HIGHWAY

31 July 2025
Australian Government
Productivity Commission
Mental Health and Suicide Prevention Agreement Review

Submission via Review webpage
Re: Submission to the Mental Health and Suicide Prevention Agreement Review

Dear Commissioners,

Highway Foundation welcomes the opportunity to contribute to the review of the National Mental Health and Suicide Prevention Agreement.

Highway Foundation is an award-winning national youth organisation based in Port Melbourne, Victoria. Over the past five years, we have supported thousands of young Australians aged 14 to 28 through structured, peer-led programs that cultivate emotional clarity, self-awareness, and confidence, and who suffer from loneliness and languishing. We provide a relational model of care based on **Inner Connection**, a structured, non-clinical intervention that offers young people safe, supportive environments for reflection, emotional processing, and relational connection using a peer-to-peer model.

Loneliness is one of the strongest predictors of mental illness, especially among young people. One in three Australians experience loneliness, yet the response remains largely medical. Many young people are not mentally ill but are also not mentally well. This state is known as languishing. Research suggests that approximately 20 per cent of Australians suffer from languishing and are known as the "missing middle." These individuals are often referred into clinical services simply because there are no suitable alternatives exist. This places avoidable pressure on a system already at capacity and results in care that does not attend to the person's needs.

This cohort is better served through relational care and structured connection programs, delivered via a social prescription pathway. We believe mental health services could provide a parallel model of care: one pathway for diagnosable mental illness (the medical model) and another for relational and inner connection needs (the social model). This dual approach complements clinical care and reflects best practice in early intervention and community-based mental health.

This submission presents four key systemic recommendations:

1. **Implement a parallel model of care** - a medicalised pathway and a social connection pathway working side by side. *See Diagram 1: Parallel Model (page 3)*
2. **Invest in meaningful community connection opportunities,** including sport, group gatherings, and cultural events to enhance connection and belonging.
3. **Upskill all workers across mental health-related roles** in relational and inner connection support and include as a breadth subject into university degrees in social work and healthcare.
4. **Support a pilot of the parallel care model to test its efficiency, effectiveness, and capacity** to transition appropriate clients out of the clinical system. The pilot should determine how effective a social connection pathway is in relieving pressure on the current system, including how many people can be appropriately offboarded from clinical services.

This is not a radical idea. It builds on the present infrastructure. What is needed now is recognition, coordination, and targeted investment to embed relational care across the mental health system.

We would welcome the opportunity to meet with the Commission to share our evidence and discuss how this model could strengthen our national approach to youth mental health.

