VMHPAA
"EMPOWERING PRACTITIONERS. TRANSFORMING LIVES"
VOCATIONAL MENTAL HEALTH PRACTITIONERS ASSOCIATION OF AUSTRALIA

15 July 2025

Submission to the Productivity Commission

Final Review of the National Mental Health and Suicide Prevention Agreement
From: Vocational Mental Health Practitioners Association of Australia (VMHPAA)
Submitted by: Shane Warren, Chair

Executive Summary

The Vocational Mental Health Practitioners Association of Australia (VMHPAA) welcomes the opportunity to respond to the Productivity Commission's Interim Report on the Final Review of the National Mental Health and Suicide Prevention Agreement (the Agreement). We support the call for a comprehensive reform of the mental health system and echo the Interim Report's assessment that the Agreement "is not fit for purpose."

We urge a re-imagining of the mental health ecosystem that centres access, sustainability, and the realities of Australia's diverse workforce. This submission highlights the overlooked value of vocationally trained practitioners and calls for a future Agreement that embeds multidisciplinary inclusion, especially in addressing unmet needs in psychosocial supports, rural access, and prevention services.

VMHPAA contends that reform will fall short unless it integrates the full range of skilled contributors to mental wellbeing in Australia. We provide this submission not only as a policy position but as an invitation: to value what already works, to remove unnecessary barriers to entry, and to reshape accountability frameworks so they reflect the true breadth of care being delivered every day.

About VMHPAA

The Vocational Mental Health Practitioners Association of Australia (VMHPAA) is the peak representative body for non-clinical, vocationally trained mental health practitioners working across diverse settings in Australia.

Our membership includes, and is not limited to:

- Community Mental Health Support Workers,
- Peer Support Workers, Counsellors,
- Community Development Officers,
- Psychosocial Recovery Coaches,
- Lived Experience Professionals, and all that make up the broader church of mental practitioners.

These professionals often undertake training through non-university pathways and operate across community hubs, regional centres, schools, outreach services, and faith-based settings. They are embedded in the communities they serve, offering accessible, trauma-informed, culturally responsive support within ethical and professional governance structures.

1. Responding to the Interim Findings

a. The Agreement is not fit for purpose

VMHPAA agrees with the Commission's assessment that the current Agreement lacks clear logic between its objectives, outputs, and outcomes. This fragmentation is mirrored in workforce design The continued sidelining of diploma-trained counsellors ("AQF Level 5+") from recognition within national reform frameworks is emblematic of this disconnect.

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This exclusion has led to compounding structural weaknesses in the system, such as:

- **Duplication and inefficiencies:** Services often overlap or leave gaps because commissioning bodies are unaware of, or unable to engage with, the existing vocational workforce leading to unnecessary redundancies or fragmented service delivery.
- **Missed opportunities for regional workforce expansion:** Vocationally trained practitioners are frequently based in regional and rural communities and are ready to serve. However, lack of formal recognition means they are underutilised, despite being well-positioned to alleviate service gaps where tertiary-trained professionals are scarce.
- **Inequitable access to funding, training, and supervision:** Many vocational practitioners face systemic barriers to funding streams, ongoing training, and quality supervision, which limits their career sustainability and the sector's long-term capacity.

b. Mental health outcomes have not improved

Service fragmentation and persistent workforce shortages have significantly eroded equitable access to mental health care across Australia. Nowhere is this more apparent than in outer suburban, rural, and remote areas, where diploma-qualified counsellors often represent the only consistent and accessible form of support. These practitioners are already embedded within schools, neighbourhood centres, and community organisations delivering frontline care that is practical, trusted, and responsive. Despite this, their exclusion from national strategies, funding pathways, and workforce planning frameworks continues. This oversight not only limits system responsiveness but undermines the very goals of accessibility and early intervention that national reform is meant to achieve. It defies both the available evidence and the lived reality of the communities relying on them.

c. Missed opportunity on workforce development

The National Mental Health Workforce Strategy lacks both funding commitments and a clear accountability structure. It fails to meaningfully include vocational practitioners, despite their crucial contribution to early intervention, grief counselling, family mediation, and trauma support. This omission represents a significant missed opportunity to mobilise an already trained and available workforce one that is community-embedded, highly adaptable, and able to respond swiftly to shifting service demands. These practitioners are not a future pipeline; they are an active part of the present-day mental health landscape, delivering care across schools, neighbourhood centres, outreach programs, and crisis settings. Yet, without formal recognition or development investment, their potential remains untapped, and the broader system continues to shoulder unnecessary pressure. Incorporating vocational practitioners more intentionally into workforce development efforts would expand capacity, enhance regional equity, and accelerate system responsiveness where it is needed most.

Recommendation: To resolve the above concerns, VMHPAA recommends embedding a more nuanced tiered workforce model in future Agreements, one that formally includes diploma-qualified practitioners as recognised contributors to mental health care delivery. This can be achieved through structured scopes of practice, service eligibility mapping, and inclusion in Primary Health Networks (PHN) commissioning frameworks.

