



**Australian Government**  
**Productivity Commission**

# Review of the National Mental Health and Suicide Prevention Agreement

**Final Report**

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**pc.gov.au**





The Productivity Commission acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to land, waters and community We pay our respects to their Cultures, Country and Elders past and present

# The National Mental Health and Suicide Prevention Agreement



## An ambitious four-year agreement

Signed in 2022, the Agreement **sets out the shared intention of governments to work together** to improve the mental health of all Australians and reduce the rate of suicide toward zero. It **expires in mid-2026**.

## Australian, state and territory governments

All states and territories signed **bilateral schedules** with the Australian Government **for the delivery of specific local initiatives**.

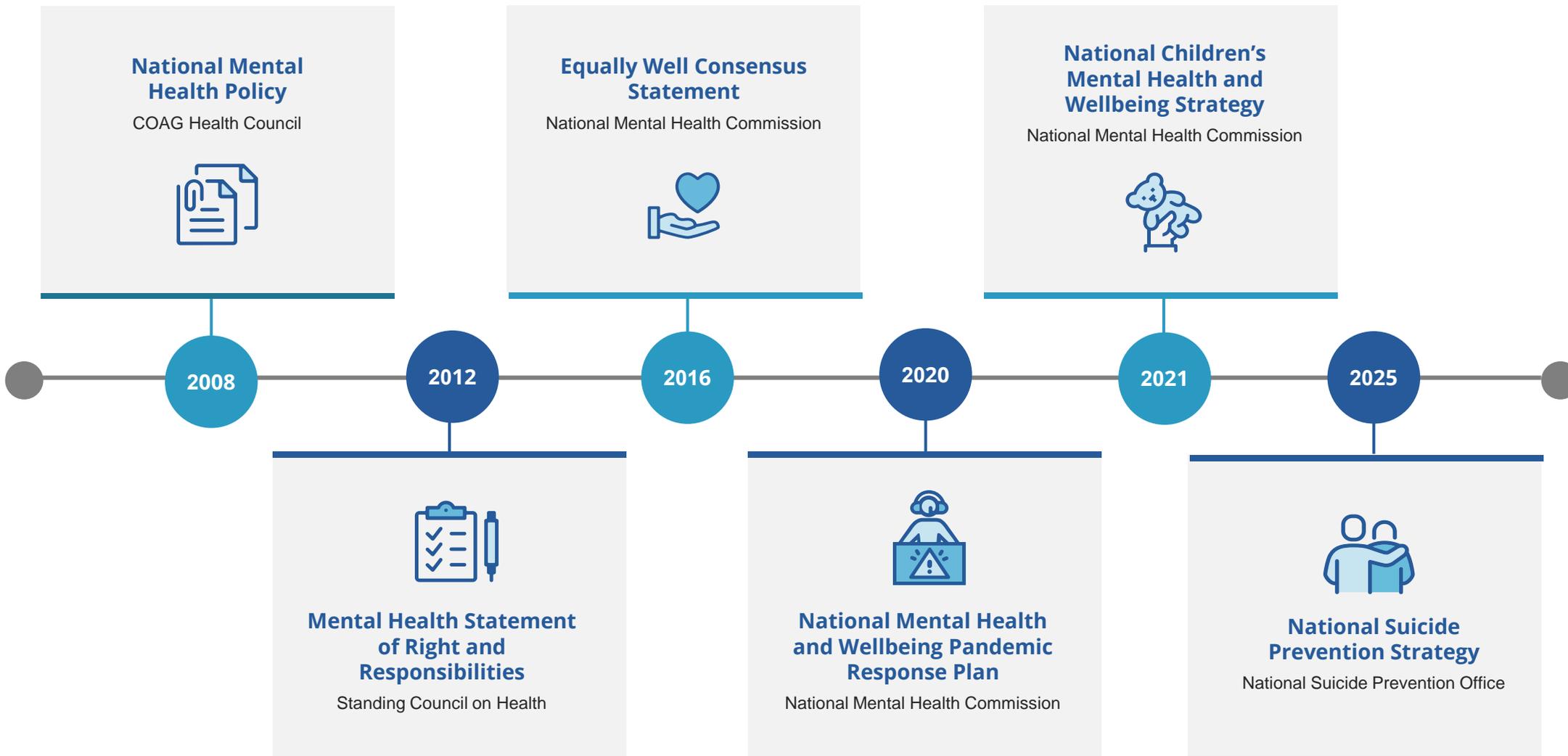
## Reported progress

The National Mental Health Commission has compiled two progress reports, showing **most initiatives were on track as at mid-2024**.

