

Beyond Blue submission to the Productivity Commission's Mental Health and Suicide Prevention Agreement Review Interim Report

July 2025

Summary

- Beyond Blue welcomes the opportunity to respond to the Productivity Commission's Mental Health and Suicide Prevention Agreement (the Agreement) Review interim report.
- Aligned with our initial submission, we commend the interim report's focus on the need for the next agreement to deliver meaningful system reform, including by a focus on improving outcomes, embedding co-design with people who have lived and living experience of mental ill-health and suicide, and strengthening the role of the National Mental Health Commission in monitoring and reporting on system performance. These recommendations are important steps towards a more coordinated, accountable, outcomes-focused and person-centred mental health system.
- We have strong concerns about the proposed extension of the current Agreement (like many others, including our peak body Mental Health Australia):
 - this will result in further delay to long overdue reform
 - the interim report found that, despite governments delivering many outputs under the current Agreement, these have not led to meaningful reform or improved community outcomes.
- This indicates the need for a fundamental design and mindset shift in the development of the next agreement. The rapid and relentless pace of change in technology, ways of working, and community behaviours demand more of a 'living' agreement that can be adjusted and added to in response to policy and practice change, data and insights, and environmental factors. Rather than a traditional approach that results in a comprehensive but 'set' document, we urge governments to consider a more iterative approach that has immediate priorities for action and signals medium and longer-term foundational commitments. In short, prescription and perfection can often be the enemy of progress in complex social policy areas.
- We strongly support the development of a new policy architecture – including a renewed, long-term, co-designed National Mental Health Strategy to connect the next agreement to long term reform priorities:
 - We note that to do this properly may well take longer than 12 months.
 - The new policy architecture and strategy should be deliverables under a new Agreement described above.
 - Given the significant investment in various national, state and territory mental health strategies, plans, inquiries and reports, the strategy should leverage the extensive consultations and consistency of findings of multiple past reports including the Productivity Commission's mental health inquiry, the Royal Commission into Victoria's Mental Health System, Advice on the National Suicide Prevention Strategy, the National Children's Mental Health and Wellbeing Strategy, the National Stigma and Discrimination Reduction Strategy, the National Mental Health Workforce Strategy 2022–2032, and various state and territory mental health plans.
- Additionally, Beyond Blue recognises that the mental health system is often crisis-driven, and that there is a need for reform that allows people to get well earlier by providing support early in distress

and investing in prevention.¹ Beyond Blue welcomes the finding that prevention and early intervention should be critical areas for commitments in the next agreement.

- There are opportunities for the final report to provide a greater focus on implementing current strategies and connecting to the broader social and economic policy environment where the Commonwealth has significant interest and investment, such as education.

Beyond Blue recommendations

The Productivity Commission's final report should:

1. Consider an alternative to extending the existing Agreement, given it has not delivered better system or community outcomes. This could include a more iterative document that has immediate priorities for action and signals medium and longer-term foundational commitments, including the development of a new policy architecture and a renewed National Mental Health Strategy to connect the next agreement to long term reform priorities.
2. Recognise the extensive policy work and reviews that have already been completed in the development of a renewed National Mental Health Strategy. This could identify key themes, recommendations and consultation findings in national, state and territory strategies, plans, inquiries and reports. The review should directly inform the design and development of the renewed strategy's consultation, content and actions.
3. Recommend governments progress existing mental health strategies and relevant components of broader health strategies by:
 - identifying priority actions for immediate action in the next agreement, including their funding and the monitoring and reporting of their implementation and outcomes
 - referencing these existing strategies in the renewed National Mental Health Strategy.
4. Explore tangible ways to create and optimise links between the next agreement and the broader policy environment, including:
 - clearer delineation of roles and responsibilities for funding and implementation across federal, state and territory governments, and health and non-health portfolios
 - adopt a more meaningful whole-of-government approach, including a move away from cross-portfolio information sharing; instead, identifying and tracking shared outputs, targets and outcomes to improve cross-portfolio transparency and accountability
 - establishing mechanisms for regular review and alignment of policies.
5. Expand the interim recommendation for mental health survey data to include mental wellbeing prevalence and key risk and protective factors.
6. Expand on interim recommendations to include dedicated focus and funding commitments for mental health promotion, prevention and early intervention as priorities in the next agreement and renewed National Mental Health Strategy. This should include:
 - the promotion of mental wellbeing
 - a focus on risk and protective factors across health and non-health portfolios
 - an emphasis on children under 12
 - unique commitments and outcomes focused on support early in distress, early in episode and early in life.

