Submission

Interim Report: National Mental Health and Suicide Prevention Agreement

20 July 2025

Our Commitment to First Nations Wellbeing, Culture, and Self-Determination

We stand in strong support of First Nations Australians, affirming their inherent right to self-determination, cultural preservation, and sovereignty over their land and traditions. We acknowledge that for First Nations peoples, mental health is inseparable from cultural, emotional, physical, and spiritual wellbeing—a holistic understanding maintained through thousands of years of continuous culture.

The Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan, launched in Meanjin (Brisbane) on the lands of the Turrbal and Yuggera peoples where our office stands, provides a crucial 10-year roadmap. QAMH fully endorses this community-led approach to integrating First Nations leadership, cultural knowledge systems, and healing practices into Australia's mental health frameworks.

QAMH is committed to supporting truth-telling as a process of acknowledging the histories, lived experiences, and ongoing strengths of First Nations peoples, particularly in the context of mental health. By confronting the impacts of colonisation, intergenerational trauma, and ongoing systemic injustices, we can better address the historical and contemporary factors affecting the mental wellbeing of First Nations individuals and communities.

In this submission, we emphasise the importance of holistic and healing approaches to mental health that incorporate the cultural knowledges, connection to Country, and spiritual practices of First Nations peoples. We are dedicated to ensuring that the principles of self-determination, cultural safety, truth-telling, and holistic health are central to the mental health initiatives and recommendations we propose. Our goal is to help build a future where mental health systems respect and respond to the unique needs and strengths of First Nations Australians.

Acknowledgement of Country

QAMH acknowledges and pays deep respect to Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters across Australia. We honour their Elders past and present, whose knowledge, leadership, and cultural practices have sustained these lands for millennia.

Who is QAMH?

The Queensland Alliance for Mental Health is the peak body for the state's Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability in Queensland. We represent more than 120 members and stakeholders, involved in the delivery of Community Mental Health and Wellbeing Services.

Our role is to reform, promote and drive Community Mental Health and Wellbeing Service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners.

At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

Introduction

The Queensland Alliance for Mental Health (QAMH) welcomes the opportunity to respond to the Productivity Commission's Interim Report on the National Mental Health and Suicide Prevention Agreement. The Report rightly acknowledges the persistent fragmentation and underperformance of Australia's mental health system, which has resulted in high levels of unmet need and significant regional variation in access. However, the Commission must go further in its Final Report and recommend bold, system-wide reform. Our members continue to operate in a system where reform is inconsistent, accountability is unclear, and too many people are left without the support they need. Their message is clear: the system is not working for the communities they serve.

This submission builds on QAMH's contribution to the Review in March 2025 and reflects the concerns consistently raised by our members throughout the life of the current Agreement. Through regional visits, project delivery, and consultations, we have heard repeated calls for a system that is better integrated, sustainably funded, and genuinely invested in community-based support.

Importantly, we welcome the lived experience consultation process outlined in the Interim Report and support extending the Agreement to 2027 to enable meaningful co-design and sector leadership. However, this extension must not delay urgent action. Governments must use this period to deliver tangible progress. Key commitments, including expanded psychosocial supports, joint regional planning, and the release of national strategies, remain outstanding. While the extension allows for strengthened long-term planning, it must not come at the cost of short-term progress. Immediate investment is essential to close the growing psychosocial support gap. The ongoing failure to meet the 50:50 Commonwealth–state funding commitment for supports outside the NDIS reveals a significant policy gap and persistent funding shortfall. The scale of unmet need calls for a decisive and coordinated response.

This submission begins with a summary of key recommendations addressing systemic challenges. It then explores governance reform, psychosocial supports, funding and commissioning, data and outcomes systems, workforce development, the role of community mental health, and First Nations leadership in detail. The paper concludes with a call for bold, immediate action to ensure the Final Report drives meaningful change.