Yours sincerely,

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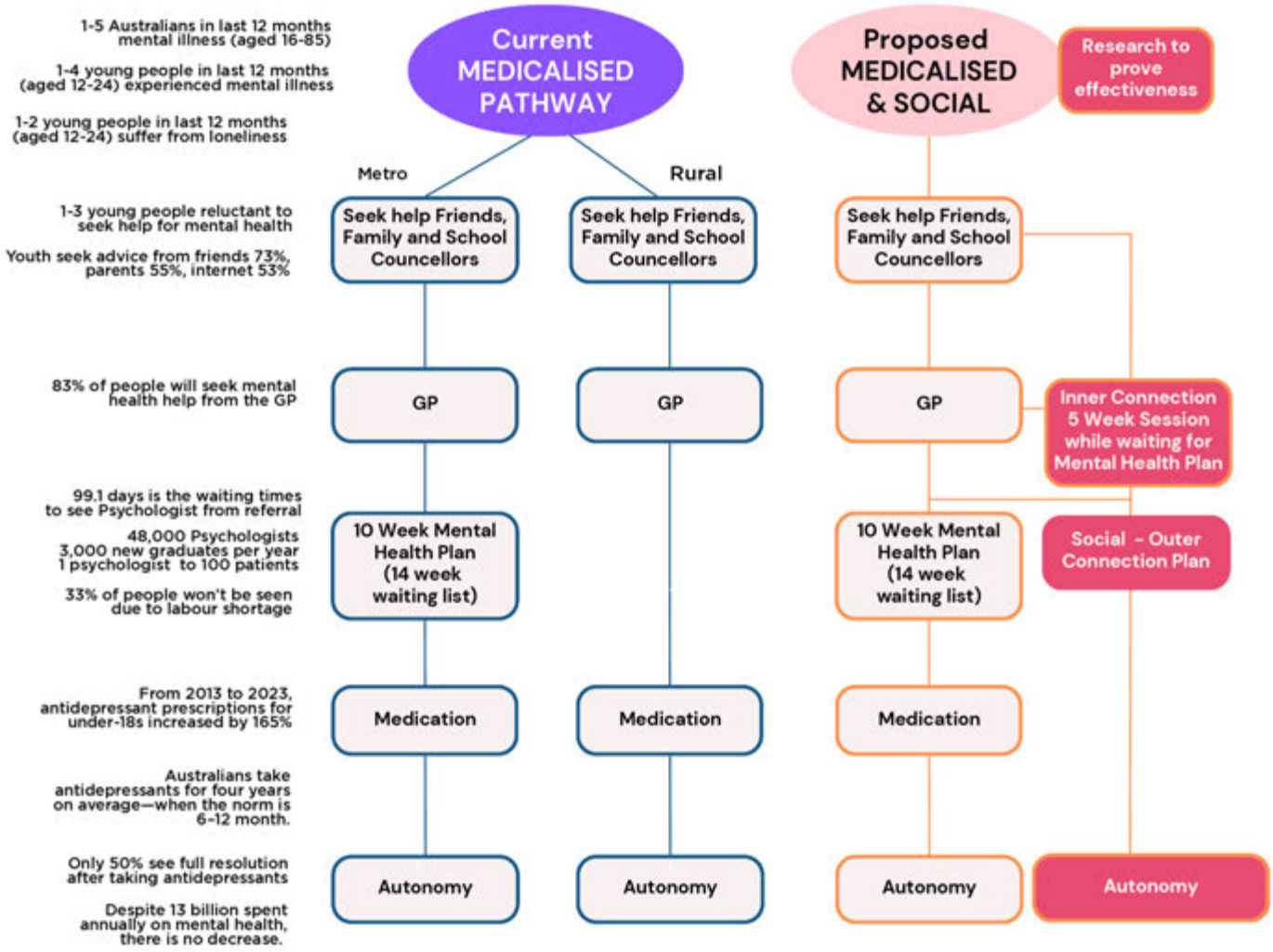
A Complementary Pathway to Australia's Medicalised Model
The Parallel Model proposed by Highway Foundation



- Young people are increasingly mislabeling normal life challenges as mental illness.
- It takes 66 days to form a habit—but they wait 99 days for mental health support. By then, temporary negative thoughts become ingrained patterns, turning into real psychological struggles.
- Loneliness is treated as a medical issue—but it's a self connection problem.
- The system defaults to medication instead of connection.
- Waiting 99 days for therapy doesn't solve a lack of belonging.
- Social connection programs can intervene early—preventing escalation and even resolving many cases. This will address the "missing middle".
- A social prescription—fostering real relationships and community - can be more effective than medication.
- The solution? Create spaces where young people feel seen, valued, and connected- to themselves, others, and the world.

Background: Youth Languishing, Loneliness and System Gaps

Australia is facing a youth wellbeing crisis characterised not only by rising diagnosable mental illness, but by pervasive languishing - a state of stagnation and emptiness where young people are not flourishing, yet do not meet the threshold for clinical intervention (Keyes, 2002).

According to recent data, over 5 million Australians are experiencing this phenomenon of languishing (BeWellCo, 2024). This silent crisis is often marked by profound loneliness and disconnection, which research now indicates lies at the heart of our broader "mental health crisis". In fact, evidence shows that loneliness and social isolation are core predictors of poor mental health; for instance, loneliness can increase risk of depression up to 4.6 times and is more strongly correlated with anxiety and depression than factors like income or physical illness (Cacioppo et al., 2015).

