Mental Health and Suicide Prevention Agreement Review

Submission to Productivity Commission

Contents

Overview of MATES

MATES in Construction (MATES) is a mental health and suicide prevention charity established in Queensland to address high levels of suicide in the construction industry. Since MATES' inception in 2008, operations have expanded to the mining, energy and manufacturing industries to encompass all other states and territories and New Zealand.

Recognising the need to address suicide in construction, the program was developed from a solid evidence base provided by the Australian Institute of Suicide Research and Prevention: The AISRAP Report. MATES is a multimodal program based on four key principles: raising awareness among workers; building resilience in the workplace; connecting workers to help and support; and informing industry about best practice in partnership with researchers.

The program consists of **General Awareness Training (GAT)** – provided to all workers on a worksite, **Connector** - training workers to connect workmates to support, **Applied Suicide Intervention Skills Training (ASIST), Apprentice and Supervisor Training** – fostering a culture of care and concern. These programs are supported by **case management**, the **MATES 24/7 Helpline**, the **MATES toolbox app** for peer-to-peer volunteers, and the **MATES Hub** with resources to support better mental health and suicide prevention.

All MATES programs and recommended actions are offered in the knowledge that organisations are at different levels of maturity, with different capacities and resources. MATES' view is that each step, however small, is a step to reducing the emotional, social and economic impact of mental ill-health and suicide.

Summary of Recommendations

MATES acknowledges the opportunity to provide comments on the National Mental Health and Suicide Prevention Agreement between the Commonwealth and all states and territories. This agreement is a positive step towards a cohesive and nationwide response to mental health and suicide prevention.

In MATES providing recommendations to:
- Part 2: Principles, objectives, outcomes and outputs;
- Part 7: Data and evaluation;
- Part 9: National priorities; and,
- Part 10: Whole of government action to improve mental health and reduce suicide,

MATES aims to address the issues concerning high-risk industries. MATES programs currently support the construction, manufacturing, mining and energy sectors in better mental health and suicide prevention.

Recommendations addressed include:

- Strengthening evaluation culture to measure the outcomes and impact of programs.
- Inclusion of programmatic implementation data within the data-sharing strategy to further strengthen communities of practice.
- Inclusion of place-based outcomes reporting within data-sharing strategies across parties.
- A whole-of-government approach to mental health and suicide prevention for work environments and contexts.
- Regional planning and commissioning, where supports deliver mental health services in remote and regional areas to FIFO/DIDO and other remote workers working in high-risk jobs.
- Implementation of industry-based programs to target high-risk workers, including more vulnerable cohorts such as apprentices and young people, Aboriginal and Torres Strait Islander peoples, LGBTQIA+ and linguistically and culturally diverse workers, and workers who are impacted by problematic substance use.
- A commitment to working with lived experience of mental illness or suicide through design, implementation and evaluation of programs.
- Addressing long-term mental health issues and issues arising from experiences of disability.
- Reducing distress and improving mental health for workers by upskilling managers and supervisors, alongside frontline workers, in mental health awareness, on how to identify and help someone experiencing distress to access appropriate supports.

Measuring Outcomes and Impact

Agreement Part 7	80
Data and evaluation	82 (a, b, c)
	86 (a, b, c, d)
	88 (a, c)

Strengthening evaluation culture to measure the outcomes and impact of programs is supported. This can be achieved by:

- Implementation of the Australian Suicide Prevention Strategy 2025 – 2035.
- Shared responsibility for data collection and better translation of data for communities of practice and program design.
- Expanding and extending 'place based' interventions into industrial communities.

Implementation of the strategy and the development of the National Mental Health and Suicide Prevention Agreement for the Commonwealth and all states and territories are an important step forward in awareness and accountability building for the construction, mining, energy and manufacturing sectors.

MATES recommends a national evaluation framework including consistent evaluation methodologies, guidance domains, and measures to assess effectiveness and efficiency of programs, which will support better mental health and suicide prevention across Australia. This is consistent with MATES' approach to the Blueprint Framework for Better Mental Health and Suicide Prevention.

The third foundational aspect of the Blueprint centres around a commitment to continual evaluation and improvement. Research states that programs need to be continually re-evaluated to ensure they are current and relevant. It is important to ensure that this adherence to best-practice does not stifle innovation, discourage continual improvement, or produce inertia in efforts to tailor strategies to meet the current and emerging needs of the occupation or industry (Loudon et al. 2023).

Comprehensive, accurate and accessible information is critical to mental health and suicide prevention. In recognition of this, it is recommended improving data collection, sharing and linkage for use in policy, planning system management, evaluation and performance reporting is best practice.