Summary of Recommendations

To strengthen the impact of the Final Report and ensure the next Agreement is reform-oriented, QAMH recommends that the Commission:

1. **Establish a clear governance structure** to address fragmentation and support joint planning, commissioning and accountability
2. **Expand access to psychosocial supports**, with a 50:50 funding split between state and federal governments
3. **Reform funding and commissioning** arrangements to support longer-term, flexible and locally responsive service delivery

4. **Invest in co-designed data and outcome systems** that enable continuity, shared learning and service improvement
5. **Invest in workforce solutions** including the implementation of the National Mental Health Workforce Strategy
6. **Clearly define the role of community-based mental health** services within a broader, integrated system of care
7. **Embed cultural safety and First Nations leadership** at the core of reform

Recommendations

Address Fragmentation, Complexity and Accountability

The Interim Report rightly identifies fragmentation, complexity, and unclear accountability as major barriers to effective reform. These are well-documented issues that continue to undermine coordination across jurisdictions. Our members frequently raise concerns about the lack of shared accountability between governments and the absence of cohesive planning mechanisms. They see the direct impacts of a system built on siloed planning and split funding responsibilities, which result in disconnected service responses and a patchwork of support across the state. Services operating in regional and remote areas are particularly affected, with limited opportunities for integrated, place-based solutions that respond to local needs.

To meaningfully address fragmentation, the Final Report must go beyond diagnosis and recommend a clear governance structure for the next iteration of the Agreement. This should include mechanisms for joint commissioning and pooled funding, shared accountability arrangements, and formal structures to support localised service planning and delivery. Without these, short-term responses will continue to dominate, and structural issues will remain unresolved. Additionally, national strategies currently in development, including the National Stigma and Discrimination Reduction Strategy, must be finalised and implemented as a matter of urgency. These frameworks are foundational to future reform and should be explicitly referenced in the Final Report. Finally, addressing fragmentation requires acknowledging the broader conditions that shape mental health outcomes. The Final Report should embed the social determinants of mental health into system design and recommend stronger cross-portfolio commitment to housing, poverty reduction, education, and social connection as essential enablers of mental wellbeing.

Expand Psychosocial Supports

QAMH strongly supports the Commission's assessment that people who are not eligible for the NDIS face significant barriers to accessing support. The original Agreement acknowledged this as a priority area, but progress has been slow and uneven. Our members report that existing services are unable to keep up with rising demand. Waitlists continue to grow, and service gaps persist in both metropolitan and regional areas. While some providers are funded to deliver these supports, program requirements are often rigid, limiting their ability to respond flexibly to the complex and shifting needs of individuals. This is particularly problematic for people who require tailored, coordinated support but fall outside NDIS eligibility criteria.

A strong evidence base, both in Australia and internationally, confirms the value of community-based psychosocial interventions. These supports improve social and economic participation, reduce hospital admissions and emergency department presentations, and foster long-term recovery[1,2,3]. Targeted investment in these services has the potential to save up to $1.7 billion annually. The World Health Organisation's Mental Health Action Plan similarly calls for expanded community-based services to reduce dependence on hospital-based care, a shift particularly relevant to Australia's regional and marginalised populations.[4]

The Final Report must restate and strengthen the commitment to expanding psychosocial supports outside the NDIS. This should include investment in scalable service models, greater flexibility in program design, and support for structured entry points that connect people to the right care at the right time.

To offer a practical path forward, QAMH led the development of the Psychosocial Approaches to Thriving Health Systems (PATHS) Project funded by Community Mental Health Australia. The result of this project is a co-designed service model for delivering community-based psychosocial supports to people who are not eligible for the NDIS. PATHS was developed with people with lived and living experience, service providers, funders and policy experts in Townsville, Queensland. It outlines a scalable and place-based service model with defined support functions and adaptable delivery components. Crucially, the model was designed to be both practical and cost-effective. Annual delivery costs range from $1,500 to $5,700 per person which significantly lower than hospital-based responses with an average cost of $1,532 per patient each day [5] and the model is specifically structured to keep people connected to community, prevent escalation, and reduce demand on acute systems. For more information on this solution, QAMH has published a comprehensive Project Summary and Infographic outlining the model's design, key findings, and implementation considerations.

