



Public Submission to the Productivity Commission Review of the National Mental Health and Suicide Prevention Agreement

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1.0 Executive Summary

OurFutures Institute welcomes the opportunity to contribute to the Productivity Commission's review of the National Mental Health and Suicide Prevention Agreement. This submission supports the creation of a strengthened schedule on comorbidity within the next Agreement. We recommend that this schedule embed prevention as a core strategy to reduce the development of co-occurring mental health and alcohol and other drug (AOD) issues. Preventing these conditions early, particularly through evidence-based school programs, is the most cost-effective way to reduce long-term harm and demand on crisis services.

AOD use, mental ill health, and suicide are deeply interconnected, yet prevention, particularly in school settings, remains underfunded and inconsistently embedded across jurisdictions. Drawing on robust Australian and international evidence, OurFutures Institute highlights the strategic value of school-based prevention and the need for a coordinated national approach.

Key recommendations include:

- **Incorporate and strengthen prevention in the dedicated schedule for comorbidity** (Section 3.0), formally recognising the interrelationship between AOD use, mental ill health and suicide, and the critical role of prevention in reducing demand for acute and crisis services.
- **Establish explicit linkages between the Agreement and national education frameworks** (Section 4.0), including the Better and Fairer Schools Agreement, to embed prevention systematically within school curricula and ensure robust governance and funding across portfolios.
- **Adopt a coordinated funding and governance model aligned with a whole-of-government national service framework, alongside procurement reforms to ensure stable, secure funding for prevention** (Section 5.0). Under this model, the Commonwealth would fund the research, development and evaluation of prevention initiatives. State and territory governments would then fund and deliver implementation through education systems, supported by bilateral schedules, clear cross-portfolio responsibilities, and reforms to address fragmented short-term contracts and inconsistent indexation.
- **Integrate economic evaluation frameworks** (Section 6.0) that explicitly link prevention to demonstrated economic benefits, with mechanisms to monitor and publicly report on how prevention investments influence national productivity and social outcomes.
- **Include specific, measurable outcomes and nationally consistent indicators for AOD prevention** (Sections 5.2 and 6.0), to ensure rigorous accountability and enable continuous evaluation of impact.

If implemented, these reforms would deliver a more unified, evidence-informed national approach to AOD prevention- one that is economically efficient, socially equitable, and developmentally targeted. Embedding prevention into the core functions of schools and funding frameworks would not only reduce long-term demand on mental health and emergency services, but also improve educational engagement, resilience and wellbeing among young Australians. Through better alignment of health and education portfolios, governments can unlock sustained cross-sector benefits while ensuring that every young Australian, regardless of postcode, has access to effective, early prevention.

If these recommendations are implemented, strengthening the proposed comorbidity schedule to embed evidence-based prevention will:

- Reduce the development of co-occurring mental health and AOD problems through early intervention in schools.⁴⁻⁷
 - Deliver long-term economic savings of \$3–\$10 for every \$1 invested in school-based prevention.⁹
 - Improve wellbeing, resilience and educational engagement for young Australians, reducing later crisis demand.^{6 7}
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2.0 Introduction

OurFutures Institute is a leading Australian not-for-profit organisation dedicated to advancing the health and wellbeing of young people through evidence-based prevention education initiatives in schools, including AOD and mental health.

OurFutures is now delivering Australia's only evidence-based digital vaping prevention program to high schools across the country via funding from the Federal Department of Health & Aged Care. Developed by the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney, the OurFutures vaping prevention program is on track to reach one million students by June 2028, underscoring the impact of sustained, research-driven public investment in prevention.

This submission primarily addresses:

- Information Request 4.1, which seeks stakeholder views on the inclusion of an additional schedule in the next Agreement to address the co-occurrence of problematic alcohol and other drug (AOD) use, mental ill health, and suicide.
 - Draft Recommendation 4.3, which proposes that the next Agreement establish explicit linkages to non-health national strategies, such as the Better and Fairer Schools Agreement, to support an integrated whole-of-government approach.
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3.0 Strengthening the proposed schedule on comorbidity by embedding prevention

3.1 The intersection of AOD use, mental ill health, and suicide

The co-occurrence of problematic AOD use with mental health conditions and suicidal behaviour is well established. Approximately 24 percent of drug-induced deaths in Australia are intentional, with a further 7 percent classified as undetermined, suggesting a substantial proportion linked to suicide.¹ Moreover, up to 44 percent of individuals presenting to hospital following a suicide attempt are intoxicated at the time of presentation, underscoring the acute risks associated with substance use.²

The Productivity Commission's interim report proposes a new schedule to address comorbidity. We strongly support this schedule, and recommend it be strengthened to embed prevention as a central strategy.

