



EQUALLYWELL

Equally Well Australia submission to:

***Productivity Commission
Mental Health and Suicide Prevention
Agreement Review***

Referencing:

Clause 26 (9d)

The Commonwealth and the States will work in partnership to implement arrangements for a unified and integrated mental health and suicide prevention system which will seek to:

(d) Improve physical health and life expectancy for people living with mental health conditions and for those experiencing suicidal distress

Clause 47 (j)

A commitment for all Australian governments to make the physical health of people living with mental illness a priority at all levels, and to the principles of Equally Well.

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EQUALLY WELL VISION

Equally Well aims to improve the quality of life of people living with mental illness by providing equal access to quality health care.

By championing physical health as a priority, Equally Well aims to reduce the life expectancy gap that exists between people living with a mental illness and the general population. Protecting and enhancing the physical health of people living with mental health conditions increases productivity by:

- *reducing levels of illness and chronic disease, thereby increasing ability for people living with mental health conditions to live a contributing life*
- *reducing demand on hospitals and health systems*
- *improving physical health thereby supporting improved mental health*
- *meeting the national commitment for people living with a disability to the same standard of health care as the rest of the population.¹*

Based on a clear understanding of the importance of co-design and co-production with consumers and carers, Equally Well is based on a model of collaborative action and collective impact. To support this a group of key stakeholders including consumers, carers, community managed organisations, primary health networks, public mental health services, government and professional organisations, has been brought together to regularly monitor, oversee and provide strategic advice to the implementation. Equally Well Australia is also a member of the international Equally Well movement.

The Equally Well National Consensus Statement commits signatories to deliver on its principles:

1. *holistic, person-centred approach to physical and mental health and wellbeing*
2. *effective, promotion, prevention and early intervention*
3. *equity of access to all services*
4. *improved quality of health care*
5. *care coordination and regional integration across health, mental health and other services and sectors which enable a contributing life*
6. *monitoring of progress towards improved physical health and wellbeing.*

Each day in Australia 46 people with mental illness die prematurely of potentially preventable deaths. Almost all of these are due to chronic physical health conditions and as such are associated with extended periods of incapacity. The impact of this needless burden on people living with mental health conditions, their carers, mental health, physical health and hospital services is substantial. The tragedy of these statistics is that Australia has the existing health protection, screening and treatment programs to help fix this. However, actions to address this fundamental health inequity are not embedded in mental health, primary care and chronic illness policy, programs, actions or targets.

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EXECUTIVE SUMMARY

“The fact that people with serious mental illness die an average of 20 years earlier than the rest of the population, the majority from preventable causes, is one of the biggest health scandals of our time, yet it is rarely talked about.”

Professor Sue Bailey, President of Royal College of Psychiatrists (2013).

Equally Well submits the evidence case for increasing the priority and developing a national planned and coordinated response to the poor health and premature mortality of people living with mental health issues in a second and subsequent National Agreements.

- The health inequities of people living with mental illness is well documented (11-23 years reduced life expectancy, 46 potentially preventable deaths per day).
- The cost of mental illness comorbidities to Australian society is very high (beyond the societal cost, the economic cost to Australia is \$15 billion pa).
- The solutions for reducing CVD, respiratory disease and cancer are proven (since 1990, 79%, 39% and 31% reductions respectively in general population).
- For people living with mental health conditions these solutions are not working (16,790 potentially preventable deaths per annum of people 15-74 years).
- The states are positively actively engaged with Equally Well and have introduced a range of impactful, focussed programs.
- Development of a **National Strategy and Implementation Plan** to coordinate effective actions is needed. It should encompass the mental health, primary care and chronic diseases sector, and include requisite funding to support implementation.

Context

- Every day in Australia 46 people with mental illness die prematurely of potentially preventable physical health conditions.
- The state and territory mental health services all formally committed to the Equally Well National Consensus Statement² in 2016. Since then they have engaged with Equally Well with positivity and enthusiasm.³ Across the entire mental health sector, 328 initiatives were identified in the last Equally Well national scan of initiatives and activities.¹
- States introduced significant new initiatives such as: smoking cessation programs,⁴ vaccine access,⁵ live reporting on physical health KPIs, and development of Equally Well strategies.^{6 7} There now exists good evidence on the efficacy of many of these.
- A co-ordinated strategy which engages with the primary care and chronic disease sectors would significantly and quickly improve the physical health and mental health outcomes for people living with mental health conditions (see Table 1).
- Equally Well Australia has over 100 supporter organisations, each of whom have formally committed to protect and support the ‘physical health of people living with mental health conditions as a priority at all levels’. Over the last 8 years, with the support of the National Mental Health Commission and the Department of Health and Aged Care, the Equally Well Project Team has created the necessary infrastructure, governance and relationships necessary to lead and guide the co-design of a National Equally Well Strategy and Implementation Plan

Recommendations

1. With these health inequities impacting 21% of the Australian population, it is vital the physical health of people living with mental health conditions **forms part of the architecture of governance** of mental health, physical health and chronic care policy and planning.
2. This would include the **Development of a National Equally Well Strategy and Implementation Plan** with:
 - clearly identified actions and commitments
 - performance measures
 - outcome targets
 - sufficient resources to guide, develop and monitor progress, *and*
 - actions that acknowledge the impacts of social determinants upon health equity, affordable health care and stable housing to support the recovery process for good physical health and mental health.

The priority for a National Equally Well Strategy and Implementation plan

Equitable access

Australia has world-leading screening and treatment programs for chronic diseases (see Figure 1) associated with significant reductions in premature deaths in the general population. Facilitating equitable access to existing cancer, cardiovascular and respiratory disease screening, and treatment services for people living with mental health conditions has the potential to make substantial improvement to the physical health and productivity in the Australian populace. It would also significantly reduce pressure and costs to hospital and health services, carers, primary care and mental health care services.

