

Medibank Private Limited:

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

July 2025

About Medibank Private Limited

Medibank is one of Australia's largest private health insurers and a major funder of mental health care in the private system. Over nearly 50 years, we have evolved from a health insurer to a health services organisation delivering integrated, innovative care to millions of Australians. In March 2025, we committed \$50 million over five years to support mental health access, innovation, and prevention initiatives, including a \$10 million post-traumatic stress disorder (PTSD) psychotherapy program, pharmacogenetic testing support, expanded psychology and mental health professional benefits, and all-hours support service. Our investments in prevention, early intervention, and digital mental health reflect our commitment to supporting system-wide reform, both within and beyond the private sector.

Medibank's feedback on the interim report

We welcome the Productivity Commission's (the Commission) Mental Health and Suicide Prevention Agreement Review Interim Report (Interim Report) and commend its detailed assessment of the National Mental Health and Suicide Prevention Agreement (the Agreement). As a key player in the delivery and funding of mental health care, we bring a practical lens to this discussion, grounded in what we hear from our members, providers, and frontline mental health partners. The Commission's diagnosis of system fragmentation, unclear roles, and implementation drift mirrors our observations across public and private settings.

While not a formal party to the Agreement, Medibank delivers and funds mental health services at scale, including through hospital, outpatient, digital, and in-home care. We have also piloted new service models, such as digitally enabled discharge support and early intervention pathways, that may offer useful blueprints for broader reform.

We support the Commission's call for a new agreement

We agree that the current agreement lacks a clear theory of change, measurable outcomes, and effective governance. A new agreement should:

- Include a long-term national strategy and a five-year implementation plan.
- Clarify roles and responsibilities across all levels of government and commissioning bodies.
- Embed accountability through transparent reporting and independent oversight.

We strongly support the development of a renewed agreement that is underpinned by a clear theory of change and co-designed with people with lived and living experience. A new national strategy must embed consumer feedback and outcome measurement to inform continuous improvement, moving beyond coordination to accountability.

The role of private health insurers in mental health system reform

To unlock the full potential of the mental health system, the next Agreement must leverage private sector capabilities. We recommend that:

- Private health insurers and providers be formally engaged in governance and planning for mental health reform, especially where shared funding models and digital innovation can reduce duplication.

- Public-private data sharing protocols be established to support real-time system monitoring, improve continuity of care, and accelerate value-based commissioning.

Medibank's contribution: Innovations outside the Agreement

As the Commission considers options for a renewed national agreement, the following initiatives from Medibank offer real-world demonstrations of how a more integrated, person-centred, and sustainable mental health system can be achieved. While operating outside the current Agreement, our investment and broader role highlights the value of sustained investment, outcome-focused design, and public-private collaboration, reflecting our commitment to system stewardship.

Medibank's contributions may offer practical insights to inform future reform, particularly to address persistent gaps in innovation, access, and accountability.

At the centre of our commitment is a \$50 million investment over the next five years to enhance mental health access, innovation, and prevention for our customers.¹ This investment reflects our belief that mental healthcare should be timely, person-centred, and integrated across the continuum of care.

Medibank is also progressing strategic initiatives to drive a mental health sector transition through meaningful innovative and collaborative contributions, including:

A. Reimagining care models

- Partnering with Ramsay Health Care to develop innovative, non-hospital models of care and expand community-based mental health support.²
- Amplar Health and Aurora Healthcare's integrated mental health (iMH) joint venture delivering short-stay, integrated mental health care in the ACT, NSW, and QLD.³

B. Personalised and evidence-based innovation

- Funding a world-first psychotherapy program for to test value-based models of trauma treatment.⁴
- Supporting access to pharmacogenetic testing (PGx) for eligible customers, enabling more precise and safe prescribing for mental health conditions.⁵

C. Research and workforce infrastructure

- Medibank's Better Health Research Hub is prioritising community mental health across FY25–26 in line with the quintuple aim.⁶

¹ Medibank. (2025). Medibank to invest an extra \$50m into mental health. Retrieved from [Medibank to invest an extra \\$50m into mental health | Medibank Newsroom](#)

² Medibank. (2025). Medibank and Ramsay Health Care partner for innovation in mental health. Retrieved from [Medibank and Ramsay Health Care partner for innovation in mental health | Medibank Newsroom](#).