¹ Beyond Blue (2023). [Strategy 2023+ Earlier. Easier. Together.](#)

7. Recommend that the implementation of the National Mental Health Workforce Strategy 2022–2032 includes:
 - a dedicated plan to recognise, develop and support the emerging workforces delivering low intensity services
 - a national target and timeline to fully address workforce shortages.
8. Embed learnings from the Lowitja Institute’s co-design review and the Independent Aboriginal and Torres Strait Islander-led Review of the National Agreement on Closing the Gap into the development of the proposed schedule on Aboriginal and Torres Strait Islander social and emotional wellbeing.

Progress reform without further delays

- Beyond Blue has strong concerns about the proposed extension of the current Agreement, which will result in a delay to overdue reform. Rather than a traditional approach that results in a static plan, we urge governments to consider an iterative approach to the new agreement that identifies immediate, medium and longer-term commitments, including the development of the renewed National Mental Health Strategy. This 'living' agreement should be responsive to changes in policy and practice, environmental factors and community needs.
- **Recommendation 1:** Consider an alternative to extending the existing Agreement, given it has not delivered better system or community outcomes. This could include a more iterative document that has immediate priorities for action and signals medium and longer-term foundational commitments, including the development of a new policy architecture and a renewed National Mental Health Strategy to connect the next agreement to long term reform priorities.

A renewed National Mental Health Strategy

- Beyond Blue welcomes the interim recommendation for a renewed National Mental Health Strategy that is developed through a genuine co-design process, acknowledges the National Suicide Prevention Strategy and aligns the next agreement with long-term reform priorities. Connecting future agreements to the renewed strategy, along with its proposed foundations, governance arrangements, implementation plans and reporting mechanisms, will contribute to the conditions required for successful reform.
- Despite successive mental health policy documents over previous decades, progress on some key reform areas remains limited.² It is important to recognise that national, state and territory mental health strategies, plans, inquiries and reports have involved **extensive consultation with people with lived and living experience of mental ill-health and suicide, their supporters and the mental health sector. These processes have required people to repeat longstanding challenges and solutions to systemic issues in the mental health system**, which were often acknowledged in policy documents without being translated into funding commitments with implementation mechanisms. The renewed strategy must consolidate and build upon these previous contributions.
- **Recommendation 2:** Recognise the extensive policy work and reviews that have already been completed in the development of a renewed National Mental Health Strategy. This could identify key themes, recommendations and consultation findings in national, state and territory strategies, plans, inquiries and reports. The review should directly inform the design and development of the renewed strategy’s consultation, content and actions.

Integration with mental health strategies and the broader policy environment

Health and mental health strategies

- Beyond Blue welcomes the interim report’s focus on releasing and implementing key national strategies and guidance, including the public release of the National Stigma and Discrimination

² Productivity Commission (2020). Mental health, report no. 95.

Reduction Strategy, National Guidelines on Regional Planning and Commissioning, and the implementation of the National Mental Health Workforce Strategy 2022–2032.

- However, **there are existing strategies that remain at least partially or largely unimplemented and would benefit from the mechanisms proposed in the interim report.** These include, but are not limited to, the National Preventative Health Strategy and the National Children’s Mental Health and Wellbeing Strategy. Their implementation is aligned with current national priorities, with the recent Health Ministers Meeting committing to a renewed focus on the National Children’s Mental Health and Wellbeing Strategy.³ To avoid fragmented and delayed reform, **the next agreement should include implementation plans with funding commitments, timelines and assigned responsibilities for relevant current strategies,** as well as commitments to monitoring and reporting implementation and outcomes.
- **Recommendation 3:** Recommend governments progress existing mental health strategies and relevant components of broader health strategies by:
 - identifying priority actions for immediate action in the next agreement, including their funding and the monitoring and reporting of their implementation and outcomes
 - referencing these existing strategies in the renewed National Mental Health Strategy.

