Australian Multicultural Acton Network Inc
32 Quandong Street, O'CONNOR ACT 2602
ABN: 40 172 914 431 Assn No: A06217

Mr Ravi Krishnamurthy JP
PRESIDENT

President.AMANACT@gmail.com

Submission to the Productivity Commission's Interim Report on the Mental Health and Suicide Prevention Agreement Review

Prepared by Ravi Krishnamurthy

26 July 2025

---

1. Introduction

Thank you for the opportunity to contribute to the review of the National Mental Health and Suicide Prevention Agreement. This submission draws upon lived experience, grassroots engagement, and strategic advocacy with culturally and linguistically diverse (CALD), senior, and disabled communities in Canberra. It reflects concerns raised by carers, community organisations, and individuals living at the intersection of multiple vulnerabilities—many of whom continue to face systemic exclusion in Australia's mental health landscape.

As a community leader and lived experience advisor, I welcome this opportunity to help ensure the next Agreement embeds equity, accessibility, and person-centred care as its core values—not only in policy but in practice.

---

2. Key Concerns

A. Fragmented Access for CALD, Seniors and Disabled Communities

Despite national commitments, service fragmentation persists. CALD seniors with disabilities face compounded barriers—limited interpreter services, cultural stigma, and system navigation difficulties.

"Mental health struggles in CALD communities are often dismissed as 'just stress' or 'family problems.'"
(Interim Report, p. 50)

Recommendation: Fund community-led bilingual peer support and culturally tailored mental health navigation programs.

B. Absence of Community-Led, Culturally Responsive Models

Australian Multicultural Acton Network Inc
32 Quandong Street, O'CONNOR ACT 2602
ABN: 40 172 914 431 Assn No: A06217

Mr Ravi Krishnamurthy JP
PRESIDENT

President.AMANACT@gmail.com

The Interim Report rightly highlights the lack of meaningful CALD participation in service design. Refugees, non-English speakers, and elderly migrants require trauma-informed services that honour cultural identity.

Recommendation: Implement a *Culturally Responsive Mental Health Framework* co-designed with CALD, senior, and disabled community leaders.

C. Neglect of Psychosocial Supports Outside the NDIS

Approximately 500,000 Australians with psychosocial disabilities remain unsupported due to unclear government accountability (Interim Report, p. 9). This gap disproportionately impacts migrants and seniors with moderate mental health needs.

"I was turned away from services for being 'too complex.'"
(PC survey respondent, p. 54)

Recommendation: Urgently accelerate Draft Recommendation 4.4 to provide joint-funded psychosocial supports beyond the NDIS.

D. Underrepresentation in Governance

Confidentiality clauses, inconsistent engagement, and token consultation limit the inclusion of CALD and carer voices.

Recommendation: Mandate national and state-level *Lived Experience Panels* inclusive of CALD, aged, and disabled populations to guide service reform and implementation.

---

3. Support for Draft Recommendations

We strongly endorse the following:

- Draft Recommendation 2.1 – Expedite release of the National Stigma and Discrimination Reduction Strategy.
- Draft Recommendation 4.2 – Extend the Agreement to 2027 to allow meaningful engagement with marginalised communities.
- Draft Recommendation 5.1 – Develop a dedicated schedule for Aboriginal and Torres Strait Islander people in alignment with Closing the Gap.

These actions are essential to build momentum for equity-centred reform.

Australian Multicultural Acton Network Inc
32 Quandong Street, O'CONNOR ACT 2602
ABN: 40 172 914 431 Assn No: A06217

Mr Ravi Krishnamurthy JP
PRESIDENT

President.AMANACT@gmail.com

---

4. Additional Recommendations

A. Enhance Data Collection

- Disaggregate mental health data by ethnicity, age, language, and disability to identify service gaps (Box 2.1).
- Fund targeted research into CALD mental health prevalence via AIHW.

B. Improve Accessibility

- CALD Communities: Mandate interpreter access in Medicare Mental Health Centres; fund community education to reduce stigma.
- Seniors: Integrate regular mental health screening into aged care assessments.
- Disabled Individuals: Train providers in trauma-informed, sensory-aware care for neurodiverse and disabled clients.

C. Strengthen Accountability

- Tie future bilateral funding to measurable improvements in access and outcomes for CALD, senior, and disabled populations.
- Publish progress reports in multilingual and Easy Read formats to promote transparency and equity.

---

5. Conclusion

True mental health reform is not possible without cultural humility, intergenerational respect, and grassroots inclusion. The next Agreement must centre the intersecting needs of CALD, senior, and disabled communities—not as special cases, but as foundational stakeholders in a mentally healthier Australia.

Canberra, with its rich cultural diversity and strong civic networks, stands ready to lead this transformation. I urge the Commission to incorporate these recommendations in the final report and commit to continued consultation with those too often left unheard.

Contact: Ravi Krishnamurthy