

Mental Health and Suicide Prevention Agreement Review

Productivity Commission
GPO Box 1428
Canberra City ACT 2601

31 July 2025

To whom it may concern,

Submission for the Productivity Commission Mental Health and Suicide Prevention Agreement Review

Youturn Limited is a large not-for-profit charity provider that provides social, community, and health services across Australia. With more than 35 years of experience, we are a trusted provider supporting individuals and communities through life's toughest moments and helping people of all ages live safe, connected, and meaningful lives.

Youturn is a well-established and reputable provider of mental health services and psychosocial support across Australia. Youturn is a lead provider for eight headspace centres and two Youth Enhanced Services (YES) across various locations in South-East Queensland and South Australia. Additionally, Youturn delivers community-based programs across the interrelated issues that significantly impact on people's social and emotional health and wellbeing, including programs supporting individuals experiencing homelessness, comprehensive wrap-around family support for at-risk families and their children, and opportunities that foster community connection.

We commend the Productivity Commission for undertaking a thorough review of the current National Agreement. We support the recommendations outlined in the interim report. As such, this submission provides our feedback on key recommendations that we believe could be further enhanced in the final report.

Please note - alongside this Youturn submission, a separate submission has been provided by the StandBy Support After Suicide program. As one of Youturn's flagship initiatives, the national StandBy Support After Suicide program offers universal postvention support to individuals bereaved or affected by suicide, operating across every PHN region in Australia. The submission from the StandBy Support After Suicide program and its partner organisations provides additional valuable insights from a postvention perspective.

E reception@youturn.org.au

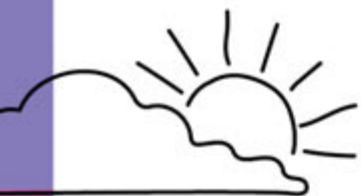
T 07 5409 4900

A 1/27 Evans Street
Maroochydore, Qld, 4558, Australia

YOUTURN.ORG.AU



ABN 58 114 781 065



Recommendation 1: Development of a Comprehensive Mental Health Strategy (4.1) and Policy Alignment (4.3) to drive systemic reform

We strongly endorse the development of a renewed National Mental Health Strategy that is comprehensive, cohesive, and aligned with the National Suicide Prevention Strategy¹.

The interim findings of the Productivity Commission (PC) acknowledge that mental health outcomes remain largely unchanged, highlighting the need for renewed focus and strategic realignment. To achieve meaningful reform and impact, a coordinated and integrated approach is essential, not only between these two national strategies but also within the broader policy landscape. It is important to clearly distinguish mental health priorities from suicide prevention efforts while detailing how the National Agreement will interface with the National Suicide Prevention Strategy to ensure complementarity and avoid duplication.

We also endorse recommendations to establish a clear Theory of Change to guide the Strategy. Developing this through genuine co-design will help ensure that strategic objectives are both meaningful and achievable.

A robust national strategy will serve as a critical lever for systemic reform, particularly in early intervention and youth mental health. We agree with the PC that achieving this will require a whole-of-government approach, led by the Department of the Prime Minister and Cabinet (PM&C), to ensure cross-portfolio accountability and effective implementation. This is aligned with international best practice, emphasising that effectively addressing the social determinants of mental health requires coordinated action across government sectors (OECD 2021²).

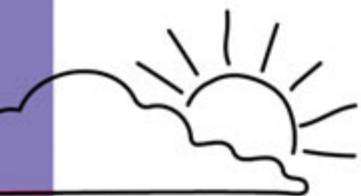
Recommendation 2: Stronger articulation of accountability within governance recommendations (4.2, 4.6 and 4.10)

We agree with the PC's finding regarding limited system reform and underscore the importance of strengthening governance and accountability structures within the new Agreement. We support actions under recommendation 4.2 and advocate for a robust governance model that includes stronger national leadership via the National Mental Health Commission (NMHC). This leadership is necessary to drive consistency and accountability across Primary Health Networks (PHNs) and ensure clearer oversight of both Local Hospital Networks (LHNs) and PHN commissioning practices. Without this, we risk perpetuating fragmented service delivery. The Grattan Institute (Duckett, 2022³) has identified significant variation in PHN commissioning and a lack of measurable outcomes, while

¹ National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025.