## Funding commitments

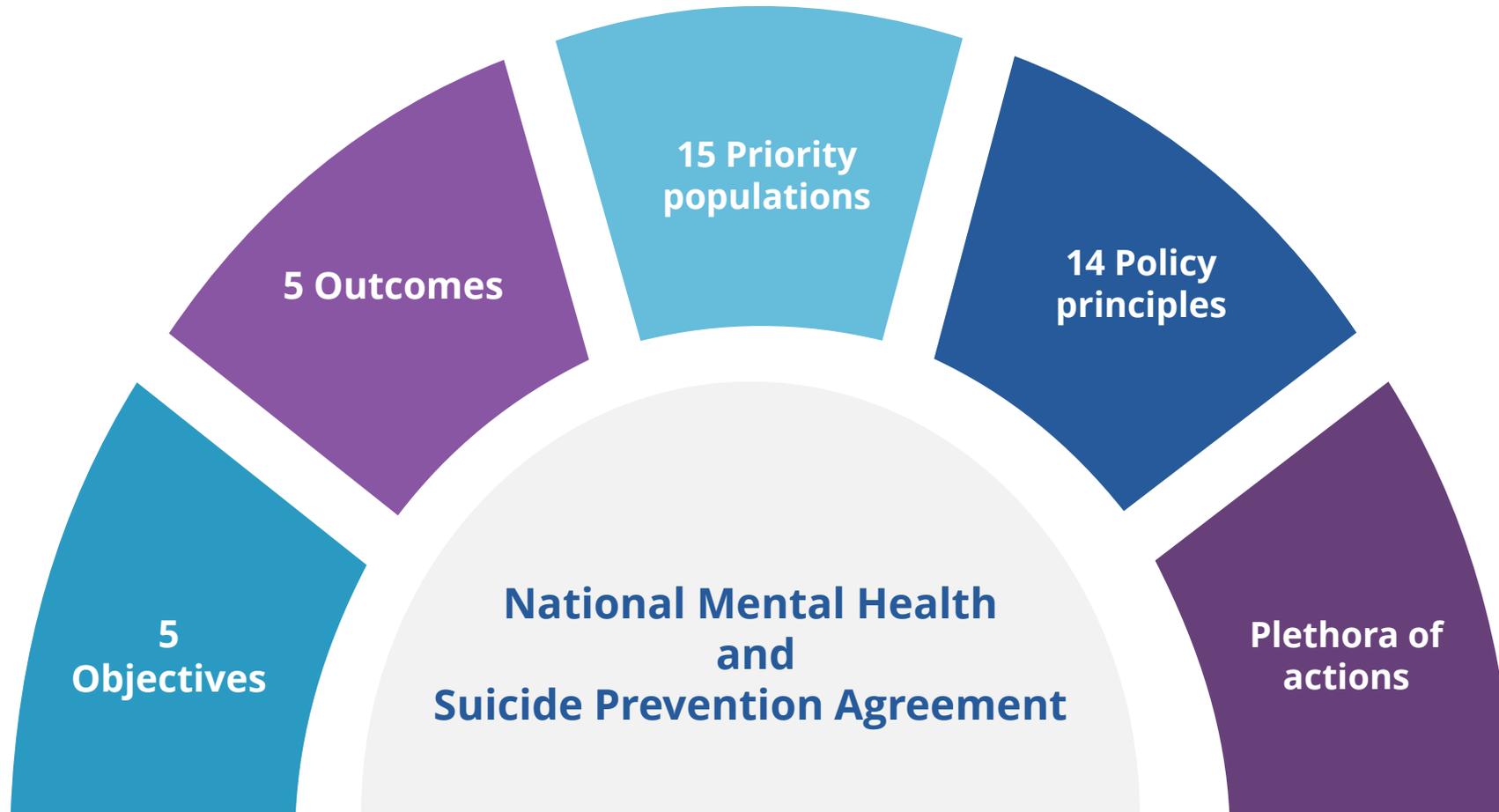
In an average year, **funding commitments** in the Agreement total **about \$360 million**, or 3% of the \$126 billion governments spend on mental health and suicide prevention.

# The Agreement is one part of the mental health and suicide prevention policy landscape



# Governments agreed to an ambitious set of tasks

...without obvious links between them



# The Agreement aims to achieve significant outcomes

Improve the mental health and wellbeing of the Australian population, with a focus on improving outcomes for priority populations including Aboriginal and Torres Strait Islander people



Reduce suicide, suicidal distress and self-harm through a whole-of-government approach to coordinated prevention, early intervention, treatment, aftercare and postvention supports



Provide a balanced and integrated mental health and suicide prevention system for all communities and groups



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



Improve quality, safety and capacity in the Australian mental health and suicide prevention system



# What we were asked to do

- In January 2025, the Australian Government asked the Productivity Commission to conduct the final review of the Agreement
- The terms of reference ask the PC to:

1

Consider the wellbeing and productivity impacts of the mental health and suicide prevention programs and services delivered under the National Agreement

