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Productivity Commission
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Dear Review Team,

The Tasmanian Department of Health welcomes the opportunity to provide a submission to the Productivity Commission's Interim Report for the final review of the National Mental Health and Suicide Prevention Agreement (the Review).

The enclosed submission to the Review considers key recommendations, findings and information requests from the Interim Report and builds on the earlier submission made by the Tasmanian Government in March 2025.

Tasmania remains committed to progressing mental health and suicide prevention initiatives at both the state and national levels. Our key priority is ensuring the National Mental Health and Suicide Prevention Agreement is structured to deliver a true whole of government approach and supports meaningful reform and improvements in mental health and suicide prevention outcomes.

Thank you again for the opportunity to provide input into the Review, and I look forward to receiving the Productivity Commission's Final Report in due course.

Yours sincerely

Sally Badcock
Associate Secretary

21 August 2025

Interim Report Mental Health and Suicide Prevention Agreement Review – Tasmanian Department of Health Submission

The Tasmanian Department of Health (DoH) welcomes the opportunity to provide a submission to the Productivity Commission's Interim Report for the final review (the Review) of the National Mental Health and Suicide Prevention Agreement (National Agreement). DoH is pleased that feedback from the Tasmanian Government's initial submission to the Review has been reflected in the Interim Report, including the importance of providing flexibility in commissioning approaches and the need to focus on national reform through the Head Agreement structure, noting this has been a limiting factor in enabling genuine reform under the current Agreement.

DoH acknowledges that the findings of the Independent Review of the National Disability Insurance Scheme and pending negotiations relating to disability and health reform will need to be carefully considered in the context of the next National Agreement. It is also important that the next National Agreement reflects Health and Mental Health Ministers' agreed priorities of mental health for children and young people and psychosocial supports.

Outlined below are DoH's comments on several of the Interim Report's key recommendations, as well as information requests from the Productivity Commission included in the Interim Report.

Interim Report Recommendations

Draft Recommendation 4.1 - Developing a renewed National Mental Health Strategy

The Interim Report acknowledges that substantive reform in the mental health and suicide prevention system requires a long-term strategic approach that extends beyond the timeframe of a single National Agreement. DoH is supportive in principle of the development of a longer-term strategy; however, we consider it is preferable this work be progressed ahead of negotiations for the next Agreement to mitigate potential delays to its finalisation and risks to associated bilateral funding arrangements.

Consideration could be given to the development of a high-level strategic framework that can be developed quickly to avoid delays to finalising the next National Agreement. This framework could identify key national priorities requiring national collaboration over the longer-term and clarify how successive five-year National Agreements contribute to overarching reform objectives. The strategic framework could be developed concurrently with the negotiations of the next National Agreement to maintain momentum and avoid deferral of implementation.

Draft Recommendation 4.2 – Building the foundations for a successful agreement (one-year extension of the current National Agreement)

DoH is broadly supportive of the Interim Report's recommendation to extend the current National Agreement by one year to support successful negotiation. The

development of a new National Agreement that delivers tangible outcomes at both local and national levels will require considerable focused effort, including appropriate consultation with stakeholders and people with lived experience, and the proposed additional time would be helpful in this context.

An extension of the current Agreement would also enable continued progress on related reforms. These reform processes present an opportunity to consider and scope appropriate funding arrangements for psychosocial supports.

Draft Recommendation 4.4 – Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme

While DoH acknowledges the importance of ensuring access to appropriate psychosocial support services, we consider that the Interim Report's recommendation for states and territories to immediately commission services does not sufficiently account for the complex interconnection between current health and disability reform processes that are still being negotiated. There are significant risks in advancing commissioning of these services ahead of completing these reform and negotiation processes, including potentially undermining broader system cohesion and risking unforeseen consequences for service delivery and consumer experiences.

DoH supports the development of future national health reform arrangements that establish a shared national vision for the health system (including psychosocial supports), endorsed by all jurisdictions. These arrangements should empower jurisdictions to achieve this vision through a flexible approach that enables locally driven design, planning, and implementation of place-based models of care tailored to community needs.

Draft recommendation 4.6 - Increase transparency and effectiveness of governance arrangements

DoH supports the Interim Report's proposal to transition the leading of negotiations for the next National Agreement to the Department of the Prime Minister and Cabinet (PM&C), recognising its potential to facilitate a truly whole-of-government approach. However, broader cross-sectoral involvement, including from justice, housing, education, and social services portfolios, will be critical to the development and implementation of an integrated, responsive mental health system.

