



Beyond Blue submission to Productivity Commission's Mental Health and Suicide Prevention Agreement review

12 March 2025

Introduction

- Beyond Blue welcomes the opportunity to contribute to the Productivity Commission's review of the National Mental Health and Suicide Prevention Agreement (the Agreement). The Agreement was established to enhance effectiveness, accessibility, affordability and safety of the mental health and suicide prevention systems.
- The Agreement is an important piece of national architecture for the mental health system. It has provided a clear approach to improve collaboration between governments, highlighted the need for greater oversight of community outcomes and investment impact, and introduced new governance arrangements such as the Mental Health and Suicide Prevention Senior Officials Group, the National Mental Health and Suicide Prevention Lived Experience Group, the Data Governance Forum, Safety and Quality Group, psychosocial project group and evaluation project group.
- However, greater ambition and structures to deliver truly national mental health and suicide prevention systems are needed, with long term commitments by governments for a clear long-term plan (that is monitored for success and adjusted as needed, but that survives electoral cycles).
- As examples, the Agreement captures responsibilities that largely reflect existing arrangements rather than driving structural reform and collaborative investment, and the dependence on bi-lateral agreements runs the risk of embedding fragmentation and cross-border issues.

"There needs to be better funded and more easily accessible services, services that communicate with each other and that are flexible in the type of support you're given. I've found that rarely does a service actually meet my needs and as such you continually try things and sure, you might get some positive results, but it's largely arbitrary. I've never had someone sit with me and ask what good support for me might look like, it seems a fairly straightforward approach and yet it's lacking in practice."

Blue Voices member¹

- We note the terms of reference and provide the following recommendations as they relate to system reform, as well as recommendations as they specifically relate to mental health in education. These recommendations are informed by Beyond Blue's community insights data and the views of people affected by mental health conditions who share their experience and expertise through Beyond Blue's [Blue Voices program](#).

¹ Beyond Blue's Blue Voices program are a community of people with a lived/living experience of a mental health condition, or in a caring role for someone with a mental health condition.

Beyond Blue recommendations

1. The Agreement should prioritise the long overdue implementation of responses to recommendations of several existing mental health inquiries and strategies.
2. Genuine co-design with people with lived and living experience must be at the centre of mental health system design.
3. Investment is needed in a future-focused, diverse workforce that responds creatively to the realities of Australia's workforce shortages and distribution and reflects community members' needs.
4. Demonstrate leadership and investment in prevention and promotion of mental wellbeing to stem the tide of mental health concerns and in greater choices for earlier intervention supports.
5. The next Agreement ensures a nationally consistent approach to mental health and wellbeing in education systems and settings.
6. Mental wellbeing, not just mental illness, must be measured and reported on regularly.
7. Focused efforts on digital delivery and cybersecurity resilience.
8. Power-sharing for progress on First Nations social and emotional wellbeing.

An opportunity for system reform

The establishment of the Agreement in 2022 introduced a clearer architecture for funding, governance, and whole-of-government coordination, particularly since the dissolution of COAG governance mechanisms in mental health. The Agreement articulates welcome principles-based commitments, such as avoiding duplication and joint funding across jurisdictions.

Despite this, and alongside landmark reviews, including the Productivity Commission's own Mental Health Inquiry in 2020, the Agreement primarily reflects the existing system, which is failing to overcome well-established systemic barriers and meet peoples' needs. Consequently, we are yet to see the innovating and broad-scale system reform envisaged by many previous inquiries and the Agreement's objectives.

The mental health system remains difficult to access and navigate, and resourcing is still concentrated in biomedical response and crisis care (as important as these are in a balanced system), over prevention, promotion and earlier intervention.

