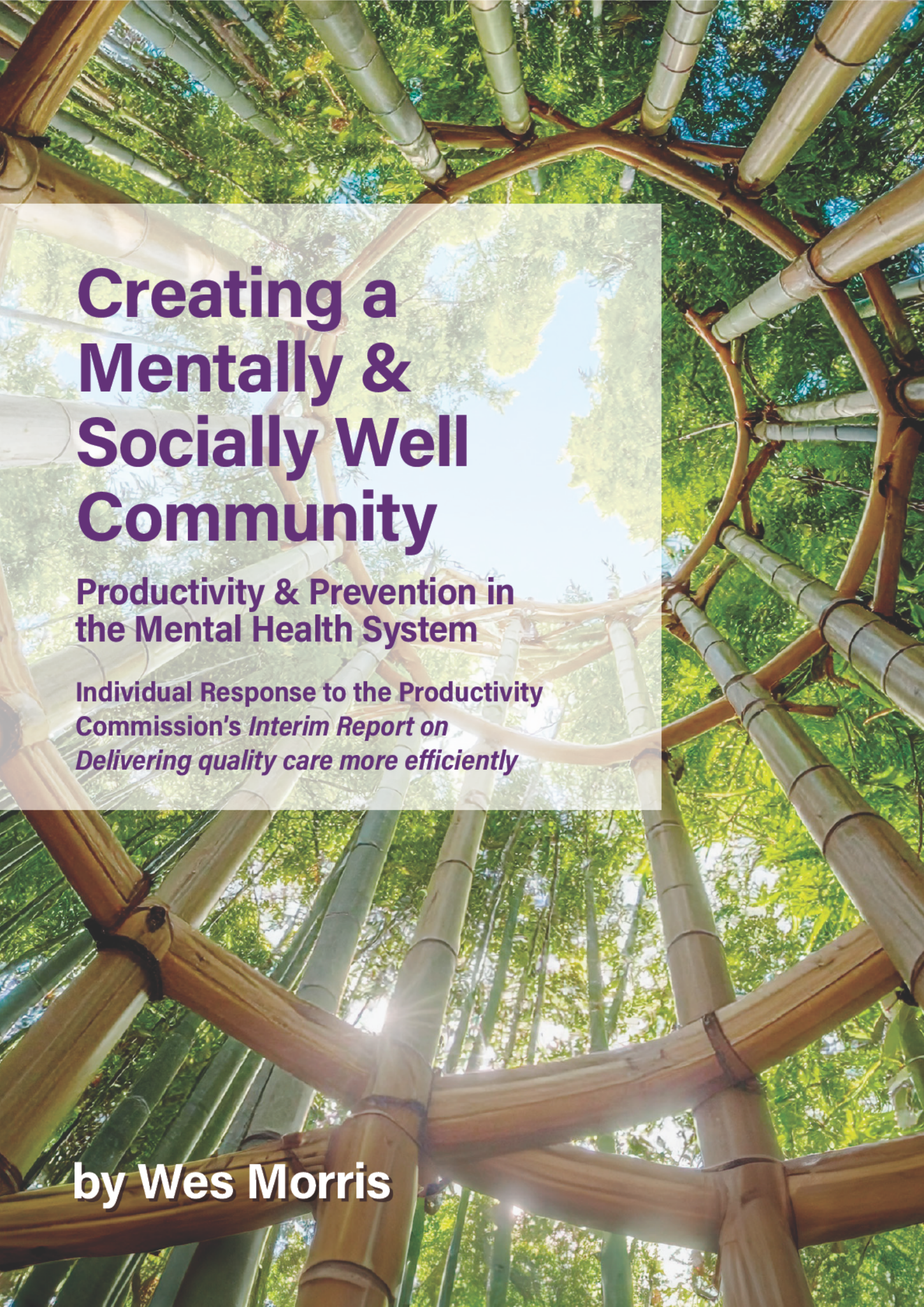

Creating a Mentally & Socially Well Community

Productivity & Prevention in the Mental Health System

Individual Response to the Productivity Commission's *Interim Report on Delivering quality care more efficiently*

by Wes Morris

Content

NOTE: All citations within this document are drawn from material that is publicly available via the world wide web. All citations are appropriately referenced. Aboriginal and Torres Strait Islanders are advised that the name of a deceased person appears within this document.

Recommendations

1. **Pursuant to the Singular Goal of Maximising Prevention and Productivity, the Prevention Framework Advisory Board Undertake as Matter of Priority — A Scoping Study to Determine Where the Greatest Productivity Gains Can be Had In Regards to the Mental Wellbeing of Australians.**

- Such a *Scoping Study* should be inclusive of the following:
- A comparative analysis of the productivity benefits of Preventative Programs compared with Treatment Programs in the Mental Health and Suicide Prevention contexts.
- A comparative analysis of the productivity benefits of programs providing services to individuals, to groups and to broad community participants.
- A *Literature Study* of the existing evidence pertaining to wellbeing benefits arising from arts and cultural programs, both in the mainstream context and in context of First Nations peoples.
- An analysis of existing Commonwealth and State expenditures on programs delivered by First Nations Arts and Cultural Organisations [inclusive of Arts, Language, Media and Cultural organisations]
- An analysis of the potential for First Nations Arts and Cultural Organisations to deliver programs aimed at building community wellbeing and personal resilience.