QAMH also reiterates its longstanding position that psychosocial supports should be jointly funded through a 50:50 contribution from state and federal governments. A shared investment model would improve consistency and sustainability while encouraging closer collaboration in planning, delivery and accountability across jurisdictions.

Reform Funding and Commissioning Arrangements

The Interim Report acknowledges ongoing challenges with short-term funding, fragmented commissioning processes, and inconsistent delivery across jurisdictions. This reflects what QAMH members have long experienced on the ground. For our members, funding is rarely adequate, almost always short-term, and often tied to overly narrow program requirements. This results in a system that is reactive rather than preventative, with services forced to focus on contract compliance at the expense of innovation or sustainability. Many providers report spending more time on administrative tasks and short-term reporting cycles than on supporting people and building effective service models. Rigid funding arrangements prevent them from adjusting their approach based on local needs or individual circumstances. In regional communities, limited provider availability means people have fewer options, and disruptions in funding or service continuity can leave entire areas without access to essential supports.

The Final Report must recommend a shift toward more consistent and collaborative commissioning practices, including longer funding cycles, earlier engagement with providers, and commissioning models that value relationships, continuity and place-based knowledge. Community-based services cannot be expected to meet rising demand or innovate within the current environment of uncertainty and fragmentation.

Invest in Co-Designed Data and Outcomes Systems

While the Interim Report calls for improved outcomes reporting, it offers little direction on how national data systems should evolve to support that goal. Without purposeful design and better coordination, the system will remain disconnected and difficult to improve. Our members consistently raise concerns about the limitations of existing data systems. Further, current infrastructure does not support continuity of care, system integration, or shared learning. Most services have no visibility of what supports a person has accessed before or after their contact, making it difficult to coordinate care or understand long-term outcomes. This lack of standardisation creates inefficiencies and prevents providers from collaborating effectively, even when supporting the same individuals or communities. In many regions, services operate with different reporting platforms, data definitions and outcome measures.

The Final Report should recommend national investment in a shared data infrastructure for community mental health that is fit-for-purpose, locally adaptable and co-designed with providers and people with lived experience. This must include clear guidance on minimum data sets, interoperability across sectors, and appropriate governance for use of data in service improvement.

Invest in Workforce Solutions

The Interim Report notes the importance of a skilled and sustainable workforce but misses the opportunity to interrogate the systemic issues that prevent progress. Without strategic investment and long-term planning, workforce shortages will continue to undermine reform. Our members consistently identify workforce shortages as a key barrier to delivering quality care. Providers report increasing difficulties recruiting and retaining staff, particularly in regional areas, where the absence of tailored professional development pathways and limited funding options restrict their ability to build and sustain a skilled workforce. Queensland also spends below the national average per capita on community mental health and wellbeing services, with mental health NGOs receiving just 4.64% of the state's total mental health budget, one of the lowest shares in Australia.[6] This chronic underinvestment limits providers' capacity to offer stable roles, foster growth, and attract the workforce needed to meet rising demand.

The Final Report should reinforce the importance of implementing the National Mental Health Workforce Strategy and explicitly consider the unique needs of the community-managed sector. This must include investment in peer workforces, culturally responsive practice, regional workforce planning, and reform to the training pipeline. It is also critical that workforce policy reflects the diversity of service types, support functions and practice approaches that sit within the broader mental health system.