Stronger connection to the broader policy environment

- Beyond Blue welcomes the interim recommendation that the next agreement should have stronger links to the broader policy environment, such as the Better and Fairer Schools Agreement 2025–2034 (BFSA).⁴ The final report should also consider how the next agreement builds a strong connection to other relevant policy documents, including the National Anti-Racism Framework⁵ and the National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035.⁶
- There is an opportunity to embed the coordinated, whole-of-government approach committed to under Schedule A in the current Agreement. We welcome the recommendation that commitments and actions intended to improve collaboration across all government portfolios be included in the main body of the agreement, rather than in a separate schedule.
- As a further step to strengthen a whole-of-government approach and ensure the next agreement aligns with broader policy environments, Beyond Blue recommends **identifying and monitoring shared outputs across portfolios, such as the commitments made to student wellbeing in the BFSA.**
- The government’s commitment through the BFSA to improve “wellbeing for learning and engagement” as one of three key priority areas, alongside the development of the next agreement, offers a unique opportunity to work across mental health and education to achieve shared priorities.
- Capitalising on recent reforms to psychosocial health and safety regulations in various jurisdictions, there is considerable opportunity for a similar commitment to improve mental health and wellbeing in the workplace and for small business owners and their employees.
- **Recommendation 4:** Explore tangible ways to create and optimise links between the next agreement and the broader policy environment, including:
 - clearer delineation of roles and responsibilities for funding and implementation across federal, state and territory governments, and health and non-health portfolios
 - adopt a more meaningful whole-of-government approach, including a move away from cross-portfolio information sharing; instead, identifying and tracking shared outputs, targets and outcomes to improve cross-portfolio transparency and accountability
 - establishing mechanisms for regular review and alignment of policies.

³ Department of Health, Disability and Ageing (2025). [Joint Health and Mental Health Ministers’ meeting communique.](#)

⁴ Department of Education (2025). [Better and Fairer Schools Agreement - Full and Fair Funding 2025-2034.](#)

⁵ Australian Human Rights Commission (2024). [The National Anti-Racism Framework: a roadmap to eliminating racism in Australia.](#)

⁶ Department of Health and Aged Care (2024). [National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035.](#)

Shifting the focus to promotion, prevention and early intervention

- Beyond Blue supports the finding that prevention and early intervention are not adequately reflected in the actions of the current Agreement, despite being listed as an objective. Similarly, we welcome the finding that prevention and early intervention are critical areas for commitments in the next agreement.
- It is particularly important that system reform prioritises promotion, prevention and early intervention as mental health prevalence continues to rise,⁷ despite the current investment in the mental health system. **A shift towards promotion, prevention and early intervention can promote mental wellbeing for all Australians, prevent mental health concerns, and ensure that people can access support as soon as they need it.** Investment in interventions for promotion, prevention and early intervention can deliver mental health outcomes and an economic return on investment.^{8,9}

Promotion

- Beyond Blue welcomes the recommendation to collect mental health survey data at least every five years. However, a critical gap remains in the collection of national data on mental wellbeing.
- Mental health promotion focuses on increasing mental wellbeing and fostering good mental health. Promoting mental wellbeing is an important outcome in its own right but will also have positive effects on the incidence and impact of mental health conditions and contribute to broader socioeconomic benefits like increased productivity.¹⁰ To effectively direct investment, shape national priorities and evaluate social, economic and community initiatives on the mental wellbeing of people in Australia, it is essential to capture data on both mental ill-health and mental wellbeing, including associated risk and protective factors.
- This should include an outcomes framework that captures:
 - the uptake of promotion and prevention programs
 - related knowledge, attitudes, beliefs and behaviours
 - population prevalence of key risk and protective factors
 - prevalence of mental wellbeing and mental ill-health across the population.¹¹