2. **Commit to Implementing the Six Recommendations Contained in the 2022 Creative Australia Report — *Connected Lives: Creative solutions to the mental health crisis.***

- **Recommendation 1:** Establish a national wellbeing strategy, underpinned by targeted funding, that accounts for the contributions of arts and culture to individual and community wellbeing.
- **Recommendation 2:** Develop commissioning pathways for First Nations programs in cultural healing, for example, by including these programs in the implementation of the National Aboriginal and Torres Strait Islander Health Plan 2021–2031.
- **Recommendation 3:** Design and implement a national social prescribing scheme that includes arts and cultural activities and specified pathways for mental health referral. This scheme should be designed to be flexible and adaptive — a component of continuing structural change that supports better health and healthcare in communities.
- **Recommendation 4:** Support training and accreditation for artists and arts workers active in mental health settings, along with regulatory frameworks that establish the professional requirements, best practice standards, ethical frameworks, and appropriateness of different approaches.
- **Recommendation 5:** Support the establishment of a national evidence repository including a national dataset that would map impacts of arts interventions in the health sector consistently across jurisdictions.
- **Recommendation 6:** Formalise a national arts and health advisory body, with the authority to advise government on prevention through to treatment, building on the principles and networks that comprised the National Arts and Health Framework (2014).

  https://creative.gov.au/research/arts-creativity-and-mental-wellbeing-policy-development-program-creative-australia

15 September 2025

Alison Roberts, Commissioner
Martin Stokie, Commissioner
Angela Jackson, Commissioner

Dear Commissioners,

On 31 July 2025 I lodged a submission with the Productivity Commission's **Mental Health and Suicide Prevention Agreement Review Inquiry.** You can find a copy of that earlier submission from myself online at the PC website, as follows: https://www.pc.gov.au/inquiries/current/mental-health-review/submissions#final. My submission is #209.

In my earlier submission to **Mental Health Inquiry** I provided some 12 recommendations relating to the Terms of Reference for that particular Inquiry. But of those 12 recommendations, I particularly highlighted and prioritised the following three recommendations:

1. No Co-design Process to be Commenced Without First Achieving Two Prerequisites.
    - A clear and detailed statement from Government, at the Ministerial level, setting out how the Government of the day views Co-design operating;
    - A clear Co-design resourcing and empowerment strategy.
2. That the Productivity Commission Make Specific Findings and Recommendations Around Rebalancing Expenditure, Reflecting the Recommendations Contained Within the National Mental Health Commission's 2014 *Contributing Lives National Report*, as follows:
    - rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention, recovery-based community
3. Endorsing Draft Recommendation 4.14 Within the Interim Report ie Develop a Scope of Practice for the Peer Workforce.

As a nation we are completely addicted to downstream service delivery modalities, whether this be in Aged Care, Mental Health, Indigenous Affairs, Justice etc. The Government has recently announced the creation of the **Thriving Kids Initiative**, as an attempt to rein in the massive and ballooning costs of the NDIS. Whilst a dichotomous schema [NDIS/ Thriving Kids] is somewhat simplistic [in reality there is always a spectrum or continuum of services that are required], it is useful to ask these following questions of any service, program or intervention in the Care Economy domain:

- Is this program a Treatment Program or a Prevention Program?
- Is this program working with individuals, small groups or with communities?
- Is this program or service an indicator of system failure or an indicator of system sucess?

The Productivity Commission has recently received submissions from a large number of service providers in the mental health industry. Each of those submissions outlines to the Commission that

productivity could be raised if they had greater workforce capacity. But if the serious goal here is to lift Productivity and Prevention in the Mental Health System, then that path lies in creating a mentally and socially well community, not in the relatively minor gains to be made in improving treatments for the relatively few acute mental health patients. If the serious goal is Productivity, then we need to invest in Preventative programs delivered en-masse to large numbers of people within the community.

Yours sincerely,

Wes Morris

Brisbane, Qld.

Productivity Commission of Australia

Delivering quality care more efficiently Interim report, August 2025

Draft recommendation 3.1: Establish a National Prevention Investment Framework to support investment in prevention, improving outcomes and slowing the escalating growth in government care expenditure

The Australian Government should work with state and territory governments to establish a National Prevention Investment Framework. The framework will support governments to invest in prevention programs that improve outcomes and reduce demand for future acute care services. It will identify programs that produce the best value for money, based on rigorous assessment and evaluation. The framework should provide a stable and ongoing basis for funding prevention, recognising that the benefits fall across sectors and levels of government, and over extended timeframes.