² Organisation for Economic Co-operation and Development (OECD). (2021). A New Benchmark for Mental Health Systems: Tackling the Social Determinants of Mental Health. OECD Publishing. <https://doi.org/10.1787/4ed890f6-en>

³ Duckett, S. (2022). A new approach to primary care: Reimagining health commissioning in Australia. Grattan Institute. Retrieved from <https://grattan.edu.au>



the NMHC's report (NMHC 2021⁴) points to persistent regional inequities in mental health service availability and quality.

Recommendation 3: Addressing the implications of a one-year extension

While we support a one-year extension of the Agreement to allow for thorough review and redesign, it is critical to recognise that current services under the Agreement are already operating under considerable strain. Any extension must be accompanied by appropriate resourcing and expedited contract renewals to preserve workforce and service continuity.

Current funding levels are inadequate to meet the rising demand and growing costs such as overheads and staff wages. Furthermore, delayed or inadequate indexation has diminished the funding capacity of NGOs (Mental Health Australia, 2022⁵). Increasing demand is a challenge across the entire sector. Within our own psychosocial support and mental health services at Youturn, the demand for services is consistently exceeding capacity (HSN 2019⁶, headspace centre reports⁷; SVA Report 2025⁸; also see submission by StandBy Support After Suicide) and ensuring sufficient staffing capacity is essential to meeting this demand⁸. This mirrors the experiences of other organisations such as Mission Australia and Orygen (2023⁹) who have documented increasing youth distress coupled with services reaching capacity. Without additional investment during the one-year extension, there is a serious risk of service gaps emerging during this transitional period.

In line with this, we also strongly support recommendation 4.4, which calls for immediate action to address unmet need, particularly for non-NDIS psychosocial supports. Data from the Productivity Commission and NMHC (2022¹⁰) point to rising demand for these services. We urge the Productivity Commission to seek further guidance and clarity on funding mechanisms to enable the scaling of non-NDIS psychosocial supports during this period.

Recommendation 4: Supportive of the Suicide Prevention schedule (6.1), but opportunities to better incorporate mental health promotion and postvention

We support the inclusion of a dedicated Suicide Prevention Schedule in the renewed Agreement. However, it is crucial that this schedule more robustly incorporate mental health promotion, prevention, and postvention. These components should be closely aligned with the National Suicide Prevention Strategy, which highlights social determinants, such as housing, employment, and

⁴ National Mental Health Commission (NMHC). (2022). Monitoring Mental Health and Suicide Prevention Reform: National Report 2022. Retrieved from <https://www.mentalhealthcommission.gov.au>

⁵ Mental Health Australia. (2022). Submission to the Productivity Commission: Mental Health Review Implementation. Retrieved from <https://mhaustralia.org>

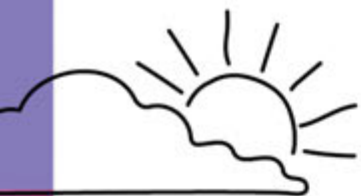
⁶ Headspace national youth mental health foundation. 2019. Increasing demand in youth mental health: A rising tide of need.

⁷ Headspace Centre Activity Reports for Youturn sites. Q2 Report. Financial Year 2024-2025.

⁸ SVA Consulting. (2025). Standby Support After Suicide, Demand metrics analysis: final report.

⁹ Mission Australia & Orygen. (2023). Youth Mental Health and Service Gaps: National Youth Survey Report. Retrieved from <https://www.missionaustralia.com.au>

¹⁰ National Mental Health Commission (NMHC). (2022). Monitoring Mental Health and Suicide Prevention Reform: National Report 2022. Retrieved from <https://www.mentalhealthcommission.gov.au>



community connection as key factors influencing suicide risk. Furthermore, there is an opportunity for a stronger focus on upstream mental health promotion as a foundational approach to suicide prevention. As Raymond (2020¹¹) outlines, effective mental health promotion can reduce lifetime suicide risk. We also emphasise that postvention, i.e. support following a suicide, must be recognised as a distinct and evidence-based component requiring specific investment. As emphasised in the National Suicide Prevention Strategy¹², universal access to postvention is a distinct element of suicide prevention.

