



Australian Government
Productivity Commission

Review of the National Mental Health and Suicide Prevention Agreement

Interim Report

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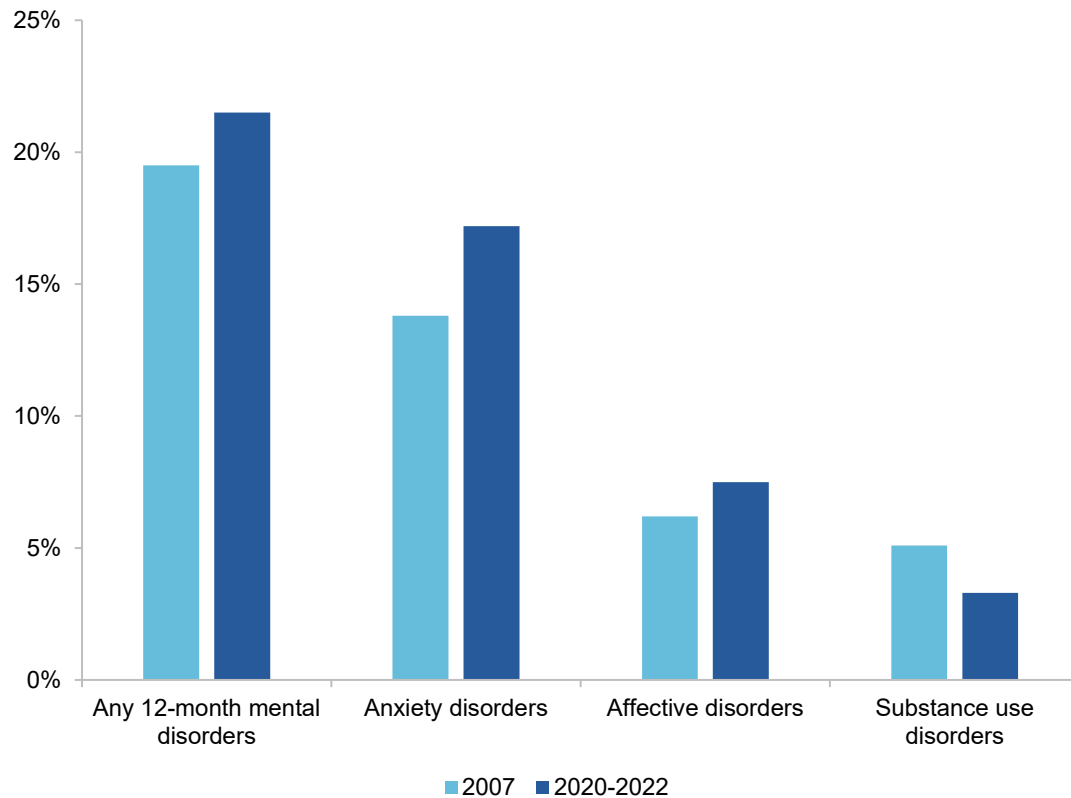


The Productivity Commission acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to their Cultures, Country and Elders past and present.

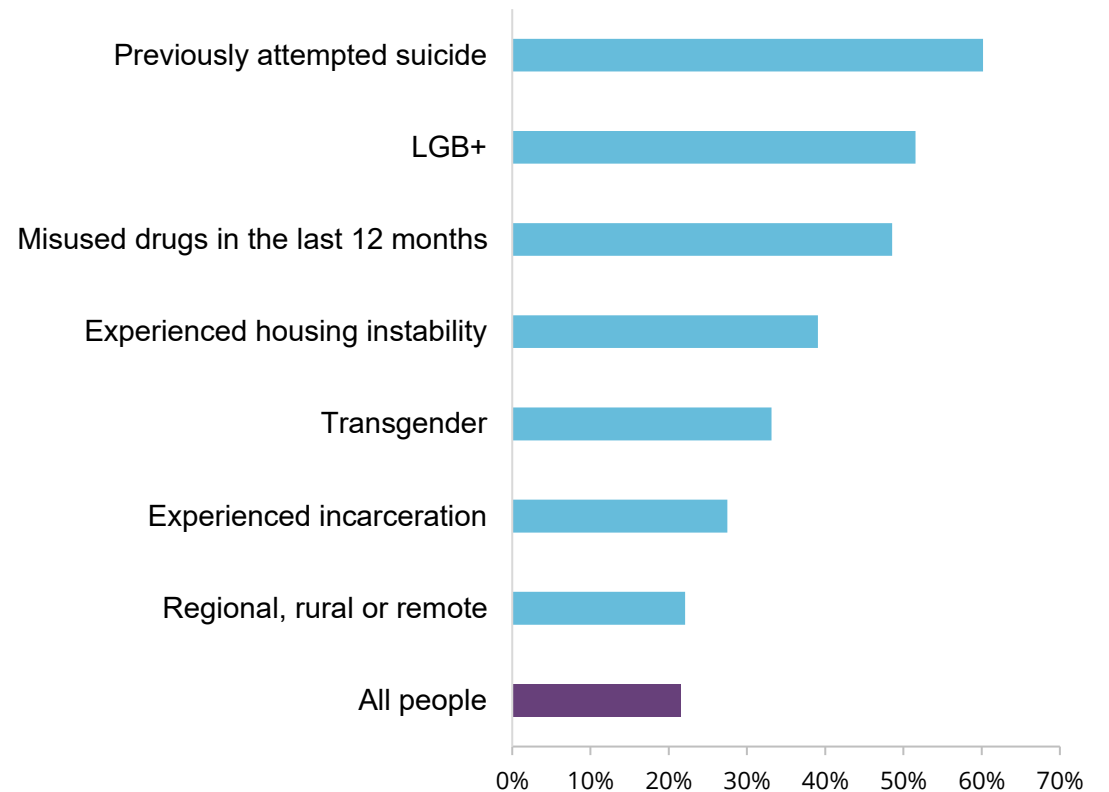
Mental illness continues to affect many people

