Submission: Response to the Productivity Commission's Interim Report on the Mental Health and Suicide Prevention Agreement Review

Size Inclusive Health Australia

Size Inclusive Health Australia (SIHA) welcomes the opportunity to respond to the Productivity Commission's interim report. SIHA's vision is an Australian healthcare system which respects the natural size diversity of bodies, allowing people of all body sizes to access safe, appropriate, timely and equitable care.

We commend the Commission's commitment to reforming Australia's mental health and suicide prevention system and offer the following feedback, grounded in our advocacy for weight-inclusive, trauma-informed, and equitable care for people in larger bodies.

Draft Recommendation 2.1 – Deliver Key Documents as a Priority
SIHA strongly supports the immediate release of the National Stigma and Discrimination Reduction Strategy. Weight stigma remains a pervasive and under-recognised barrier to mental health care[1]. People in larger bodies frequently report being dismissed, pathologised, or denied appropriate treatment due to assumptions about weight and health[2]. The Strategy should explicitly address weight-based discrimination across healthcare settings, including mental health services, and embed weight-inclusive principles in training, policy, and practice.

Draft Recommendation 4.1 – Developing a Renewed National Mental Health Strategy
SIHA strongly supports the development of a renewed National Mental Health Strategy. A renewed strategy should include weight-inclusive mental health care as a core principle. This means:

- recognising weight stigma as a social determinant of mental health[3]
- rejecting weight-centric models that conflate body size with mental illness or treatment compliance

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[1] Philip, S.R., Standen, E.C., Schueler, J., Fields, S.A. and Phelan, S.M., 2025. *Weight bias in mental health settings: a scoping review*. Frontiers in Psychiatry, [online] 16. Available at: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2025.1596625 [Accessed 20 Aug. 2025].
[2] Obesity Evidence Hub, 2025. *Weight stigma in health care*. Obesity Evidence Hub, [online]. Available at: https://www.obesityevidencehub.org.au/collections/impacts/weight-stigma-in-health-care [Accessed 20 Aug. 2025].
[3] Figueroa, D.G., Murley, W.D., Parker, J.E., Hunger, J.M. and Tomiyama, A.J., 2025. *Weight stigma and mental health symptoms: mediation by perceived stress*. Frontiers in Psychiatry, [online] 16. Available at: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2025.1587105/full [Accessed 20 Aug. 2025].

- promoting trauma-informed, person-centred approaches that affirm body diversity and challenge harmful narratives around weight and health.

SIHA urges the National Mental Health Commission to engage with lived experience advocates from fat and size-diverse communities in the co-design process.

Draft Recommendation 4.2 – Building the Foundations for a Successful Agreement
SIHA supports the extension of the current Agreement to develop the foundations for the next agreement.

Sufficient time needs to be allowed for the next agreement to be inclusive and effective, including co-design with people with lived experience of weight stigma in mental health settings, both in the provision of care and the social experiences that lead to a person requiring care. Collaboration should include providers and consider intersectionality.

Draft Recommendation 4.3 – Stronger Links to Broader Policy Environment
SIHA supports the Agreement linking more strongly to the broader policy environment. Weight stigma intersects with health, housing, education, employment, and justice. The next agreement must link to anti-discrimination frameworks for people in bigger bodies, recognising the compounded impact of weight stigma on access to services[4][5]. This is especially relevant for people in larger bodies who are also marginalised by race, gender, disability, or socioeconomic status.

Draft Recommendation 4.4 – Addressing Unmet Need for Psychosocial Supports
SIHA supports the Agreement addressing the unmet need for social supports outside of the National Disability Insurance Scheme.

Psychosocial supports must be designed and delivered in ways that are safe and affirming for people in larger bodies. This includes expansion of roles and services into the training of health care providers[6] in weight-inclusive practice, avoiding weight-loss messaging or assumptions in service design, and funding community-led initiatives that support body acceptance and mental wellbeing. This effort requires cohesive cross-jurisdictional effort and investment.

