

# **Faculty of Medicine, Nursing and Health Sciences (MNHS)**

Monash University

Submission to

## **Mental Health and Suicide Prevention Agreement Review**

Productivity Commission

**31 July 2025**

*Lodged Online*

# Mental Health and Suicide Prevention Agreement Review

## Productivity Commission

Lodged Online

31 July 2025

Dear Commissioners Selwyn Button and Angela Jackson,

Thank you for the opportunity to contribute to your final review of the Mental Health and Suicide Prevention Agreement. We acknowledge your interim report and concur that while the Agreement was originally intended to strengthen collaboration, improve outcomes and coordinate efforts it is not fit for that purpose. Through this submission, and beyond, we extend you our knowledge and expertise in hope of supporting your important role of guiding the development of a new, more effective agreement that can deliver coordinated, inclusive and impactful outcomes for mental health and suicide prevention reforms.

With over 360 mental health and wellbeing researchers and over 60 active mental health clinical trials Monash University's Faculty of Medicine, Nursing and Health Sciences demonstrates exceptional breadth and depth in mental health and wellbeing research and practice. This expertise spans fundamental science, clinical practice, societal impact, prevention, policy and systems-level inquiry. Crucially, the Faculty is uniquely positioned to translate and apply models of change – bridging research and real-world implementation with a number of Australia's leading mental health services – to improve mental health outcomes across diverse populations and settings.

Monash University's Medicine, Nursing and Health Sciences' *Mental Health and Wellbeing Strategy 2024-2030* includes a vision of individuals, communities and systems that foster mental health and wellbeing with a mission to draw on our global leadership in multidisciplinary education, research and practice to create, implement and evaluation solutions to significantly improve mental health and wellbeing. Underpinned by the values of equity, collaboration, sustainability and evidence-informed our strategy and implementation plans are built on four key pillars. These are: elevating First Nations knowledges; embedding lived and living experience and expertise into mental health and wellbeing research, education and practice; anchoring collaboration in the Faculty's approach to mental health and wellbeing; and growing global leadership in mental health and wellbeing. The Faculty of Medicine, Nursing and Health Sciences sees these underpinning approaches as aligning with both what the Commission has heard in its consultations and where it sets out the future necessary on-going reform.

This submission focuses on your four information requests made through your interim report, while offering feedback on its draft findings and recommendations. We welcome the opportunity to engage further with you on these and related matters, including hosting any public hearings or briefings from our range of leaders in the various fields we touch upon in our submission.

Yours sincerely,

Prof Christina Mitchell AO  
Executive Dean

Professor Martin Foley  
Chair, MNHS Mental Health and Wellbeing Leadership Council

Faculty of Medicine, Nursing and Health Sciences (MNHS)  
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## Executive Summary

Monash University is a globally recognised institution ranked among the world's top universities, known for excellence in research, innovation and education. With campuses across Australia and internationally, Monash leads transformative initiatives that address complex societal challenges. Its Faculty of Medicine, Nursing and Health Sciences is the largest and most research-intensive medical faculty in Australia, driving multidisciplinary solutions to improve health and wellbeing across the lifespan.

Our strengths include over 360 mental health and wellbeing researchers with breadth and depth of expertise and capability in mental health and wellbeing spanning fundamental, clinical, societal, prevention, policy and systems research. Our links to a range of clinical health services gives Monash a significant collaborative research and practice partnership advantage (see Appendix 1).

The vision of Monash University's Faculty of Medicine, Nursing and Health Sciences (MNHS) ***Mental Health and Wellbeing Strategy 2025-2030*** is: ***A future where individuals, communities and systems foster mental health and wellbeing.***

Our mission is:

***To draw on our global leadership in multidisciplinary education, research and practice to create, implement and evaluation solutions to significantly improve mental health and wellbeing.***

Our values are:

***equity, collaboration, sustainability and evidence-informed***

Our four priorities are to:

1. elevate First Nations knowledges;
2. embed lived and living experience and expertise into mental health and wellbeing research, education and practice;
3. anchor collaboration in the Faculty's our approach to mental health and wellbeing; and
4. grow global leadership in mental health and wellbeing.

Monash University's Faculty of Medicine, Nursing and Health Sciences also recognises the urgent need to embed disability justice principles into mental health reform. This includes addressing gaps in support for people with psychosocial disabilities and other disabilities, and ensuring their inclusion as a priority population in future agreements.

This submission to the Productivity Commission's final review of the National Mental Health and Suicide Agreement shows the strong alignment between the priorities of the ***Mental Health and Wellbeing Strategy 2025-2030*** and the Productivity Commission's Interim Report.

The themes of the Productivity Commission's Interim Report we address in this submission are:

### **System Effectiveness, Data and Evaluation**

*Australia's mental health system remains fragmented and inconsistent across jurisdictions. Monash University's Faculty of Medicine, Nursing and Health Sciences advocates for integrated, multidisciplinary care models and continuous outcome monitoring to improve system effectiveness. The Faculty is leading national efforts in developing scalable, person-centred models and advanced data infrastructure, including AI-driven analytics and linked datasets, to support real-time evaluation and reform.*

### **Inclusion of Lived Experience**

*Lived and living experience must be embedded across governance, service design and evaluation. Monash University's Faculty of Medicine, Nursing and Health Sciences proposes the establishment of a National Lived Experience Commission to ensure meaningful participation and leadership. The Faculty's commitment to co-design and its pioneering appointment of a Professor of Lived Experience exemplifies its leadership in inclusive reform.*

### **Governance, Accountability and Transparency**

*Governance structures must be transparent, inclusive and capable of cross-sector and cross-jurisdiction collaboration. Monash University's Faculty of Medicine, Nursing and Health Sciences calls for a whole-of-government and community approach that integrates health, education, housing and justice systems as determinants of mental health. The Faculty's expertise in participatory governance and systems evaluation positions it to support the development of reform-ready governance models and public accountability mechanisms.*

### **Funding, Commissioning and Service Delivery**

*Fragmented funding and unclear responsibilities have left many without access to essential psychosocial supports. There is no definition of psychosocial support and lots of providers are not providing evidence-based psychosocial supports, which can do harm. Monash University's Faculty of Medicine, Nursing and Health Sciences advocates for outcomes-based commissioning, integrated primary care models and sustained investment in proven programs. The Faculty's research and partnerships inform national guidelines and scalable service innovations, including trauma-informed and stigma-reducing models. Our leadership in health economics and measuring effective outcomes further aligns with the Commission's emphasis on the most productive manner to deliver scarce resources. Monash University's Faculty of medicine, Nursing and Health Sciences can conduct clinical trials for innovative psychosocial interventions that can develop the evidence base, working in partnership with organisations to consider more effective implementation.*

### **Workforce Development**

*Workforce shortages and training gaps undermine system capacity. Monash University's Faculty of Medicine, Nursing and Health Sciences leads in mental health education and supports reforms to expand entry pathways, embed lived experience and strengthen peer workforce development. The Faculty's work in training, education and the opportunity to change patterns of demand point to the need for sustained funded models of innovative methods for evidence-based training programs and flexible, inclusive workforce strategies aligned with demonstrated national needs.*

## **Aboriginal and Torres Strait Islander Social and Emotional Wellbeing**

*Progress has been limited despite strong commitments. Monash University's Faculty of Medicine, Nursing and Health Sciences supports a dedicated SEWB schedule co-designed with Indigenous communities and calls for systemic reforms to eliminate racism and embed cultural safety. The Faculty's programs and partnerships provide a strong foundation for Indigenous workforce development and culturally responsive care.*

## **Suicide Prevention**

*Despite policy advances, suicide rates remain unchanged. Monash University supports a dedicated suicide prevention schedule to the National Agreement and sustained investment in research, workforce development and peer-led support. The Faculty leads national efforts in trauma-informed care, lifespan prevention strategies and education, including Australia's first undergraduate suicide prevention unit.*

## **Alcohol and Other Drugs (AOD)**

*Monash University's Faculty of Medicine, Nursing and Health Sciences supports a dedicated AOD schedule and whole-of-health response to substance-related harms. Through Monash Addiction Research Centre (MARC) and Turning Point, the Faculty leads national efforts in research, data surveillance and service innovation, and is ready to partner on system reform.*

## **Peer Workforce Integration**

*Peer workers are essential to trauma-informed, person-centred care but remain underrecognised. Monash University's Faculty of Medicine, Nursing and Health Sciences supports a national peer workforce strategy and contributes to co-designed models, training pathways and evaluation frameworks. The Faculty's partnerships and research ensure peer roles are embedded, supported and scaled across service settings.*