Prevention

- Despite evidence-based and cost-effective interventions, investment in prevention remains a small fraction of mental health expenditure. The next agreement and renewed strategy should embed key system enablers for prevention-focused system reform, including quarantined and sustained funding for preventive mental health activities.¹² The next agreement should include clear priorities and reporting on the amount and percentage of funds allocated to prevention of mental health conditions.
- As demonstrated in the National Suicide Prevention Strategy, the renewed strategy should take strategic approaches to reducing risk factors and promote protective factors through collaborative action across health and non-health portfolios.
- The Wellbeing and Prevention Coalition in Mental Health has called for the next agreement to dedicate a number of national priorities to prevention.¹³ The Coalition has previously recommended scaling

⁷ Australian Institute of Health and Welfare (2025). [Prevalence and impact of mental illness](#).

⁸ National Mental Health Commission (2019). [The economic case for investing in mental health prevention](#).

⁹ Le, L. K., Esturas, A. C., Mihalopoulos, C., Chiotelis, O., Bucholz, J., Chatterton, M. L., Engel, L. (2021). Cost-effectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations. *PLoS medicine*, 18(5), e1003606.

¹⁰ Van Agteren, J., Iasiello, M. (2025). [Stuck in neutral: languishing and its impact on Australia](#). Be Well Co.

¹¹ Carbone, S. (2024). The language, framework, system enablers, and political commitment that a country needs to promote and protect the mental health of its citizens. *Mental Health & Prevention*, 33, 200324.

¹² Wellbeing and Prevention Coalition in Mental Health (2022). [Starting upstream: building a strong and sustainable preventive mental health system for Australia](#).

¹³ Wellbeing and Prevention Coalition in Mental Health (2025). [Submission: final review of the Mental Health and Suicide Prevention Agreement](#).

existing based approaches, such as creating mentally healthy workplaces, expanding perinatal and parenting supports and preventing adverse childhood experiences (ACEs).¹⁴

- Implementing evidence-based initiatives for children under 12 is essential to addressing distress in early age and preventing serious mental health issues later in life. The Centre of Research Excellence in Childhood Adversity and Mental Health was a five-year research program co-funded by Beyond Blue and the National Health and Medical Research Council. It identified effective interventions to prevent ACEs and their impact, with children who experienced ACEs 6–10 times more likely to develop mental health concerns later in life.¹⁵ Additionally, mental health challenges in children and adolescents are too often unrecognised and unsupported. Prevention and early intervention can change this trajectory and reduce long-term impacts.

Early intervention

- Early intervention includes support provided early in distress, early in episode and early in life. Each should be uniquely considered and include dedicated actions and outcomes in the next agreement and renewed strategy.
- Relating to providing support early in distress or episode, Beyond Blue and the Social Research Centre's Australia's Mental Health and Wellbeing Check identified that costs and waitlists are the leading barriers to seeking professional support.¹⁶ The next agreement and renewed strategy should be focused on removing key barriers to care, ensuring that people can access support as soon as they need it.
- Measuring early intervention outcomes should include regularly collecting and publishing data on the proportion of people with mental health conditions who receive support, as well as the average delay between the onset of symptoms and receiving support.
- **Recommendation 5:** Expand the interim recommendation for mental health survey data to include mental wellbeing prevalence and key risk and protective factors.
- **Recommendation 6:** Expand on interim recommendations to include dedicated focus and funding commitments for mental health promotion, prevention and early intervention as priorities in the next agreement and renewed National Mental Health Strategy. This should include:
 - the promotion of mental wellbeing
 - a focus on risk and protective factors across health and non-health portfolios
 - an emphasis on children under 12
 - unique commitments and outcomes focused on support early in distress, early in episode and early in life.

Supporting a broader workforce

- Beyond Blue welcomes the interim report's recommendations to define a scope of practice for the peer workforce and increase investment in the Aboriginal and Torres Strait Islander social and emotional wellbeing workforce. These actions are a step towards addressing the workforce shortages identified in the interim report.
- The National Mental Health Workforce Strategy 2022–2032 noted that mental health workforce faces a 32% shortfall, projected to increase to 42% by 2030 if unaddressed.¹⁷ **While efforts to grow the workforce are crucial, these must be matched with efforts to broaden the composition of the**

¹⁴ Wellbeing and Prevention Coalition in Mental Health (2020). [Primed for prevention: a consensus statement on the prevention of mental disorders](#).