*"The system largely only is focused on people in 'crisis', it's only then that you get timely access to treatment."
Blue Voices member*

Broad societal trends continue to drive community distress, including cost-of-living pressures and economic uncertainty, loneliness and social isolation, divisive discourse, racism and discrimination, and climate change and natural disasters. The 2024 Australian Mental Health and Wellbeing survey, a nationally representative survey conducted by the Social Research Centre on behalf of Beyond Blue, found increasing prevalence of mental health conditions over the past two years, and an increase in many of the drivers of poor mental health. The survey found rates of poor mental health are even higher among people already marginalised because of their gender, sexuality or cultural identity.²

Many barriers to help seeking and access to supports remain. The most common are cost, perception that problems weren't serious enough and waiting lists.³ This is consistent no matter where people live – from metropolitan areas to rural and remote communities. Additional challenges that have been identified by those outside capital cities are things like time away from work and digital access issues. These barriers

² Social Research Centre (2024). Australia's Mental Health and Wellbeing Check (Preliminary Report). Beyond Blue. Unpublished. N.B. This survey used the Patient Health Questionnaire for Anxiety and Depression (PHQ4) tool

³ Social Research Centre (2024). Australia's Mental Health and Wellbeing Check (Preliminary Report). Beyond Blue. Unpublished.

delay or prevent people from receiving the support they need and may mean they only reach out for or receive support when in crisis.⁴

“More funding for a start. We need better access to mental health services, especially in regional and remote communities where I come from. I feel like it should be a lot cheaper, particularly seeing psychologists, and for life saving assessments.”
Blue Voices member

A week-long survey of Blue Voices – Beyond Blue’s lived experience group – to inform our submission received 149 responses. Survey participants were based in metropolitan (64%), regional (23%) and rural (12%) areas of the country and were asked to reflect on their experiences of accessing support for themselves or someone they’ve supported during the previous 12 months. Several themes emerged when people were asked why they may have delayed or not sought support for their mental health, with affordability the most common response (47%). Wait lists were identified as a significant barrier to seeking treatment by 40% of respondents. Almost one quarter (23%) of respondents couldn’t take time away from work, home or other commitments and 14% delayed or didn’t seek support because they didn’t know what would be most helpful.

Encouragingly, of those who did receive professional mental health support, when asked whether their needs were met, over three quarters (78%) agreed they had been at least partially.

“I received the help I needed, and when I needed it! I do consider myself very lucky to have such good care professionals in my corner!”

“After trying multiple psychologist services, I was able to find one that met my needs. However, I needed to go through the struggle of going to unsuitable psychologists first, which not only came at a cost and used up multiple sessions of my mental health plan, but was also emotionally exhausting.”
Blue Voices members

More broadly, cost remains a pressing issue and reason for delaying help-seeking. Financial barriers to accessing support have grown during the life of the Agreement with almost 1 in 2 people (46%) indicating that they haven’t sought care from a mental health service due to the cost. This is a statistically significant increase from 39% of people naming cost as a barrier to support in 2022.⁵

“My overall cost for the psychiatrist appointments last year to get my diagnosis and access to medication was about \$2,000. I live on a single wage and am paying off a mortgage, so I really had to restrict other bills or healthcare because I needed that. Not to mention the surrounding costs such as cardiologist appointments to check my heart before going on medication, and the ongoing appointments to check in about my medication.”
Blue Voices member

We know that when people can access the right service for their needs, the impact not just on their health but their whole life can be immensely positive. In the survey of Blue Voices, the enduring importance of the therapeutic alliance for participant satisfaction with mental health services was a common theme.

⁴ Petzke M, Sutton-Long C. (2024). Regional and rural discovery research – insights and opportunities. Beyond Blue. Unpublished.

⁵ Social Research Centre (2024). Australia’s Mental Health and Wellbeing Check (Preliminary Report). Beyond Blue. Unpublished.

*"I was able to get my ADHD diagnosed and access to medication
which has changed my life."
Blue Voices member*

In the face of lagging mental health system reform and volatile social, economic, environmental and geopolitical circumstances, Beyond Blue continues to advocate for person-centred system reform, and a wellbeing economy that prioritises health equity and action on the social determinants of mental health.

Recommendation 1: The Agreement should prioritise the long overdue implementation of responses to recommendations of several existing mental health inquiries and strategies.