Additionally, this submission also contends that there are further priorities requiring exploration:

## **Mental Health of Women, Veterans, Children and Young People in Out-of-Home Care**

*Targeted reform is urgently needed to address the unique mental health needs of women, veterans and children and young people in out-of-home care, groups often overlooked in national strategies. Monash University's Faculty of Medicine, Nursing and Health Sciences supports gender-informed, trauma-responsive and culturally safe approaches, including specialist clinics, digital resources and tailored interventions. The Faculty also advocates for the integration of findings from the Royal Commission into Defense and Veteran Suicide and the Senate Inquiry into Menopause and Perimenopause into future agreements.*

## **Underutilised Potential of Universities for Strategic Partnership**

*Universities are critical yet under recognised partners in mental health system reform. Monash University's Faculty of Medicine, Nursing and Health Sciences demonstrates how academic institutions can lead in research, evaluation, workforce development and co-design. Through initiatives including Turner Institute for Brain and Mental Health, HER Centre Australia and Monash Addiction Research Centre, and partnerships with health services and governments, the Faculty*

*offers scalable, evidence-based solutions that bridge research and practice. Future agreements should formally embed universities as strategic collaborators in driving innovation, accountability and continuous improvement.*

The Faculty of Medicine, Nursing and Health Sciences shares the goal of government bodies across the Commonwealth and the Productivity Commission in arriving at outcomes that can sustainably deliver reforms to the experience of individuals, families and communities in navigating their way through the Mental Health system. Better outcomes through collaborative partnerships, informed by evidence and grounded in achievable solutions is key for the University's approach. It is one we believe we share with governments and health services - both primary and acute, NGOs, communities and civil society partners.

## System Effectiveness, Data and Evaluation

### Draft Findings 2.1, 2.2, 3.1, 4.1

2.1 Progress has been made in delivering the Agreement's commitments, but there has been little systematic change

2.2 The Agreement has not led to progress in system reform

3.1 The National Mental Health and Suicide Prevention Agreement is not effective

4.1 A new and more effective agreement is needed

### Draft Recommendation 4.1, 4.2, 4.3, 4.15

4.1 Develop a renewed National Mental Health Strategy

4.2 Building the foundations of a successful agreement

4.3 The next agreement should have stronger links to the broader policy environment

4.11 Survey data should be routinely collected

4.15 The next agreement should build on the evaluation framework and guidelines

The Productivity Commission's *Mental Health Suicide Prevention Review Interim Report, What We've Heard So Far* highlights systemic challenges aligned with this section's theme of System Effectiveness, Data and Evaluation. These include acknowledgement that access barriers with long wait times, high costs, and limited-service availability, especially in rural areas, are major obstacles.

Fragmentation is another systemic challenge with poor coordination between mental health services and across sectors (e.g., emergency services and care, mental health, alcohol and other drugs) and jurisdictions (e.g., state and federal) leading to inconsistent care and duplication. Many community members, particularly in regional areas still do not know where to go or what to do in a crisis. This fragmentation is across mental health support services, with varying levels of support, resourcing and focus in areas such as emergency departments and other acute services. In addition to fragmented service delivery, we all too often see the absence of misalignment of available resources result in "port of last call" crisis or emergency care to fill the gaps. The inappropriate setting of much crisis support is a further challenge. All too regularly emergency departments and other acute and crisis health services are called upon to deliver services and support for mental health consumers in circumstances often unsuitable for mental health crisis care. The example of work such as Safe Havens, dedicated mental health triage pathways, are valued, but struggle under a lack of a framework, consistent application and under-resourcing.

Such crisis level intervention and their difficulties sit in addition to the main gateway to mental health and wellbeing crisis continuing to be primary care, community care and other non-healthcare settings. The fragmentation of models of care, poor data collection coordination and the range of issues identified by the Commission further drive the need for the evidence-based transformation argued for. The wide engagements that Monash University's Faculty of Medicine, Nursing and Health Sciences brings to this research across 'whole of community' mental health work highlights the Commission's findings.

The Productivity Commission's views, expressed in its *Mental Health Suicide Prevention Review Interim Report, What We've Heard So Far* highlights poor data infrastructure, including lack of consistent, outcome-focused data, minimal data sharing between services as well as weak



accountability, including no consequences for missed targets and limited transparency in reporting. Monash University's Faculty of Medicine, Nursing and Health Sciences agrees. There is no investment in sharing of data across sectors and jurisdictions, bettering the infrastructures, reducing delays in data access in order to provide data that aid with identifying people's pathways through care, service outcomes and long-term outcomes. We align with sector wide consensus support for greater independent oversight, including endorsement for establishing more meaningful methods of lived and living experience engagement together with mental health and wellbeing community to the critical role that government policy at all levels plays in driving better outcomes. As an interim measure towards building confidence in collaborative approaches across government the Faculty is in a position to draw evidence together around what models of "confidence building" it might point to with different levels of government around a sustainable model for the Mental Health Commission and its potential imagined role. Such engagement will only be effective if it is nationally coordinated, suitably resourced, rigorous, well-coordinated and engaged within the sector. Organisations of consumers, carers, researchers, practitioners and government sharing the goals of coordination and evidence-based work leading to better outcomes are critical.

Integrated care models offer a critical opportunity to address persistent fragmentation across the mental health, health and human and welfare services. By bringing together multidisciplinary expertise – spanning psychology, psychiatry, paediatrics, occupational therapy, speech pathology, and nursing – these models can support seamless transitions between community-based and acute care settings. AllPlay™ exemplifies this approach and is ready to scale to a National AllPlay Centre, with its potential to deliver scalable, lifelong clinical and community support for children with disability, including those experiencing mental health challenges. Its emphasis on early intervention for autistic children and their families, underpinned by a strong partnership model, aligns with the Productivity Commission's call for more coordinated, person-centred reform.

Monash University's Faculty of Medicine, Nursing and Health Sciences sees opportunities for national leadership on the development and evaluation of integrated care pathways. While mental health treatment remains highly siloed, particularly in the private sector, fragmented care, limited cross disciplinary collaboration and poor visibility of outcomes results, both within the mental health system and across sectors. More person-centred and effective care will result from a coordinated approach that brings together general practitioners, nurse practitioners, psychologists, psychiatrists, peer support workers, and lived experience representatives. However, evaluation of these models remains a significant problem. Too often, assessments are one-off, disconnected from service improvement and fail to capture meaningful outcomes over time. Many of the outcome measures are outdated, not fit for purpose and were not developed with consideration of the views of lived experience or clinicians. There is an urgent need for continuous, real-time outcome monitoring that supports learning and adaption, rather than static reporting and to consider new outcome measures. Digital platforms can play a critical role in enabling this shift, facilitating timely feedback, integrated data collection and actionable insights to improve care quality and system performance.

An Opportunity.

The PC's Interim Report does not reference universities or research partnerships, representing a missed opportunity to fully activate the potential of universities as strategic system reform partners.

Universities are well placed to support dedicated streams of research, evaluation and workforce capability development, particularly in embedding lived experience expertise. Monash University is well placed to support dedicated streams of research, evaluation and workforce capacity building where lived and living experience collaborations are central to creating new knowledge and solutions. It is an approach the Commission should explore.

The Turner Institute for Brain and Mental Health with Monash University's School of Psychological Sciences exemplifies the role universities can play in system reform. With over 100 researchers and 3000 clients served annually through its Turner Clinics, the Institute integrates research, education and service delivery to address fragmentation and improve outcomes. Its multidisciplinary research streams span severe mental illness, trauma, neurodevelopment, ageing, sleep and suicide prevention, each aligned with the Productivity Commission's call for more coordinated, evidence-based approaches.

Clause 152 of the Agreement recognises the role of the education and training sector in workforce development, and Clause 82(e) highlights the need to build data and systems to support evaluation. The Productivity Commission's findings on limited outcome data in private mental health care and fragmentation between sectors further underscores the need for national leadership transcending different federal, state, public and private silos in developing and evaluating optimal care pathways. A reimagined National Mental Health Commission could play a central role as a national hub for implementation and evaluation, leveraging university partnerships to translate policy into practice, strengthen accountability and drive continuous improvement.

