevant insights. The analysis was conducted by research assistants MF, CT, and KH, under the supervision of senior researchers STB and AKW.

Results

Data were collected between June and October 2023. Table 1 presents the four headspace centres characteristics related to age, location and delivery of key activities. A total of 14 individual interviews were conducted: four with cross-centre managers, six with embedded professionals from municipalities and Mental Healthcare Services, three with outreach staff (consisting of counsellors and one person responsible for outreach activities), and one with the daily responsible youth counsellor. Five focus groups were carried out—one with outreach staff and four with paid and volunteer youth counsellors. In addition to the interview transcripts, the empirical material included field notes from a total of 12 days of participant observation in four headspace centres, and field notes from outreach activities at schools and a youth festival, and from headspace onboarding program (a weekend course and an online training program).

PLEASE INSERT TABLE 1 ABOUT HERE

Drawing on the program theory’s assumptions about the relationships between key activities, supporting activities, contextual conditions, and expected mechanisms, the results describe how counselling, bridging Support, and outreach Activities—were implemented across the headspace centres. Across stakeholder groups and centres, there was overall consistency and a high degree of agreement in the descriptions of how the key activities were implemented. As shown in Table 2 the findings indicated that key activities were implemented in flexible, youth-centred ways, tailored to individual needs and aimed at fostering engagement and collaboration. Flexibility and a highly personalized approach were fundamental for whether these activities worked as intended. Continuous attention to the supporting activities, such as staff recruitment and training, was necessary for quality and sustainability in services. Safeguarding responsibilities, the access to embedded professionals from health care and social services, and opportunities for making partnerships with the schools in the wider community all influenced the delivery of the key activities, posing potential dilemmas or threatening quality.

PLEASE INSERT TABLE 2 ABOUT HERE

Selected quotations from stakeholders supporting the findings are provided in Table 3 and are referenced in the text using Q + number.

PLEASE INSERT TABLE 3 ABOUT HERE

Theme 1: Counselling

Subtheme 1: Implementation of Counselling

Counselling encounter framed by a homelike environment.

Counselling occurred in non-clinical, homelike environments designed to create a relaxed, welcoming, and safe atmosphere. Staff emphasized that the environment should not feel like traditional therapeutic spaces,

but rather have a cozy, homelike atmosphere. Attention was given to comfort, with cushions and blankets on sofas, as well as mood-enhancing elements such as rugs, artwork, fairy lights, wall decorations, and other items that create a relaxed and welcoming environment (Q1). The physical setting was treated as an integral component of the intervention, supporting openness and reducing barriers to help-seeking.

An overarching yet flexible structure for counselling conversations

Counselling sessions followed a flexible but recognizable structure. Typically involving one or two counsellors, the first session included an introduction to the framework of counselling, including anonymity, confidentiality, and the purpose of the service. Counselling was framed as a supportive conversation rather than formal therapy. Subsequent sessions built cumulatively on the young person's experiences and needs, with prior themes often revisited. Sessions commonly concluded with a shared summary or agreement on potential next steps. Flexibility in counselling also allows practitioners to accompany young people outside the centre, for example by engaging in meaningful activities or taking a walk together (Q2-Q3).

A dynamic, youth-led conversation grounded in respect for young people's agency

Counselling was characterized by a dynamic, youth-led, and adaptive approach, in which young people guided the content, pace, and tone of conversations while counsellors adjusted their approach to the individual's maturity, emotional state, and energy level. Counsellors moved flexibly between structured problem-solving and informal dialogue, using both verbal and non-verbal communication to foster engagement. This work was fundamentally grounded in respect for young people's perspectives and agency, with young people being met with flexibility and allowed to define what they wished to talk about and how (Q4-5).

Counsellors supporting one another to support the young person

Counsellors experienced collaborative counselling (i.e., sessions with two counsellors) as increasing both professional confidence and perceived safety, particularly in complex or sensitive situations. Shared responsibility allowed for reflection and learning after sessions and contributed to a sense of security for both counsellors and young people (Q6).

Subtheme 2: Supportive Activities in Counselling

Recruiting Staff with personal and relational competence

Recruitment of paid staff and volunteers prioritized personal and relational competencies. Formal educational qualifications were less emphasized than the ability to listen attentively (Q7), remain calm in emotionally demanding situations, and create a safe and respectful atmosphere (Q8). Lived experience and personal maturity were described as resources that can strengthen counselling relationships (Q9). Paid staff played a key role in safeguarding the quality of counselling. In addition to conducting counselling sessions, they were responsible for daily operations, supporting volunteers, and ensuring alignment with headspace's values and standards. Roles within counselling teams were distributed based on individual strengths, supporting stable and well-functioning counselling environments.

Building counselling quality through onboarding, training, and supervision

Counselling was supported through structured onboarding, education, and supervision processes. New staff and volunteers participated in onboarding that combines a practical orientation with side-by-side training, enabling a gradual, supported entry into counselling practice, and volunteer and paid counsellors further described having gained a great deal from participating in a training weekend (Q10-Q11). Alongside in-person onboarding and training, the online platform, headspace Academy, provided a shared foundation for counselling covering youth-centred values, communication skills, confidentiality, reporting duties, and responses to critical situations.

Supervision was described as a central supportive activity, particularly in emotionally demanding or complex cases (Q12). Paid staff received both internal and external supervision, often facilitated by psychologists, while volunteers received regular supervision alongside ongoing informal support in daily practice.

Pre- and debriefing as core quality assurance

Pre- and debriefing were identified as core quality assurance mechanisms in counselling practice. Structured reflection before and after sessions supported preparation, shared responsibility, and professional learning. Pre-briefing typically focused on role clarification and attention, while debriefing supported reflection on the session and the young person's situation (Q13).

A dedicated pre- and debriefing board was used across sites to guide these processes combined with lived experiences (Q14). When two counsellors conducted counselling, these activities facilitated shared learning; when conducted by a single counsellor, debriefing became particularly important and was supported by a colleague to ensure adequate reflection and emotional support.

Sustaining engagement among volunteer and paid counsellors

Sustaining engagement among volunteers and paid staff was seen as essential for continuity and quality in counselling. Flexible scheduling, ongoing dialogue, and attention to well-being support retention and long-term engagement. Volunteers were motivated by what is described as an "alternative currency", including meaningful work, opportunities for professional development, social belonging, and symbolic recognition (Q15-Q16).

Paid counsellors' motivation and well-being were supported through clear role definitions, manageable workloads, and opportunities for reflection and professional dialogue. Organizational attention to boundaries and sustainability was described as crucial for maintaining counsellors' engagement over time.

Subtheme 3: Contextual Factors Shaping Counselling

Balancing accessibility, anonymity, and safeguarding in counselling practice

Legal and organizational safeguarding obligations influenced counselling practice and could create dilemmas. Counsellors were required to report serious concerns to social services, which can conflict with young people's desire for anonymity. When reporting to social services was necessary, counsellors attempted to involve young people in the process to respect their perspective. If anonymity was essential, counsellors explored alternative ways of supporting the young person without breaching confidentiality. These dilemmas created tensions between safeguarding responsibilities and the program's commitment to anonymity and trust (Q17).

Theme 2: Bridging Support

Subtheme 1 Implementation of Bridging Support

Relational and continuous bridging support on young people's terms

Bridging support at headspace was a relational, trust-based, and continuous process conducted on young people's terms. Rather than being approached as a point of transfer, referral was embedded in ongoing support across transitions, fostering young people's experiences of being taken seriously and met as equals. Counsellors and young people engaged in the bridging process together, with support provided throughout the trajectory as needed, including identifying relevant services, supporting referral decisions, and accompanying young people to appointments, such as visits to general practitioners or participation in civil society initiatives, such as sports activities. The process was dialogical and gradual, with referrals aligned with the young person's readiness. Support could continue during waiting periods, such as while awaiting mental health care services, and after referral to external services, supporting engagement and preventing experiences of rejection (Q18-Q19).

Knowledge sharing and sparring on available pathways

Bridging support relied on counsellors' access to knowledge about available services at local, regional, and civil society levels, with counsellors and young people engaging together to navigate pathways to external services. Tools such as visual boards, sparring boards, posters, and bridging binders were used to create overviews of possible pathways and were sometimes reviewed jointly with the young person to support shared understanding of options and next steps (Q20).

Age matters: differences in bridging for young people under and over 18

The nature of bridging support varied according to age. For young people under 18, parents played a significant role, and bridging often involved formal notifications to municipal services. In urgent situations, such as suicide risk, immediate action was taken, and parents were contacted (Q21). For young people over 18, parental involvement was limited, and bridging support more often focuses on education, housing, employment, and financial matters. These young people were generally described as more independent and actively involved in decisions about further support. Stakeholders note that differences between municipalities influence how easily systems can be navigated and relevant services accessed.

Supporting the full range of problem severity

Bridging support was described as covering both light and severe problem areas. Light issues included loneliness, relationship difficulties, and school related challenges, where bridging may involve leisure activities or educational support. Severe issues included family dysfunction, homelessness, substance abuse, sexual assault, neglect, and suicidal thoughts. Many young people arriving at headspace had complex challenges following long delays caused by waiting lists in mental healthcare or limited awareness of available support. In these cases, headspace functioned as an initial point of contact that supports young people in understanding where and how to seek further assistance (Q22).

Subtheme 2: Supportive Activities in Bridging Support

Counsellors' roles, training, and support in bridging processes

Paid staff were responsible for coordinating bridging processes, ensuring quality, and managing legal and organizational obligations, including mandatory reporting to municipal social services. They supported volunteers in identifying when bridging was relevant and took over responsibility for complex or high-risk situations (Q23). Volunteers received training in confidentiality, mandatory reporting, and responses to critical situations, including shared approaches to involving young people in referral decisions and assessing the need for external support. Side-by-side training enabled gradual engagement in bridging-related tasks. Pre- and debriefing, including the pre- and debriefing board, were described as key supportive activities, supporting preparation for potential referrals, clarification of roles, and reflection on decisions, dilemmas, and the young person's situation (Q24).