- Consecutive inquiries, evaluations, reports and strategies, including the Productivity Commission's report and Vision 2030, have clearly articulated a blueprint for reform that have yet to be realised. **The next iteration of the Agreement should prioritise advancing these reforms, including clear governance, coordinated national and state/territory implementation plans and budget allocations.**
- The evaluation of Better Access⁶ provided some key insights into the state of the mental health system today. Namely, that there are people who would benefit from Better Access who are not accessing it; and that it is serving some groups better than others, and these gaps in access and inequity are widening.
- Many of these strategies remain unfunded and partially implemented, at best.
 - For instance, the *National Stigma and Discrimination Reduction Strategy* was announced in 2020 and consultation completed in February 2023, yet there has been no public release or commitment to implementing the Strategy. Feedback from our communities reinforces that stigma remains an issue that needs to be addressed, and that is compounded with other stigmatising experiences. For example, research conducted by Beyond Blue in partnership with the Australian Securities and Investment Commission found that people experiencing financial challenges are at least twice as likely to experience mental health challenges as those who are not. This is made more challenging by stigma around both poor financial wellbeing and mental health, creating a notable barrier to help-seeking in both areas.⁷

*"...all I know is the stigma of mental health for men is still around."
Blue Voices member*

- The *National Mental Health Workforce Strategy 2022 – 2032* provides a high-level vision and roadmap for building a sustainable workforce to deliver mental health treatment, care and support that meets community needs, however, we are yet to see significant investment in the diversification of workforce that is needed to deliver this Strategy. This includes appropriately trained complementary workforces, such as peer workers and low intensity coach workers.
 - The *National Children's Mental Health and Wellbeing Strategy* released in 2021 provides a framework to guide crucial investment in the mental health and wellbeing of children and their families, however, it has yet to be fully funded and implemented.
- Confidence in the mental health system is key. Long term committed and sustainable funding is required to ensure effective implementation of reform, the efficient delivery of programs and services, and community trust in the accessibility of effective mental health services.
- Governments should be held accountable for improving the mental health system to meet peoples' needs, from announcement to implementation, through an independent statutory body with powers and funding to monitor the Government's performance. This can be aided through legislation

⁶ Pirkis, J, Currier D, Harris M, Mihalopoulos C, et al. (2022) Evaluation of Better Access, University of Melbourne.

⁷ Heartward Strategic (2022) The Money and Mental Health Social Research Report. Beyond Blue and ASIC.

enshrining the National Mental Health Commission's independent role, clear and focused statutory functions to report on system performance, secure funding and strong governance.

- To support a national and nuanced picture of system performance, the National Mental Health Commission should work with state/territory commissions and reporting structures, to ensure nationally consistent measures are captured and publicly reported on where it makes sense to do so.

Recommendation 2: Genuine co-design with people with lived and living experience must be at the centre of mental health system design

- The experiences of people with lived and living experience of mental ill-health and/or suicide must be central to government policy, decision making, strategy development, and system reform. Genuine community co-design is necessary for designing policies, practices and solutions that meaningfully impact the people navigating the mental health system. **Co-design should include lived experience contribution to developing the Agreement, through to its oversight, implementation, evaluation and continuous improvement.**
- The establishment of National Mental Health Lived Experience peak bodies is a good first step. Embedding the value and insights of these bodies into government decision-making will enable lived experience expertise to be central to policy development and implementation planning. Once fully established, these peak bodies should play a central role in the development of the next Agreement.
- Genuinely engaging and co-designing with community takes time. Funding and contract terms must allow time to establish trust and credibility with communities, for people to meaningfully contribute, and for organisations to learn from the people we serve.

“Really involve lived experience in spaces, lived experience from Police, Paramedics, Child Protection, GPs, everyone who are frontline workers in crisis situations, as well as the people being responded to, so we can get a well-rounded picture of how things look currently, what the strengths are, what the gaps are and how we can improve moving into the future.”

Blue Voices member

- Funding arrangements also need to adapt to reflect modern ways of work, including human centred design and agile methodologies. A shift away from activity-based funding to outcomes-based funding, that is not wholly dependent on extensive definition of program or business requirements at the outset, will enable this.

Recommendation 3: Investment is needed in a future-focused, diverse workforce that responds creatively to the realities of Australia's workforce shortages and distribution and reflects community members' needs.

