mental health families & friends TASMANIA

Your trusted voice in mental health

Productivity Commission Review of the National Mental Health and Suicide Prevention Agreement Interim Review Submission

July 2025

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About Mental Health Families and Friends Tasmania

Mental Health Families and Friends Tasmania (MHFFTas) is the primary body in Tasmania representing family members and friends of someone experiencing mental ill health, suicidality, and or alcohol and other drug (AOD) use. MHFFTas works with the mental health and AOD family and friend community to:

- Provide systemic advocacy from a family and friend perspective, drawing on lived experience, to improve mental health, suicide prevention, and alcohol and other drug services.

- Drive the policy agenda for mental health and AOD families and friends to ensure that they are understood, respected, valued and supported to build their capacities and improve their quality of life.

- Empower mental health and AOD families and friends to grow their capabilities for self-advocacy.

- Promote and improve the wellbeing, empowerment, and self-determination of family members and friends of people impacted by mental ill health, suicidality, and or drug use.

About Families and Friends

Mental health and AOD families and friends are people who provide unpaid physical, practical, mental, social, financial and or emotional support to a family member, friend, neighbour or colleague with mental ill health, suicidality, and or AOD use.

Family members and friends are the key educators, advocates, and natural supports for people living with mental ill health, suicidality, and or alcohol and other drug use. They hold a unique source of insight and knowledge about the person's life beyond their mental ill health and or drug use, including the most effective management strategies to use during a crisis, how to motivate them through recovery, and how they are best supported. When shared with the clinical team, this information can inform genuine recovery-oriented care.

Introduction

Mental Health Families and Friends Tasmania (MHFFTas) welcomes the opportunity to contribute to the review of the National Mental Health and Suicide Prevention Agreement (National Agreement) and provide feedback on the recently released interim report. As Tasmania's primary body representing families, friends, and unpaid supporters of people experiencing mental ill health and/or alcohol and other drug (AOD) use, we advocate for a system that recognises and integrates the vital role of families and friends in recovery-oriented care.

Tasmania faces unique challenges in mental health and suicide prevention, including its dispersed population, limited specialist services, and higher-than-average rates of mental ill health, resulting in a significant proportion of the community providing unpaid mental health and AOD support. Therefore, it is critical that national policies reflect their essential role in the care system. The National Agreement must ensure that Tasmania's mental health and suicide prevention system is adequately resourced, inclusive of families and friends, and responsive to the state's distinct needs.

Recommendations

MHFFTas supports the submission of our national peak body, Mental Health Carers Australia (MHCA), which presents a set of recommendations developed in close consultation with MHFFTas and other member organisations across the country. In addition to endorsing the recommendations put forward by MHCA, MHFFTas offers the following Tasmania-specific considerations. These recommendations reflect the lived experience insights of Tasmanian families and friends, highlight the unique challenges of our rural and remote context, and identify key opportunities to embed meaningful reform across governance, commissioning, service delivery, and data systems.

1. Tailor services that meet the needs of rural and remote communities in Tasmania

Tasmania's rural and remote classification results in long standing challenges in accessing services. Tasmania has always had challenges in increasing uptake to telehealth services, with Tasmanian's preferencing face-to-face services. Consideration must be given to the specific needs of rural and remote communities and recognising that many Tasmanians can't rely on NDIS services even when they are approved due to the slim market availability. The provision of additional funds and flexibility to shape and design services based on regional needs (often an outreach model) is therefore necessary to support this. This aligns with the following recommendations by MHCA:

a. Recommendation 23: Fund one metropolitan Mental Health and Wellbeing Connect Centre (including a satellite outreach service), and one rural Mental Health and Wellbeing Connect Centre in each state and territory, excluding Victoria.

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b. Recommendation 27: Ensure equitable access to innovation funding from PHNs and state and territory governments, prioritising programs that address service gaps in rural and remote areas while fostering peer-led, community-based mental health initiatives.

2. Secure sustainable funding for State peak and primary lived experience bodies

MHFFTas recommends a quarantined percentage of funding within State and Territory agreements allocated to operational support for peak bodies and primary representative consumer and carer organisations within each state and territory. This will enable the development and delivery of high-quality training and lived experience representative programs, ensuring the integration of lived experience perspectives in mental health and AOD services within the agreement. Sustainably funded peak bodies and primary representative consumer and carer organisations within each state and territory provide the national peak body with key insight into the relevant jurisdictional information required to function effectively and maintain national accountability. Furthermore, they will strengthen the outcomes and enhance accountability mechanisms of governance structures, such as the Mental Health and Suicide Prevention Senior Officers Governance (MHSPSO) and provide authoritative advice to their MHSPSO representatives based on the lived experience needs. MHFFTas recommends that:

a. A percentage of the funding within the bilateral agreement is quarantined for the lived experience peak or representative bodies for both consumers and families and friends to enable the sustainability of lived experience in each state and territory.