A strengthened comorbidity schedule would formalise collaboration across governments and agencies to address the intertwined issues of AOD use, mental ill health and suicide. Embedding prevention as a core element would also drive strategic investment in upstream prevention, thereby alleviating future demand on mental health and emergency services.

3.2 Prevention as a foundational strategy

Embedding prevention within the proposed comorbidity schedule is essential. The majority of mental health conditions and substance use behaviours emerge prior to the age of 25,³ highlighting the importance of intervening early to mitigate risks before they escalate into crisis presentations or entrenched harm.

Schools provide the most strategic and equitable platform for delivering prevention efforts. They offer unparalleled reach to adolescents across all demographic, geographic and socio-economic groups during formative developmental periods when behavioural patterns, coping strategies and social norms are established. Embedding prevention initiatives within the school setting enables a systematic approach that targets the key age window in which most AOD and mental health trajectories are shaped.

Robust international and Australian evidence demonstrates that school-based prevention can reduce the uptake of alcohol and other drugs, delay initiation, and build resilience and mental health literacy.^{4 5} This includes:

- **The OurFutures Alcohol & Cannabis program**, which has been shown in a cluster randomised controlled trial to reduce alcohol and cannabis use and related harms for up to seven years after implementation.⁵
- **The OurFutures Health4Life program**, which improves adolescent mental health, reduces anxiety and depression, and modifies multiple lifestyle risk factors.^{6 7}

The WHO's Health Promoting Schools framework and international standards on drug use prevention further underscore the strategic importance of schools in comprehensive, multi-level prevention systems.^{8 9}

By embedding prevention in the dedicated comorbidity schedule, governments can ensure that interventions with the greatest potential to change long-term trajectories are prioritised, reducing future demand on acute and crisis services.

4.0 Linking with education through the Better and Fairer Schools Agreement

The Productivity Commission's Draft Recommendation 4.3 proposes that the next National Mental Health and Suicide Prevention Agreement should explicitly link with key non-health policies, including the Better and Fairer Schools Agreement. OurFutures Institute strongly supports this direction.

Currently, state and territory education departments operate under varied policies and procurement frameworks, funding a range of programs with differing standards of evidence. This fragmentation risks inconsistent quality and duplication of effort.

A formal linkage would secure the role of education systems in delivering evidence-based prevention, supported by appropriate funding streams. It would promote integration of health education into existing wellbeing and pastoral care frameworks in schools, and ensure prevention is not left to ad hoc or short-term initiatives, but embedded in core educational responsibilities.

Explicitly linking the next Agreement with the Better and Fairer Schools Agreement would facilitate alignment of responsibilities, quality standards, and funding expectations across federal, state and territory governments. It would also provide a structured policy lever to systematically embed prevention in school curricula and ensure investments are directed toward initiatives underpinned by rigorous Australian evidence.

In doing so, the next Agreement can address entrenched fragmentation across jurisdictions, creating a more unified national approach that maximises impact and equity for young Australians, regardless of their state or territory.

5.0 Funding models and structural barriers to prevention

5.1 A coordinated funding framework

Unlike the existing National Mental Health and Suicide Prevention Agreement, which predominantly focuses on funding clinical and acute treatment services through bilateral health schedules, OurFutures proposes a model that explicitly delineates responsibilities for prevention. At present, the Agreement lacks clear provisions assigning responsibility for funding the development or delivery of prevention initiatives, particularly those implemented through education systems. This omission contributes to a fragmented landscape where prevention is frequently under-prioritised, inconsistently resourced, or reliant on short-term grants.