Draft Recommendation 4.5 – Clarifying Responsibility for Carer and Family Supports
SIHA supports the responsibility that the government has for ensuring the welfare of carers for those with mental illness. Carers of people in larger bodies often face unique challenges, including

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[4] Willer, F., 2023**.** *The Weight Stigma Heat Map: A tool to identify weight stigma in public health and health promotion materials*. Health Promotion Journal of Australia, [online] 34(3). Available at: https://gatewayhealth.org.au/wp-content/uploads/2024/10/Health-Prom-J-of-Aust-2023-Willer-The-Weight-Stigma-Heat-Map-A-tool-to-identify-weight-stigma-in-public-health-and.pdf [Accessed 20 Aug. 2025].
[5] Hunger, J.M., Smith, J.P. & Tomiyama, A.J., 2020. *An evidence-based rationale for adopting weight-inclusive health policy*. Social Issues and Policy Review, 14(1), pp.73–107. Available at: https://doi.org/10.1111/sipr.12062
[6] Royal Australian College of General Practitioners (RACGP), 2024. *Weight bias among healthcare students: implications for mental health care*. RACGP Clinical Commentary, [online]. Available at: https://www.racgp.org.au [Accessed 20 Aug. 2025].

navigating weight stigma in health systems[7]. Supports must include education on weight-inclusive care, validate the emotional toll of advocating against systemic bias, and provide resources that affirm body diversity and challenge harmful weight narratives.

Draft Recommendation 4.7 – Greater Role for People with Lived and Living Experience in Governance

SIHA strongly supports the inclusion of people with lived and living experience in governance arrangements. This must include representation from people who have experienced weight stigma in mental health and suicide prevention systems[8]. To ensure meaningful participation:

- Confidentiality agreements should not be used to silence or limit the contributions of lived experience representatives, especially those advocating against systemic discrimination.
- Communication pathways between lived experience working groups and senior officials must be transparent and accessible.
- Lived experience representatives, including those from fat and size-diverse communities, must be appropriately remunerated and supported to participate fully.

Governance forums should reflect balanced representation across mental health and suicide lived experience, and include carers who support people in larger bodies navigating stigma and exclusion. National lived experience peak bodies must be resourced to engage with weight-inclusive policy development and oversight.

Draft Recommendation 4.9 – Public Sharing of Implementation Plans and Progress Reporting

SIHA supports the public release of implementation plans and jurisdictional progress reports. Transparency is essential to building trust and accountability, particularly for communities historically excluded from decision-making[9]. To ensure weight-inclusive reform:

- Reporting must include data and analysis on experiences of weight-based discrimination in mental health and suicide prevention services.
- Lived experience organisations, including those advocating for fat justice, should be consulted in the development of reporting frameworks.
- The National Mental Health Commission should be empowered to assess progress independently, using diverse sources of evidence beyond government self-reporting.

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[7] McKenzie, M., Warin, M., & Zivkovic, T., 2023. *Weight-inclusive approaches in health care: A qualitative study of practitioner perspectives*. Healthcare, 11(10), 1442. Available at: https://doi.org/10.3390/healthcare11101442

[8] Thorburn, K., Waks, S., Aadam, B., Fisher, K.R., Spooner, C. & Harris, M.F., 2024. *Creating the conditions for collaborative decision-making in co-design*. CoDesign, 20(4), pp.567–584. Available at: https://doi.org/10.1080/15710882.2024.2349578

[9] Gaventa, J. & McGee, R., 2013. *The impact of transparency and accountability initiatives*. Development Policy Review, 31(s1), pp.s3–s28. Available at: https://onlinelibrary.wiley.com/doi/pdf/10.1111/dpr.12017

Public reporting should highlight whether services are meeting the needs of people in larger bodies and identify gaps in access, safety, and cultural responsiveness.

Draft Recommendation 4.10 – Strengthening the National Mental Health Commission's Reporting Role

SIHA supports formalising the role of the National Mental Health Commission (NMHC) as the independent body responsible for monitoring and reporting on progress. To ensure weight-inclusive accountability:

- The NMHC must be empowered to collect and analyse data on weight stigma and its impact on mental health outcomes.
- Legislative provisions should enable the NMHC to compel information from government agencies, including data on service accessibility and discrimination.
- The National Suicide Prevention Office should include weight stigma as a factor in its advisory role and reporting on suicide prevention outcomes.