Subtheme 3: Contextual Factors Shaping Bridging Support

Embedded professionals supporting high-quality bridging

A key contextual factor influencing the implementation of bridging support was the presence of embedded professionals from mental healthcare and social services. Their involvement was described as strengthening the quality and safety of bridging processes.

Mental healthcare staff, often specialized nurses, conducted screenings and provided guidance and training, supporting appropriate referrals and navigation of mental healthcare systems (Q25). Professionals from social services supported coordination, mandatory reporting, and referrals, particularly for young people under 18, and assisted with practical matters such as housing, education, and benefits for young people over 18. Challenges were described in centres without embedded professionals, where assessing needs, navigating systems, and accessing relevant services becomes more difficult. In such contexts, counsellors rely more heavily on internal coordination, supervision, and peer support (Q26).

Bridging due to mandatory reporting obligations

Legal obligations related to mandatory reporting constituted a challenge. While reporting could be necessary to unlock further support, it could conflict with young people's wish to remain anonymous (Q27).

Counsellors emphasized transparency and sought to involve young people in the preparation of reports where possible (Q28). Situations in which parents refuse support, and there is no legal basis for intervention, were described as limiting further action. Counsellors further described a dilemma related to supporting young people in the reporting process, as young people could be anxious about making a report, and in some cases no subsequent action followed from the authorities (Q29).

Theme 3: Outreach Activities

Subtheme 1: Implementation of Outreach Activities

Outreach activities as entry points for dialogue on mental well-being in everyday settings

Outreach activities were implemented as health-promoting initiatives aimed at increasing the visibility of mental health support and facilitating dialogue with young people in everyday settings. Activities took place in familiar environments such as schools, youth and vocational education institutions, youth centres, public spaces, and youth-oriented events. By embedding outreach in these contexts, the implementation focused on lowering barriers to engagement and normalizing conversations about mental well-being. The thematic content addressed issues closely related to young people's everyday lives, including stress, relationships, identity, and performance pressure. These themes served as accessible entry points for dialogue about mental health and available support, enabling outreach to function as a low-threshold, non-clinical approach to promoting awareness and openness (Q30). Although digital outreach formed part of the overall strategy, stakeholders primarily emphasized the importance of face-to-face interaction.

Youth engagement and the importance of youth-oriented communication in outreach

Young people's engagement during outreach activities varied across contexts and individuals. Stakeholders described a range of engagement forms, from active participation through dialogue to more passive or indirect involvement, such as listening quietly or engaging after the activity. Such variation was understood as an expected feature of outreach practice, with engagement conceptualized broadly and process-oriented. Visual and interactive formats and dialogue-based approaches were used to enhance relevance and identification, contributing to an environment of openness in which diverse modes of participation were legitimized. Youth-oriented communication was highlighted as central to supporting engagement across these different forms. Outreach staff emphasized the use of accessible, everyday language and the avoidance of clinical terminology. The involvement of volunteers who drew on their own lived experiences was described as particularly valuable, as it enabled young people to identify with those sharing their stories and created a stronger relational connection (Q31).

Subtheme 2: Supportive Activities in Outreach Activities

Competency development supporting outreach practice

The implementation of outreach activities was supported by competencies among staff and volunteers. Preparation focused on developing communicative, pedagogical, and facilitation skills described as essential for engaging diverse groups across varied outreach settings. These competencies enabled outreach workers to adapt activities to different educational environments, age groups, and audiences with varying levels of prior knowledge and openness toward mental health topics (Q32). Competency development was supported through onboarding processes and access to shared outreach materials and predefined formats, which provided a common foundation for practice.

Organizational support for consistent and flexible outreach implementation

Organizational support provided a framework for consistency while allowing adaptation to local contexts, group dynamics, and situational constraints. Shared materials, clear role definitions, and established formats were described as particularly important given that outreach activities were time-consuming and often conducted in settings with limited control over time, group size, and physical surroundings (Q33). Although outreach involved less formal supervision than counselling activities, access to colleagues, ongoing dialogue, and opportunities to refine formats and content were highlighted as central to maintaining quality and supporting ongoing professional development.

Subtheme 3: Contextual Factors Influencing Outreach Activities

Local contexts, partnerships, and challenges shaping outreach implementation

The implementation of outreach activities was shaped by local target groups, institutional contexts, and prevailing cultural norms. Partnerships with schools, educational institutions, and youth organizations influenced both access to young people and how outreach activities could be framed and positioned within different settings. Having established relationships with institutions facilitated access, whereas outreach conducted without existing contacts was described as more challenging and uncertain. Institutional conditions further shaped implementation. In educational settings, structured schedules, fixed annual planning cycles, and limited time availability constrained when and how outreach could be delivered (Q34). Expectations toward outreach varied across contexts, with some institutions expressing concerns about relevance or potential stigmatization of young people. Such contextual perceptions influenced the acceptance, scope, and format of outreach activities and required adaptation to local norms and priorities (Q35).

Discussion

The findings show that counselling, bridging support, and outreach were implemented in flexible, youth-centred ways, tailored to individual needs and designed to foster engagement and collaboration. Essential qualities and modes of delivery influenced whether these activities functioned as intended, offering insight into the mechanisms that may be fundamental for their effectiveness. Staff recruitment, training, physical setup, and organizational structures played a crucial role in consistent implementation and the sustainability of the centres. Contextual factors—including safeguarding obligations, local partnerships, and organizational values shaped how implementation unfolded across settings. These findings provide a nuanced understanding of the conditions and practices that enabled or constrained implementation and clarify the core functions that appear essential for achieving the intervention’s aims.

Core Functions of Counselling

headspace provides individual counselling through structured, youth-led conversations, in contrast to healthcare-based models that rely on clinical governance, evidence-based protocols and formal workforce structures (16,17). Consistency is supported through recruitment, training, and supervision of paid staff and volunteers, alongside embedded municipal and mental health professionals who contribute specialist knowledge without clericalizing the service. Recruitment prioritizes diverse lived experiences and strong relational competencies, enabling counsellors to engage in equal, accessible, and reciprocal conversations with young people within a non-clinical framework. This is in line with a growing amount of evidence, demonstrating that peer support and lay workers can provide meaningful and effective mental health support across various contexts, and within and beyond mental health systems (18–20) .

Several core elements central to the activities' functioning and effectiveness emerge. In counselling, confidentiality is central; anonymity, privacy rules, minimal documentation, and clear structures create a safe space that young people view as supportive (21). This raises broader reflections on documentation, trust, and confidentiality in youth mental health services. Existing literature suggests that confidentiality is essential for trust, openness, and access to care among adolescents (22,23). At the same time, confidentiality must be balanced against mandatory reporting, creating tension between respecting young people's privacy and ensuring safety. Research further shows substantial variation in practitioners' decision-making, especially when adolescent risk and potential harm are involved, underscoring the ethical complexity of confidentiality dilemmas (24,25). Confidential care also supports autonomy and engagement, though this can be difficult in contexts marked by safety concerns or complex family dynamics (26). Overall, the literature points to the need for clear frameworks that help those providing youth mental health support navigate confidentiality challenges while preserving young peoples' trust and engagement (26).

The alliance between counsellor and young person constitutes another core element, reflected in experiences of being listened to, taken seriously, and being involved in decisions. The principle *"Nothing is too big or too small"* signals openness to any concern, while flexible formats—such as counselling walks, phone contact, and creatively equipped rooms—support individually tailored sessions. Research points to the alliance being shaped primarily by the unique dyadic relationship, underscoring the importance of the young person's felt experience of being met and understood (27). Qualitative studies show that young people particularly value genuine care, emotional warmth, trustworthiness, and a welcoming atmosphere during the first encounter, where they may arrive overwhelmed or ambivalent about seeking help (28). Autonomy emerges as central: shared decision-making and choice regarding session content or working format contribute to a sense of equality and agency (28). These findings align closely with the headspace approach, where openness, accessibility, and flexible ways of engaging are designed to create emotional safety and support meaningful participation from the outset. When young people experience relational safety, involvement, and autonomy, the alliance becomes a meaningful foundation for further engagement (27,28).

Bridging Support and Access to Care

Bridging support enables headspace to uphold its core principle that *“nothing is too big or too small.”* It is tailored to young people’s wishes, needs, and challenges, facilitating connections to mental healthcare, general practice, municipal social services, and civil society actors, and is central to headspace’s ability to provide timely, youth-appropriate support. Existing research shows that adolescents often delay help-seeking because of stigma, shame, limited mental health literacy, and a tendency to cope alone, sometimes masking distress entirely from those around them (29–31). These individual barriers are compounded by systemic obstacles such as fragmented pathways, strict eligibility criteria, long waitlists, and a lack of clear entry points (32). Across studies, young people emphasise that service quality, perceived accessibility, confidentiality, and youth-friendliness strongly influence whether they engage with formal services (30). The support offered within headspace addresses these barriers through relational, low-threshold conversations that help young people understand their situation and identify realistic care options, reducing stigma and compensating for limited system knowledge. When municipal or regional services are involved, embedded professionals provide hands-on, professionally anchored navigation through system complexities. In a context where many adolescents lack an informed advocate (32), embedded professionals provide personalized assistance, anticipate procedural barriers, and coordinate concrete steps across services. This form of supported navigation appears to meet adolescents’ expressed need for clarity, continuity, and sustained guidance during early service contacts (29,30). Taken together, the findings suggest that the quality of headspace’s bridging lies in its combination of relational engagement and system-specific expertise. Rather than requiring young people to overcome help-seeking barriers independently, headspace provides a structured, hands-on mechanism that reduces fragmentation and enables more coherent pathways into appropriate care.

