ID	Service name	Description	Primary cohort / use case	Entry criteria	Exit / outcome	Primary channel(s)	Workforce	Funding / contracting	Key metrics	Delivery
L0.1	**Mental health literacy hub**	Curated articles, explainers, and short videos about anxiety, low mood, stress, sleep, coping and help-seeking, using plain language and evidence-based content.	General public with emerging concerns or supporting others; low/no functional impairment.	None; open access via website or referrals from GPs, PHNs, schools, employers.consultations.	Increased mental health literacy; self-reported confidence; may self-manage or proceed to L0.2–L1.	Web	Content team, clinical advisers (for review), lived-experience contributors.	Base philanthropy, core government grant for national information, sponsorship for campaigns.	Unique visitors, time on page, click-throughs to higher levels, user feedback.	Internal
L0.2	**Self-guided digital programs gateway**	Gateway to evidence-based self-help programs (e.g. online CBT modules, youth anxiety programs), hosted or linked via trusted directory.	Mild symptoms of anxiety/depression, low risk, motivated to self-manage, prefer privacy/flexibility.	Self-identification via website; recommendation from L1 workers, clinicians, or external referrers; basic risk screen.	Completion of program or self-discharge; self-rated improvement or flag for higher-level support.	Web, mobile	Digital product team, clinical advisers, partnerships manager (for external program links).	Licensing/partnership agreements, PHN/NEIS-style funding for low-intensity digital services.	Registrations, completion rates, change in self-reported symptom scales (where available), progression to other levels.	Mixed (internal gateway, external program providers)
L0.3	**Digital tools & activities**	Standalone tools: mood tracking, behavioural activation planners, worry diaries, thought records, sleep diaries, mindfulness exercises and quizzes.	Any early-stage help seeker wanting simple, low-barrier strategies or monitoring, including those in higher levels using them between sessions.	Accessed directly from site or offered by L1–L3 workers as adjuncts; basic terms/privacy acceptance.	Ongoing self-use; user may remain at L0 or be triaged to higher levels if deterioration flagged via self-report or contact.	Web, mobile	Digital team, clinical content designers, data/analytics.	Core funding; possibly bundled into digital mental health commissioning as part of a "package" with L1.	Tool usage, sustained use over time, optional symptom check-ins, conversion into guided support.	Internal (build/curate)
L1.1	**Brief emotional support (chat/phone)**	20–30 minute web/phone chat sessions offering validation, basic problem-solving, psychoeducation and normalisation, with signposting to tools and services.	Mild distress, emerging anxiety/depression, low suicide risk, seeking someone to talk to quickly.	Front door contact; brief intake screen (symptoms, risk, functional impact) confirms low risk and suitability.	One-off or up to 2–3 contacts; user either feels supported enough to self-manage, or is actively stepped to L0.2/L0.3, L1.2, or L2.	Web chat, phone	Trained support workers or peers, with escalation access to senior clinicians; strong supervision and protocols.health+2	NEIS-style early intervention contracts, PHN low-intensity commissioning, philanthropic support.	Volume, wait times, repeat contacts, user-rated helpfulness, onward referrals, safety incidents.	Mixed (current white-label partner + internal oversight)
L1.2	**Digital coaching check-ins**	Short (15–20 min) scheduled check-ins to help people stick with self-guided programs and tools, troubleshoot barriers, and maintain motivation.	People enrolled in L0.2 programs or using tools who want human accountability but not full therapy.	Referred from L0.2, L1.1, or intake; low-moderate symptom burden, no high-risk indicators	Defined number of sessions (e.g. 4–6); completion of program or step-up to L2 if symptoms persist; documented outcome.	Phone, video, secure messaging	Low-intensity "coach" workforce (e.g. psychology grads, peer workers) trained in structured support and protocols; clinical oversight.	PHN-funded low-intensity services, NEIS contracts, potentially fee-for-service for employers.	Engagement and completion rates, change in brief symptom/goal measures, adherence to program, satisfaction.	Internal (or specific contracted providers)
L1.3	**Navigation & warm referral**	Practical assistance connecting users to GPs, headspace, PHN-funded services, community supports; includes information sharing, appointment booking, and follow-up.	People with complicating social/health factors, or those needing local, in-person, or longer-term supports beyond BB's remit.	Identified at intake, L1, L2 or L3 when needs exceed digital/short-term scope; user consent for information sharing.	Successful connection to an appropriate external service; optional follow-up check; clear documentation and handover.	Phone, web, email/SMS	Navigation officers, social workers, lived-experience navigators; supported by clinicians for complex decisions.	PHN complementary services, state government prevention/early intervention funding, philanthropy.	Referral acceptance rates, time to first appointment, user experience of the handover, reduction in "lost to follow-up".	Internal (core capability)