This aligns with the following recommendations by MHCA:

a. Recommendation 8: Include a clause in the next National Agreement requiring state and territory government funding of a mental health family, carer and kin peak body where none exists, or where an existing dedicated mental health family carer organisation lacks peak body status.

3. Strengthen joint strategic commissioning between states and PHN's

The current state and territory bilateral agreements lack clear governance mechanisms and an operational framework to guide meaningful collaboration between states and PHNs in the design and development of commissioned mental health and suicide prevention services. The development of a joint strategic commissioning approach would enable the seamless integration of PHN funded initiatives into local service systems, foster genuine collaboration across jurisdictions, and support PHNs to fulfil their core objective of addressing service gaps in the mental health system. To address this, MHFFTas recommends:

a. The development of a 3–5-year joint commissioning work plan that aligns PHN funded projects with state and territory mental health and suicide prevention reform priorities, strategic directions, and implementation timeframes.

b. Increased flexibility around how PHNs invest in mental health and Suicide prevention services and increased participation in state and territory reform and strategy development.

c. Joint needs assessment that is used in the commissioning of services under PHNs and state and territory governments.

d. A joint regional commissioning director for each LHD and PHN that sets and governs the strategic investments of all funded mental health and suicide prevention reform and strategies within state and PHN commissioned services. This position should sit primarily within the state and territory governments.

4. Mandate whole of government lived experience system integration

The next National Agreement should include stronger focus on the lived experience of families and friends to be represented at all levels of decision making. Consumer and Family and Friend Lived Experience must be embedded all throughout the governance processes in both PHNs and State based mental health and suicide prevention activities from board to executive to project-based and co-design levels. This is not consistently occurring across the different commissioning bodies. This aligns with MHCA's recommendations below:

a. Recommendation 10: Mandate lived experience representation at all levels of PHN governance, including boards, executive teams, and advisory committees, with enforceable contractual obligations to ensure compliance.

b. Recommendation 11: Require PHNs to implement the Lived Experience Governance Framework and include measurable KPIs for lived experience engagement in contractual agreements.

c. Recommendation 12: Enhance public accountability of PHN performance through annual reporting on lived experience engagement, resource allocation, and service outcomes to promote transparency and stakeholder trust.

d. Recommendation 32: Mandate Lived experience involvement in the design, implementation, and evaluation of commissioned services, particularly where lived experience-led commissioning models are not yet established.

5. Develop a standalone mental health care strategy

MHFFTas supports MHCA's recommendation for a standalone Mental Health Carer Strategy to ensure the specific needs of mental health carers are distinct and recognisable across all areas. Whilst the carer objectives and outcomes may align closely with a broader strategy, a standalone strategy will further validate the contributions of the mental health carer community and increase awareness of caring roles within the broader community. This aligns with the following recommendations by MHCA:

a. Recommendation 25: Fund MHCA or delegate responsibility to DoHAC to develop a dedicated Mental Health Carer Strategy.

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6. Increase investments in community-based peer led and carer support services

MHFFTas supports an increased investment towards non-clinical, community-based supports. This includes strengthening the role of peer and carer peer workers, including in community and non-clinical settings and psychosocial support services. This should include expanding access to carer specific supports in Tasmania that are accessible for our rural and remote population. This aligns with MHCA's recommendations below:

a. Recommendation 1: Embed relational approaches as a guiding principle in the next National Agreement and accompanying bilateral agreements.

b. Recommendation 7: Include mental health family, carer and kin support initiatives in the next National Agreement, clearly specifying which level of government should be responsible for their design, commissioning and implementation

7. Improved national data collection on the impact of the mental health and AOD caring role

MHFFTas supports strengthening the inclusion of carers' experiences within national data and evaluation frameworks to more accurately identify their needs and improve the evaluation of mental health and alcohol and suicide prevention services. In Tasmania, a higher proportion of people living in rural and remote areas are impacted by mental ill health and AOD use, which often results in a greater reliance on informal caring roles in these regions. This presents a critical opportunity to enhance data collection and evaluation processes that reflect the specific needs of these communities. Incorporating detailed demographic data into state and PHN mental health reporting tools is essential to gaining a clearer understanding of the diverse experiences and needs of the caring community across the state

a. Implement mental health and wellbeing data collection of families and friends in the Primary Mental Healthcare Minimum dataset

b. Implement mental health and wellbeing data collection of families and friends in state and territory mental health and suicide prevention datasets

c. Strategic alignment and consistency of data collection across datasets, ensuring the same information is captured from both sources, and data is consolidated and reported on together.

This paper is endorsed and authorised by:

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Chief Executive Officer

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