Outreach as a Mechanism for Stigma Reduction and Early Engagement

Outreach activities contribute to stigma reduction by bringing information, visibility, and mental health knowledge into young people's everyday environments. Evidence shows that both educational and contact-based anti-stigma interventions can improve knowledge, attitudes, and help-seeking intentions (33,34). This aligns with the intention behind headspace outreach, where early exposure to mental health information aims to normalize help-seeking and challenge taboos around distress. Recent reviews highlight that educational approaches work particularly well for adolescents, as they fit naturally within school settings and can be delivered in accessible, youth-friendly formats (33). This mirrors headspace's practice of taking outreach directly into schools, teaching, and engaging with students, which reflects what broader research identifies as effective for reducing stigma among young people. Research also indicates that contact-based elements — such as hearing from individuals with lived experience — can add value by reducing social distance and supporting more open conversations about mental health (33,34). Combining educational content with credible contact-based components may therefore strengthen the impact of outreach (33,34). Although interventions to reduce mental health stigma among youth often show short-term benefits, reviews consistently find that effects tend to fade without continued exposure (33,34). This underlines the relevance of headspace's ongoing outreach presence in schools and local communities, where repeated visibility and interactions can help sustain more favourable attitudes and support earlier engagement with services.

Volunteer Engagement and Retention

headspace Denmark is the only headspace model built primarily on volunteer engagement. Sustaining this model requires meaningful non-monetary value—such as learning opportunities, social interaction, a sense of belonging, and recognition. While these elements are already part of headspace's approach, volunteer retention could be strengthened by systematically capturing volunteers' perspectives on what they value. International research shows that volunteering in mental health is highly heterogeneous and shaped by

context, organizational structures, and individual motivations (35). Volunteer roles are multifaceted, relationships develop differently, and volunteers face distinct emotional and relational challenges, underscoring the need for flexibility and ongoing adaptation of volunteer strategies(35). Research further indicates that personal and professional experiences with mental illness strongly influence motivation to volunteer (36). Many volunteers value opportunities for meaningful relational work not always available in formal mental health systems, and derive motivation from emotional connection, empathy, and the chance to counteract social isolation, while also navigating uncertainty, stigma, and role ambiguity (35). For headspace Denmark—where volunteers have diverse ages, backgrounds, and lived experiences—understanding how different groups experience value and support is central to retention and sustainability.

Across counselling, bridging support, outreach, and supporting activities, the core elements reveal both the strengths of the headspace model and the areas requiring further attention. The patterns suggest which components are essential for youth-friendly support and which depend on local context, organizational culture, or individual practice. This underscores the need to clarify which aspects should remain consistent across centres and which can be adapted.

The evaluation also shows some variation in practice, highlighting the value of a tool to support consistency and ongoing quality improvement.

Implications

The identified core elements provided the foundation for developing a fidelity scale (see Additional file 7) to assess alignment with the headspace Denmark model and support reflection and learning across centres. Such a scale should be grounded in programme theory and process evaluation findings and be adaptable across settings. Balancing fidelity and flexibility will be important for preserving the essential components of the model while allowing adaptation to local contexts.

Strengths and Limitations

This evaluation offers valuable insights into the implementation of headspace's key activities, supported by a qualitative design and a multi-stakeholder perspective. The combined use of interviews and observations enabled a nuanced understanding of how headspace operates in practice and strengthened the study's confirmability through triangulation of data sources and stakeholder perspectives (37,38). The application of a predefined program theory enhanced dependability by providing a coherent analytical framework and supporting consistency in data collection and analysis across centres. By making underlying assumptions and causal mechanisms explicit, the program theory promoted transparency and consistency in analytical decisions across cases, which is recognized as strengthening the quality of implementation-focused evaluations (39). Drawing on data from four strategically selected headspace centres, each varying in age and geographic location, contributed to a richer contextual understanding, thereby supporting transferability to similar service settings. At the same time, it is acknowledged that the findings are analytically rather than statistically generalizable (40,41). However, the qualitative design presents limitations. While thematic analysis aimed to identify common patterns, some findings may be context-specific and not fully transferable to other centres. The evaluation did not include interviews with external stakeholders such as municipal staff, healthcare professionals, or civil society partners—despite their significant role in headspace's counselling, bridging support, and outreach activities. Including these perspectives could have revealed blind spots and offered a more critical view of implementation challenges. Centres participated by invitation, which may have influenced which sites took part. Observation periods were short—typically three days per centre—limiting the likelihood of capturing issues that arise infrequently. Some challenges may not have been observed, either because they did not occur during fieldwork or because staff adapted their routines in response to the researchers' presence(42). In addition, much of the material reflects perspectives from

within headspace, which may introduce a degree of positive bias that researchers were not able to fully detect. Taken together, these limitations mainly affect transferability and confirmability due to context-specific findings and limited external perspectives. However, the consistent use of a predefined program theory ensures a systematic and transparent analytical process, supporting overall dependability despite these constraints.

Conclusion

This study shows how counselling, bridging support, and outreach activities are implemented in practice across local headspace centres. Across activities, the findings were described positively across stakeholder groups, demonstrating consistently youth-centred, flexible, and relational forms of support delivered in accessible, non-clinical environments. Counselling was characterized by structured, youth-friendly conversations based on the young people's terms and focus on confidentiality. Bridging support provided hands-on assistance that helps young people navigate fragmented welfare and mental healthcare systems. Outreach activities promoted mental health and reduced stigma through youth-oriented formats in everyday settings. The activities are sustained by supportive organizational structures, including targeted recruitment of relationally competent volunteers and staff, comprehensive onboarding and supervision, pre-/debriefing routines, and partnerships with municipal, regional, and civil society actors. The evaluation also highlights areas for further development, including strengthening cross-municipal bridging pathways, enhancing volunteer retention and motivation, refining outreach strategies, and establishing systematic measures of youth and volunteer satisfaction.

Declarations

Ethics approval and consent to participate

The study was submitted to the Scientific Ethical Committees of the Capital Region of Denmark (De Videnskabetiske Komitéer for Region Hovedstaden) for assessment. The Committees determined that the project did not constitute a health scientific research project and was therefore not subject to notification to the Danish scientific ethics committee system pursuant to Section 1(4) of the Danish Committee Act. Consequently, ethical approval was not required, and the study could be conducted without approval from the Scientific Ethical Committees of the Capital Region of Denmark (correspondence reference no. 21061429).

The study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Informed consent was obtained from all participants in compliance with Danish and European legislation. Anonymity and confidentiality were ensured for all participants who took part in questionnaires, observations, and interviews.

Consent for publication

Not applicable.

Availability of data and materials

The datasets generated and analysed during the current study are not publicly available due to confidentiality and the risk of participant identification but are available from the corresponding author on reasonable request and subject to relevant ethical and legal considerations.

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Competing Interests

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Authors contributions

Conceptual: LFE, RMP, Method: RMP, STB, AP, Software: Not applicable, Validation: AP, STB, LFE, AKW, Formal analysis: CT, MF, KH, Investigation: STB, KH, Resources: STB, KH, Data curation: MF, CT, Writing original draft: CT, Writing editing: CT, MF, KH, AKW, AP, RMP, LFE, STB, Visualising: CT, Support: LFE, STB, AKW, AP, Project administration: LFE, STB, Funding AC: LFE

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Stakeholders roles

Informant	Function
Centermanager	- Serves as center manager for approximately three Headspace centers. - Holds overall responsibility for ensuring the quality of counseling services at the assigned centers, including professional development and contributing to national program development.
Daily responsible youthcounselor ¹	- Supports the center manager - Holds daily responsibility for the operations and quality assurance of counseling services, including staffing with paid employees and volunteers
Paid youth counslors	- Conducts counseling conversations and supervision sessions - Coordinates volunteer activities - Carries out outreach efforts and project coordination - Collaborates with outreach staff from the region and municipality

Volunteer Youth Counselors	- Conducts counseling - Responsible for coordination and outreach activities - Shares responsibility for ensuring a warm welcome, the quality of counseling sessions, effective bridging to other services, and staying continuously updated on developments within headspace
Embedded staff from Region (Mental Healthcare Services) and municipaliy	- Supports the daily operations of the centers - Enhances the quality of counseling services - Promotes awareness and collaboration between Headspace and the municipality
Cross-functional communications staff	- Planning events for and with young people - Delivering various presentations – both professional and about Headspace - Working with communication, layout, and the development of local PR strategies

¹The daily responsible youth counselor is also paid. The same individual is therefore included in both groups.

Information questions about each center		Interview questions	
		How many volunteer employees are there?	
		How many paid employees and staff members from the municipality and mental health care services are there?	
		What is the number of young people who visit Headspace once or more per year?	
		How many young people in this municipality are in your target group?	
		Can you estimate how many outreach activities you conduct?	
		Is (name of center) a center with a high degree of visibility?	
		Have you experienced that this has led to more young people coming or other issues arising?	
Theme 1 - Implementation	Research questions	Interview questions	Notes during interview
” Nothing is too big or small” – headspace is an offer for everyone.”	How do you ensure that headspace remains a service available to everyone	How do you get in touch with young people? Do you experience challenges in reaching young people?	

		How do you ensure headspace is a center that young people want to use?	
"Volunteering"	"Recruitment, retention, and volunteerism"	What resources are required to run a center? How does recruitment and hiring take place? (<i>What challenges exist, and what works well?</i>) How do you retain volunteers? What is your volunteer recruitment rate compared to other centers? What are your thoughts on this difference?	
"On the young people's terms."	Young people are the experts. They decide the content of the conversation. Staff must meet the young person with curiosity, respect, care, and an open mind. How does the center manager ensure that the counseling provided at headspace follows the principle of 'on the young people's terms'?	How do you ensure that the counseling at headspace takes place on the young people's terms? What dilemmas or situations can you think of where it might be difficult to maintain the principle that it should take place on the young people's terms?	
Workflows	How do you make sure that work processes are designed to benefit young people?	Training and supervision What does the center need to provide for youth counseling to work effectively?	

