



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

Prepared July 2025 by:

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batyr's Response

batyr thanks the Productivity Commission for the opportunity to share feedback on the Interim Report - National Mental Health and Suicide Prevention Agreement Review. This response includes feedback and considerations across a range of areas. We are available for further discussion or clarification on any points.

We support all Draft Recommendations outlined. As highlighted in our Initial Submission for the Review, we particularly reinforce the need for the public release of the National Stigma and Discrimination Reduction Strategy, which we view as imperative.

We are leaders in prevention, and understand the importance of ensuring that young people have access to timely, affordable, effective and safe mental health care. To date, we have reached over 450,000 young people through evidence-based programs in Australia.

By empowering young people with the confidence and skills to get through tough times and look out for each other, we work to create stigma free communities that champion young people's mental health and wellbeing. Through sharing lived experience stories and peer-to-peer education, batyr is keeping young people from reaching the point of crisis. The work we do in schools, universities and communities covers both mental health and suicide prevention activities, and we see it as critical that the findings and recommendations ensure young people's experiences are captured and prioritised where appropriate.



IMPORTANCE OF PREVENTION

Prevention demands a long term scope. It is often challenging to measure the success of preventative programs and initiatives. Because of this, prevention based organisations such as batyr are often underfunded by governments. It is not simply a matter of increasing spending on these areas, but instead creating deeper, structural reform to the funding mechanisms that keep the mental health system in a constant state of crisis. Existing funding or accreditation pathways can be inaccessible for organisations that are not service delivery focused, often excluding prevention from such opportunities. Flexible funding arrangements would allow for organisations to impactfully work towards long term objectives whilst also remaining agile and adaptive.

Despite ongoing recognition of the importance of prevention, there is little accountability for genuine action to occur. As a result, the status quo of the mental health system has only been maintained, and not meaningfully changed. The Productivity Commission has highlighted several areas for improvement which would have significant impact, including clarifying governance structures, a renewed National Mental Health Strategy and strengthening the National Mental Health Commission. Further efficiencies could be achieved by encouraging collaboration and communication not just between government jurisdictions, but between governments and philanthropic organisations as well.



*Both findings based on a research trial conducted by the University of Sydney in regional and rural areas. Milton, A. Klinner, C. Conn, K. & Glozier, N. (2022).

batyr@school in regional school communities impacted by drought and other climate events. Evaluation Report, University of Sydney, Sydney.

Working 'up stream' in prevention and early intervention is absolutely crucial for young people, and their needs should be prioritised in the next National Mental Health and Suicide Prevention Agreement. Young people are experiencing unprecedented levels of mental ill-health and meaningful investment and structural reform to address this challenge is still lacking.

Prevention activities and early intervention services are essential to reduce long-term health burdens and to support young people to lead productive and fulfilling lives. Young people's lived-experience must shape how these activities and services are designed and delivered, ensuring responses are evidence-based, connected, and youth-led. A coordinated approach in schools and better system integration across health, family and education supports is needed urgently.



**For every government
\$1 invested in batyr
preventative
programs, there is a
social return of**

\$13.40*



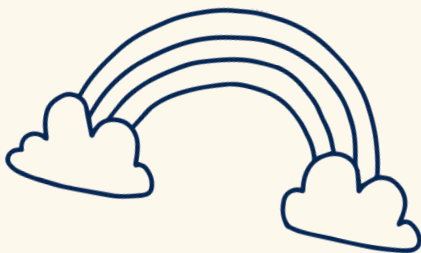
INTEGRATION ACROSS SYSTEMS

The need for integration across systems is imperative to address mental ill-health and suicide. The Productivity Commission rightfully identifies that there is an urgent need for change here - a need echoed by the voices of young people in our community. Young people have spoken to us about the intense burden of navigating a confusing and inaccessible mental health landscape, filled with fragmented and siloed services. They have also spoken to us about their desire for choice and diversity in the mental health system. In Australian society today there are still significant determinants of a young persons mental health experiences, including those that influence mental ill-health. Barriers to help-seeking such as stigma, cost, and lack of cultural safety are prevalent across communities and reinforced by various systems. If prevention activities cannot meet young people where they are at, across systems, how are they supposed to bridge the gap between needing help and receiving it? Access to help should be provided through culturally and contextually appropriate channels, ones that empower individuals with the autonomy to choose their support service. There should be continued focus on, and funding for, cross-sector collaboration with mental health services, government agencies, and educational institutions working together to integrate mental health into school systems. This ensures a coordinated approach where schools are equipped with the right tools and resources to support students effectively.

Mental health care should also be embedded in broader wellbeing systems and services, including housing and employment, through integrated models of care. There is opportunity for a reimagined national architecture that enables services to be planned and delivered in an integrated, person centred way. Where governments and systems coordinate, so that young people don't have to.

batyr bridges some of these gaps through a proactive, co-designed, evidence-informed model that connects seamlessly with schools, universities, and communities to deliver peer-led, preventative mental health activities. Rather than duplicating clinical services, batyr acts as a complementary entry point, helping young people engage earlier and more constructively with the system. batyr's model enhances continuity and coordination, linking young people to the right services at the right time, and by operating upstream of crisis, batyr reduces the demand on hospitals and acute care.

From our lived-living experience workforce that scaffold advocacy and participation in the community and mental health system respectively, through to our co-designed programs that are delivered in the education system, batyr supports integration across sectors, including education, health, and community. As the aim of national reform is to move toward a more integrated, person-centred mental health system, batyr is well positioned as a trusted, scalable, and outcomes-driven partner to help make that vision a reality.



