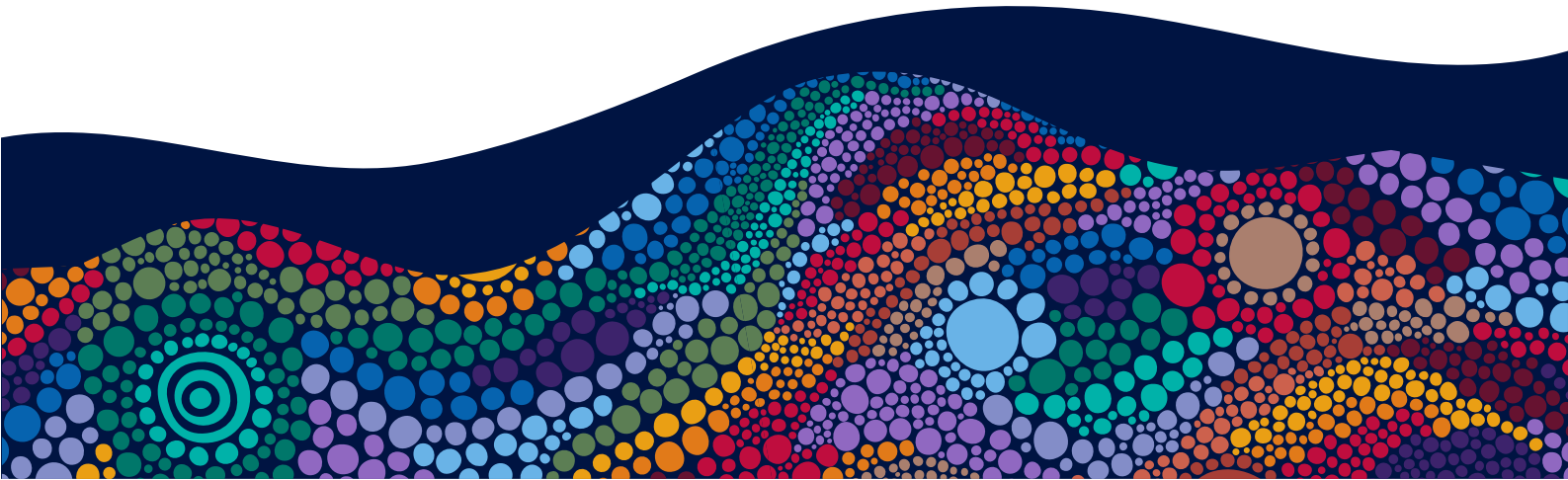
NACCHO
National Aboriginal Community Controlled Health Organisation

National Mental Health and Suicide Prevention Agreement Review

Submission to the Productivity Commission

October 2025



About NACCHO

NACCHO is the national peak body representing 146 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 146 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

1. **NACCHO recommends** that any further iteration of the National Mental Health and Suicide Prevention Agreement align with the National Agreement and its four Priority Reform Areas.
2. **NACCHO recommends** that the final report explicitly recommend that the funding for provision of Aboriginal and Torres Strait Islander mental health and suicide prevention services is transitioned from PHNs to the ACCHO sector, in line with Priority Reforms 2 and 3.
3. **NACCHO recommends** committed, long-term and sustainable funding for strategic policy work led by the ACCHO/ACCO sector.
4. **NACCHO recommends** that the final report clearly endorse funding ACCHOs and ACCOs to commission mental health and SEWB services in place of PHNs, recognising their community-led, culturally grounded approach and the deep trust they hold within Aboriginal and Torres Strait Islander communities.
5. **NACCHO recommends** that the final report explicitly recommend embedding dedicated monitoring and evaluation funding into all contracts to enable community-led outcome measures and evaluations.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the National Mental Health and Suicide Prevention Agreement Review. NACCHO supports the submissions to this interim report made by NACCHO Members and Affiliates, Gayaa Dhuwi (Proud Spirit) Australia and The Healing Foundation.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Review of Closing the Gap

In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, the Australian government needs to relinquish some control and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. It needs to share decision making with Aboriginal Community Controlled Organisations (ACCOs), recognise them as critical partners rather than passive funding recipients, and then trust them to

design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’[1]

NACCHO recommends that any further iteration of the National Mental Health and Suicide Prevention Agreement align with the National Agreement and its four Priority Reform Areas.

[1] Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report.