	Physical environment, staff training, supervision, debriefing, and occasional counseling	Counsellors • What personal competencies do you believe youth counselors should possess for the counseling to be effective? Debriefing and briefing of volunteers • How do you conduct supervision? • How do you approach debriefing? • Can you give examples of how you carry out training, debriefing, and supervision? Occasional counseling • How do you use the embedded staff from municipalities and Mental Healthcare Services? Physical environment • What considerations and requirements do you have for the physical setup of a headspace center? • headspace should be easily accessible yet discreetly located. What does this mean for the young people? • This center is located near XX. What impact does that have on the target group?	
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Theme 2 – Outreach activities	Research questions	Interview questions	
Participation in presentations and debates Visibility in articles and social media	What considerations are made to create visibility?	Visibility • How is sufficient visibility around the center achieved?	
Theme 3 – 'Bridgebuilding'	Research questions	Interview questions	
External partners: municipalities, the region, local businesses, associations, etc.	How are external collaboration partners utilized?	How does collaboration with the municipality, the region, civil society, and headspace's national leadership occur? What is crucial in this collaboration to ensure that youth counseling at headspace is effective? How do you generally create the framework for 'building bridges' at headspace? What does this require in terms of coordination from you and among the staff? How do you assess whether a service is relevant for the young person?	

Interviewguide visibility staff members

Question	Notes during interview
What do you do as visibility staff members?	
How does it work?	
What do you think the purpose is?	
How time-consuming is it?	
What resources or personal competencies are required?	
Are volunteers or paid counselors involved?	
What role do you think it plays in relation to the counseling hs offers?	
Is it more of an independent role regarding mental health, or is it about breaking taboos?	

How do you establish good collaboration?	
What does it require from HS to keep carrying out these visibility activities?	

headspace, focus group interview

Program		10:00–10:15 – Welcome, purpose, and introductions 10:15–11:00 – Interview 11:00–11:05 – 5-minute break 11:05–12:00 – Interview	
Purpose		Our purpose is to explore what is important for a headspace center to be able to help young people, from your perspective. We want to use your descriptions and thoughts to examine what it is you actually do that contributes to making headspace work.	
Rules		• We are interested in your experiences with counseling sessions, workflows, and bridging support. • We will record the interview to help us remember it accurately. • We have a phone nearby to keep track of time. • One person speaks at a time. • We do not judge any answers as right or wrong; we are only interested in your opinions and experiences. • One of us will interview while the other manages practical aspects. • If we interrupt you, it is only to ensure we cover everything—not because we don’t find what you are saying interesting.	
Theme 1 - Implementation	Research question	Interview question	Notes during interview
Time: 10 ”Nothing is too big or small” – headspace is an offer for everyone.”	How can it be ensured that headspace becomes a service for everyone?	Who generally uses the center? How does the counseling process work? How do you create a headspace center that young people want to use?	
Time: 20	Volunteering	For volunteers:	

”Volunteering”	What significance does volunteering have within headspace?	Why did you choose to become volunteers in HS? What is important for you to want to continue as volunteers? What challenges do you face as volunteers? What works well? <u>For paid counsellors:</u> What significance do volunteers have for the counseling process? What role do you feel volunteering plays in relation to the young people? <u>For everyone:</u> When volunteers counsel young people, a special sense of connection often arises and creates space for a more human interaction, compared to when it is a professional. • How do you assess the impact on the young person of meeting with a volunteer for their session?	
Time: 15 ”On the young people's terms.”	Young people are the experts. They decide the content of the conversation. Staff should meet the young person with curiosity, respect, care, and an open mind.	How do you adapt each counseling session to the individual young person? Counseling is flexible and can take place in many ways and in different locations. What impact does this have on young people seeking counseling? • What examples can you think of? • What has worked particularly well, and what challenges have you encountered?	

	How do the counsellors ensure that the counseling provided at headspace takes place on the young people's terms?	How do you take into account the young person's education, economic background, ethnicity, etc., in relation to youth counseling? • How does it affect the counseling when a young person comes from disadvantaged circumstances? What dilemmas or situations can you think of where it might be difficult to maintain the principle that counseling should take place on the young person's terms?	
Time: 40 Workflows	How do you ensure that workflows benefit the young people? Physical environment, teaching, sparring, occasional guidance How do you ensure that the quality of their training is maintained?	<u>Training</u> <u>For the volunteers:</u> What do you think about the training you received before you were hired as counsellors? What follow-up has there been on the training you received when you were hired? Is there anything you have missed in relation to that follow-up? <u>For the paid staff:</u> How were you trained as counsellors? What follow-up has there been on the training you received when you were hired? Is there anything you have missed in relation to that follow-up?	

		<u>Supervision</u> <u>For the paid staff:</u> Are you the ones responsible for providing supervision? If yes → • How often? • How were you trained to learn how to supervise? • Do you receive supervision yourselves? <u>Volunteers:</u> How do you experience receiving supervision? • How often? • Do you consider that number sufficient? • How many people participate in a supervision session? <u>Pre- and debriefing</u> <u>For paid counsellors:</u> How were you prepared to conduct pre- and debriefing? How do you experience the facilitation of pre- and debriefing sessions? During debriefing, the external counsellor uses WH-questions. What is the reasoning behind that? What is required for pre- and debriefing to work effectively? How do you use the ‘sparring board’?	
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		<u>Counsellors</u> What professional and personal competencies should the youth counsellors possess to help young people? (Flexible, curious, open-minded, empathetic) (The young person should be met with curiosity, respect, care, and without prejudice.) We have noticed that several of you walk barefoot when you are in the center. What is the reasoning behind that? <u>Interior Design</u> What physical conditions do you consider important for headspace to function well? How do the center's physical settings influence what you do in your counseling work? The interior design should benefit the young people. What considerations and requirements do you have regarding the design in that respect? The chairs in the counseling rooms are placed at an angle to each other. What is the reasoning behind that? headspace should be easily accessible, yet discreetly located. What impact does that have on the young people? This center is located near a train station. What impact does that have on the target group?"	
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Theme 4 – Bridging support	Research questions	Interview questions	
Time: 15 External partners include municipalities, Mental Healthcare Services (the regional authority), local companies, associations, and others.	How are the external partners utilized?	How do you make use of the embedded staff from municipalities and Mental Healthcare Services? • When do you use the embedded staff? • In what way? • For what purpose? What is essential for youth counseling at headspace to be effective in this collaboration? How do you generally create the framework for bridging support in headspace? How do you assess whether an offer is relevant for the young person? How do you involve the young people in the bridgebuilding? How do you support the young person in developing trust in services outside of Headspace?	

Observation Guide

Purpose We seek insight into individual counseling, focusing on roles, relationships, situations, etc., to assess which elements are effective in headspace. Furthermore, the purpose is to observe the bridging to other services.	Target group The volunteers' counseling function The counseling function of volunteers and staff in relation to bridging support to other services	
Theme	Focus areas	Notes, personal impressions and Perceptions
Tema 1 – indretning	My impression of the room Location of the center Interior design of the entrance area Interior design of the conversation room + significance Colors on the walls Interior design of the administration area Soundproof doors? Different methods used during conversations (mandala, walk, games, etc.) Is interior design aimed at benefiting the young person?	
Theme 2 – counseling	Young people set the framework for counseling Positioning of the counselors in the room Positioning of the young person Communication techniques Pedagogical tools The young person's terms and conditions Flexibility Nonverbal communication	

	Conversation with a third party after counseling The young person's comments and questions Relationship building Different methods used during counseling (mandala, walk, games, etc.)	
Theme 3 – Group counseling	Young people set the framework for counseling Positioning of the counselors in the room Positioning of the young people Communication techniques Pedagogical tools The young people's terms and conditions Flexibility Nonverbal communication Difference from individual counseling	
Theme 4 – Visibility activities	Presentation of the activity Positioning of the counselors in the room Content of the presentation Didactic tools (presentation, debate, workshop, etc.) Communication techniques Participants' engagement Participants' questions during the presentation Feeling of the room Feelings about the presentation Target group Tone among participants How curiosity, respect, care, and open-mindedness are applied in the presentation	
Theme 5 – Chat-function		
Theme 6 – Bridging support	Referral pathways Community Interdisciplinary collaboration Relevant services for the individual	

	Overview Incorporating bridging support into individual guidance Accompaniment (or Advocacy support, depending on the context) Forms of communication	
Theme 7 – Pre-briefing	Positioning in the room Number of staff members Questioning techniques Feeling of the room	
Tema 8 - De-briefing	Positioning in the room Number of staff members Questioning techniques Feeling of the room	
Theme 7 – De-briefing	Organization Space for the conversation Content of the conversation Frequency	
Theme 8 - Supervision	Organization Space for the conversation Content of the conversation Frequency	
Theme 9 – Work process	Tone among staff Work culture For the benefit of young people Embedded staff	
Theme 10 – Nothing is to big or small	An offer for everyone Target group Inquiries Staff's interest in the young person's problems	
Theme 11 – Volunteering	Recruitment Retention The volunteers' view of humanity and competencies	
Theme 11 – On the young person's terms	Young people are the experts	

	Young people control the content of the conversation Staff must meet young people with curiosity, respect, care, and open-mindedness	
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Professional standard for headspace Denmark

- A fidelity scale

Developed by

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Introduction:

The fidelity assessor visits a headspace centre in order to assess the standard and provide the centre with thorough feedback.