... and the prevalence of mental illness among priority populations is high

Comparison of the prevalence of 12-month mental illnesses by type of illness between 2007 and 2020-22



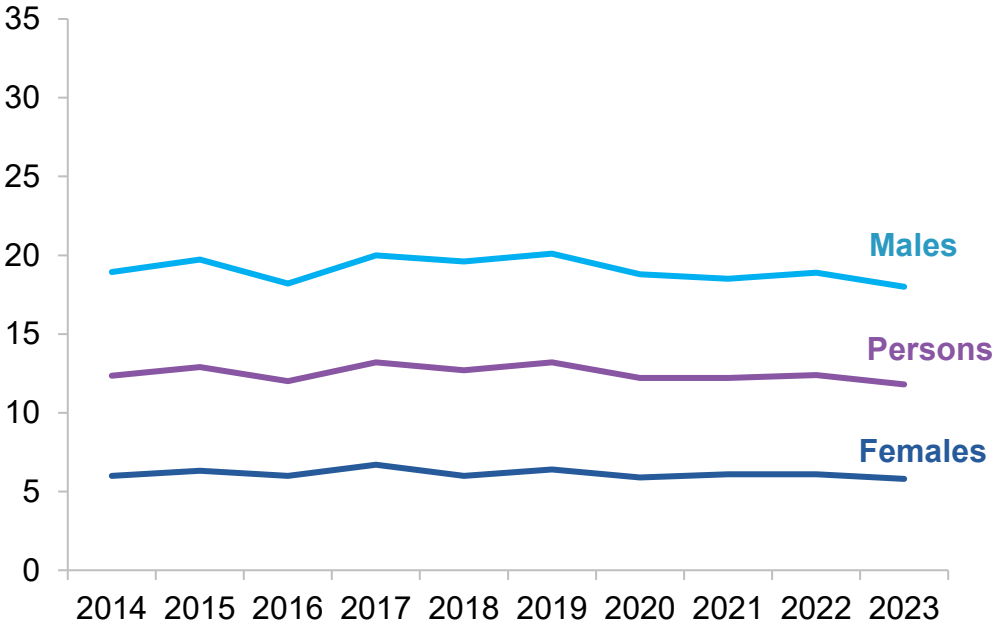
Prevalence of mental illness among different populations in 2020-2022



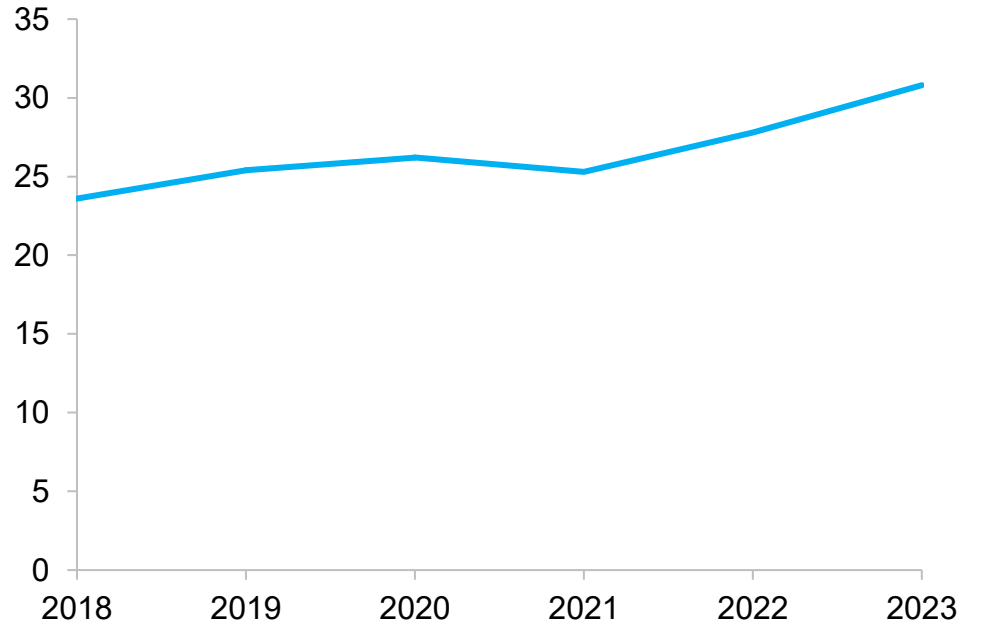
Suicide rates remain unchanged over a 10-year period

... and have increased among Aboriginal and Torres Strait Islander people since 2018

Age-standardised rate of suicide per 100,000 people aged 18–65



Age-standardised rate of suicide for Aboriginal and Torres Strait Islander people



The National Mental Health and Suicide Prevention Agreement



An ambitious four-year agreement

Signed in 2022, the Agreement sets out the **shared intention** of governments to **work together** to **improve the mental health of all Australians** and reduce the rate of suicide toward zero. It **expires** in **mid-2026**.

