

30 July, 2025

Submission to the Productivity Commission Re: Interim Report – Review of the National Mental Health and Suicide Prevention Agreement

Introduction

Exercise & Sports Science Australia (ESSA) welcomes the Productivity Commission's Interim Report and commends its frank assessment of the limitations of the current National Agreement. We support the call for stronger co-design, transparency, and immediate action to address significant gaps in psychosocial support and system delivery. ESSA strongly advocates for the inclusion of Accredited Exercise Physiologists (AEPs) and Accredited Exercise Scientists (AESs) as essential partners in delivering early intervention, community-based support, and recovery-oriented care for Australians experiencing mental ill-health. Both professions offer evidence-based, movement-focused interventions that align with the objectives of prevention, promotion, and system integration outlined in the Commission's findings.

A Missed Opportunity: Integrating Exercise Physiology into Mental Health Care

Despite **robust evidence supporting the critical role of physical activity in improving mental health outcomes**, exercise professionals, particularly AEPs, remain underutilised in the mental health system. AEPs are university-qualified allied health professionals with expertise in prescribing exercise for individuals with complex physical and mental health conditions. Their inclusion would directly address several issues raised in the Interim Report:

- **Prevention and early intervention gaps:** The Report highlights a critical failure to deliver services that prevent escalation into crisis. AEPs deliver tailored, evidence-based physical activity interventions that reduce depression, anxiety, and psychological distress, particularly in young people and adults with comorbidities.
- **Psychosocial support outside the NDIS:** An estimated 500,000 Australians with moderate to severe mental illness are not receiving the psychosocial support they need, particularly those who fall outside the NDIS. Many of these individuals are unable to access timely or structured support services (Productivity Commission, 2020). AEPs currently fill this void in many regions through community-based programs, yet their services are inconsistently funded and recognised.
- **Stigma and system fragmentation:** The Report notes that the system is perceived as alienating and uncoordinated. AEPs often deliver care in low-stigma settings, such as gyms and community centres, fostering a sense of agency and reducing disengagement. Their approach complements recovery-oriented practice and offers a flexible entry point into the mental health system.

AEPs in Practice: Case Examples and Emerging Evidence

Across Australia, AEPs are supporting people with mental illness in a range of settings—from youth early psychosis programs to veterans' mental health, chronic pain services, and forensic units. Despite this, their work is often unrecognised in planning and policy.

Emerging evidence highlights:

- Significant reductions in psychological distress and improvements in self-efficacy, social participation, and daily functioning among people living with mental illness who participate in structured physical activity programs (Rosenbaum et al., 2020; Firth et al., 2019).
- Exercise physiology interventions are cost-effective when delivered as part of mental health treatment, with evidence showing lower overall healthcare use, reduced medication reliance, and improved health outcomes (Hallgren et al., 2017; Richardson et al., 2018).
- Pilot programs and Primary Health Network-funded initiatives demonstrate that AEP-led interventions are feasible, scalable, and valued by clients, particularly in low-stigma, community-based settings where clinical workforce shortages limit access to care.
- Improved mental health stability and quality of life for individuals on waitlists for specialised care, particularly where structured physical activity acts as a protective factor against further deterioration (Rosenbaum et al., 2014; Rebar et al., 2015).

A most recent real-world example comes from Ipswich Hospital's Mental Health Acute Inpatient Service (MHAIS) (Queensland Health, July 2025), where Accredited Exercise Physiologist Matt and mental health nurse Sam work together to support patients experiencing severe mental health distress. Matt helps people use movement to regulate their nervous systems and manage anxiety, stress, and suicidality. As Matt explains, "Exercise can be used as a great distress tolerance skill... even 30 seconds of movement can help calm the body's response."

This integrated model of care, with AEPs embedded into multidisciplinary clinical teams, demonstrates the role exercise can play in managing crises and supporting recovery. It also reflects the gendered suicide risks noted in national statistics, where three-quarters of suicide deaths occur in men. AEP-led programs, particularly in community and inpatient settings, can reduce isolation, rebuild structure, and provide non-stigmatising support for vulnerable groups.

Strengthening the Mental Health System for Children and Young People

ESSA supports Mental Health Australia's call to action on improving the mental health of children and young people. We welcome the renewed focus by Ministers on the National Children's Mental Health and Wellbeing Strategy and urge its operationalisation through the next National Agreement.

