

Beyond Blue submission to the Productivity Commission's *Delivering Quality Care More Efficiently* Interim Report

September 2025

Recommendations

The Commission's *Delivering quality care more efficiently* Final Report should specify how the design of the National Prevention Investment Framework (Framework) will:

1. Ensure that the Framework is designed, implemented and evaluated with community and experts so it is built using the latest evidence and implementation science, is person-centred and informed by people with lived and living experience of mental health challenges and suicide.
2. Ensure the Framework's scope is broad enough to cover interventions that target risk and protective factors, noting the intersecting and mutually reinforcing nature of health promotion and prevention.
3. Include health equity and First Nations self-determination as objectives of the proposed Framework. This could include a separate, First Nations-led prevention and promotion stream that supports broader efforts to close the gap and promote social and emotional wellbeing.
4. Ensure that action to support children aged 0-12 is a priority under the Framework.
5. Ensure that building the evidence-base for prevention is an outcome of the Framework and that mental illness and mental wellbeing outcomes are measured to understand the impact of policies (a) across wellbeing domains (b) across the dual continuum and (c) at individual, community and system levels.
6. Position the Framework as a catalyst to improve and expand wellbeing economy reforms, embedding data-driven wellbeing considerations as central to fiscal policy processes and decision-making.

The Commission's Final Report should specify how the implementation of the Framework will:

7. Ensure it is aligned with and supports the next National Mental Health and Suicide Prevention Agreement, the state and territory bilateral agreements and the implementation of existing preventative health commitments.
8. Ensure the Prevention Framework Advisory Board (PFAB) has the right mix of representation, including mental health experts, people with lived and living experience and First Nations Peoples.
9. Ensure funding allocation is proportionate to the burden of disease. This would see at least 15% of the Framework's funding dedicated to mental health prevention and promotion to reflect that anxiety and depression alone make up approximately 15% of Australia's total disease burden¹.
10. Ensure appropriate accountability and transparency without stifling innovation, for example through public reporting on outcomes.
11. Enable flexibility to balance evidence-based decision making with innovation. Minimum thresholds should be context-specific to remain inclusive, support community-led responses and be tolerant of risk.

¹ AIHW 2024a, *Burden of disease – Mental health*, Australian Institute of Health and Welfare, viewed 4 September 2025, <https://www.aihw.gov.au/mental-health/topic-areas/health-wellbeing/burden-of-disease>

Introduction

- The social and economic benefits of prevention are now beyond doubt, yet governments continue to chronically underinvest in prevention, and levels of distress and mental ill-health remain high.
- Beyond Blue supports the establishment of the Framework as a new pathway for investment in prevention to improve mental health and wellbeing outcomes. If adopted, the proposed long-term funding mechanism, co-contribution and joint governance model, combined with innovative evaluation approaches have the potential to drive intergenerational change.
- With this profound opportunity comes important considerations in design, decision-making and implementation.
- This submission outlines critical aspects for the Framework's successful establishment and focuses on *Chapter 3: A national framework to support government investment in prevention* through a mental health and wellbeing lens. It is informed by the views of people affected by mental health conditions who share their experience and expertise through Beyond Blue's [Blue Voices program](#).

Designing the Framework – recommendations 1-6

Person-centred and developed with community

- Beyond Blue advocates for person-centred public policy.
- This Framework seeks to improve people's lives by creating better conditions in which they can live, work, learn and play. Community members know what is important for their wellbeing and they should have a say in how public funds are spent to help them enjoy high levels of health, productivity and wellbeing, free from avoidable illness and distress.
- While the technical questions asked in the information requests are important to setting the Framework up for success, the Commission should recommend that **the Commonwealth Government design, implement and evaluate the Framework, both with prevention experts, but also with community, including people with lived and living experience of mental health challenges and suicide, and their supporters, who have unique insights into what is needed to prevent mental illness and promote good mental health .**

"People with lived experience are consistently under-utilised, excluded, or tokenised even when they offer precisely the insight needed for reform." Blue Voices member