Define the Role of Community Mental Health

The Interim Report highlights the need for a system that extends beyond the clinical and acute response. However, it stops short of defining the role of community-based mental health services in achieving this vision. Our members are clear: community-managed organisations are not ancillary to the mental health system; they are central to its effectiveness. These services provide preventative and early intervention supports, facilitate social and economic participation, and offer flexible, person-led care that is embedded in local communities. The evidence base demonstrates that community mental health services improve outcomes while reducing hospital bed days and interactions with police.[7,8] Targeted investment in these services also has the potential to significantly ease pressure on acute systems and boost long-term productivity, with estimated savings of up to $1.7 billion each year.[9] Despite this, their role remains poorly defined in national policy, limiting their visibility and influence in system design.

The Final Report must clearly articulate the value and function of community-based mental health within a broader, integrated model of care. This includes recognising the sector's contribution to early intervention, recovery-oriented practice, and population-level wellbeing. Future policy must move beyond service siloes and ensure that commissioning, data, and governance frameworks are inclusive of all parts of the system.

Embed First Nations Leadership in System Reform

QAMH strongly supports the Interim Report's recommendation for a dedicated First Nations social and emotional wellbeing schedule, but this must go beyond rhetoric to real co-design and community control. The Final Report should mandate Aboriginal Community Controlled Organisations as primary partners in design, governance, and delivery. Culturally safe services are proven to increase engagement and reduce suicide rates in First Nations communities, which continue to experience disproportionately poor mental health outcomes. Full funding and prioritisation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035 is also critical. Genuine reform will require sustained, culturally grounded investment.

Conclusion

The Final Report presents a critical opportunity to push past diagnosis and drive meaningful reform. Acknowledging the system's limitations is important, but the value of this Review will ultimately be measured by what changes as a result. Some of the most pressing priorities, including expanding psychosocial supports outside the NDIS, progressing joint regional planning, and releasing key national strategies, were already agreed to in the current Agreement. These actions cannot wait for the next iteration. Governments must act now to deliver on those commitments while laying the groundwork for a stronger, more coordinated system from 2027. QAMH urges the Commission to be bold in its Final Report and provide the reform blueprint that the sector, and the communities we serve, have been calling for.

leading community mental wellbeing

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[1] Shelby-James, T., & Rattray, M. (2025). *The future of psychosocial supports in Australia – Are the recommendations from the National Disability Insurance Scheme review the answer? Community Mental Health Journal*. https://doi.org/10.1007/s10597-025-01467-8

[2] Social Ventures Australia. (2017, October 5). *The value of a peer operated service*. https://www.socialventures.org.au/our-impact/the-value-of-a-peer-operated-service/

[3] Nous Group. (2024). *Final evaluation report: Safe Spaces Pilot – Brisbane North Primary Health Network*. https://brisbanenorthphn.org.au/uploads/downloads/Mental-health-services/2025-01-17-Final-Evaluation-Report-Safe-Spaces-Pilot-Nous-Group.pdf

[4] World Health Organization (2021). *Comprehensive mental health action plan 2013-2030*. [online] World Health Organization. Available at: https://www.who.int/publications/i/item/9789240031029.

[5] Australian Institute of Health and Welfare (2025). *Expenditure - Mental health - AIHW*. [online] Available at: https://www.aihw.gov.au/mental-health/topic-areas/expenditure?request=smoothstate&Access_Code=SEO2.

[6] Australian Institute of Health and Welfare. (2025). Mental health expenditure. AIHW. https://www.aihw.gov.au/mental-health/topic-areas/expenditure

[7] Purcal, C., O'Shea, P., Giuntoli, G., Zmudzki, F., & Fisher, K. R. (2022). *Evaluation of NSW community-based mental health programs: Community Living Supports and Housing and Accommodation Support Initiative (CLS-HASI evaluation report)*. University of New South Wales, Social Policy Research centre.

[8] Australian Government Department of Health Disability and Ageing. (2021). *Evaluation of National Psychosocial Support Programs: Final report*. Australian Department of Health. https://www.health.gov.au/resources/publications/evaluation-of-national-psychosocial-support-programs-final-report

[9] KPMG & Mental Health Australia. (2018). *Investing to save: The economic benefits for Australia of investment in mental health reform*.