Prior to the COVID-19 pandemic, loneliness among young Australians was already at alarming levels, with 1 in 4 Australians aged 12–25 feeling lonely at least three days a week (Lim et al., 2020). By 2023, Australia's overall loneliness rate ranked among the highest in the developed world, with 1 in 3 Australians reporting frequent loneliness (State of the Nation Report, 2023). Young people are disproportionately affected; 22% of 18-24 year-olds report problematic levels of loneliness, and high schoolers saw a 50% rise in social isolation from 2012 to 2018 (State of the Nation Report, 2023; Twenge et al., 2020).

This loneliness epidemic carries significant downstream risks - including a 26% greater risk of premature death, comparable to smoking 15 cigarettes a day (Holt-Lunstad, 2015). It also imposes an estimated $2.7 billion annual cost on the Australian economy in lost productivity and increased healthcare utilisation (Ending Loneliness Together, 2023).

Despite these stark figures, Australia's current mental health response remains overwhelmingly clinical, diagnosis-driven, and reactive, focused on treating illness rather than preventing it. While investment in acute services is vital, this medicalised system has clear limitations in addressing the early stages of distress. Young people who are languishing or experiencing chronic loneliness often do not qualify for specialist services until they hit crisis point. As a result, too many youth "fall through the cracks," enduring months or years of deteriorating wellbeing while on waitlists or under the radar of clinical criteria.

The National Mental Health and Suicide Prevention Agreement's laudable goals around integration and prevention have yet to be fully realized on the ground - we still see fragmented services, especially in regional areas, and a lack of accessible supports before problems escalate (Kavanagh et al., 2023). Stretched services and high unmet demand mean that even those who seek help can face long delays (Subotic-Kerry et al., 2025), during which their sense of purpose and connection may further erode.

In short, the current system is not effectively engaging young people until they are in acute crisis, leaving a large gap in preventative, early intervention care. This gap directly contributes to rising youth psychological distress and worsening outcomes despite increased service utilization.

Highway Foundation's Approach: Inner Connection and Preventative Care

Highway Foundation was established to help fill this critical gap by providing young people with support "before they reach crisis point." Our mission is to inspire young people to connect with their inner selves, build authentic relationships, and discover a sense of belonging and purpose. We do this through free, non-clinical programs that cultivate emotional literacy, self-awareness, and social connection for youth aged 5 to 28. Importantly, we do not require a diagnosis or a waiting period for participation - our programs are open to any young person who needs a space to be heard and supported. By creating inclusive, culturally safe environments where youth feel seen, heard, and valued, we aim to catch those who might otherwise languish alone.

Highway Foundation's approach is distinctive in that it centers on "inner connection" as the foundation of mental wellbeing. Inner connection refers to a young person's sense of self-understanding, meaning, and belonging. We believe that strengthening this inner life can prevent distress from escalating into serious mental illness. As CEO Lela McGregor has noted, "we cannot solve a social condition with a purely medical model". Our programs therefore focus on the social and emotional underpinnings of wellbeing, complementing the clinical system by reaching youth earlier. This model aligns closely with a public health approach to mental health: rather than waiting for pathology to emerge, we foster resilience, identity, and community connection as protective factors.

All of Highway's programs are peer-driven and evidence-informed, delivered by trained volunteer facilitators rather than clinical staff. This not only makes the model cost-effective and scalable, but also inherently relatable for young participants. We emphasize deep listening, reflection, and peer support - creating a compassionate space where a young person can share their story, feel validated, and form supportive connections. Often, our Companion Sessions are the very first time a young person has been invited to speak openly about their inner world. By empowering youth to express themselves and learn coping skills in a safe group or one-on-one setting, we help them build the confidence to face life's challenges before those challenges become overwhelming.

This inner connection philosophy is not abstract. It is grounded in well-established principles of positive psychology, social support, and community health. Research consistently shows that social connection is a stronger protective factor against depression than even antidepressant medication alone, and that enhancing a person's sense of purpose and belonging can significantly improve mental health outcomes (Holt-Lunstad, 2024). Highway's experience on the ground echoes this: participants frequently report that after engaging with our programs, they feel more confident, less alone, and more hopeful about their future. These qualitative outcomes speak to the transformative power of being "truly heard" - a simple intervention, yet one that is scarce in a stretched system focused on throughput and symptom reduction.