The framework should be implemented by establishing:

- an independent Prevention Framework Advisory Board that assesses and provides expert advice on requests for prevention funding and develops a standardised actuarial model and frameworks for the analysis of prevention programs. The board would evaluate ongoing prevention programs, recommend whether programs should continue to be funded, and build the evidence base for prevention.
- a funding mechanism that supports eligible prevention initiatives across Australian, state and territory governments. The mechanism should support co contributions from state and territory governments based on their expected benefits, enable consideration of the second round and longer-term fiscal effects of prevention programs, and facilitate ongoing funding where needed.
- an intergovernmental agreement between the Australian, state and territory governments that outlines prevention funding arrangements and the roles and responsibilities of relevant parties. The agreement should be accompanied by federation funding agreement schedules that deliver Australian Government funding to states and territories for specific interventions.

Creating a Mentally & Socially Well Community

If The Serious Goal Is to Lift Productivity and Prevention in the Mental Health System, Then the Path Lies in Creating a Mentally and Socially Well Community

The Unit of Intervention

The Unit of Intervention Needs to be The Community, Not the Individual.

If we frame mental wellbeing as being an individual thing, then we will always end up with a pathologized, individualised, mental health solution. And we will then invest scarce resources in to the unproductive, hugely expensive and highly complicated systems that come with that.

I fully accept that refinements to the mental health service delivery can be made. Indeed, on 31 July 2025 I lodged a submission with the Productivity Commission, commenting on those very issues. You can find a copy of that earlier submission from myself online at the PC website, as follows: https://www.pc.gov.au/inquiries/current/mental-health-review/submissions#final — #209.

Refinements and improvements can be made, and by focusing system design and development on the views, the voices and the needs of those with lived experience, the Productivity Commission is absolutely heading in the right direction.

Notwithstanding the above, the larger and more substantial Productivity gains nonetheless lie elsewhere. Serious Productivity gains lie in transformative change and in restructuring the system to focus on building a mentally and socially well society.

In the Indigenous context, I note that both Canadian Professor Michael J Chandler [over a 30-year period], and the Australian Institute of Health and Welfare, call out this fundamental Framing problem:

> *whenever we are moved to minister to such troubles, the usual impulse — the common intervention or treatment strategy — is to somehow buck-up the flagging spirits of those singular symptom bearers who are counted as most disheartened or undone. Picking away at such troubles one 'patient' at a time, we council and drug them, we bolster their flagging self-esteem, and otherwise do whatever seems appropriate to shore up their supposed personal shortcomings. In short, while many of our ills are acknowledged to sometimes be social or cultural in origin, when moved to intervene, Western society has customarily proceeded by attempting to redeem one lost soul at a time. ...individualized "medical models" of suicide prevention are mistaken at every turn, insisting instead that cultural wounds require cultural medicines.*
>
> Professor Michael J Chandler, *Cultural Wounds Require Cultural Medicines*. https://www.thecentrehki.com.au/resource/cultural-wounds-require-cultural-medicine/

> *The WHO report recognises the stresses of 'acculturation and dislocation', discrimination and trauma as suicide risks for Indigenous people and identifies the value of community prevention initiatives and culturally tailored interventions (WHO 2014:36). In recommending a way forward, the report emphasises the important role of communities in suicide prevention. This emphasis on community contrasts with dominant suicide prevention practices in the Western world.*
>
> Australian Institute of Health and Welfare, 2025, *Preventing suicides of First Nations people* https://www.aihw.gov.au/reports/indigenous-mental-health-suicide-prevention/preventing-suicides-of-first-nations-people/abstract

In the Indigenous context what we can see is this:

- **Incorrect Framing:** The issues are framed incorrectly and inappropriately. What should be framed as collective community wellbeing issues are framed as individual, psychological issues.
- **Available Data and Statistics:** Fully one third of First Nations community members in Australia suffer from either a high, or extremely high, level of psychological distress. Suicide rates continue to rise, despite significantly increased expenditures in this space.
- **Available Insights:** No fewer than 52 reports on this issue. Just this year, 2025, both the Lowitja Institute and the AIHW have written reports on this issue [both cited herein].
- **Responses Don't Work:** *What doesn't work*: "Individually focused interventions that implement a

purely clinical approach to suicide prevention, which have limited success with First Nations people." [AIHW]

- **Productivity Outcome:** Extremely low.

