Black Dog Institute Submission to the Productivity Commission's Review of the Mental Health and Suicide Prevention Agreement

Executive summary

Black Dog Institute (BDI) welcomes the opportunity to contribute to improving Australia's mental health system through the Mental Health and Suicide Prevention Agreement, using the best available evidence. As a proud partner of Federal and State Governments, BDI is a leading Medical Research Institute (MRI) and the only MRI investigating mental health across the lifespan, uniquely positioning us to provide recommendations to the Productivity Commission.

Progress to date

The Agreement has brought about significant progress in mental health system governance and planning. This includes the establishment of the National Suicide Prevention Office and the development of the National Mental Health Workforce Strategy.[1] It has also begun important work in producing the first National Progress report in 2023. The National Evaluation Framework was successfully developed, though given its recent release it remains unclear how this will be used in practice.

Despite progress, the Agreement and its bilateral counterparts have not yet delivered tangible outcomes. Improving Australians' mental health remains a critical policy imperative to reduce psychological distress and suicide rates.[2]

Whilst funding per capita has increased generally, it has not kept up with the level of need in the community.[3] In addition, there is a widening gap between how much different states spend on mental health clinical services and levels of integration between Federal and State funded mental health services vary greatly. There is also still a severe lack of mental health clinicians across Australia and widespread confusion about how the system is meant to function, with one-third of Australians in urgent need of support delaying seeking help due to accessibility challenges and the complexity of navigating the system.[4] The fact that life expectancy of people with severe/complex mental health conditions is

[1] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement.
[2] NSW Health. 2024. Psychological Distress in NSW. NSW Data used given that recent national data is unavailable. & Australian Institute of Health and Welfare. 2024. Suicide and Intentional Self-Harm.
[3] Australian Institute of Health and Welfare. 2025. Mental Health Expenditure. Table EXP.4
[4] Black Dog Institute. 2024. Navigating Australia's Mental Health System in 2024: Consumer Report.

on average 17 years less than the general population and has shown no improvement this century should be a concern to all Australians.[5]

Recommendations

Reforms to future agreements should focus on bilateral agreements, as they are the primary mechanism for translating policy into action. To achieve meaningful improvements in mental health outcomes for Australians, future bilateral agreements should include the following commitments within existing themes from the current Agreement:

Theme	Recommendation
Financial arrangements	Agree to work towards increasing mental health funding to be commensurate to the burden of disease.
	Commit to scoping out innovative models of designated mental health funding.
Priority populations	Shift First Nations Social and Emotional Wellbeing (SEWB) Funding to Aboriginal Community Controlled Health Organisations (ACCHOs).
	Increase the representation of Aboriginal and Torres Strait Islander Peoples in the SEWB Workforce.
	Provide expanded SEWB Support to First Nations healthcare workforce.
Gaps in the System of Care	Designate a responsible Party to systematically identify and address existing gaps and lack of integration in the systems of care.
	Review the efficacy of existing services for those with severe or complex mental health needs.
Workforce	Jointly fund the implementation of the National Mental Health Workforce Plan.
	Incorporate targeted strategies to enhance the retention of mental health workforce personnel.
	Explore and implement measures to expand the pipeline of mental healthcare workers.
Data and evaluation	Apply the National Evaluation Framework to all programs funded by governments.
	Agree to a National Mental Health Data Repository.
	Provide support and training for health professionals to collect and use healthcare data to inform service improvement.

[5] Department of Health and Aged Care. 2024. Minister for Health and Aged Care – Press Conference, 9 December 2024.

Financial arrangements

Current policy settings

The Agreement is currently structured around bilateral agreements between the Commonwealth and each State and Territory. These outline the allocation of funding and opportunities for co-investment.[6] Broadly, the Commonwealth is responsible for primary mental healthcare, including services funded under the Medicare Benefits Scheme and those commissioned through Primary Health Networks. Meanwhile, States and Territories fund mental healthcare through their respective public health systems, including specialist community mental health services.[7]

Under the Agreement, all parties have committed to maintaining or increasing their investment in mental health and suicide prevention over its duration.[8] The baseline for this commitment is the recurrent annual expenditure on mental health and suicide prevention in 2018-19.[9] The individual programs and the funding contributions associated for the Commonwealth or the States and Territories are detailed in the bilateral agreements so that the funding provided is designed for each jurisdiction.