Key Programs and Initiatives – Examples of Inner Connection and Relational Care

Highway Foundation delivers a suite of programs designed to meet young people where they are - whether in the community, at school, or online - and guide them toward inner connection and growth. Our key programs include:

- Highway Companion (1:1 Sessions): a free one-on-one session connecting a young person with a trained Highway Youth Facilitator. In a 60-minute guided conversation, the participant is offered a safe space to explore their inner thoughts, values, and challenges with a compassionate listener. The goal is to help the young person feel seen and heard while reflecting on their life journey. Many participants describe relief at being able to share openly, noting that the "deep listening" and non-judgmental support leaves them feeling understood and empowered.

- Highway Roadmap (Group Journey): a structured four-week program conducted via small peer group sessions (typically 3-6 participants plus a facilitator). Over a series of weekly 90-minute online workshops, young people collectively work through themes of identity, purpose, and relationships. The Roadmap curriculum is designed to create psychological safety and insight: each week builds self-awareness and interpersonal skills, enabling participants to discover personal strengths and develop a stronger sense of self. After completing a Highway Roadmap, participants report feeling more authentic in expressing themselves and more connected to others who have shared similar struggles. This program often sparks lasting friendships and provides a framework for ongoing personal growth.

- Highway Connection (Peer Groups): an informal, ongoing reflection group program that invites young people into continued dialogue and mutual support. Highway Connection Sessions are 90-minute online group meetings (3-4 participants) where youth can find common ground, share experiences, and realize they are not alone in their feelings. Introduced in 2023, this flexible peer space serves as a "maintenance" program for wellbeing – a place to check in regularly, practice vulnerability, and build community. By normalizing open conversation about life's ups and downs, these sessions help combat the isolation and stigma that often surround mental health struggles.

- Highway Compass (School Workshops): a series of school-based workshops (including the Compass Reflection Workshop© and Transition Workshop) that support students through life changes, such as moving schools or preparing for post-school pathways. These sessions use interactive reflection tools to help young people articulate their feelings, needs, and aspirations in key domains of life. Delivered in partnership with schools and universities, the Compass program gives educators insight into student wellbeing through group reports and encourages help-seeking in a low-pressure environment. By equipping adolescents with emotional skills and normalizing conversations about wellbeing in the classroom, these workshops foster resilience at a critical developmental stage.

- Cultural and Spiritual Programs (Dadirri): Highway Foundation recognises the importance of culturally grounded approaches for Aboriginal and Torres Strait Islander youth, as well as the broader role of spirituality in wellbeing. In collaboration with the Miriam Rose Foundation, we deliver programs centered on Dadirri, the Indigenous practice of "deep inner listening" and quiet stillness. Dadirri, which lies at the heart of Aboriginal spirituality, nurtures patience, connection to the land, and a profound sense of belonging. Highway has been appointed to develop Dadirri educational resources across early learning, primary, secondary and adult education, to teach young Australians of all backgrounds this practice as a tool for self-awareness, resilience and connection. By integrating First Nations wisdom with our modern peer-support model, this program provides a culturally safe space and promotes intergenerational healing. It exemplifies how traditional knowledge and

contemporary social-prescription approaches can work hand in hand: as partners, we combine contemplative peer support with cultural mentorship, ensuring young people can draw strength from their heritage while navigating modern challenges.

All of the above programs are provided free of charge, youth-led, and intended to complement clinical care - not replace it. We design our initiatives to slot into the ecosystem alongside psychologists and counsellors. For example, a young person might attend our workshops or groups while on a waitlist for therapy, thereby receiving emotional support in the interim. Or they might engage with us after finishing a course of treatment, to sustain their recovery and prevent relapse into isolation. By focusing on inner development and social connection, our programs act as a preventative buffer, catching emerging issues early and alleviating pressure on high-intensity services.

