



Submission to the Productivity Commission

Final Review of the National Mental Health and Suicide Prevention Agreement

From: Neuro Balance Australasia Pty Ltd

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Date: 23rd July 2025

Enhancing Triage & Telehealth through Technology

An Overburdened System

The Interim Report highlights that the current mental health and suicide prevention system remains **fragmented, inaccessible, unaffordable and struggling to respond swiftly**. Strengthened triage and scalable interventions are key to addressing this shortfall.

Please Note: This submission aims to highlight the valued role that technology can play in meeting the demands of an overstretched and often fragmented mental health system. While the discourse around digital reform often centres on artificial intelligence, this response broadens the lens focusing on clinically grounded tools that support timely, effective care delivery at the frontline. To illustrate this potential, the submission draws upon the example of the **NeuroAssess** platform. This is not presented as the sole solution, nor as a commercial endorsement, but rather as a case study - a familiar and well-understood tool to the author - used here as a *story guide* to exemplify how thoughtfully designed technology can enhance service responsiveness, clinician confidence, and client safety.

The Role of Technology in Reimagining Triage and Risk Detection

To truly modernise mental health and suicide prevention services, we must shift our mindset about what “technology” means in this space. While artificial intelligence gets much of the spotlight, the real game-changer lies in the broader application of **evidence-based digital tools** designed for real-time assessment, monitoring, and intervention particularly those grounded in **peer-reviewed clinical research**.

Platforms such as **NeuroAssess** are prime examples. This isn't speculative or futuristic AI; it's a robust, multiplatform-based triage system built upon validated psychological frameworks. These types of tools empower frontline workers including vocationally trained counsellors and community responders to make accurate, legally sound, and clinically informed decisions **in real-time**. They help overcome delays in 'diagnosis' (for want of a better reference) and reduce the risk of underestimating a client's distress due to inconsistent human judgement or time-poor consultations

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The system provides **structured risk assessments**, supports clinical documentation to meet duty-of-care standards, and offers a practical interface that adapts to both in-person and telehealth environments. Because of its research-validated foundation, the tool ensures that data gathered is not just “tech-enabled,” but clinically meaningful and scalable essential in rural, regional, and remote locations where psychological services are often limited and digital-first solutions must fill the gap.

Neuro Balance would argue that this broader understanding of mental health technology grounded in **measurable outcomes, clinical transparency, and frontline usability** must be integrated into national reform agendas. The National Mental Health and Suicide Prevention Agreement should prioritise investment in and adoption of such innovations, not as future add-ons, but as **core infrastructure** in delivering safe, effective, and timely care.

Opportunity: Technology-Enabled Triage Tools

Specifically developed digital platforms grounded in evidence-based measures can significantly improve early identification of suicide risk, reduce clinician burden, and accelerate access to care:

- **Immediate, objective risk detection:** NeuroAssess is a multiplatform-based tool accessible on desktop, laptop or smart devices, that guides practitioners, even those with minimal psychometrics training, to identify current suicidality and flag high-risk clients.
- **Duty-of-care safeguards:** It supports legal compliance by documenting client status, recommended interventions, and follow-up actions.
- **Efficacy tracking:** Graphing patient mood and risk over time allows clinicians to adjust care pathways, enhancing both client outcomes and clinical efficiency.
- **Remote accessibility:** As a cloud-enabled platform, it enables remote consultation, expanding reach into regional and underserved areas.

Leveraging Telehealth & Online Counselling for Scalable, Safe, and Person-Centred Care

Coupling technology-based triage platforms with telehealth infrastructure offers one of the most immediate and scalable solutions to Australia’s strained mental health system. This integration can relieve service pressure, expand access, and improve the quality and continuity of care, especially in communities where in-person services are limited or inconsistent.

Some key benefits of technology-based service platforms include:

- **Faster access and early intervention:** When digital triage tools are embedded in online intake processes, clients can be assessed in real time and directed swiftly to the most appropriate level of support. This not only reduces the bottlenecks caused by waitlists and fragmented referral pathways but also increases engagement by meeting people where they are, often quite literally, at home.

- **Scalable, flexible delivery:** Video and phone counselling, supported by qualified practitioners, allows services to scale without the need for bricks-and-mortar expansion. This model ensures continuity of care for clients whose work, caregiving responsibilities, or geographic isolation would otherwise prevent them from attending regular appointments. It also supports stepped-care approaches by triaging to appropriate levels of intervention based on real-time data.
- **Safe, secure, and responsive service delivery:** When telehealth is paired with platforms designed around mental health-specific needs including duty-of-care logging, secure client records, and flagging of elevated risk, services become more accountable and consistent. This is particularly critical when managing suicide risk, where moments matter and the system must act with both speed and clinical integrity.
- **Clinician and system benefits:** These models also offer support for clinicians, who benefit from structured assessment tools that reduce decision fatigue and enable more focused therapeutic engagement. Meanwhile, services and Primary Health Networks (PHNs) can better track client flows, identify gaps, and allocate resources with greater precision based on real-world usage and outcome data.
- **Equity of access:** Importantly, this approach fosters greater equity by ensuring that rural, remote, and marginalised populations, including those facing socioeconomic barriers or cultural mistrust of traditional services, are not left behind in the national mental health response.

As the technology and various systems continue to evolve, embedding digital triage and telehealth delivery into the core of national planning is not a luxury or a trend it is a necessity for delivering timely, evidence-informed, and person-centred care at scale.