Impact of current policy settings

In a narrow sense, the Agreement and associated bilateral agreements have delivered an increase in investment beyond 2018-19 levels. The latest available data (2022-23) indicates that per capita spending on mental health and suicide prevention has risen from $469 in 2018-19 to $501—a 6.8% increase.[10]

However, while this meets the Agreement's own funding commitments, it falls short of addressing the growing demand for mental health support in the community. Mental health accounts for 15% of the total burden of disease in Australia, yet only 7.2% of total government health expenditure across the Commonwealth and States is directed towards mental health services.[11] Mental health services are therefore funded to around a half of what is required.[12]

This substantial funding shortfall leaves services under-resourced, making it difficult for many Australians to access timely, affordable care when they need it most. BDI research indicates that cost is a barrier to care for 50% of those who require mental health support.[13]

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[6] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. p.24
[7] Ibid pp.10-11
[8] Ibid. p.24
[9] Ibid
[10] Australian Institute of Health and Welfare. 2025. Mental Health Expenditure. Table EXP.4
[11] Australian Institute of Health and Welfare. 2024. Health Expenditure Australia 2022–23. Table 10 & Australian Institute of Health and Welfare. 2025. Mental Health Expenditure. Tables EXP.3& 4
[12] Australian Institute of Health and Welfare. 2024. Burden of Disease: Mental Health Snapshot.
[13] Black Dog Institute. 2024. Navigating Australia's Mental Health System in 2024: Consumer Report.

Disparities in funding across jurisdictions have also emerged. Between 2018-19 and 2022-23, per capita spending on mental health services in NSW increased by only 3.3%, while Victoria's increased by approximately 21%.[14] These differences further exacerbate inequities in service availability and access. Much of this is to do with the individual States and Territories and their financial circumstances, however, the next set of bilateral agreements must do a better job of mandating a benchmark funding level to be reached.

Recommendations

Future bilateral agreements should mandate a consistent and higher benchmark level of funding for all States and Territories and the Commonwealth including:

1. **Agree to work towards increasing mental health funding to be commensurate to the burden of disease:** The next Agreement should commit to substantial increases in funding from both the Commonwealth and the States and Territories to bring mental health funding in each jurisdiction up to the national burden of disease of 15% of health spending.
2. **Commit to scoping out innovative models of designated mental health funding:** The Commonwealth/ States and Territories should look to innovative funding streams to fund this increase.

[14] Australian Institute of Health and Welfare. 2025. Mental Health Expenditure. Table EXP.4

Priority populations

Current policy settings

First Nations people are one of the priority groups identified in the current Agreement.[15] As a result, the Agreement encompasses several outputs specifically related to improving their mental health, which are then appropriately mapped out more thoroughly in the bilateral agreements. These include having parties of the Agreement support the Gayaa Dhuwi (Proud Spirit) Declaration and ensure that their policies are aligned with national strategies and frameworks, including Closing the Gap. The Parties also commit to working in partnership with Aboriginal and Torres Strait Islander peoples, organisations and businesses to improve First Nations social and emotional wellbeing, including collaborating with Aboriginal Community Controlled Organisations "wherever possible".[16]

In terms of impact, the Agreement references the following goals for First Nations groups:

- A significant and sustained reduction of suicide towards zero during the life of this agreement.[17]
- An improvement in the social and emotional wellbeing of First Nations peoples.[18]
- To take immediate action to address critical shortages in the Aboriginal and Torres Strait Islander mental health and suicide prevention workers.[19]

The various commitments made in the overarching agreement are followed through in bilateral agreements, with States focussing on specific priority areas. For example, Victoria has a clause relating to increasing the representation of the Aboriginal and Torres Strait Islander workforce, whereas Western Australia focusses more on the model of aftercare available for First Nations peoples.[20] Whilst this model allows for priority setting relevant to the jurisdiction, this approach can lead to fragmentation.