Promotion - linked with and supportive of prevention

- Beyond Blue strongly supports the Framework's explicit focus on investment in policies and interventions that seek to reduce risk factors and address the specific determinants of mental health and suicide that are driving distress and health inequities.
- **However, we note that investment in policies and interventions that explicitly seek to increase or promote protective factors is a significant omission from the proposed Framework.** This will be essential to include, particularly given the evidence that high levels of mental wellbeing can reduce the risk of developing mental illness up to 8 times and improve recovery from mental illness up to 7 times.²

"A truly supportive health system is not just about treating illness - it's about creating the conditions in which people can thrive. This means aligning policy, funding and services with the reality of people's lives." Blue Voices member

² CLM Keyes, SS Dhingra and EJ Simoes, 'Change in level of positive mental health as a predictor of future risk of mental illness', *American Journal of Public Health*, 2010, 100:2366–2371; M Iasello, J van Agteren, CLM Keyes and EM and Cochrane, 'Positive mental health as a predictor of recovery from mental illness', *Journal of Affective Disorders*, 2019, 251:227–230.

- Recent good examples of this dual approach which addresses both risk factors (to prevent psychological distress, mental ill-health and suicide) and protective factors (to promote protective wellbeing) include [Wellbeing in Victoria: a strategy to promote good mental health 2025–2035](#) and the [National Suicide Prevention Strategy](#).³⁴
- Additionally, in applying a person-centred lens to the development of the Final Report, the Commission should consider that people experience individual, community and systemic risk and protective factors in concurrent and often intersecting ways that can lead to mutually reinforcing challenges and benefits. **It should ensure that the scope of the Framework is broad enough to include interventions targeting risk and protective factors, noting the mutually reinforcing nature of promotion and prevention.**

Equity as a key objective of the Framework

- The determinants of health disproportionately impact some people and communities more than others – largely due to systemic and intersecting experiences of inequity. For First Nations Peoples, this is compounded by the historical, intergenerational and ongoing impacts of colonisation and racist policies⁵.
- Equity must be more than a consideration in prioritising which policies and interventions are funded under the Framework. Rather, **promoting health equity should be an explicit objective of the Framework itself, with short, medium and long-term health equity outcomes embedded in the evaluation of the Framework, as well as the policies and interventions funded under it.**
- **The Framework should also be designed, delivered and evaluated in partnership with First Nations Peoples to prioritise self-determination and power-sharing**, which are critical to closing the gap and achieving improved social and emotional wellbeing (SEWB) and mental health outcomes. The Commission should consider, with First Nations Peoples, the desirability of a First Nations prevention and promotion stream within the Framework, supported by quarantined funding and administered by First Nations Peoples, akin to the separate SEWB Schedule recommended for inclusion in the next National Agreement by the Productivity Commission in its recent report.⁶ This, along with First Nations representation on the PFAB and connection to broader reforms listed on page 6, will ensure First Nations leadership is fostered through the Framework.

Targeting prevention early in life

- The most significant benefits of preventive health are achieved when action begins early in life, which lays the foundation for lifelong health.
- Evidence from the Centre of Research Excellence in Childhood Adversity and Mental Health (2019–23), co-funded by Beyond Blue and the NHMRC, shows that children who experience adverse childhood events (ACEs) are 6–10 times more likely to develop mental health problems later in life with half of all mental health conditions emerging by age 14.⁷

³ National Suicide Prevention Office. The National Suicide Prevention Strategy 2025-2035. Canberra: 2025. Page 21

⁴ “‘Wellbeing promotion’ refers to both: the prevention of mental distress (primary prevention) and the promotion of mental health and wellbeing, regardless of whether a person has lived and living experience of mental distress.” Department of Health, Victoria (2025), [Wellbeing in Victoria: a strategy to promote good mental health 2025–2035](#), Victoria, Australia, page 18.

⁵ [Determinants of health for First Nations people](#) (2025). Australian Institute of Health and Welfare website, accessed 1 September 2025; Dudgeon, P., Schultz, C., Gee, D., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander Peoples' SEWB Framework.