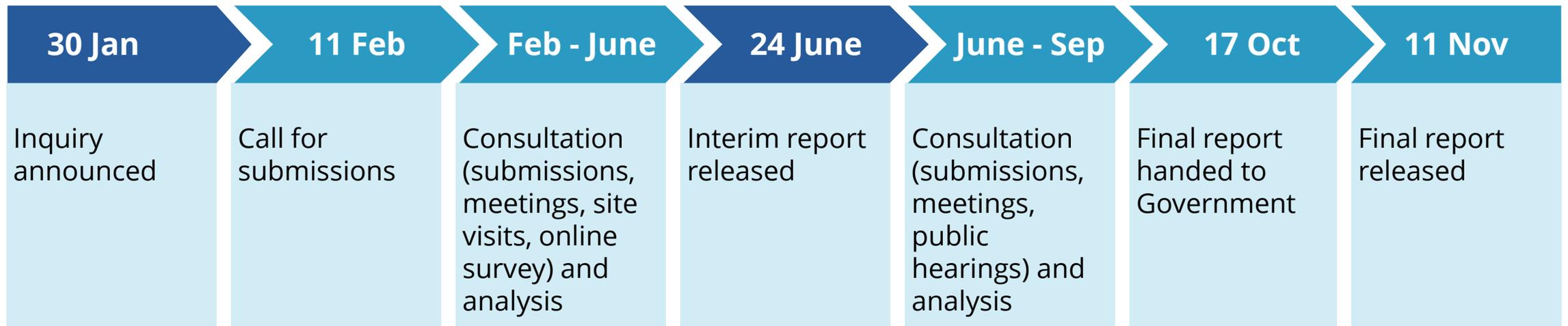
2

Assess the effectiveness of the administration of the Agreement, including reporting and governance

3

Ensure that the voices of Aboriginal and Torres Strait Islander people and those with lived and living experience of mental ill health and suicide are heard

# Inquiry process



# Engagement and Consultation



We heard from people with lived and living experience of mental ill health and suicide, their supporters, family, carers and kin, peer workers, service providers, practitioners and researchers, peak bodies and associations, primary health networks, hospitals, mental health commissions and government departments in all states and territories



**244** submissions



**77** online meetings



**2** roundtables



**293** survey participants



**3** days of public hearings



**5** days of in person meetings  
in Canberra, Brisbane, Ipswich, Hobart and Launceston

# What we heard

Some progress has been made but it has not enabled meaningful improvements for people with lived and living experience, their supporters, family, carers and kin

## Significant opportunities to improve the next agreement



Centering voices of people with lived and living experience and their supporters, family, carers and kin



Strengthening accountability and governance



Ensuring commitments clearly link to objectives

## Gaps that the next agreement can address



An overarching national strategy is needed to guide long-term reform



Improve the commissioning of services responding to local needs and priorities



Resolve the gap in the delivery of psychosocial supports outside the NDIS



Enhance data collection, sharing and evaluation practices

**What has the Agreement  
achieved?**



# Most national outputs have been delivered

Output	Delivered?
Analysis of psychosocial support services outside of the NDIS	✓
Commonwealth-state implementation plans and annual jurisdiction progress reports	✓
National Progress Report <sup>a</sup>	✘
Improved data collection, data sharing and data linkage	?
National Evaluation Framework	✓
Shared evaluation findings using the framework and associated guidelines	?
Consideration/implementation of actions of the National Stigma and Discrimination Reduction Strategy	?
National Suicide Prevention Office	✓
National guidelines on regional commissioning and planning	✓
National Mental Health Workforce Strategy and identification of priority areas for action	✓
Progress reporting on increasing FTE mental health professionals to meet community need	✓
Submission to the mid-term review of the National Health Reform Agreement 2020-25 (NHRA)	✓
Final review of the Agreement	✓

<sup>a</sup>Two reports have been compiled but did not meet the required timelines due to delays in jurisdictions providing information to the NMHC

# Key commitments have not been fulfilled



**Psychosocial Supports outside the NDIS:** There remains a critical gap in support for about 500,000 people



**National Guidelines on Regional Commissioning and Planning:** Detailed guidelines have not been released



**National Stigma and Discrimination Reduction Strategy:** The draft strategy was delivered to Government in June 2023 following a consultation process but is yet to be published



**Workforce issues:** Actions have failed to impact chronic workforce shortages

# The Agreement has not delivered on its objectives

Progress has been made in delivering commitments, but there has been little systemic change



The Agreement is not an effective mechanism to build a better person-centred system



There has been minimal involvement of people with lived and living experience, their supporters, family, carers and kin in the development and implementation of the Agreement



There have been limited improvements in Aboriginal and Torres Strait Islander social and emotional wellbeing over the course of the Agreement



The Agreement has supported positive policy developments in suicide prevention, but outcomes remain unchanged The Agreement's approach to suicide prevention lacks clarity