Impact of current policy settings

The Commonwealth and State Governments have so far achieved the outcomes and outputs relating to First Nations mental health governance between the States and Federal Government. For example, the New South Wales Aboriginal Mental Health 2020-25 is explicitly aligned to the broader Closing the Gap framework.[21] Whilst it is hard to measure the level to which Governments have worked in partnership with Aboriginal and

[15] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. p.24
[16] Ibid. p.25
[17] Ibid. p.15
[18] Ibid. pp.24/25
[19] Ibid. p.33
[20] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Bilateral Agreement – Western Australia. P.6 & Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Bilateral Agreement – Victoria. P.13
[21] NSW Health. 2020. Aboriginal Mental Health and Wellbeing Strategy 2020–2025. p.9

Torres Strait Islander Peoples, promising steps taken towards this in health policy planning have been observed.[22]

However, available data demonstrates that the Agreement has not improved First Nations' social and emotional wellbeing. Levels of psychological distress are still far higher than for non-first nations people and the rate of suicide amongst First Nations people remains stubbornly high.[23] Regarding workforce retention and turnover, accurate figures on these issues are limited but high turnover is well recognised within this sector and noted as a significant issue within a workforce that is already in high demand.[24]

Recommendations

To achieve the reduction in psychological distress and suicide amongst First Nations people, future bilateral agreements should involve the following stipulations:

1. **Shift First Nations Social and Emotional Wellbeing (SEWB) Funding to Aboriginal Community Controlled Health Organisations (ACCHOs):** To honour commitments to genuine partnership and self-determination, funding for First Nations Social and Emotional Wellbeing (SEWB) services should be transferred from PHNs to ACCHOs in the next national agreement. As trusted providers of culturally safe care, ACCHOs improve access, reduce barriers, and deliver better health outcomes for Aboriginal and Torres Strait Islander people.[25]
2. **Increase the representation of Aboriginal and Torres Strait Islander Peoples in the SEWB Workforce**: In order to make the desired progress for First Nations SEWB outcomes, all States and Territories must invest in increasing the representation of First Nations SEWB workers. These workers provide culturally competent care, which is particularly valued by First Nations peoples.[26]
3. **Provide expanded SEWB Support to First Nations healthcare workforce:** First Nations health workers face heavy workloads, racism, and the ongoing impact of colonial load—contributing to high turnover.[27] High turnover can lead to negative impacts on existing staff and increasing stress on them as well as stifling service delivery through the need for constant recruitment and training new staff.[28] Any future bilateral agreement should include specific measures to invest in the SEWB of First Nations Healthcare Workers. BDI has a proposal ready to support implementation of this.[29]

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[22] Department of Health and Aged Care. 2024. National Aboriginal and Torres Strait Islander Health Plan.

[23] NSW Health. 2024. Psychological Distress in NSW. NSW Data used given that recent national data is unavailable

[24] Lai, et. Al., 2018

[25] Australian Institute of Health and Welfare. 2024. First Nations People: Primary Health Care – Preferences for Type of Care

[26] Ibid

[27] Australian Government. 2024. Health Performance Framework: Health Workforce. & Lai, et. Al., 2018

[28] Australian Government. 2024. REOS Spotlight – Employers' Retention Issues.

[29] Black Dog Institute. 2025. 2025–26 Federal Pre-Budget Submission.

Gaps in the system of care

Current policy settings

The current Agreement commits both the Federal and State governments to have a 'shared responsibility' to address gaps in the system of care and improve the experience of receiving mental health treatment.[30] This is a particularly important piece of policy reform given that the division of responsibilities makes creating a cohesive system of care very difficult. However, the Agreement sets out encouraging policy directions aimed at making this a reality.

