
MENTAL HEALTH AND SUICIDE PREVENTION AGREEMENT REVIEW – INTERIM REPORT

SUBMISSION



INTRODUCTION

Orygen welcomes the opportunity to respond to the interim report findings and draft recommendations of the Productivity Commission's Mental Health and Suicide Prevention Agreement Review. The overall findings of the review are that the National Mental Health and Suicide Prevention Agreement has not delivered progress toward the stated outcomes and objectives and has not resulted in demonstrable improvements in the mental health and wellbeing of Australians and/or their experience in accessing mental health care.

The following submission indicates Orygen's level of support for the draft recommendations and provides further direction and specific information where relevant to our expertise.

RESPONSE TO DRAFT RECOMMENDATIONS

Draft Recommendation 4.1: Developing a renewed National Mental Health Strategy

Orygen supports the development of a renewed national mental health strategy that sets out a clear long-term vision, specific objectives and accountable implementation, beyond the term of the next National Mental Health and Suicide Prevention Agreement. **Orygen would like to see** the renewed National Mental Health Strategy have a stronger focus on:

- The specific needs of children and young people. At a time of life when most lifetime mental illness first emerges; they are also experiencing key stages of development and navigating a range of life transitions.(1, 2)
- Intersecting policy areas which respond to priority population groups and/or influence the social determinants of mental health and wellbeing. Examples include (but are not limited to): Closing the Gap Implementation Plan, the forthcoming National Housing and Homelessness Plan, Climate and Health Strategy and the National Plan to End Violence Against Women and Children.

Draft recommendation 4.2 Building the foundations for a successful agreement

Orygen in part supports the extension of the current National Mental Health and Suicide Prevention Agreement to June 2027 to undertake the necessary foundational work to ensure the next Agreement is best placed to deliver outcomes and advance reform. While we agree that this may not be feasible before June 2026, there are critical and imminent policy commitments that will commence implementation before June 2027 that require more urgent consideration within a national agreement and associated bilateral commitments. These include:

- \$700 million in youth mental health reform commitments, including strengthening headspace centres and the establishment of 20 new youth specialist services which are in planning in 2025-26 and will begin a staged three-year implementation from July 2026.
- Foundational Supports that will be targeted to psychosocial disability (currently with an anticipated commencement of roll out in 2025-26).

Orygen proposes that in the rollover of the current National Mental Health and Suicide Prevention Agreement, and associated bilateral agreements, variations to those agreements are incorporated that

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respond to these commitments and provide clear descriptions of funding, roles and responsibilities associated with deliverables between 2026-27.

Draft recommendation 4.3 The next Agreement should have stronger links to the broader policy environment

Orygen supports the need for the next Agreement to more clearly specify links to broader policy areas and action, however we would go further and emphasise the need for the Agreement to enable stronger integration with these areas, rather than only links. To be achieved, integration is required at strategic, jurisdictional, programmatic and service delivery levels. Achieving integration intent requires integrative capacity and leadership.⁽³⁾ A renewed National Mental Health Strategy and the next Agreement need to have a framework for policy integration.

The intersection of social determinants and related psychosocial domains across a range of policy areas, as identified by the Productivity Commission (i.e. housing, justice, disability supports and education); and the impact that experiences of mental ill-health can have on these aspects of young people's lives provides a robust rationale for pursuing policy integration. **Orygen recommends** that the next Agreement be integrated with other National Agreements for psychosocial domains. For example:

- Funding delivery of mental health and suicide prevention services for young people experiencing homelessness or housing instability in the current Agreement (Clause 111 (d)) needs to intersect with the National Agreement on Social Housing and Homelessness. There is no mention of mental health in the current National Agreement on Social Housing and Homelessness.
- Education settings are identified in the current Agreement as a "critical opportunity" to provide prevention and early intervention, including specific mention of the (superseded) National Schools Reform Agreement (Clause 2(b)). The intersection with the current Better and Fairer Schools Agreement (2025-2034), however, is limited to the example of in-school roles for wellbeing staff and mental health professionals. This limitation leaves policy direction to the next Mental Health and Suicide Prevention Agreement to identify and deliver structured initiatives to support student wellbeing.

