SUBMISSION

Response to the Mental Health and Suicide Prevention Agreement Review Interim Report

31 July 2025

Who we are

Mental Health First Aid International (MHFAI) is an Australian health promotion charity dedicated to the development and provision of evidence-based programs that increase mental health literacy, encourage professional help-seeking, and reduce stigma.[1,2,3,4]

MHFAI sits firmly in the prevention and early intervention space. We aim to reduce the impact of psychological distress and mental health problems in families, communities, educational settings, and workplaces by providing people with the skills they need to recognise mental health issues, provide support to those in distress, and encourage professional help-seeking.

In Australia, MHFAI:

- supports and accredits **3,500 independent instructors** who work in public, private, and not-for-profit organisations or operate as independent training enterprises
- trains around **140,000** people a year in Mental Health First Aid, including teens, youth and adults
- supports an active network of more than **250,000** trained 'MHFAiders'
- is largely self-funded through social enterprise, with just 15% of our income derived from government sources
- self-funds Aboriginal & Torres Strait Islander MHFA programs around the country.

Overseas, MHFAI licenses and accredits partner organisations that operate in **43 countries**. Collectively, MHFA partners have trained more than **8.5 million** people worldwide.

MHFA is backed by 25 years of research, as evidenced by more than 240 peer reviewed research studies, including 26 randomised controlled studies.

Introduction

MHFAI welcomes the opportunity to provide comment on the Productivity Commission's Interim Report on the National Mental Health and Suicide Prevention Agreement (the Agreement). We support the feedback and recommendations provided in the submissions developed by peak bodies **Mental Health Australia** and **Mental Health Victoria.**

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[1] Hadlaczky G, Hökby S, Mkrtchian A, Carli V, Wasserman D. Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis. Int Rev Psychiatry. 2014 Aug;26(4):467–75.

[2] Liang, M, Chen, Q, Guo, J, Mei, Z, Wang, J, Zhang, Y, et al. Mental health first aid improves mental health literacy among college students: a meta-analysis. J Am Coll Health. 2023 May 4;71(4):1196–205.

[3] Maslowski AK, LaCaille RA, LaCaille LJ, Reich CM, Klingner J. Effectiveness of Mental Health First Aid: a meta-analysis. Ment Health Rev J. 2019 Nov 28;24(4):245–61.

[4] Morgan AJ, Ross A, Reavley NJ. Systematic review and meta-analysis of Mental Health First Aid training: effects on knowledge, stigma, and helping behaviour. PLoS ONE. 2018 May 31;13(5):e0197102.

No matter how much the Commonwealth, States, and Territories, spend on mental health, Australia will not achieve meaningful population-level impacts unless it begins to provide appropriate focus and emphasis on prevention and early intervention initiatives.

We cannot treat our way out of Australia's mental health crisis and therefore need to take a longer-term view that includes initiatives to reduce demand on our incredibly dedicated but over-stretched service system. This means preventing mental illness where we can or intervening as early as possible. To do this, we need to empower people in communities, educational settings, and workplaces by giving them the knowledge and tools needed to support family members, peers and colleagues, before they reach crisis point.

At scale, community-led mental health education and skill development initiatives are an important part of the prevention and early intervention toolkit and should be featured in the national reform agenda. We recommend that a renewed Agreement further embeds community mental health education and skills development as a driver of early intervention and stigma reduction.

Recommendations:

1. A unified, longer-term, whole-of-system approach to mental health reform.

Whole-of-system reform, with a strong emphasis on prevention and early intervention, is essential for creating a seamless, efficient, and effective mental health and suicide prevention system. Mental health and suicide prevention are not just healthcare issues, but are shaped by broader social determinants, including education, housing, employment, and justice.

Similarly, this is not just an Australian Government issue – all states and territories need to urgently prioritise mental health reform. Aligning resources and strategies across all sectors and areas of government will better meet the needs of individuals and communities. We therefore support the Commission's recommendation for greater integration of mental health priorities across government, and alignment with key policies in non-health portfolios.

For too long, Australia's mental health strategy has focused on short term outcomes, with the potential to lose momentum with each election cycle. We support the draft recommendation 4.1 for the development of a renewed National Mental Health Strategy to articulate long-term reform over the next 20–30 years and ensure a commitment to sustainable, meaningfully codesigned, and evidence-based solutions.