DEVELOPING LIVED-LIVING EXPERIENCE (PEER) WORKFORCE

We strongly support the Productivity Commission's recommendation to formalise and expand the peer workforce as a critical component of mental health system reform. The Commission rightly identifies peer work, particularly involving lived-living experience, as essential for improving service engagement, reducing stigma, and supporting recovery. We believe these priorities must be embedded within the Agreement to ensure coordinated, a whole of government implementation and sustainable investment across jurisdictions.

batyr's program 'Being Herd' is one of the most established and sought after lived-living experience training for young people in Australia, providing them with the skills and confidence to share their stories safely and advocate effectively. Importantly, Being Herd is increasingly utilised by young people seeking to enter the peer workforce. It strengthens their readiness to engage in clinical and community settings by supporting recovery-oriented practice, self-advocacy, and safe storytelling.

These outcomes directly reflect the workforce development needs outlined in the Productivity Commission's findings and prioritisation of young people in this workforce should be supported through funding and recognition at both state and federal levels. Currently, young people are not adequately represented within the growing lived experience (peer) workforce. We urge the integration of youth focused peer workforce models like batyr's into the Agreement, to ensure that young people's lived experience is formally recognised in credentialing frameworks and workforce strategies. This will address gaps in early intervention, diversify the peer workforce pipeline, and build systemic capability for youth engagement.

batyr will continue to contribute to national prevention efforts through OurHerd, a digital storytelling platform co-designed with young people, that enables young people to safely share their lived experiences at scale. In parallel, we regularly participate in policy consultations, research partnerships, and government submissions advocating for a stronger, coordinated investment in lived experience-led prevention and early intervention.



INFORMATION REQUESTS

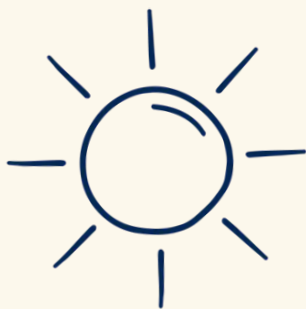
In relation to the specific Information Requests from the Productivity Commission, batyr has collated the following response. We have been guided by our expertise as a youth mental health organisation working in the prevention space, and by our growing community of young people, whose voices always inform our approach.

Information Request 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?

It is increasingly recognised that lived experience participation is key to creating mental health system reform, however this remains largely an aspirational vision. Those with lived and living experience face continual barriers to gaining access and true power within governance structures in particular. Some of these barriers are outlined in more detail below.

Avoiding tokenism: It is integral to ensure that individuals with lived and living experience are not only present in governance spaces, but feel safe and supported to contribute and bring their expertise to the table. Too often, lived experience is involved in a one off, short term nature, often with narrow scope and pre-decided objectives. The ability to advise is restricted to only when and where those without lived experience deem necessary, often only after a significant amount of decision making has already taken place. This deeply limits those with lived experience's ability to challenge and disrupt systems. Without disruption, the system will continue without genuine reform.



There should be clear and consistent definitions and standards for participatory methods such as co-design. Increasingly, we are seeing the word co-design misapplied. This has two main consequences - it erodes trust between governments and the lived experience community, and it dilutes the meaning of co-design.

Individuals must be given access to the required level of information or context in order to make informed decisions and equal opportunity to contribute. Mechanisms such as confidentiality agreements should be avoided, as they can remove an individual's ability to consult with their communities, can isolate them from peers and restrict their support networks.

Measuring success: In relation to measuring the success of lived experience inclusion in governance, batyr suggests implementing experience based evaluation frameworks, to compliment standard output based evaluation. It is integral to consider not just whether or not a person with lived experience was present, but whether they were listened to, respected or valued. Above all, we would suggest that this be co-designed alongside those with lived experience. It is integral that those with lived experience are involved in all stages of any project, and that includes at all stages of evaluation.

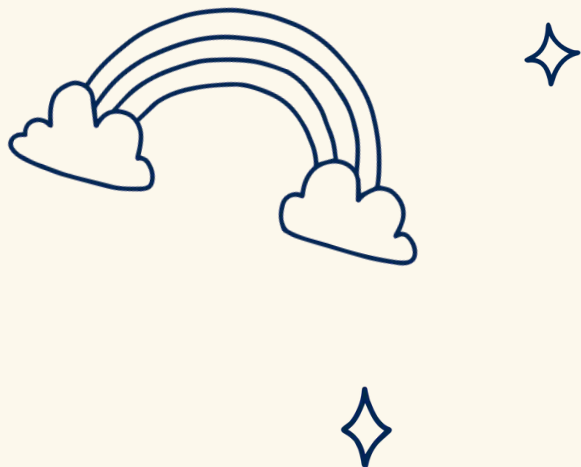


CONCLUSION

The Productivity Commission's Interim Report rightly identifies the urgent need for reform to improve outcomes across the mental health system. As an organisation by young people, for young people, working at the intersection of prevention, lived experience, and systems integration, batyr welcomes the opportunity to contribute to this reform agenda.

We urge that the final recommendations be fully implemented and embedded within national frameworks including the National Mental Health and Suicide Prevention Agreement. This includes releasing the National Stigma and Discrimination Reduction Strategy, prioritising prevention as a legitimate and necessary investment, formalising the peer workforce and lived experience pathways, and ensuring that young people's voices are prioritised.

We believe that young people deserve a mental health system that is proactive rather than reactive, empowering rather than excluding, and inclusive of their voices at every level. With the right policy, funding and structural supports in place, organisations like batyr are ready to deliver on this promise, helping to co-design a future mental health system that is fit for purpose, and fit for young people.



REFERENCES

Hodges, E., Leditschke, A., Solonsch, L., Singh, J. & Blazewicz, T. (2023). *A Toolkit to Authentically Embed Lived Experience Governance: Centring People, Identity and Human Rights for the Benefit of All*. Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network. Mental Health Australia, Canberra.