# The mental health and suicide prevention system remains difficult to access and navigate for many people

## People are postponing or not seeking professional help when they need it

**4/10**  
Delayed or did not see  
a health professional  
on at least one occasion



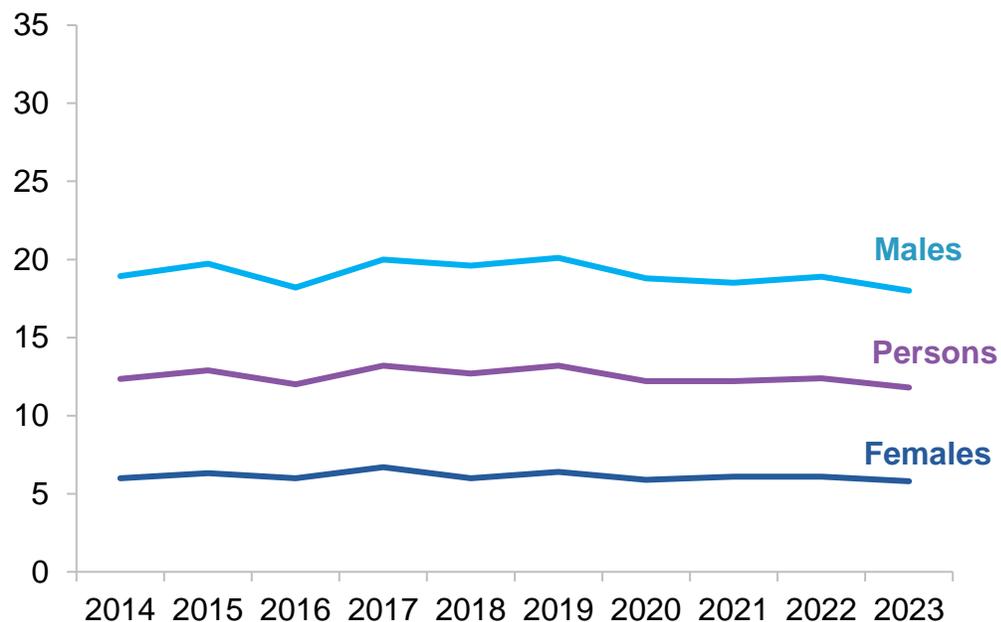
**1/10**  
Did not see a health  
professional at all



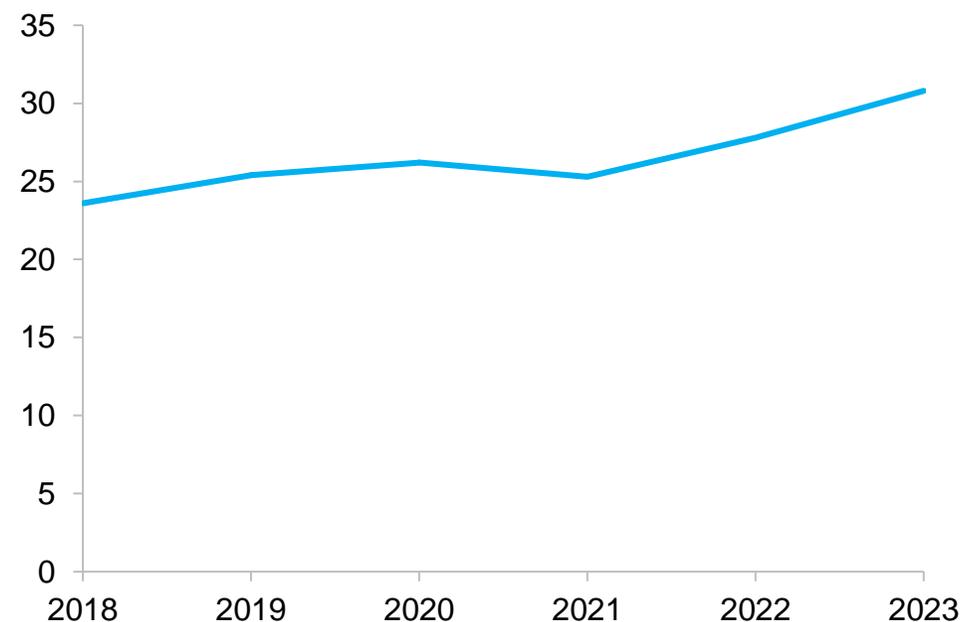
# Suicide rates have not improved over a 10-year period

... and have increased among Aboriginal and Torres Strait Islander people since 2018