L2.1	**Guided low-intensity CBT program**	Time-limited structured CBT-based program (e.g. 6–8 sessions) with between-session tasks, focused on anxiety/depression early intervention.	Mild to moderate anxiety/depression, some functional impact, low-moderate risk, relatively stable circumstances.	Intake assessment including validated scales (e.g. K10, PHQ-9, GAD-7) and risk assessment; suitable for low-intensity according to PHN guidance.	Completion of agreed session plan; symptom reduction and improved functioning; step-down to L0–L1 or step-up to L3 if limited response.	Video, phone, supported by web platform	Low-intensity practitioners (e.g. counsellors, well-trained graduates) under structured protocols and clinical supervision; not necessarily fully endorsed psychologists.health+1	PHN/NEIS low-intensity contracts, state early intervention programs, private contracts with employers/universities.	Clinical outcomes (symptom scales), completion rates, session attendance, step-up/down rates, user experience.	Internal (preferred)
L2.2	**Skills-based online groups**	Facilitated online groups for anxiety/stress management, mood, sleep, coping skills; curriculum-based with psychoeducation and skills practice.	People with similar concerns comfortable in group settings, mild–moderate symptoms, low to moderate risk.	Screening for group suitability (risk, comfort with group, cognitive ability, tech access); clear group norms and crisis plan.	End of group program; improved self-rated skills and coping; clear plan for ongoing self-care or movement to other levels.	Video group platforms	Group facilitators (psychologists, counsellors, experienced peer workers with supervision); tech support.	PHN or state-funded group programs; corporate/university partnerships; philanthropic pilots.	Group attendance, retention, group feedback, pre/post coping or symptom measures, qualitative feedback.	Internal (can pilot using existing telehealth team)
L3.1	**Telehealth psychological therapy**	Evidence-based therapy (e.g. CBT, ACT, IPT) delivered by registered clinicians via video/phone; care plans, measurement-based care, and structured review.	Mild–moderate anxiety/depression with complicating factors (e.g. trauma, comorbidities) but not severe mental illness or crisis presentations.	Comprehensive assessment; meets criteria for early-intervention telehealth (not requiring specialist psychiatric or crisis services); capacity to engage in remote therapy.	Time-limited episode (e.g. 6–10 sessions, with review); symptom/function improvement or, if limited response, referral to L4; defined step-down to L0–L1.	Video, phone	Psychologists, clinical psychologists, mental health social workers, mental health nurses, with clinical governance structure.	Medicare-rebatable sessions (where applicable), PHN/state contracts, NEIS or similar national commissioning, direct commercial contracts (e.g. EAP, insurers).	Outcomes (validated measures), wait times, DNA rates, adherence to review/care plan, escalation events, complaints.	Internal (current telehealth products)
L3.2	**Telehealth case consultation & shared care**	Short consults where BB clinicians support GPs or external providers with advice on managing anxiety/depression; may include shared care planning.	People primarily managed by external providers but with complex or unclear early-intervention presentations requiring specialist input.	Request from GP/clinician; consent obtained; non-crisis context; clearly defined questions for consult.	Advice provided; referrer continues care; optional follow-up or further telehealth engagement; documentation sent to referrer.	Video, phone, written reports	Senior clinicians (e.g. clinical psychologists, psychiatrists if engaged), supported by admin.	PHN "consultation" contracts, state programs, direct agreements with primary care networks.	Number of consults, referrer satisfaction, impact on treatment plans (self-report), timeliness.	Internal or partner (if specialist input contracted)
L4.1	**Crisis & emergency referral**	Immediate connection to crisis lines, emergency departments, or specialist crisis teams when risk exceeds safe operating threshold.consultations.	People presenting with acute suicidality, self-harm, psychosis, severe functional impairment, or other high-risk situations.	Identified at any level via screening or worker concern; triggers defined in risk protocols and aligned to national standards.	Warm handover where feasible; documentation; internal debrief and review; scheduled follow-up if appropriate and safe.	Phone, web, emergency services	All frontline staff trained in risk recognition and protocols; senior clinical staff for consultation.	Not funded as a separate "service"; integral risk management function, supported across all funded contracts and core funding.	Number of crisis escalations, response times, adherence to protocol, adverse event review outcomes.	External (crisis providers) with internal coordination