⁶ Productivity Commission (2025). Mental Health and Suicide Prevention Agreement Review, Interim report, Canberra, June

⁷ Sahle B., Reavley N., Morgan A., Yap M., Reupert A., Loftus H., Jorm A. (2020). Communication Brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children's mental health: An evidence-based review. Centre of Research Excellence in Childhood Adversity and Mental Health, Melbourne, Australia

- There is promising evidence for integrated primary health and social care hubs as a prevention and early intervention model to improve child mental health and prevent ACES⁸. Hubs create a comprehensive support system for families experiencing adversity and have been shown to:
 - Improve family engagement
 - Coordinate support across health, social and education systems
 - Improve child health and mental health outcomes
 - Reduce healthcare costs.
- This model allows families to access help and support early, even before a child is formally unwell and has powerful preventative and protective potential.
- **To prevent the development of mental health concerns and promote wellbeing, it is essential that the Framework articulate a focus on children aged 0–12.**

Building the evidence base for action to address the determinants of health

- There is a solid and growing evidence-base for cost-effective prevention and promotion interventions for mental health and wellbeing. A recent study projected the health and economic benefits of improving the social determinants of mental health within Brisbane South. If social cohesion, childhood difficulties, substance misuse and unemployment improved by 5% in the average yearly change from 2024 to 2034, the economic benefits were projected to be \$146.64 million, \$234.50 million, \$281.67 million and \$100.43 million, respectively. Quality-adjusted life years, deaths by suicide, emergency department presentations and self-harm hospitalisations were also improved.⁹
- However, gaps remain in our understanding of the impacts and cost-effectiveness of policy interventions across wellbeing domains (for example, as illustrated in **Figure 1**). We need to better understand how investment in one wellbeing domain (e.g. income support or social connection) can promote wellbeing in another domain (e.g. mental health and wellbeing). Beyond Blue commends the measurement and evaluation approach articulated in the Report, which demonstrates that the Framework has the potential to help build this evidence-base within the Australian context.
- Like improving health equity in Australia, **building the long-term evidence-base of the multiple and mutually reinforcing benefits gained through prevention and promotion interventions should be an outcome of the Framework itself.**

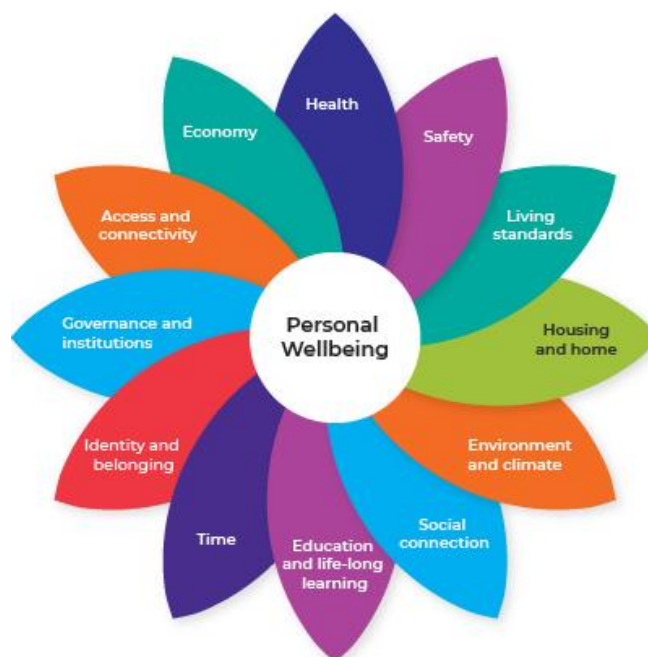


Figure 1: ACT Wellbeing Framework Domains

⁸ Honisett, S., Loftus, H., Hall, T., Sahle, B., Hiscock, H., & Goldfeld, S. (2022). Do Integrated Hub Models of Care Improve Mental Health Outcomes for Children Experiencing Adversity? *International Journal of Integrated Care*, 22(2), Article 24. <https://doi.org/10.5334/ijic.6425>

⁹ Crosland, P., Ho, N., Nguyen, KH. et al. (2025). Modelled estimates of the health outcomes and economic value of improving the social determinants of mental health. *Nat. Mental Health* <https://doi.org/10.1038/s44220-025-00459-7>

- To achieve a full picture, it is critical that the measures and indicators used to evaluate interventions funded through the Framework accurately measure mental health¹⁰ across both axes of the dual continuum model (Figure 2) by including indicators for mental illness¹¹ and mental wellbeing¹².