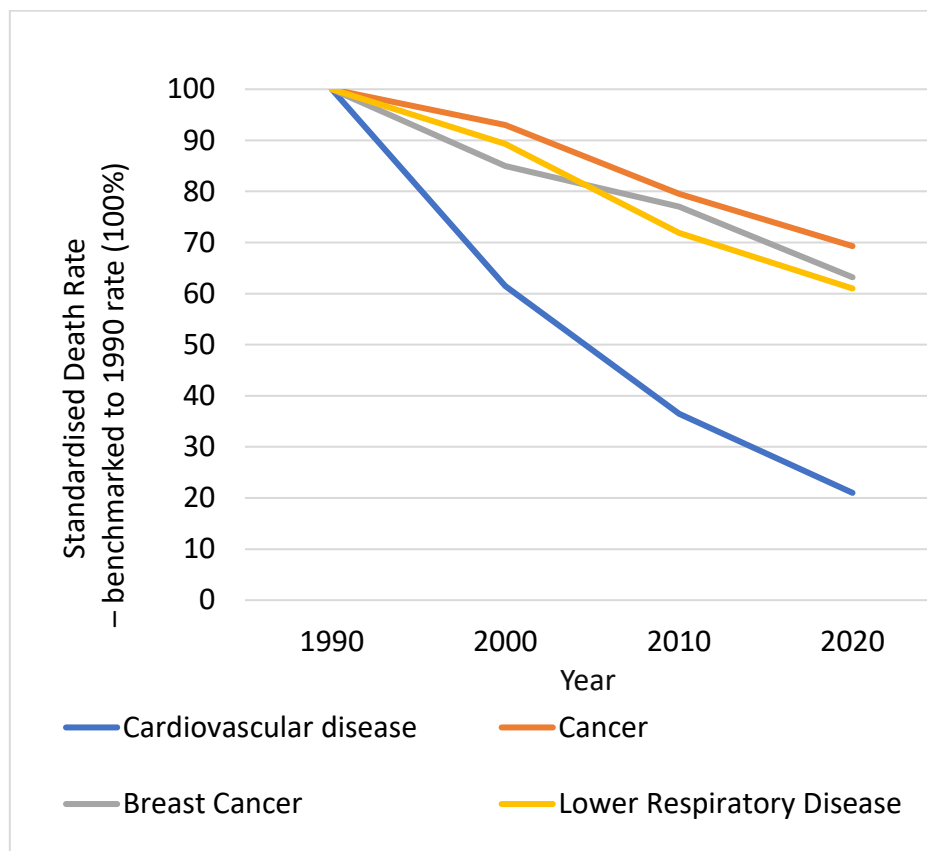


Figure 1. Changes in standardised death rates 1990-2020. ^{8 9 10}

While each of the states have actively engaged to address this issue, the nature of these reform initiatives have been diverse: smoking cessation, vaccine access, live physical health KPI monitoring, strategy and implementation plans.¹

The Equally Well National Consensus Statement was launched almost 10 years ago. We now need a strategic, planned and nationally coordinated plan to protect the health of people living with mental health conditions. This plan should also include the illness prevention, primary care and chronic disease sectors.

What this health gap looks like

Over 1,500 women (15-74 years) with mental illness die of breast cancer each year, and 920 of these deaths are excess or potentially preventable deaths.¹¹ The magnitude of this issue is highlighted when we consider that approximately 480 women (all ages) die of suicide each year. The suicide rate in Australia has not materially changed over the last 40 years (11.9 in 1980 and 12.2 in 2020).¹² Breast cancer standardised death rates have dropped by 37% since 1990. Once detected, breast cancer has a 5-year survival rate of 93%.² The excess breast cancer deaths are in part due to the fact that 70% of women with mental illness are not accessing Australia's free breast screen program¹³ readily available throughout Australia.

These figures are similar for most cancers, cardiovascular disease and respiratory diseases. Cancers comprise 45% of all premature deaths of people living with mental health conditions, and 22% of all Australian deaths of **people aged 15-74 years**. According to the OECD definition¹⁴ over 60% of these deaths are excess, or potentially preventable deaths. Achieving equity of access to screening and treatment outcomes for cancers would result in a reduction of 8,360 premature deaths of people living with mental health conditions. If just 15% of these people were to attain screening and treatment outcomes of the rest of the population, the impact (1,250 lives saved) would be equivalent to halving the number of suicides of all Australians aged between 15-74 years.

Underlying cause of death (ICD 10)	Deaths of people with mental illness -all ages		Ages 15-74	
	Proportion of all deaths/people with mental illness %/No. pa	Percentage of all deaths -total Aust pop.	Percentage of deaths of people with mental illness %/No. pa	Percentage of all deaths -total Aust pop.
Neoplasms (C00-D48)	27.3 23,841	14.8	45.4 13,130	22.4
Diseases of the circulatory system (I00-I99)	24.1 21,021	13.0	11.9 3,431	5.9
Diseases of the respiratory system (J00-J99) inc influenza	10.6 9,270	5.7	7.3 2,112	3.6
Mental and behavioural disorders (F00-F99) incl Dementia	8.1 7,033	4.4	1.7 497	.08
Diseases of the nervous system (G00-G99) incl Alzheimer's	7.6 6,583	4.1	4.8 1,394	2.4
Diseases of the digestive system (K00-K93) & genitourinary system (N00-N99)	5.6 4,903	3.0	4.4 1,255	2.2
Endocrine, nutritional and metabolic diseases (E00-E90)	4.2 3,625	2.2	4.3 1,279	2.1
Intentional self-harm (X60-X84, Y870)	1.6 1,417	0.9	4.3 1,290	2.2
All other causes of death	10.9 9,489	5.9	15.6 4,523	7.7

Table 1. Percentage and number of deaths by major disease types, all ages and people aged 15-74.¹⁵

A planned strategic and national coordinated approach has a potential to substantially reduce the excess mortality of people living with mental health conditions (21% of the total population), improve physical health of people living with mental health conditions, and reduce the societal, health care, welfare and lost productivity costs to our country.