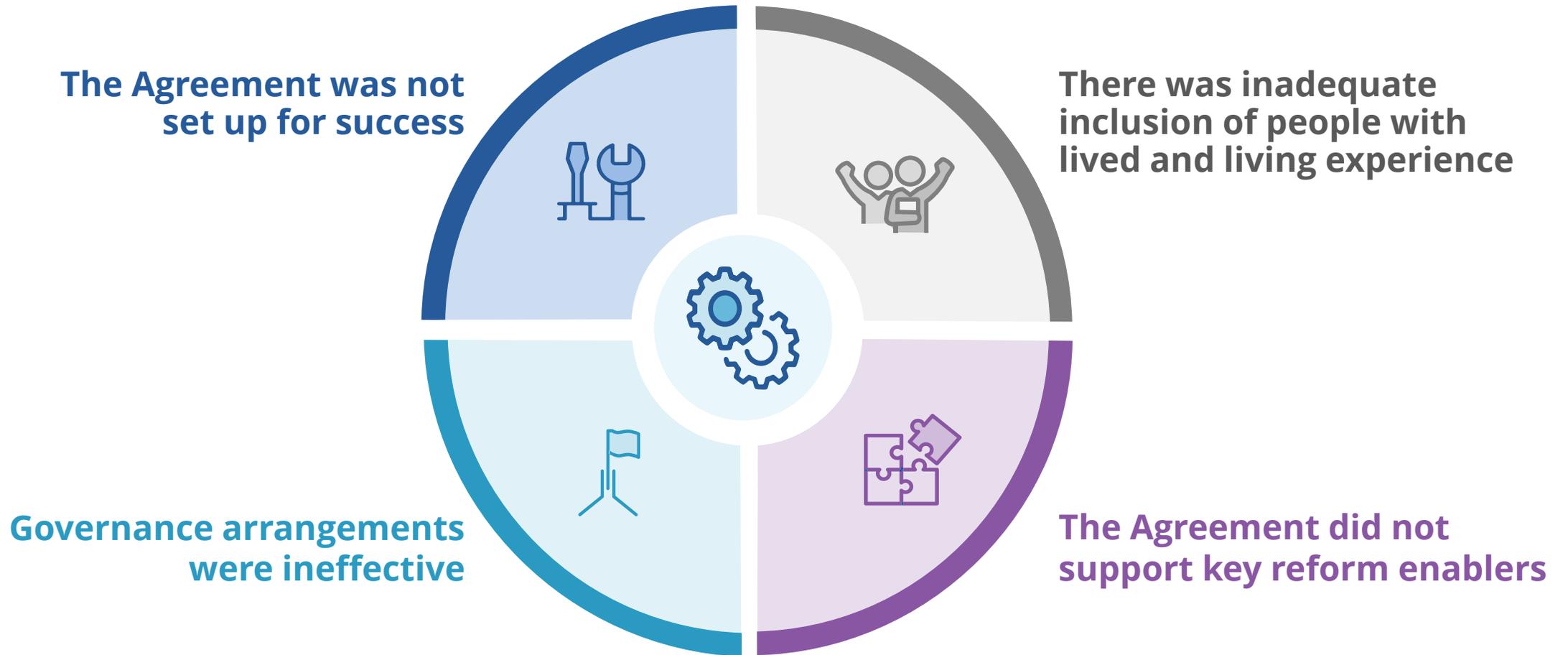
Age-standardised rate of suicide per 100,000 people aged 18–65



Age-standardised rate of suicide for Aboriginal and Torres Strait Islander people



# Key barriers to effectiveness



**Where to next?**



# Urgent actions are needed before the Agreement expires



Develop arrangements for psychosocial supports outside the NDIS



Publish the National Stigma and Discrimination Reduction Strategy



Revise and publish guidelines on regional planning and commissioning



Reinvigorate the National Mental Health Commission

# An extended timeframe

## A roadmap for renegotiating the next agreement

### Establishing a long-term vision through a Mental Health Declaration

PC report finalised

2025



### Negotiating the next agreement through co-design

The Department of the Prime Minister and Cabinet should convene negotiations with support from the Department of Health, Disability and Ageing and the National Mental Health Commission

2026



1-year Agreement extension



### Measuring progress

The agreement should be overseen by National Cabinet

An independent National Mental Health Commission should report on implementation of the agreement



2027

**New agreement signed**

# A new Mental Health Declaration

**An overarching vision is needed for long-term reform in the mental health system**

“

The numerous isolated initiatives and outputs in the Agreement fail to form a functional system due to the absence of a cohesive strategy and coordinated implementation framework

”

yourtown, submission no 126



The NMHC should oversee the renewal of the National Mental Health Policy 2008 through a co-design process with people with lived and living experience