The Framework as a catalyst for wellbeing decision-making

- Recent years have seen two significant developments in policy decision-making:
 - the foundations of 'wellbeing budgets/economies' that explicitly aim to incorporate wellbeing considerations into decisions on how public money is spent (examples include the Commonwealth Measuring What Matters Framework the ACT Wellbeing Framework (domains pictured in **Figure 1**), and the new 10-year Wellbeing in Victoria Strategy).
 - a greater focus on linking budget decisions with outcomes through the development of outcomes frameworks (examples include the National Suicide Prevention Strategy Outcomes Framework - currently in development, the Victorian Mental Health and Wellbeing Outcomes and Performance Framework and the NSW Performance and Wellbeing Framework).
- Despite these steps forward, as the Report highlights, the intergenerational change that investment in prevention (and wellbeing promotion) can deliver requires continued budgetary reform.
- The Measuring What Matters Statement describes itself as the first iteration of Australia's national wellbeing framework that will 'continue to evolve and improve over time to reflect ongoing feedback from the community, new research, improved data availability, and changing community views'¹³. **The next stage of reform should better embed wellbeing in decision-making through formal mechanisms that require all policy development and appraisal to identify direct and indirect wellbeing implications**, similar to the approach taken in the UK's Green Book Supplementary Guidance on Wellbeing and New Zealand's Living Standards Framework, which is underpinned by legislation.
- **The Final Report should articulate how the Framework can serve as a catalyst to drive wellbeing economy reforms forward**, potentially serving as an example of how budgetary processes and joint governance arrangements can be improved to place data-driven wellbeing decisions as central to fiscal decision-making.

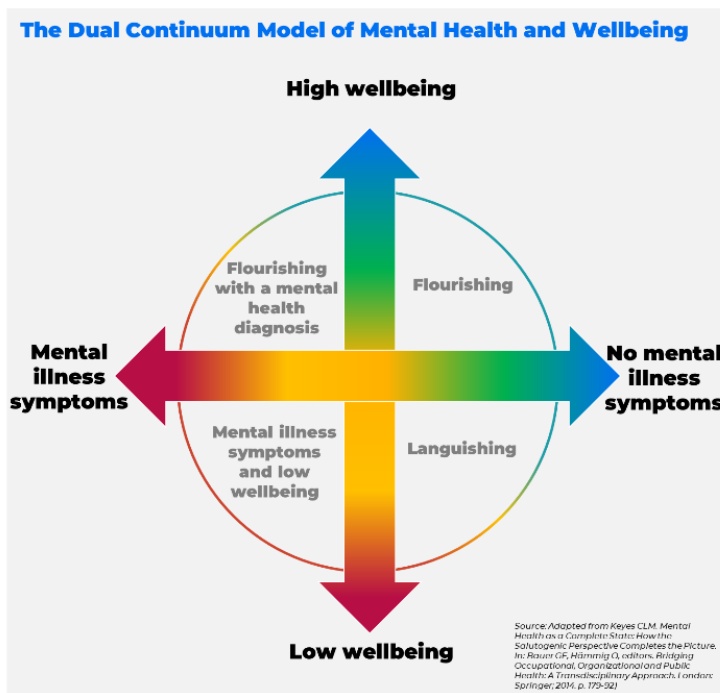


Figure 2: Dual continuum of mental health and wellbeing.

Adapted from Keyes, C.L.M. (2014). Mental Health as a Complete State: How the Salutogenic Perspective Completes the Picture. In: Ryser G, Hämmerig G, editors. *Bridging Occupational, Organizational and Public Health*. Springer, Dordrecht. https://doi.org/10.1007/978-94-007-5640-3_11. Page 179-192

¹⁰ Mental health refers to a state of wellbeing in which an individual realises their own abilities, can cope with the normal stressors of life, can work productively, and is able to contribute to their community - [World Health Organization](#) (2001).

