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

Prepared by Everymind for the Productivity Commission

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About Everymind

Everymind is a leading institute dedicated to the prevention of mental ill-health and suicide, with a vision of empowering people and organisations to implement change - for themselves, for each other and for the future.

The Institute has a long-standing reputation for designing, implementing and evaluating tailored policy advice, research and programs. This includes more than three decades of experience designing and delivering programs, policy responses and translational research.

Everymind's highly reputable programs are scaled to meet people where they live, work, learn and connect. We work with governments, communities, media, small and large workplaces, and families, friends and carers to bridge the knowledge-to-practice gap in the prevention of mental ill-health and suicide so that fewer people are impacted in the future.

Our work focuses on five priority areas:

1. Elevating prevention as a priority through strategy and policy
2. Using knowledge translation to build capability across sectors
3. Influencing media, organisations and communities to apply best practice communication
4. Transforming the supports available to family, friends and carers
5. Promoting a mentally healthy approach across business and community.

Submission summary

This submission outlines Everymind's feedback on the Mental Health and Suicide Prevention Agreement (the Agreement). A summary of our recommendations is provided below with further detail in the next section.

Recommendation 1	Prevention of mental ill-health to be included as a national priority, with the opportunity to use the next National Mental Health and Suicide Prevention Agreement to set, coordinate and monitor progress on two to five national priorities.
Recommendation 2	Increase the scope of suicide prevention actions in the Agreement beyond the response system to include key actions to prevent the onset of suicidal distress, drawing on the National Suicide Prevention Strategy.
Recommendation 3	Include a dedicated focus on family, friends and carers as a priority population to better deliver on mental health and suicide prevention outcomes.
Recommendation 4	Increase the focus and accountability in implementing new initiatives across mental health and suicide prevention.

Further details

- 1. Prevention of mental ill-health to be included as a national priority, with the opportunity to use the next National Mental Health and Suicide Prevention Agreement to set, coordinate and monitor progress on two to five national priorities.**
 - Australia is experiencing a rise in mental health concerns despite the steadily increasing investment in some parts of the mental health care system. The subsequent social and economic outcomes negatively impact individuals, families and communities. Australia has a distinguished record in preventing the onset and impacts of many physical health conditions, and there is an opportunity to achieve the same results for mental health.
 - While the Agreement currently mentions prevention as an area for joint action across Commonwealth and state governments, no prevention priorities are included in the Agreement, meaning that joined-up evidence-based action on prevention is missing. Prevention interventions are effective and show an excellent return on investment if they are effectively implemented at scale and sustained over time.
 - At a national Prevention in Practice Summit held by Everymind in December 2023, participants identified that key priorities should include reducing the onset and impact of child maltreatment in Australia, reducing the impact of alcohol, drug and gambling-related harm on mental health and wellbeing, building and sustaining collaborative cross-sector coalitions to support a stronger national focus on population health approaches to mental health and wellbeing, and increasing investment in coordinated place-based approaches to ensure national priorities are delivered to and with communities.
 - Connecting whole of government and whole of community action can enable a comprehensive approach where each brings their unique skills and knowledge. Greater clarity is required about the types of activities best delivered or coordinated by each tier of government and how they are funded and evaluated. There is an appetite within government and the wider community to break down silos and enact change together.
- 2. Increase the scope of suicide prevention actions in the Agreement beyond the response system to include key actions to prevent the onset of suicidal distress, drawing on the National Suicide Prevention Strategy.**
 - With the recent release of the National Suicide Prevention Strategy, there is an opportunity to expand the focus on the 'prevention' actions in the strategy, including a focus on strengthening the wellbeing of communities and addressing some of the key drivers of distress. As outlined in the strategy, "a comprehensive approach to suicide prevention must do more than support people who are experiencing suicidal distress – it must also reduce the likelihood of people experiencing suicidal distress in the first place" (p.21).
 - There is an opportunity to connect priorities within the prevention of mental ill-health and prevention of suicide while addressing common social determinants and risk factors such as child maltreatment, family and domestic violence, economic uncertainty, alcohol and other drug harms, racism, homophobia and discrimination.
 - A whole of government approach to suicide prevention is key. Still, an investment in building capabilities across government agencies and clear mechanisms to monitor and support cross-jurisdictional and cross-portfolio action is needed.
- 3. Include a dedicated focus on family, friends and carers as a priority population to better deliver on mental health and suicide prevention reform outcomes.**
 - Mental health concerns and suicidal distress significantly impact individuals, families and communities. Recent research indicates that the prevalence of mental health concerns and psychological distress is increasing, but most people experiencing distress will not seek formal help or will experience difficulties in

accessing support. Therefore, family, friends and carers provide most of the practical and emotional support for those in distress, with the value of this care estimated at \$13.2 billion annually.

- Providing support and care is a rewarding and valuable role. Still, the complexity and associated challenges of the caring role may lead to an increased risk of mental health concerns and suicidal distress for family, friends and carers themselves. Caring is also associated with reduced engagement with employment, financial difficulties and social isolation.
- Every major review undertaken in Australia until 2023¹ has recognised the integral role of family, friends and carers in preventing the development of mental health concerns and suicidal distress. These reviews have recommended a significant increase in the provision of support to carers. A holistic approach that considers the wellbeing of both individuals facing mental health challenges and those offering support is needed, with the Agreement providing a platform for a coordinated approach.
- Research shows that by providing targeted training, skill building and resources for mental health support, the following outcomes are possible: (1) Improved mental health and wellbeing for family, friends and carers by providing supports that improve mental health literacy, build communication skills, self-care skills, emotional regulation skills and support social connection, and (2) Improved mental health and wellbeing of the person experiencing distress or mental health concerns.

4. Increase the focus and accountability in implementing new initiatives across mental health and suicide prevention.

- A significant focus and investment in implementing prevention programs are required to reach people where they live, work, learn and connect. Effective planning for implementing and evaluating prevention initiatives reduces research and program wastage and assists in delivering programs at scale.
- This has been poorly done under the current Agreement, with implementation and evaluation planning left to each state and territory in most instances. This means that many initiatives have taken over three years to commence implementation (e.g. Early Distress Support services), with inconsistent approaches to service design, implementation and evaluation.
- There has been wasted time and resources across jurisdictions as each worked to plan and deliver on joint actions under the bilateral agreements. For example, multiple states and territories have commissioned work to define what is meant by ‘universal aftercare’, leading to some inconsistencies, with a number of evidence reviews, consultations and planning documents prepared. Better coordination of implementation, workforce development and evaluation planning across jurisdictions would ensure a joined-up approach.
- Building knowledge, understanding and capabilities in using implementation science frameworks and tools for those implementing prevention programs is required, including within the government agencies responsible for the planning and commissioning of services and programs. This may include developing a national community of practice and a digital hub for access to training and tools.

¹ Reviews include the Australian Government’s Productivity Commission Report into Mental Health, the National Suicide Prevention Advisor’s Final Report, the Royal Commission into Victoria’s Mental Health System and the Australian Parliament House of Representatives Select Committee on Mental Health and Suicide Prevention.

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