Background

Aboriginal and Torres Strait Islander people experience a higher rate of mental health issues than non-Indigenous Australians. The 2018–19 National Aboriginal and Torres Strait Islander Survey reported that Aboriginal and Torres Strait Islander adults were 2.4 times as likely as non-Indigenous adults to experience high levels of psychological distress (31% compared with 13%).[2] Furthermore, Aboriginal and Torres Strait Islander males were hospitalised for mental health-related conditions at twice the rate of non-Indigenous males, and Aboriginal and Torres Strait Islander females at 1.6 times the rate for non-Indigenous females.[2]

The rate of suicide amongst Aboriginal and Torres Strait Islander people is more than 3 times higher than that of non-Indigenous Australians. In 2023, suicide accounted for 5.2% of all deaths of Aboriginal and Torres Strait Islander people compared to 1.7% for non-Indigenous Australians.[3] In 2023, the suicide age-standardised rate for Aboriginal and Torres Strait Islander people was 30.8 per 100,000 people.[4] These figures have increased from the baseline of 23.6 per 100,000 people in 2018, which is deeply concerning.

Despite these alarming statistics, Aboriginal and Torres Strait Islander people continue to demonstrate strength, connection and resilience in the face of the ongoing impacts of colonisation, racism, discrimination, and intergenerational trauma. Self-determination and community control is vital in improving mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander people.

The historical, political, cultural, and social determinants of Aboriginal and Torres Strait Islander people's health must be addressed. Aboriginal and Torres Strait Islander people's health and wellbeing is intrinsically intertwined with other social determinants of health. The disproportionate rates of mental illness and suicide in Aboriginal and Torres Strait Islander people must be understood through the ongoing impacts of colonialisation, past government policies and practices, and those that still negatively impact Aboriginal and Torres Strait Islander people today.

NACCHO acknowledges the importance of partnership agreements across governments that work to ensure a mental health and suicide prevention system that is effective, accessible, affordable and safe. NACCHO welcomes opportunities to contribute to work that strengthens mental health and suicide prevention systems. Mental illness and suicide disproportionately impact Aboriginal and Torres Strait Islander communities, making this work particularly critical for our sector.

Advice for the National Mental Health and Suicide Prevention Agreement Review

NACCHO welcomes the Productivity Commission's interim report and agrees with the finding that the mental health system is not fit-for-purpose and requires fundamental, systemic reform including:

- stronger alignment with the National Agreement on Closing the Gap, including genuine commitment to shared decision making and resourcing the ACCHO sector;
- continued dedicated inclusions in any new agreement to support outcomes for Aboriginal and Torres Strait Islander people; and
- the need to promote cultural safety in all services.

NACCHO wishes to raise the following key items for advice in the Productivity Commission's Review, which are outlined below.

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[2] Australian Institute of Health and Welfare, Aboriginal and Torres Strait Islander Health Performance Framework, 1.18 Social and Emotional Wellbeing, https://www.indigenoushpf.gov.au/Measures/1-18-Social-emotional-wellbeing

[3] Australian Institute of Health and Welfare, Suicide and intentional self-harm hospitalisations among First Nations people, July 2025. https://www.aihw.gov.au/suicide-self-harm-monitoring/population-groups/first-nations-people

[4] Australian Government Productivity Commission, Closing the Gap Information Repository, March 2025, https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area14

Long term sustainable funding for the community-controlled sector

The interim report acknowledges that "*PHNs administer many of the funding sources for Aboriginal and Torres Strait Islander mental health and suicide prevention services. This type of funding arrangement can create further structural barriers to effective service delivery as PHNs may lack the cultural expertise and community connections of ACCHOs. It can also create unnecessary layers of complexity that limit the ability of ACCHOs to design and implement services*". However, there are no recommendations to transition funding for Aboriginal and Torres Strait Islander mental health and social and suicide prevention to community-control. Instead, the focus of the interim report's funding recommendations are limited to PHN funding, which does not align with the Priority Reforms.

NACCHO recommends that the final report explicitly recommend that the funding for provision of Aboriginal and Torres Strait Islander mental health and suicide prevention services is transitioned from PHNs to the ACCHO sector, in line with Priority Reforms 2 and 3.

There also needs to be committed, long-term and sustainable funding to support strategic policy work led by the ACCHO and ACCO sector. Key initiatives such as the Culture Care Connect program and the SEWB Policy Partnership are only funded until mid-2026. This creates uncertainty and risks disruption to vital community-led efforts. Without long-term investment, these initiatives cannot deliver the continuity and impact they are designed for. Another critical example is the Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan, which was launched in February with activity set to begin on 1 July. However, it currently lacks any committed funding to support its rollout.

NACCHO recommends committed, long-term and sustainable funding for strategic policy work led by the ACCHO/ACCO sector.

Prioritising ACCHO-led commissioning for mental health and SEWB services

The interim report made the recommendation 4.12 "*Funding should support primary health networks to meet local needs*" and that "*Funding arrangements in the next agreement should provide PHNs with sufficient flexibility to commission locally relevant services or support existing services where they have been positively evaluated. National service models should not limit the ways in which PHNs meet their communities' needs."* The Productivity Commission should instead recommend that ACCHOs and ACCOs should be funded to commission mental health and SEWB services because they are community-led, culturally grounded, and deeply trusted by community. Their holistic approach, rooted in SEWB, integrates clinical and cultural care while addressing broader social pressures through strong local partnerships.

