



31st July 2025

Attention to: Productivity Commission

RE: Cancer Council Australia response to the Mental Health and Suicide Prevention Agreement Review Interim Report

On behalf of Cancer Council, we acknowledge the important work undertaken by the Productivity Commission (PC) in reviewing the National Mental Health and Suicide Prevention Agreement (the Agreement).

Cancer Council Australia is the nation's peak non-government cancer control organisation, involved in all cancer types and all areas of cancer control, and advises the Australian Government and other bodies on evidence-based practices and policies to help prevent, detect and treat cancer. Cancer Council Australia welcomes the opportunity to contribute to this review and is pleased to support the draft recommendations outlined in the PC Interim report.

People affected by cancer may experience psychological distress at diagnosis, during treatment and well into survivorship. If left unaddressed, this can impact an individual's mental health and capacity to engage in treatment decisions, tolerate or adhere to treatment, and may ultimately negatively impact health outcomes.^{1,2} Understanding and responding to psychological distress experienced by people affected by cancer should be a key component of care, and embedded into relevant national Strategies and Agreements. We advocate to the government to provide appropriate, affordable, and easily accessible services that encourage people with cancer to seek mental health support, leading to improved outcomes and the prevention of future mental ill-health.

We would also like to highlight the following recommendations that support the need for a new Agreement and how it might be developed:

- There is a need for dedicated funding to achieve the aims outlined in the Strategy. For instance, to address the lack of psychosocial support for people who do not qualify for the National Disability Insurance Scheme (NDIS). Psychosocial distress is common in people affected by cancer, and access to psychosocial supports can help improve quality of life, but gaps and barriers exist within the Australian healthcare system.³ The Australian Cancer Plan (ACP) outlines the importance of psychosocial support for people affected by cancer, recognising the significant impact cancer has on mental and emotional well-being and the need for a broad range of psychosocial services tailored to the needs of people affected by cancer.⁴ The next Agreement should address the need to deliver improved psychosocial support for people with chronic conditions, such as cancer.
- The next Agreement should be co-designed with consumers, carers, and consumer advocates to ensure it addresses the needs of the community. Lived experience insights and leadership are critical to ensure a more person-centred Agreement. This includes ensuring peak bodies, consumers, and carers are sufficiently resourced and funded to take an active role in the co-design process. Peak bodies and consumer advocates should be sufficiently resourced and funded to enable them to take an active role in co-design. There

is a need to engage diverse representation of people with lived and living experience of mental ill health, alongside supporters, families, carers and kin. This should include consumers with co-morbidities who can reflect on their experience of mental ill health and the coordination of their care between the health and mental healthcare system and navigating support services. Co-design should also ensure representation from specific priority populations whose mental health needs might require specific consideration, for instance, people living with disability, Aboriginal and Torres Strait Islander and culturally and linguistically diverse populations.

- The need for a national data framework, consistent data standards and a national minimum data set to provide a foundation for measuring performance against the Agreement. This should enable the linkage of health and mental health datasets to help inform an understanding of the broader health outcomes of people with mental illness and inform an understanding of the mental health outcomes of people with other chronic conditions, such as cancer.
- Improve performance and outcomes measures for assessing progress against the Agreement. There is a need to track measurable mental health outcomes, along with greater reporting transparency and accountability to ensure the Agreement is meeting the required outcomes. A good example is in the engagement of AIHW to report on Australia's Disability Strategy - <https://www.aihw.gov.au/australias-disability-strategy>
- There is a need to link the Agreement to the broader health policy environment. Mental health issues often exist alongside other co-morbid conditions, and people living with mental illness often have poorer physical health.⁵ It is important to consider how this Agreement links into other healthcare policy strategies. For instance, the Australian Cancer Plan calls for action to address the needs of people living with mental illness and cancer and references the Agreement as key to the delivery of these actions.⁴ However, there is no specific mention in the Agreement of how to address the intersection between the health and mental health sectors to ensure continuity of care.

We would be more than happy to provide further input or discuss our feedback further.

Yours sincerely,

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References:

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2. Weber D, O'Brien K. Cancer and Cancer-Related Fatigue and the Interrelationships With Depression, Stress, and Inflammation. *J Evid-Based Complement Altern Med* 2017;22(3):502–12.
3. Lynex C, et al. The need for improved integration of psychosocial and supportive care in cancer: a qualitative study of Australian patient perspectives. *Support Care Cancer*. 2025 May 30;33(6):516, <https://pubmed.ncbi.nlm.nih.gov/40445269/>
4. Australian Cancer Plan. <https://www.australiancancerplan.gov.au/populations/people-living-with-a-mental-illness>.
5. Australian Institute of Health and Welfare. (2025). *Physical health of people with mental illness*. AIHW, Australian Government, accessed 28 July 2025, <https://www.aihw.gov.au/reports/physical-health-of-people-with-mental-illness>