Developing a **National Equally Well Strategy and Implementation plan** will join evidence, experience and expertise to strategically prioritise actions, connect mental health services to the primary care and chronic disease sectors, and work to achieving equity of access to already existing, readily available national screening, health protection and treatment services. The connections with the screening, primary care and chronic disease sectors should be a key component of this strategy.

EQUALLY WELL IN THE NATIONAL AGREEMENT

This submission relates to the commitment under the 2022 to 2026 National Mental Health and Suicide Prevention Agreement to making health equity for people living with mental health issues a priority. Under Clause 47 (j) of the National Agreement, the Commonwealth and the states agreed to be jointly responsible for:

- (j) A commitment for all Australian governments to make the physical health of people living with mental illness a priority at all levels. The Parties reaffirm their commitment to the principles of **Equally Well—The National Consensus Statement** for improving the physical health and wellbeing of people living with mental illness in Australia.*

Moreover, under Clause 26 improved physical health and life expectancy were specified as an outcome to be looked for under the National Agreement:

- 26. The Commonwealth and the States will work in partnership to implement arrangements for a unified and integrated mental health and suicide prevention system which will seek to:*

- (d) Improve physical health and life expectancy for people living with mental health conditions and for those experiencing suicidal distress*

Terms of Reference to be addressed

Given both the reference of Equally Well in the National Agreement, and that its operational model aligns with other priorities in the Agreement, this submission will address the five Terms of Reference as per below:

- a) the impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity*
- c) the opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved*
- d) the extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities*
- g) effectiveness of reporting and governance arrangements for the National Agreement*
- i) without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon.*

EQUALLY WELL RECOMMENDATIONS

Equally Well proposes two key recommendations and identifies a set of actions to support and enable government, agencies, and the health and mental health sector to elevate the priority to reduce the morbidity and mortality of people living with mental issues.

Equally Well urgently recommends:

1. With the demonstrated depth of health inequities impacting 21% of the Australian population, it is vital the physical health of people living with mental health conditions **forms part of the architecture of governance** of mental health, physical health and chronic care policy and planning.
2. This would include the **Development of a National Equally Well Strategy and Implementation Plan** with:
 - clearly identified actions and commitments
 - performance measures
 - outcome targets
 - sufficient resources to guide, develop and monitor progress, and
 - actions that acknowledge the impacts of social determinants upon health equity, affordable health care and stable housing to support the recovery process for good physical health and mental health.

Equally Well proposes priority actions:

- That progress on developing Joint Implementation Plans be prioritised. The Agreement should be strengthened to include a requirement to develop:
 - a national co-ordinated strategy to improve health equity and close the life expectancy gap for people living with a mental health and physical health issue
 - clear and monitored expectations for implementing models for the co-ordination of health and mental health services and supports for people.
- That progress on developing aligned supporting strategies be prioritised, with deliverables to include:
 - a workforce skills plan, identifying the skill requirements for dual competencies in mental health and physical health across relevant roles and service models
 - that a practice model for integrated mental health and physical health care be developed, including skills uplift in physical health and mental health literacy, referencing the resources developed for the Commonwealth Government through the Mental Health Literacy Development Project¹⁶
 - an inclusive Equally Well strategy encompassing health equity outcomes for people with mental health and co-existing health or disability related issues.

POSITION STATEMENT

The National Mental Health and Suicide Prevention Agreement has prioritised improving the physical health of people who experience mental health conditions via clauses 47 (j) that commits all parties to reaffirm their commitment to the principles of the Equally Well National Consensus Statement. Moreover, under Clause 26 improved physical health and life expectancy for people living with mental health conditions and for those experiencing suicidal distress were specified as an outcome from a “unified and integrated system for a unified and integrated mental health and suicide prevention system”.

This section outlines the key issues and reform priorities Equally Well submits to the Productivity Commission for consideration in scoping a strengthened response to the premature mortality of people living with mental health issues in a second and subsequent National Agreement.

Key Messages

Equally Well highlights the following key points to the Productivity Commission review:

- the strong level of commitment to implementing new Equally Well initiatives by states and territories seen nationally since 2019, with over 300 initiatives and activities identified (see [Initiatives and Activity Scan – Equally Well](#))
- the economic and individual benefit of reducing deaths and illness, deriving economic efficiencies from existing Commonwealth programs such as vaccination and screening programs. For instance, simply increasing breast screening and subsequent breast cancer treatment rates for women with mental illness by just 20% (to the national average) would save one life a day.
- the compelling evidence for scaling up the commitment to reduce the preventable deaths of people with mental illness estimated at 46 per day, of which almost half are preventable deaths are from cancers (see [Unequally Unwell Full Report 2024](#)); and going forward,
- the immediate priority to strengthen the national oversight and strategic co-ordination of implementing the Equally Well National Consensus Statement, so that all Australians with mental health issues can have the same level of access to quality physical healthcare as the general community, no matter where they live.