³ Integrated Mental Health (iMH). (2025). *About iMH*. [About iMH](#).

⁴ Medibank. (2025). Medibank first major health insurer to fund innovative psychotherapy program. Retrieved from [Medibank first major health insurer to fund innovative psychotherapy program | Medibank Newsroom](#)

⁵ Medibank. (2025). Medibank first insurer to pay towards pharmacogenetic testing. Retrieved from [Medibank first insurer to pay towards pharmacogenetic testing | Medibank Newsroom](#)

⁶ Medibank. (2025). *Better Health Research Hub*. [Medibank Better Health Research Hub | Medibank](#).

- Amplar Health delivering 24/7 mental health support lines, virtual psychology clinics, and a multidisciplinary workforce of over 90 mental health professionals.⁷

Collectively, these initiatives demonstrate how the private sector can deliver practical solutions to the system gaps identified by the Commission. Medibank welcomes opportunities to formally contribute to a renewed Agreement, particularly in areas where private-public collaboration can support more equitable, integrated and person-centred mental health care.

We support a dedicated First Nations schedule

Medibank supports the inclusion of a separate schedule in the next Agreement that is dedicated to improving the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander peoples. A distinct, co-designed schedule will honour the commitments made under Closing the Gap Priority Reforms and the Gayaa Dhuwi Declaration, particularly in relation to shared decision-making, community-led services, and culturally safe care.

Mental health outcomes for First Nations peoples continue to reflect the impact of intergenerational trauma, racism, and systemic exclusion. These must be addressed through culturally grounded responses that prioritise connection to land, culture, community, and kin. We support a strengths-based approach that recognises the diversity, resilience, and leadership of Aboriginal and Torres Strait Islander communities.

Medibank is committed to contributing to this reform in partnership with First Nations organisations. Relevant initiatives we are progressing or supporting include:

- Partnership with the preventative health program, Deadly Choices, through our ahm brand, supporting preventive health, early intervention, and community-led engagement across Aboriginal Medical Services.
- Delivery of mental health and wellbeing services via Amplar Health's multidisciplinary workforce, with a growing focus on cultural safety and trauma-informed care, including participation in cultural competency training and protocols to engage respectfully with Aboriginal and Torres Strait Islander consumers.
- Telehealth and digital support models that can improve accessibility for communities in rural and remote areas, particularly when co-designed and delivered in collaboration with Aboriginal Community Controlled Health Organisations (ACCHOs) and First Nations-led mental health services.
- Support for community-based suicide prevention approaches, consistent with the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

We endorse calls for:

- A dedicated First Nations governance mechanism to oversee implementation.
- Clear accountability measures that reflect SEWB frameworks rather than deficit-based metrics.
- Investment in Aboriginal and Torres Strait Islander workforce development.

⁷ Amplar Health. (2023). Mental Health of Australians deteriorating: Virtual Psychology providing relief. Retrieved from [Media release: Mental Health of Australians deteriorating: Virtual Psychology providing relief – Amplar Health](#)

- System architecture that embeds cultural safety, community control, and sustainable funding for First Nations-led services.

Medibank welcomes the opportunity to engage further on how our partnerships, platforms, and delivery models can support the success of a dedicated First Nations schedule and contribute to a more just and culturally responsive mental health system.

We support a dedicated suicide prevention schedule

Medibank supports the inclusion of a schedule within the next Agreement focused exclusively on suicide prevention. Suicide prevention requires a coordinated, multi-sectoral approach that goes beyond general mental health care, and which responds to the unique factors contributing to suicidal distress, including social isolation, trauma, financial hardship, and loss of meaning.