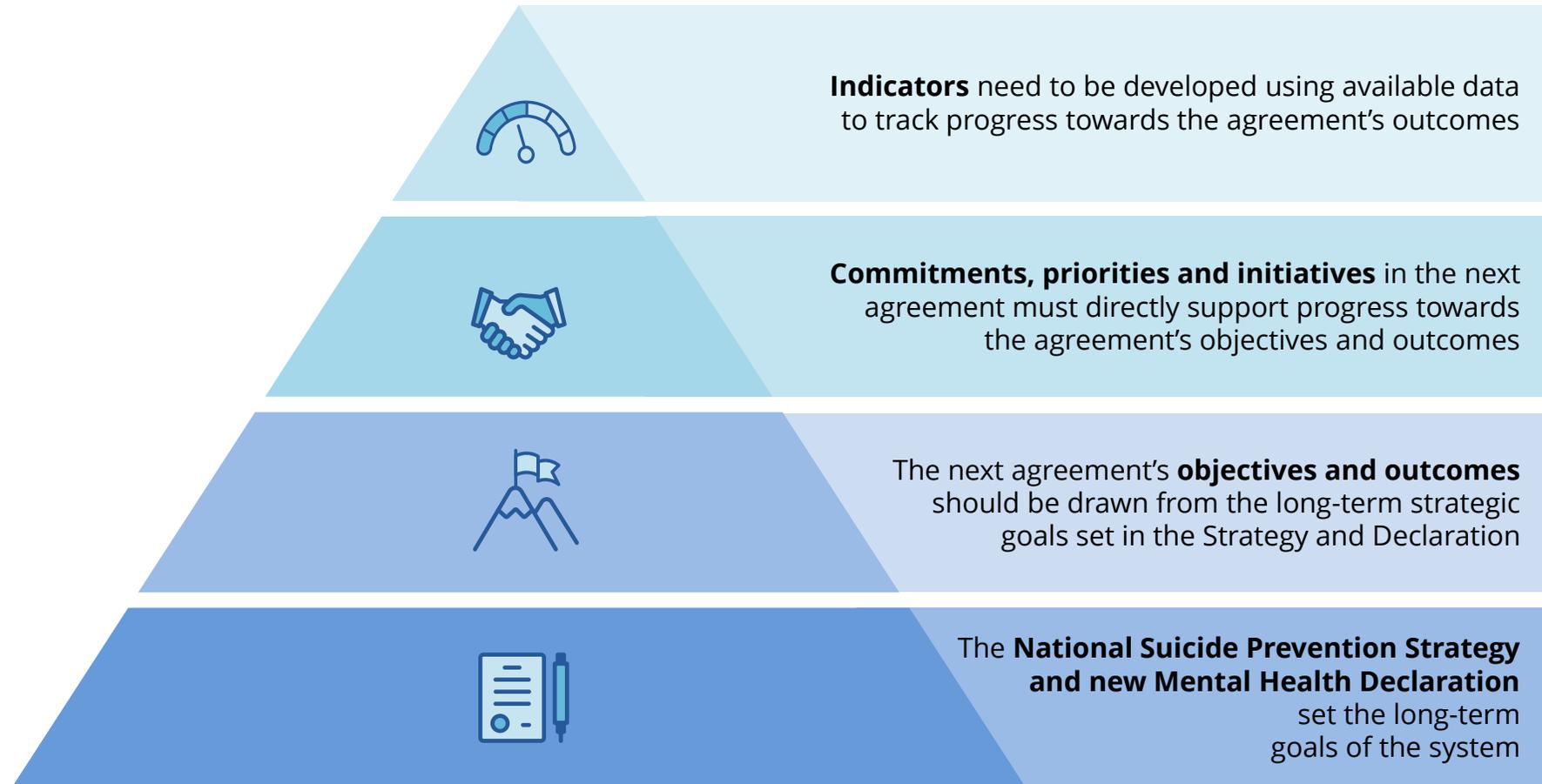
The resulting document should be positioned as an enduring Mental Health Declaration, endorsed by all jurisdictions



The declaration should be refreshed every 10 years to remain up to date

# A cohesive approach to reform

Articulate links between strategy, objectives, commitments and indicators to ensure actions are evidence-based and effective at shifting outcomes



# Greater role for lived and living experience in the agreement

People with lived and living experience of mental ill health and suicide should be meaningfully involved in the negotiation and design of the next agreement and represented at each level of governance

## The next agreement should:

- dismantle barriers to effective lived and living experience involvement
- include governance roles for carers and service providers
- articulate formal roles for the two peak bodies funded by the Australian Government, including adequate resourcing
- establish inclusion indicators co-designed with lived and living experience representatives, with results published in progress reporting

## Balanced representation

Lived and living  
experience of  
mental ill health

Lived and living  
experience of  
suicide

# A stronger authorising environment for the next agreement

The next agreement requires new governance and monitoring arrangements to enable genuine cross portfolio collaboration



National Cabinet should establish a Special Purpose Mental Health Council and delegate ministerial oversight of the agreement to it



The Mental Health and Suicide Prevention Senior Officials group (MHSPSO) should remain in place, but membership should be expanded to include senior officials from relevant portfolios



The National Mental Health Commission (NMHC) should become an independent statutory authority and formally responsible for ongoing monitoring and assessment of progress against the next agreement's outcomes

# Flexible funding is needed

The next agreement should include four streams of funding to help rebalance the system towards non-clinical and innovative care that is responsive to local needs



## Flexible funding for collaborative commissioning

A new funding pool combining community mental health and suicide prevention funding streams provided by the Australian, state and territory governments, to be used flexibly and collaboratively between PHNs and LHNs