Further, a taskforce that focuses on an intergovernmental workforce should be established with representation from both university and vocational education sectors. This would promote a more comprehensive understanding of the current labour supply, client demand, and workforce gaps. We propose a review of qualification pathways and registration options to ensure that regulatory frameworks and funding guidelines are evidence-informed and aligned with actual service usage in communities.

We believe, by acknowledging and properly integrating vocational practitioners, the next Agreement can begin to resolve the artificial hierarchies that currently hinder collaboration, efficiency, and community trust in the system.

2. Psychosocial Supports and Community Care

VMHPAA endorses the Productivity Commissions urgent recommendation to address the gap in psychosocial supports outside the NDIS. However, the current focus on clinical professions and tertiary-qualified workers will not be suffice.

Community-based, vocationally trained practitioners are a vital and under-recognised pillar of Australia's mental health system. They are cost-effective, deeply embedded in local settings such as schools, neighbourhood centres, faith-based organisations, and outreach teams, and are professionally trained to deliver trauma-informed, person-centred, and culturally responsive care. These practitioners deliver crucial early intervention, peer engagement, and ongoing community outreach forming the first and sometimes only sustained contact point for individuals experiencing distress. Their work not only alleviates pressure on acute services, but also promotes social cohesion and economic participation, particularly among vulnerable and marginalised populations. By integrating local knowledge, lived experience, and ethical governance frameworks, vocational practitioners provide accessible support that bridges clinical gaps and fosters trust in communities that may otherwise remain disengaged from mainstream services.

Recommendation: Recognise vocationally trained counsellors as eligible providers in psychosocial support expansion strategies, with access to funding, inclusion in commissioning, and role clarity in bilateral schedules.

Importantly, vocationally trained counsellors often live and work within the communities they serve. This embeddedness gives them a unique dual lens: they bring both lived or peer-aligned experience and a deep understanding of local cultural and social dynamics, all within a professionally governed framework. Many enter the field following personal or family journeys through the very sector of the community for which they work, making them particularly attuned to issues of trust, stigma, and accessibility.

This combination of professional training, ethical oversight, and authentic community connection positions vocational counsellors at the powerful intersection of formal care and peer support. Recognising them within psychosocial commissioning isn't just a matter of equity, it's smart policy for scalable, culturally responsive, and cost-effective service delivery.

3. Commissioning, Co-Design, and Regional Realities

The Interim Report identifies inconsistent commissioning by PHNs and a lack of co-design with people who use the system. VMHPAA highlights a third missing voice: the **practitioner voice**, especially those from non-university-trained pathways.

Vocationally trained counsellors are often the quiet backbone of mental health care across Australia particularly in underserved, culturally diverse, and trauma-affected communities. Their strength lies not only in formal training but in the depth of connection they hold with the people and places they serve. These practitioners are frequently community members themselves, offering support that is grounded in lived experience, local trust, and cultural nuance, delivered within professional, ethical, and trauma-informed frameworks.

Examples from our network include:

- **Suicide postvention in remote Northern Territory**, where diploma-trained counsellors, who are often known to the families affected, deliver compassionate, immediate care that bridges clinical referral gaps and community mourning rituals.

- **Culturally attuned grief and family conflict mediation in Western Sydney**, where bilingual counsellors provide care in-language, incorporating familial dynamics and cultural understandings of loss that are often missed by mainstream services.
- **Mobile bushfire trauma response units in regional Victoria**, staffed by vocationally trained counsellors who not only understand the psychological aftermath of disaster but who also share lived rural experience bringing an authenticity that rebuilds trust alongside emotional resilience.
- **Men's mental health and relationship counselling in mining towns**, where counsellors with trade backgrounds connect meaningfully with clients who would otherwise avoid therapy altogether.
- **School-based early intervention programs in regional NSW**, where counsellors offer daily access to young people in crisis often serving as the only sustained mental health presence in the area.
- **Faith-informed counselling in multicultural suburbs**, where vocationally trained practitioners balance clinical practice with the cultural and spiritual needs of their communities, offering an essential access point for those who would otherwise be disengaged from the system.

These are not fringe services, they are foundational touchpoints in the lives of thousands. Yet they continue to operate in the policy blind spot.

Recommendation: To build a truly person-centred, culturally responsive, and regionally effective mental health system, we must formally recognise this tier of care not as an afterthought, but as a strategic pillar in the ecosystem of support. Acknowledge vocationally trained practitioners as a strategic pillar of regionally responsive, culturally inclusive mental health systems will help to bridge inconsistencies in service delivery and service access.

4. Lived Experience, Multidisciplinary Inclusion, and Peer Support

We affirm the Commission's emphasis on lived experience inclusion as a critical component of mental health reform. However, we note that lived experience is not a standalone category, it is deeply embedded in the vocational mental health sector. Many vocationally trained counsellors are peer-qualified or enter the profession with personal or familial histories of mental health challenges, shaping their practice with empathy, authenticity, and cultural insight. In fact, lived experience is often a core competency within vocational training pathways, not an optional add-on. Despite this, current policy frameworks frequently fail to operationalise lived experience meaningfully. Peer work is too often defined in tokenistic or vague terms, while training and supervision models remain skewed toward clinical paradigms that may not reflect the values or practical realities of peer-led and community-based support. As a result, the vocational lived experience workforce is underserved by policy, under-recognised in data, and excluded from critical systems of professional development and governance despite being essential to delivering accessible, trusted care across Australia.