Should PM&C undertake this lead negotiation role, it is essential that robust engagement mechanisms are established to enable coordinated consultation with health departments, treasuries, sector stakeholders, and individuals with lived experience. This must include arrangements that promote safe, practical, and respectful engagement.

Other comments

While the Interim Report does not include specific recommendations about child and youth mental health, DoH considers there is a need for the next National Agreement to have a focus on child and youth mental health as a priority area for further agreement and action, recognising Health Ministers and Mental Health Ministers have agreed this is a priority area for shared action. The increasing complexity and acuity of child and youth mental health presentations supports this prioritisation.

The next National Agreement should include actions to effectively address the current and growing pressures of child and youth mental health services, while continuing to develop opportunities for prevention and early intervention early in life. There would also be value in the next National Agreement clarifying the roles and responsibilities of the Commonwealth, states and territories and Primary Health Networks across the continuum of child and youth mental health care. Any new priorities or actions proposed in the next National Agreement must be supported by additional Commonwealth funding to ensure their effective implementation.

Interim Report Information Requests

Information request 4.1 - The PC is seeking views on whether there should be an additional schedule in the next agreement to address the co-occurrence of problematic alcohol and other drug use and mental ill health and suicide.

DoH supports further consideration of having dedicated schedules for both suicide prevention and Alcohol and Other Drug (AOD) interventions within the next National Agreement, as recommended by the Interim Report. There are critical intersections between mental health, suicide prevention, and AOD, while noting each area presents distinct policy challenges and priorities.

In addition to separate schedules, a whole-of-government approach is essential. Broader social determinants, such as housing, education and employment, have significant influence on mental health outcomes and must be considered in the design and delivery of reform efforts.

To support a decision on the inclusion of an AOD Schedule, further work is required to define the scope, objectives, and structure of the schedule, including the development of clear, actionable recommendations and implementation activities. The approach to AOD should align with the approach taken for suicide prevention, where it is not only a Schedule but is also built into the National Agreement itself. This will be vital to ensuring that each schedule delivers measurable and meaningful change within its respective domain and contributes to an integrated national strategy.

Information request 4.2 - Barriers to the genuine participation and influence of people with lived and living experience in governance forums. How could successful inclusion and engagement of people with lived and living experience in governance be measured?

DoH acknowledges the importance of ensuring genuine inclusion and participation from people with lived and living experience in governance forums. While it can be

challenging to tangibly measure successful inclusion, consideration could be given to the development of guidelines and resources to support this in practice, reduce known barriers and to ensure the safety of participants. This could include establishing clear roles and responsibilities, having an induction for members where appropriate, the use of plain and accessible language, reducing bureaucracy of forums, and allowing sufficient time for preparation and consideration of relevant material. It is also important to consider remuneration of participants where appropriate.

Information request 4.3 - The PC is seeking views on the value and feasibility of having a public dashboard to track and report on progress under the next agreement's objectives and outcomes and any other measurable targets set throughout. Which bodies should be responsible for the collation and publication of dashboard data? What metrics should be included in the dashboard?

DoH has some concerns about the feasibility of a public dashboard and would need to consider this proposal further. Using the Australia's Disability Strategy public dashboard as an example, there are several measures that are unable to be reported against as the data is not collected systematically and is not comparable jurisdiction by jurisdiction.

Public dashboards often do not effectively capture the degree of effort made by jurisdictions in progressing reform initiatives as this is difficult to quantify, and much of the work being progressed under the National Agreement supports longer-term systemic changes that may not have immediate results. Noting the Australian Institute of Health and Welfare has existing dashboards that provide public reporting on specific measures, it may be more effective to expand and improve these rather than create a specific dashboard for the National Agreement.

Conclusion

DoH appreciates the opportunity to provide a submission to the Review, recognising the importance of ensuring the next National Agreement delivers meaningful reform and outcomes for mental health and suicide prevention across Australia. It is crucial the next National Agreement takes a true whole-of-government approach and is supported by appropriate funding and effective cross-portfolio governance and national coordination of relevant reforms.

DoH looks forward to considering the final report recommendations and findings in due course.