- The Agreement was intended to support the system to respond to current and emerging priorities. But critical gaps in the mental health workforce remain, which is disproportionately concentrated in clinical and emergency response and does not adequately support the delivery of prevention, promotion and early intervention.
- Diversification of the workforce is an essential piece in the reform puzzle and can be supported by the full implementation and funding of the *National Mental Health Workforce Strategy 2022-2032*, but also consideration of emerging workforce options.
- **In particular, the Agreement should increase investment in building under-developed elements of the mental health workforce. Namely, coaches, prevention and promotion practitioners, First Nations social and emotional wellbeing workers, peer and lived experience workforces, and multi-disciplinary workforces responsible for supporting children and young people.**

For over a decade, Beyond Blue has delivered NewAccess, a free, Low-intensity Cognitive Behavioural Therapy (LiCBT) early intervention program focused on people experiencing mild and/or moderate impacts or symptoms of anxiety and/or depression. Participants are supported by specifically trained and clinically supervised mental health coaches, supporting people earlier before they require more intensive support.

- The ability to self-refer to NewAccess reduces the stigma associated with seeking mental health support, improving accessibility for people who may not otherwise seek it.
- The program is safe and effective in health and social care environments and meets a previously unmet need. On average, 7 in 10 people who participate in the program reach clinical recovery.
- Stringent risk management processes that include comprehensive supervision and a clear process for stepping up people to more intensive support options ensures participant safety.

- The Better Access evaluation⁸ found that the program provided services to people with low levels of need who could be supported through information or other services. Diversifying the workforce frees up psychologists and psychiatrists to focus on their scope of practice and improves access to appropriate services for people across the mental health continuum.

“Subsidise other modalities that isn’t just talk therapy, allow other forms of therapy to be available as so many things contribute to mental health decline many things can help elevate that aside from 1-1 couch talk therapy.”

“Increase funding specifically for peer support services and employees which can help connect the rest of the dots.”

“My peer workers and support group were of the most help I received. I eventually got counselling, but I found that that service didn’t even compare to peer workers and support groups.”

“Community outreach peer-based [support] with assistance from individuals with knowledge about mental health care would improve and actually save funding input health system”
Blue Voices members

- Coupled with this investment must be education and confidence/awareness building around these non-clinical workforces to support both the growth of multidisciplinary teams and referral to earlier support options. This will ensure good take up and utilisation of these services and is a step towards a more sustainable mental health system.
- An example of this working well is the role of the link worker in social prescribing models showing strong results in promoting mental health and wellbeing by linking people with protective non-clinical social and community supports.
- There is promising evidence for the concept of integrated primary health and social care hubs for children and families as an early intervention approach to improve child mental health.⁹ Integrating care within primary health care settings is associated with improved family engagement,¹⁰ coordinated

⁸ Pirkis, J, Currier D, Harris M, Mihalopoulos C, et al. (2022) Evaluation of Better Access, University of Melbourne.

⁹ Honisett, S., Loftus, H., Hall, T., Sahle, B., Hiscock, H., & Goldfeld, S. (2022). Do Integrated Hub Models of Care Improve Mental Health Outcomes for Children Experiencing Adversity? A Systematic Review. International journal of integrated care, 22(2), 24. <https://doi.org/10.5334/ijic.6425>

¹⁰ Eastwood, J. G., Dewhurst, S., Hansen, S., Tennant, E., Miller, E., Moensted, M. L., Fotheringham, P., & De Souza, D. (2020). Care Coordination for Vulnerable Families in the Sydney Local Health District: What Works for Whom, under What Circumstances, and Why?. International journal of integrated care, 20(4), 22. <https://doi.org/10.5334/ijic.5437>

supports across health, social, and education systems,¹¹ improved child health outcomes,¹² and reduced health care costs.¹³

- Embedding an integrated approach within primary care settings can provide an equitable service delivery platform for early intervention. Key components of effective integrated care models should include clinical integration as a starting point to integration, particularly case management, person-centred care and education, and ideally co-location where possible.
- Workforce diversification should also consider the role of professionals outside the health sector, who play a critical role in promoting, protecting and supporting the mental health of the community in settings like schools, early learning centres and workplaces. Effective workforce strategies must include dedicated capability development (for example, for educators, with-in pre-service and early career stages); adequate resourcing for effective implementation (for example, in workplaces, sufficient investment in preventing, identifying and responding to psychosocial risks); and prioritising the wellbeing of this workforce itself.

Recommendation 4: Demonstrate leadership and investment in prevention and promotion of mental wellbeing to stem the tide of mental health concerns and in greater choices for earlier intervention supports.