## Continued funding for successful agreement programs

Continued funding for specific services funded through current bilateral schedules, which should be evaluated within the agreement's term. Future agreements should only continue this funding stream for services with a strong evidence base



## Funding commitments for priorities, including psychosocial supports

Funding commitments to support priorities established through the next agreement, including funding to support delineation of responsibilities for psychosocial and family and carer supports and dedicated funding for services for Aboriginal and Torres Strait Islander people



## Funding for evaluation and dissemination of evidence

Funding for all agreement-funded service models to be evaluated in line with the National Mental Health and Suicide Prevention Evaluation Framework, and for a nominated body to act as a central information repository for evaluation and research findings

# Support the workforce to improve consumer outcomes

## Support Implementation of the National Mental Health Workforce Strategy

- Clear commitments and timelines to support priority actions under the strategy
- Explicit delineation of responsibility and funding of workforce initiatives



## Develop a nationally consistent scope of practice for peer workers

A scope of practice would:

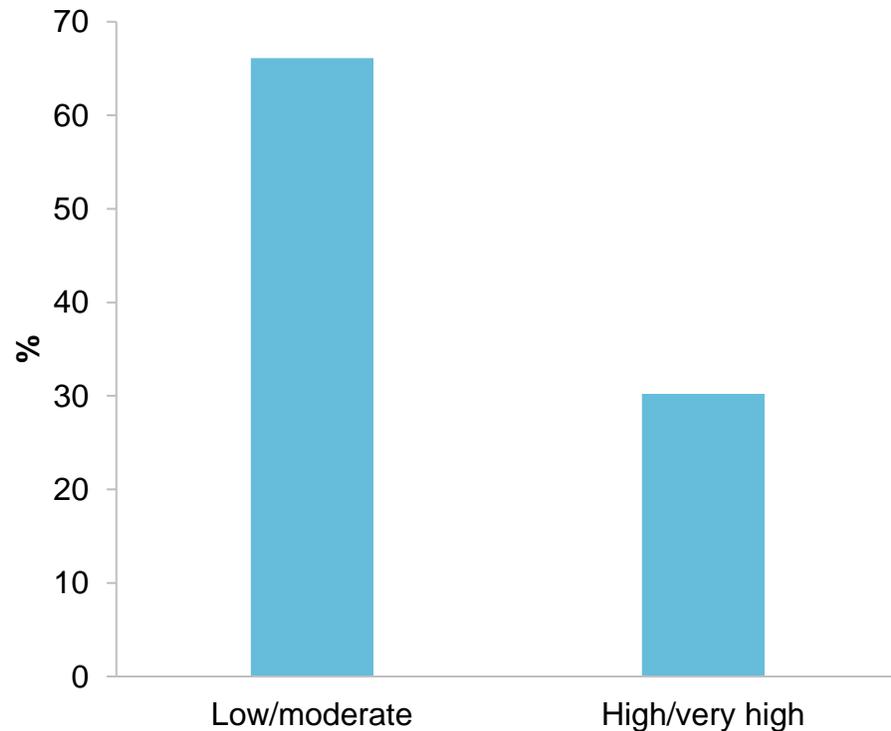
- promote safer work practices
- contribute to better outcomes for people accessing peer support
- improve public understanding of profession



# An Aboriginal and Torres Strait Islander services schedule

A new schedule to recognise the unique factors affecting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people

## Psychological distress among Aboriginal and Torres Strait Islander people



## New Aboriginal and Torres Strait Islander services schedule

- Should align with relevant agreements, strategies and partnerships:
  - National Closing the Gap Agreement & Social and Emotional Wellbeing Policy Partnership
  - Gayaa Dhuwi (Proud Spirit) Declaration
  - National Aboriginal and Torres Strait Islander Suicide Prevention strategy