During the visit, they will interview the centre manager, paid staff, volunteers, and some of the young people who attend the centre. In addition, they may observe the centre's daily operations and, where relevant, review collected data in compliance with GDPR regulations—meaning only anonymised information used for aggregated data.

Not all staff members need to be present at every visit, but the staff group should be represented by as many members as possible.

The peer reviewer prepares the visit together with the centre and supports planning to ensure that the staff feel comfortable presenting the centre and engaging in dialogue. This may include explaining how the visit will take place and providing a list of questions/focus points that the centre can prepare in advance.

Following the visit, the peer reviewer completes the assessment using the scale and provides detailed, constructive feedback to the centre that they can use to guide further development. The peer-reviewer should also be available for follow-up discussions regarding specific observations and should assist in developing action plans if requested.

The green side boxes in the document contain descriptions of the purpose of each item and guidance on how assessments or observations should be carried out. These may include specific examples of questions or evaluation criteria.

Introduction

headspace Denmark is a broad mental health promotion service that offers counselling to young people aged 12–25.

headspace Denmark provides a safe and open space where young people can always find someone to talk to, where they can talk about anything they want to, and no problem is too big or too small. Young people can walk in without an appointment, call, text, or chat online with a counsellor. Counselling is flexible and can take place in various formats.

headspace Denmark aims to benefit young people, which is reflected throughout the organisation—from the location and design of centres to their structure and the way counselling is delivered.

In the individual counselling sessions in headspace Denmark, young people are offered conversations about what matters to them. Sessions are conducted on the young person's terms, and they are met with curiosity, recognition, respect, care, and without judgement. Young people decide how many sessions they want and at what pace they take place.

If a young person needs support beyond what headspace Denmark can provide, staff facilitate referrals to other services. headspace Denmark collaborates across sectors with regions, municipalities, and local civil society organisations to strengthen young people's mental wellbeing. This cross-sector collaboration supports early intervention and ensures that young people receive the right support at the right time.

Young people are involved in all processes, including situations where a mandatory report is required. Counsellors may also accompany young people to other services, such as medical appointments or meetings with other services.

Volunteering is a core element of headspace Denmark. The model is based on "dual voluntariness": young people choose to attend voluntarily, and they are met by volunteer counsellors. This creates an equal relationship in the conversation. Each centre is led by paid staff who work closely with volunteers.

headspace Denmark's work is guided by five core principles:

- We are someone to talk to
- We work on the young person's terms
- Nothing is too big or too small
- We collaborate across sectors and act together
- Our processes benefit young people

These five principles for the work have been translated into a professional standard that defines the expectations for counselling, organization, staff and their competencies, bridge-building, and outreach activities. The scale supports the implementation of new headspace centres and the maintenance of quality in established centres. The professional standard is a working tool for management and staff, supporting implementation and continuous quality development.

An external professional peer reviewer visits the headspace centre, observes the activities, and interviews relevant parties to assess the points in this standard. This may include interviews with management, staff in various roles, embedded staff members (from either the municipality or the psychiatric system), where possible, as well as other collaboration partners and a small group of young people. Monitoring data collected by the centre as part of its regular operations may also be included in the assessment (i.e. in compliance with GDPR).

The fidelity assessor provides the headspace centre with thorough feedback and may, if needed, assist in initiating improvements.

63-68 points	Optimal headspace intervention
55-62 points	Good headspace intervention
43-54 points	Satisfactory headspace intervention
<=42 points	Unsatisfactory headspace intervention

This element concerns the organisation of the headspace Denmark intervention, support from top management, and the structures and physical conditions required for paid staff and volunteers to perform their work with high quality.

The centre manager in the headspace centre is responsible for ensuring that the right staff are present, that the centre provides safe surroundings, and that staff thrive.

The centre manager may delegate parts of the task to paid staff but retains the overall responsibility for ensuring that the work is carried out in accordance with headspace Denmark's values and principles.

The centre manager reports to an area manager or other senior management.

Organisation of the counselling intervention

Counselling in headspace is carried out by both volunteers and paid staff. Paid staff are responsible for the daily operation of the centre, as well as development and quality assurance of the intervention, and participates in counselling (when needed). The number of paid staff and volunteer counsellors varies depending on the size of the centre.

Each headspace-centre is affiliated with embedded staff members from the municipality and psychiatry, who support the counselling with specialised professional knowledge within their respective fields. The centre manager has overall responsibility for the operation of the centre and the quality of the counselling provided and may delegate responsibilities to relevant staff who are qualified to carry them out.

The counselling intervention is continuously improved through, among other things, a structured onboarding system for new staff, further training of paid staff and volunteer counsellors, and pre- and de-briefing before and after each counselling session with a young person to ensure quality.

The physical environment in headspace-centres promotes trust in dialogue, creates a homely and non-clinical atmosphere, and contributes to young people's willingness to approach the centre. The physical setting plays an important role in the success of a headspace centre.

This section deals with the composition of the centre's staff. The headspace centre is led by a centre manager who has overall responsibility for ensuring that the counselling lives up to headspace values and core tasks.

The centre manager ensures that there are at least two paid staff members and that there are sufficient paid and volunteer staff to meet the demand from young people in the centre's local area. There must be at least one designated staff member responsible for volunteer coordination.

In the headspace centre, there are embedded staff from the regional mental health system and the municipality. The embedded staff are physically present in the headspace centre, where they are available for support and advice within their respective areas of expertise.

Assessment:

The centre manager may manage more than one centre and therefore does not need to be physically present every day (see section on centre management).

There must be enough staff to ensure that young people can arrive without an appointment and be received in accordance with headspace Denmark's values. This does not necessarily mean they must be offered a counselling session on the same day, but rather that they are welcomed in a way that allows relationship building to begin immediately. Points can therefore be awarded if the centre has procedures in place to ensure that someone is always available to receive young people who arrive, including those without a prior appointment.

There must also be enough staff to carry out the other tasks that exist in the centre, such as outreach and bridge-building. If there are not enough employees, no more than 3 points can be awarded.

All employees feel that they are equally part of the effort and contribute with their core competencies.

Composition of the centre's staff

The headspace centre is managed by a centre manager, who reports to an area manager or another senior member of the organisation's central management.

Employees in the headspace center consist of two or more paid employees, as well as a number of volunteers, including specifically at least one employee who is responsible as a volunteer coordinator. The centre must employ enough personnel, paid and volunteers, to be able to meet the demand from the young people.

There are embedded staff from the municipality and the regional mental health system with expertise from their respective disciplines, affiliated with the headspace centre. All employees are part of an equal collaboration to handle the core task in relation to their respective roles.

The centre is headed by a centre manager. There are a minimum of 2 paid counsellors. There are enough volunteers associated to meet the demand from the young people, based on how many young people visit the centre and the number of conversations the young people want, as well as to carry out other key tasks that are core elements of the headspace effort. There is at least one employee appointed as a volunteer coordinator.	4
The centre has embedded staff from the municipality and psychiatry, respectively. All employees are part of an equal collaboration to handle the core task in relation to their respective roles.	
The centre is headed by a centre manager. Both paid and volunteer counsellors are employed, including at least one volunteer coordinator. We collaborate with embedded staff from the municipality and regional mental health system, respectively.	3
The centre is headed by a centre manager. Both paid and volunteer counsellors are employed. There is no appointed volunteer coordinator, and/or there is not yet established cooperation with embedded staff from the municipality and/or regional mental health system.	2
Not all roles are represented in the headspace centre, and there are not enough employees to meet requirements for headspace values and core tasks.	1

It is emphasised that headspace is an accessible offer. This means that the young people must be able to easily find out that headspace exists (which is assessed in the outreach section) and easily be able to reach the centre, and that the centre is accessible without an appointment.

This also means that the opening hours make it possible for the young people to come to the centre, so the opening hours are not exclusively during the daytime when the young people are in school/education or the like. This also means that young people who cannot come to the centre can be offered video, telephone or chat conversations.

The chat counselling must be available outside the centre's normal opening hours (requirements for chat counselling are regulated in its own section).

Assessment:

In this section, chat counselling is not assessed independently, but is only mentioned as part of the possibilities for non-physical conversations. Points will not be deducted under this section for lack of chat counselling if both video and telephone conversations are available.

Availability

headspace should be an easily accessible offer. This means that it must be easy for young people to find and access the initiative, and young people must be able to come directly in from the street without an appointment. The headspace centre has a location within walking distance of public transport, which makes it possible for the young people to travel to at the headspace centre without needing help from others.

The centre's opening hours must be adapted to the local needs of the young people and the centre must be open a minimum of 3 days per week.

In addition to the fact that the young people can meet at a physical headspace centre, they can be offered video and telephone conversations. In addition, there are other counsellors available on the national chat, which is also available outside the centre's opening hours.

The headspace centre is located close to, or within walking distance of, public transport. It is open at least 3 days a week, and the opening hours are adapted to local needs. The young people are offered video, telephone and chat conversations if they are not able to physically meet at the headspace centre.	4
The headspace centre is located close to, or within walking distance of, public transport. The opening hours are limited in relation to the need. The young people are offered video, telephone and chat conversations if they are not able to physically meet at the headspace centre.	3
The headspace centre is located some distance from public transport, and there are limited opening hours less than 3 days a week.	2
The headspace centre is difficult to get to. There are very limited opening hours with only one day a week.	1

Accessibility and the interior design of the centre are key to ensuring a welcoming and safe environment for young people. The centre should include a shared common space that feels warm and homely, with sofas, cushions, blankets, and similar elements.

Conversation rooms should be available and, in line with the rest of the centre, be designed to promote equal footing (i.e. equality) while also providing tools to support the conversation.

Where possible, some centres establish a separate waiting area to make the arrival experience less overwhelming for young people. However, it is important that staff can still easily see when others enter the centre.

