
Productivity Commission Review of the National Mental Health and Suicide Prevention Agreement

Tasmanian Government Submission

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Introduction

The Tasmanian Government (Tasmania) welcomes the opportunity to provide a submission to the Productivity Commission's final review (the Review) of the National Mental Health and Suicide Prevention Agreement (National Agreement).

Tasmania had extensive involvement in the development of the National Agreement, and strongly supports the shared intention of the Australian Government and states and territories (states) working in partnership to improve the mental wellbeing of all Australians and reduce the incidence of suicide.

Tasmania is committed to taking a best-practice approach to delivering contemporary and accessible mental health care, so all Tasmanians can receive holistic support in the right place, at the right time – with a focus on early intervention and prevention. This includes key reforms, such as *Strengthening Mental Health Services for Tasmanians*, which is a key component of the Tasmanian Government's *2030 Strong Plan for Tasmania's Future*, and Tasmania's Department of Health's (DoH) *Compassion and Connection: Tasmanian Suicide Prevention Strategy 2023-2027* which lays out a five-year plan to reduce suicide and improve the wellbeing of Tasmanians.

While Tasmania is delivering significant improvements and reforms to promote positive mental health, we acknowledge that more work is needed to improve our mental health and suicide prevention systems and responses.

The Review is a valuable opportunity to consider key issues impacting on mental health and suicide prevention programs and service systems, and Tasmania looks forward to the learnings and recommendations from the Review, which will be important to inform discussions and improvements for the next National Agreement.

Tasmania's submission first outlines key achievements of the National Agreement and identifies major benefits Tasmania has noted to date. The submission also identifies several opportunities Tasmania considers could be taken to strengthen administrative and governance arrangements in the development and operationalisation of the next National Agreement.

Key achievements to date

Tasmania recognises the significant investment and broad benefits the National Agreement has brought the mental health and suicide prevention sectors nationally, and within Tasmania. Key national achievements delivered to date include:

- Establishment of two national peak bodies to support people with a lived or living experience of mental ill-health, representing consumers and families, carers and kin.
- Ensuring representation of people with a lived or living experience of mental ill-health or suicidal distress, families, carers and kin, and Aboriginal and Torres Strait Islander people in the formal governance structure of the National Agreement through the Mental Health and Suicide Prevention Senior Officers Group (MHSPSO).
- Development and release of the *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme (NDIS) Final Report*, which has estimated significant unmet need for psychosocial supports outside of the NDIS (both across the nation and in Tasmania) and will inform future shared action to develop and agree psychosocial support arrangements for people who are not supported through the NDIS.

Tasmania also acknowledges the Commonwealth's significant investment in state-level mental health and suicide prevention initiatives, as supported through the *Bilateral Schedule on Mental Health and Suicide Prevention: Tasmania* (the Bilateral Schedule). The Bilateral Schedule provides \$45.6 million in Commonwealth funding for Tasmania and recognises the Tasmanian Government's \$9.6 million in-kind contribution.

For Tasmania, key achievements supported through the Bilateral Schedule include the:

- Launch of the redeveloped Peacock Centre in Southern Tasmania, including a Mental Health Integration Hub, which delivers integrated support and services to individuals, their families and support networks, ensuring an ongoing focus on recovery.
- Staged implementation of the Central Intake and Referral Service (CIRS), which enables general practitioners to refer their patients to service navigation support. CIRS provides a centralised team in Tasmania which assesses and refers people to a wide range of mental health services, and Tasmania is the first jurisdiction to achieve this model.
- Implementation of Community Based Intensive Treatment Program services, which deliver specialist individual therapy, discipline-specific interventions, family and carer support, specialist secondary consultation, hospital in-reach and referrals across the state.

More broadly, Tasmania also recognises investment has been made into specific mental health and suicide prevention initiatives in all states and territories to support the aims of the National Agreement.

Opportunities in developing the next National Agreement

Whole-of-government and whole-of-system enablers

Tasmania has adopted a whole-of-government and a whole-of-community approach to its mental health and suicide prevention initiatives, which is supported through the Tasmanian Premier's Mental Health and Suicide Prevention Advisory Council.

While the current National Agreement has provided crucial investment for Tasmania to strive to achieve a whole-of-government approach, Tasmania would be excited to explore future opportunities for the next National Agreement to leverage even broader efforts across the mental health and suicide prevention systems and other key sectors across Tasmania, and nationally.

In developing the next National Agreement, Tasmania considers there is an opportunity to be seized in commencing discussions on initial developmental activities with Parties early, so that fundamental components of the National Agreement, such as approaches to funding, identification of shared priority reform areas, and cross-agency implications can be considered within a whole-of-system, and whole-of-government context.

In 2019, the now-dissolved Council of Australian Governments recognised that mental health and suicide prevention were whole-of-government issues requiring collaborative effort. This was further agreed by the National Federation Reform Council in late 2020, prior to initial discussions on the development of the National Agreement. While there are references to whole-of-government action throughout the National Agreement, it is primarily outlined in Schedule A of the National Agreement and driven by the Schedule A Working Group.