Draft recommendation 4.4 Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme

Orygen strongly supports the recommendation for Governments to urgently address the unmet need for psychosocial supports outside the NDIS. This unmet need is particularly high for young people. The recent report on the analysis of unmet need for psychosocial services in Australia found almost 9 in 10 young people with moderate or severe mental health conditions were not accessing psychosocial support.⁽⁴⁾

This again highlights why there is a need for **an interim measure** before the next National Mental Health Agreement to provide bilateral commitments regarding identified roles, responsibilities and funding to the upcoming policy reforms in youth mental health, psychosocial supports – including through the Foundational Supports program.

To meet unmet need for psychosocial support (outside of the NDIS) the cornerstone of the proposed detailed plan for the expansion of services up to 2030 in the next agreement should be the recognition that psychosocial and mental health support are two parts of a whole: in policy, service design and commissioning, and practice. Providing psychosocial support as part of mental health treatment and service delivery recognises the importance of functional recovery for young people.

Individual Placement and Support

An example of this reintegration approach is the successful incorporation of the Individual Placement Support (IPS) model in headspace services.⁽⁵⁾ IPS is an evidence-based model for supporting people with mental health challenges to find, apply and maintain employment, with clear economic benefits.⁽⁶⁻⁸⁾ The model has also been adapted to support engagement with education with early evidence showing promise.⁽⁹⁾ IPS is an evidence-based, implementable and scalable service model that has been successfully trialled in primary and tertiary youth mental health settings in Australia. The IPS model has also been adapted to other service settings, including homelessness and substance use settings.^(10, 11) Including the IPS model in planning psychosocial support for people who are not supported through the NDIS will ensure employment support offered in these settings is evidence-based and accessible when they need it.

CARER AND FAMILY SUPPORT

Draft recommendation 4.5 The next Agreement should clarify responsibility for carer and family supports

Orygen in part supports the potential for a single level of government being responsible for carer and family supports. Greater clarity is needed on the type of support the Productivity Commission envisages. Carers and families can have many different support needs, including practical, emotional, relational, informational, and financial. Furthermore, their needs can be about how they are involved in their young person's care, the demands of accessing treatment, or their own wellbeing. Depending on the support needs, it may be provided by a young person's health professionals, family workers and peer support workers, service models, or social security.

Carer and family support needs to be integrated throughout the mental health system which includes tertiary services. It is important to maintain a role for state and territory government to fund and resource family supports within these services.

GOVERNANCE

Draft recommendation 4.6 Increase transparency and effectiveness of governance arrangements

Orygen supports this recommendation.

Draft recommendation 4.7 The next Agreement should support a greater role for people with lived and living experience in governance

Orygen supports a greater role for young people with lived and living experience in governance in the mental health sector. This includes governance forums for the next Agreement being reconfigured to ensure adequate lived and living experience representation. **Orygen recommends** the appointment of a minimum of two young people with lived experience to all governance forums. This would embed youth representation, provide mutual peer support and reduce the burden of representation.

The established national lived experience peak bodies provide an instrument for facilitating recruitment of people with lived and living experience to the governance forums. These bodies could be resourced to provide governance training for people with lived and living experience appointed to governance forums; and training to boards in understanding the lived experience perspective and their contributions to governance.

Draft recommendation 4.8 A greater role for the broader sector in governance

Orygen supports this recommendation.

Information request 4.2: examples of barriers to the genuine participation and influence of people with lived and living experience in governance forums

A governance role has specific responsibilities, including developing strategic direction, evaluating risk, setting organisational culture. The recruitment of young people with lived and living experience into governance role should prioritise their knowledge, skill, and ability in applying their lived expertise and complement this with support to fulfil their governance role.