¹⁵ Sahle, B., Reavley, N., Morgan, A., Yap, M., Reupert, A., Loftus, H. Jorm, A. (2020). Communication Brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on children's mental health: An evidence-based review. Centre of Research Excellence in Childhood Adversity and Mental Health.

¹⁶ Beyond Blue, The Social Research Centre (2025). [Australia's Mental Health and Wellbeing Check – trends in mental health and support-seeking \(2024\)](#).

¹⁷ Department of Health and Aged Care (2022). [National Mental Health Workforce Strategy 2022–2032, Australian Government](#).

workforce and allocate the workforce more effectively. There is an opportunity to achieve this through low intensity services, which can be effectively delivered by emerging workforces to meet unmet need and reduce pressure on the clinical workforce. Additionally, low intensity services can be effectively delivered over the phone or online, which can bolster access to these supports.

- There is currently a significant gap in low intensity mental health services, which could benefit an estimated 500,000 people who are not currently accessing services and up to 2 million people currently supported by medication and/or therapy who could be effectively supported by low intensity supports.¹⁸
- **Low intensity supports can be successfully and effectively delivered by appropriately trained emerging workforces, such as mental health coaches.** The Productivity Commission has previously identified that the greater use of low intensity coaches would allow the clinical mental health workforce to support people with more complex needs.¹⁹ This has been further acknowledged through the current government's commitment to establish a National Early Intervention Service. While the National Mental Health Workforce Strategy 2022–2032 includes a focus on emerging workforces, there is a need to ensure that it explicitly includes low intensity mental health workers.
- Additionally, in other areas of mental health, the interim report recommends a detailed plan and timeline to fully address unmet need. Similarly, the recommendation for the implementation of the National Mental Health Workforce Strategy 2022–2032 should include a clear target and timeline towards fully addressing national workforce shortages.
- It should also be noted that the implementation of the National Mental Health Workforce Strategy 2022–2032 is unlikely to support the development, training and growth of workforces outside of the health sector, who have critical roles in promoting, preventing and supporting people's mental health. For example, educators and managers in schools and workplaces are a critical element of the broader mental health workforce, often on the frontlines of identifying and addressing mental health issues in students and providing early intervention, referral and support. The renewed National Mental Health Strategy should include committed actions for capability development across diverse settings and workforces, supported by a whole-of-government approach and aligned with the broader context of the next agreement.
- **Recommendation 7:** Recommend that the implementation of the National Mental Health Workforce Strategy 2022–2032 includes:
 - a dedicated plan to recognise, develop and support the emerging workforces delivering low intensity services
 - a national target and timeline to fully address workforce shortages.

Designing an Aboriginal and Torres Strait Islander social and emotional wellbeing schedule

- Beyond Blue welcomes the recommendation to include a dedicated schedule on Aboriginal and Torres Strait Islander social and emotional wellbeing, developed in co-design with First Nations Peoples and aligned to the National Agreement on Closing the Gap. We also support the finding, which adopts calls from Gayaa Dhuwi (Proud Spirit) Australia, that the next agreement should commit to tangible actions that progress the implementation of the:
 - Gayaa Dhuwi (Proud Spirit) Declaration and Implementation Plan
 - National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
 - National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing.
- However, given the risk of delays in system reform if the current Agreement is simply extended, the final report should include priority actions from these documents to be funded and implemented ahead

¹⁸ Productivity Commission (2020). Mental health, report no. 95.