If we look beyond the Indigenous context, then I am not on quite as certain ground as I am in respect to the Indigenous matters raised above. But I do nonetheless offer a similar narrative, as follows:

- **Available Data and Statistics:**
  - **42.9% of people aged 16–85 years had experienced a mental disorder at some time in their life. 21.5% of people had a 12-month mental disorder, with Anxiety being the most common group** https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release
  - **The latest evidence suggests that three quarters of young people experience clinically significant symptoms of depression and anxiety. [Murdoch Children's Research Institute]**
  - **One-third of Australians [9 million people] feel lonely at least once a week. Loneliness increases the risk of early death by 26%** https://www.foundationforsocialhealth.org.au/
  - **Around 43% of Australian adults aged 16-85 have experienced a mental disorder, including Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. 15% experienced high or very high levels of psychological distress** https://www.aihw.gov.au/mental-health/topic-areas/health-wellbeing/stress-and-trauma
- Available Insights:
  - 2014 *Contributing Lives Report*, National Mental Health Commission
  - 2020 *Mental health Inquiry report*, Productivity Commission Report
- Incorrect Framing and Inappropriate Programmatic Responses:
  - Both the NMHC Report from 2014, and the Productivity Commission Report from 2020, strongly advocate for "a more strategic and cross-portfolio approach to mental health that promotes genuine accountability and that prioritises prevention, early intervention and recovery."
- **Productivity Outcome:** Low to medium.

To be clear, what I am advocating in this submission goes far beyond the extent of system reform recommended in the 2014 NMHC Report, the 2020 Productivity Commission Report, or the 2025 Productivity Commission Mental Health Report. All three of these reports, whilst advocating for a prioritisation of prevention and early intervention do so from within the framework and boundaries of a Mental Health Framework. The recommendations that I have presented herein relate specifically to the context of artistic and cultural programs which serve to contribute to building collective, community wellbeing.

What I am proposing herein is transformative. In the language of the 2016 ***ATSISPEP Report,*** what I am proposing herein resides in the domain of 'whole of population primordial prevention.' What I am proposing herein is that the truly transformative productivity gains in Mental Health can be attained by focusing efforts not on individuals, but on community wellbeing.

Systemic Stasis And Glacial Change

Some Observations and Comments, in 2012, From Mr Gary Banks, The Then Chair of the Productivity Commission of Australia, Along With Some Observations vis-à-vis Aboriginal Suicide Prevention

I have submitted a separate, stand–alone submission in regards to Aboriginal suicide. So, I won't canvass this matter in too much further detail herein. But it is helpful to once again go over some of the Indigenous material, as it is illustrative of the reasons for systemic stasis in the Mental Health system. If one asks the wrong questions, then one will get the wrong answers. If one frames the issues and the problems in the wrong way, then one will never find the correct solutions.

Mr Gary Banks, Inaugural Chair of the Productivity Commission, certainly understood this framing issue. This is what Mr Banks had to say back in 2012:

> *"In August, I took a few days out of the office to travel to the Kimberley region of WA, as a member of the judging panel for this year's Indigenous Governance Awards. Mick Dodson (the Chairman on this occasion!) and I went there to visit an organisation at Fitzroy Crossing. You may recall that this small settlement on the (mighty) Fitzroy River, received national press coverage a few years back when a formidable group of aboriginal women successfully pressed for the Indigenous community to become 'grog free'.*
>
> *About twelve years ago, some of these same women, along with a number of male elders, established the 'Yiriman Project'. This is an innovative organisation devoted to addressing the malaise among aboriginal youth in the region (including a high suicide rate) by taking them 'back to country' in the company of their elders, where they can begin to reconnect with their culture and strengthen their sense of identity.*
>
> *It is a remarkable endeavour, in which a governing body of some 20 elders from four language groups have come together in common cause — and achieved great things with little financial support. In the terminology of our Overcoming Indigenous Disadvantage report, Yiriman is a 'thing that works', one that is worthy of being emulated in other parts of the country."*
>
> *Productivity Commission Staff News*, August 2012, Article by Mr Gary Banks, Chair of the Productivity Commission.

The messages which we can take from the words of the then Chair of the Productivity Commission are these:

- **Community Engagement Occurs On Country:** Get out of Canberra and meet with the community. Especially seek out and meet with Aboriginal cultural bosses and elders. How else will you hear their messages unless you meet with them in their community?
- **Where the Problems Lie, So Too There Lie the Solutions:** Systems of Culture and systems of Governance have been developed over 60,000 years. Yiriman went on to win the Indigenous Governance Award later that year. If we look on and all we see is social malaise and social dysfunction, then what we are actually failing to see is that we exacerbate these realities every time we fail to support Cultural Governance and Cultural solutions.
- **Things That Work:** The Evidence Base for Prevention: The Yiriman Youth Project was featured by the Productivity Commission as an example of 'things that work' in not one but two separate Overcoming Indigenous Disadvantage Reports. As the Productivity Commission seeks to 'build the evidence base around prevention', the Commission should not lose sight of its earlier modelling around 'things that work'.