Implementation Recommendations

To integrate these technology-supported solutions effectively and equitably across the mental health ecosystem, the following steps are recommended:

1. Fund and pilot evidence-based tools through PHNs and digital mental health hubs

Invest in pilot programs that deploy validated platforms like NeuroAssess across Primary Health Networks (PHNs), Local Health Districts, and community-led hubs. These pilots should prioritise high-need regions, including rural and remote communities, and focus on evaluating how such tools can enhance triage, risk detection, and clinical handover. Government funding should support both initial implementation and ongoing support, ensuring tools are properly integrated into service workflows, not simply bolted on.

2. Require technology integration in national service schedules and commissioning frameworks

The next iteration of the National Agreement should include digital triage and telehealth readiness as core expectations not optional extras. Triage support tools should be embedded within stepped-care models and used at every level of

intervention, from peer-led programs to crisis support to clinical care. Commissioning guidelines should reward integration, interoperability, and demonstrated impact, especially where technology enhances speed, safety, and access.

3. **Establish national standards for data governance, training, and clinical oversight**

As digital tools enter frontline practice, the sector must develop and uphold rigorous standards around data privacy, ethical use, and clinician training. Certification programs should ensure that users of triage platforms understand their legal responsibilities, clinical limitations, and escalation pathways. Tools must also comply with Australian privacy and data sovereignty standards, particularly where sensitive mental health information is stored or transmitted electronically.

4. **Embed co-design and continuous feedback with lived experience stakeholders**

To ensure these solutions are safe, accessible, and trusted, co-design processes must include people with lived and living experience of mental ill-health, suicide ideation, and care navigation. Their input is essential in ensuring that language, user experience, and risk protocols reflect the realities of help-seeking, particularly for marginalised communities, culturally and linguistically diverse populations, First Nations peoples, and LGBTIQ+SB individuals.

5. **Track outcomes, system performance, and economic impact**

Outcome measurement must go beyond client satisfaction. Evaluation should capture changes in wait times, service uptake, clinical outcomes, workforce efficiency, and avoided hospitalisations. Economic modelling should quantify the cost-effectiveness of triage tools and telehealth integration including downstream savings to emergency services, justice systems, and hospital networks. This aligns with Recommendation 6 of the Interim Report, which urges the development of more robust accountability mechanisms that tie funding to measured impact.

Alignment with Strategic Goals

These proposals support and operationalise several of the core objectives outlined in both the **National Mental Health and Suicide Prevention Agreement** and the **Productivity Commission's Interim Report**. Specifically, they contribute to system reform by:

- **Strengthening accountability and outcome measurement through digital data capture and reporting**

By embedding technology that tracks clinical progress, client outcomes, and service utilisation in real time, services are better equipped to monitor performance and make data-informed decisions. This directly responds to longstanding concerns about the system's lack of transparency and inconsistent evaluation methods, as noted in the Interim Report.

- **Enhancing integration and accessibility, particularly via remote and virtual care pathways**

Digital triage and telehealth-enabled counselling services create more seamless transitions between levels of care and between service providers. These pathways reduce access barriers for people in rural and remote areas, shift workers, carers,

and those who face stigma or distrust in traditional service settings helping to realise the Agreement's vision of equitable, person-centred support.

- **Integrating digital tools within governance and commissioning frameworks to reduce fragmentation and improve efficiency**

When tools like NeuroAssess are embedded into commissioning requirements and service models, they serve as unifying frameworks that align practitioners, providers, and funders around consistent standards of care. This helps address the persistent issue of a disjointed system in which clients fall through the cracks due to variable practices, inconsistent risk management, and lack of shared protocols.

In short, these proposals not only address urgent operational gaps in the system but also offer a practical and scalable route toward realising the reform agenda's larger ambitions: a coordinated, accountable, and accessible mental health ecosystem that meets people where they are with the right support, at the right time.

Conclusion: A Tiered, Technology-Enabled Future for Mental Health Support

Australia's mental health system is at a critical juncture burdened by rising demand, workforce shortages, and the legacy of a fragmented service landscape. The Productivity Commission and the National Agreement have clearly identified the need for more responsive, equitable, and accountable models of care.

This submission has illustrated how digital platforms, particularly research-backed triage tools like NeuroAssess, when coupled with telehealth delivery offer a pragmatic and scalable solution to these longstanding challenges. A **tiered approach**, beginning with **automated digital assessment** and followed by **targeted online or in-person therapeutic intervention**, offers a path forward that is not only cost-effective but also **clinically sound and culturally adaptable**.

Such a model can:

- **Lighten workloads** on over-stretched services and prevent burnout among clinicians by providing structured support at the intake stage.
- **Ensure faster, more consistent responses** for clients in distress, especially those presenting with suicide risk or requiring stepped-care escalation.
- **Improve transparency and accountability**, by generating real-time, auditable data on client risk, treatment progress, and service impact.
- **Expand access** in rural, regional, and marginalised communities, closing long-standing equity gaps.
- **Support system-wide planning**, through the aggregation of de-identified service-level data that helps PHNs and governments allocate resources more strategically.

Importantly, these tools are not meant to replace the human connection at the heart of therapeutic care but to enhance it by freeing up time, reducing uncertainty, and ensuring that every client gets the right response, at the right time, from the right provider.

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By embedding digital triage, telehealth capabilities, and robust governance standards into the next iteration of the National Mental Health and Suicide Prevention Agreement, we can move beyond pilot projects and temporary fixes toward a truly **modern, resilient, and person-centred mental health system**.

Now is the time to build a system that is not only fit for purpose but fit for the future.

Please do not hesitate to contact me on 0422416894 if you require further information.

Submitted respectfully,

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Sandy', enclosed within a large, loopy circular flourish.

Susan Sandy
Managing Director