In terms of service delivery, the reforms promise an integrated system to meet the need in the community. This includes exploring new models of care focused on early intervention and prevention for those with mild to moderate needs. It is complemented by greater investment in community-based treatment for those with more complex and ongoing conditions. The Agreement also acknowledges the critical need for better information sharing and coordination between primary, community, specialist, and acute care to ensure appropriate interventions are available across the full spectrum of needs.

Lastly, the Agreement sets out key principles for reform activities which should be:

- easy to identify.
- transparent on process, wait times and out of pocket costs.
- accessible to those in Priority Populations and for those in rural, regional and remote areas.

Impact of current policy settings

The Commonwealth Government has commenced turning these policy commitments into reality. BDI welcomes the investment into the National Early Intervention Service (NEIS) for people to access free, high quality and evidence-based therapy from trained professionals from 2026. It is hoped that this investment will take the pressure off other parts of the system and increase access to care.[31] The Commonwealth have also invested in a Digital Navigation Project, headed by SANE, to identify new digital solutions to improve system navigation for those looking for mental health support.[32]

While these reforms are a positive step, the overall impact of the Agreement on people seeking care remains limited. The Agreement aspires to create a cohesive mental health system that meets the needs of Australians "across the spectrum" of mental ill health, yet many still struggle to access the right support.[33] As of 2024, only 23% of consumers

[30] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. pp.26/27. The rest of the references from this paragraph comer from the same pages.

[31] Department of Health and Aged Care. 2024. Assistant Minister for Mental Health and Suicide Prevention – Speech, 16 May 2024.

[32] SANE Australia. 2024. SANE Digital Mental Health Navigation Tool.

[33] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. p.27

reported that they received timely and appropriate care, and only 37% felt like they received what was required to improve their mental health.[34] System navigation remains a key barrier—35% of people who delayed seeking help cited an inability to find a service.[35]

For those with severe and complex needs, longstanding issues around access and underfunding of community mental health services persist. In NSW alone, there is a 29% shortfall in service capacity for people with severe or complex mental health needs, leaving approximately 58,000 people without the care they require.[36] Without greater access to mental health services, this group will continue to present to emergency departments or other acute services, which are comparatively more expensive to deliver than community care and place more stress on the health system.[37]

Recommendations

Future agreements between the Commonwealth and the States and Territories should include the following clauses to ensure a more streamlined system:

1. **Designate a responsible Party to systematically identify and address existing gaps and lack of integration in the systems of care**: Future bilateral agreements should identify existing gaps in patient journeys in the mental health system in each state and territory. A designated party should be tasked with reviewing and recommending shared actions/ funding responsibilities for change. For the example above, the NSW Government should be responsible for identifying gaps in the system of care and reporting them to the Commonwealth for shared funding and action. Once identified, the parties to each agreement should scope out new, evidence-based models of care to bridge any gaps that exist, such as the Collaborative Care Model (CCM). [38]
2. **Review the efficacy of existing services for those with severe or complex mental health needs:** Future agreements should review services already commissioned to serve those with severe/complex mental health needs. For example, Medicare Mental Health Centres could play an expanded role in providing cohesive support for people experiencing complex/ severe mental health concerns. Future agreements should review the commissioning and service model guidelines of the Medicare Mental Health Centres to ensure they are effectively bridging gaps in the system and providing accessible, high-quality care.

[34] Black Dog Institute. 2024. Navigating Australia's Mental Health System in 2024: Consumer Report.
[35] Ibid
[36] Black Dog Institute. 2024. Joint Statement: Community Mental Health Gaps Continue to Widen in NSW, Says New Report from NSW Health.
[37] NSW Health. 2024. Evaluation of the Community Living Supports and Housing and Accommodation Support Initiative.
[38] Archer J et al, 2012 & Holmes A et al, 2022 & Goodrich DE et al, 2013

Workforce

Current policy settings

In the midst of rising mental health concerns in the community, having the workforce available to treat these concerns is vital to having a responsive and high-quality mental health system. The current Agreement recognises this fact and commits all governments to working together to build a skilled and culturally safe workforce.[39] It acknowledges the issues around workforce shortages and maldistribution and sets out policy directives towards addressing these, including the now delivered National Mental Health Workforce Strategy.[40]