Assessment:

The point is primarily assessed by observation. Ask to be shown around the center and notice the fulfilment of the individual components. Interviews with young people allows them to contribute their perspective on whether the premises feel safe and homely. The centre manager and staff should be asked about the involvement of young people in the centre's interior design and decoration.

The physical design of the centre

The physical setting of a headspace centre should appear safe, informal and not clinical. The interior design is characterized by a homely atmosphere, where colours, furniture and decoration contribute to young people experiencing the centre as a nice place to be. Young people are involved in the interior design decisions to ensure that the centre reflects their wishes and needs.

A headspace centre has at least two conversation rooms and a shared common room with access to kitchen facilities. The common room serves both as a base for volunteers and as an informal place where young people can sit, for example in a small sofa group.

The conversation rooms are furnished with comfortable furniture placed so that the conversation can take place at eye level and in a quiet setting without unnecessary disturbances. Noise and the surroundings outside are also taken into account, so that the conversation rooms are placed as undisturbed as possible in relation to traffic or other significant sources of noise. Simple tools that can support the conversation – e.g. a small table with basic aids or the opportunity to draw – can be included, but the décor is generally kept simple and calm.

All five points have been met	4
Four points have been met	3
Two or three points are met	2
One or none of the points are met	1

- The décor has a homely atmosphere and contributes to the young people experiencing the centre as a nice place to be.
- Young people are involved in decisions about the design of the centre's interior.
- There are at least two conversation rooms and a shared common space with access to kitchen facilities.
- The conversation rooms are soundproof and are chosen/placed to avoid unnecessary disturbances.
- The conversation rooms are designed to enable conversations to take place on young people's own terms, with supportive tools (e.g. drawing pads, etc.) available to support and enrich the conversation.

It is important for the quality of an initiative that management focuses on the effort that is made and actively supports the employees. When this point mentions 'management', we are therefore talking not only about the centre manager, but also the management above this level.

Management must actively participate in quality development and improvement, as it is important to have decision-making authority present when working with the improvement of initiatives. Only the management has the authority to approve resource consumption if it is necessary in order to improve the initiative.

Assessment:
Check if fidelity is assessed annually. (At the first assessment, points are not deducted for not having held assessment beforehand). And determine the degree of involvement from management. It is sufficient for management to be involved, e.g. by holding a meeting or workshop after each fidelity assessment, where the results are reviewed and it is agreed which improvements should be worked on in the coming period.

Ask to see what data the headspace centre collects to determine if the categories listed are included.

Example: if the centre conducts quality assessment on its own and works with improvements itself, without the involvement of management, no more than 3 points can be awarded. If assessments are made less frequently than annually, no more than 2 points can be awarded.

Quality assurance and monitoring

In headspace, we work continuously with development and improvements. Data is actively used to identify areas where practice can be strengthened, physical environments can be optimised, and where new initiatives can be implemented to ensure that the offer is continuously adapted to the needs of young people. Management has a central role in translating measurements and experiences into concrete improvements in workflows, interior design and organisation.

Management at headspace supports the regular use of the fidelity scale and actively participates in improvement efforts. In order to monitor the quality of the service, headspace centres collect data on the number of enquiries, the number of sessions, the number of sessions offered per individual, as well as outreach activities, referral pathways etc.

Quality assessment is carried out at least once a year. Active work is done on quality improvement between assessments. The management actively participates in the work with quality development. The centre collects data that supports the quality improvement work.	4
Quality assessment and improvement is carried out and the centre collects data that supports the work.	3
Quality assessments are carried out sporadically and/or no work is done on quality improvement. The centre does not register data, or it is not used in the work with quality development.	2
No quality assessments or improvements are made.	1

The centre management includes a centre manager, but responsibilities may be locally distributed among several people depending on skills and areas of responsibility.

It is essential that there is accountable leadership that takes responsibility. The tasks can be solved by others, but it is essential that the employees feel the support of a management with decision-making authority.

Assessment:

The key to this point is that there is a management with decision-making authority who assumes responsibility for ensuring that the centre provides good counselling. In the case of a centre manager, they can be the head of several centres at the same time, and there is no requirement for the centre manager to be physically present every day.

The centre manager has the responsibility, but not necessarily the task, which may be placed with other employees. But it is important to listen to whether the employees feel supported and whether the day-to-day manager(s) have direct and easy access to clarify challenges with the center manager, on a daily basis. It is also possible to ask about what procedures and monitoring have been initiated by the centre manager/management to ensure that they meet their responsibilities.

Item 1 – this means that the centre management team is responsible for ensuring that assessments are carried out using this tool, and that the resulting feedback is used to support a structured approach to quality improvement (e.g. through a written action plan)

Item 3 - Note: here, it is specifically the centre manager who must be actively involved. It is also expected that follow-up on wellbeing takes place more frequently than once a year. Therefore, points cannot be awarded if the annual employee and volunteer development conversations are used as the only wellbeing check-ins. However, there is no requirement to assess employee wellbeing at an individual level. This item is more overarching and differs from the focus of paid staff on volunteers' wellbeing under their respective section. It calls for the centre manager to personally monitor the overall wellbeing within the centre.

Staff

Centre management

The headspace centre is managed by a centre management team (ie. one center manager and two paid staff), which may be organised differently depending on local conditions. The centre management team ensures that the counselling meets requirements for headspace's values as well as the established framework, principles, conditions and quality model.

The centre manager holds overall responsibility for ensuring that the right paid staff are recruited, for employee wellbeing, and for working to engage the appropriate embedded staff from municipalities and the regional mental health system. The centre manager is also responsible for ensuring efforts to establish contact and collaboration with civil society organisations, municipalities, the regional mental health system, and other relevant external partners.

All five points have been met	4
Three or four points have been met	3
Two points have been fulfilled	2
One or none of the points are met	1

- The centre management team ensures that quality assurance is carried out.
- The centre manager is responsible for attaching a diverse group of volunteers in close cooperation with the paid employees.
- The centre manager regularly and in a structured way follows up on the wellbeing of the employees.
- The centre manager is responsible for the collaboration with external organisations.
- The centre manager has responsibility for the outreach activities.

The paid employees are responsible for the daily operation of the centre delegated by the centre manager (shift schedule, outreach work, attention to the volunteers' wellbeing, pre-/de-briefing etc).

Delegation from the centre manager means that the paid employees can be responsible for the volunteers and their function, which includes ensuring that the right volunteers are recruited (affiliation), that one or more employees have completed training in volunteer coordination and that volunteer development conversations (FUS) are held.

Paid employees

The paid employees are responsible for the daily operation of the headspace centre. This includes, among other things, planning shift schedules, outreach work and follow-up on the volunteers' wellbeing, as well as ensuring their motivation, development and retention. The paid employees also take care of other associated employees, e.g. students, interns, etc. The paid employees also participate in counselling sessions with young people, as needed. The paid employees are responsible for ensuring that pre-/de-briefing takes place, but not necessarily for holding all sessions themselves, as they can also be handled by volunteers with the necessary skills.

All four points have been met	4
Three points have been met	3
Two points have been met	2
One or none of the points have been met	1

- Paid employees are responsible for the daily operations, including shift planning, coordination, cooperation with volunteers and all other people associated with the centre.
- Paid employees have responsibility for ensuring pre-/de-briefing takes place.
- Paid staff are always involved in matters concerning mandatory reporting and suicide risk management.
- Paid employees can enter into counselling conversations with the young people if needed.

The volunteers are the backbone of headspace's counselling corps. They are the main forces that have conversations with the young people.

Assessment:

There is no absolute requirement for how many hours or how long the volunteers are involved with the centre. When assessing this point, a commitment of 12-15 hours per month for at least 9 months can meet the requirement.

Volunteers

At headspace, counselling is based on the principle of dual voluntariness, where young people voluntarily seek support, and volunteer counsellors freely offer their time and skills.

To ensure continuity in relationship-building and create a safe environment for young people, it is important that volunteers have stable attendance and are engaged with the centre over a longer, continuous period. Volunteers are therefore expected to be in the headspace centre for a minimum of 12 hours per month and to commit for an extended period. In addition, volunteers should be flexible in their participation so that staffing can be adapted to the needs of young people and to create the best possible conditions for young people to meet the same counsellor consistently. Regular and flexible engagement supports continuous counselling processes, a predictable service, and meaningful training and onboarding of volunteers.

Volunteers work in the centre for a minimum of 12 hours per month, maintain stable attendance, and are engaged with the headspace centre over a longer period of time. Volunteers are flexible in their engagement, allowing young people to be supported by the same counsellor throughout their entire process. There is diversity among the volunteers.	4
The volunteers work fewer hours per month, but are still engaged for a longer period of time. Or, there is less diversity among the volunteers.	3
Volunteers come to the center for fewer hours or there is a large turnover in the volunteers. There is no focus on diversity among the volunteers.	2
There are no requirements for the volunteers in terms of hours or duration of engagement.	1

The embedded staff member from the municipality supports pathways into municipal services and often assists in preparing mandatory reports to the municipality.

The embedded staff member from the regional mental health system supports pathways into mental health treatment and guides counsellors and volunteers in recognising symptoms of mental illness in young people. The embedded staff can clearly explain processes within the regional mental health system, as well as clarify and communicate statements and decisions from the regional services to counsellors, relatives (and the young person's wider support network e.g. friends, teachers ect.), and young people.

The embedded staff members are seen as colleagues, and good relations are essential for good cooperation. The embedded staff must therefore be engaged and trained in a way that they are familiar with the values and principles of headspace and feel a sense of belonging to the individual headspace centre.

Physical presence helps foster a sense of belonging and strong collaborative relationships. It is therefore important to ensure that they are present in the centre as much as possible, and at least once a week. A sense of equality is further supported by inviting them to participate on equal terms with other staff in, for example, social events and similar activities.