- The Agreement should prioritise an increased investment in promotion, prevention and early intervention, including addressing the system enablers for an effective prevention system, as outlined by the Prevention Coalition Consensus Statements, [*Primed for prevention: A consensus statement on the prevention of mental disorders*](#) and [*Starting upstream: building a strong and sustainable preventative mental health system for Australia*](#).
- Meaningful action in these areas of the Agreement is critical if we are to see trends in mental health and wellbeing in Australia improve, particularly for the priority populations outlined in the Agreement – many of whom are disproportionately impacted by these determinants and face higher risks of developing mental health conditions and experiencing suicidality.
- Despite a focus on prevention, early intervention and addressing social determinants, we are yet to see sustainable and scalable action, including the reforms envisaged by many of the reports and recommendations provided to Government mentioned above.
- After decades of increasing investment in mental health care, prevalence rates have not declined and health inequities remain. The economic case for prevention and promotion has been persuasively made, including by the Productivity Commission's own Mental Health Inquiry.
- This approach must look at creating generational change. The Centre of Research Excellence in Childhood Adversity and Mental Health was a five-year research program (2019-2023) co-funded by Beyond Blue and the National Health and Medical Research Council. It found that children who experience adverse childhood events are 6-10 times more likely to develop mental health problems later in life and half of most mental health conditions emerge by the age of 14.¹⁴

¹¹ Satherley, R. M., Lingam, R., Green, J., & Wolfe, I. (2021). Integrated health Services for Children: a qualitative study of family perspectives. *BMC health services research*, 21(1), 167. <https://doi.org/10.1186/s12913-021-06141-9>

¹² Honisett, S., Loftus, H., Hall, T., Sahle, B., Hiscock, H., & Goldfeld, S. (2022). Do Integrated Hub Models of Care Improve Mental Health Outcomes for Children Experiencing Adversity? A Systematic Review. *International journal of integrated care*, 22(2), 24. <https://doi.org/10.5334/ijic.6425>

¹³ Lane, W. G., Dubowitz, H., Frick, K. D., Semiati, J., & Magder, L. (2021). Cost effectiveness of SEEK: A primary care-based child maltreatment prevention model. *Child abuse & neglect*, 111, 104809. <https://doi.org/10.1016/j.chiabu.2020.104809>

¹⁴ 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, Melbourne, Australia.

- Previous research has shown that approximately 30% of all mental disorders are attributed to adverse childhood events, including 30% of anxiety disorder cases, 40% of depression cases, and 67% of lifetime suicide attempts.¹⁵
- We advocated for and welcomed the recent release of and funding to implement the National Suicide Prevention Strategy, which articulates a vision on how governments can address the determinants of suicide and prevent suicidal distress.
- Matching this funding for mental health primary prevention and taking a strategic approach to addressing determinants of mental health and suicide (many of which overlap) is critical. This, coupled with monitoring and the inclusion of mental health and wellbeing measures in non-health determinants program monitoring, can enhance intended impact and build the evidence base. This could be achieved through dedicated and recurrent funding streams for mental health prevention, and funding that aims the match the 5% target for preventative physical health spending.
- There is also a lack of national leadership and strategy to guide action in prevention and promotion. The National Preventive Health Strategy 2021-2030 offers an overarching strategic architecture, but the promised Blueprint for Action is yet to be released, demonstrating once again the need to prioritise implementation, coupled with relevant funding.

Recommendation 5: The next Agreement ensures a nationally consistent approach to mental health and wellbeing in education systems and settings

- As noted in the current Agreement, education settings are a critical opportunity for early intervention and prevention.
- Since the signing of the Agreement, Beyond Blue has welcomed significant reforms in the Early Years and Early Childhood Education and Care sector, including the removal of the activity test for subsidies and further investment in childcare infrastructure for underserved communities and the inclusion of student and educator wellbeing in the Better and Fairer Schools Agreement.
- These developments recognise that mental health and wellbeing concerns can have a significant negative effect on school attendance, engagement, learning and academic achievement, with effects compounding over time,¹⁶ and that supporting the mental health and wellbeing of educators is critical.
- Despite these steps, the mental health and wellbeing in education landscape remains cluttered, fragmented and there is a lack of national coherence. As noted at the August 2024 Health and Mental Health Ministers Meeting, there remains a need for “better integration across mental health service providers and education”.¹⁷
- The landscape makes it difficult for education departments, learning communities, and educators to navigate.¹⁸ This results in confusion about which programs to implement while also increasing the risk of programs being implemented that will not improve mental health and wellbeing.
- The next Agreement presents an opportunity to address these long running system and sector issues and to fully deliver on the previous Agreement’s whole-of-government commitments to:

¹⁵ Sahle, B. W., Reavley, N. J., Li, W., Morgan, A. J., Yap, M. B. H., Reupert, A., & Jorm, A. F. (2022). The association between adverse childhood experiences and common mental disorders and suicidality: an umbrella review of systematic reviews and meta-analyses. *European child & adolescent psychiatry*, 31(10), 1489–1499. <https://doi.org/10.1007/s00787-021-01745-2>

¹⁶ Productivity Commission. (2020). Productivity commission inquiry report: mental health.

¹⁷ [Health Ministers Meeting \(HMM\) – Communique 16 August 2024](#)

¹⁸ Improving Outcomes for All: The Report of the Independent Expert Panel’s Review to Inform a Better and Fairer Education System. (2023). p.11.

- “Identify and share best practice examples of mental health supports and suicide prevention across all education settings to encourage implementation of evidence-based approaches across jurisdictions”¹⁹
- “Developing guidelines to help inform jurisdictions’ selection of wellbeing programs in schools.”²⁰
- **Beyond Blue recommends that governments leverage the existing investment in Be You, the Commonwealth-funded National Mental Health in Education initiative, to reduce duplication and improve integration between mental health supports and education.** Be You is well placed to support these important cross-portfolio priorities.
- The Be You team works closely with jurisdictional education departments to tailor to local needs, and to support learning communities to meet and deliver on national, state and territory requirements that relate to mental health and wellbeing.
 - For example, the Be You and Northern Territory Department of Education and Training partnership commenced in practice in January 2024, following the [Department’s commitment](#) to implement Be You in all schools and Families as First Teachers (FaFT) settings. This partnership is an example of how Be You can support the implementation of mental health in education at scale in a relatively small jurisdiction with limited resources.
- **Be You is an effective, evidenced-based approach that can be implemented across all jurisdictions.**

Be You is the national mental health and wellbeing initiative for early learning services and schools in Australia. Launched in 2018 and funded by the Commonwealth Department of Health and Aged Care, Be You was designed to integrate and streamline the mental health in education offerings existing at the time by bringing together, in a single end-to-end initiative (from promotion to hands on support after a suicide), several separately funded Commonwealth programs. It is delivered by Beyond Blue in collaboration with Early Childhood Australia and headspace.

Be You is freely available for educators and those studying to become educators. Be You provides an effective model for implementing a whole-learning community approach to mental health and wellbeing and includes professional learning as well as practical tools and resources to establish positive, inclusive, and responsive learning environments.

Be You also provides expert consultant support. Consultants bring evidence-informed knowledge and extensive experience in both education and clinical practice to support learning communities and guide them on their implementation journey. Consultants also provide suicide prevention, response and postvention support services. The [Be You Suicide Postvention Toolkit](#) is also freely available online and offers practical guidance on responding to a suicide and managing the impact on a school community.

As of February, 2025, 73% of all Australian schools and 38% of early learning services have registered as Be You learning communities. In addition, over 207,000 educators and people studying education have signed up to Be You. These are well above targets, demonstrating the appeal of and utility of Be You to educators.

Independent evaluation of Be You has shown promising early findings of improved learning outcomes and increased NAPLAN scores for learning communities engaged with Be You, compared to schools not engaged with Be You. Students attending secondary schools engaged in Be You are significantly more likely to have improved social and emotional wellbeing scores than those attending secondary schools that are not engaged.

The evaluation also found that the approaches promoted in Be You appeared to align with and support early learning services to meet and exceed the National Quality Standards.²¹

¹⁹ National Mental Health and Suicide Prevention Agreement (Current). p. A-3.

²⁰ National Mental Health and Suicide Prevention Agreement (Current). p. A-3.

²¹ Dix KL et al. (2022). Be You Evaluation Final Report: from launch until mid-2021. Report for Beyond Blue. Australian Council for Educational Research, Melbourne.