Australian, state and territory governments

All states and territories signed bilateral schedules with the Australian Government for the **delivery of specific local initiatives**.

Reported progress

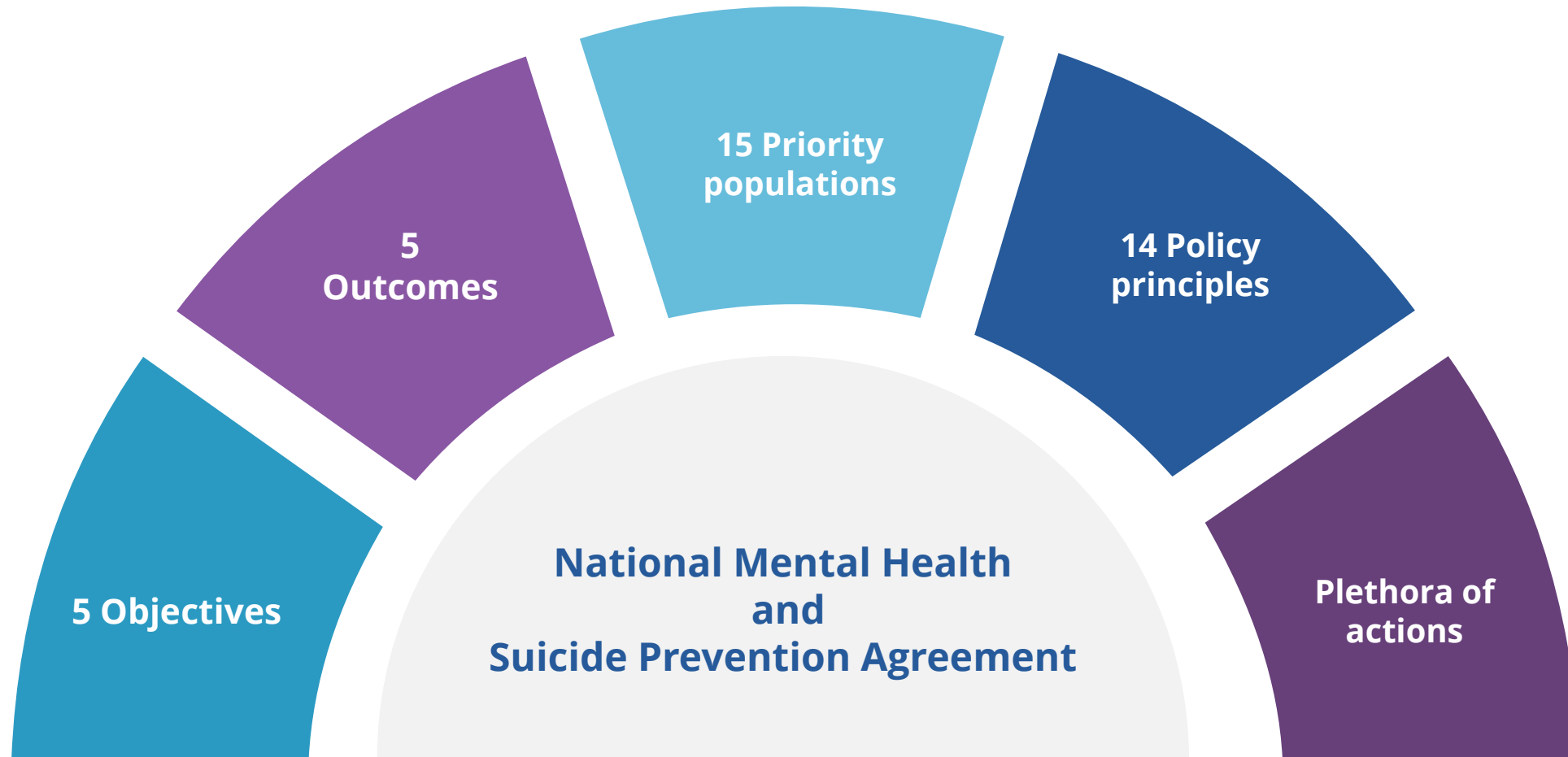
The National Mental Health Commission published a progress report in 2024, showing **most initiatives** were **on track** as at **mid 2023**.

Funding commitments

In an average year, **funding commitments** in the Agreement total **about \$360 million, or 3%** of the \$12 billion governments spend on **mental health and suicide prevention**.