Assesment:

There must be embedded staff from both the region and the municipality. If only one of these is affiliated with a centre, no more than 2 points can be awarded, regardless of how much the staff member is present or how well they perform their role. It may be noted that the work is of a high standard, but no more than 2 points can still be awarded.

Similarly, if the embedded staff cannot account for headspace's values and principles—for example, that no issue is too big or too small, that there are two counsellors in each session, or that the service is based on voluntariness—no more than 2 points can be awarded. Embedded staff are not required to have completed the full training or to know all values by heart, but it is expected that, when asked, they can mention a few of the key principles.

Embedded staff

Embedded staff from both the regional mental health system and the municipality contribute expertise from their respective professional fields and provide guidance and support to counsellors and volunteers in headspace. They play a central role in supporting pathways into psychiatric services and municipal support when a young person needs more help than headspace can provide.

The embedded staff contribute to early identification, more in-depth assessments of individual young people, and help translate, connect, and ensure smooth transitions between civil society services and municipal/regional services for the benefit of young people.

Embedded staff must be physically present at the centre at least once a week. When not on-site, they can be reached by phone and email. They must be trained in a way that ensures familiarity with the values and principles of headspace counselling. Embedded staff are regarded as colleagues and are invited to centre activities on an equal footing with others.

Embedded staff from both psychiatry and the municipality are represented in the centre and contribute with expertise and guidance based on their respective professional fields. They are physically in the headspace centre at least once a week to provide support to other staff groups. In addition, they can be reached by phone and email. Embedded staff are familiar with headspace's values and principles for engaging with young people and are regarded as colleagues, participating in joint training, social events, etc.	4
Embedded staff from both the regional mental helath system and the municipality are represented at the centre, but are physically present less than one day per week. They can also be reached by phone and email and are familiar with headspace's values and principles for engaging with young people.	3
One or more embedded staff members are affiliated with the centre, but not from both the regional mental health system and the municipality. They are available to the centre, but not on a regular on-site basis.	2
There are no embedded staff affiliated with the headspace centre	1

To ensure the quality of counselling provided to young people at headspace, and that it aligns with the core values and principles, both paid staff and volunteer counsellors receive training.

Volunteers and paid staff must complete the basic training and use headspace's training materials, which are available online.

All staff groups, such as embedded staff, outreach staff, volunteer coordinators, etc., must have a basic understanding of headspace's values and principles and, in addition, be trained to fulfil their specific roles. For example, volunteer coordinators are trained in volunteer management, while outreach staff are trained in communication and facilitation etc.

Competence development/training

Paid staff and volunteer counsellors must have completed the basic headspace training and have access to all necessary materials to carry out their respective roles. All staff must be trained in and familiar with headspace's values and principles and be equipped to perform their specific functions. They must receive the training required for their particular tasks, and both paid staff and volunteer counsellors must be equipped with the necessary skills to support young people in accordance with headspace's core values.

The paid staff must also have a relevant educational background to carry out tasks related to the day-to-day operation of the headspace centre. As part of competency development for both paid staff and volunteer counsellors, pre- and de-briefing sessions take place before and after each counselling conversation. This pre-/de-briefing helps ensure the continued quality of counselling and supports the development of their counselling skills.

Paid staff and volunteer counsellors have completed onboarding, attended a training weekend, and are familiar with the 'headspace Academy' training materials. Paid staff and volunteer counsellors are familiar with headspace's core values and principles. Counsellors have completed the training before conducting sessions with a young person.	4
All counsellors have completed onboarding, attended a training weekend, and are familiar with the 'headspace Academy' training materials, though not necessarily prior to conducting counselling sessions. Counsellors are familiar with headspace's core values and principles for engaging with young people.	3
Only some of the paid staff and volunteer counsellors have completed onboarding, attended a training weekend, and are familiar with the 'headspace Academy' training materials.	2
Paid staff and volunteer counsellors have not received training prior to providing counselling.	1

At headspace, continuous competency development is supported through systematic pre- and de-briefing before and after each counselling session. Pre- and de-briefing sessions follow a fixed structure and include standard questions to ensure that counsellors reflect on key elements of the conversation.

The pre-/de-briefing tool ('sparringsboard') includes questions covering the following themes: 'The young person's story', 'Pre-briefing', 'Collaboration between counsellors', 'Bridging/referrals', 'The future' (next steps to support the young person), and 'Today's debriefing'.

Assessment:

It is recommended to use the pre-/de-briefing tool, which has been developed to support a systematic approach and structured reflection questions. Ask management and staff whether the tool is used and how systematically pre- and de-briefing sessions are conducted. It is not a requirement for this item that the specific tool is used, as long as the centre can demonstrate that pre- and de-briefing sessions carried out systematically and includes fixed questions that support the purpose of pre-/de-briefing as described in this item.

Example:

If staff explain that there is a structure in place, ask them to describe the structure and how they ensure that the same structure is consistently applied from one session to the next.

Pre- and de-briefing using the pre-/de-briefing tool

Pre- and de-briefing takes place before and after conversations with young people to ensure the quality of counselling as well as support the professional development of both paidstaff members and volunteers. The pre-/de-briefing follows a fixed structure that ensures counsellors address key elements of the conversation.

Pre-briefing helps ensure that counsellors are well prepared for the conversation with the young person and have followed up on any previous sessions. During de-briefing, counsellors evaluate the conversation with a focus on whether it met the young person's needs and took place on their terms. They also provide each other with feedback on their counselling and communication techniques to further develop the quality of their practice. Pre-/de-briefing is always conducted by a counsellor who is not directly involved in the counselling conversation with the young person.

Pre- and de-briefing takes place before and after conversations, with the counsellor(s) who participated in the session with the young person. The pre-/de-briefing follows a fixed structure and includes standard questions (e.g. as in the pre-/de-briefing tool) to ensure that key aspects of the conversation are addressed. The pre-/de-briefing is carried out by another counsellor who was not directly involved in the conversation.	4
Pre- and de-briefing takes place before and after conversations, involving the counsellor(s) participating in the session with the young person. The pre-/de-briefing does not follow a fixed structure or include standard questions.	3
Pre- and de-briefing is conducted only occasionally.	2
No pre- or de-briefing is conducted.	1

Supervision is an important supportive element that ensures counsellors have the opportunity to process challenging conversations and provides them with the best possible foundation for conducting a present, attentive, and equal-footed conversations with young people.

Assessment:

Please note that the term 'external' supervisor simply means that the supervisor is not employed at the same headspace centre. Supervision may also be provided by a supervisor from another headspace centre. The supervisor must still be a trained supervisor.

Supervision

Supervision is provided to ensure that staff and volunteers can carry out their roles without becoming overburdened, while also maintaining a high quality of counselling.

All counsellors, both paid and volunteer, are offered supervision.

Paid staff are offered supervision by a trained external supervisor at least six times a year. Volunteers receive supervision at least four times a year. Supervision for volunteers may be provided by either an external or an internal supervisor.

Each supervision session lasts a minimum of two hours and takes place as group (team) supervision. All counsellors have access to additional individual supervision when needed

All five points are met	4
Three to four points are met	3
Two points are met	2
One or none of the points are met	1

- All counsellors, both paid and volunteer, are offered supervision.
- Paid staff are offered supervision by a trained external supervisor at least six times a year.
- Volunteers receive supervision at least four times a year. Supervision may be provided by either an external or an internal supervisor.
- Each supervision session lasts a minimum of two hours and is conducted as team supervision.
- All counsellors have access to additional individual supervision when needed.

Young people experience that counselling is shaped by their own needs, preferences, and terms. They feel that it takes place in a safe space, where conversations with counsellors are characterised by equality, and where they are genuinely listened to and taken seriously. They experience that counsellors are well prepared for their meetings and follow up on needs and wishes from previous conversations. Counsellors are perceived as supportive and respectful, recognising young people as experts in their own lives and helping them to identify and build on their own strengths.

Counsellors always assess whether headspace is a sufficient service for the young person or whether additional support is needed. If young people require services outside headspace, they are supported in navigating available options and provided with knowledge about relevant services. If bridging to other services within the region, municipality, or civil society is needed, this support is provided in a guided and hands-on manner (see section on bridging).

Assessment:

This item should primarily be assessed based on interviews—with both young people and staff. The perspectives of young people should be given the greatest weight in the assessment. Ask about and listen to how young people perceive the conversations. Do they feel listened to? Are they able to sense the structure of the conversation?

Item five - is assessed by asking counsellors to explain how (if at all) they assess the need for other services.

Counselling at headspace

Counselling on young people's terms

Counselling takes place in a safe and welcoming environment and is structured while remaining flexible enough to follow the needs of the young person. Counsellors take their starting point in the topics brought forward by the young person—nothing is too big or too small.

The conversation is conducted on an equal footing, and counsellors take young people seriously regardless of the content of the conversation. Counsellors adopt a supportive and respectful approach and help young people identify and build on their own resources to promote their mental wellbeing.

Counselling at headspace goes beyond conversation alone and may also include broader forms of support. It is always assessed, in collaboration with the young person and during de-briefing, whether headspace alone is the right form of support.

All five points are met	4
Three or four point are met	3
Two points are met	2
One or none of the points are met	1

- Conversations are structured and based on the topics the young person wishes to discuss—nothing is too big or too small.
- Conversations take place on an equal footing—counsellors listen and take young people seriously regardless of the topic.
- Counsellors adopt a supportive and respectful approach.
- Counsellors help young people identify and build on their own resources.
- It is always assessed whether headspace alone is the appropriate support for the young person.

Young people are informed about the setting and format of the counselling sessions, including anonymity and the duty to report.

Assessment:

This item is assessed through interviews with both young people and counsellors, with the perspectives of young people given the greatest weight. Ask about their experience of being informed about the framework of the sessions and whether they feel that the counsellors are prepared for the conversations.