The commitment of the jurisdictions

The Agreement with Clauses 26 (d) and 47 (j) has afforded a national spotlight on the tragedy of the 46 preventable deaths each day of people with mental ill health. Moreover, it secured commitment by all jurisdictions to prioritising efforts to improve the physical health of people with lived experience of mental health issues and suicidality.

Equally Well has observed every jurisdiction undertaking initiatives in support of reducing premature death and improving physical health. These initiatives vary nationally, and in its most recent national scan of Equally Well supporting activities in 2022, there were 308 separate activities identified.

This commitment in action demonstrates the strong engagement jurisdictions have with their responsibilities under the National Agreement and its engagement with Equally Well

Australia. Also evident is the commitment to co-design programs and initiatives with people living with mental health issues and carers.

The efficacy and productivity gain achievable by scaling up this work

Each jurisdiction has responded to the Equally Well commitment in different ways, reflecting local circumstances and priorities. However, taken as a national response, it showcases what can be achieved and what a unified national approach could accomplish.

These initiatives include developing better data collection to monitor the physical health trends of people with mental health issues, introducing new Equally Well workforce positions, proactively supporting people to use existing health screening and vaccination programs and offering free flu vaccination for mental health service clients, developing state Equally Well plans with a monitoring and reporting system, promoting and expanding smoking cessation programs and establishing an Equally Well clinical collaboratives to protect and improve the physical health of people living with mental health conditions.

Many of these programs have been piloted and evaluated or are undergoing evaluation. These initiatives are both expanding resources and opportunities for people with mental health issues to have improved health outcomes, while building the evidence base to be shared across jurisdictions.

The productivity gains to be achieved by this multi-site improvement process cannot be underestimated. These gains are won through the efficient use of resources at the national level, shared learning and benefits to the system and people with reduced health impacts upon the individual, together with reduced costs of acute health presentations to hospitals, reduced diagnostic tests, increased participation in the community and more efficacious models of care where the health workforce can be more effective in the provision of care.

Further Commonwealth support to scale up jurisdictional projects to the national level

To effect real change to close the 11-year life expectancy gap (20 years for severe mental illness)^{17 3} and reduce the 16,790 preventable deaths of people with mental health issues each year requires additional resourcing and strategic investment.

We have evidence of what is effective, such as lifting the rate of breast screening for women with mental illness by 20% can see a life saved each day from breast cancer. These are tangible achievements but require additional Commonwealth funding to secure that for women across Australia. Funding to supporting both keeping up and scaling up existing interventions to a national level will allow greater equity of access to effective programs and improved life outcomes.

Jurisdictional programs and initiatives for keeping up and scaling up would include:

- programs to increase vaccination levels (NSW)
- smoking cessation for people with mental illness (Queensland)
- building a live reporting mental health client health status (KPI) reporting (SA)
- System wide planning and strategy, and MHPOD – Victoria
- Including Equally Well practitioners in the Medicare Mental Health Centres etc. (Country SA PHN)

- for other needs to increase capacity identified by jurisdictions tailored for their communities.

This investment involves more effective use of screening and vaccination programs already funded, improving use of existing data systems and scaling up proven early intervention and prevention programs. Alongside this are a set of enablers also to be funded or scaled up:

- Investment in training to improve the health literacy of the mental health workforce and the mental health literacy of the general health workforce to improve access to pathways to care. Available resources to support this include the Health Literacy Development Initiative resource developed by the NSW Mental Health Commission.¹⁸
- Establishing peer support navigator positions across community-based services (including Medicare Urgent Care Centres, GP clinics, breast screening clinics for example) to assist people with mental health issues to access the early intervention services they require and support them through their health journey.

This initiative can be built upon findings from existing pilot studies on navigator roles and the recently launched course curricula for peer navigator role training.¹⁹ Additionally a model of care for mental health navigators is currently in development through co-design with Equally Well. The model of care is expected to be released in mid-2026.

The interventions and programs highlighted above collectively are to improve referral pathways and access into existing treatment programs and supports, aligning with directions of the National Agreement.

System improvement outcomes from better pathway navigation into earlier intervention options frees up capacity across the health and mental health systems, in particular primary care, chronic care, cancer care, and reduce demand upon emergency departments, diagnostic and imaging resources and inpatient beds.

The following sections highlight broader issues that relate to the National Agreement’s commitment to Equally Well as a system change initiative to improve health outcomes, and the prerequisites to ensure its success.

Measuring the commitment

Measures or indicators of this government commitment in action are not readily available and were absent from the first Annual National Progress Report Summary on the Agreement for the year 2022-2023.²⁰ We do note that in Annexure B Priority Data and Indicators for Development that measure for life expectancy are proposed:

Goal: Improving physical health and life expectancy for people living with mental health conditions	
Closing the mortality gap for people living with mental health conditions	Life expectancy gap Potentially Preventable Hospitalisations (PPH) for physical health conditions.

The governance and reporting schedule contained in the National Agreement are noted. Also noted is the National Mental Health Commission’s first annual progress report on the National Agreement that states that the initial phase of establishing frameworks and processes to monitor and report upon the National Agreement were still in their infancy. This can be understood as a matter of logistics and time, yet as the national lead for “Closing

the mortality gap for people living with mental health conditions” Equally Well stands ready to contribute to and support the development of measures and indicators.

Equally Well has undertaken four national scans of initiatives and activities across Australia, surveying the government, non-government and research sectors. From these a significant number of initiatives have been identified in all states and territories. The 2024 research scan identified over 80 research responses on mental and physical health. The 2022 National Scan revealed 81 activities with emphasis on prevention, promotion and early intervention.