OurFutures recommends a model in which the Australian Government funds research, development, and rigorous evaluation of prevention programs, strengthening the national evidence base and fostering innovation, while state and territory governments fund and implement these programs, embedding proven interventions within schools, supported by bilateral schedules formalised under the next Agreement.

This approach would clarify roles, prevent duplication, and leverage Commonwealth capacity for program design and evaluation alongside state and territory accountability for delivery through their education systems. It represents an important evolution from the current Agreement by systematically embedding cross-portfolio funding responsibilities for prevention.

5.2 Reforming fragmented prevention funding

Recent Department of Social Services consultations on the sustainability of Australia's not-for-profit and charity sector have underscored the need to improve funding and procurement processes. Key priorities identified include ensuring funding levels are adequate to meet demand, and establishing substantially greater certainty and security.¹⁰

For organisations delivering AOD prevention programs, the prevailing funding environment remains fragmented and insecure, often reliant on multiple short-term streams across various levels of government and Commonwealth agencies. This fragmentation increases administrative burden, disrupts program continuity, and hampers retention of a skilled prevention workforce.

Inconsistent application of indexation on Commonwealth contracts over the past decade has effectively resulted in real reductions to funding for AOD-related services, further undermining the stability required for sustained prevention initiatives. Without reforms that prioritise stability, security, and funding levels aligned with actual demand, the capacity of prevention-focused organisations to consistently deliver high-quality interventions will remain constrained. This poses a direct risk to achieving the upstream

objectives of the next Agreement, including reducing the incidence of mental ill health and suicide linked to AOD use.

6.0 Economic outcomes and accountability

The next Agreement should embed frameworks that clearly link prevention, including AOD prevention, to its demonstrated economic value. International studies have shown that for every \$1 invested in school-based AOD prevention, governments can expect a return of \$3 to \$10, through long-term savings in healthcare, justice, and productivity losses.⁹

Australian economic modelling on broader preventive health investments similarly suggests returns of up to \$14 for every \$1 spent, particularly when interventions target children and young people during critical developmental stages.¹¹ These figures make a compelling case for shifting investment toward early, evidence-based prevention.

To ensure these benefits are realised, the next Agreement should establish mechanisms to track and publicly report how prevention spending translates into improved outcomes, including reduced pressure on acute services, increased workforce participation, and broader societal wellbeing- aligned with Australia's growing focus on productivity and wellbeing frameworks.

In addition, incorporating specific, measurable indicators for AOD prevention within the national mental health and suicide prevention reporting suite will support greater accountability, transparency, and continuous improvement.

7.0 Conclusion

The OurFutures Institute strongly supports the Productivity Commission's focus on long-term reform and the development of a dedicated schedule to address comorbidity. Strengthening this schedule to embed prevention offers a transformative opportunity to reduce the burden of co-occurring mental health and alcohol and other drug issues before they escalate.

The case for early, school-based prevention is both evidence-driven and economically compelling. But beyond the numbers, the real value lies in the voices of students who participate in these programs. Every day, we hear from young people who say the OurFutures program helped them make informed choices, resist peer pressure, and better understand their own mental health.

"After doing this program, I have actually made changes in my own lifestyle. This makes me feel better about myself, improving my mental health, as well as my physical health." - Student, Health4Life Program

"The engaging cartoon skits don't make learning about the harmful effects of vaping boring and instead makes it more interesting and easier to get the full message out of it." - Student, Vaping Prevention Program

"It helped to put things in perspective for a younger person. It shows kids that even people like them could get in serious trouble with this stuff, it's not just about the adults. A lot of kids don't know how to say no to friends, so I think that was good too." - Student, Vaping Prevention Program

"It actually helped me think about bad food habits I might have. I have since changed said food habits and I do feel a lot better about myself." - Student, Health4Life Program

These voices show what research consistently demonstrates: when young people are equipped with evidence-based education and skills, they make healthier decisions that ripple across their futures. ⁴⁻⁷

We welcome further engagement with the Commission and government stakeholders to support the co- design and implementation of a strengthened comorbidity schedule in the next Agreement. By working across education and health sectors, Australia has a chance to create a prevention-first approach that protects young Australians, reduces future crisis demand, and strengthens wellbeing for generations to come.

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