I note the following further comments also made by the then Chair of the Productivity Commission:

> *We know from the difficulties so many communities face that solutions to the issues confronting them are not easy and not just a matter of money or government will. Community leadership and the legitimacy of this leadership are absolutely essential. How leaders marshal resources, engage partners, mobilise assets and generate support to enact their vision is at the heart of effective governance.*
>
> *Yiriman exemplifies how strong leadership and effective governance can combine to produce good outcomes.*
>
> *Frustrated and upset by the suicides, self-harm and substance abuse that have been blighting young Aboriginal lives, the group of cultural leaders from the central and south-west Kimberley region decided to address what they saw as (and what scholarly research has confirmed to be) the root cause of the malaise. The Yiriman Project helps young Aboriginal men and women from the townships 'find themselves', by taking them on expeditions back to Country in the company of elders. These are the grandchildren of people who were essentially driven off their lands when legislated equal wages deprived them of their situations on the pastoral properties.*
>
> *The elders knew that without a strong sense of identity, their young people are at risk. Yiriman immerses them in the stories, songs, bush craft and knowledge that are their cultural heritage. It offers them the opportunity to strengthen their sense of belonging, so they can then venture into the world with a greater sense of self worth and confidence.*
>
> *However, Yiriman has struggled to attract sustained financial support. Government funding agencies in particular seemingly find it difficult to fit the Project's culturally-based model into any of their boxes.*
>
> *Meanwhile substantial funds are directed to mainstream mental health services which arguably are not addressing the deeper needs of the young.*

> *What has made both Yiriman and NPY successful is that the solutions they have devised and implemented involve their communities and families. They are grounded in an understanding both of the local problems and the likely solutions, something that is hard to achieve from Canberra or the capitals. Really the only challenge these organisations should present for public policy is how to harness and propagate them. Through these awards and an emerging focus on the crucial role of good governance in the 'things that work' for Indigenous Australians, there is cause for hope.*
>
> **Reconciliation News Issue No 25** // December 2012 — Elders bring new hope to the Kimberley, pages 8, 9, Article from Mr Gary Banks, Chair of the Productivity Commission.

If we fast forward from 2012 through to 2025, the Australian Institute of Health and Welfare in June 2025 published the following report: Preventing suicides of First Nations people https://www.aihw.gov.au/reports/indigenous-mental-health-suicide-prevention/preventing-suicides-of-first-nations-people/abstract

Here is what the AIHW has written:

What doesn't work

- **Individually focused interventions that implement a purely clinical approach to suicide prevention, which have limited success with First Nations people.**
- **Lack of consultation with communities, and approaches that are not culturally safe nor locally focused.**
- **Program evaluations that prioritise Western evidence models — which do not produce a useful evidence base.**
- **Implementing programs that require whole-of-government action and cross-sectoral collaboration without effective consultation, resourcing and buy-in.**

What works

- **First Nations healing systems that are strength based and underpinned by the holistic concept of social and emotional wellbeing.**
- **Restoration of First Nations identity and culture with culturally based programs and initiatives; cultural continuity is a protective factor against suicide.**

Preventing suicides of First Nations people; Australian Institute of Health and Welfare; 2025, page viii

It is clear what works, and what doesn't work. The things that the AIHW has written in 2025 are essentially the same as the things that the then Chair of the Productivity Commission was observing back in 2012. There are in fact at least 52 reports all saying the same thing.

But if we look at expenditure in Indigenous Affairs, what do we see? *The Aboriginal Empowerment Strategy, Western Australia 2021-2029, Policy Guide* states as follows:

> *Currently, State Government expenditure in relation to Aboriginal people is skewed towards the crisis category. These services are more cost-intensive, depend more on involuntary or coercive engagement, and involve higher risks. If current trends continue, demand for these "downstream" services is set to increase significantly in coming years.*
>
> *Preventative and early intervention initiatives can bring about positive changes that reduce the need for crisis responses. Initiatives in this category proactively build up resilience, capability, healing, and independence. [Page 32]*

Notwithstanding the continued failures of downstream, clinical, medicalised interventions and notwithstanding some 52 separate reports all saying the same thing, in Indigenous Affairs the great majority of investments are in to downstream, cost-intensive treatment programs.

'Treatment' and 'Prevention' are very different concepts. This is true in Indigenous Affairs. And it is also true of the broader Mental Health system.

Cause for pessimism / historically–informed realism

Within the Mental Health system, there is little point in taking an a-historical approach to structural and systemic stasis. Systemic change in Mental Health has eluded Governments over the last two decades. In my 31 July 2025 submission to the Productivity Commission's Mental Health Inquiry I presented the following recommendation:

- That the Productivity Commission Make Specific Findings and Recommendations Around Rebalancing Expenditure, Reflecting the Recommendations Contained Within the National Mental Health Commission's 2014 *Contributing Lives Report*, as follows:

  "We need system reform to:

  - **redesign the system to focus on the needs of users rather than providers**
  - **redirect Commonwealth dollars as incentives to purchase value-for-money, measurable results and outcomes, rather than simply funding activity**
  - **rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention, recovery-based community "**

I myself have made no less than 15 different submissions to Mental Health inquiries over the last 20 years. This path advocating for greater prevention and greater productivity in the Mental Health and Suicide Prevention system is a well worn and heavily trodden path.