Governments agreed to an ambitious set of tasks

... without obvious links between them



The Agreement aims to achieve significant outcomes

Improve the mental health and wellbeing of the Australian population, with a focus on improving outcomes for priority populations including Aboriginal and Torres Strait Islander people



Reduce suicide, suicidal distress and self-harm through a whole-of-government approach to coordinated prevention, early intervention, treatment, aftercare and postvention supports



Provide a balanced and integrated mental health and suicide prevention system for all communities and groups



Improve physical health and life expectancy for people living with mental health conditions and for those experiencing suicidal distress



Improve quality, safety and capacity in the Australian mental health and suicide prevention system



What we were asked to do

- In **January 2025**, the Australian Government asked the Productivity Commission to conduct the final review of the Agreement
- The terms of reference ask the PC to:

1

Consider the wellbeing and productivity impacts of the mental health and suicide prevention programs and services delivered under the National Agreement

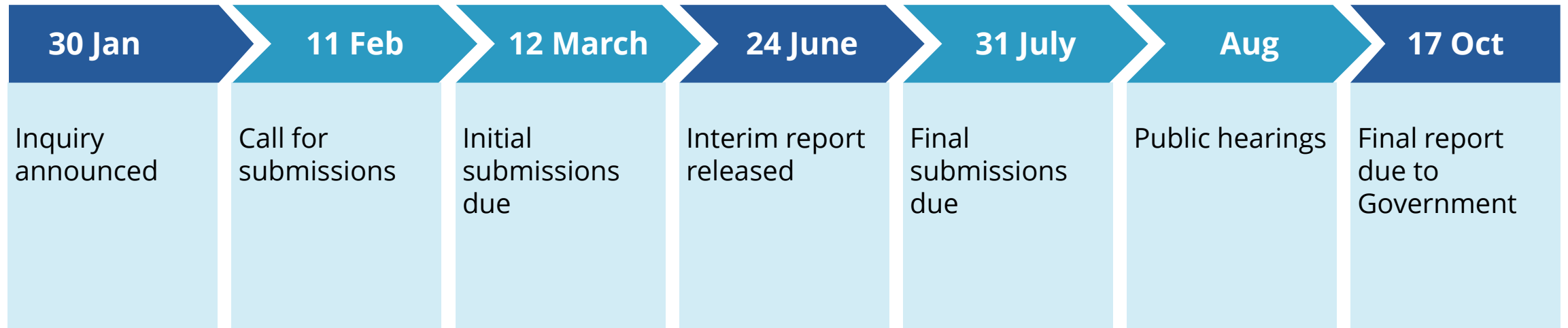
2

Assess the effectiveness of the administration of the Agreement, including reporting and governance

3

Ensure that the voices of Aboriginal and Torres Strait Islander people and those with lived and living experience of mental ill health and suicide are heard

Inquiry process



We are here

Engagement and consultation to date



We heard from people with lived and living experience, their supporters, families, carers and kin, peer workers, service providers, practitioners and researchers, peak bodies and associations, primary health networks, hospitals, mental health commissions and government departments in all states and territories.

293 Participants in
our online survey



5 days of in person meetings
in Canberra, Brisbane,
Ipswich, Hobart and Launceston



94 Submissions



54 online
meetings



1 Webinar



What we heard

Some progress has been made but it has not supported meaningful improvements for people with lived and living experience, their supporters, families, carers and kin

Significant opportunities to improve the next agreement



Centring voices of people with lived and living experience and their supporters, families, carers and kin