Physical activity interventions led by AEPs and AESs offer a unique opportunity to address this national priority. The education system provides an ideal platform for integrating these approaches early, particularly in primary school and adolescence, when lifelong health trajectories are formed.

ESSA recommends:

- Embedding physical literacy, movement, and behaviour-change programs into the school system with co-delivery by AESs and AEPs.
- Supporting whole-family approaches that involve parents and carers, particularly in communities with long service waitlists.



- Including AESs and AEPs in the implementation of the National Children’s Mental Health and Wellbeing Strategy as trusted partners in promotion and prevention.
- Appropriately funding the implementation of the National Children’s Mental Health and Wellbeing Strategy and associated action plans to ensure long-term sustainability and equitable access across schools, families, and communities.

Responses to Productivity Commission Information Requests

1. Peer workforce integration:

While AEPs are not peer workers, they often work alongside peer practitioners in shared recovery teams. Best practice includes embedding AEPs in community hubs where peer-led and physical activity interventions are co-designed. This is particularly effective in headspace and early psychosis services.

2. Lived experience in governance forums:

ESSA supports lived experience leadership and urges co-design to include physical health and movement-related experiences, which are often underrepresented. Clients frequently identify exercise as meaningful but under-prescribed in their recovery journey.

3. Public dashboard for accountability:

ESSA supports a national dashboard. We recommend including metrics on access to non-MBS allied health supports (like AEPs), integration of physical and mental health services, and rates of physical activity among mental health service users.

4. Addressing co-occurrence of alcohol and other drug use with mental ill health:

AEPs deliver exercise interventions that reduce cravings, withdrawal symptoms, and support mood regulation in substance use recovery. Including AEPs in services targeting co-occurring conditions strengthens recovery and reduces relapse risk.

Recommendations

In line with the Commission’s direction, ESSA recommends that the next National Agreement:

1. Formally recognise AEPs as part of the mental health and suicide prevention workforce.
2. Include AEPs in the National Children’s Mental Health and Wellbeing Strategy implementation.
3. Establish community-based, non-clinical referral pathways to AEPs and AESs, especially for those disengaged from formal systems.
4. Expand Medicare access to AEP services, with new items tailored for mental health recovery and early intervention.
5. Support culturally responsive, trauma-informed AEP-led care, particularly in First Nations communities, youth services, and regional areas.
6. Include AEPs on national and state mental health governance and suicide prevention councils to ensure whole-person perspectives in reform.

Conclusion

The future of mental health reform lies in genuinely multidisciplinary, prevention-focused, and person-led care. Movement-based interventions are not complementary—they are essential. AEPs and AESs have the skills, the evidence, and the public support to meet people where they are and provide life-changing support in recovery.



ESSA stands ready to work with governments, clinicians, peer workers, and communities to build a system where physical and mental health are integrated, delivering better outcomes for all Australians.

We welcome the opportunity to meet with representatives of the Productivity Commission, Department of Health and Aged Care, and Mental Health Australia to further discuss the role of exercise professionals in the next National Agreement and to co-develop actionable, evidence-based solutions.

Sincerely,

Scot MacDonald
General Manager Policy and Advocacy
Exercise & Sports Science Australia

Dr Isabel King
Policy and Advocacy Advisor
Exercise & Sports Science Australia

References

- Firth, J., Solmi, M., Wootton, R. E., Vancampfort, D., Schuch, F. B., Hoare, E., ... & Stubbs, B. (2019). A meta-review of "lifestyle psychiatry": the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders. *World Psychiatry*, 2020 Oct;19(3):360-380
- Lederman, O., et al. (2020). Consensus statement on the role of Accredited Exercise Physiologists within the treatment of mental disorders. *Australasian Psychiatry*.
- Rebar, A. L., Stanton, R., Geard, D., Short, C., Duncan, M. J., & Vandelanotte, C. (2015). A meta-meta-analysis of the effect of physical activity on depression and anxiety in non-clinical adult populations. *Health Psychology Review*, 9(3), 366–378.
- Richardson, C. R., Faulkner, G., McDevitt, J., Skrinar, G. S., Hutchinson, D. S., & Piette, J. D. (2018). Integrating physical activity into mental health services for persons with serious mental illness. *American Journal of Preventive Medicine*, 55(6), 784–791.
- Rosenbaum, S., et al. (2014). Physical activity interventions: an essential component in recovery from mental illness. *British Journal of Sports Medicine*.