We believe that a standalone schedule will enable:

- Clearer accountability for suicide prevention outcomes.
- Sustained investment in early intervention, community-led responses, and digital access points.
- Stronger coordination across health, education, housing, as well as rehabilitation, support and crisis response services.
- Enhanced capacity for data sharing and real-time monitoring, including post-discharge follow-up and psychological distress screening.

Medibank is already progressing work that aligns directly with the intent of a dedicated schedule:

- Through Amplar Health, we deliver 24/7 mental health support, digitally enabled low-intensity interventions, and stepped care navigation services, all of which play a role in early distress detection and suicide prevention.
- Our partnership with SANE Australia supports people with complex mental health needs through guided digital programs and peer-informed support, recognising the importance of connection, continuity, and lived experience in suicide prevention.
- In collaboration with ReachOut, we support youth mental health and digital peer communities, creating early access points for young people who may be experiencing distress.
- Our \$50 million mental health investment includes a focus on trauma-informed care, digital access models and care innovation, which are foundational pillars for suicide prevention reform.
- We are exploring models that enhance post-discharge follow-up, recognising the period immediately following hospitalisation as a high-risk window for suicide and self-harm.

We welcome the opportunity to collaborate on the design and implementation of a dedicated suicide prevention schedule.

Response to information requests

In addition to our broader reflections on the Interim Report, Medibank welcomes the opportunity to respond to specific information requests. Drawing on insights from our customers, partners, and service delivery experience, we offer the following perspectives to support a renewed Agreement that is measurable, coordinated, and inclusive.

Information request 4.1 – The co-occurrence of mental ill-health, suicide and alcohol and other drug use

We support the inclusion of a dedicated schedule in the next Agreement to address the co-occurrence of mental ill-health, suicide, and problematic alcohol and other drug use. These issues are deeply interconnected and require integrated responses across mental health, primary care, and substance use treatment systems. As a funder and facilitator of mental health care, we echo calls from sector leaders for better integration across public and private service ecosystems to reduce fragmentation and improve continuity of care.

This recommendation aligns with Recommendation 35 of the Royal Commission into Victoria's Mental Health System, which calls for a comprehensive, integrated approach to co-occurring conditions. It also reflects the national direction under the Fifth National Mental Health and Suicide Prevention Plan, which emphasises coordination across sectors and settings.

Information request 4.2 – Inclusion of people with lived experience in governance

Genuine participation of people with lived and living experience in governance remains limited, and too often, symbolic. True inclusion requires decision-making power, not just consultation. We recommend success be measured by:

- **Representation:** the proportion of governance roles held by people with lived and living experience.
- **Influence:** the extent to which their input shapes policy, commissioning, and service design.
- **Engagement:** feedback from lived experience representatives on their influence and support.
- **Transparency:** public reporting of governance composition and lived experience involvement.

We support the formal inclusion and sustainable resourcing of national lived experience peak bodies to enable meaningful participation. This approach is consistent with the National Mental Health Consumer and Carer Forum and endorsed by the Victorian Royal Commission through Recommendation 28 and 29, which mandates lived experience leadership across governance and commissioning.

Information request 4.3 – Public dashboard for tracking progress

We support the development of a public dashboard to monitor and report on progress against the objectives of the next Agreement. While outcomes such as suicide prevention require careful interpretation, transparent performance tracking is critical to drive continuous improvement, system accountability, and shared learning across sectors. For example, the Interim Report highlights low rates of follow-up after hospital discharge, an avoidable service gap that should be a core indicator in any future performance framework.

We recommend that the dashboard include:

- Consumer-reported measures, such as patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs).
- Outcome measures, including post-discharge follow-up rates, hospital readmissions, access to psychosocial supports, and regional wait times and service availability.
- Process measures, such as the availability and uptake of care coordination for people with complex or ongoing needs.

To support equity and reform at scale, the dashboard should be updated regularly and enable data segmentation by age, gender, cultural identity, diagnosis, and region. This would allow both public and private providers, digital platforms and community partners to identify gaps, adopt best practices, and align service responses with needs. A national dashboard would also complement Australia's broader suicide prevention agenda, enabling consistent tracking of outcomes.