In addition to outcome data, it is suggested that the inclusion of programmatic implementation data within the data-sharing strategy can further strengthen the community of practice. This will allow parties involved to understand implementation success, identify areas for improvement and ensure desired outcomes are being achieved. This is supported by research stating that implementation data collection allows researchers to more accurately determine the components of the program responsible for observed changes (Duerden and Witt 2012).

The inclusion of place-based outcomes reporting within data-sharing strategies across parties is recommended. Place-based approaches are a significant part of Australia's first wellbeing

[framework – Measuring What Matters](#) and have been implemented to break down silos and integrate services within a community, building community capability to implement reforms at the local level and supporting community-led decision-making.

In the case of MATES, our program is implemented on a specific worksite, using internal and external local support agencies/services to assist workers towards positive mental health outcomes. By including place-based outcomes reporting within data-sharing strategies across parties, the wider community of practice will be able to further understand issues and work together on driving specific and applicable interventions targeted at positive mental health and suicide prevention.

Mental health and suicide prevention across systems

Agreement Part 2 Principles, objectives, outcomes and outputs	20 (a, c, e, h, k, n) 25 (b, c) 26 (a, b, c, e)

As referenced in Section 1 of the strategy, there is a need for parties to commit to a whole-of-government approach to mental health and suicide prevention for, specifically, work environments. A whole-of-government approach that integrates lived experience for work environments is supported.

In the context of the construction industry, men employed in the construction industry can be vulnerable to suicide due to socio-economic factors, workplace stress, bullying, substance abuse and long working hours (Milner et al. 2017). With government support, significant changes can be made to work environments for workers in the construction industry to embed suicide prevention and mental health awareness into workplaces through programs.

The MATES model includes face-to-face, on-site training, case management support and a 24/7 helpline, training workers to recognise when a colleague might be experiencing distress, how to help offer, and connect them to relevant services. Through the General Awareness training, Connector training, ASIST training and Respond training MATES fills a crucial void in workplace wellbeing by bridging the gap between workers in crisis and required supports.

Critical incidents and suicide are impactful in any workplace. In industries with a higher burden of these events, a more nuanced preparation and response is required. MATES field staff spend the equivalent of 1 hour per day throughout the year, on worksites providing work teams and individuals with critical incident and postvention support. Through this work, worksite feedback, and research, MATES has identified the value of supporting worksites to implement a best practice framework (Respond training) to support workers immediately after an incident or death on site until professional supports can attend.

It is imperative for the construction and other high-risk industries to be equipped with the tools and resources to recognise and respond to distress. The onus should not only be placed on frontline workers as referenced in 3 a., as everyone including supervisors, managers, work health and safety officers, and other workmates can offer help. Providing a diverse group of

approachable and trustworthy help offerors, including peer-to-peer supports, exponentially increases access to supports for those in distress, including individuals who rarely seek help from critical care or crisis outlets (Meurk and Wittenhagen 2021).

Workplace interventions are effective and provide value

Agreement Part 2 Principles, objectives, outcomes and outputs	20 (a, b, c, e, g, I, m) 24
Agreement Part 10 Whole of government action to improve mental health and reduce suicide	165 166 (a, c) 167 (a, b, c, d)

A commitment to working with lived experience of mental illness or suicide through programs is an effective solution to overcoming barriers and stigma for help seeking and help offering (Gullestrup et al. 2023). As a peer-based program, the MATES workforce, including volunteers, draw on their lived experience to design and deliver programs. The MATES model relies on the shared experience of workers in high-risk industries to build an industry-wide commitment to reducing suicide. MATES research and experience reveals that many construction workers have direct or observed experiences of distress or suicide.

This is further supported by section 3's outline of a workplace as a place of critical opportunity for prevention, early intervention and wellbeing support. The Blueprint Framework for Better Mental Health and Suicide Prevention creates an opportunity for organisations to embed legislation and psychosocial safety into workplace policies, procedures, and practices. By adopting the Blueprint, organisations can take meaningful steps toward reducing suicide risks and improving worker wellbeing.

By fostering peer-to-peer support and establishing networks of safety, business units create safer, more supportive work environments and a positive culture of care and concern. This demonstrates a genuine commitment to workplace safety and the well-being of all workers, empowering individuals to actively engage in help-offering behaviours, and consequently support help acceptance and seeking. Positive outcomes of these practices will lead to greater employee retention, protective factors against mental-ill health and increased safety, as well as work teams that are able to identify psychosocial hazards, individuals in distress and take positive action.