Encouragingly, the Agreement commits to increasing the number of full-time equivalent (FTE) mental health professionals per 100,000 people, with a focus on identified workforce shortages in psychiatry, psychology, mental health nursing, peer work, and allied health. There is also a clear focus on increasing Aboriginal and Torres Strait Islander representation in the mental health workforce through targeted recruitment and training pathways.[41]

It also commits all parties to the Agreement to increase training and vocational experiences for trainees to enable an expanded pipeline of mental health and suicide prevention workers to meet the growing demand.[42]

Impact of current policy settings

BDI welcomes the delivery of the National Mental Health Workforce Strategy as a key deliverable of the current Agreement. However, as the current Strategy demonstrates, there is an existing shortfall of around 32% of mental health workforce, expected to grow to 42% by 2030 if the current issues are not dealt with.[43]

In the strictest sense, the Agreement has delivered a 2% increase in the number of FTE staff delivering direct mental health care to consumers since the Agreement was signed in 2020.[44] Whilst this is welcome progress, given the rise in the level of mental health presentations across the health system, this marginal increase does not address the historical shortfall, let alone keep up with increasing demand.

This results in consumers not being able to access care in a timely and effective manner, leading to delays in seeking help because of issues with finding a suitable service identified above. It can also cause moral injury and burnout amongst health professionals who complain of a system that is continually crisis driven, where they cannot give the best

[39] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. p.33

[40] Ibid

[41] Ibid

[42] Ibid p.34

[43] Department of Health and Aged Care. 2023. National Mental Health Workforce Strategy 2022–2032.

[44] Productivity Commission. 2025. Report on Government Services 2025: Services for Mental Health, Table 13A.11

care and yet more workforce attrition.[45] The next Agreement must take concrete steps to improve the recruitment and retention of mental health professionals.

Recommendations

To improve retention, and increase the recruitment of mental health professionals, as well as expand the mental health and suicide prevention workforce, the next set of bilateral agreements should mandate the following clauses:

1. **Jointly fund the implementation of the National Mental Health Workforce Plan:** The National Mental Health Workforce Agreement has significant potential to solve the problems discussed above. However, the Plan has not to this stage been funded or rolled out in its entirety. The Commonwealth Government should work with each individual State and Territory in future agreements to ensure that all elements of the Plan are implemented, including commitments to meet targets for increasing the FTE of mental health staff.
2. **Incorporate targeted strategies to enhance the retention of mental health workforce personnel:** The next set of bilateral agreements should clearly specify and seek commitment towards organisation-level initiatives that are proven to create positive healthcare working environments. These should be evidence-based initiatives that improve healthcare environments, retention, and recruitment, while addressing key resignation factors such as job satisfaction, work-life balance, social support, and workplace safety.[46]
3. **Explore and implement measures to expand the pipeline of mental healthcare workers:** Funding should be increased in each bilateral agreement to provide scholarships and/or subsidies for mental health-related degrees, particularly for professionals willing to work in regional and remote areas. With increased financial support for face-to-face clinical placements, university training programs can be re-developed to focus on obtaining clinical competency earlier in training, helping trainees enter the workforce sooner.

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[45] Mental Health Coordinating Council. 2023. NSW Mental Health System on the Brink: Evidence from the Frontline.
[46] Aust B et al, 2023 & De Vries N et al, 2023 & Adams R, 2021

Data and evaluation

Current policy settings

The Agreement recognises that both comprehensively accessible data and rigorous evaluation of the programs that are funded by governments are key to driving better outcomes in the mental health system.[47]

Regarding data, the Agreement sets out priority areas for action including data collection, sharing and linkage as well as increasing both the reporting and transparency of available data.[48]A focus is appropriately placed on sharing timely, high-quality data that enables policy, planning, commissioning, and system evaluation. National data linkage capabilities will be strengthened to provide a comprehensive picture of mental health service use and outcomes, while ensuring compliance with privacy and confidentiality requirements.