While the 2023 Annual National Progress Report did not identify actions or plans under development in support of the Equally Well National Consensus Statement, it did identify that improving physical health and life expectancy for people living with mental health conditions and for those experiencing suicidal distress as a “key outcome”.²¹

Equally Well is heartened by the roll-out of free accessible mental health services, the inclusive approach adopted in establishing governance and reporting mechanisms in supporting the National Agreement, and the general rollout of initiatives identified in the first Progress Report. However, it remains cautious about the level of systemic effort underway in developing a co-ordinated systems response across government.

At this time no informed comment can be made regarding Terms of Reference b):

- b) the effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations

Equally Well is unaware of any evaluation of programs and initiatives at the jurisdictional or national level regarding Clause 47 (j). We acknowledge that measures of effectiveness require time for a measurable effect to be apparent and a methodology to be developed and agreed, and note that the 2023 Progress Report identified two important actions in pursuit of establishing and finalising a reporting and monitoring process as a priority (page 19):

- “finalisation of the remaining Joint Implementation Plans as a matter of priority
- early consideration and agreement between jurisdictions on the templates and guidance applied for future Joint Bilateral Performance Reports that:
 - appropriately capture more comprehensive information on progress, risks, and ongoing or emerging challenges against agreed Joint Implementation Plans
 - clearly define progress categories and other response options
 - include performance data for deliverables to facilitate targeted improvements
 - are completed and provided to the Commission by the end of August each year to allow for national synthesis and analysis.”

Improving physical health as a suicide prevention intervention

There is a well-documented elevated suicide risk for people with mental health issues and co-existing physical health issues:

The Australian Bureau of Statistics (ABS) has estimated that ***physical illness was a risk factor in 57.2% of all suicide deaths between 2018 and 2022.***²²

The ABS estimates ***physical illness is associated with 47% of all suicide deaths and that disability and chronic health conditions are by far the most common association with suicide deaths for people over 65 years.***

Additionally, ***poor physical health is associated with 4 times increase in psychological distress for Indigenous and Non-Indigenous Australians.***²³

Underlying this data is the impact of the ongoing poor physical health and chronic pain on mental health and suicidality. Chronic pain can co-occur with mental illness such as depression and have a relational impact where one can impact and exacerbate the other.²⁴ In turn depression is recognised as a risk for suicide, and interventions to ameliorate chronic pain for people living with mental illness should also be considered a suicide prevention intervention.

In 2021 Pain Australia identified that:²⁵

- Suicidal behaviour is two-to three times more likely for people with chronic pain.
- One in five Australian adults with severe or very severe pain also experience depression or other mood disorders – four times the rate for people without pain – and one in three have high levels of psychological distress (ABS).
- There are high levels of suicide ideation, plans and attempts in people with ongoing pain, and physical health problems have been implicated in 21 per cent of suicides.

Equally Well proposes that the National Agreement should broaden its scope for suicide prevention efforts to include interventions to reduce physical health impacts for people living with mental health issues, and the intersectionality of elevated suicide risk and loss of life. Here, early intervention and prevention for coexisting physical health issues such as chronic pain or problematic alcohol and other drug use with mental health issues need to be considered as suicide prevention interventions. Equally Well's submission to the draft National Suicide Prevention Strategy outlines this case in more detail.²⁶

Developing a national co-ordinated approach

Strategic co-ordination and shared knowledge are fundamental to improving health equity, given that the mental health and physical health needs of people lie at the intersection of public health services, primary care, non-government community supports, research, education and training. Developing a national co-ordinated strategy is needed to ensure sustained funding, co-ordination and integration are in place to drive equitable health outcomes irrespective where you live in Australia.

This is currently not evident to Equally Well. Equally Well looks forward to seeing progress with system planning as per Clause 20 (j) in the Agreement which contains the commitment to "Review and establish structures and mechanisms as required to jointly drive planning and reform".

The role of Equally Well is to harness collective action by government and the sector, bringing evidence, analysis and lived experience to the development of policy, frameworks and best practice models to improve the physical health of people living with mental health issues. For greater coordination and mutual effort, Equally Well would be pleased to support this planning process, and contribute knowledge and expertise as needed.

We remain strong partners with government, people with lived experience and stakeholders from across the mental health and health sector in this shared endeavour. Notwithstanding Clause 20 (j), while planning is to occur, it is developing a national strategy that would enable national co-ordination.

The extent of the work to reduce the preventable death toll is not underestimated and as such additional efforts are urgently required now as a first stage of a strategic approach for the next decade.

Being resource smart for better outcomes

Where is the value creation from the Agreement? It makes economic sense when our governments invest significantly in supporting the mental health of young people, to also invest in health equity programs to enable them to go on to live healthy longer lives.

The National Agreement identified for immediate reform, including:

- “• reducing mental health and suicide prevention system fragmentation through improved integration
- addressing gaps in the mental health and suicide prevention system
- prioritising further investment in prevention, early intervention and management of severe mental health conditions.”²⁷

Fragmentation, gaps and investment issues continue to be confronted daily by consumers and carers, service providers and agencies. This is what we hear at our annual symposia, workshops and communities of practice. These system inefficiencies also impact outcomes, especially when we know timeliness of care is essential to providing early intervention and treatment in the course of illness.