National Priorities

Priority Populations

Agreement Part 9 Priority populations	109 111 (a, b, c, g, h, I, n, o) 112

Workers in the high-risk industries targeted by MATES represent around 19% of the Australian workforce ([Jobs and Skills Australia](), 2025), as follows:

Construction	9.4%
Mining	2.2%
Manufacturing	6.1%
Energy, Water and Waste	1.3%

Acknowledging these significant numbers, their heightened risk and the evidence supporting workplace interventions (Gullestrup et al. 2023), it is proposed that industry-based programs provide an opportunity to target high-risk workers, including more vulnerable cohorts such as apprentices and young people, Aboriginal and Torres Strait Islander peoples, LGBTQIA+ and linguistically and culturally diverse workers, and workers who are impacted by problematic substance use.

High-risk workers are:

- An identifiable cohort.
- At elevated risk of poor mental health and suicide.
- Accessible through 'on-site' and 'all of organisation' activities.
- Part of a strong culture that can contribute to a sense of mutual responsibility for safety.
- In an industry regulated by psychosocial safety Work Health and Safety laws, and Code of Practice.

The cost of suicide is a profound human loss that ripples through families, friends, and communities. For those left behind, the weight of grief, unanswered questions, and emotional distress can be lifelong. The impact extends further, straining social support systems, workplaces, and the broader fabric of society.

When considering the economic impact of absence related to personal distress or a fatality, research recently completed in Queensland shows that "The average economic cost per incident is estimated at $1,177 for a short-term absence, $29,744 for a long absence with return to work, $3.88 million for a long absence with no return to work and $2.84 million per fatality. Adding the non-economic or intangible value of a statistical life (i.e., $5.38 million) increases the average cost of a fatality to $8.22 million" (Doran and Potts, 2024).

Stigma Reduction

Agreement Part 9 Stigma reduction	113 (a, b, c)

Reducing stigma is central to the MATES program, recognising that high-risk, predominantly male worker cohorts often face cultural barriers to seeking support. However, these workers also share a strong sense of mutual trust and responsibility, which can be leveraged to encourage help-offering and normalise help-seeking. Positioned within the workplace, they are well-placed to identify and intervene when colleagues are struggling (Ross et al., 2019). MATES builds on this by equipping workers with the tools and confidence to take action and support one another.

The Blueprint for Better Mental Health and Suicide Prevention, developed by MATES in partnership with researchers, mental health and Australian construction employer and worker organisations, identifies reducing stigma and fostering mental health literacy as one of five pillars that underpin a mentally healthy workforce.
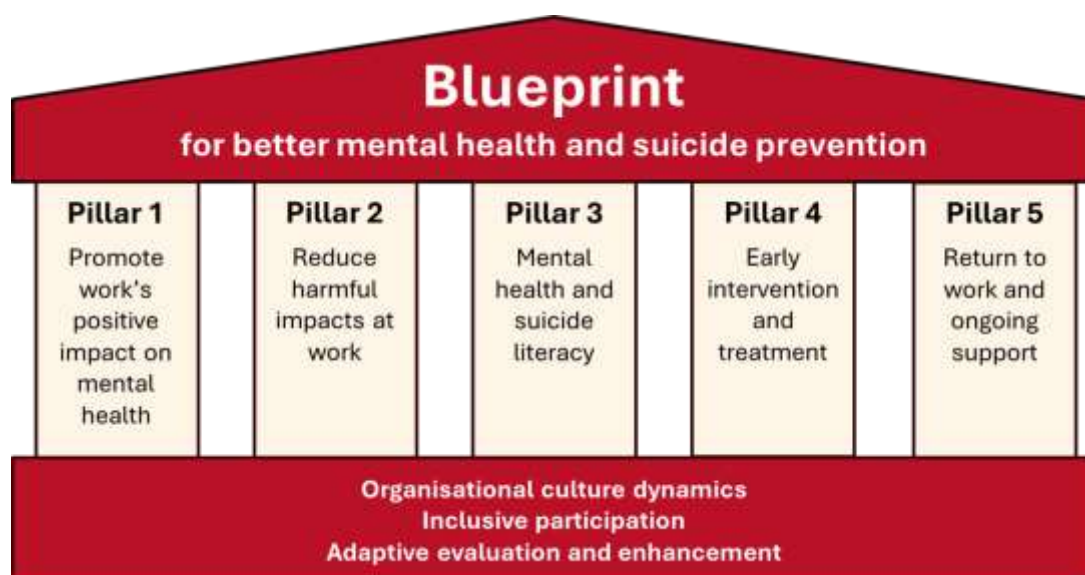
Safety and Quality

Agreement Part 9 Safety and quality	115

As an organisation based in volunteer, peer-to-peer engagement MATES affirms our commitment to supporting quality through substantive training, relevant information and resources, ongoing improvement, and fostering a cultural of care and concern where everyone sees themselves as part of the solution to better mental health and suicide prevention.

Not only does this imply the need for a highly trained professional workforce but support for volunteers, workplace supervisors, families and others that may be the first contact for someone seeking mental health support.

