

Rural Mental Health Crisis: 86 Lives Lost in Parkes

Dr. Sidney Allo | Productivity Commission Public Hearing | 19 August 2025

National Mental Health Agreement Review

"Parkes is Australia's mental health ground zero."

The Catastrophic Failure in Parkes

86

4×

\$156M

\$0

Suicides

Non-Indigenous deaths in just 14 months (May 2024– July 2025) **National Rate**

Parkes suicide rate is quadruple the Australian average

Annual Cost

Economic loss from suicides in Parkes LGA alone

2024 Funding

NMHA suicide prevention allocation to Parkes

Despite \$2.3M in previous funding, zero measurable outcomes have been achieved due to the NMHA's fundamentally flawed design.



Service Gaps: A Tale of Two Australias

Rural Reality (Parkes)

- Zero inpatient mental health beds
- Nearest psychiatric unit 200km away
- 1 psychologist per 15,000 residents
- 6+ month waitlists for youth services
- \$120 per capita mental health funding

Metropolitan Standard (Sydney)

- Multiple inpatient facilities within 30km
- 24/7 crisis teams available
- 1 psychologist per 1,200 residents
- 2-4 week waitlists for youth services
- \$220 per capita mental health funding

NMHA's Structural Failings

No Rural Service Parity KPIs

The agreement lacks specific metrics for rural service standards, allowing dramatic disparities to persist without consequences.

No PHN Spending Accountability

PHNs face no penalties for failing to spend allocated funds locally. Murrumbidgee PHN underspent by 34% in 2024 while suicides climbed.

Flawed Data Collection

No real-time suicide surveillance exists – data lags by 12+ months. Rural outcomes are systematically excluded from NMHA reporting.

Funding Apartheid

Rural NSW receives \$120 per capita for mental health vs \$220 in cities. Parkes received \$0 from the 2024-25 suicide prevention round.



The Human Cost

Every 6 days, another Parkes resident dies by suicide while waiting for non-existent services.

"The NMHA is a death warrant for rural Australia unless you act today."

These 86 preventable deaths represent parents, children, farmers, teachers, and tradespeople. Each suicide costs approximately \$1.8M in lost productivity, healthcare and policing costs (ABS, 2025).

Emergency Declaration Required

We demand an immediate declaration of a rural mental health state of emergency, with ring-fenced funding and consequences for failure.

Proposed NMHA Amendments



Amend Clause 12

Mandate monthly PHN-level reporting on suicide attempts, service wait times, and workforce ratios with 10% funding clawback for non-compliance.

Rural Mental Health Equity Fund

Establish \$50M/year fund with 50% allocation to high-risk LGAs and 20% to Indigenous-led programs like Thirrili Ltd's model.

Bonded Workforce Program

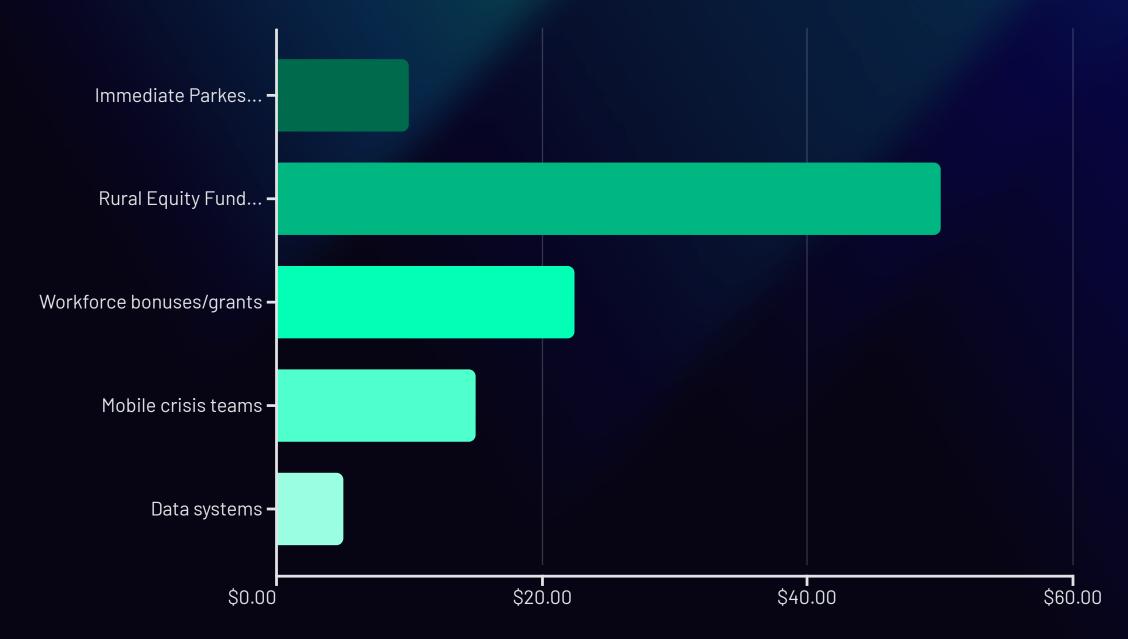
Fund 500 new rural mental health clinicians by 2026 with \$25K retention bonuses and \$20K relocation grants.

Amendment to Clause 8(b): "No PHN shall receive full funding without demonstrating 80% rural expenditure of allocated funds."

5-Point Action Plan



Funding Reality



\$50M is just 1.2% of the NMHA budget but would save 200+ lives annually. All funding can be reallocated from metro programs with <60% efficacy ratings.

Call to Action

Adopt our 5-point plan in the NMHA rewrite

Immediate amendments to Clauses 8(b) and 12 with ringfenced rural funding.

Join the Parkes Summit (October 2025)

Meet with survivors, clinicians, and PHNs to witness the crisis firsthand.

Publish funding flows by postcode

Transparency is non-negotiable—sunlight is the best disinfectant.

"86 graves in Parkes testify to systemic abandonment. We won't tolerate more thoughts and prayers."