2. Prioritise investment in prevention and early intervention.

Although prevention is a key objective of the Agreement, government investment remains directed toward acute and crisis services. Lack of funding for early intervention is a critical shortcoming of the Agreement. Prevention and early intervention are essential: the earlier the intervention, the less likely small problems will escalate into crises, easing pressure on emergency services. Early intervention initiatives are also highly cost-effective; for example, research on workplace mental health initiatives indicates an average 4:1 return on investment.[5] We strongly recommend that the next Agreement include dedicated investment for

[5] Ramesh Dr S. The economic impact of workplace mental health initiatives: a comprehensive analysis of return on investment and organizational performance. J Ment Health Invest Behav. 2024 Oct 4;(46):1–11.

prevention and early intervention initiatives at scale. As a priority, this should include embedding mental health education and skill development in:

- primary and secondary school curriculums in all jurisdictions
- TAFE and university curricula.

3. Expand access to mental health training in high-risk workplaces.

The current Agreement acknowledges the workplace as a place of critical opportunity for prevention, early intervention, and wellbeing support. While the Interim Report suggests expanding workforce development beyond the health sector, this should be strengthened with targeted investment in workplace mental health training.

Workforces with high rates of psychological distress, such as Defence, construction, emergency services, transport, and healthcare, require dedicated programs to build awareness, confidence, and the skills to respond to emerging mental health issues.

4. Address stigma through evidence-based mental health literacy and campaigns.

As consistently highlighted by consumers in the Interim Report, mental health-related stigma and discrimination remain significant barriers to accessing support and experiencing quality care. These negative experiences undermine trust in the mental health system and prevent help-seeking. Further efforts are needed to build knowledge and understanding of mental health conditions, including within healthcare settings.

The Commission should ensure that the National Stigma and Discrimination Reduction Strategy is released without further delay and implemented with dedicated funding and accountability measures. As part of its implementation, the Strategy should prioritise evidence-based mental health literacy programs such as MHFA to reduce stigma and improve mental health knowledge and understanding.

Should there be any subsequent recommendation in the final advice to Government for investment in whole-of-population stigma campaign, it is critical that this includes promotion and pathways to skills and education development to support mental health literacy. This is in accordance with other public health campaigns that have a broad social marketing strategy to maximise outcomes within the community.

There have been many Australian awareness campaigns in the last 10 years; however, research and evidence inform us that awareness alone is not enough to reduce community stigma.[6,7] Despite these campaigns, many people still believe that only a clinician can have a conversation about mental health problems and suicide. For example, raising awareness in the community about heart attacks, without also being trained to respond, would not lead to improved outcomes. MHFAI believes that raising awareness must also promote greater knowledge and skills in evidence-based approaches to reducing stigma, as demonstrated by the outcomes of our training.

[6] Deady M, Harvey SB, Tye M, Boydell K, Petrie K, Yip D, et al. Suicide awareness campaigns: are they a valid prevention strategy? [Internet]. Sydney: Black Dog Institute; [cited 2025 Jul 31]. Available from: https://www.blackdoginstitute.org.au/resources-support/suicide-self-harm/suicide-awareness-campaigns/

[7] Australian Rotary Health. The research behind suicide prevention campaign #YouCanTalk. [Internet]. [cited 2025 Jul 31]. Available from: https://australianrotaryhealth.org.au/research/the-research-behind-suicide-prevention-campaign-youcantalk/

5. Build mental health capability early – in schools, TAFEs, and universities.

A sustainable, skilled mental health workforce is critical to ensuring timely, culturally safe, and effective support. The Interim Report identifies workforce shortages as a major barrier to mental health reform and calls for implementation of the National Mental Health Workforce Strategy. We support the implementation of the National Mental Health Workforce Strategy and recommend it be strengthened by embedding mental health literacy in foundational education settings.

Since 75% of mental illnesses occur before the age of 24,[8] early intervention should start with a whole-of-school approach in formative years, shifting into a pre-service education approach in tertiary settings. Specifically, we recommend the integration of mental health education into TAFE, university, and pre-service programs across key sectors (e.g. education, health, community services, aged care) to ensure that students are equipped with vital skills to support themselves and others from the outset of their careers.