The Agreement also attempts to conduct a system wide evaluation to assess the effectiveness of the mental health system as an entirety and for individual investment decisions to be informed by evaluation. This is an ambitious, yet important policy directive. Mental health investment in Australia has increased by 31% over the last decade, yet in the same period, levels of mental health concerns have increased, with the most significant jump being amongst young people.[49] It is important that the Government continue to strengthen this evaluation policy so that the goal to reduce distress in the community will be achieved.

Impact of current policy settings

To date, no standard process of developing national mental health data collections exists and there are inconsistencies in the quality and range of data between Federal and State jurisdictions.[50] Current data strategies incorporated in the current Agreement, National Mental Health Performance Framework 2020 and National Mental Health and Suicide Prevention Information Priorities are promising but could create overlap and duplication of effort.[51]

Furthermore, existing data collections lack critical information about other components of mental health, such as the quality of treatment outcomes and the social determinants of mental health given the National Mental Health and Suicide Prevention Information Priorities. If Australian policymakers are to understand and improve the mental health

[47] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. pp.19&22

[48] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. p.20-23. The rest of the references to the Agreement come from these pages.

[49] Productivity Commission. 2025. Report on Government Services 2025: Services for Mental Health, Table 13A.1 & National Mental Health Commission. 2024. National Report Card 2023. p.5

[50] Rosenberg, S., et al, 2022

[51] Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement, Australian Institute of Health and Welfare. 2020 National Mental Health and Suicide Prevention Information Priorities & Australian Institute of Health and Welfare. 2024. National Mental Health Performance Strategy.

system holistically, they will need a broader set of indicators that measure institutional, social, and economic local context within which the mental health systems operate. [52] BDI has extensive experience in data collection and would be happy to help.

Regarding evaluation, historically, the funding given to mental health programs has not been evaluated for either the efficacy in reducing mental distress or its cost effectiveness. Therefore, BDI welcomes the delivery of the National Evaluation Framework, as required under the Agreement. This Framework will go a long way to help standardise the evaluation methodologies applied to mental health programs and ensure that the programs funded are delivering value for money, a reduction in symptoms and improved quality of life.[53] Although existing bilateral agreements reference evaluation, future agreements must strengthen these provisions by implementing stringent evaluations of government-funded programs to demonstrate actual reductions in mental ill health, which is central to alleviating community distress and ensuring value for government investment.[54]

Recommendations

1. **Apply the National Evaluation Framework to all programs funded by governments:** Future bilateral agreements should mandate the application of the National Evaluation Framework to all government-funded programs, prioritising high-cost services to ensure value for money and efficacy. Independent bodies, such as research organisations, should be funded to conduct these evaluations.
2. **Agree to a National Mental Health Data Repository:** Fragmented mental health data in Australia hampers service delivery, policymaking, research, and evaluation. The absence of a centralised database restricts any evaluation of the mental health system and limits the information available to policymakers to make the best decisions.[55] A centralised digital platform integrating real time (or close to) data from federal, state, and private providers would improve coordination, service planning, and evidence-based policy decisions.
3. **Provide support and training for health professionals to collect and use healthcare data to inform service improvement:** Health professionals often face challenges in collecting comprehensive patient data due to administrative burdens, inconsistent reporting standards, and lack of adequate training and data infrastructure. Existing bilateral agreements such as in NSW, already reference this but it could be strengthened so that health professionals are supported to collect and utilise high-quality healthcare data effectively.[56]

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[52] Furst, M. et al 2021.

[53] Department of Health and Aged Care. 2025. National Mental Health and Suicide Prevention Evaluation Framework. p.25

[54] Ie see clause 34 of Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Bilateral Agreement – New South Wales.

[55] Rosenberg, S., et al, 2022

[56] See clause 14 (l) of Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Bilateral Agreement – New South Wales.