Small community organisations are demonstrating effective models of support for individuals with severe mental illness, particularly in fostering personal recovery. There are also lots of services not using evidence-based psychosocial support programs. There needs to be scoping and evaluation, and perhaps better regulation of the sector. Mental health services must purposefully collaborate with these groups, as well as NGOs and local agencies, to deliver person-centred care. Monash University's Faculty of Medicine, Nursing and Health Sciences is well placed to support this shift through research, evaluation and partnership-building that bridges clinical services and community supports.

The Productivity Commission's Interim Report acknowledges the importance of outcome measures in evaluating the effectiveness of mental health reforms, while highlighting the challenges. Although recent plans are grounded in sound principles, their impact remains difficult to assess without clear definitions and consistently applied metrics. Effective outcome measures should be specific, measurable, achievable, relevant and timebound (SMART), enabling governments to track progress, report meaningfully and evaluate the scale and impact of reforms on consumers. However, current efforts are hindered by ambiguity in definitions, the use of outdated measures, data gaps, fragmented reporting, attribution challenges and a lack of granularity. The report references several outcome indicators – such as suicide rates, hospitalisations for self-harm, community follow-up after psychiatry discharge, consumer-reported improvement, mental health

prevalence and service access and affordability – but notes that these are not yet sufficient to support robust evaluation across the system. There needs to be national agreement on which outcomes matter and to whom. It is unlikely that one single outcome measure will be appropriate or relevant for all contexts, but national agreement, from diverse stakeholders, on what a core suite of measure should comprise is essential.

It is also time to acknowledge that a significant portion of people with severe mental health conditions will live with ongoing symptoms. Outcome and experience measures must therefore evolve to reflect personal recovery goals, such as connectedness, hope, identity, meaning, empowerment and social inclusion and be developed in meaningful collaboration with people with lived experience. Monash University's Faculty of Medicine, Nursing and Health Sciences is well placed to support this shift, through research and evaluation frameworks that embed lived experience and reflect the realities of long-term recovery.

In addition to clinical metrics, outcome measurement systems must account for social determinants of mental health and the principles of personal recovery. Evidence increasingly shows that connectedness, hope, identity, meaning and empowerment are central to recovery for people with severe mental illness. Yet, current service models remain focused on clinical recovery through pharmacotherapy and psychotherapy, which as valuable as it is, only benefit a portion of individuals. Many consumers must learn to live with ongoing symptoms, and services must evolve to support this reality.

Monash University's Faculty of Medicine, Nursing and Health Sciences is well positioned to lead national efforts in AI-driven outcome measurement and evaluation in mental health. With the University's \$60m investment in the MAVERIC AI supercomputer, there is a significant opportunity to harness advanced analytics to interpret linked data across systems, support real-time monitoring via digital platforms, and improve transparency through public dashboards.

We also have experts working in this space including Helix, a Monash Technology Research Platform which supports multidisciplinary data driven research involving sensitive data, like persona or health data. M-Link, which is embedded within Helix is focussed specifically on data linkage, ethics and governance. Researchers within the Monash University's Faculty of Medicine, Nursing and Health Sciences' School of Psychological Sciences in conjunctions with the Faculty's Health Economics Group within the School of Public Health and Preventative Medicine, the Victorian Department of Health, *headspace* National and Ambulance Victoria are leading the 5W (NHMRC Partnership Grant, The Who, Why, What, When and Where of Youth Mental Health) research program. The focus of 5W is on developing linked data assets to monitor the care pathways, and outcomes of those with mental ill health across sectors and services (mental health, health and human services) and jurisdictions.

These capabilities directly address challenges identified in the Productivity Commission's Interim Report such as fragmented reporting, data gaps and limited causal inference, and could underpin outcome-based funding models and continuous service improvements. As alternative therapies increasingly rely on apps and telehealth, our Faculty can play a central role in evaluating their effectiveness, ensuring that digital innovation is matched by rigorous, consumer-focused evidence. Our Health Economics Group (HEG), with the School of Public Health and Preventive Medicine has a

long history of evaluating such digital services in both government commissioned evaluations and investigator led research projects.

Despite the Royal Commission into Defence and Veteran Suicide delivering its Final Report in September 2024, the Productivity Commission's Interim Report does not reference the Defence and veteran community as a distinct priority population. This omission represents a missed opportunity to integrate findings from a major national inquiry into broader mental health and suicide prevention reforms. While veterans are listed as a priority population in the Agreement (Clause 111), there is no corresponding follow-through in the interim report's findings, recommendations or bilateral schedules.

This gap highlights the need for stronger data integration, outcome measurement and policy alignment across Defence, Veterans' Affairs and health systems. The final report could address this by recommending a dedicated schedule or strategy for Defence and veteran mental health, aligned with the Royal Commission's recommendations. These include the development of meaningful outcome measures (Recommendation 40), improved data sharing and linkage (Recommendation 41), and support for research partnerships with universities and Defence-related research bodies (Recommendation 42). Embedding these actions would strengthen system responsiveness, support evidence-informed policy and ensure accountability for a population with unique and urgent needs.

The Productivity Commission's Interim Report highlights persistent challenges in evaluating mental health service effectiveness, including reliance on incomplete administrative data, low survey response rates, lack of control groups and fragmented reporting across funders. The National Mental Health and Suicide Prevention Evaluation Framework aims to address these issues by improving routine outcomes data collection, enabling data sharing and linkage and enhancing evaluation quality and consistency. It also references implementation co-evaluation, an approach where services and universities collaborate to enable two-way learning. Strong collaboration between mental health services and universities can significantly improve data collection, support the development of meaningful outcome indicators and advance research. However, for these partnerships to be sustained and impactful, they must be embedded in policy and supported through dedicated funding and governance mechanisms.

With deep expertise in outcome measurement (including developing and evaluating new outcome measures), implementation science, health economics, lived experience research and advanced analytics Monash University's Faculty of Medicine, Nursing and Health Sciences is well positioned to support rigorous evaluations of service models, help identify what works and why, and translate findings into policy and practice. By partnering with clinical services, the Faculty can contribute to building a national outcome measurement system that drives accountability, supports continuous improvement and ensures reforms are grounded in evidence.

Monash University's Faculty of Medicine, Nursing and Health Sciences brings expertise in evaluating recovery-orientated models of care, including those that integrate social determinants and community-based supports. Our research capability enables the development of outcome frameworks that reflect lived experience, measure personal recovery and guide service redesign toward holistic, sustainable mental health care.

The Productivity Commission's Interim Report reinforces the importance of outcome measurement systems in tracking progress, guiding investment and improving transparency. The systems are essential for ensuring that actions under the Agreement are focused, evidence-based, and accountable. However, the Interim Report also identifies significant challenges including outcomes in the Agreement are often too broad or value to be effectively measured, reporting is fragmented and there is no clear theory of change linking actions to outcomes. The Faculty would in doing so urge the Commission to update those unfit for purpose outcome measures and bring key lived experience and other stakeholders into the development and selection of measures.

Monash University's Faculty of Medicine, Nursing and Health Sciences is well placed to support the development of a robust national outcome measurement framework. This includes advancing implementation science, applying evidence-based methodologies and embedding lived experience in evaluation design. With the Interim Report recommending that the Australian Institute of Health and Welfare (AIHW) lead the development of nationally consistent outcome measures, co-designed with people with lived experience – Monash University's Faculty of Medicine, Nursing and Health Sciences proposes research partnership between AIHW and universities.

Our Faculty's existing collaborations with AIHW, including through the LINDAHR project and secure research environments like SURE, demonstrate its readiness to contribute. Monash University's Faculty of Medicine, Nursing and Health Sciences can play a leading role in linking and analysing data across systems, evaluating the effectiveness of digital and alternative therapies, and supporting the transition to outcomes-based funding models. We already have existing expertise in these methods and linked data sets, as well as a deep understanding of where current limitations exist. This would not only strengthen accountability but also ensure that reforms are responsive to consumer needs and grounded in high-quality evidence.

Monash University's Faculty of Medicine, Nursing and Health Sciences has demonstrated significant leadership in system-level evaluation and early intervention research, particularly through its recent government appointment to independently evaluate the National Early Intervention Service (NEIS) for mental health. This initiative directly supports the goals outlined in the Productivity Commission's Interim Report, emphasising improved data collection, sharing and linkage, development of a National Evaluation Framework, evidence-based policy and service design and timely evaluations of funded services. This highlights key capabilities at Monash University's Faculty of Medicine, Nursing and Health Sciences including but not limited to: health economics driven independent evaluation expertise with Monash selected to co-lead the evaluation of NEIS, a new national service aimed at providing early mental health support; focus on outcomes and impact with the evaluation assessing service effectiveness, accessibility and outcomes; data-driven approaches with Monash's team using robust methodologies to generate insights that can inform future service design and policy; and cross-sector collaboration with the evaluation involving working with government, service providers and people with lived experience. In this example, the NEIS is designed to address a known service gap, aligning with broader goals to improve system effectiveness and tailoring care to need. The early and well-resourced appointment of an evaluation team, including lived experience experts, reflects a strong commitment to evidence-based policy, robust evaluation and continuous improvement.