Supporting a shift to value-based funding

Medibank supports a national shift toward value-based funding models that incentivise quality, continuity, and person-centred outcomes, rather than volume, place-based or service intensity alone. We recognise that for many mental health and suicide prevention services, current funding models are activity-based leading to fragmentation of services that are poorly aligned with what consumers value most: feeling heard, supported, connected, and safe.

Medibank is already exploring value-based approaches in the private system, including:

- Partnering to deliver short-stay mental health care models that integrate discharge planning and community follow-up, key indicators of improved outcomes and reduced risk of relapse.⁸
- Supporting evaluation of digital and blended models through our collaborations with SANE and ReachOut, with a focus on consumer-reported outcomes and lived experience engagement.
- Investing in new programs (e.g., psychotherapy for PTSD and pharmacogenetic testing) with an emphasis on tracking clinical impact, symptom reduction, and consumer satisfaction.

A renewed Agreement provides an opportunity to test and scale funding models that:

- Link payments to measurable outcomes (e.g., reduced hospitalisations, improved PROMs/PREMs, continuity of care).
- Support innovation in service delivery without penalising flexible or lower-intensity care.
- Incentivise collaboration across sectors and providers to deliver holistic, person-centred support.

Medibank welcomes the opportunity to contribute to national efforts to co-design and trial value-based funding models, including through shared data, consumer feedback, and implementation partnerships.

Information request 4.4 – Peer workforce integration

The peer workforce is a vital but underutilised component of a person-centred mental health system. Peer workers offer trusted, relatable support and play a unique role in fostering connection and hope, particularly for people experiencing distress, disengagement, or complex mental health needs.

To embed peer work more meaningfully and sustainably across service settings, we recommend:

- A nationally consistent scope of practice, as proposed in Draft Recommendation 4.14.
- Clinician education and awareness to promote mutual respect, collaboration, and cultural change.
- Dedicated funding for peer-led models, including non-clinical roles and supports that complement clinical care.

⁸ Integrated Mental Health (iMH). (2023). An Aurora and Amplar Health Partnership. Retrieved from <https://imh.com.au/an-aurora-partnership/>

- Evaluation frameworks that measure consumer outcomes, engagement, and the distinct contribution of peer work.

Organisations including SANE Australia and ReachOut, both of whom partner with Medibank, offer compelling models of peer workforce integration that demonstrate its adaptability and value in both digital-first and complex care contexts, and could be scaled more broadly across systems:

- SANE embeds peer workers in digital and phone-based services, including moderated forums and guided support programs, helping users navigate complex journeys and access connection in hybrid environments.
- ReachOut incorporates peer support into its youth-led digital platforms, providing safe spaces for young people to share experiences and access help in a culturally and developmentally appropriate way.

Our recommendations are consistent with Draft Recommendation 4.14 of the Interim Report and align with national efforts to formalise the peer workforce through the National Lived Experience Workforce Development Guidelines. They also reflect broader reform directions, such as the expansion of lived experience roles and leadership as outlined in Recommendations 28 and 29 of the Royal Commission into Victoria's Mental Health System, which call for statewide peer workforce strategies and formal inclusion across clinical and community settings.

Information request conclusion

Across these priority areas, Medibank's recommendations are grounded in practical experience and aligned with key reform directions at both state and national levels. We believe that by embedding these principles of coordinated care, lived experience leadership, accountability, and peer workforce development, the next Agreement can deliver genuine transformation across Australia's mental health system.

Engaging in the next phase of reform

We thank the Commission for its leadership to progress national mental health and suicide prevention reform. We strongly support the direction outlined in the Interim Report and share the vision for a system that is integrated, person-centred, and accountable to the needs of all Australians.

As a major funder, provider, and innovation partner in mental health care, Medibank is well placed to contribute to the next phase of reform. We would welcome the opportunity to collaborate further on the design and implementation of a renewed Agreement, bringing the capabilities, partnerships, and real-world insights needed to help deliver better outcomes across the mental health system.