- Prioritise cultural safety

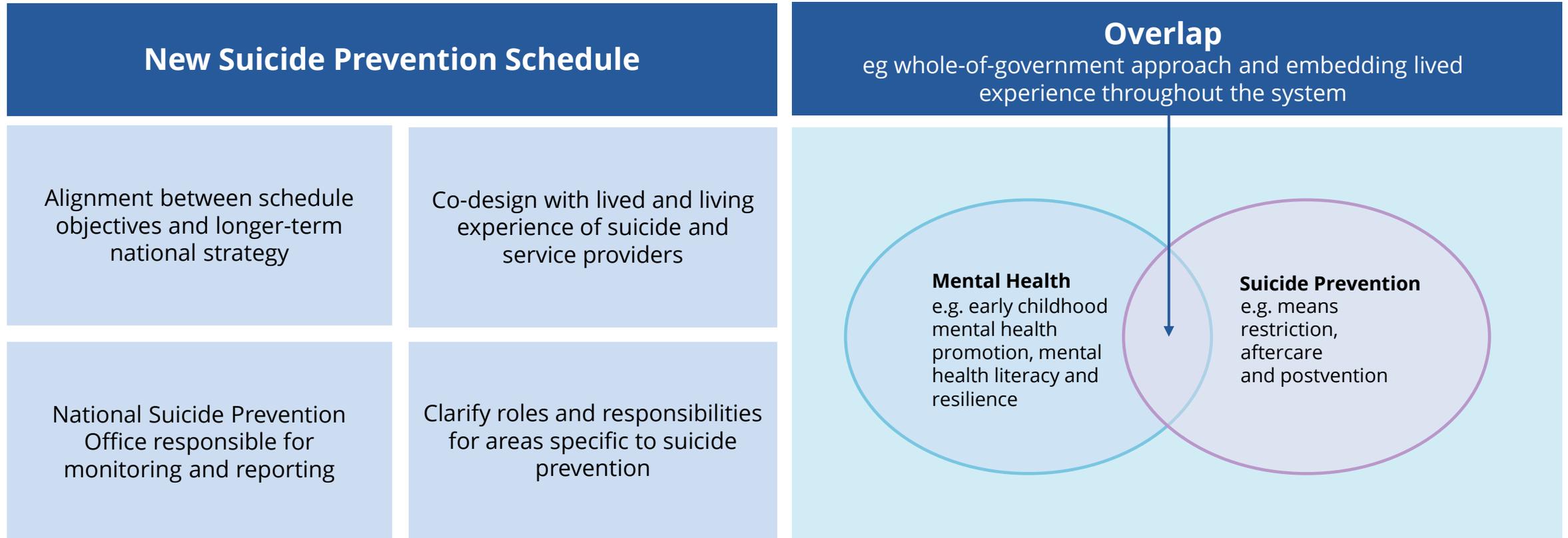
- Invest in the SEWB workforce

- Support the community-controlled sector

- Governance role for SEWB Policy Partnership

# A suicide prevention schedule

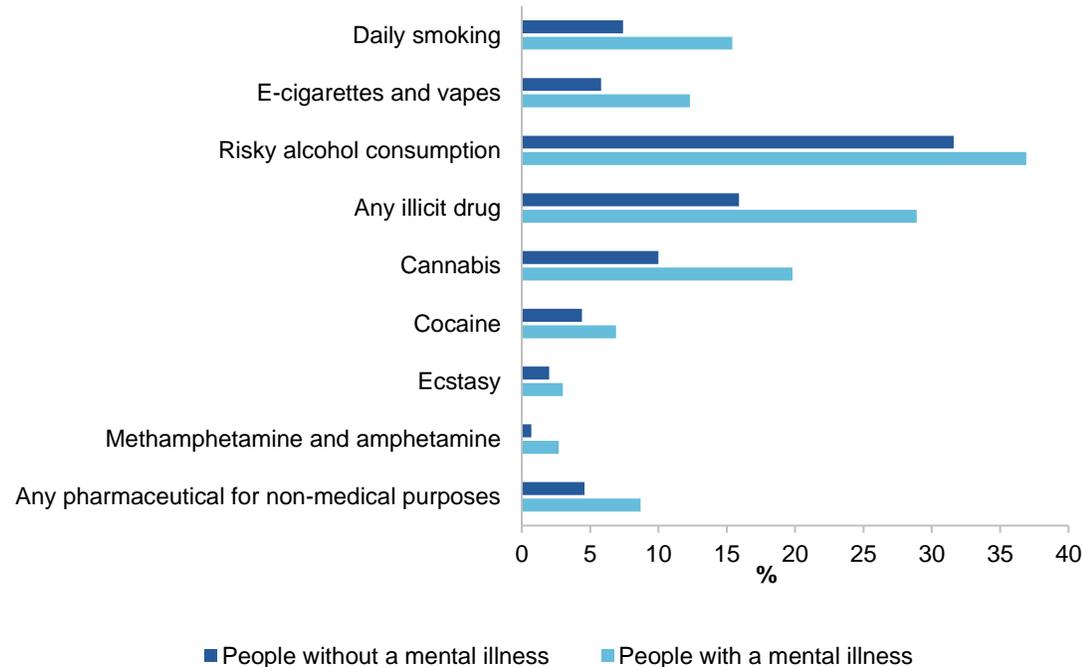
Areas unique to suicide prevention should be included in a separate schedule and areas of overlap should be in the body of the agreement



# An alcohol and other drugs schedule

A new schedule to focus on the intersection of problematic alcohol and other drugs (AOD) use, mental ill health and suicide

## Prevalence of past-year AOD use by mental health status, 2022-23



## An AOD schedule should:

- set out strategic objectives, priority actions, roles, responsibilities, deliverables, outcomes and timeframes
- be co-designed with people with lived and living experience, who should also be included in governance arrangements
- facilitate national planning and resourcing of improvements to treatment and prevention
- guide investment priorities and include new funding to implement best-practice approaches

# Q & A





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