## Inclusion of Lived Experience

### Draft Finding 3.2

3.2 The Agreement does not embed the voices of people with lived and living experience

### Draft Recommendations 4.6, 4.7, 4.8

4.6 Increase transparency and effectiveness of governance arrangements

4.7 The next agreement should support a greater role for people with lived and living experience in governance

4.8 A greater role for the broad sector in governance

### Information Request 4.2

4.2 The PC is seeking 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?

Monash University's Faculty of Medicine, Nursing and Health Sciences proposes the establishment of a National Lived Experience Commission to provide enduring leadership, accountability and influence in embedding lived and living experience across Australia's mental health and suicide prevention system. This role would represent a structural commitment to co-design, inclusive governance and person-centred reform – principles strongly endorsed in the Productivity Commission's *What We've Heard So Far* Interim Report. As to where such a Commission should sit, given the extent of different jurisdictions in the Commonwealth work on lived and living experience, it would seem critical to success to have a genuine alignment of resources and a focus between all levels of government, lived experience communities and the mental health sector.

After decades of lobbying, the consultation findings continue to reveal that people with lived experience and carers are not meaningfully included in the design or governance of the current Agreement. This is a cause of urgent action. Carers, important members of a person's recovery team, still report feeling excluded from treatment decisions and unsupported in their roles. There was strong support for embedding lived experience in future agreements and service design with calls for genuine co-design, formal roles for lived experience peak bodies, and improved representation in governance forums.

Strong collaboration between mental health services and universities can significantly improve data collection, support the development of outcome indicators and advance research. However, for these partnerships to be sustained and impactful, they must be embedded in policy and supported through dedicated funding and governance mechanisms.

A National Lived Experience Commission would directly respond to these concerns and recommendations by ensuring continuity, visibility and influence in lived experience leadership. The role could help overcome the risk of tokenistic inclusion by formalising lived experience participation and ensuring representatives are appropriately resourced and empowered.

Monash University's Faculty of Medicine, Nursing and Health Sciences is well placed to support this reform. Through its expertise in participatory research, systems evaluation, and lived experience integration, we can contribute to the evidence base, policy frameworks and capacity-building needed to underpin the successful delivery of the reforms the Productivity Commission is

proposing. Our commitment to co-design and partnerships with lived experience organisations positions us as a key ally in advancing a more inclusive, accountable and effective mental health system. Monash's experience in developing reform models that embed lived experience meaningfully, rather than tokenistically, offers valuable guidance for the Commission as it considers the structure and scope of a National Lived Experience Commission. Monash is one of the first universities to appoint a Professor of Lived and Living Experience in the Faculty of Medicine, Nursing and Health Science's Department of Psychiatry.

A National Lived Experience Commission would be a significant step. Given the failings identified in building a lived experience focus to the current Agreement, the building of capacity and engagement at a service level and community level would be a necessary first step. This would address much of the criticism of the lived experience movement around the risks of tokenism and the need to drive real, equitable engagement for lived and living experiences practitioners. Much debate and at times controversy moves to incorporate "lived experience" as a late addition to preconceived models of reform. If the 'nothing about us, without us' model is to be achieved as the Commission rightly highlights – the model of engagement and professionalisation of lived experience voices needs to be considered. Again, the Monash experience in these areas of reform has much to offer to the Commission in developing models of reform.

Monash University's Faculty of Medicine, Nursing and Health Sciences stands ready to collaborate with government, lived experience organisations and sector leaders to co-design and evaluate the structures needed to embed lived experience at every level of the mental health system.

## Governance, Accountability and Transparency

### Draft Finding 3.3

3.3 The Agreement's governance lacks effectiveness and accountability

### Draft Recommendations 4.9, 4.10

4.6 Increase transparency and effectiveness of governance arrangements

4.8 A greater role for the broad sector in governance

4.9 Share implementation plans and progress reporting publicly

4.10 Strengthen the National Mental Health Commission's reporting role

### Information Request 4.3

4.3 The PC is seeking views on the value and feasibility of having a public dashboard to track and report on progress under the next agreement's objectives and outcomes and any other measurable targets set throughout. Which bodies should be responsible for the collation and publication of dashboard data? What metrics should be included in the dashboard?

Monash University's Faculty of Medicine, Nursing and Health Sciences strongly aligns with what the Productivity Commission outlines in *What We've Heard So Far* Interim Report, particularly concerns regarding the lack of whole-of-government approach and the exclusion of priority populations from meaningful engagement. The report highlights that housing, education, justice and other social determinants remain poorly integrated and that CALD communities, LGBTQIA+SB people, people with disabilities – including those with psychosocial disabilities - veterans, older adults and children face persistent access barriers. These gaps reflect broader governance challenges including the absence of clear accountability structures and inclusive decision-making processes.

Addressing these issues requires governance that is transparent, inclusive and responsive to diverse lived experiences. This is both a matter of equity and effectiveness. Embedding lived experience into governance is essential to restoring trust and driving reform – an approach that also aligns with this submission's *Inclusion of Lived Experience* theme.

Monash University's Faculty of Medicine, Nursing and Health Sciences brings deep expertise in health systems research, participatory governance and equity-focussed evaluation. Our work spans the intersection of mental health and the social determinants of health, and we are well placed to support the development of governance models that are both evidence-informed and community-led. Through our partnerships with lived experience experts, including researchers, academics, educators, consultants and advisers, and our leadership in national evaluations and outcome frameworks, Monash University's Faculty of Medicine, Nursing and Health Sciences can help build the frameworks and capabilities needed to ensure future agreements are accountable, inclusive and effective.

The Productivity Commission's Interim Report clearly identifies mental health and suicide prevention as whole-of-society challenge, requiring whole-of-government and society solutions. It highlights the need for clear governance structures to support integration across health, education, housing, justice and social services, and acknowledges the difficulty of operationalising joint responsibilities and ensuring accountability for outcomes that span multiple portfolios.



While the Agreement, particularly through Schedule A, recognises these imperatives and outlines priority areas for collaboration, including education, work environments, homelessness, financial counselling and family violence, the Interim Report finds that progress has been limited. Much of the activity has been confined to information sharing, with minimal evidence of tangible outcomes or coordinated action. This gap underscores the need for formal mechanisms to embed whole-of-government collaboration, including shared outcome measures, cross-sectoral data sharing and integrated evaluation frameworks.

Monash University's Faculty of Medicine, Nursing and Health Sciences is well placed to contribute to this reform agenda. Our researchers bring deep expertise in systems-led evaluation, policy integration and the social determinants of mental health. We are actively engaged in cross-sectoral research, including work that spans child protection, education, health, and digital innovation and can support the development of governance models that are transparent, accountable and capable of driving reform across complex systems. Our commitment to meaningful lived experience engagement also ensures that governance structures are not only technically sound but socially responsive, reinforcing the connections between this theme and our broader advocacy for *Inclusion of Lived Experience*.

Any ongoing role for a reimagined, fit for purpose National Mental Health Commission or equivalent organisation should be included in the development of these ideas for governance reform. Whilst the role and problems facing the National Mental Health Commission in recent years has been complex there exists an opportunity now for the Productivity Commission to recommend a focus of the National Mental Health Commission to work predominately as an ally of the Commonwealth and States to devise a model of governance that embeds the changes and focus recommended. Such a focus would seek to address a genuine partnership model between States and the Commonwealth – bringing lived and living experience and sector partners to the governance table. A focus on governance may avoid the perennial (at least for a time) debate between different levels of government around allocations of scarce resources. Evidence underpinning the development of a robust sector governance model of reform may point ultimately to a more informed debate about resources allocation. Anything is preferable to the current dysfunction identified by the Productivity Commission in its report.

## Funding, Commissioning and Service Delivery

### Draft Finding 3.4

The Agreement is not enabling reform

### Draft Recommendations 2.1, 4.4, 4.5, 4.12

2.1 Delivery key documents as a priority. By the end of 2025 the Australian Government should publicly release: 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

4.4 Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme

4.5 The next agreement should clarify responsibility for carer and family supports

4.12 Funding should support primary health networks to meet local needs

### Information Request 4.4

4.4 The PC is looking for case studies to highlight best practice in integrating peer workers in clinical mental health and suicide prevention settings, particularly by improving clinician awareness of the peer workforce. Are there examples of best practice that could be adopted in other organisations or settings?

