



**WELLBEING AND
PREVENTION
COALITION
IN MENTAL HEALTH**

Submission: Final review of the Mental Health and Suicide Prevention Agreement

11 March 2025



Submitted to the Productivity Commission on behalf of the members of the **Wellbeing and Prevention Coalition in Mental Health.**

Current members:

- Prevention United
- Alliance for the Prevention of Mental Disorders
- Beyond Blue
- Black Dog Institute
- Everymind
- Headspace
- The Matilda Centre
- Smiling Mind
- Centre for Mental Health Research
- Be Well Co
- Centre for Social and Early Emotional Development
- Australian Health Promotion Association
- Butterfly Foundation
- Movember
- Public Health Association of Australia
- ReachOut
- Batyr
- Orygen Institute
- Mental Health First Aid
- ARACY

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Background

- This brief submission is being provided to inform the Productivity Commission's Final Review of the National Mental Health and Suicide Prevention Agreement (the Agreement).
- The submission does not represent the individual views of any particular member of the Wellbeing and Prevention Coalition, rather it draws from collective work to advance the national focus on wellbeing and prevention.
- There is an opportunity for a better, more comprehensive approach to mental health policy that includes a combined focus on and investment in the prevention of mental ill-health alongside investments in treatment and support across governments.
- Australia has been a pioneer in so many areas of mental health from awareness raising and stigma reduction, to early intervention, and digital mental health. It has also been a pioneer in preventive health with world leading reforms in immunisation, smoking reduction, road trauma, and sun smart campaigns. The foundations exist to make Australia the world leader in preventative mental health, with the Agreement providing a platform for whole-of-government action.
- A report prepared for the National Mental Health Commission assessed ten interventions to prevent depression and anxiety and found nine had a positive return on investment, ranging from \$1.05 to \$3.06 for each dollar invested. This is supported by other research that confirms initiatives to prevent the onset of mental disorders are cost-effective and save money¹²³⁴⁵.
- The increase in focus and funding for mental health promotion and prevention of mental ill-health must be part of an overall increase in spending on mental health, with funding for future generations not coming at the expense of those currently experiencing mental ill health.
- While the Agreement currently mentions prevention as an area for joint action across Commonwealth and State governments, there are no current prevention priorities included, meaning that collaborative evidence-based action on prevention is missing from the Agreement.

¹McDaid, D., & Park, A. (2011). Investing in mental health and well-being: Findings from the Data Prev project. *Health Promotion International*, 26(suppl_1), ii08-39.

²Knapp, M., McDaid, D., & Parsonage, M. (2011). Department of Health/Personal Social Services Research Unit, Centre for Mental Health, Institute of Psychiatry: Mental health promotion and mental illness prevention: The economic case. *Journal of Poverty & Social Justice*, 19(3), 297-299.

³Mihalopoulos, C., Vos, T., Pirkis, J., & Carter, R. (2011). The economic analysis of prevention in mental health programs. *Annual Review of Clinical Psychology*, 7, 169-201.

⁴Mihalopoulos, C., & Chatterton, M. (2015). Economic evaluations of interventions designed to prevent mental disorders: A systematic review. *Early Intervention in Psychiatry*, 9(2), 85-92.

⁵Ebert, D.D., & Cuijpers, P. (2018). It is time to Invest in the prevention of depression. *JAMA Network Open*, 1(2): e180335.doi:10.1001/jamanetworkopen.2018.0335

Recommendations

- 1. Use the next National Mental Health and Suicide Prevention Agreement to set, coordinate and monitor progress on two to five national priorities dedicated to the prevention of mental ill-health. This should be accompanied by a national outcomes framework informed by people with lived and living experience to track progress.**

Rationale:

- The prevalence and impacts of mental health conditions, particularly among young people, is increasing. Almost one in three young men and almost one in two young women aged 16–24 experience clinical levels of depression, anxiety disorders and/or a substance use condition annually. Since 2012, the prevalence of eating disorders in young people aged 10–19 has risen by 86%⁶.
- This is deeply distressing for individuals and those who love and care for them, but there are also flow on social, educational, societal and economic impacts. Mental ill-health, for example, is associated with increased risk of low engagement in learning settings, family violence, suicidal behaviour, unemployment, youth crime, alcohol and other drug concerns, premature rates of death from chronic disease, and presenteeism and absenteeism in the workplace.
- Current approaches to mental health policy are failing in part because decision makers are reactive, dealing with conditions after they have developed rather than acting on the underlying causal factors at the outset. For example, in 2024, the preventable conditions of anxiety and depression ranked third and fourth as leading cause of the disease burden in Australia⁷.
- The National Agreement provides a platform for coordinated action across jurisdictions, portfolios and communities.

- 2. Develop a whole of government action plan to jointly address key social determinants of mental health, with a joint action to eradicate child maltreatment included as the first whole of government priority.**

Rationale:

- Acting on the social and commercial determinants of mental health requires collective action across governments and across sectors. Based on data and evidence, addressing childhood maltreatment must be a priority action to address the onset and impact of mental ill-health now and into the future.

⁶ Deloitte Access Economics (2024). Paying the Price, Second edition. Report commissioned for Butterfly Foundation, Sydney

⁷ Australian Institute of Health and Welfare (2024). Burden of Disease Study 2024

- Child maltreatment is arguably the single biggest contributor to mental ill-health in our community. A recent Australian study found that by eradicating child maltreatment, we would be able to prevent 21% of all cases of depression, 24% of anxiety disorders, 27% of alcohol use disorders, 32% of drug use disorders, 39% of self-harm, and 41% of suicide attempts in Australia⁸.
 - Data from the groundbreaking Australian Child Maltreatment Study revealed that 62% of the population have experienced maltreatment in childhood: 9% have experienced neglect, 29% sexual abuse, 31% emotional abuse, 32% physical abuse, and 40% reported being exposed to family violence in childhood.
 - Given the strong and causal link between child maltreatment and mental health conditions, the prevention of child maltreatment should be given the same attention as efforts to reduce harms from other public health hazards such as smoking and vaping.
- 3. Use the National Agreement to build in governance arrangements that will enable a whole of government and whole of community approach. This should focus on building capabilities across governments and sectors and investing in a highly skilled and widely distributed mental health promotion and prevention workforce to lead the planning, implementation, and evaluation of preventative initiatives across jurisdictions.**

Rationale:

- Just as the prevention of physical health conditions cannot occur without a health promotion workforce, the prevention of mental health conditions cannot occur without a 'mental health promotion and prevention' workforce. Mental health promotion is the mental health 'branch' of the broader field of health promotion. It focuses on three main outcomes: (1) promoting high levels of mental wellbeing; (2) preventing the onset of mental health conditions; and (3) implementing capability building initiatives to increase people's access to knowledge, evidence and implementation tools. The mental health promotion workforce, while working hand-in-hand with the workforce aimed at treating and assessing mental ill-health, is a standalone workforce, with a need of its own regulations and certification criteria, and an accompanying funding structure that facilitate equitable access to services.

⁸ Wellbeing and Prevention Coalition in Mental Health (2024). Policy Brief: Preventing child maltreatment to prevent mental ill-health.