Strengthening accountability and governance



Ensuring commitments clearly link to objectives

Gaps that the next agreement can address



An overarching national strategy is needed



Addressing workforce challenges









Focus on prevention of mental health challenges and suicidal distress



More consistent planning, data collection and evaluation

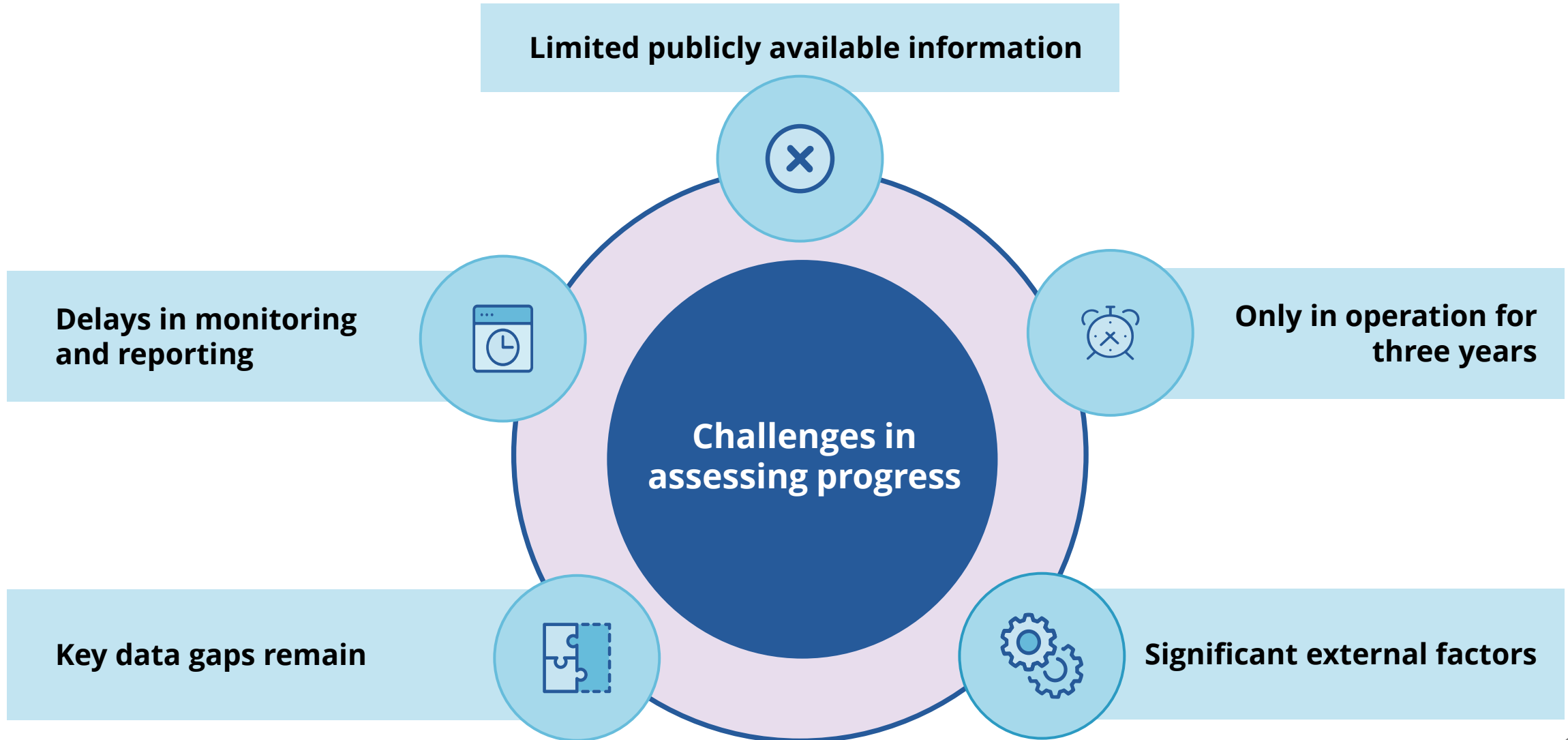
Interim findings

Progress has been made in delivering the Agreement's commitments, but there has been little systemic change	
The Agreement has not led to progress in system reform	
The Agreement is not effective	
Limited improvements in Aboriginal and Torres Strait Islander social and emotional wellbeing over the course of the Agreement	
The Agreement has supported positive policy developments in suicide prevention, but outcomes remain unchanged	
A new agreement is needed and can be made more effective through better goal setting and linkage between commitments and goals	

**What has the Agreement
achieved?**



Assessing progress is a complex task



Most national outputs have been delivered

Output	Delivered?
Analysis of psychosocial support services outside of the NDIS	✓
Commonwealth-state implementation plans and annual jurisdiction progress reports	✓
National Progress Report	✓
Improved data collection, data sharing and data linkage	?
National Evaluation Framework	✓
Shared evaluation findings using the framework and associated guidelines	?
Consideration/implementation of actions of the National Stigma and Discrimination Reduction Strategy	✗
National Suicide Prevention Office	✓
National Guidelines on Regional Commissioning and Planning	✗
National Mental Health Workforce Strategy and identification of priority areas for action	✓
Progress reporting on increasing FTE mental health professionals to meet community need	✓
Submission to the mid-term review of the National Health Reform Agreement 2020-25 (NHRA)	✓
Final review of the Agreement	Commissioned

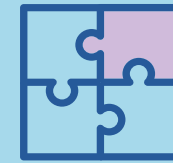


Key achievements of the Agreement



Establishment of the NSPO and the National Suicide Prevention Strategy

- Long-term whole-of-government strategy
- Well received by people with lived and living experience and service providers



Progress in data sharing and linkage

- Greater sharing of data between jurisdictions
- Pilot data linkage project



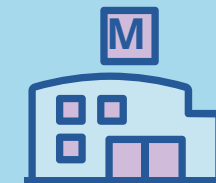
Development of the National Mental Health Workforce Strategy

- Includes detailed actions and implementation plan



Medicare Mental Health Centres

- Establishment of 38 centres as at June 2025
- Helping to meet a gap and divert people away from emergency departments



Key commitments have not been fulfilled



Psychosocial Supports outside the NDIS

- A critical gap in support for about 500,000 people



National Guidelines on Regional Commissioning and Planning

- Detailed guidelines have not been released



National Stigma and Discrimination Reduction Strategy

- Draft strategy was delivered to Government in June 2023 following a consultation process but it yet to be released



Workforce issues

- Actions have failed to impact chronic workforce shortages
- Many actions in the National Mental Health Workforce Strategy are yet to be delivered and others take time to filter through to the current workforce

The Agreement is not fit for purpose

Progress has been made in delivering the Agreement's commitments, but it has not led to system reform



The majority of the commitments in the Agreement are not funded, which impedes progress



Roles and responsibilities are not clearly defined



The Agreement does not include meaningful action to advance Closing the Gap targets



There are no specific actions to support 'priority populations'



The Agreement has supported positive policy developments in suicide prevention, but outcomes remain unchanged



There are substantial barriers to Agreement's effectiveness

The Agreement has not been set up for success

Objectives are ambitious but unclear how the Agreement will achieve these

Ineffective governance

Issues with transparency, accountability and missing a whole-of-government focus



Lacking elements needed for system reform

Top-down approach hindering reform and not offering clear strategic direction

Inadequate inclusion of people with lived and living experience

People with lived and living experience were not involved in the Agreement's design and are not sufficiently involved in governance

Where to next?