In light of the systemic stasis and the complete lack of structural change in Mental Health over 20 years, one has to wonder why this time round things might be any different.

The causes for pessimism are compounded when the Productivity Commission's own *Interim Report on Mental Health* shows little if any awareness of the 52 different reports all calling for community based, culturally based, preventative programs. In the very same *Interim Report* the Productivity Commission notes that fully one third of First Nations community members suffer from high, or extremely high, levels of psychological distress. At what point does the logic around individualised, clinical health interventions implode?:

What doesn't work

Individually focused interventions that implement a purely clinical approach to suicide prevention, which have limited success with First Nations people.
As esteemed Canadian Professor Michael J Chandler started asking 25 years ago:

> *Still More Counsellors?*
>
> *At what point is the solution ever anything other than, yet more, still more, counsellors?*

Pivoting away from Indigenous suicide and looking more closely at the mainstream Mental Health and Suicide Prevention system I turn attention once again to the National Mental Health Commission's 2014 *Contributing Lives National Report*. In that report I note in particular the following two key elements:

- **Shift funding priorities from hospitals and income support to community and primary health care services**
- **Promote the wellbeing and mental health of the Australian community, beginning with a healthy start to life**

And if we look at the specific recommendations, especially as they relate to the financial story, then what we see in this National Mental Health Commission Report from 2014 is as follows:

- **Recommendation 7:**

  Reallocate a minimum of $1 billion in Commonwealth acute hospital funding in the forward estimates over the five years from 2017–18 into more community-based psychosocial, primary and community mental health services. [Page 72]

- **Recommendation 15:**

  Build resilience and targeted interventions for families with children, both collectively and with those with emerging behavioural issues, distress and mental health difficulties. [Page 100]

The authors of the *Contributing Lives National Report* in 2014 were not in any way naïve about the difficulties associated with achieving systemic change. Having presented Recommendation # 7 they then provide a discussion of what they call **Issues**, across pages 74–76. There are some 14 such Issues discussed, and of those 14

I note now in particular the following three Issues:

- **Current funding incentives are driving the wrong outcomes — the incentives are wrong. We need to turn them around and correct the imbalance in the**

system. The majority of Commonwealth funding is being used at the wrong end of the pendulum — it treats people when they become sick and supports them to stay sick, endlessly cycling through the system and through life. [Page 74]

- **Accessing treatment when it is needed is important — it is essential — but hospital admissions often can be seen as evidence of the failure of the system to keep people well and in the community. The centre of gravity in Commonwealth mental health funding needs to shift upstream, to prevention, primary health care, early intervention and recovery. Conversely, unless action is taken now to change the system and the current incentives, hospitals will continue to absorb an increasing amount of funding and people will continue to end up in crisis when it could have been avoided. [Page 74]**
- **Outcome evidence demonstrates the benefits of early intervention to strengthen resilience, avert illness, reduce psychosocial disability and support recovery at:**
  - a young age, supporting mothers and babies
  - at early onset of illness, supporting adolescents and families
  - when mental ill-health recurs, supporting people across all age groups and circumstances. [Page 75]

There is a great deal of merit within the 2014 *Contributing Lives National Report*. This considerable merit is both reason for pessimism and for optimism. The reason for pessimism is that notwithstanding that considerable merit, systemic stasis remained.

The reason for optimism is that if the present Commonwealth Government decides to proceed with the establishment of a **National Prevention Investment Framework**, and the associated **Prevention Framework Advisory Board,** then the work of that proposed Board will be made all that much easier by the existence of such considerable insight and guidance as was developed by the NMHC back in 2014.

Some cause for optimism that long-overdue change may finally be forthcoming.

Perhaps the Productivity Prism Will Bring About a New Dynamism in the Mental Health System.

If We Changed Our Focus From a Goal of Enhancing the Mental and Social Wellbeing of Individuals to Enhancing the Mental and Social Wellbeing of Communities and Collectives, What Would the Mental Health System Look Like Then? What Would the Productivity Gains Be If We Actually Focused on Prevention, Not Just Treatment?

As noted above, there has been systemic and structural stasis in the Mental Health System for at least two decades. The underlying drivers of that systemic stasis have not changed. This reality, as outlined above, is cause for considerable pessimism going forward. In regards to First Nations Suicide Prevention, the issue is even worse. Government instrumentalities, and even the Productivity Commission itself, seem to have little understanding that prevention and productivity will not be achieved until the issue is reframed from an individual, clinical, acute health issue and, moving forward is appropriately framed as a community wellbeing issue which is best addressed through building collective cultural resilience.

