

Submission to the Final Review of the National Mental Health and Suicide Prevention Agreement

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I, Michael Thorn, am submitting this submission in response to the Productivity Commission's call for submissions for the Final Review of the National Mental Health and Suicide Prevention Agreement. This submission is informed by my lived experience with mental health challenges, professional expertise in advocacy and policy development, and extensive involvement in community engagement initiatives. My aim is to provide evidence-based recommendations that align with the inquiry's focus areas and contribute to systemic improvements in mental health and suicide prevention efforts.

This submission addresses critical issues currently impacting mental health care delivery in Australia, particularly within New South Wales (NSW), where a severe shortage of psychiatrists has emerged due to recent mass resignations of registrars protesting against unsustainable working conditions and outdated models of psychiatric practice. These issues highlight the urgent need for systemic reform at both state and federal levels.

Key Issues and Analysis

1. Crisis in Psychiatric Workforce in NSW Public Health System

The current crisis involving a mass resignation of psychiatric registrars in NSW underscores systemic failures within the greater public mental health system. Registrars have cited unsustainable workloads, inadequate supervision, and outdated models of psychiatric practice as key reasons for their departure. This has led to prolonged wait times for psychiatric assessments—often stretching into months—leaving patients with acute mental health needs without timely intervention. The lack of current emergency response to psychiatric care within NSW exacerbates conditions and places additional strain on state-based emergency departments and other frontline services nationally.

This shortage of psychiatric professionals is not an isolated issue but rather a reflection of the broader crisis within the mental health service provision across Australia. The lack of adequate resources and support for mental health professionals leads to burnout and high turnover rates, which further diminishes the capacity to meet the growing demand for mental health services. Consequently, individuals experiencing mental health crises are left without the comprehensive care they need, often resorting to emergency services or receiving fragmented care failing to address the root causes of their conditions.

The impact of this shortage is profound, as it significantly increases the risk of suicidal presentations among vulnerable populations. Without timely and effective intervention, individuals with severe mental health issues may experience a worsening of their symptoms, leading to heightened risks of self-harm or suicide. The inability to provide consistent and holistic care across health systems in Australia exacerbates the sense of hopelessness and despair among patients, underscoring the urgent need for national health reform.

2. Misalignment Between Federal and State Health Systems

The fragmentation between federal and state health systems compounds these challenges. While federal initiatives such as the National Mental Health and Suicide Prevention Agreement outline broad objectives, state-level implementation often operates independently, creating parallel systems rather than fostering collaboration and joint strategic health responses. The services disconnect results in inefficiencies, duplication of efforts, and gaps in service delivery.

For instance, federally funded programs aimed at improving mental health literacy and peer support are not adequately integrated within state-run clinical services. As a result, this ‘soiling’ effect of health care provision often leads to patients receiving fragmented care that fails to address their holistic needs, often compounded through mitigating factors such as DFV, AOD, disability and housing access.

While this is not a new problem to national health policy, closer alignment between federal and state governments remains essential towards ensuring a cohesive and coordinated approach to mental health care, and this need is more urgent than ever.

3. Need for Proactive Mental Health Support at the Federal Level

The federal government must take a leadership role in developing a proactive national mental health strategy. Such a strategy should prioritise early intervention, prevention, and education to reduce the burden on acute care services experienced at state level of health service provision.

Key components could include:

- Expanding school-based mental health programs to build resilience among young people.
- Investing in workplace mental health initiatives to promote wellbeing and productivity.
- Supporting community-led projects addressing social determinants of mental health, such as housing insecurity, unemployment, and discrimination.

Additionally, it is crucial to establish a robust monitoring and evaluation framework to continuously assess the effectiveness of implemented strategies. This would involve collecting data on mental health outcomes, service utilisation, and patient satisfaction to identify gaps and areas for improvement. By fostering a culture of accountability and continuous improvement, the federal government can ensure that mental health initiatives remain relevant, effective, and responsive to the changing needs of the population.