Robust, independent reporting is essential to ensure that reforms are not only implemented but are effective in reducing harm and improving outcomes for people in larger bodies.

Draft Recommendation 4.11 – Routine Collection of Survey Data

SIHA supports the routine collection of national mental health and wellbeing survey data. These surveys are critical for identifying systemic gaps and informing reform. To ensure weight-inclusive data collection:

- Surveys must include validated measures of weight stigma, body image distress, and discrimination in healthcare and mental health settings.
- Sampling frameworks should ensure representation of people in larger bodies, including intersectional experiences across race, gender, disability, and socioeconomic status.
- Lived experience organisations, including those advocating for fat justice, should be involved in survey design, analysis, and dissemination.

Draft Recommendation 4.13-4.14 – Implementation of the National Mental Health Workforce Strategy

SIHA supports the implementation of the National Mental Health Workforce Strategy and calls for explicit action to address weight stigma and body diversity. In determining roles, commitment and timelines, the National Mental Health Workforce Strategy should aim to mobilise a workforce that understands and respects body diversity is essential to delivering safe, effective, and equitable mental health care[10].

[10] Jayawickrama, R.S., O'Connor, M., Flint, S.W., Hemmingsson, E. and Lawrence, B.J., 2023. *Explicit and implicit weight bias among health care students: a cross-sectional study of 39 Australian universities*. eClinicalMedicine, [online] 58, 101894. Available at: https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00194-2/fulltext [Accessed 20 Aug. 2025].

Peer workers in larger bodies face unique challenges, including stigma from colleagues and clients. The next agreement should develop a scope of practice that affirms the value of fat peer workers and protects them from discrimination.

Draft Recommendation 5.1 – Aboriginal and Torres Strait Islander Schedule

SIHA supports an Aboriginal and Torres Strait Islander Schedule for the next agreement. Intersectionality is not addressed well through the existing mental health and suicide prevention policy landscape. The schedule should centre cultural safety and community-defined wellbeing and support Aboriginal and Torres Strait Islander-led initiatives that affirm body diversity and holistic wellbeing[11].

Draft Recommendation 6.1 – Suicide Prevention Schedule

SIHA supports the addition of a Suicide Prevention schedule in the next Agreement. Weight stigma is a risk factor for suicidal distress[12]. The suicide prevention schedule should look to mobilise outcomes to measure, acknowledge and reduce suicide rates for people in bigger bodies.

Final Thoughts

SIHA urges the Productivity Commission to progress their recommendations. Recognition of weight stigma as a systemic barrier to mental health and suicide prevention is a social issue of national significance[13]. A truly person-centred and effective Agreement must be inclusive and eliminate discrimination across all levels of policy, practice, and governance. We welcome further engagement and offer our expertise in co-designing weight-inclusive reforms. Please contact sizeinclusivehealthaus@gmail.com for further information.

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[11] Butler, T., Anderson, K., Black, O., Gall, A., Ngampromwongse, K., Murray, R., Mitchell, L., Wilkinson, K., Heris, C. & Whop, L.J., 2025. *Co-design versus faux-design of Aboriginal and Torres Strait Islander health policy: A critical review*. Lowitja Institute, Melbourne. Available at: https://www.lowitja.org.au/wp-content/uploads/2025/06/Lowitja-Institute-Co-design-Review.pdf

[12] Brochu, P.M., 2020. *Weight stigma as a risk factor for suicidality*. International Journal of Obesity, 44, pp.1979–1980. Available at: https://www.nature.com/articles/s41366-020-0632-5.pdf

[13] Lawrence, B.J., de la Piedad Garcia, X., Kite, J., Hill, B., Cooper, K., Flint, S.W. & Dixon, J.B., 2022. *Weight stigma in Australia: a public health call to action*. Public Health Research & Practice, 32(3), e3232224. Available at: https://doi.org/10.17061/phrp3232224