Opportunities to reduce fragmentation, especially for improving holistic care:

- Community based or run as peer services are currently provided by services and PHNs (such as integrated care models). They however, are not at scale.
- Drawing upon the 2021 Being Equally Well Roadmap²⁸ (a collaboration between the Mitchell Institute and Equally Well) that sets out a development pathway for frontline and primary care services to provide holistic mental health and physical health interventions and approaches. Developing models of care and approaches also must be culturally appropriate, with community leadership and development by Aboriginal and Torres Strait Islander communities and diverse communities.
- Drawing upon the pre-existing community based, primary care and peer workforce across towns and cities and strengthening their expertise in whole of care approaches. The opportunity to develop a second expertise in either physical health or mental health, would enable an existing workforce to provide a wider scope of practice. This approach would also improve accessibility for rural and regional communities, Aboriginal and Torres Strait Islander communities through supporting the local communities' workforce.

Is the gap a chasm?

As Equally Well enters its eighth year, the devastating health inequity experienced by people with mental illness that resulted in the call to action in 2017 remains largely unchanged, and as such requires sustained focus and investment to change this.

While the Being Equally Well Roadmap was launched in 2021 and governments have undertaken initiatives to reduce the health inequity, there is still remains a vast program of work to bring down the 11 years gap, with some estimates that the gap is up to 23 years.

It is acknowledged that the National Agreement includes a range of priority populations under Clause 111 to be considered in the implementation of initiatives under the National Agreement. This list includes people with disability, “people with co-occurring mental health and cognitive disability and/or autism”, those “with harmful use of alcohol or other drugs, or people with substance use disorders” and “who have made a previous suicide attempt or who have been bereaved by suicide.”

This inclusion can enable a strategic response to their ‘all of health needs’ being considered in actions and initiatives under the National Agreement. Widening the scope of people with mental illness and who experience adverse health equity under the Equally Well commitment in the National Agreement will bring a collective focus on the health disparity for these groups. It will also give formal recognition that people in these groups who have co-existing mental illness can also experience poorer physical health outcomes than the general community.

Taking this more inclusive approach to improving physical health and the Equally Well National Consensus statement, the estimated health equity gap may be wider.

As the Equally Well National Consensus Statement is a whole of health whole of person set of principles, it is appropriate for it to be referenced and endorsed in complementary national agreements. Likewise, the Consensus Statement and principles should be included in national health plans and strategies such as Australia’s Primary Health Care 10 Year Plan 2022–2032,²⁹ the Australian Cancer Plan (2023),³⁰ and the National Strategic Framework for Chronic Conditions (2019).³¹

Equally Well Australia’s commitment

The recommendations of this submission are proposed to improve rigour to the National Agreement and accountability for the signatory parties. People with lived experience of mental illness are at the heart of all these recommendations as redressing the health inequity and the preventable loss of life is a human rights violation.

The principle of including people with lived experience of mental illness, caring and suicide at all stages of the planning and development process as per Clause 20 (a) is applauded.

Given these recommendations, the slow progress in turning around the life expectancy gap and the wider breadth of stakeholders to be engaged, the ambition for a system reform process now requires urgent strategic investment to enable health equity for all people who experience mental health and physical health issues, whether as co-existing together or with other factors. *Equally Well stands ready to contribute its expertise as part of the governance and reporting mechanisms to support both implementation and progress reporting for the National Agreement.*

ADDRESSING KEY TERMS OF REFERENCE

Equally Well has welcomed the inclusion of a national commitment to the principles of the Equally Well [National Consensus Statement](#) for improving the physical health and wellbeing of people living with mental illness in Australia in the National Agreement.

This national commitment has galvanised efforts by jurisdictions, as observed by Equally Well through our engagement strategies and action scans.

This submission will respond to five terms of reference. These collectively relate to the implementation efforts for health equity, the productivity improvements from saving lives, the governance and reporting process to track improvements, and the necessary health care environment to enable integrated, compassionate care pathways.

Responses to Terms of Reference – A, C, D, G, I

a) the impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity

Improving health equity for people living with mental health issues and in turn reducing the life expectancy gap and the incidence of chronic illness, improves the opportunities for people to participate in work, community, social networks and family, are contributors to improved overall community wellbeing (for people with mental illness and their family and carers). This increases productivity through reducing demand upon the health and social support system, and increases workforce capacity and revenue through the tax system. Allan Fels AO, former Chair of the National Mental Health Commission when it instigated the Equally Well initiative, puts this proposition as thus:

“Mental health is the weak point of our otherwise pretty good health system. And yet, the amount of mental ill health is very big. About 3% or 4% of the population have psychotic forms of mental illness, schizophrenia, bipolar, etc. And then another 12% to 15%, according to Australian Bureau of Stats surveys have serious forms of mental illness, depression, anxiety, borderline personality disorder, which need treatment.

So, it's a very big problem for Australia. It's a very big problem for the individuals because it has a devastating effect on their life and it's also an economic problem, incidentally. The cost is about 4% of GDP. If you add on another factor, which is that the duration of life of people with mental illness, mainly at the serious end is about 20 years less than the rest of the population. If you add on a few of those costs, it comes out at about 10% of GDP.” Allan Fels AO ³²

Improved productivity through strategic investment, where funds are invested within a co-ordinated strategic approach to achieve investment that is tailored to local regional needs, is yet to be evident at scale to derive a measurable impact upon health outcomes.

The benefits to be derived from improving the co-ordination and strategic delivery of existing programs would yield significant benefits for the community as a whole.

Productivity improvements can be achieved from existing programs if people with mental illness received the same level of access to care as the general community, such as health screenings or vaccinations. The evidence shows if equivalent levels of access were

achieved, we would witness a dramatic reduction in preventable deaths from diseases such as cancer, cardiovascular disease, diabetes and infectious diseases such as influenza. For instance, simply increasing breast screening and subsequent breast cancer treatment rates for women with mental illness by just 20% (to the national average) would save one life a day.

c) the opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved

Future opportunities under a renewed National Agreement are to further invest in integrated health/mental health service pathways, whole of health (body and mind) services and early intervention programs. Alongside health improvement opportunities are the equally important health determinant improvement opportunities.

