31 July 2025

The Productivity Commission
mentalhealthreview@pc.gov.au

Dear Commissioners King and Button

Thank you for the opportunity to provide a submission to the Mental Health and Suicide Prevention Agreement Review: Interim Report. The Queensland Network of Alcohol and other Drugs (QNADA) submission is attached.

QNADA represents a dynamic and broad-reaching specialist network of non-government alcohol and other drug (NGO AOD) treatment and harm reduction services across Queensland. We have over [xx] member organisations, representing the majority of specialist NGO AOD providers. This submission is made following consultation with QNADA members.

QNADA is pleased to provide further information, or discuss any aspect of this submission. Please do not hesitate to contact me

Yours sincerely

Rebecca Lang

CEO

Submission to the Mental Health and Suicide Prevention Agreement Review: Interim Report

July, 2025

QNADA welcomes the Productivity Commission's acknowledgement of the co-occurring and intersecting nature of problematic alcohol and other drug (AOD) use and mental illness or suicidal distress. In this submission, our response focuses on:

- the need for national level governance arrangements for the AOD sector
- the Productivity Commission's recommendation to include a separate schedule on social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander peoples
- the Productivity Commission's request for information on the inclusion of an additional schedule to address the co-occurrence of problematic AOD use and mental ill health and suicide.

National level governance structures are required to address the lack of coordination in priorities and funding within the Australian AOD sector

As highlighted repeatedly in submissions by AOD peak bodies[1,2] (harm reduction) and the Joint Committee on Law Enforcement's inquiry into Australia's illicit drug problem[3] (supply reduction), it would be of significant benefit to the sector and the community if the Minister for Health re-established a sector-inclusive national level governance framework. Reinstating such a structure would facilitate better planning between tiers of government, representatives of key AOD sector stakeholders, and those with relevant personal experience, to address the limited coordination of the development, implementation, and funding of National Strategy priorities.

Previous governance structures such as the Ministerial Council on Drug Strategy, the Intergovernmental Committee on Drugs, and the National Indigenous Drug and Alcohol Committee were integral to the development and implementation of National Drug Strategies. They ensured a better coordinated approach to system development and funding for the AOD sector at both Commonwealth and State and Territory levels. The absence of a current sector-inclusive national governance structure has made apparent the critical lack of monitoring of these key sub-strategies and frameworks that guide the work of the AOD sector.

Particularly, we are highly concerned about the demonstrable lack of monitoring and implementation funding for National Quality Framework for AOD Treatment Services (NQF). There remain high levels of compliance with the NQF among funded providers in the public and non-government sectors. However, the status of providers not receiving government funding is more difficult to establish, as there is no mechanism requiring them to be licenced to provide treatment, outside those required by professional bodies regulated by (as monitored by the Australian Health Practitioner Regulation Agency). This is particularly critical in Queensland, as the current lack of access to publicly funded services has left a gap in the market which has contributed to a rise in the number of unregulated private organisations claiming to provide specialist alcohol and other drug residential treatment, some connected to evangelical churches and others with costs up to $1,000 per day. These organisations are in effect, if not intention, exploiting people who are desperate to access alcohol and other drugs

[1] Queensland Network of Alcohol and Other Drugs (QNADA). (2024). Submission to the National Mental Health and Suicide Prevention Agreement. Brisbane: QNADA

[2] Australian Alcohol & Other Drugs Council (AADC). Submission to the 2025-26 Pre-Budget. Canberra: AADC

[3] Parliamentary Joint Committee on Law Enforcement. (2024). Australia's illicit drug problem: Challenges and opportunities for law enforcement (see Recommendation 1).

treatment but have been unable to do so due to the under resourcing of the publicly funded system (both public health and non-government services), or because they don't know a publicly funded system exists.

In a system that lacks capacity – driven by chronic under funding – such services are likely to continue to be the only option for some people seeking help. Given the high prevalence of people who experience concurrent problems with substance use and mental ill health, of the impact of unregulated services can be devasting.

The role of federal government should be to set up and support state government capacity to regulate both funded and non-government funded services to prevent the proliferation of dangerous and ineffective service models. Exploratory work has commenced in Queensland to create a licensing regime for services, which we believe would benefit from national coordination.

Such an initiative may be able to be achieved primarily within the existing resources of the respective Departments, and potentially through a relatively modest allocation in the federal Budget and would enhance transparency and funding accountability, which in turn would no doubt better inform the development of AOD sector Budget priorities moving forward.