A proactive approach would shift the focus from reactive crisis management to long-term capacity building, ultimately reducing demand on overstretched clinical services. I would note that this approach also rails against orthodox concepts of national productivity, and so the Federal Government’s role towards providing a responsive and pro-active mental health policy requires a deep and at times defying think by the present Australian Government and respective Productivity Commission.

4. Strengthening Peer-Driven Mental Health Support

Peer-driven forms of mental health support offer a cost-effective and culturally responsive complement to traditional clinical practices. Initiatives such as peer mentoring, lived-experience advisory groups, and community healing programs empower individuals to manage their recovery journeys while reducing reliance on formal psychiatric services. It also promotes an enabling process of mental health recovery on the terms of the subject recovering from prior mental health distress.

To expand these initiatives, funding should be allocated to train and employ peer workers across all levels of the mental health system. Additionally, key partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs) and multicultural organisations can ensure culturally safe and tailored support for diverse populations.

5. Enhancing Mental Health Literacy Among General Practitioners (GPs)

GPs play a crucial role as gatekeepers to mental health services, yet many lack awareness of available resources or how to effectively refer patients. Improving GP training and providing regular updates on emerging mental health supports can bridge this gap. Strategies might include:

- Developing online portals that consolidate information about local mental health services.
- Offering continuing professional development (CPD) modules focused on trauma-informed care and cultural safety.
- Building upon current Medicare modalities, initiating and encouraging clear, transparent, collaborative and recovery-based care models where GPs work closely with psychologists, social workers, and peer workers to deliver holistic care.

6. Linking Wellbeing and Productivity

There is growing recognition that workforce-based mental health literacy and wellbeing are major indicators of overall workforce productivity. Employers who invest in employee mental health see improvements in engagement, retention, and performance. Conversely, untreated mental illness contributes to absenteeism, presenteeism, and reduced economic output.

Federal policies should subsidise and incentivise organisations and businesses to adopt workplace wellbeing programs, including mental health first aid training, flexible working arrangements, and access to Employee Assistance Programs (EAPs). By framing mental health as an investment in human capital, governments can foster a culture of prevention and early intervention.

Recommendations

Based on the above analysis, the following recommendations are proposed:

- **Recommendation 1:** Address psychiatrist shortages in NSW by implementing immediate measures to retain psychiatric registrars, including improved supervision, reduced workloads, and modernised practice models.
- **Recommendation 2:** Align federal and state health systems by developing joint governance structures and harmonising data collection and reporting mechanisms to enable real-time monitoring of service gaps and outcomes.

- **Recommendation 3:** Expand proactive mental health strategies by launching a national campaign to raise awareness of mental health resources and reduce stigma. Fund community-based interventions targeting high-risk groups.
- **Recommendation 4:** Strengthen peer-driven support models by allocating dedicated funding to scale up peer worker programs and integrating them into mainstream mental health services.
- **Recommendation 5:** Enhance GP training and referral pathways by creating centralised online platforms detailing available mental health services and mandating CPD modules on trauma-informed care and cultural safety for all GPs.
- **Recommendation 6:** Promote workplace wellbeing by introducing tax incentives for businesses investing in employee mental health initiatives and developing guidelines for implementing effective workplace wellbeing programs.
- **Recommendation 7:** Leverage data for systemic reform by conducting a comprehensive review of wait times and service accessibility to identify bottlenecks in the system and inform targeted investments in underserved regions.

Conclusion

The current crisis in NSW's psychiatric workforce acts as a bellwether moment towards the urgent need for systemic reform in Australia's mental health services. By addressing workforce resource shortages, aligning federal and state strategies, and adopting a proactive approach to mental health support, we can create a more equitable and sustainable system.

Recognising mental health as being equally valued alongside physical health, and ensuring everyone has access to timely, compassionate, and culturally safe care, is imperative. The Commission is urged to consider these recommendations as part of its review process.