However, it also requires commitment from all those supporting and engaging in governance to address power imbalances and respond proactively to other specific differences in confidence and experience of young people within these structures. Orygen delivers a Youth in Governance program which involves the recruitment and support of youth advisers on the Board, People and Remuneration, Clinical Governance and Research Review Sub-Committees. Key to this program is the attribution of responsibility for all committee/Board members to support young people's involvement. This is delivered via a buddy program, pre-and post-meeting catch ups and reflection sessions and participation in an evaluation and review of how the program is working. Since commencing the program 18 months ago, one youth adviser on the Board has since progressed into a full Board Director role, the first time Orygen has had a youth director.

The VIMIAC Consumer Leading in Governance program, developed in response to the Royal Commission into Victoria's Mental Health System, provides a model for training program for equipping people with lived and living experience to participate in governance forums. This training program upskilled participants in common governance concepts and the application of lived expertise within governance settings.

EVALUATING IMPLEMENTATION PROGRESS TO INFORM IMPROVEMENT

Draft recommendation 4.9 Share implementation plans and progress reporting publicly

Orygen strongly supports the development and enactment of an implementation plan for the next Agreement and constructive public reporting of implementation progress. Mechanisms for responding to implementation delays, shortcomings or failures of the Agreement (and schedules) need to be established at the beginning to enable that measuring and reporting required to provide accountability for service delivery outcomes.

Evaluation processes and public reporting can, however, have low rates of engagement from staff, services and governments due to concerns about potential negative consequences (i.e. contract renewal, reputation). Constructive evaluation processes require the support and engagement of organisational leadership, that in turn provides clear expectations of the process and outcome aims to support workforce engagement.(12)

In recommending public reporting, the Productivity Commission could consider the potential of reporting templates that identify improvement steps from evaluation data rather than simply reporting raw evaluation data. An improvement focused framing would support engagement in evaluation processes and constructive outcomes from evaluation that benefit all stakeholders.

Draft recommendation 4.10 Strengthening the National Mental Health Commission's reporting role

Orygen supports the reestablishment of an independent National Mental Health Commission with clear roles and responsibilities.

Draft recommendation 4.11 Survey data should be routinely collected

Orygen supports the regular, routine collection of national mental health survey data. Long periods of time between surveys limits the ability to closely monitor the prevalence of mental ill-health among young people, identify emerging issues and trends and evaluate the impact of policy and programs. Implementing national surveys every five years, as recommended, would enhance the capacity to track changes over time and support the development of evidence-based, targeted policy responses. The rising levels of mental ill-health and suicide risk among young people requires an oversampling of this cohort to capture within-group diversity and identify specific issues for this cohort.(13)

Draft recommendation 4.15 The next Agreement should build on the evaluation framework and guidelines

Orygen strongly supports an evaluative framework for the next Agreement to guide implementation of evidence-based mental health treatment and services. This should include evaluation of all funded services in line with the National Mental Health and Suicide Prevention Evaluation Framework.

BALANCING LOCAL NEEDS WITH A NATIONAL STRATEGY

Draft recommendation 4.12 Funding should support primary health networks to meet local needs

Orygen in part supports the recommendation the services commissioned through Primary Health Networks (PHNs) should meet local needs. The Interim report highlighted that there is “significant variability and fragmentation” in services across PHNs. PHNs operate across diverse geographic regions with considerable differences in population size, health needs, workforce capacity and available resources. However, the tailoring of local services needs to prioritise improved parity of service access to **nationally consistent, evidence-based treatment and models of care**, rather than developing bespoke interventions and programs which are not informed by an evidence-based model or deliver recognised components of effective and efficient care.

WORKFORCE

Draft recommendation 4.13 The next Agreement should support the implementation of the National Mental Health Workforce Strategy

Orygen in part supports the emphasis on implementing the National Mental Health Workforce Strategy. The current workforce strategy does not sufficiently support the development a sustainable and skilled workforce that can deliver youth specific mental health treatment. The necessary workforce reform to develop the youth mental health sector has been slow, largely due to entrenched traditional models of care and siloed professional groups and institutions.(14)

Significant gaps remain across the youth mental health workforce, alongside ongoing challenges in attracting and retaining staff, particularly in community-based youth mental health services.(15) The inclusion of workforce development in the next Agreement **needs to include** youth specific education, training, and career development that reflects the high onset of lifetime mental disorders in this age group and the existing workforce shortages.