But there is, nonetheless, some cause for optimism and hope that moving forward we will see change. When the issue of the Mental Health System has arisen in the past, the dialogue and discussion has taken place within the context of the Health Minister and the Health bureaucracy.

This time round the issue of the Mental Health System is under intense scrutiny as a key part of the Productivity Agenda, and former Chair of the Productivity Commission, Michael Brennan, says that this is the single most important task facing Government. So, this time round, there are different voices, outside of the health system, looking at this issue.

We know the key messages which peak industry stakeholder groups such as the AMA will always deliver. The key metrics for such bodies are things like staffing ratios and hospital beds. This is not a mistaken, or misguided view on behalf of the peak industry stakeholder groups. With a growing population, and with more elderly people, there is a growing demand for more hospital beds. Such growing demand is real and it will continue to grow — unless there is a massive investment in upstream, preventative programs, especially programs aimed at mitigating dementia.

Similarly, the Productivity Commission has recently received submissions from each of the following:

- Australian Association of Psychologists
- Australian College of Nursing
- Australian College of Mental Health Nurses
- AMA
- Advanced Pharmacy Australia
- The Australian Psychological Society (APS)

Each of these submissions, unsurprisingly, and completely appropriately, address matters such as:

- Improving workforce competencies
- Workforce shortages
- Scope of practice issues and issues relating to professional registration, and remuneration implications related to these issues
- "pharmacist-to-patient ratios in AdPha's Standards of Practice for Clinical Pharmacy Services"
- "Increase investment in mental health services by expanding the capacity of mental health wards in both public and private hospitals, including both the number of beds and the workforce needed to support them."
- A strategic approach to psychology workforce growth and utilisation
- Community managed mental health (CMMH)/ psychosocial support services

It would be inappropriate for me to offer any criticism or critique of any of these individual submissions. But I do offer now is the same question that I raised at the outset of this submission:

Is the proposed program or activity a Treatment modality or a Prevention modality?

Whole of Population, Upstream Primordial Prevention-Fostering Wellbeing in the Community

What I am proposing herein is more transformative than what the NMHC and the Productivity Commission have previously recommended. In the language of the 2016 *ATSISPEP Report*, what I am proposing herein resides in the domain of 'whole of population primordial prevention.' What I am proposing herein is that the truly transformative productivity gains in Mental Health can be attained by focusing efforts not on individuals, but on community wellbeing.

In the Indigenous space, what the 2025 AIHW Report [and 52 other reports besides this one] tell us actually works are the following:

- **Holistic concepts of SEWB**
- **Restoring and affirming identity**
- **Culturally based programs and initiatives**
- **Partnerships with communities and community organisations**
- **Agency and self – determination**
- **Lived experience people designing, implementing and evaluating programs themselves**
- **Community-led responses that are strength based, which will move approaches to suicide prevention away from deficit discourses.**

Just as mainstream approaches don't usually work for Indigenous communities, I am not suggesting here that Indigenous approaches will work for mainstream community. But there are many of the above elements that do translate well across in to the mainstream context.

There is not time herein to develop these ideas further, but I do want to take the opportunity today to point to a couple of recent health and wellbeing initiatives in the Arts and Culture space, both of which have been led by Creative Australia. Broad–based wellbeing programs that work with large groups and sectors of the community can have other integrating devices, such as sport. However, there are some characteristics of the arts and culture sector which make is particularly suitable for use in whole of population programs and in programs that operate en-masse. The Arts and Culture sector is extremely diversified and heterogeneous and as such there will always be one form or another of arts or cultural program that is accessible to and which appeals to anyone, irrespective of their age, gender, cultural background, level of formal education, or where they live.

In 2022 Creative Australia published *Connected Lives: Creative solutions to the mental health crisis* https://creative.gov.au/research/arts-creativity-and-mental-wellbeing-policy-development-program-creative-australia

This report contains some six recommendations, and I am recommending herein, on page two, that all the Government progresses the implementation of all six of these recommendations. But looking forward, and looking at the possible likely role of the proposed **Prevention Framework Advisory Board,** I now note the following suggested areas of further policy development, as suggested by Creative Australia:

- **Area one**: Increase public awareness of the benefits of arts engagement for mental wellbeing, potentially through a coordinated health campaign.
- **Area two**: Develop training and accreditation for artists and arts workers active in mental health settings, along with best practice standards, ethical frameworks, and support structures.
- **Area three**: Empower those with lived experience of mental health challenges and peer workers to play a central role in program design. Where possible, work in bottom-up ways, activating and supporting local networks.
- **Area four**: Make sure that programs are co-designed between arts, health and the relevant communities.
- **Area five**: Build a strong, internationally leading evidence base that facilitates policy and practice in arts and health. This evidence base must expand understandings of what counts as evidence in research and advocacy work, and generate ongoing discussions of issues such as quality, rigour, value and reliability.