An additional schedule is needed to strengthen Aboriginal and Torres Strait Islander SEWB

QNADA supports the inclusion of a separate schedule to strengthen Aboriginal and Torres Strait Islander SEWB, given that the Agreement in its current term did not provide sufficient opportunity – by way of funding, commissioning agreements, or meaningful engagement with the community-controlled sector – for improvements in outcomes.

We recognise the critical role of Aboriginal and Torres Strait Islander community-controlled services in the Australian AOD sector. QNADA advocates for increased recognition, in funding and commissioning processes for services which derive and are controlled by the communities they serve. Aboriginal and Torres Strait Islander community controlled health services, including those that are AOD specific (e.g., community controlled residential rehabilitation), are often best placed to treat and support people from their community because they have a deep understanding of how colonisation, racism, and disconnection from language, land and sea Country, and culture affects Aboriginal and Torres Strait Islander health and wellbeing. This understanding is embedded in models of care, with social and emotional wellbeing central to health outcomes. Adequately and appropriately funding community-controlled services supports self-determination, health equity and aligns with the goals of the National Agreement on Closing the Gap.

An additional schedule is needed to address the co-occurrence of problematic AOD use and mental ill health and suicide

Ongoing alcohol and other drugs related policy processes (e.g., evaluation of the Drug and Alcohol Program and update of the National Drug Strategy) are likely to shape the policy and funding landscape of the AOD sector in the medium term. However, these processes, in addition to the

Agreement[4], do not explicitly specify actions to support intersectional responsiveness to problematic substance use and mental ill health. As such, in response to Information Request 4.1, QNADA believes that next agreement should include an additional schedule to address the co-occurrence of problematic AOD use and mental ill health and suicide. This additional schedule should:

- prioritise AOD capacity and capability building as part of the mental health workforce development.

While substance use is common in Australia, only a relatively small proportion experience problematic use. However, most people who do access treatment for alcohol and other drugs tend to present with diagnosed or undiagnosed mental ill health[5,6]. In response, the AOD sector frequently provides mental health interventions for high – and sometimes low – prevalence mental health disorders[7]. Conversely, the mental health service sector also sees people with co-occurring problematic substance use but is not similarly prepared to provide appropriate treatment or intervention. As such, higher demands are placed on the AOD sector, which remains chronically underfunded and insufficient in supply, resulting in longer access wait times and increased pressure on the workforce.

In addition to the repeated calls by the AOD sector, the *National Mental Health Workforce Strategy 2022-2032* (the Strategy) identifies the need to 'strengthen the capability and core competencies' (including AOD skills) of the mental health workforce to 'recognise and respond to community need'[8]. As such, QNADA welcomes the Productivity Commission's recommendation for the next agreement to support the implementation of the Strategy. We believe that adequate and appropriate funding towards mental health workforce development will reduce demand on the AOD sector, and more importantly, ensure that the co-occurring needs of people accessing services are met, potentially reducing harm and promoting overall health and wellbeing.

Simultaneously, it is important to acknowledge that the AOD sector, while chronically underfunded, uses limited existing resources to continually build capability to provide care for people who present with co-occurring problematic substance use and mental ill health. As such, this schedule, as well as the ongoing AOD related policy processes, should highlight appropriate pathways for adequate and recurrent funding arrangements for the AOD sector to continue to deliver holistic treatment[9].

- contain funding arrangements and commissioning processes for services which derive and are controlled by the communities.

Consistent with the separate schedule to strengthen Aboriginal and Torres Strait Islander SEWB, we believe this schedule should contain funding arrangements and commissioning processes for services

[4] Western Australian Network of Alcohol and other Drug Agencies (WANADA). (2024). Submission to the National Mental Health and Suicide Prevention Agreement. Perth: WANADA
[5] Victorian Alcohol and Drug Association. (2025). Mental Health Presentations in the AOD Sector: Highlighting the challenge and working towards solutions. Melbourne: VAADA
[6] Marel C, Siedlecka E, Wilson J, et al. A systematic review and meta-analysis of the prevalence of alcohol and other drug use and problematic use among people accessing mental health treatment in Australia. Australian & New Zealand Journal of Psychiatry. 2025;59(4):361-377. doi:10.1177/00048674251321272
[7] *ibid*
[8] Department of Health and Aged Care. (2022). National Mental Health Workforce Strategy 2022-2032. Canberra: Commonwealth of Australia.
[9] *ibid*

which derive and are controlled by the communities they serve, particularly community controlled residential rehabilitation. As stated above, these services are often best placed to treat and support people from their community because they have a deep understanding of how the intersection between identity, experience, connection, and structural factors affects Aboriginal and Torres Strait Islander health and wellbeing. Adequately and appropriately funding community-controlled services supports self-determination, health equity, and aligns with the goals of the National Agreement on Closing the Gap.