As outlined in the report commissioned by the NSW Mental Health Co-ordinating Council (MHCC)³³ best practice approaches are already known but not invested at scale or have insecure funding cycles. Such models of care and services include:

- expanding accommodation and support services, including homelessness services
- step-up step-down models that support people as their mental health needs change and enables them to retain connections to their family, friends and community
- soft entry points for better community access to mental health supports and streamlined service navigation.

The MHCC report presented the evaluation finding for productivity savings (Return on Investment) from investing across these three interventions:

NSW Support Housing programs ³⁴:

These service models are not unique to NSW and such models exist nationally where opportunities to achieve the evaluation findings for improved physical health and mental health can be built upon the existing programs in place.

ROI for SHS services per person

	Short-term	Long-term
Costs	\$35,740	\$35,740
Savings	\$41,859	\$145,336
ROI	1.2	4.1

Step-up step-down models ³⁵:

These services are well embedded in some mental health service networks, and in others less so, where the availability of these holistic health, mental health and wellbeing services can be variable across jurisdictions and across the country. As such expanding the availability of these models will increase the opportunity for increased productivity

improvements from mental health funding and for the individual’s whole of health outcomes.

ROI for SHS services per person

	Short-term	Long-term
Costs	\$9,300	\$9,300
Savings	\$9,480	\$51,761
ROI	1.0	5.60

Better community access:

The roll-out of community hubs nationally has been a feature of recent funding investment. The MHCC report at that time could not identify adequate evidence upon which a ROI could be estimated. However, since that time, community hubs safe havens and other models have been rolled out, and there is potential for additional available data to inform a ROI analysis.

Nonetheless, the MHCC report cited examples from across Australia that had shown positive outcomes from operating these services ³⁶.

d) the extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities

The unacceptable health disparity of people living with a mental health issue is both well-known and under prioritised. It is not just a matter of responding to a current or emerging priority, but to a well-documented, long-standing human rights violation.

In Australia the chasm of the health inequity is no more clearly documented by the evidence that while just under a quarter (22%) of people who accessed mental health services died annually, their numbers represented half (49%) of all national deaths, or in other words, they were overrepresented in our death statistics by a factor of 2.

This evidence clearly illustrates that the preparedness and effectiveness of the mental health and suicide prevention sector is falling short and has a significant journey ahead to turn around the average 11-year life expectancy gap (with studies estimating the gap is up to 20-23 years for some diagnoses).

Clause 47 (j) commits parties to “... make the physical health of people living with mental illness a priority at all levels, and to the principles of Equally Well.” While this inclusion is welcomed, it does nothing to drive investment, develop strategies or diversify workforce competencies. This is what we need as a nation and community to save lives.

The Commonwealth funds the Equally Well initiative which acts collaboratively with stakeholders and across sectors to strengthen the evidence base, innovate models of care, showcase best practice and ignite collective impact from all supporters to enhance the life opportunities for people who live with mental health issues.

The effectiveness of the program through the efforts of many (over 100 supporters) and funding from government and other sources has established an enabling environment for change and improvement. However, health inequities will only be reduced for all when there is a collective vision backed up by investment, culture change, stigma reduction and a systemic co-ordinated approach. The adage that ‘mental health access is a postcode lottery’ remains across the country but also remains unacceptable.

Therefore, the National Agreement in enabling the system to respond effectively to current and emerging priorities, needs to recognise the existing inequity in both resource distribution, the socioeconomic opportunities to participate in one’s own health care, and the inequity of outcomes that are so devastating for the lived experience community. Accordingly, to measure the effectiveness of responsiveness is to also acknowledge that lack of responsiveness to the premature mortality of people with mental ill health is a legacy issue, but at the same time an existential one.

g) effectiveness of reporting and governance arrangements for the National Agreement

The National Mental Health and Suicide Prevention Agreement 2022-2023 Annual National Progress Report Summary³⁷, released by the National Mental Health Commission in 2024 identified that specific reporting metrics were still being finalised and agreed by all jurisdictions. This minimum data set will be valuable in providing a more informed assessment of progress and outcomes from the National Agreement.

The Annual National Progress Report Summary reported progress over the period July 2022 and 30 June 2023 against:

- high level outputs specified under the National Agreement
- the shared commitment to Closing the Gap
- initiatives specified within the associated Bilateral Schedules
- Schedule A commitments.³⁸

Without this public reporting and monitoring across jurisdictions, the community, the mental health sector and government will not be able to compare performance, highlight success and identify areas for future effort.

While the ground-breaking Unequally Unwell 2024 Report presented findings from a linked data analysis of MBS/PBS, the 2016 census and coronial data, there are also ‘administrative data’ which is already available that would be meaningful for measuring the commitment “for improving the physical health and wellbeing of people living with mental illness in Australia”.

While the Summary Report confirmed that the National Mental Health Commission established a Technical Implementation Plan (as per Clause 27) and Mental Health and Suicide Prevention Data Governance Forum (DGF), to date Equally Well has not been meaningfully engaged in the design and identification of appropriate measures against the commitment to prioritise improving the physical health of people living with mental health issues.

The imperative to reduce morbidity and mortality are existential, with up to 46 potentially preventable deaths each day for people living with mental illness. Here Equally

Well can contribute its expertise and has identified initial metrics available from existing data sources:

- number of deaths, and potentially avoidable deaths
- rates of vaccination/participation in health screening for people with mental health issues e.g. flu vaccination, breast screening, bowel screening
- reporting of the disease groups that contribute most to the elevated mortality rate e.g. cancer, cardiovascular disease to inform national policies and plans that aligned with the National Agreement, e.g. Australian Cancer Plan, the National Strategic Framework for Chronic Conditions, the National Primary Care Plan, the National Preventive Health Strategy.