The Productivity Commission's Interim Report highlights critical gaps in funding and service coordination, particularly in relation to psychosocial supports outside the NDIS. Draft recommendation 4.4 calls for urgent clarification of roles and responsibilities between federal and state governments, noting that intergovernmental coordination remains unresolved following state and Commonwealth disagreement over the levels, nature and responsibilities for foundational supports and ongoing cost pressures within the NDIS. This lack, so far, of agreement and resulting continued fragmentation has left hundreds of thousands of people without access to essential psychosocial services, underscoring the need for a more coherent and accountable commissioning framework.

In parallel, Draft Recommendations 4.12 and 4.13 emphasise the growing role of primary care and general practice in responding to mental health and wellbeing presentations. As frontline providers, general practitioners are increasingly tasked with managing complex mental health needs, yet they often lack the integrated support systems and commissioning flexibility required to meet local demand.

Monash University's Faculty of Medicine, Nursing and Health Sciences is uniquely positioned to propose and support reform in this space. Through initiatives like AllPlay TM, which develops inclusive and evidence-based mental health and wellbeing resources for children and educators and Research and Assessment in Integrated Learning (RAIL), which explores innovative models of care and digital tools for service delivery, we are advancing evidence-based approaches to commissioning and service design. Our researchers are actively engaged in evaluating primary care models, psychosocial support frameworks, and cross-sector integration strategies, ensuring that funding decisions are informed by real-world data and community needs.

Monash University's Faculty of Medicine, Nursing and Health Sciences can contribute to the development of nationally consistent commissioning guidelines, support the design of outcomes-

based funding models and help build the evidence base for integrated primary care responses. Our work bridges clinical, educational and social domains, offering a systems-level perspective that is essential to delivering sustainable, person-centred mental health reform.

The Productivity Commission's Interim Report calls for the urgent public release of the National Stigma and Discrimination Reduction Strategy, submitted to the Australian Government in June 2023. This strategy, which includes the National Stigma Reduction Paper addresses the pervasive stigma and discrimination experienced by people living with mental ill-health, trauma and psychological distress. Despite the enormous investment of time, effort and contributions from countless people with lived and living experience, this significant strategy remains unpublished, and its recommendations have not been actioned, delaying progress on a key commitment under the National Mental Health and Suicide Prevention Agreement.

Monash University's Faculty of Medicine, Nursing and Health Sciences advocates for the release and implementation of the strategy, in line with Draft Recommendation 2.1, which identifies it as a foundational document for reform. Reducing stigma is essential to improving service access, consumer experience and outcomes, particularly for underserved populations and those navigating complex psychosocial challenges.

Monash University's Faculty of Medicine, Nursing and Health Sciences is well positioned to contribute to this agenda. Our researchers are actively engaged in evaluating stigma-reduction interventions, developing trauma-informed models of care and advancing inclusive service design across the lifespan and developing and delivering award winning and evidence based educational programs which effectively address stigma.

We also bring expertise in translating evidence into policy and practice and can support the implementation of the strategy through research, workforce development and co-designed evaluation. We are committed to building a mental health system that is not only clinically effective by socially just, where stigma and discrimination are actively dismantled through informed, coordinated action.

Monash Faculty of Medicine, Nursing and Health Sciences would suggest to the Commission that the area of governance and pointing to the possibilities for reform across different siloed levels of activity in this policy area of Mental health and Wellbeing is one of the major issues facing the Commission's recommendation. To this end the Faculty would argue that the need to trial and resource a sector reform model based on the Justice reinvestment strategies of recent years. Whilst not comparable in all regards the model of reform to address ongoing poor efforts and cross jurisdictional problems has arguably been successful. It is also capable of adaptation to a governance model of the equally – if not more so – governance and funding model of mental health.

The combined model of justice reinvestment and agency reform represents a paradigm shift in social policy, moving away from a punitive, incarceration-focused approach towards a community-led, preventative model. Justice reinvestment is a data-driven strategy that redirects public funds from the costly and often ineffective systems to community-based initiatives. The comparison to the situation the Productivity Commission found in this report is stark.

In partnership with lived experience practitioners and other sector leaders of reform it would be possible to target across Australia several codesigned areas of collective resource allocation coming together to try a different approach. By addressing the underlying determinants of mental ill health and relationship to areas such as poverty, lack of educational and employment opportunities, housing instability, and health issues in a “collective impact” approach to pooling resources and allocating on a needs-based approach many of the issues of dysfunction identified by the Commission might be capable of being overcome. Central to this approach, particularly in the Australian context, is the empowerment of First Nations communities and other overrepresented groups in poor mental health outcomes to develop and implement solutions that are culturally appropriate and tailored to their specific local needs. The goal is to build stronger, more resilient communities where individuals are less likely to meet the mental health formal system in the first place, thereby reducing later harmful intersections with the acute sector improving social outcomes. The “no wrong door” approach to the provision of mental health services being embedded in primary care and other aspects of social and civil community fabric is the goal.

The comparative success of justice reinvestment and its possible transfer to the Mental Health sector is intrinsically linked to a corresponding reform of government agencies and their operational models. This “combined model” necessitates a fundamental transformation in how government bodies interact with communities, moving from a top-down service delivery model to one of genuine partnership and shared decision-making. It removes the “who pays” question by requiring a consolidation of all available and current resources into an integrated model. This involves greater cross-agency collaboration to tackle complex social issues holistically, rather than in silos. Furthermore, it requires agencies to become more culturally competent, responsive, and accountable to the communities they serve. Reforms such as those outlined in the Australian Public Service Reform agenda and the National Agreement on Closing the Gap, which prioritise community control and building the capacity of local organisations, are essential for creating an enabling environment for justice reinvestment to flourish and achieve its long-term objectives of a more equitable and effective social policy framework, that is also hopefully cost-effective.

Such a measure – at least in several representative trials across the nation in areas of greatest need – would be a worthwhile addition to the National Agreement under review by the Commission. All roads lead to governance in this complex sector. Addressing governance changes in a bold, whole of community approach may be what is needed to drive reform.

## Workforce Development

Draft Recommendations 4.13, 4.14

4.13 The next agreement should support the implementation of the National Mental Health Workforce Strategy

4.14 The next agreement should commit governments to develop a scope of practice for the peer workforce

Monash University's Faculty of Medicine, Nursing and Health Sciences strongly aligns with the Productivity Commission's Interim *What We've Heard So Far* Report, particularly the urgent concerns around workforce shortages, funding gaps and the need for systemic reform, highlighting widespread shortages across all professions, especially psychologists and psychiatrists and particularly in rural and remote areas, and noting that the peer workforce remains under-supported and under-recognised. It also identifies significant underfunding of early intervention, postvention and psychosocial supports and calls for improved training, retention strategies and sustainable funding models.

These challenges reflect broader structural issues in workforce planning and development and underscore the need for a coordinated national response. Addressing these gaps requires not only increased investment but also a strategic approach to workforce design, education and support.

Monash University's Faculty of Medicine, Nursing and Health Sciences is well positioned to contribute to this reform. With deep expertise in workforce development, mental health education and systems-level evaluation, we are already leaders in training the next generation of mental health professionals – including psychologists, psychiatrists, nurses and peer workers with current high quality educational programs that have lived and living experience expertise woven throughout.

Our research informs best practice in workforce planning, retention and interdisciplinary collaboration and we are committed to building a workforce that is skilled, sustainable and responds to community needs. Monash University's Faculty of Medicine, Nursing and Health Sciences can support the implementation of the National Mental Health Workforce Strategy and contribute to the development of innovative models that strengthen workforce capacity across the sector.

Our submission further endorses the importance of strengthening the Indigenous mental health workforce, which is addressed in detail under this submission's dedicated Aboriginal and Torres Strait Islander Social and Emotional Wellbeing theme.

The Productivity Commission's Interim *What We've Heard* Report and broader Interim Report both highlight critical workforce shortages and calls for better training, retention strategies and sustainable funding models. Recommendations 4.12 and 4.13 underscore the increasing role of general practitioners and primary care providers in responding to mental health and wellbeing presentations and the need for workforce strategies to reflect this shift.