Our impact to date demonstrates the effectiveness of this approach. In under five years, Highway Foundation has supported over 3,000 young people (3,193 as of late 2024) across every state and territory. These participants come from diverse backgrounds (over 50 nationalities) and a range of circumstances. Notably, more than two-thirds (68%) of youth joining our programs report experiencing low mood or psychological distress at intake - yet many have not previously accessed any form of support. After engaging with Highway's programs, they consistently report increased confidence, improved connection, and renewed hope for the future. In a 2023 follow-up survey, 97% of participants said they would recommend Highway to a friend. Partner schools and youth services have praised our model as a "much-needed gap-filler" for young people who are struggling but do not meet the clinical threshold for other services. These outcomes, both quantitative and qualitative, underscore a critical point: early relational support works. By addressing the "crisis of connection" underlying much of youth distress, we can uplift wellbeing and potentially avert more serious mental health issues down the line.

Innovation in Practice: The Macnamara Inner Connection Pilot

Highway Foundation is continually striving to amplify our preventative impact and demonstrate new models of care. A centerpiece of our current efforts is the proposed Inner Connection Social Prescription Pilot in the federal electorate of Macnamara (Melbourne). This pilot project - developed in collaboration with local MP Josh Burns and a network of community partners - offers a bold new blueprint for integrating non-clinical support into the traditional healthcare pathway.

Under the Macnamara pilot, local General Practitioners, schools, and community organisations will be able to refer young people directly to Highway Foundation programs as a form of "social prescription". The target group is young people presenting with loneliness, mild distress, or early signs of languishing who do not yet need medical intervention but clearly need help. Rather than placing these youth on waitlists or simply advising them to "hang in there," the pilot will connect them to a 6-month inner connection program facilitated by Highway. In practical terms, the pilot aims to support 100 young people through a series of facilitated group sessions and companion one-on-ones, in partnership with 10 local GP clinics, as well as youth centers, schools and sports clubs in the community. We have proposed a modest budget (approximately $250,000) to run this trial, which includes funding a dedicated research team from a local university to rigorously evaluate outcomes and long-term impact. Participants' levels of loneliness, wellbeing, and service utilization will be measured before, during, and after the intervention to quantify the benefits of this approach.

This initiative directly addresses several issues highlighted by the Productivity Commission's review. First, it emphasizes preventative care: by intervening at the point of early distress, we aim to prevent young people from deteriorating to crisis levels. Second, it represents service integration and innovation: by embedding a referral pathway within GP clinics and other settings, the pilot bridges the gap between the health sector and community support. It effectively operationalizes the National Agreement's call for better coordination between clinical services and non-health supports. GPs - often the first point of contact for mental health concerns - will have a real, evidence-based option to prescribe connection and personal growth activities, not just medication or therapy referrals. Third, the pilot focuses on youth outcomes in a holistic sense. Rather than measuring success only by symptom reduction, we will be looking at improvements in participants' social support networks, engagement in education or work, and self-reported sense of meaning and belonging. These are exactly the kind of functional outcomes the Agreement's reforms aspire to achieve for young Australians' wellbeing and productivity.

Moreover, the Macnamara pilot is designed with an eye toward scalability and national relevance. If successful, this model could be rolled out across other electorates and states as a complementary layer of the mental health system. Imagine every GP clinic or headspace center being able to link a young person to a local inner connection group or companion program while they await formal care. The potential benefits are twofold: easing the burden on overloaded clinical services, and delivering better whole-person support that addresses social isolation and identity - factors that medical treatment alone often cannot resolve. In essence, we do not propose to replace any part of the system, but to fill a void that is currently overlooked: the emotional and relational needs of young people who are languishing, not flourishing. By proactively engaging them, we can either shorten and simplify any eventual clinical treatment (because the person will be more ready and resilient) or, in some cases, eliminate the need for intensive treatment altogether. This aligns closely with the Agreement's objectives of improving system efficiency and outcomes - prevention is productivity. Early indications from overseas support this approach: for example, the UK's social prescribing programs have shown a 42.2% reduction in GP appointments for patients referred to community support (National Academy for Social Prescribing, 2024). We anticipate similar gains here in reduced acute service usage, as well as broader community benefits from reconnecting disengaged youth.

