

14 March 2025

The Hon Dr Jim Chalmers MP, Productivity Commission

Manna Institute response to the Productivity Commission review of the National Mental Health and Suicide Prevention Agreement

The Manna Institute welcomes the opportunity to respond to the Australian Government Productivity Committee Final Review into the National Mental Health and Suicide Prevention Agreement.

The Manna Institute is a virtual institute of leading researchers working with industry and community partners to improve mental health and wellbeing in rural, regional and remote Australia. One of the key research streams focusses on distress and suicide in RRR communities, co-lead by Professor Myfanwy Maple (UNE) and Professor Sarah Wayland (CQU).

Bringing together leading mental health researchers from seven universities in the Regional Universities Network (RUN) – Charles Sturt University, Central Queensland University, Federation University, Southern Cross University, the University of Southern Queensland, the University of Sunshine Coast and lead institution the University of New England the Manna Institute undertakes meaningful research, foster the development of professional workforces, and translate research findings into practical, place-based programs. Manna Institute believes that improving mental health has the potential to change lives; boost living standards, social engagement and connectedness; and drive economic productivity in the long-term.

Our goals are to:

- work with rural and regional communities to address complex mental health challenges,
- reduce morbidity and mortality associated with mental health challenges, mental illness and suicide,

- alleviate pressure on rural, regional and remote health systems and the associated workforces.

In this submission the Manna Institute highlights:

- The importance of including rural, regional and remote communities as a current priority group
- The need for place-based responses to addressing mental health and suicide prevention in rural, regional and remote Australia

This response focusses on the following considerations relating to the review of the National Mental Health and Suicide Prevention Agreement with a focus on the needs of rural, regional and remote communities:

1. Improving the evidence base, evidence inform and knowledge translation, including evidence informed funding allocations
2. Extended and sustainable funding to demonstrate outcomes for promising programs
3. Cessation of funding for programs unable to demonstrate outcomes
4. Embedding mandatory evaluations based on outcomes and logic models in all service and programs
5. Development of place-based programs and services for rural, regional and remote

The current context

As part of a systematic and qualitative examination of the lived experiences of over 3400 people in Australia experiencing distress and mental ill-health¹, Manna Institute researchers highlighted the unique challenges faced by people living in rural, regional and remote communities².

These challenges ranged from accessing specialist mental health support, the additional impact of socioeconomic factors connected to regionality in ability to afford treatment through to the capacity and sustainability of workforces attempting to support these

¹ Maple, M., Wayland, S., Carrandi, A., Hu, Y., Karger, S. & Kabir, H. *It's hard to imagine, until you live it. Experiences of Mental Illness in Australia: A systematic and qualitative examination of interventions and support needs*. A report for the National Mental Health Commission of Australia. October 2022.

<https://www.mentalhealthcommission.gov.au/news/media-releases/2023/October/Curiosity-Compassion-and-Care>

² Grattidge, L., Maple, M., Fitzpatrick, S., Pearce, L., and Skehan, J. *Outside the City: Designing suicide prevention for rural and remote communities*. Workshop findings and forward thinking. February 2024.

<https://static1.squarespace.com/static/632ce2632eea76173d772316/t/668240575eee29446174e563/1719812191315/Manna+Outside+the+City+Report.pdf>

communities. From a workforce perspective, capacity to be responsive and engage with funding opportunities that correspond to the long term impacts of trauma and how they shape mental health and suicidal behaviours were key. In the evidence based outlines below, Manna Institute offers the review, insight into distinct regional and remote mental health needs.

Recommendations

Extend the evidence base to prioritise regionality.

Recommendation 1

Regionally-focused minimum data sets, are required, to ensure they explicitly identify the experiences of regional and remote Australia, in relation to mental health and suicide prevention approaches. This ensures the evidence base reflects a non-metrocentric lens to the needs of regional, rural and remote Australia. Providing scope for place-based awareness of access to services, reduced workforce and climate-impacted psychosocial wellbeing needs.

These may include:

- Demographics: *including remoteness classifications, cultural identity, gender and age.*
- Service Access data: *including access to nearest providers, capacity to access technology to engage with telehealth services, access to community programs, peer support workforce and suicide prevention/postvention services.*
- Workforce data: *including rural workforce retention and attrition data, number of trained professionals in regional and remote areas, availability of Aboriginal and Torres Strait Islander mental health workers.*

In addition, social determinants of health and suicide prevention metrics that include suicide and self harm, accessibility to crisis services and access to peer or community embedded services from a regional setting.

Funding approaches that are place-based and trauma informed

Recommendation 2

Manna Institute advocates for a place-based data-driven funding allocation model, that engages with the outcomes from research initiatives, that prioritise, the needs of regional Australia.

Recognition that current funding cycles, do not account the lived experience of mental illness and distress, and may not yield impacts as to the efficacy of programs and services provided to the community. Ensuring that funding cycles offer scope to identify the relevance of programs, and marking funding allocations for specific needs in specific communities will enhance outcomes.

Understanding community experiences of place-based programs and services

Recommendation 3

Investment in Regional Advisory Panels

Manna Institute, prides itself on community-embedded approaches to identifying the ways in which mental health is experienced in different regional and remote settings. It is recommended best practice approaches utilise authentic co-design and collaborative engagement with regional advisory groups is recommended. Including; local stakeholders—services providers, community leaders, and individuals with lived experience—to advise on funding priorities and program implementation and evaluation.

Professor Sarah Wayland Manna Institute Stream co-
lead – Suicide and distress Social Work, CQ University