Draft Recommendation 4.14 presents a clear opportunity to define and expand the scope of practice for the peer workforce, a priority we strongly support. Monash University's Faculty of Medicine, Nursing and Health Sciences is uniquely positioned to lead this work. With expertise across all relevant disciplines, including psychology, psychiatry, nursing, social work and lived experience, we can support the development of integrated, evidence-based training pathways for emerging and existing workforces.

Monash University's evidence-based Undergraduate Certificate in Mental Health was a prestigious award-winning model for workforce development. This 1-year educational program is a testament of a multi-disciplinary team where lived and living experience collaboration was embedded at the core and into content development and delivery. Despite its effectiveness, the program was discontinued due to lack of sustained funding, highlighting a broader issue identified in the Interim Report, that short-term contracts and pilot programs often fail to deliver lasting impact even when evidence of success is clear.

We attest to the importance of dedicated funding streams for proven training programs, partnering with universities to expand workforce development and evaluation-informed investment decisions. Monash University's Faculty of Medicine, Nursing and Health Sciences stands ready to contribute to a national strategy that builds a skilled, inclusive and sustainable mental health workforce.

The Productivity Commission's interim report rightly identified the need for a sustainable, well-distributed and skilled mental workforce, supported by clear commitments and timelines under the National Mental Health Workforce Strategy (Draft Recommendation 4.13). In this context, we highlight the engagement of our Heads of Department and Schools of Psychology Association (HADSPA) and the current Australian Indigenous Psychology Education Project (AIPEP) in the Psychology Board of Australia's current review of higher degree research (HDR) pathways. This consultation represents a critical opportunity to redesign psychology training to better reflect the needs of a diverse Australian population.

Monash University's Faculty of Medicine, Nursing and Health Sciences encourages the Commission to support reforms that increase flexibility in psychology training pathways, particularly those that address longstanding equity and access barriers. Expanding entry points and reducing structural barriers to postgraduate psychology training will help grow a workforce that is more representative of the communities it serves, including Aboriginal and Torres Strait Islander peoples and people in rural and remote areas. These reforms align with the Commission's emphasis on workforce development as a key enabler of system reform and improved consumer outcomes.

## Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

### Draft Finding 5.1

5.1 Limited improvements in Aboriginal and Torres Strait Islander social and emotional wellbeing over the course of the Agreement

### Draft Recommendation 5.1

5.1 – An Aboriginal and Torres Strait Islander schedule in the next agreement

The Productivity Commission's Interim Report underscores the urgent need to expand and support the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) workforce, including peer workers. Despite strong commitments in the Agreement, such as Clause 159(d) and Clause 161, calling for strengthening and growing Indigenous representation, progress has been limited. The Interim Report highlights a lack of dedicated funding for professional development, clinical supervision and workforce support, contributing to burnout and high turnover. It also calls for future agreements to embed Aboriginal and Torres Strait Islander-led governance mechanisms, such as the Social and Emotional Wellbeing Policy Partnership and to ensure culturally safe workplaces and services.

Governments have agreed to pursue population parity goals through scholarships and targeted workforce initiatives, yet these efforts remain underfunded and inconsistently implemented. Clauses 110 and 47 of the Agreement outline commitments to work in partnership with Aboriginal and Torres Strait Islander communities, support the Gayaa Dhuwi (Proud Spirit) Declaration and align with the National Agreement on Closing the Gap. However, the Interim Report finds that these commitments lack the necessary detail, funding and accountability to drive meaningful change.

Monash University's Faculty of Medicine, Nursing and Health Sciences largely support the Commission's recommendation to include a separate schedule for Aboriginal and Torres Strait Islander SEWB in future agreements, with community-led evaluation, dedicated funding and formalised governance roles. This schedule must be developed through genuine co-design and reflect the priorities of Aboriginal and Torres Strait Islander communities. However, we encourage the Commission to adopt stronger language regarding the causes of Social and Emotional Wellbeing and mental health disparities. These disparities are not simply historical or structural – they are ongoing and intensifying. The aftermath of the Voice to Parliament Referendum has seen a rise in racism and exclusion, with a 40% increase in calls to 13YARN highlighting the emotional toll on communities. Systemic racism, over-criminalisation and failures in the child protection system, as documented in the Yoorrook Justice Commission Final Report, must be named and addressed as root causes of mental health inequities.

Progress towards Aboriginal and Torres Strait Islander Social and Emotional Wellbeing must not remain the sole responsibility of Indigenous peoples or community-controlled organisations. The broader health system, and particularly the non-Indigenous workforce, must be accountable for eliminating racism in healthcare and embedding cultural safety as a core standard of practice. This includes full implementation of the Australian Health Practitioner Regulation Agency (AHPRA) reforms and the Cultural Safety Accreditation and Continuing Professional Development (CSACPD) project. Governments must also ensure that non-Indigenous services are funded and held

accountable for meeting cultural safety standards, with transparent reporting and evaluation. These reforms provide a national framework for embedding cultural safety into professional standards, education and ongoing training. Monash University's Faculty of Medicine, Nursing and Health Sciences can contribute to the design and delivery of training pathways, evaluation frameworks and governance models that reflect the lived realities and aspirations of Aboriginal and Torres Strait Islander peoples.

Monash University's Faculty of Medicine, Nursing and Health Sciences offers a strategic foundation to support these reforms. Through initiatives like the Turner Institute for Brain and Mental Health's commitment to Indigenous People and Country, the Growing Indigenous Graduates program, the Indigenous Access Initiative and the William Cooper Institute, Monash is advancing culturally responsive research, education and workforce development. Our programs are designed to build cultural capacity, support Indigenous leadership and provide culturally safe education pathways, mentorship and professional development opportunities. Over the past five years, Monash has graduated more than 100 Indigenous health professionals including doctors, nurses, psychologists and midwives.

This foundation positions Monash University's Faculty of Medicine, Nursing and Health Sciences as a strategic partner in advancing the goals outlined in the Interim Report and the National Agreement. We are ready to collaborate to co-design and scale sustainable workforce development models that reflect Indigenous leadership, cultural knowledge and community priorities. We also stand ready to support the broader health workforce in implementing cultural safety standards and eliminating racism in healthcare, ensuring that Social and Emotional Wellbeing is a shared responsibility across the system.



## Suicide Prevention

### Draft Findings 6.1, 6.2

6.1 The Agreement has supported positive policy developments in suicide prevention, but outcomes remain unchanged

6.2 The Agreement's approach to suicide prevention lacks clarity

### Draft Recommendations 6.1

6.1 Suicide prevention as a schedule to the next agreement

The Productivity Commission's Interim *What We've Heard So Far* Report highlight persistent gaps in Australia's suicide prevention systems. These include limited access to aftercare services, particularly for those who have not been hospitalised, and a pressing need for more accessible, non-clinical, peer led crisis support. There is widespread support for the National Suicide Prevention Strategy and the Interim Report recommends a dedicated suicide prevention schedule in the next agreement, co-designed with people with lived experience and supported by robust monitoring, reporting and governance mechanisms.

Despite the release of the Royal Commission into Defence and Veteran Suicide's Final Report in 2024, the Interim Report does not reference this critical sub-group. We support the Royal Commission's Recommendation 39 to establish a national suicide prevention strategy for serving and ex-serving members, aligned with broader national efforts.

The defunding of the Suicide Prevention Research Fund (SPRF) from 1 July 2025 further underscores the need for sustained investment in suicide prevention research. The SPRF has been a lifeline for ground-breaking, evidence-based solutions to reduce suicide in Australia. Since 2018, it has supported more than 80 PhD and Postdoctoral researchers, delivered real-world impact and helped shape programs that save lives. At a time when distress levels remain high and suicide rates are not going down, cutting funding to the only dedicated suicide prevention research mechanism in the country is a step backwards. Furthermore, it is unknown what the counterfactual outcomes would be without this investment – rates might be even worse. Without continuous investment, vital research will stall and momentum in the sector will be lost.

The Interim Report calls for clearer roles, responsibilities and funding mechanisms, and we echo the need for diverse funding sources, including government, philanthropy and private sector partnerships.

Monash University's Faculty of Medicine, Nursing and Health Sciences is a national leader in suicide prevention research and workforce development. Our researchers contribute to evidence-based policy through initiatives such as the Monash Suicide Prevention Research Program, which focuses on trauma-informed care, lived experience integration and systems-level reform. We are also a contributor to the Suicide Prevention Australia Research Advisory Committee, and our work has informed national strategies and service models.

