Submission: Response to the Interim Review of the National Mental Health and Suicide Prevention Agreement

Australian Health Policy Collaboration at Victoria University, August 2025

Dear Commissioners,

The Australian Health Policy Collaboration (AHPC), a national health policy collaboration supported by Victoria University, welcomes the interim findings of the Productivity Commission's review of the 2022 National Mental Health and Suicide Prevention Agreement and the opportunity to provide comment. The findings reinforce what many in the sector have long observed: that despite good intentions of the Agreement, there has been no meaningful improvement in service delivery, accessibility, or outcomes for people living with mental ill health and/or at risk for suicide.

The system remains fragmented, complex, and difficult to access. Too many Australians fall through the cracks of the current system, particularly those who do not meet the threshold for specialist clinical care but are not well served by or cannot access the limited psychosocial and community-based supports currently available.

We would like to highlight the absence of a social prescribing model of care for suicide prevention and mental health support in the Agreement; something that could be central to addressing many of the systemic shortcomings identified in the interim report.

Social prescribing is an approach to healthcare that enables health professionals (such as GPs, nurses, or social workers) to refer individuals to non-clinical services to support their health and wellbeing. This is especially relevant for addressing mental health needs, particularly those arising from or exacerbated by social isolation, loneliness, stress, mild to moderate depression and anxiety.

Why social prescribing should be included

Social prescribing refers to an approach that connects people to non-clinical services and supports in their community to address social determinants of health and promote mental wellbeing. These might include access to peer support, cultural groups, arts programs, exercise, financial counselling, or volunteer opportunities.

Work by our group and others has demonstrated that social prescribing is effective in addressing mental health [1], [2] as well as suicide prevention [3]. Importantly, our group has published a proposed model for how a social prescribing model prevention for suicide prevention could be implemented in Australia [4]. Key components include link workers as an additional workforce that can be drawn from community members with appropriate skills and experience or health professional disciplines; with peer workers as potential support and warm or active referrals to health or community sector support that is directly relevant to individual needs.

Our proposed model includes assessment of adequate funding needs as well as evaluation and governance plans. Evidence from international studies demonstrated that social prescribing models for mental health and suicide prevention could be embedded within existing social prescribing models and existing mental health services as a cost-effective approach.

Given the ongoing challenges around governance and coordination between Commonwealth and state systems, social prescribing is a strong fit for a multi-layered health system like Australia's. It provides a low-cost, readily accessible, connecting mechanism to integrate fragmented services and provide a more person-centred, locally responsive model of care.

Submission: Response to the Interim Review of the National Mental Health and Suicide Prevention Agreement

Australian Health Policy Collaboration at Victoria University, August 2025

Gaps identified that social prescribing is able to address

Social prescribing could have an impact on several persistent gaps highlighted in the interim report, including:

- Fragmented, inaccessible services.
- Complex navigation barriers.
- Lack of early intervention and prevention strategies.
- Inadequate access to psychosocial support.
- Poor integration between GPs, community, and specialist mental health care.
- Underutilisation of peer and lived experience workforces.

When implemented with adequate system support including stable funding, social prescribing has been shown to enable people to get help earlier, closer to home, and in a way that is relevant to their individual and cultural needs. It also offers an opportunity to relieve pressure on acute and clinical services, support prevention ongoing community engagement and deliver better outcomes at a lower cost.

Next steps

We urge the Commission to consider formally identifying social prescribing as a model and component of health and community care in the next iteration of the Agreement. This could include:

- funding for link worker roles within existing community and/or care hubs such as Primary Health Networks and community mental health settings;
- exploring pathways from primary care to community-based supports, enabling GPs to make meaningful, non-clinical referrals;
- integration of peer and lived experience workers within social prescribing models; and
- evaluation and measurement of social prescribing pilots and programs to inform broader national implementation.

In conclusion, social prescribing is a pragmatic and community-centred solution that aligns with both the prevention goals and the whole-of-system integration aspirations of the Agreement. As the review process continues, we encourage the Commission to look to this model as one way of building a system that is more accessible and effective. We have included relevant references for your information.

Thank you for the opportunity to contribute to this important discussion.

Rosemary Calder
Professor, Health Policy,
Director, Australian Health Policy Collaboration,
Institute for Health and Sport (IHES) Victoria University, Melbourne

https://www.vu.edu.au/institute-for-health-sport-ihes/health-policy

VICTORIA UNIVERSITY MELBOURNE AUSTRALIA
INSTITUTE FOR HEALTH & SPORT
ahpc AUSTRALIAN HEALTH POLICY COLLABORATION

APPENDIX: REFERENCES

[1] M. Cooper *et al.*, "Effectiveness and active ingredients of social prescribing interventions targeting mental health: a systematic review," *BMJ Open*, vol. 12, no. 7, p. e060214, Jul. 2022, doi: 10.1136/bmjopen-2021-060214.

[2] NASP, "Evidence on social prescribing- The National Academy for Social Prescribing," National Academy for Social Prescribing. Accessed: Mar. 06, 2024. [Online]. Available: https://socialprescribingacademy.org.uk/evidence-on-social-prescribing/

[3] S. Dash, S. McNamara, M. de Courten, and R. Calder, "Social prescribing for suicide prevention: a rapid review," *Front. Public Health*, vol. 12, Jul. 2024, doi: 10.3389/fpubh.2024.1396614.

[4] S. Dash, S. McNamara, M. de Courten, and R. Calder, "Social prescribing for suicide prevention: a proposed model for Australia," *Front. Public Health*, vol. 13, Mar. 2025, doi: 10.3389/fpubh.2025.1547468.