Tasmania acknowledges the significant efforts of the Schedule A Working Group in progressing action on complex policy areas via its successive work plans. A key achievement of the Schedule A Working Group has been sharing information and lessons from actions successfully implemented across jurisdictions, which has supported states to refine their respective approaches.

Tasmania sees that in a future National Agreement there is an opportunity to explore how policy ideas and intersectional challenges could be explored through established intergovernmental mechanisms.

This may be achieved through a range of approaches, including formalising a mechanism for whole of government policy action, including potentially establishing a structured process for elevating identified service gaps and policy recommendations to decision-making bodies, including Ministerial Councils.

Financial arrangements

Currently, funding under the National Agreement is set out in a bilateral schedule between each jurisdiction and the Australian Government. While this arrangement allows Parties to identify and respond to local needs through the delivery of specific programs, it also limits the ability to progress broader national system reform activities.

For example, over the life of the current National Agreement there has been strong consensus regarding the importance of supporting and enhancing the capability of the mental health, suicide prevention and the broader health workforce to meet current and future needs. Consideration of the incorporation of shared priorities in future resourcing decision is expected to support the coordination of broader reform activities.

As a small jurisdiction with a regionally dispersed population, Tasmania often experiences additional per capita demands on the provision of services. Tasmania considers it is crucial that in addition to the provision of flexible funding to cater to Tasmania's priorities and circumstances, there should be dedicated funding under the next National Agreement to support joint system reform and action on national priority issues as identified by Parties. Tasmania also suggests the next National Agreement should consider how best to resource and strengthen the Aboriginal community-controlled sector, which delivers important support services.

Governance arrangements

Tasmania wishes to acknowledge the significant efforts and expertise of MHSPSO in overseeing the delivery of the National Agreement, including reporting to the Health Chief Executives Forum (HCEF) and the Health Ministers' Meeting (HMM) and providing oversight of various working groups established to drive discrete projects, as required.

Largely, the interjurisdictional work of MHSPSO has been supported through existing portfolios and units, undertaken alongside their regular duties.

Key achievements of MHSPSO over the life of the National Agreement have included:

- Facilitating regular meetings for all jurisdictions to discuss key policy issues of national importance relating to mental health and suicide prevention.
- Establishing twice-yearly Joint Health and Mental Health Ministers (HMHM) meetings to endorse policy actions to address key issues and gaps.
- Inclusion of people with lived experience, families, carers and kins, and Aboriginal and Torres Strait Islander people as representatives at MHSPSO and Joint HMHM meetings.

Recognising the broad potential role MHSPSO (or a similar body) can play in the next National Agreement, Tasmania suggests that governance arrangements are provided to support the administration of MHSPSO (or similar) as part of the next National Agreement. This is expected to enable better coordination of activities, collaboration of efforts and consistent reporting to HCEF and HMM.

Regional planning and commissioning

At a state level, Primary Health Tasmania (PHT) is a key partner with the Tasmanian Department of Health (DoH) in the strategic planning and commissioning of mental health, alcohol and other drug (AOD) and suicide prevention supports in Tasmania. Under Tasmania's Bilateral Schedule, PHT has responsibility for several initiatives, including the establishment and ongoing operation of three new Medicare Mental Health Centres in Burnie, Devonport and outer Hobart, and establishment of a new headspace centre on Hobart's Eastern Shore.

DoH values the productive working relationship it has built with PHT throughout the life of the National Agreement, sharing a joint focus and commitment to improving joint regional planning and commissioning of mental health, AOD and suicide prevention services in Tasmania.

Tasmania acknowledges a key focus area of the National Agreement is to strengthen regional planning and commissioning of mental health and suicide prevention services, as underscored by an output to develop national guidelines for regional planning and commissioning within the first 12 months of the National Agreement. Tasmania understands work on the national guidelines is progressing. In this context, Tasmania considers there is an opportunity during the development of a new National Agreement to allow Parties more flexibility in commissioning approaches, such as enabling flexible funding and shared working arrangements between government and community-sector organisations, which would ultimately enhance collaboration and innovation.

Future psychosocial support arrangements

As outlined earlier, key outputs of the current National Agreement include *the Final Report on the analysis of unmet need for psychosocial supports outside of the NDIS*, along with the development of future psychosocial support arrangements to address this unmet need. Tasmania acknowledges this work has been complicated by rapid and dynamic national reforms, including changes to NDIS legislation and the ongoing development of Foundational Supports, as led by the Australian Government.

Tasmania considers it is critical these significant reforms are considered closely in the development of the next National Agreement, to ensure the development of a mental health support system that is person-centred, easy to navigate, connected across key sectors and is adequately resourced.

Conclusion

The National Agreement and associated Bilateral Schedules have supported significant positive achievements in the mental health and suicide prevention sectors across Australia, and these efforts should be acknowledged.

Tasmania considers it will be crucial for the next National Agreement to consider whole-of-government and whole-of-system enablers, explore potential improvements to financial and governance arrangements and embed more flexibility for commissioning approaches.

Tasmania looks forward to the findings and recommendations of the Productivity Commission's review of the National Agreement, recognising the crucial importance of mental health and suicide prevention responses at both the state and national level.