Highway Foundation urges the Commission to recognize and support such community-based, innovative models. The Macnamara pilot exemplifies how a relatively small investment can catalyze a new preventive infrastructure. It is precisely the kind of initiative that could materialize the rhetoric of early intervention into real action on the ground. We are grateful that the local community and leaders have rallied behind it (including a public petition with bipartisan interest), and we seek the Commission's endorsement to elevate this pilot as a demonstration project under the National Agreement. If backed by government funding and integrated into the forthcoming policy framework, the inner connection social prescription model could be expanded to benefit young people nationwide.

Alignment with Review Terms of Reference and National Priorities

We note that the Commission's Terms of Reference for this review emphasize areas such as preventative care, better integration of services, improved youth outcomes, and innovative community-based approaches. Highway Foundation's work is strongly aligned with these priorities:

- Preventative and Early Intervention Focus: Our programs intervene early in the trajectory of distress, aiming to build resilience and coping skills before mental health issues become acute. This supports the Agreement's goal of shifting the system "from crisis response to prevention." By promoting inner connection and emotional literacy in young people, we address root causes like loneliness and loss of identity, reducing the likelihood of more serious disorders emerging. This approach contributes to the National Preventive Health Strategy objectives and echoes the review's focus on prevention as crucial to long-term wellbeing.

- Service Integration and Collaboration: Highway Foundation operates in collaboration with schools, primary health providers, and other community organisations - embodying the "whole-of-system" integration called for in the National Agreement. Our upcoming pilot explicitly links GPs with non-clinical supports, creating a seamless referral pathway that connects the health sector with community-led care. This model addresses the review's concern for coordinated care and demonstrates best practice in multi-sector partnership. It also aligns with moves to expand social prescribing as a mainstream part of healthcare, which international best practice has shown to improve outcomes and reduce system costs.

- Youth-Specific Outcomes: As a youth-focused service, we directly contribute to improved outcomes for young people - a key population in the terms of reference. The National Mental Health Agreement highlights the wellbeing and productivity of young Australians; Highway's programs have documented increases in participants' confidence, social support, and hopefulness, which translate to better engagement in education, employment, and community life. Our model also resonates with young people's preferences for informal and peer-based support, thereby increasing the likelihood that they will actually seek help early (addressing the pervasive issue of unmet need). By catching those who might otherwise "age into" more severe problems, we support the Agreement's intent to reduce youth suicide and distress rates over time.

- Inclusive and Community-Based Innovation: Highway Foundation's approach is an example of community innovation in mental health. It leverages peer leadership, volunteerism, and digital technology (online groups) to reach widely and adapt to local needs. We have successfully partnered with culturally and linguistically diverse communities and First Nations leaders to tailor programs like Dadirri, which advance the Agreement's commitments to culturally safe services and Closing the Gap in Indigenous social and emotional wellbeing. By incorporating Indigenous concepts of healing and spirituality into mainstream youth programs, we demonstrate how the system can become more inclusive and effective for groups that are often underserved. This speaks to the review's emphasis on adopting best-practice approaches across different communities and ensuring no one is left behind. We believe inner connection is a universal need, but it must be delivered in locally relevant, culturally sensitive ways - our work in this space offers a template that could be expanded in partnership with community organizations nationwide.

In summary, Highway Foundation's model directly addresses many of the challenges and opportunities under examination in this review. It represents a scalable, evidence-backed solution that complements existing services and innovates beyond the status quo. We encourage the Commission to consider inner connection and social prescription approaches as central elements in Australia's mental health strategy moving forward.

Recommendations

To fully harness the benefits of preventative, inner connection-based care, we recommend the following actions:

1. **Recognise and Fund Preventative Social Connection Programs**: Government and funding bodies should explicitly acknowledge the role of programs like Highway Foundation's in the mental health ecosystem and provide sustainable funding to scale these initiatives. This could include dedicated streams under mental health agreements or public health budgets for social prescribing and community connection services. Even relatively small investments (e.g. seed funding for pilots and capacity-building) can yield outsized impacts by reducing downstream acute service demand. We urge support for models that demonstrate improved youth wellbeing through non-clinical means, as a cost-effective complement to traditional care.