Reference list

- Adams R, Ryan T, Wood E. Understanding the factors that affect retention within the mental health nursing workforce: A systematic review and thematic synthesis. Int J Ment Health Nurs. 2021;30(6):1476–97.
- Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, et al. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews. 2012;(10).
- Aust B, Møller JL, Nordentoft M, Frydendall KB, Bengtsen E, Jensen AB, et al. How effective are organizational-level interventions in improving the psychosocial work environment, health, and retention of workers? A systematic overview of systematic reviews. Scand J Work Environ Health. 2023;49(5):315.
- Australian Government. 2024. Health Performance Framework: Health Workforce. https://www.indigenoushpf.gov.au/measures/3-12-health-workforce
- Australian Government. 2024. REOS Spotlight – Employers' Retention Issues. https://www.jobsandskills.gov.au/sites/default/files/2024-03/reos_spotlight_-_employers_retention_issues.pdf
- Australian Institute of Health and Welfare. 2020 National Mental Health and Suicide Prevention Information Priorities. https://www.aihw.gov.au/getmedia/084e998c-f2fc-42c6-b486-84151aeb17ed/national-mental-health-and-suicide-prevention-information-priorities-3rd-edition.pdf.aspx
- Australian Institute of Health and Welfare. 2024. Burden of Disease: Mental Health Snapshot. https://www.aihw.gov.au/mental-health/snapshots/burden-of-disease
- Australian Institute of Health and Welfare. 2024. Community Mental Health Services. https://www.aihw.gov.au/mental-health/topic-areas/community-services
- Australian Institute of Health and Welfare. 2024. First Nations People: Primary Health Care – Preferences for Type of Care. https://www.aihw.gov.au/reports/indigenous-australians/first-nations-people-primary-health-care/contents/preferred-and-usual-source-of-care/preferences-for-type-of-care
- Australian Institute of Health and Welfare. 2024. Health Expenditure Australia 2022–23. https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2022-23/data
- Australian Institute of Health and Welfare. 2024. National Mental Health Performance Strategy. https://meteor.aihw.gov.au/content/721188
- Australian Institute of Health and Welfare. 2024. Suicide and Intentional Self-Harm. https://www.aihw.gov.au/suicide-self-harm-monitoring/summary/suicide-and-intentional-self-harm
- Australian Institute of Health and Welfare. 2025. Mental Health Expenditure. https://www.aihw.gov.au/mental-health/topic-areas/expenditure
- Black Dog Institute. 2024. Joint Statement: Community Mental Health Gaps Continue to Widen in NSW, Says New Report from NSW Health. https://www.blackdoginstitute.org.au/media-releases/joint-statement-community-mental-health-gaps-continue-to-widen-in-nsw-says-new-report-from-nsw-health/
- Black Dog Institute. 2024. Navigating Australia's Mental Health System in 2024: Consumer Report. https://www.blackdoginstitute.org.au/wp-content/uploads/2024/09/Navigating-Australias-mental-health-system-in-2024-Consumer-Report.pdf
- Black Dog Institute. 2025. 2025–26 Federal Pre-Budget Submission. https://www.blackdoginstitute.org.au/wp-content/uploads/2025/02/Black-Dog-Institute-2025-26-Federal-Pre-Budget-Submission-Website.pdf