NACCHO recommends that the final report clearly endorse funding ACCHOs and ACCOs to commission mental health and SEWB services in place of PHNs, recognising their community-led, culturally grounded approach and the deep trust they hold within Aboriginal and Torres Strait Islander communities.

An example of the ACCHO sector best-practice commissioning model includes the Culture Care Connect program, which exemplifies how funding alignment with the National Agreement on Closing the Gap supports best practice in mental health and suicide prevention for Aboriginal and Torres Strait Islander people. NACCHO's position within the community controlled health sector ensures funding is allocated in a collaborative and informed process. For the Culture Care Connect program, NACCHO (in partnership with DoHDA) led a collaborative site selection process with ACCHOs and NACCHO Affiliates to identify sites in greatest need of enhanced suicide prevention and aftercare support. This means that a broader variety of more locally based and relevant sources are utilised to inform commissioning frameworks. In addition to publicly available quantitative data, the community controlled sector holds a well of local quantitative or qualitative data and anecdotal evidence on suicides, suicide clusters and self-harm incidents, as well as regional priorities and other relevant local knowledge. Jurisdictional funding programs could also be

identified to minimise duplication and ensure site selection is complementary and needs-based. In addition to the resources allocated specifically for Culture Care Connect, the program and its activity streams also leverage existing resources, including:

- ACCHO infrastructure including governance, referral pathways, partnerships, operations and physical programming space;
- Non-Culture Care Connect workforce within ACCHOs particularly cultural liaisons and SEWB teams;
- Cultural, organisational and clinical governance mechanisms;
- Training outside of ATSIMHFAT and including other clinical training; and
- Affiliate (State/Territory ACCHO peak) infrastructure, relationships and networks.

Program evaluation has demonstrated positive outcomes for Culture Care Connect at all levels of implementation, particularly an increase of community touchpoints for identifying and referring people to services, workforce development, service design & coordination, health promotion and advocacy. Furthermore, there is strong evidence of economic benefits: a cost-benefit analysis identified that over ten years, Culture Care Connect returns $4.50 for every dollar invested in it. Given Culture Care Connect's proven success, it is unclear why Culture Care Connect continues to operate on short term funding.

Strengthening and sustaining the peer workforce in Aboriginal and Torres Strait Islander communities

NACCHO notes the PC's recommendations that "*The next agreement should support a greater role for people with lived and living experience in governance*" and "*The next agreement should commit governments to develop a scope of practice for the peer workforce*". However, there are additional considerations for people with lived and living experience (i.e., peer workers) for Aboriginal and Torres Strait Islander communities.

There are significant gaps in the peer workforce including the recognition of community roles, governance infrastructure, and paid employment pathways, resulting in shortages of the peer workforce, especially in remote and Aboriginal and Torres Strait Islander communities. However, community members are already doing the work, and are often unpaid and unsupported. Elders, Lore People, and Youth must be formally recognised in the peer workforce scope. Sector submissions have called for this, but policy has yet to reflect it, which has resulted in no investment.

Current models exclude many community members due to rigid requirements (e.g., formal qualifications), reinforcing racist and exclusionary systems. A shift toward creative, culturally safe approaches is needed to build a truly representative and effective workforce

Workforce retention is also a significant issue. There is an urgent need to invest in SEWB support for the workforce to reduce burnout and vicarious trauma, and to strengthen retention outcomes. The ACCHO sector's footprint includes ~50% Aboriginal and Torres Strait Islander workforce, with 109 FTEs under the Culture Care Connect program. To sustain and grow this impact, the funding NACCHO receives for the Culture Care Connect program must increase to support long-term, culturally responsive workforce strategies.

Embedding community-led evaluation and culturally informed data systems

NACCHO supports the interim report's recommendation for dedicated outcome measures co-designed with Aboriginal and Torres Strait Islander people, and for a community-led evaluation at the conclusion of the next agreement to inform future investment. To enable this, dedicated monitoring and evaluation funding should be embedded into all contracts, ensuring communities have the resources and capacity to lead these evaluations.

NACCHO recommends that the final report explicitly recommend embedding dedicated monitoring and evaluation funding into all contracts to enable community-led outcome measures and evaluations.

NACCHO also highlights the limitations of current national suicide data, which focus only on high-level mortality figures. Broader, locally informed data, including behavioural indicators such as GP visits and help-seeking patterns, are essential for effective planning and funding. A localised register, guided by Aboriginal and Torres Strait Islander governance structures such as the Data Policy Partnership, would provide culturally relevant insights. All measurement must align with the SEWB framework, incorporating indicators such as connection to family and kin.