Mental Health First Aid for Health Professional Students

MHFAI has demonstrated success in building mental health skills capacity in pre-service workforces through the national implementation of *Mental Health First Aid for Health Professional Students*, an evidence-based course tailored to tertiary medical, nursing, midwifery, and allied health students.

The program is expected to reach over 75,000 learners in the next three years. Training includes a core eLearning self-paced component, an optional instructor-led component for further practice, and optional assessment pathways to become an accredited MHFAider.

Findings from the 2024 evaluation period[9] confirmed that:

- 88% of learners were able to recognise mental health problems and crises after completing the eLearning.
- 95% of learners on average have shown intentions to provide mental health support, showing knowledge aligned with the Mental Health First Aid action plan.
- 87% of learners have shown high confidence in responding to someone experiencing a mental health problem or mental health crisis.

Post eLearning, learners reported high confidence to seek support for their mental health:

- 93% of learners reported confidence to seek help from trusted friends or family.
- 93% of learners reported confidence to seek appropriate professional help.
- 84% of learners reported confidence to disclose mental health experience and seek support from a university or professional placement setting.

[8] Fusar-Poli P. Integrated mental health services for the developmental period (0 to 25 Years): a critical review of the evidence. Front Psychiatry. 2019;10:355.
[9] Mental Health First Aid International. Mental Health First Aid for Health Professional Students. Internal report. 2025 Feb.

6. Bridge the gap in the 'missing middle' through community-based support.

We support the Commission's recommendation for psychosocial support services outside of the National Disability Insurance Scheme (NDIS) to address the needs of the 'missing middle'.

Community-based programs like MHFA can help efforts to close this gap. MHFA provides community-based support by equipping individuals, workplaces, and communities with the skills to recognise early signs of mental health problems and provide initial support. It encourages self-care strategies and guides people toward appropriate resources before their condition escalates.

MHFA can help bridge the gap to professional care by helping connect people to low-intensity and moderate-intensity services, such as psychological therapies or primary care, reducing barriers to help-seeking. At-scale investment in community walk-in mental health centres will also help to ensure more timely care and ease the burden on hospitals.

7. Target support to priority populations.

We strongly support the recommendation for a dedicated Aboriginal and Torres Strait Islander schedule, co-designed with community. Culturally safe, tailored responses are essential to reducing disparities in access and outcomes.

To achieve this, governments must adopt the Productivity Commission's recommendations, support Aboriginal and Torres Strait Islander-led frameworks, and prioritise culturally grounded, self-determined models of care. Genuine progress relies on sustained government investment in community-led solutions, shared decision-making, and steadfast commitment to cultural respect and self-determination.

Aboriginal and Torres Strait Islander MHFA Program

MHFA's *Aboriginal and Torres Strait Islander Mental Health First Aid Program* is one example of an effective, evidence-based, and culturally responsive initiative developed and delivered by First Nations peoples. Aligned with key national priorities, the program equips individuals and communities with the knowledge, confidence, and tools to recognise, understand and respond to mental health problems through the lens of social and emotional wellbeing.

This culturally led and responsive training recognises existing strengths and adds to the skills already in community, equipping individuals to recognise mental health problems, respond safely, and connect people to support in ways that are respectful, relevant and grounded in culture.

Since 2007, the program has:

- Trained over 1,000 Aboriginal and Torres Strait Islander instructors
- Delivered 7,500+ culturally informed MHFA courses across Australia
- Trained more than 35,000 Australians in providing culturally safe mental health first aid.

The growth of this program supports not only improved health outcomes but also economic empowerment in First Nations communities by:

- Prioritising First Nations-owned businesses for accommodation, catering, and logistics in regional training delivery.
- Prioritising First Nations-owned artists and filmmakers.
- Strengthening social enterprises, charities, and Aboriginal-led organisations to deliver MHFA training.
- Enabling community reinvestment through instructor training and local program delivery.

8. Ensure accountability through robust impact measurement.

Australia's mental health and suicide prevention system requires consistent, transparent frameworks to track outcomes and drive continual improvement. We support the development of nationally consistent outcome measures and a stronger outcomes-based funding model. Critically, we recommend that an Annual Report Card be produced that allows for easy monitoring of the progress being made by each of the States and Territories towards mental health and suicide prevention reform goals.

We thank the Productivity Commission for the opportunity to contribute to this important review.

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