- De Vries N, Lavreysen O, Boone A, Bouman J, Szemik S, Baranski K, et al. Retaining healthcare workers: a systematic review of strategies for sustaining power in the workplace. In: Healthcare. MDPI; 2023. p. 1887.
- Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Agreement. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-05/nmh_suicide_prevention_agreement.pdf
- Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Bilateral Agreement – Western Australia. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_wa.pdf
- Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Bilateral Agreement – Victoria. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-04/nmh_sp_bilateral_agreement_vic.pdf
- Department of Health and Aged Care. 2022. National Mental Health and Suicide Prevention Bilateral Agreement – New South Wales. https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-03/nmh_sp_bilateral_agreement_nsw_0.pdf
- Department of Health and Aged Care. 2023. National Mental Health Workforce Strategy 2022–2032. https://www.health.gov.au/resources/collections/national-mental-health-workforce-strategy-2022-2032
- Department of Health and Aged Care. 2024. Assistant Minister for Mental Health and Suicide Prevention – Speech, 16 May 2024. https://www.health.gov.au/ministers/the-hon-emma-mcbride-mp/media/assistant-minister-for-mental-health-and-suicide-prevention-speech-16-may-2024
- Department of Health and Aged Care. 2024. Minister for Health and Aged Care – Press Conference, 9 December 2024. https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/minister-for-health-and-aged-care-press-conference-9-december-2024
- Department of Health and Aged Care. 2024. National Aboriginal and Torres Strait Islander Health Plan. https://www.health.gov.au/topics/aboriginal-and-torres-strait-islander-health/how-we-support-health/health-plan
- Department of Health and Aged Care. 2025. National Mental Health and Suicide Prevention Evaluation Framework. https://www.health.gov.au/sites/default/files/2025-02/national-mental-health-and-suicide-prevention-evaluation-framework.pdf
- Furst, M. A., Bagheri, N., & Salvador-Carulla, L. (2021). An ecosystems approach to mental health services research. *BJPsych International*, 18(1), 23–25.
- Goodrich DE, Kilbourne AM, Nord KM, Bauer MS. Mental health collaborative care and its role in primary care settings. Curr Psychiatry Rep. 2013;15:1–12.
- Holmes A, Chang YP. Effect of mental health collaborative care models on primary care provider outcomes: an integrative review. Fam Pract. 2022;39(5):964–70.
- Lai, G.C., E.V. Taylor, M.M. Haigh, and S.C. Thompson. 2018. "Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review." International Journal of Environmental Research and Public Health 15(5): 914. https://doi.org/10.3390/ijerph15050914
- Mental Health Coordinating Council. 2023. NSW Mental Health System on the Brink: Evidence from the Frontline. https://mhcc.org.au/wp-content/uploads/2023/03/NSW-Mental-health-system-on-the-brink.-Evidence-from-the-frontline.pdf

- National Mental Health Commission. 2024. National Report Card 2023. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-07/national-report-card-2023_0_0.pdf
- NSW Health. 2020. Aboriginal Mental Health and Wellbeing Strategy 2020–2025. https://www.health.nsw.gov.au/mentalhealth/resources/Publications/aborig-mh-wellbeing-2020-2025.pdf
- NSW Health. 2024. Evaluation of the Community Living Supports and Housing and Accommodation Support Initiative. https://www.health.nsw.gov.au/mentalhealth/resources/Pages/cls-hasi-eval-rpt.aspx
- NSW Health. 2024. Psychological Distress in NSW. https://www.healthstats.nsw.gov.au/indicator?name=-men-distress-cat-phs&location=NSW&view=Trend&measure=prevalence&confidence=true&groups=Aboriginality,Psychological%20distress&compare=Psychological%20distress,Aboriginality&filter=Psychological%20distress,Very%20high%20level%20of%20psych%20distress,High%20level%20of%20psych%20distress&filter=Aboriginality,Total,Aboriginal
- Productivity Commission. 2025. Report on Government Services 2025: Services for Mental Health. https://www.pc.gov.au/ongoing/report-on-government-services/2025/health/services-for-mental-health
- Rosenberg, S., Salvador-Carulla, L., Meadows, G., & Hickie, I. (2022). Fit for Purpose—Re-Designing Australia's Mental Health Information System. International Journal of Environmental Research and Public Health, 19(8), 4808.
- SANE Australia. 2024. SANE Digital Mental Health Navigation Tool. https://www.sane.org/digitalnav
- Shalaby RAH, Agyapong VIO. Peer support in mental health: literature review. JMIR Ment Health. 2020;7(6):e15572.
- The Australian. 2024. Mark Butler: 'Shocking Plight of the Mentally Ill a Stain on Our Nation'. https://www.theaustralian.com.au/health/mark-butler-shocking-plight-of-the-mentally-ill-a-stain-on-our-nation/news-story/350bb55eb9a5afc3152bd160cd2ca383
- White S, Foster R, Marks J, Morshead R, Goldsmith L, Barlow S, et al. The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. BMC Psychiatry. 2020;20:1–20.