Connected Lives: Creative solutions to the mental health crisis [page 7]

If we look at these five areas of suggested policy development, then we can clearly see that there is a clear recognition of the need to build the evidence base, but at the same time to shape, influence and guide the discussion around things like Measuring What Matters. This all looks to me like a prime example of the kind of work that the proposed **Prevention Framework Advisory Board** should be undertaking, and should be prioritising.

Fast–forwarding from 2022 through to September 2025, I now note the following Media Statement from Creative Australia:

Creative Australia backs new arts and health initiative to strengthen community connection

Creative Australia has today announced a new two-year initiative that aims to strengthen the role of the arts in health and community care, helping to improve wellbeing and support stronger, more socially connected communities.

Aug 08, 2025

The launch today of the Creative Health Alliance Australia, coincides with National Loneliness Awareness Week (4-10 August), offering a timely and positive response to the need to reduce loneliness and strengthen social connection.

The initiative brings together partners from the Foundation for Social Health and leading researchers from the Murdoch Children's Research Institute (MCRI) Justice Health Group to lay the foundations for national creative health infrastructure, delivering new tools, support structures and standards to recognise the vital role of creative practitioners in supporting individual and community wellbeing.

Creative Australia initiated the partnership in response to strong demand from the sector and growing evidence of the value of creative health.

Creative Australia CEO Adrian Collette AM said:

"There is growing national and international recognition of the role the arts can play in supporting health and wellbeing. This initiative builds on that momentum, supporting the practitioners already doing this work so they can reach more people and build stronger more connected communities."

Creative Australia Research Fellow and Manager Research Partnerships, Dr Christen Cornell said:

"Our research and sector engagement show that creative health programs are already having powerful impacts in communities across Australia, but often without the recognition and support they deserve. This initiative lays the foundations for a more coordinated and sustainable future for creative health – not as charity or enrichment, but as a core component of Australia's public health future."

The two-year partnership will work to deliver:

- A co-designed national quality framework for creative health.
- A practitioner-facing badge system and toolkit based on the quality framework.
- A searchable database of creative health practitioners.
- Peer mentoring, residencies, and training for creative health workers.
- A robust three-tier fundraising strategy (government, philanthropy, self-generating).
- Sustainable long-term stewardship and coalition-building across clinical, cultural, and community sectors.

Melanie Wilde, CEO of the Foundation for Social Health said:

"We've spent years diagnosing the problem. Now is the time to fund what works — and treat connection as essential infrastructure.

Australia is behind and it's time to invest in community-based, culturally relevant supports that actually work. We keep telling people to reach out. But what if there's no one there to catch them?

Creative Australia's leadership support for this work is a critical first step to expanding and developing arts-based approaches as a scalable, non-clinical solution to mental distress."

Professor Stuart Kinner from the Murdoch Children's Research Institute (MCRI) said:

"The latest evidence suggests that three quarters of young people experience clinically significant symptoms of depression and anxiety, and despite their connected digital world are some of the loneliest people in recorded history.

However, if we can harness the talents, creativity, and hopes of our children and adolescents, we can change the world for the better. Initiatives like this represent a step towards this goal."

As part of the Foundation for Social Health's contribution to the Alliance, it has established a Creative Health Taskforce, led by human rights advocate Nyadol Nyuon and mental health reformer Sebastian Rosenberg. This Taskforce will work with sector leaders to address critical gaps across Australia's arts and health infrastructure.

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https://creative.gov.au/news-events/news/creative-australia-backs-new-arts-and-health-initiative-strengthen-community

It is clear that in the Indigenous context, we have things very wrongly framed. As Chandler puts it:

> *"While many of our ills are acknowledged to sometimes be social or cultural in origin, when moved to intervene, Western society has customarily proceeded by attempting to redeem one lost soul at a time."*

And this, despite the fact that fully one third of the First Nations community suffers from high, or extremely high, levels of psychological trauma.

In the context of mainstream mental health we have made many of the same mistakes. Yes, we need to act on the recommendations from the 2014 National Mental Health Report and the 2020 Productivity Commission Mental Health Report. Yes, we need to:

> *Rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention, recovery-based community.*

But we need to actually go much further still. As long as we maintain a focus on the 'individual' as the unit of intervention, then we will almost certainly be locked in to unproductive programs that fail to address the actual core of the issues. We need a completely new frame, one which posits the 'community' as being the unit of intervention. We need to invest in what the ***ATSISPEP Report*** calls 'whole of population primordial prevention.' And quite possibly the best way of doing that is through supporting Arts and Culture programs, and initiatives such as the two Creative Australia initiatives described herein.