Monash University's Faculty of Medicine, Nursing and Health Sciences' School of Psychological Sciences has integrated suicide prevention into undergraduate education through the development

of PSY3251, with a dedicated suicide prevention and support course embedded in the curriculum. Additionally, the School works in partnership with community organisations to train peer workforces comprised of individuals with lived experience of suicide, ensuring that peer-led support is embedded across service settings. Our research and education efforts are expanding across the lifespan, including targeted initiatives to prevent suicide in older adults, a population often overlooked in national strategies.

We support the Commission's call for investment in training programs that equip the workforce to deliver person-centred, culturally safe and trauma-informed care. Monash University's Faculty of Medicine, Nursing and Health Sciences has developed and evaluated award-winning programs that can be scaled to meet national workforce needs. We are ready to lead, support and partner with government and sector leaders to advance mental health and suicide prevention through codesigning research and education to ensure future agreements are grounded in evidence and responsive to community needs.

## Alcohol and Other Drugs (AOD)

### Information Request 4.1

4.1 The PC is seeking views on whether there should 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

Monash University's Faculty of Medicine, Nursing and Health Sciences strongly supports the proposal for a dedicated AOD schedule in the next National Agreement. We also support said National Agreement being linked with the National Health Reform Agreement as recommended by Rosemary Huxtable AO PSM in her 2023 mid-term review of that separate agreement. A dedicated AOD schedule and connected agreement architecture would enable national leadership, promote consistency across jurisdictions and support a sustainable, whole-of-health response that addresses the growing unmet needs of people experiencing both substance use and mental illness.

Monash University's Faculty of Medicine, Nursing and Health Sciences brings deep expertise in AOD research, clinical innovation and health systems integration through its leadership of the Monash Addiction Research Centre (MARC) and its partnership with Turning Point, Australia's national centre for addiction treatment, research and education. Our work spans translational research, digital health and workforce development with a strong focus on co-occurring conditions. Importantly our Faculty is embedded within major health precincts including Alfred Health, Eastern Health, Peninsula Health, Monash Health and rural health ecosystems, ensuring our research and education efforts are closely aligned with clinical practice and service delivery. Our strong health service partnerships position us well to support the design and implementation of integrated AOD and mental health responses that are evidence-based, person-centred and scalable.

Monash Addiction Research Centre (MARC) is Monash University's flagship centre for addiction research, bringing together multidisciplinary expertise to address the complex drivers of substance use and related harm. It focuses on translational research, policy innovation and workforce development with strong links to clinical services and community-based care. Turning Point is operated by Eastern Health and affiliated with Monash University. It provides frontline clinical services, national helplines and leads major research programs in addiction medicine and public health. Together, MARC and Turning Point form a unique partnership that bridges academic research and clinical practice, enabling rapid translation of evidence into policy and service innovation. This collaboration strengthens Monash University's Faculty of Medicine, Nursing and Health Sciences' capacity to lead national efforts in AOD system reform.

Turning Point and MARC's submission to this review reinforces the urgent need for a dedicated AOD schedule within the next National Agreement. Their recommendations align with the Interim Report's findings and call for a nationally coordinated, whole-of-health response to AOD harms, supported by strategic investment and outcome monitoring.

They highlight the high co-occurrence of AOD use and mental health conditions, the economic and human cost of delayed treatment and the need for an AOD schedule in the National Agreement to reflect the highly specialised nature of AOD treatment including addiction medicine and psychiatry.

Turning Point's leadership in real-time data surveillance (e.g., the National Ambulance Surveillance System) and outcome monitoring (e.g., AODstats) exemplifies the kind of infrastructure needed to support evidence-based planning and evaluation. Their work demonstrates how national-scale tools can inform policy, improve service delivery and support accountability.

Monash University's Faculty of Medicine, Nursing and Health Sciences supports the Commission's recommendation to link the next Agreement to the National Health Reform Agreement and to include nationally consistent AOD outcome measures. Monash University is well positioned to contribute to this effort through its research, data systems and health service partnerships.

## Peer Workforce Integration

### Information Request 4.4

The PC is looking for case studies to highlight best practice in integrating peer workers in clinical mental health and suicide prevention strategies, particularly by improving clinician awareness of the peer workforce. Are there examples of best practice that could be adopted in other organisations or settings?

The Productivity Commission's Interim Report identifies the need for stronger integration of peer workers into clinical mental health and suicide prevention settings, particularly through improved clinician awareness and organisational readiness. Monash University's Faculty of Medicine, Nursing and Health Sciences supports the development of a comprehensive national peer workforce strategy that recognises the distinct contributions of multiple peer workforces, including mental health peer workers, suicide prevention peer workers and Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) workers. Each brings unique relational, cultural and experiential expertise that is essential to delivering person-centred and trauma-informed care. The peer workforce must also reflect the diversity of lived experience, including those living with mental health-related disabilities. Monash University's Faculty of Medicine, Nursing and Health Sciences supports Recommendation 4.4 and 4.3 of the Interim Report, which call for improved clinician awareness and integration of peer workers, including those with psychosocial and other disabilities.

Monash University's Faculty of Medicine, Nursing and Health Sciences is actively engaged in advancing peer workforce integration through research, education and clinical partnerships. Our work with Turning Point and the Monash Addiction Research Centre (MARC) includes co-designed models of care, peer-led service innovation and implementation co-evaluations that inform national policy and practice. Through the ALIVE National Centre for Mental Health Research Translation, we contribute to the development of peer workforce frameworks, training pathways, and scope of practice guidelines that support safe, effective and sustainable peer work. We also recognise the importance of culturally safe peer roles within the Aboriginal and Torres Strait Islander communities and support the alignment of peer workforce development with SEWB principles and community-controlled sector leadership.

Embedded within major health precincts, including Alfred Health, Monash Health, Eastern Health, Peninsula Health and rural health networks, Monash University's Faculty of Medicine, Nursing and Health Sciences is uniquely positioned to support the integration of peer workers into multidisciplinary teams. We encourage the next National Agreement to build on recent federal investments by establishing a nationally consistent scope of practice, support clinician education and embedding peer workforce development into commissioning and governance frameworks. Additionally, we lament the omission of Defence and Veteran peer workforces in the interim report, despite the Royal Commission's recommendation to develop a national framework for aftercare and postvention services, including peer-led models. We support the inclusion of this important subgroup in future workforce planning.

## Final Reflections

This submission should be considered alongside the more specialist submission from the Faculty's contributing institutes and units including Turner Institute for Brain and Mental Health, Monash Addiction Research Centre and Turning Point and HER Centre Australia. Together, these contributions reflect just a small but critical portion of the breadth and depth of Monash University's expertise and its commitment to advancing inclusive, evidence-based mental health reform. This includes recognising the intersection of disability justice with mental health reform. Monash University's Faculty of Medicine, Nursing and Health Sciences supports the inclusion of people with disabilities, particularly those with psychosocial disabilities, as a distinct priority population, and advocates for co-designed models that reflect their lived experience.

The Productivity Commission's Interim Report calls for tangible actions to progress existing priorities and acknowledges the need for more inclusive, person-centred care. However, it does not specifically address gender-specific mental health needs, which is a notable gap. This omission risks perpetuating inequities in care and outcomes for women. The Interim Report emphasises co-design, lived experience and integrated care aligning with proposals for specialist women's mental health clinics and digital resources, yet it maintains a gender-blind approach that overlooks the unique biological, psychological and sociocultural factors affecting women's mental health.

The Productivity Commission's Interim Report does not incorporate findings from the 2024 Senate Inquiry into Menopause and Perimenopause, which recommended research into mental health impacts. There is no dedicated focus on women's mental health, despite evidence of higher rates of mental ill-health, suicidality and self-harm among women.

HER Centre Australia, part of Monash University's Faculty of Medicine, Nursing and Health Sciences and a contributor to this submission, has also made its own independent submission. Our Faculty endorses its proposed solutions worthy of the Productivity Commission's further consideration including: specialist women's mental health clinics; digital resource hub; education initiatives and research investment.

Monash University's Faculty of Medicine, Nursing and Health Sciences is well positioned to lead national reform in women's mental health, including but not limited to, through: HER Centre Australia based at Alfred health, delivering evidence-based gender-informed clinical care and research; deep expertise in digital health, mental health education and translational research; embedded partnerships across major health precincts (Monash, Alfred, Eastern Health, Peninsula Health and rural networks) enabling scalable, integrated service models; and proven leadership in co-design, workforce development and policy-relevant research including menopause and trauma-informed care.