¹⁹ Productivity Commission (2020). Mental health, report no. 95.

of the next agreement. We support Gayaa Dhuwi's call for immediately funding the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan 2025-2035.²⁰

- To be effective, **the co-design process to develop this schedule should adopt the findings of the Lowitja Institute's review into co-design in health policy.** This includes ensuring that the process is led by Aboriginal and Torres Strait Islander organisations and embedding community-determined priorities and outcomes.²¹
- The schedule should also **incorporate the recommendations of the Independent Aboriginal and Torres Strait Islander-led Review of the National Agreement on Closing the Gap, ensuring clear mechanisms for power-sharing and decision-making.**²² This includes, but is not limited to:
 - recognising Aboriginal and Torres Strait Islander worldviews as distinct from Western worldviews in both interpretation and implementation
 - core and sustainable funding for Aboriginal and Torres Strait Islander organisations to deliver on shared outcomes
 - supporting community-controlled self-evaluation processes to assess whether the schedule reflects Aboriginal and Torres Strait Islander ways of working and community priorities
 - increasing meaningful, regular and culturally appropriate two-way communication
 - embedding and implementing Indigenous Data Sovereignty principles across data governance, collection and use
 - ensuring that monitoring and evaluation is informed by community-defined success measures.
- **Recommendation 8:** Embed learnings from the Lowitja Institute's co-design review and the Independent Aboriginal and Torres Strait Islander-led Review of the National Agreement on Closing the Gap into the development of the proposed schedule on Aboriginal and Torres Strait Islander social and emotional wellbeing.

Response to request for information

The PC is seeking examples of barriers to the genuine participation and influence of people with lived and living experience in governance forums. How could successful inclusion and engagement of people with lived and living experience in governance be measured?

- Beyond Blue is committed to the genuine participation of lived and living experience, and system reform that centres lived experience knowledge and expertise. Informed by our organisational experience, conditions that support genuine and meaningful participation include:
 - a commitment to genuine co-design and shared decision-making power
 - supporting people with a lived and living experience to have input on a wide range of decisions, including governance
 - including a diverse range and number of lived and living experience voices
 - dedicated staffing who can build trust, provide advice to staff, support engagement processes and advocate for genuine involvement
 - capacity building for all staff to understand the role, value and principles of genuine partnership of working with people with lived and living experience
 - a clear paid participation and reimbursement policy
 - adopting learnings from existing participation frameworks.
- Measuring successful inclusion and engagement has been recognised as a challenge, with common approaches including evaluating how decisions and outputs were informed by lived experience, as well

²⁰ Gayaa Dhuwi (Proud Spirit) Australia (2025). [System-wide approach to Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention.](#)

²¹ Lowitja Institute (2025). [Co-design versus faux-design of Aboriginal and Torres Strait Islander health policy: a critical review.](#)

²² Jumbunna Institute for Indigenous Education and Research (2025). [Closing the Gap independent Aboriginal and Torres Strait Islander led review.](#) University of Technology Sydney.

as the experience of people with lived and living experience.²³ This will likely require regular reporting that describes what outputs or processes have changed due to lived and living experience input, and an ongoing evaluation with lived and living experience representatives.

The PC is seeking views on the value and feasibility of having a public dashboard to track and report on progress under the next agreement's objectives and outcomes and any other measurable targets set throughout. Which bodies should be responsible for the collation and publication of dashboard data? What metrics should be included in the dashboard?

- Beyond Blue supports the development of a public dashboard to monitor progress on the next agreement's objectives and outcomes. To be effective, the dashboard will require appropriate funding for the development of an outcomes framework that defines clear indicators, measures, data sources and responsibilities for data collection and reporting. The Australian Institute of Health and Welfare (AIHW) and the National Mental Health Commission (NMHC) should have key roles in the design, collation and publication of dashboard data.
- Several key implementation challenges should be addressed in the final report, including:
 - ensuring that the next agreement's outcomes are clear, measurable and note where they can leverage existing datasets
 - adequate resourcing to obtain input and endorsement from service providers and commissioning bodies on outcomes and reporting mechanisms
 - minimising duplication of reporting requirements, particularly for service providers.

²³ Lumby, C. (2024). [Lived Experience Engagement and Participation: current approaches and emerging practice developments in the public sector](#). Prepared for the National Mental Health Commission, Department of Health and Aged Care, Commonwealth of Australia.