Short-term priority actions



Psychosocial supports outside the NDIS

- State and territory governments to immediately begin commissioning services to meet need
- The next agreement should finalise responsibilities for funding and commissioning



National Stigma and Discrimination Reduction Strategy

- Release final strategy by end 2025



National Guidelines on Regional Commissioning and Planning

- Develop and release guidelines by end 2025



Steps towards a new policy architecture



- 1** Develop a renewed national mental health strategy
- 2** Extend the current agreement by 12 months to allow time for co-designing the foundations of the next agreement
- 3** Improve governance and accountability structures
- 4** Clarify responsibility for workforce initiatives, psychosocial supports outside NDIS and carer supports
- 5** New schedules to the agreement – Aboriginal and Torres Strait Islander services and suicide prevention

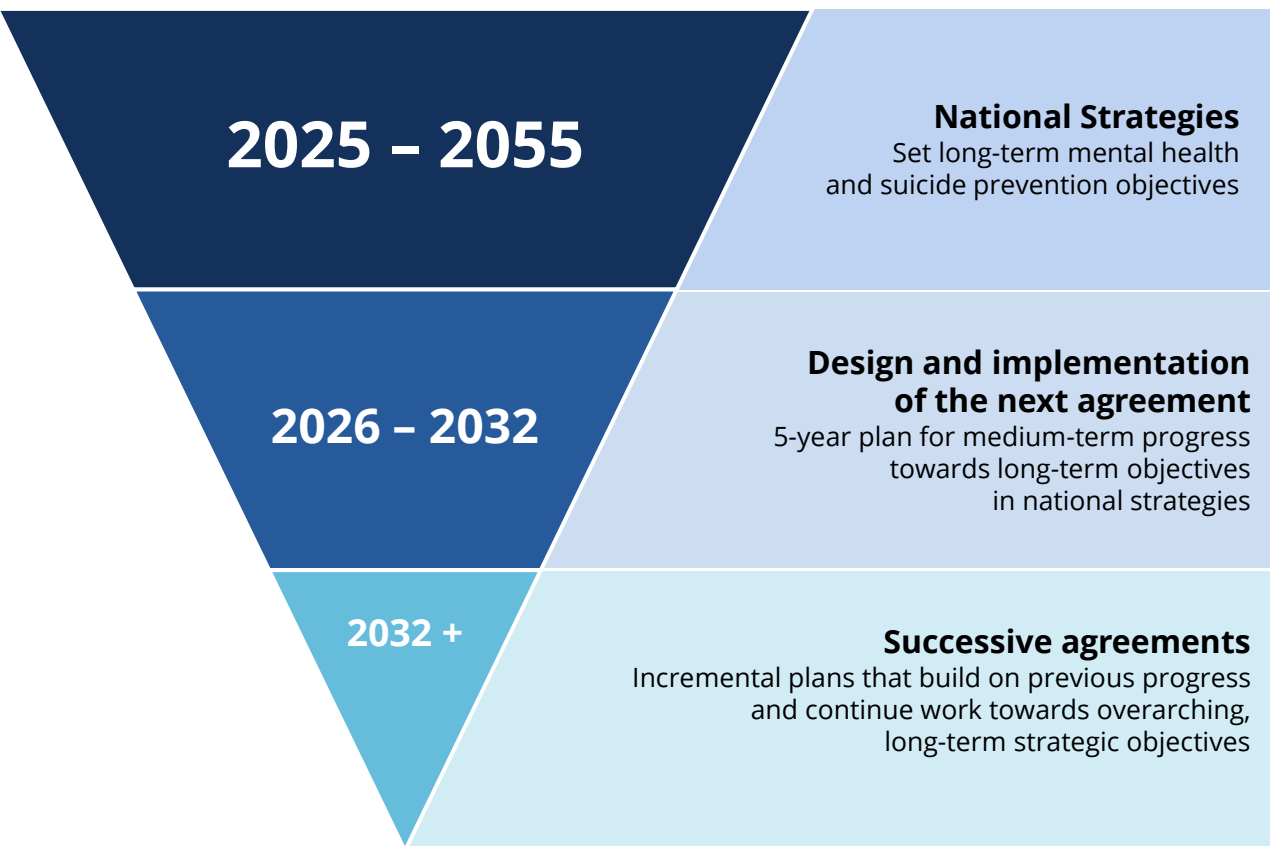
A new agreement and a renewed mental health strategy

Set a long-term objective and align the next and successive agreements with the long-term vision

Why a renewed strategy?



Connecting the long-term to now



Foundations of a new agreement

Timeframe and approach to negotiations

An extended timeframe

- Roll-over current agreement for one year
- Use additional time to run co-design processes and develop renewed strategy
- Next agreement to be in place by June 2027

Co-design

- Facilitated by NMHC and includes:
 - people with lived and living experience of mental ill health and suicide, their supporters, carers, families and kin
 - service providers
 - government departments and agencies

Foundations of a new agreement (continued)

Agreement components

Clear theory of change

- Commitments should be linked to objectives and outcomes
- Requires careful sequencing
- Robust evidence base to link activities to objectives and outcomes

Whole-of-government approach

- PM&C to lead negotiations
- Retain focus on integration but take a more practical approach
- Prioritise areas of focus in line with renewed strategy
- Embed whole-of-government priorities in main agreement rather than a schedule

Strengthening governance and reporting



Empower oversight bodies

- Formalise the role of the National Mental Health Commission as entity responsible for ongoing monitoring, reporting and assessment of progress
- Empowered to report on progress using information from a broad range of stakeholders
- The National Suicide Prevention Office should have monitoring, reporting and assessment of progress of the Suicide Prevention schedule

