

Review of the National Mental Health and Suicide Prevention Agreement
Productivity Commission
GPO Box 1428
Barton ACT 2600

Dear Commissioners,

I am grateful for the opportunity to provide feedback regarding the review of the National Mental Health and Suicide Prevention Agreement, on behalf of the Growing Minds Australia Clinical Trials Network in Child and Youth Mental Health (GMA) [1].

As noted in the Productivity Commission's (2020) report [2], "early identification of risks to children offers the greatest potential for improving health, social and economic outcomes" (p. 18). However, it is apparent that very little of the existing Agreement, and the mental health funding budget, focuses on the early periods of childhood where improvements are most likely to be made. It is the view of our members that **the next agreement should feature a stronger focus on intervention in early childhood**, especially considering that mental health problems emerge as early as 5 years of age and often persist into adolescence and adulthood [3].

We wish to propose that the next agreement include GMA as an evidence partner to the commission, to support the role of The National Mental Health Commission's (NHMC), as highlighted on page 10 of the interim report [4], to provide evidence on ways to improve Australia's MH system. GMA was funded by the Medical Research Future Fund (MRFF) for five years concluding in 2027 for this very purpose. GMA is a collaboration of 16 leading research institutes and organisational partners from across Australia. Moreover, GMA was funded by government and tasked with making fundamental changes in child and youth MH research and systems by facilitating the translation of knowledge from clinical trials into policy and service provision, making it well suited to such a role. Backed by a dynamic network of over 300 mental health experts consisting of researchers, practitioners, people with lived experience and policymakers, GMA provides a central platform for child and youth mental health researchers to strengthen capacity for early intervention focused on the period of 0-to-12 years of age.

We ask that GMA contribute as a partner in guiding future MH funding models. GMA recently produced a Delphi consensus study which engaged a range of stakeholders, including practitioners, researchers and carers with lived and living experience of caring/supporting a child (aged 0-12 years) experiencing a MH challenge, and identified 12 research priorities for future child and youth MH clinical trials in Australia [5]. GMA is continuing to partner with those with lived and living experience (including carers, children, young people and their families) to inform future research priorities via their funded Growing Minds Australia Lived Experience Research Network (GMA-LERN). GMA-LERN can help inform how the next Agreement can support a greater role for people with lived and living experience, including embedding their voices across the system (as highlighted as a focus area on pages 21, 24 and in section 3.2 of the interim report [4]).

In conclusion, we argue that early intervention in the critical age range of 0-to-12 years is essential to improving suicide prevention in the Australian population, and that GMA has the potential to support such a focus. This represents an important opportunity to leverage the Australian government's already significant research investment in GMA for this purpose.

Yours sincerely,

Dr Talia Carl (*Executive Officer, GMA – Clinical Trials Network in Child and Youth Mental Health*)
on behalf of GMA's Steering Committee

References

- [1] Hawes, D. J., Dadds, M. R., Tully, L. A., Northam, J. C., & Growing Minds Australia Clinical Trials Network (2022). Building a National Clinical Trials Network in child and youth mental health: Growing Minds Australia, *Australian and New Zealand Journal of Psychiatry*, 57(2), 164-168. <https://doi.org/10.1177/00048674221082525>.
- [2] Productivity Commission 2020, *Mental Health Report*, no 95.
- [3] Barican, J. L., Yung, D., Schwartz, C., Zheng, Y., Georgiades, K., & Waddell, C. (2022). Prevalence of childhood mental health disorders in high-income countries: a systematic review and meta-analysis to inform policymaking. *Evidence Based Mental Health*, 25(1), 36-44. <https://doi.org/10.1136/ebmental-2021-300277>.
- [4] Productivity Commission 2025, *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra, June
- [5] Tsiamis, E., Jorm, A., Neelakantana, L., & Morgan, A. (2025). Setting Australian Research Priorities for Child Mental Health Clinical Trials: A Delphi study. *Australian and New Zealand Journal of Psychiatry*, 0(0). <https://doi.org/10.1177/00048674251345318>.