Recommendation 5: Funding commitments and appropriate resourcing for research, evaluation, data collection

A renewed Agreement must explicitly include adequate funding commitments for research, evaluation, and data collection. These components are crucial for informing best practices and guiding policy improvements. Embedding research within mental health reforms is vital to driving meaningful change (OECD, 2021¹³). However, the current Agreement neither clearly defines a role for research and innovation nor sufficiently funds evaluation across funded services. The Productivity Commission's interim report highlights the need for consistent evaluation frameworks and recommends that all funded services be evaluated - an objective that will require dedicated resources.

Additionally, we propose expanding recommendation 4.11 to incorporate broader wellbeing indicators, such as quality of life, social inclusion, connectedness, and safety. The Australian Bureau of Statistics' General Social Survey¹⁴ already includes relevant wellbeing measures that could be leveraged to assess the impact of services. Expanding these indicators is essential to gain a more comprehensive understanding of prevalence and to determine whether positive change is being achieved. The current absence of psychosocial indicators significantly hinders efforts to accurately assess community mental health needs (AIHW, 2022¹⁵).

Regarding the PC's request for feedback on a national progress dashboard - we strongly support its implementation and emphasise the need for meaningful metrics. In addition to the outcomes mentioned above, this also includes peer-metrics such as outcomes for those engaging with peer workers. Additionally, it is about recognising that not all impact is clinical - sometimes it's just helping someone get through a day, feel heard, or stay connected. The dashboard and supporting outcomes framework (and theory of change as per PC recommendation 4.1) should be developed in consultation with community and lived experience representatives to ensure transparency, accountability, and relevance.

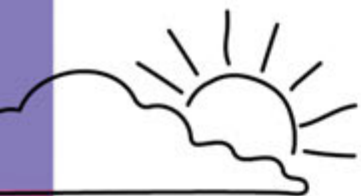
¹¹ Raymond, I. (2020). The role of mental health promotion in suicide prevention. *Australian & New Zealand Journal of Psychiatry*, 54(2), 101–103.

¹² National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025.

¹³ Organisation for Economic Co-operation and Development (OECD). (2021). A New Benchmark for Mental Health Systems: Tackling the Social Determinants of Mental Health. OECD Publishing. <https://doi.org/10.1787/4ed890f6-en>

¹⁴ Australian Bureau of Statistics (ABS). (2022). General Social Survey: Summary Results, Australia, 2020. Retrieved from <https://www.abs.gov.au>

¹⁵ Australian Institute of Health and Welfare (AIHW). (2022). Mental health services in Australia. Retrieved from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia>



Recommendation 6: Overcoming barriers to genuine lived experience participation in governance (4.6, 4.7)

Meaningful inclusion of lived experience in governance must reflect collective insight, not just individual stories. Often, peer representatives in the workforce are asked to speak solely from their personal experience, while simultaneously being expected to “represent all lived experience voices.” Effective representation requires structural support, such as resources and process that support safe consultation with communities, clear guidance what can and cannot be shared, and facilitating and advocacy skill-building to effectively synthesise diverse perspectives into a unified voice. A defined scope of practice, comprehensive frameworks, and investment in peer workforce training and support are essential (as outlined in the PC’s recommendation 4.14) and this should also extend to those serving in governance roles.

For governance related to the development of peer and lived experience support services, we strongly encourage the inclusion of diverse lived experience voices—not only those with mental health lived experience, but also individuals with lived experience of suicide bereavement, housing insecurity, domestic violence, disability, and other factors affecting mental health and well-being. This broader inclusion will ensure that the development of the peer workforce and services is not limited to traditional mental health support frameworks alone, but truly reflects the varied experiences that impact overall mental health.

Concluding remarks

Youturn commends the Productivity Commission on its comprehensive review and interim report. We look forward to the final report and urge the government to prioritise its implementation and resourcing.

Thank you once again for the opportunity to provide input into this review process.

Yours faithfully,

James Blein

Chief Executive Officer

E reception@youturn.org.au

T 07 5409 4900

A 1/27 Evans Street
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