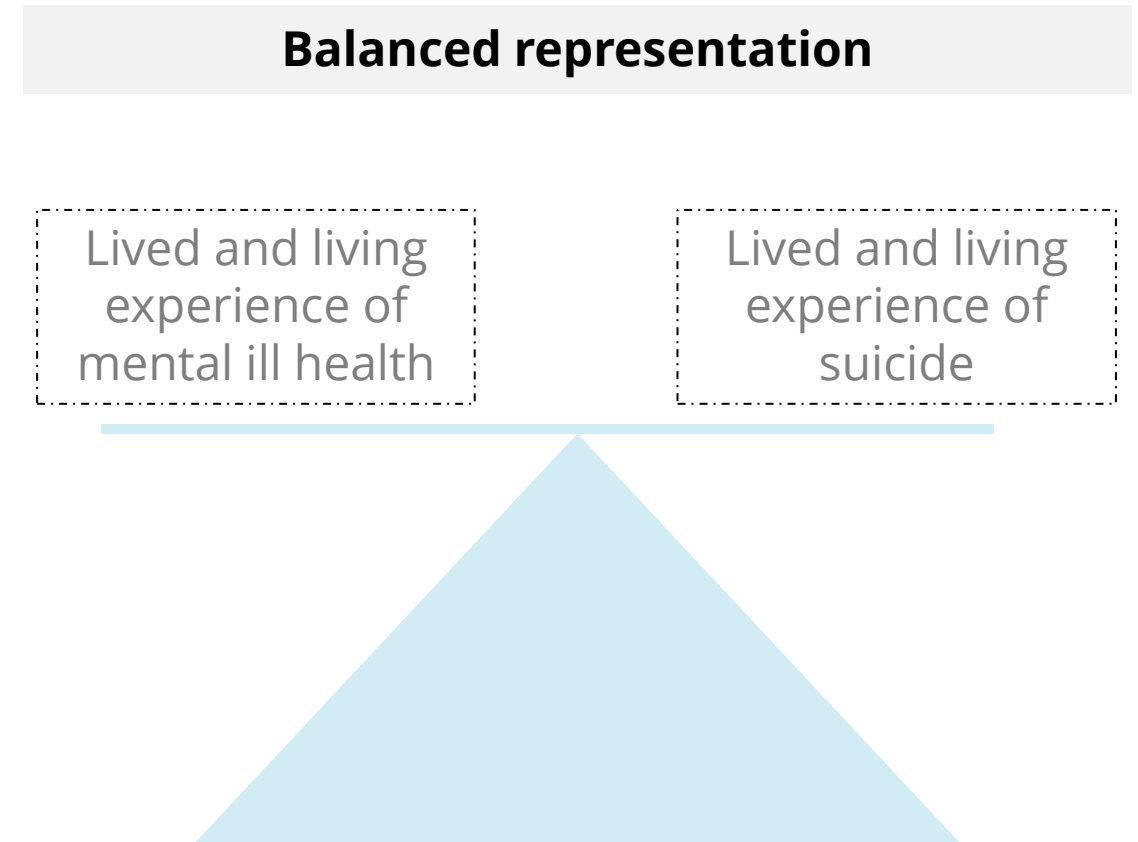
Greater transparency in governance

- Include a framework that emphasises transparency and collaboration
- Publish information about composition and activities of working groups
- Adequately resource agreement's administration function

Greater role for lived and living experience in governance

Representation, engagement and resourcing

- Representation at **each level** of governance
- Involved in **negotiation** and **design**
- **Barriers** to effective involvement **dismantled**
- **Governance** roles for **carers and provider**
- **Formal roles** for two Australian government-funded peak bodies
- **Adequate resourcing** of **peak bodies** to fulfil formal governance roles



Carers and families in the next agreement

Carers and families play a vital role in the mental health and suicide prevention system and should be better supported

Clarify responsibility for carer and family supports

- State and territory governments take responsibility for planning and funding carer and family support services



Greater role in governance

- Carer involvement in the design and implementation of the agreement
- Formal role in governance arrangements



Opportunities to improve involvement for carers and families

- Services that the agreement funds could look for opportunities to improve the way they work with carers and families and address their needs



Supporting the workforce to improve consumer outcomes

Support Implementation of the National Mental Health Workforce Strategy

- Clear commitments and timelines to support priority actions under the strategy
- Explicit delineation of responsibility and funding of workforce initiatives



Develop a nationally consistent scope of practice for peer workers

A scope of practice would:

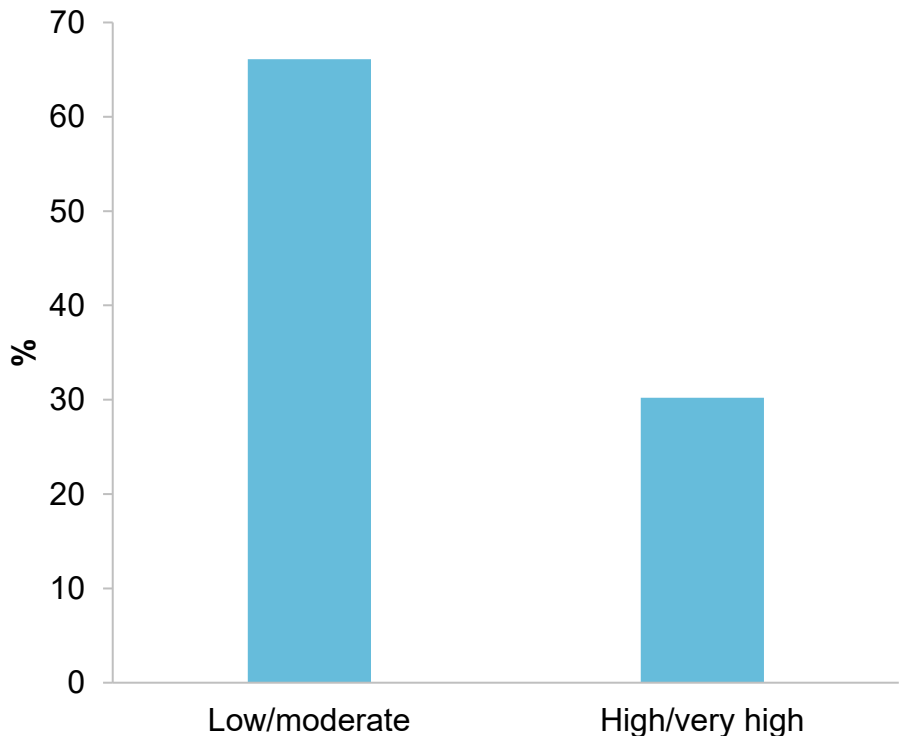
- promote safer work practices
- contribute to better outcomes for people accessing peer support
- improve public understanding of profession



Aboriginal and Torres Strait Islander services schedule

A new schedule to recognise the unique factors affecting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people

Psychological distress among Aboriginal and Torres Strait Islander people

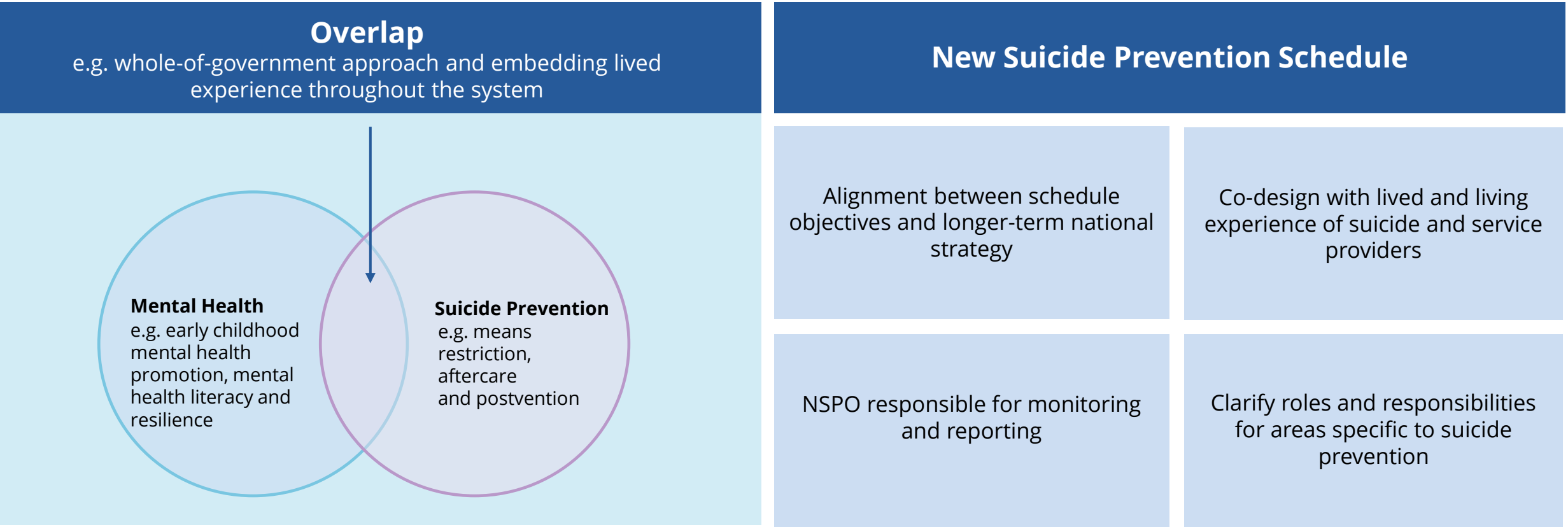


New Aboriginal and Torres Strait Islander services schedule

- Alignment with relevant agreements, strategies and partnerships:
 - National Agreement on Closing the Gap & Social and Emotional Wellbeing Policy Partnership
 - Gayaa Dhuwi (Proud Spirit) Declaration
 - National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- Cultural safety as a priority
- Investing in the workforce
- Support the community-controlled sector
- Clarify governance and accountability for schedule

Suicide prevention schedule

Areas unique to suicide prevention should be included in a separate schedule, areas of overlap should be in the body of the agreement



Funding arrangements and evaluation

National leadership should not prevent flexibility in service delivery and evaluation efforts should continue



At a national level, focus on areas where there are efficiency gains



Funding arrangements provide sufficient flexibility to commission locally relevant services



Evaluations conducted for all funded services



Share evaluation findings including sharing publicly where possible

Next steps



Submissions and further engagement

Submissions due 31 July



Public hearings

Early August



Final report handed to Treasurer

By 17 October



**Final report tabled by Treasurer
(public release)**

**Within 25 sitting days of
receiving report**



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