

31 July 2025

Manna Institute Feedback on the Mental Health and Suicide Prevention Agreement Review Interim Report

Introduction

[Manna Institute](#) welcomes the opportunity to provide further submissions to the Productivity Commission's Mental Health and Suicide Prevention Agreement Review. Our submission seeks to build upon the Manna Institute's earlier [submission](#) to the review.

The Manna Institute is a virtual institute of leading researchers working with industry and community partners to improve mental health and wellbeing in rural, regional and remote (RRR) Australia.

Bringing together leading mental health researchers from seven universities in the Regional Universities Network (RUN) – Charles Sturt University, Central Queensland University, Federation University, Southern Cross University, the University of Southern Queensland, the University of Sunshine Coast and lead institution the University of New England, and with our foundation partners Australian National University, Everymind and Lifeline Direct, Manna Institute undertakes place-based research, fosters the development of professional workforces, and translate research findings into practical, evidence informed programs.



Manna Institute believes that improving mental health, particularly via prevention and early intervention, has the potential to change lives; improve living standards, enhance social and community engagement and connectedness; and drive economic productivity in the long-term. This is particularly important for the one-third of Australian's who live outside of metropolitan areas and experience significant barriers to achieving good health and well-being.

Our goals are to:

- work with rural and regional communities to address complex mental health challenges,
- reduce morbidity and mortality associated with poor mental health, mental illness and suicide,
- alleviate pressure on rural, regional and remote health systems and the associated workforces.

Response to the Mental Health and Suicide Prevention Agreement Review Interim Report

Our initial Manna Institute submission focussed on the importance of including rural, regional and remote communities as a current priority group and the need for place-based responses to addressing mental health and suicide prevention in rural, regional and remote Australia.

Manna Institute responds to the recommendations from the Mental Health and Suicide Prevention Agreement Review Interim Report. This submission has focussed on the recommendations which relate to five (5) key themes which are core to the work of Manna Institute.

The themes we are directly responding to include:

1. Place Based Models
2. Mental Health Workforce
3. Lived Experience and community involvement
4. Evaluation
5. Research translation

1. Place Based Models	
<i>Related interim report draft recommendations</i>	<p>4.1 Develop a renewed National Mental Health Strategy</p> <p>4.2 Building foundations for a successful agreement</p> <p>4.12 Funding should support primary health networks to meet local needs</p>

The interim report underscores the fragmented and ad-hoc nature of current mental health and suicide prevention initiatives. The Manna Institute strongly advocates for place-based models, community co-designed approaches, which are grounded in evidence generated through local research and lived experience. Including place-based models as part of the renewed National Mental Health Strategy (*draft recommendation 4.1*) would support initiatives to be responsive to the distinct needs of RRR communities. The Manna Institute also welcomes the recommendation to run co-design processes with people with a lived experience and their carers, supporters and families (*draft recommendation 4.2*) and advocates for this co-design process to include people from RRR communities to represent the unique lived experiences which occur in RRR locations.

Place-based models should sit as a requirement within the funding arrangements and policy agreements with primary health networks (PHNs). This allows for the knowledge of community, by the very communities, these agreements seek to support, can be embedded across all areas of service delivery. The interim report highlighted the roles of PHNs to meet the unique needs of communities, this recognition further supports the opportunity for place-based models to be included as part of PHN funding (*draft recommendation 4.12*). To achieve this outcome the future Agreement must ensure localised, place-based solutions are prioritised.

2. Mental Health Workforce	
<i>Related interim report draft recommendations</i>	<p>4.13 The next agreement should support the implementation of the National Mental Health Workforce Strategy</p> <p>4.14 The next agreement should commit governments to develop a scope of practice for the peer workforce</p>

Workforce shortages, particularly in RRR areas were identified in the interim report as a critical barrier to delivering timely, efficient and appropriate mental health care. Manna Institute welcomes the recommendation for the implementation of the National Mental Health Workforce Strategy as part of the next agreement (*draft recommendation 4.13*). Until there is a committed movement toward prevention, provided to people early in distress in the locations in which they reside, Australia will continue to experience a critical care barrier to mental health and wellbeing. We need more than mental health beds, we need more mental health workers (from a variety of disciplines) in the community to ensure that those who need inpatient care can receive this in a timely manner while simultaneously reducing the number of people who become critically ill through early intervention.

In addition, Manna Institute reaffirms its advocacy for clear commitments to and timelines for priority actions relating to the unique needs of RRR workforces. Manna Institute is strongly positioned to address these needs through the growing regional research network and partnerships with local services, community organisations and people with lived experience. We have the size and scope to continue to deliver work-ready graduates from all health disciplines across the Regional University Network partners who benefit from our evidence informed work.

Manna Institute supports the interim report recommendation for the next agreement to commit governments to develop a scope of practice to better support and grow the peer workforce (*draft recommendation 4.14*). Alongside this recommendation the Manna Institute advocates for consideration of peer workers as part of any explicit funding and evaluation measures within the implementation of the National Mental Health Workforce Strategy.

3. Lived Experience and community involvement	
<i>Related interim report draft recommendations</i>	<p>4.5 The next agreement should clarify responsibility for carer and family supports</p> <p>4.7 The next agreement should support a greater role for people with lived and living experience in governance</p> <p>5.1 An Aboriginal and Torres Strait Islander schedule in the next agreement</p>

Manna Institute strongly supports greater inclusion of a diversity and intersectionality of lived experience in the governance of mental health and suicide prevention systems (*draft recommendation 4.7*).