¹¹ Mental illness is a clinical term relating to diagnosed or diagnosable conditions and is most often measured by prevalence rates, or rates of psychological distress – e.g. the Kessler Psychological Distress Scale

¹² Mental wellbeing which refers to subjective feelings about how people experience their lives including emotions, functioning, life satisfaction and purpose, measured in other jurisdictions using the long-form Warwick-Edinburgh Mental Wellbeing Scales or Office for National Statistics ONS4 Personal Wellbeing measure. Beyond Blue advocates for mental wellbeing to be measured nationally in Australia.

¹³ Australian Government Treasury, Measuring What Matters website: <https://treasury.gov.au/policy-topics/measuring-what-matters>

- Given the significant proportion of the community who experience mental health challenges, but the small percentage of people who seek support, it is **vital that decisions are not based solely on cost-savings analysis. The Final Report should adopt a broad approach to considering cost-benefit and cost-effectiveness.**

Implementation and decision-making – recommendations 7-11

Aligning the Framework with new and existing mental health policy architecture

- The Framework and the PFAB would provide a new and dynamic vehicle to fund prevention interventions and innovations, but its **implementation must not further entrench the disjointed and siloed nature of current systems.**
- The Framework is being recommended to Government during a critical window of opportunity for reform, with the Commission reviewing the National Mental Health and Suicide Prevention Agreement as both it and the National Health Reform Agreement, which guide the distribution of significant mental health funding nationally, approach their expiry.
- Critical preventative health commitments remain underfunded or unimplemented in the National Preventive Health Strategy, National Mental Health and Suicide Prevention Agreement, the National Suicide Prevention Strategy, the National Children’s Mental Health and Wellbeing Strategy, the National Agreement on Closing the Gap, the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan, and the National Aboriginal and Torres Strait Islander Suicide Prevention Agreement, among others.
- **The Final Report should articulate how the Framework will align with the next National Mental Health and Suicide Prevention Agreement, the corresponding state and territory bilateral agreements and proposed National Mental Health and Wellbeing Strategy recommended by the Commission.**

Implementation principles and considerations

- This Framework has the potential to dramatically shift the way public money is invested, move the dial on stubborn health and mental health trends and support people in Australia to live healthier and more productive lives.
- To achieve this, the Commission’s Final Report should address some important implementation principles to ensure the Framework is efficiently, effectively and sustainably implemented and that it meets the needs and expectations of both governments and community, including:
 - **Appropriate mechanisms to ensure accountability and transparency without stifling innovation (such as monitoring and public reporting) are critical.**
 - Decision-making must be balanced, informed and responsive to evolving community need. **The Prevention Framework Advisory Board (PFAB) should have the right mix of representation, including mental health experts, people with lived and living experience and First Nations Peoples.**
 - **Funding allocation should be proportionate to burden of disease.** Anxiety disorders and depressive disorders were the top 4th and 6th causes of disease burden when ranked by total disability-adjusted life years in 2024¹⁴. If burden of disease is to drive investment share, given anxiety and depression make up approximately 15% of Australia’s total disease burden¹⁵, **at least 15% of the Framework’s funding should be dedicated to mental health prevention and promotion.**

¹⁴ AIHW 2024b, *Australian Burden of Disease Study 2024: Summary*, Australian Institute of Health and Welfare, viewed 4 September 2025, <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/summary>

¹⁵ AIHW 2024a, *Burden of disease – Mental health*, Australian Institute of Health and Welfare, viewed 4 September 2025, <https://www.aihw.gov.au/mental-health/topic-areas/health-wellbeing/burden-of-disease>

- Flexibility is needed to balance evidence-based decision making with innovation. **Minimum thresholds should be context-specific to remain inclusive, support community-led responses and be tolerant of risk.**

Conclusion

- If designed and implemented well, the Framework has the potential to achieve significant, sustainable and intergenerational improvements to population level wellbeing and health equity.
- It could serve as a model for effective whole-of-government and inter-jurisdictional investment that reverses trends and shifts the dial on entrenched minoritisation and disadvantage.
- Importantly, it could build the evidence-base for prevention and promotion by demonstrating the impact that policy interventions have across wellbeing domains, at the individual, community and structural levels – bringing the socioecological model to life. It could provide a roadmap for how multiple and mutually reinforcing prevention and promotion strategies complement each other to drive upward spirals in mental, physical, social and economic health across Australia.