Draft recommendation 4.14 The next Agreement should commit governments to develop a scope of practice for the peer workforce

Orygen supports the development of a scope of practice for the peer workforce, including a specific youth peer workforce. Youth peer support work is unique due to its focus on support between people of similar ages, their focus on early experiences of mental health issues and service use, and their focus on support around experiences that are unique to a younger age group.(16)

To maximise the impact of a scope of practice it will be necessary to embed it in the education and training of other mental health professionals, and to jointly develop codes of practice with other mental health professional peak bodies. These steps will support implementation and provide a foundation for practice and culture change within mental health services. Implementation of a scope of practice would be enabled through the establishment of a National Mental Health and Suicide Prevention Peer Workforce Association. This workforce pillar was part of Recommendation 16 in the Productivity Commission’s previous Mental Health Inquiry.(17)

Orygen RTO – Certificate IV Peer Work – Peer trainer model

At Orygen RTO, we do things differently. In the two years we have offered this Certificate, our student retention rate has averaged 48% - two-and-a-half times the industry standard. Our course is unique in being designed from the ground up in collaboration with lived-experience peer workers, which has influenced both how and what we teach, and the wrap-around support we offer our students. We employ three peer-work trainers who contextualize and deliver the whole course through a lived experience lens. *And multiple units are co-led with clinical trainers, giving students a unique opportunity to observe how lived experience and clinical perspectives can work together effectively* – setting them up for success in their employment. This approach is validated by our retention rates and the exceptional feedback we receive not only from our students but also from their placement organisations and employers.

PROPOSED SCHEDULES WITHIN THE NEXT AGREEMENT

Orygen in part supports the development of specific schedules for Aboriginal and Torres Strait Islander populations and suicide prevention. This support is on the proviso that separate schedules serve to elevate, rather than isolate or minimise, the focus and resourcing of services and programs. The schedules also need to:

- have stronger links with broader policy (Draft recommendation 4.3)
- address (respectively) the social determinants of:
 - social and emotional wellbeing
 - suicide.

Draft recommendation 5.1 An Aboriginal and Torres Strait Islander schedule in the next Agreement

In recommending the inclusion of a separate schedule on Aboriginal and Torres Strait Islander social and emotional wellbeing in the next Agreement it needs to be recognised that Aboriginal and Torres Strait Islander young people access both community-controlled and mainstream services. Expanded community-controlled and culturally safe mainstream services are needed. Missing from the draft recommendation is the actual delivery of services for Aboriginal and Torres Strait Islander young people. It is recommended that the next Agreement recognise what has been achieved as a foundation for improving and expanding services.

Draft recommendation 6.1 Suicide prevention as a schedule to the next Agreement

The recommended suicide prevention schedule needs to have a specific focus on young people. This focus is supported by the available data. For example, young women have the highest rate of hospitalisation for intentional-self harm; suicide is the leading cause of death for young people; and people aged 16-34 years surveyed for the 2020–22 National Study of Mental Health and Wellbeing reported the highest prevalence of suicidal thoughts and behaviours in the prior 12 months.^(18, 19) A demonstrated evidence-base and fidelity with the evidence should be a requirement of funded programs and services.

ABOUT ORYGEN

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen conducts clinical research, runs clinical services (five headspace centres), supports the professional development of the youth mental health workforce and provides policy advice relating to young people's mental health. Our current research strengths include: early psychosis, mood

disorders, personality disorders, functional recovery, suicide prevention, online interventions, neurobiology and health economics.

CONTACT DETAILS

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This submission was written on the lands of the Wurundjeri people of the Kulin Nation. Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

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