A possible solution already underway is peer-driven supervision training models, an innovative, government-funded initiative that has been successfully piloted within major health services. This model challenges the traditional, clinician-centred approach to supervision by offering a purpose-built framework rooted in the values and realities of vocational and peer-led practice. It is co-designed with and for non-clinical practitioners, ensuring alignment with lived experience principles, community-based service delivery, and ethical vocational practice. Early results show the model not only enhances practitioner confidence and accountability but also builds sector-wide capacity for safe, reflective, and sustainable supervision. It stands as a scalable, evidence-informed alternative that directly addresses the structural gap in how supervision is delivered across the non-clinical mental health workforce.

Recommendation: Expand governance and co-design processes to include vocational education sector representatives, peer-led services, and non-registered practitioner associations.

Effective reform requires the right people at the table not just those with institutional authority, but those with on-the-ground insight. Vocationally trained practitioners, and the networks and associations that support them, are critical stakeholders in the mental health system. Yet they are frequently absent from consultation rounds, policy co-design sessions, and advisory boards despite representing a workforce that delivers significant community-based care, particularly in areas underserved by formal clinical systems.

Including these voices would help rebalance the current overemphasis on university-aligned perspectives, offering practical insights into workforce realities, service accessibility, and culturally responsive care. For example:

- **Vocational training providers** can identify how quickly responsive upskilling can address workforce shortages and community-specific needs.
- **Peer-led and grassroots organisations** often employ practitioners outside of traditional registration structures but who operate with community trust and robust ethical training.
- **Non-registered practitioner associations**, such as VMHPAA, provide ongoing professional development, supervision, and quality assurance mechanisms parallel to traditional accreditation bodies - often with stronger reach into remote and marginalised communities.

Embedding these voices in governance is not just an inclusion exercise it's a systems improvement strategy. It brings frontline intelligence into the policy process, fosters legitimacy among a broader workforce, and ensures that reform efforts do not unintentionally destabilise existing, effective care networks.

5. Governance and Accountability

The concerns raised in the Interim Report regarding limited accountability are strongly reflected in our sector's experience. Too often, reform processes and governance structures have reflected a narrow band of professional representation frequently privileging established clinical lobby groups and university-sector stakeholders. This approach, while well-intentioned, has inadvertently excluded a significant portion of the mental health workforce: vocationally trained practitioners, lived experience and peer support works, as well the associations that support them.

This selective recognition has had downstream consequences for service commissioning, workforce strategy, and the allocation of funding, particularly in rural and community-based settings where vocational practitioners often provide essential, first-line care. Without formal inclusion, their contributions remain undercounted and undervalued, despite the fact that they are often the most accessible and trusted practitioners for many Australians in distress.

Recommendations: To move toward a more inclusive and effective governance model, VMHPAA recommends the following actions that together enhance representation, transparency, and accountability across the mental health system:

- **Formalise representation** of the vocational and peer workforces on national advisory boards, including the National Mental Health Commission and reform steering groups, to ensure balanced input across diverse training pathways and lived experiences.
- **Establish transparency** in Primary Health Network (PHN) commissioning frameworks, with clearly published criteria that define who is eligible to deliver services, how decisions are made, and how community-based providers are prioritised and engaged.
- **Develop data collection mechanisms** that accurately track vocational practitioner contributions such as service reach, client outcomes, cultural responsiveness, and integration within multidisciplinary teams to ensure they are visible and valued in policy and planning.
- **Create National Practice Standards** for vocational and lived/living experience (LLE) workers that recognise the unique values, capabilities, and ethical frameworks of non-clinical, community-based care.

- **Implement national credentialing options** for vocational practitioners that sit outside of AHPRA regulation, but ensure professional integrity, service safety, and consistency across the sector.

These measures are not simply about inclusion they are practical tools to improve the quality, responsiveness, and sustainability of Australia's mental health system. For governance to truly reflect the system it aims to steer, it must account for the full spectrum of care being delivered every day across communities, not just those within traditionally recognised clinical domains.

6. Recommendations Summary

1. Include AQF Level 5+ trained practitioners in national workforce and commissioning frameworks.
2. Create psychosocial support funding streams that explicitly include vocational practitioners.
3. Mandate PHNs to consult vocational peak bodies.
4. Fund vocational-specific professional development, supervision, and accreditation.
5. Ensure governance boards include lived experience and vocational practitioner representation.
6. Develop National Practice Standards for vocational and LLE workers.
7. Support non-clinical and peer-led supervision models.
8. Create independent credentialing for vocational practitioners.
9. Expand rural workforce through scholarships and training incentives.

Final Statement

The Interim Report captures what our members have long known: the current system is strained, and many frontline practitioners feel invisible. If we want to build a sustainable, inclusive, and responsive mental health system, we must expand our definition of who delivers care.

Let us not waste this moment. Let us build a system that includes the very people already saving lives.

Submitted respectfully,

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(Vocational Mental Health Practitioners Association of Australia)