Counsellors should be able to explain how notes are stored. Ask them to describe how any notes about young people are handled and stored.

Note:

Insecure or non-anonymised storage of notes about young people must automatically result in a score of zero for this item.

It is important to emphasise that assigning a score of zero is highly unusual on a scale where the standard minimum is one. However, this exception has been made for this item to underline the seriousness of any breach of GDPR regulations.

The counselling framework

Counsellors ensure that the structure and setting of the conversation are clear, enabling young people to benefit as much as possible from the session.

Counsellors explain the structure and setting to the young person, including anonymity and the duty to report, that there are two counsellors present (if the young person wishes), that sessions can take place outside the centre, and that there is no fixed limit to the number of sessions.

If a young person attends multiple sessions, counsellors prepare in line with the pre- and de-briefing process.

All five points are met	4
Three and four points are met	3
Two points are met	2
One or none of the points are met	1

- Conversations are confidential and, if desired, anonymous. Counsellors have explained the framework of the session to the young person, including anonymity and the duty to report.
- As a general rule, two counsellors are present in each session, unless the young person prefers otherwise.
- Sessions can take place outside the headspace centre.
- There is no fixed limit to the number of sessions.
- For repeat sessions, counsellors prepare in advance of the conversation. It is ensured that any notes kept for later use are anonymised and stored securely.

Bridging is an integral part of the service provided by headspace Denmark. Bridging can range from simply making a young person aware of a service to accompanying them or facilitating a supportive process around connecting with relevant services.

At headspace, bridging is carried out in the same way as the counselling—on the young person's terms. Counsellors involve the expertise of embedded staff when relevant. Counsellors need materials that provide an overview and support the active involvement of the young person in discussions about bridging. This may include, for example, overview boards, folders, or posters presenting local services.

Staff are responsible for developing and maintaining up-to-date overviews of local services across the municipality, regional health system, and civil society.

Assessment:

This item can be assessed through interviews with staff, management, and young people. In addition, ask to see the materials used for bridging.

Item 5 - can be met if information about local services is visibly available (e.g. posters, brochures). headspace-centres may also invite external stakeholders to the centre to present their services and establish direct contact.

Bridging at headspace

Bridging is carried out on the young person's terms. It is characterised by a hands-on approach and a trusting relationship between the counsellor and the young person, where the counsellor introduces the option for bridging if it aligns with the young person's wishes.

Embedded staff from the municipality and regional services play a central role in bridging. Bridging may involve connections to municipal services, regional services, and other relevant services, including those within civil society.

Staff are supported in their bridging process by having access to relevant and up-to-date overviews of local services.

Young people can continue to access headspace after being connected to another service, if they wish.

All six points are met	4
Four or five points are met	3
Two or three points are met	2
One or none of the points are met	1

- Bridging takes place on the young person's terms, with the counsellor introducing the option for bridging if it aligns with the young person's wishes.
- Counsellors involve embedded staff as needed.
- Bridging materials are available and used by counsellors in conversations with young people.
- Overviews of local services that young people can access are available and regularly updated (e.g. a 'bridging wall').
- The headspace centre invites local services to be visible within the centre.
- Young people are not excluded from accessing the headspace centre after being connected to another service.

Strong collaborative relationships are a fundamental cornerstone of headspace's work. They are essential for recruiting qualified embedded staff and support both bridging activities and outreach efforts.

Assessment:

To assess this item, it is necessary to briefly speak with one or two partners of the local headspace centre. Their input provides insight into the strength of the relationship and whether there is good and regular dialogue.

Please note that there are requirements both for having established collaborative agreements (these may be informal/verbal) with stakeholders from all three sectors—municipality, regional services, and civil society—and for continuously working to build and maintain these relationships. It is therefore possible to meet criterion one without meeting criterion two. It is not decisive where the agreements originate; they may be local or established through headspace as a national organisation.

To meet criterion four, a structure must be in place where the centre manager holds regular, scheduled meetings (not ad hoc) with local partners. Partners may provide input on whether these meetings create a space for openly discussing challenges in the collaboration and for sharing perspectives on possible solutions

Collaborative relationships

Building and maintaining partnerships is a central part of headspace's work. This includes securing support for headspace among political and municipal stakeholders, raising awareness of headspace among professionals, schools, and institutions, and further developing existing collaborations with local services in the municipality.

These partnerships are essential for headspace to function as a mental health—promoting service and play an important role in counselling, bridging efforts, and local outreach activities. Strong personal relationships between headspace staff and external stakeholders help enable outreach work and encourage more young people to access the service.

headspace centres are expected to actively engage in collaborative relationships that foster partnerships grounded in trust and ongoing dialogue with stakeholders across the municipality, regional health services, and civil society.

All four points are met	4
Three points are met	3
Two points are met	2
One or none of the points are met	1

- headspace actively works to build strong relationships with local stakeholders across the municipality, regional services, and civil society.
- Partnerships have been established with stakeholders from all three sectors.
- These collaborations are characterised by trust and ongoing dialogue.
- The centre manager meets regularly with partners to discuss challenges and jointly explore solutions

Outreach activities aim to break down taboos around young people's mental wellbeing, making it more natural for them to talk about how they feel and to seek support from headspace if needed.

Outreach activities also aim to engage those around young people, while strengthening relationships with local institutions, youth clubs, and other community partners.

Outreach

headspace actively works to be visible in young people's everyday lives and to create a space where it feels natural to talk about wellbeing and mental distress. Through presentations and workshops at schools, youth education programmes, public events, and in public spaces—on streets and in communities—headspace communicates messages that help break down taboos and make it easier for young people to seek support. These presentations and workshops focus on themes related to mental wellbeing and are aimed at both the primary target group (young people) and the secondary target group (parents, teachers, and other adults around them).

Counsellors use engaging and interactive methods to make the messages meaningful and relevant to young people. Ongoing monitoring and reflection help ensure that the outreach activities reach a wide audience—both geographically and across different groups—and that headspace is visible where young people spend their time.

Outreach-related activities should be understood broadly and include both relationship-building and awareness-raising efforts aimed at young people and their local environment. This includes, for example, collaboration meetings with local stakeholders, presentations and information about headspace, as well as health-promoting workshops and other activities that increase young people's awareness of the service and help reduce stigma around mental health.

Assessment:

Ask interviewees to identify the staff member responsible for outreach activities and have them explain how outreach is carried out, in order to assess criteria one, two, three, five, and six. Ask to see the materials used for criterion five, and what is being monitored for criterion six.

For the assessment of criterion four, the centre should provide information on its overall resource allocation and how much is dedicated to the outreach activities. This can be stated in financial terms, but will most often be presented as a proportion of full-time staff equivalents.

Outreach activities

Outreach activities are carried out with the aim of raising awareness of the headspace service and reducing stigma around mental health. These activities are targeted at young people and take place in settings and on platforms where they are present, using language that resonates with them.

At least one staff member is clearly designated as responsible for outreach activities. Staff involved in outreach have access to materials that support their work. The headspace centre monitors its outreach efforts to ensure that its message reaches broadly within the local community.

All five points are met	4
Three or four points are met	3
Two points are met	2
One or none of the points are met	1

- Outreach activities include raising awareness of headspace, communicating about mental health, and other health-promoting initiatives.
- Outreach activities are targeted at young people and take place in relevant settings and on appropriate platforms.
- At least one clearly designated staff member is responsible for outreach activities.
- Staff conducting outreach have access to materials that support their work.
- The headspace centre monitors outreach activities to ensure that its message reaches widely.

Chat counselling follows the same principles as the physical headspace-centres, and the culture of the chat is included in the assessment of the individual centres.

However, chat counsellors tend to guide the conversation forward at a slightly faster pace, as the format differs from face-to-face conversations—this is consistent with good fidelity to the method.

The opening hours of the chat service complements those of the physical centres in order to offer counselling outside of the centres' opening hours.

As the chat function in headspace Denmark is centralised, it is only necessary to visit this centre occasionally to establish a shared assessment for the headspace centres in Denmark.

This means that the professional assessor is informed in advance of the evaluation from the chat service, which is then applied as the assessment for this item.

If the chat function is organised locally within each headspace centre, this item is included in the centre's fidelity assessment and evaluated during the site visit.

Chat counselling

Chat counselling attracts a broad and diverse group of young people due to its anonymity and accessibility. Conversations are structured while still allowing space for the young person's needs, and are experienced as respectful and supportive. A well-functioning chat service requires promotion, volunteer recruitment, training, supervision, and technical support.

Chat counselling is offered at headspace. A physical chat centre is established, managed by a centre manager, and staffed by both paid and volunteer counsellors on the same terms as the physical centres. The chat service offers counselling outside the opening hours of the physical centres. Counselling via chat is delivered in accordance with the same core values as face-to-face counselling, including being on the young person's terms, offering anonymity, and enabling bridging to other services.

Staff in the chat service receive the same training and have access to supervision and debriefing in the same way as counsellors in the physical headspace centres.

All five points are met	4
Three or four points are met	3
Two points are met	2
One or none of the points are met	1

- Chat counselling is offered at headspace.
- Chat counsellors follow the same principles as other counsellors: conversations take place on the young person's terms, nothing is too big or too small, and there is the option of anonymity and bridging.
- Chat staff are physically present either at a dedicated chat centre or at their local headspace centre.
- Chat staff have received the same training and are offered supervision and debriefing (using the debriefing tool) in the same way as other staff.
- Chat counselling has extended opening hours, and a responsible staff member must always be present during opening hours to support staff.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [Table1headspacecentrescharacteristics.docx](#)
- [Table2KeyandSupportiveActivitiesandContextualFactorsShapingImplementation.docx](#)
- [Table3stakeholderquotationsillustratingthefindings.docx](#)