Manna Institute actively engages individuals with lived experience in the governance of the institute as well as in the design, evaluation, and delivery of mental health initiatives across RRR communities. To achieve meaningful reform, the next agreement must embed and champion lived experience leadership at all levels of governance, from policy development to funding decisions and service oversight.

It is important to additionally recognise the diversity of lived experience within mental health and suicide prevention. This extends to the diversity of people in carer, supporter, family or kin roles (*draft recommendation 4.5*). Manna Institute advocates for co-designed governance structures that reflect the diversity of lived experience and empower communities to shape the systems intended to support them.

Alongside inclusion of lived experience and family, carer and supporter perspectives there needs to be a considerable change to the way in which the agreement addresses social and emotional wellbeing in Aboriginal and Torres Strait Islander communities.

Manna Institute strongly supports the inclusion of an Aboriginal and Torres Strait Islander schedule in the next agreement (*draft recommendation 5.1*). This schedule must include greater investment in the community-controlled sector and the Aboriginal and Torres Strait Islander social and emotional wellbeing workforce.

To achieve this aim of inclusion in co-design and co-decision making, the agreement must also recognise the additional time and funding required to undertake these governance practices robustly.

4. Evaluation	
Related interim report draft recommendations	<p>4.6 Increase transparency and effectiveness of governance arrangements</p> <p>4.9 Share implementation plans and progress reporting publicly</p> <p>4.11 Survey data should be routinely collected</p> <p>4.15 The next agreement should build on the evaluation framework and guidelines</p> <p>6.1 Suicide prevention as a schedule to the next agreement</p>

A critical gap, identified as part of the interim report, relates to the Mental Health and Suicide Prevention Agreement ability to measure and demonstrate outcomes.

Manna Institute supports the recommendations relating to greater accountability and measuring of impact across mental health and suicide prevention initiatives. The sharing of implementation plans and progress reports (*draft recommendation 4.9*) along with strengthening the reporting role of the National Mental Health Commission (*draft recommendation 4.10*) provide a strong foundation for broader accountability and outcome tracking. Utilisation of the National Mental Health and Suicide Prevention Evaluation framework, released in February 2025, should be required of all services who are funded under the Agreement related schemes. All evaluations of programs should be made publicly available for the sector to learn from and to show openness and transparency in delivery of government funding into community services.

Manna Institute advocates for additional consideration of place-based data-driven funding allocation model, highlighted in Manna Institute's original submission. As noted, current funding cycles do not account the lived experience of mental illness and distress and may not yield impacts as to the efficacy of programs and services provided to RRR communities. Requiring routine survey data collection (*draft recommendation 4.11*) as well as timely evaluations and public sharing of evaluation findings where possible (*draft recommendation 4.15*) offers scope to identify the relevance and efficacy of programs, and marking funding allocations for specific needs in specific communities will enhance outcomes.

5. Research translation	
Related interim report draft recommendations	<p>2.1. public release of the National Stigma and Discrimination Reduction Strategy and detailed National Guidelines on Regional Planning and Commissioning that meet the needs of primary health networks and local hospital networks.</p> <p>4.3 The next agreement should have stronger links to the broader policy environment</p>

Manna Institute supports the public release of the National Stigma and Discrimination Reduction Strategy along with detailed National Guidelines on Regional Planning and Commissioning (*draft recommendation 2.1*). Ensuring timely public access to guidelines and strategies such as these supports shared understanding as well as increasing accountability across key mental health and suicide prevention activities. Manna Institute advocates for ongoing research translation to drive evidence and placed based initiatives which are responsive to the needs of RRR communities. Primary Health Networks and Local Hospital Networks play an important role in delivery of services however it is essential that regional planning and commissioning guidelines incorporate lived experience perspectives and local community knowledge.

The interim report identified the need for stronger links between the Mental Health and Suicide Prevention Agreement and the broader policy environment (*draft recommendation 4.3*). Manna Institute supports a whole of government approach to mental health and suicide prevention. In addition, Manna Institute calls for greater recognition of the unique social determinants of health for RRR communities as part of the next agreement.

This submission also includes contributions relating to the following information requests from the Productivity Commission:

Information request	Manna response
4.1 views on if there should there be an additional schedule in the next agreement to address the co-occurrence of problematic alcohol and other drug use and mental ill health and suicide.	Manna Institute calls for a greater consideration of co-morbidities and intersections across a range of areas including AOD. Considering the intersectionality between co-occurring conditions would ensure there are less people who fall through the gaps.
4.2 views on the value and feasibility of having a publicly accessible dashboard to track and report on progress under the next Agreement's objectives and outcomes; and	Utilisation of the National Mental Health and Suicide Prevention Evaluation framework, released in February 2025, should be required of all services who are funded under the Agreement related schemes. All evaluations of programs should be made publicly available for the sector to learn from and to show openness and transparency in delivery of government funding into community services. This framework provides a feasible structure to support a public dashboard.
4.3 examples of barriers to the genuine participation and influence of people with lived and living experience in governance forums . How could successful inclusion and engagement of people with lived and living experience in governance be measured?	Meaningful participation for people with lived and living experience takes time. At present the main barrier to this is the disparity between the time required to ensure genuine inclusion and participation in comparison to the allocated time within funding cycles.

About the Manna Institute:

[Manna Institute](#) is a virtual institute of leading researchers working with industry and community partners to improve mental health and wellbeing in rural, regional and remote Australia.

Funded by a Commonwealth grant under the Regional Research Collaboration program Manna Institute aims to:

- foster meaningful research
- enhance professional workforce development
- translate research findings into practical, place-based programs.

The institute's seven partner universities include Charles Sturt University, Central Queensland University, Federation University, Southern Cross University, the University of Southern Queensland, the University of Sunshine Coast and lead institution the University of New England.