## Appendix 1 - Summary of Monash University's Faculty of Medicine, Nursing and Health Science's Mental Health and Wellbeing Units and Health Service Partnerships

Monash University's Faculty of Medicine, Nursing and Health Sciences (MNHS) is Australia's largest and most research-intensive medical faculty, with over 360 mental health and wellbeing researchers and more than 60 active clinical trials. The Faculty is deeply embedded in Victoria's health ecosystem and leads national efforts in mental health reform through strategic partnerships, translational research and integrated service models.

In alphabetical order, key Centres and Collaborators include but are not limited:

**Alfred Brain program**, a leading neuroscience initiative at Alfred Health focused on translational research and clinical trials in epilepsy, brain injury, neurodegenerative diseases and neuropsychiatric conditions, is closely integrated with the School of Translational Medicine's **Department of Neuroscience**. Alfred Brain and the Department of Neuroscience are integrating preclinical and clinical research to advance understanding and treatment of brain disorders. The 'whole pipeline' approach at Alfred Brain extends from identifying gaps in current patient care, engineering new treatments and interventions for neurological diseases, clinical trials, health and health economics evaluations and generated knowledge through basic research to ensure the best possible patient outcomes.

**Department of Psychiatry, School of Clinical Sciences at Monash Health:** The Department is embedded within Monash Health and supports clinical psychiatry training, research and service innovation. It contributes to translational research in mood disorders, psychosis and neuropsychiatry and plays a key role in workforce development and clinical trials. This includes the **Centre for Women's and Children's Mental Health** which provides research and research training in the field of women's reproductive and perinatal, infant and child mental health including its impacts on child development, and aims to better understand the connections between biological, psychological and social models of health and healthcare. It also includes Australia's first **Clinical Psychedelic Lab** exploring therapeutic potential of psychedelic-assisted treatments for mental health conditions. It is pioneering research into novel treatments for treatment-resistant depression, PTSD and anxiety and contributing to emerging models of care.

**Department of Psychiatry, School of Translational Medicine at Alfred Health:** The Department is embedded within Alfred Health and supports clinical psychiatry training for medical students, research and service innovation. The Department is home to **HER Centre Australia** (Health, Education and Research in Women's Mental Health) Centre in Australia and delivers gender-informed clinical care and research focused on women's mental health, including trauma, perinatal mental health and menopause. It contributes to national reform through specialist clinics, digital resources and policy advocacy. The Department works collaboratively with the **Multidisciplinary Alfred Psychiatry Research Centre (MAPrc)**: A long-standing collaboration between **Alfred Health** and Monash University, with partners including **Peninsula Health**, MAPrc is a centre based at Alfred Health that conducts cutting-edge research in psychiatry, neuroscience and women's mental health. It integrates clinical trials, neuroimaging and digital therapeutics to improve outcomes for people with complex mental health conditions.

**Eastern Health Clinical School at Monash University**, based at Box Hill Hospital and closely partnered with Eastern Health is home to clinical research, medical education and research programs in **Health Systems and Equity** and **Person-Centered Research**. These programs work in partnership with communities, community organizations, health and social services to advance understanding of the complex factors that contribute to health inequalities; to inform efforts to create more just and equitable healthcare systems for all; and to develop, cross-culturally adapt, validate and implement patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs).

**Gukwonderuk Indigenous Health Workforces Centre:** The Gukwonderuk Indigenous Health Workforces Centre's vision is to create health workforces that meet the health and wellbeing needs of Indigenous peoples. We provide education, engagement and research contributions that address and serve the needs of Indigenous people and communities. Our work is informed by Indigenous knowledges and futures.

**Monash Addiction Research Centre (MARC) and Turning Point:** MARC leads national research in addiction, co-occurring mental health conditions and service innovation. It partners with Turning Point, Australia's national addiction treatment, research and education centre operated by Eastern Health and affiliated with Monash. Together, they deliver frontline clinical services, national helplines and real-time data surveillance (e.g., AODstats, National Ambulance Surveillance System)

**Monash Nursing and Midwifery** educates and equips students to be the best nurses and midwives, who will make a genuine and positive difference to their patients, their workplace and in the world of healthcare. Their educational offerings include a mental health postgraduate stream, and the School's research strengthens practice, using evidence-based, industry and consumer informed research, including to improve social and emotional wellbeing.

**National Centre for Healthy Ageing:** A partnership between Monash University and Peninsula Health, NCHA's focuses include ageing, dementia and mental health and wellbeing and addiction in older adults. It integrates research, education and service innovation to improve outcomes across the lifespan.

**School of Primary and Allied Health Care** harnesses a range of expertise, including physiotherapy, occupational therapy, paramedicine, podiatry, social work and medical imaging and radiation sciences in a cross-disciplinary approach. The School includes the Department of Social Work, the Department of Occupational Therapy and the Rehabilitation, Ageing and Independent (RAIL) Research Centre. **The Department of Social Work** which integrates mental health and wellbeing into its teaching, research and community engagement. Its focus on trauma-informed practice, recovery-orientated care and social determinants of mental health supports holistic approaches to service delivery. The Department collaborates with health services and NGOs to strengthen workforce capacity and community-based mental health supports. **The Department of Occupational Therapy**, a world leader in the generation of knowledge about occupation, participation and wellbeing, and working with communities to address the barriers that prevent people's participation in accessing their community in ways that impact on their health and wellbeing. The Department integrates teaching, research and collaborations with many health and community services to strengthen opportunities for individuals and families to participate and thrive in their communities. **The Rehabilitation, Ageing and Independent Living (RAIL) Research Centre** within the School is dedicated to improving how people live, with greater independence and quality of life, such as the Carers Health and Wellbeing Service.



**School of Psychological Sciences:** The School of Psychological Sciences is home to research and education that addresses the brain mental health to build mentally healthy communities. The School provides world-class psychology education programs to prepare a skilled workforce for the future with currently over 3260 students undertaking undergraduate, masters, graduate and clinical doctoral programs in psychology. The education offerings are continually adapted to meet the evolving needs of the community. The School partners closely with the **Turner Institute for Brain and Mental Health**, with over 100 researchers and 3,000 clients served annually, the Turner Institute for Brain and Mental Health is addressing the brain and mental health challenges of the day to build mentally healthy communities with six core research programs including: ageing and neurodegeneration; brain injury and rehabilitation; brain mapping and modelling; mental health and wellbeing; neurodevelopment; and sleep and circadian rhythms. The School of Psychological Sciences is also home to **Monash-Epworth Rehabilitation Research Centre (MERRC)** which is investigating the effectiveness of intervention programs for individuals with brain injuries with the ultimate aim of maximising their functional, psychological and social outcomes.

**School of Public Health and Preventive Medicine:** Home to the **Health Economics Group**, Australia's largest academic mental health economics team, the School leads national evaluations of mental health services, including the National Early Intervention Service (NEIS) and the Medicare Mental Health Centre and Phone Service evaluations. The group specialises in cost-effectiveness analysis, outcome-based funding models and economic evaluation of mental health interventions. The School's **Health and Social Care Unit** conducts applied research to improve the design, delivery and evaluation of health and social care systems. It brings deep implementation expertise, working closely with government and service providers to co-design and evaluate integrated models of care, particularly for vulnerable populations. Its work spans aged care, disability, mental health and primary care, with a strong focus on equity and system reform.

**School of Rural Health:** Monash University's School of Rural Health is Australia's oldest and largest health education programs. Embedded in regional Victoria, the School supports rural mental health workforce development, service integration and community-based research. It addresses access barriers and supports culturally safe care in underserved areas.

Additionally, Monash University is investing in advanced digital infrastructure to facilitate the transformation of mental health care including:

**MAVERIC AI Supercomputer:** Enables real-time outcome and monitoring, predictive analytics and public dashboards for transparency

**Helix and M-Link Platforms:** Support secure data linkage, ethics and governance for sensitive health data.

**5W Program:** In partnership with *headspace* National, Ambulance Victoria and the Victorian Department of Health, this NHMRC-funded initiative develops linked data assets to monitor youth mental health pathways across sectors and jurisdictions.

Monash University's Faculty of Medicine, Nursing and Health Sciences maintains deep collaborations with major health services across Victoria including: **Alfred Health, Monash Health, Eastern Health, Peninsula Health, Cabrini Health and Rural Health Networks.**

This enables co-designed models of care, peer workforce integration, clinical placements and workforce development, translational research and service innovation and implementation of evidence-based reforms across diverse service settings.