Gaps in the System of Care

Agreement Part 9 Gaps in the system of care	118 (a, b, d, e [i, ii], f) 119 120 (a, b, c, d, e)

Access to mental health services can be inconsistent for workers in high-risk industries, especially when they are working remotely, as FIFO/DIDO workers or teams working in shiftwork.

Many have access to but do not stay engaged with Employee Assistance Programs, with trust and confidentiality concerns cited as the main drivers of their reluctance (PWC 2021). In other cases, there is simply a lack of services leading to long waiting periods for treatment.

MATES volunteers and case managers respond quickly when help is sought, or an offer of help is accepted, undertaking immediate triage and referral. Delays in accessing mental health services can negate the advantages of early intervention and lead to increasing risks for workers.

Suicide Prevention and Response

Agreement Part 9 Suicide prevention and response	123 124 (a, b, c, f)

MATES' reach is substantial but there is still more work to be done due to the large workforce across construction, mining, energy, and manufacturing which represents more than 1 out of every 10 workers across Australia. More regional and isolated areas of Australia, where local support services are lacking and long distances between towns results in inequality of access to supports and intervention programs.

Support from the Federal and State governments for workplace interventions like the MATES program should aim to provide equal access for all Australian communities so all workers can benefit from and have access to a diverse group of peer-to-peer supports. Usually 20-30% and sometimes over 50% of workers would volunteer to become peer-to-peer support workers. Accessibility barriers to these individuals limit the opportunity for them to volunteer, to be part of the solution for better mental health and suicide prevention and being provided the necessary training and supports for them to be effective in their peer support role.

In order to achieve industry-wide stigma reduction, and positive cultural change, a whole of industry response is required.

Psychosocial Supports Outside of the NDIS

Agreement Part 9	127

Psychosocial supports outside the NDIS	

The value of the NDIS is acknowledged, in addressing long-term mental health issues and issues arising from experiences of disability. This has particular resonance when considering the development of 'return-to-work' plans where disability is a result of or connected to psychosocial injury.

As an organisation dedicated to suicide prevention MATES' work often takes place at the early intervention end of service provision. This is carried out by MATES volunteers in a site-based setting, providing peer to peer psychosocial support to colleagues, and their families and friends.

Regional Planning and Commissioning

Regional planning and commissioning are supported, in particular where that supports the delivery of mental health services in remote and regional areas where FIFO/DIDO and other remote workers may be working in high-risk jobs.

National Consistency of Initial Assessment and Referral

Agreement Part 9 National consistency of initial assessment and referral	142 (a, d, e, f)

Commitment and support is given to helping develop consistent assessment and referral standards. As an organisation that relies on integration with existing service structures and providers it is imperative that MATES' volunteers can confidently make a referral with an expectation that assessment and further service referral is consistent across all jurisdictions and sites.

Workforce

Peer to peer volunteer workforce

MATES supports the development and support of a skilled and trained mental health promotion and treatment workforce. In keeping with the MATES model this includes an informed, trained and engaged volunteer workforce.

MATES works to build and sustain a peer-to-peer volunteer network that contributes to:

- Mental health literacy and stigma reduction
- Early intervention and referral
- Protecting vulnerable cohorts and communities
- Fostering fair, inclusive and respectful work cultures

Building the capacity of Employee Assistance Programs

Noting the success and necessity of workplace-based interventions, MATES proposes that workers would benefit from building the capacity of organisations providing Employee Assistance programs (EAPs). This would include an understanding of:

- Barriers and enablers for help seeking and offering in predominantly male industrial cultures.
- High stigma and low mental health literacy in worker cohorts (Gullestrup et al. 2023).
- The unique stressors of remote, fly-in/fly-out, drive-in/drive-out work (Gardner et al. 2018).
- Working conditions including shift work, remote settings, access to services and the importance of supervisor/worker relationships (Loudoun et al. 2024).

Worker facing organisations such as MATES are in a prime position to offer the counselling and broader mental health service sector insights into these issues and advice about engaging with and better serving workplace focused providers.

Financial and procurement arrangements

Agreement Part 2 Principles, objectives, outcomes and outputs	20 (a, b, c, d, e, h, k, m)

The Federal government funds significant projects via states and territories that impacts on or requires the services of the construction, manufacturing, mining and energy sectors.

By explicitly requiring tendering organisations to demonstrate their commitment to mental health and suicide prevention strategies, government has the opportunity to:

- Ensure all workers in government funded projects have access to wellbeing, mental health and suicide prevention programs.
- Require organisations to comply with work health and safety legislation and codes of practice related to psychosocial hazards.
- Contribute to implementation of the Australian Suicide Prevention Strategy 2025 – 2035.

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