2. **Integrate Social Prescriptions into Primary Care:** The Commission should recommend mechanisms for integrating referral pathways from primary care and education into community programs. For example, GPs could be incentivized (through Medicare items or collaborative care grants) to refer eligible young patients to accredited programs like inner connection groups. Education sectors could partner with health to allow school wellbeing teams to refer students to community-based prevention programs. Formalizing these pathways would operationalize the Agreement's intent for an integrated, no-wrong-door system, ensuring youth can access immediate support for loneliness or languishing outside of clinical waitlists.

3. **Prioritise Loneliness and Languishing in National Strategy**: The federal mental health agenda should broaden its outcome metrics and targets to include reducing loneliness and increasing community participation among young people. We recommend the adoption of a "Connection Index" or similar measures to track population-level changes in social wellbeing (e.g. rates of loneliness, sense of belonging in youth) as key performance indicators, alongside symptom and service metrics. Framing languishing and social disconnection as priority issues will drive policy and funding to preventive programs addressing these root causes. It will also encourage more holistic evaluation of reforms, consistent with the Commission's focus on overall wellbeing and productivity outcomes.

4. **Support Culturally Safe and Community-Driven Initiatives**: We call for greater investment in programs co-designed with Aboriginal and Torres Strait Islander communities and other culturally diverse groups to ensure preventative mental health support is effective for all young Australians. In particular, the teachings of Dadirri (deep listening and inner connection) should be supported and scaled as a culturally grounded healing practice, in partnership with Indigenous leaders. The Commission should highlight such partnerships as exemplars in its report, aligning with the National Agreement on Closing the Gap's aim to improve Indigenous social and emotional wellbeing. More broadly, funding for youth mental

health should include streams for community-based, grass-roots programs (led by NGOs, youth workers, peer volunteers) that have trust and traction within local communities. These programs often innovate best and reach those whom mainstream services do not.

5. **Strengthen Preventive Measures in the National Agreement Refresh:** As governments refine the National Mental Health and Suicide Prevention Agreement in light of this review, we recommend a stronger emphasis on prevention and early intervention in the Agreement's objectives, funding arrangements, and accountability mechanisms. This could involve setting aside a proportion of mental health funding for preventive programs, mandating integration of social and emotional wellbeing indicators in reporting, and continuing to build the lived experience/peer workforce. Highway Foundation and similar organisations stand ready to collaborate in these efforts - our experience shows that when young people are given space to connect and be heard, they can flourish. Embedding that principle into the national policy framework will yield benefits for years to come.

Conclusion

Australia's youth mental health crisis will not be resolved by clinical services alone. It requires a paradigm shift to acknowledge that loneliness, disconnection, and loss of meaning are central drivers of distress – and that these social-emotional issues must be addressed through community and inner development, not just medication or therapy. Highway Foundation has pioneered an approach to do exactly this: guide young people from languishing to flourishing by helping them find connection - with themselves, with others, and with culture and community. The results so far are compelling, and point to a future where early, inner connection support is a normal part of the mental health system's continuum of care.

We appreciate the Productivity Commission's attention to preventative and innovative models in this review. The Commission's endorsement of approaches like ours would send a powerful signal that Australia is ready to bridge the gap in mental health reform - shifting from a predominantly reactive, clinical paradigm to one that also nurtures wellbeing from the ground up. We urge you to seize this opportunity to back new solutions that empower our youth before they reach breaking point. By investing in inner strengths and social bonds, we can not only alleviate the current crisis of youth mental health, but also strengthen the foundations of our nation's future productivity and resilience.

Thank you for considering our submission. Highway Foundation is committed to continuing this work in partnership with government, clinicians, and communities. We stand ready to assist in implementing the recommendations above and to share our expertise in service of a more connected, mentally healthy Australia.

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