A, C, D, G, I

i) without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, *including families, carers and kin are heard and acted upon*

Service integration and clear service pathways that are easy to navigate are crucial to the Equally Well efforts. Co-existing physical health and mental health needs have been found to add a further complexity to accessing the intervention or treatment required.

Culturally appropriate, compassionate, empathetic service design is essential to provide non stigmatising and inclusive service environments. These are also prerequisites for safe and respectful service environments, that support people in engaging with screening and treatment opportunities from trusted health and mental health teams and practitioners.

It is recognised that while people with mental health issues experience physical illness at the same rate as the general community, it is the impact from delayed access and in turn the provision of interventions late in the course of illness that contribute to the higher death rate.

A system that earnestly acknowledges the physical health priority for people with mental illness, will be a system that realises longer, healthier lives of individuals - reducing avoidable deaths and the distress from physical disease. These benefits are even higher for First Nations people and communities, as they experience higher levels of health inequity.

It is heartening to see that in the recently released National Suicide Prevention Strategy 2025–2035³⁹, the physical health of people with mental health issues and physical health was recognised under Key Objective 2 Good Health.

Equally Well supports this priority which acknowledges the interplay of physical health issues and mental health in elevating suicide risk. Interventions informed by the Strategy that support better mental health and physical health (e.g. chronic conditions and pain) can act as a protective factor of suicide-related outcomes.

APPENDIX 1 THE EQUALLY WELL NATIONAL INITIATIVE

Established as a national initiative in 2017 with the support of the National Mental Health Commission to reduce the life expectancy gap and lower health outcomes for people living with mental health issues, Equally Well has collaborated with all jurisdictions and governments since that time. More recently it has worked with jurisdictions in supporting their commitment under the National Agreement.

Funded by the Commonwealth, Equally Well brings together national efforts to implement the Equally Well National Consensus Statement under a robust governance to build the evidence base to inform those efforts and advocate for practice and system change. Equally Well has established engagement mechanisms across the mental health and health systems, included the voice and representation of lived experience leadership in its work and developed resources and guides to advance the shared goal of improving longevity and quality of health for people with mental illness.

Equally Well operates within a collective impact model that collaboratively initiates research, best practice model resources, annual knowledge sharing symposia and reports on the morbidity and mortality gap for people living with mental health issues. It has been successful in building national momentum where every state and territory has initiated projects and programs. Equally Well has:

- *Assembled a depth of expertise and breadth of influence with people and organisations committed to achieving the health equity goal, including over 100 supporters (all eight jurisdictions and the Commonwealth government, the main health and mental health professional bodies, along with a breadth of community managed organisations and lived experience peak bodies), five communities of practice, and 11 Ambassadors.*
- *Co-ordinated reporting across the nation of the collective efforts in each jurisdiction, producing the Equally Well in Action⁴⁰ report that identified and summarised 308 initiatives, including:*
 - *Every state mental health department developed an Equally Well-related strategy or was in the process of developing one.*
 - *Primary Health Networks (PHNs) reported 55 new initiatives focused on the physical health of people living with mental illness.*
 - *The National Medical Health and Research Council in 2022 committed \$5 million for research into the physical health of people living with mental illness.⁴¹*
 - *Cancer Australia recognised people living with mental health conditions as a high-risk group and recommended Equally Well actions.*
- *Published the fourth national Equally Well Initiatives and Activities Scan in 2022. This captured national efforts, catalogued activities across the nation, and provided an understanding of where efforts were directed.*
 - *The 2022 scan revealed 308 actions underway, 78% of the initiatives involved lived experience in project design and implementation. A new online data portal ([National Initiatives & Activities Scan – Equally Well](#)) provides the latest resources in an easily searchable format for consumers, carers and clinicians.*

- *Released the research report *Unequally Unwell in 2024* on the mortality of people using Australian Government-funded mental health services and prescription medications. This was a linked data analysis of the 2016 Census, death registry, MBS and PBS data. The analysis revealed startling but tragic statistics:*
 - *There are 46 preventable deaths each day of people who access mental health related treatments.*
 - *The life expectancy gap is estimated at 11 years.*
 - *The deaths of Australians (aged 15-75 years) who used mental health related treatments represented almost half of all annual deaths across the nation.*
 - *The breast cancer death rate was 6 times that of the rest of the population.*

As a national initiative Equally Well relies upon the goodwill and commitment of states and territories (including Commonwealth grant funding) in supporting our work, as well as providing access to relevant data and information on tracking health outcomes for people experiencing a mental illness or health issue.

The authorising policy environment afforded through the commitment of all jurisdictions to the principles of the Equally Well National Consensus Statement in the National Agreement has been influential. In meeting their commitments jurisdictions have initiated a range of local projects and programs that support the principles of the Consensus Statement.

Equally Well has no authority to develop national policy or strategies, or to provide direction to jurisdictions to develop plans or programs. Without a central leadership and co-ordination point on behalf of the Commonwealth, each jurisdiction will chart their own path. While these local efforts are genuine, they do not form a strategic, co-ordinated national approach.

Accordingly, Equally Well considers that a national, co-ordinated and inclusive body should be established as an urgent priority to provide clear governance and accountability, drive system change and oversight, optimise efficiencies and impact of effort and shared research and initiatives, so that health equity for people with mental illness is not stalled by inequitable geographic access to proven treatments or interventions.

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