Educators engaged with Be You are also more likely than non-Be You educators to:

- Feel confident recognising the signs and symptoms of mental health issues (74% vs 62%)
- Feel confident about supporting a child or young person with a mental health condition (82% vs 69%)
- Know how to initiate conversations with parents and carers about mental health (78% vs 58%)
- Feel confident intentionally teaching social and emotional learning skills (88% vs 77%).²²

- Increasing Be You's consultant workforce to create greater capacity to support schools and early learning services presents an opportunity to extend the impact of Be You. More consultants would enable Be You to effectively scale the Initiative, and to provide more in-depth support to embed a whole of learning community approach to mental health and wellbeing.
- Be You can also leverage existing work to support the **delivery of the commitment to develop national guidelines**²³ for the accreditation of mental health and wellbeing programs delivered in schools. Building upon Be You's existing [Programs Directory](#), a searchable databased on evidence-based mental health and wellbeing programs for learning communities rigorously assessed by Murdoch Children's Research Institute and the University of Melbourne, would be a cost-effective and efficient solution and help reduce confusion amongst educators.

Recommendation 6: Mental wellbeing, not just mental illness, must be measured and reported on regularly

- Good data is crucial for good decision making and understanding progress. It benefits governments and communities, as well as business, researchers and beyond, to understand what's happening and to drive improvements.
- To date, national population surveys by key bodies (such as the Australian Institute of Health and Welfare and the Australian Bureau of Statistics) have been too few and far between. Further, they do not tend to provide detail on how mental ill health affects people with different experiences, such as differences of race or sexuality. This means decision makers must use data that is generalised and up to a decade or more out of date.
- The Measuring What Matters Framework and dashboard have laid the foundation to begin to capture and share data on Australia's wellbeing. However, indicators on mental wellbeing, as well as effective child and family wellbeing, remain absent.
- There is a significant data gap for children and young people's mental health and wellbeing. Much of the current data on national prevalence rates of mental health disorders for children and adolescents (aged 4-17) still comes from the *Young Minds Matter* survey, conducted in 2013-14. Beyond Blue welcomed the commitment to fund a new iteration of this survey, *Young Minds: Our Future*, which will examine changes since 2013/14. However, to support reform in this area, more needs to be done. There are numerous opportunities to analyse, repeat and build on the Young Minds data capture. This would ensure an accurate and current snapshot of children and young people's wellbeing is more regularly available to inform policy, practice and decision-making.
- Capturing information on both illness and wellbeing would provide a better understanding of the state of health in Australia and how spending can be best directed to improve quality of life. Data can demonstrate what is driving distress at a population level and what can be done to achieve better social, economic and community wellbeing outcomes, while promoting greater transparency and accountability.
- **To realise the innovation and reform the system needs, these critical gaps in the data must be addressed through a commitment to more dynamic, regular, national population level surveys which**

²² Beyond Blue (2024). Be You National Mental Health in Education Full Report.

²³ Productivity Commission. (2020). Productivity commission inquiry report: mental health.

capture mental wellbeing, prevalence rates for mental ill health across a range of demographic markers, and the range of determinants which contribute to poor mental health.

Recommendation 7: Focused efforts on digital delivery and cybersecurity resilience

Seeking mental health information online is increasing in Australia

- In 2024, 30% of participants in the Australian Mental Health and Wellbeing survey had sought mental health information online from at least one source, a significant increase since 2022 (26%).²⁴
- With a growing push to provide advice, information and deliver mental health supports digitally comes the need to consider the digital capabilities and access of the community and the sustainability of organisations involved in service delivery.
- Strengthening digital and cybersecurity capabilities is fundamental for building an integrated and secure system that supports appropriate information sharing, accurately captures quality data, and improves peoples experience of navigating the mental health system, all of which ultimately contribute to improving health equity and wellbeing outcomes. **Recognising the promise of digital mental health interventions, the Agreement should elevate the role of digital mental health as a key response to declining mental health, and a complement to existing and emerging mental health services.** The Commonwealth Government's 2024 Budget commitment to digital early intervention support nationally is welcome, filling a critical stepped care gap; and the work underway to improve digital navigation will also be a critical enabler.

Recommendation 8: Power-sharing for progress on First Nations social and emotional wellbeing

- First Nations Peoples are leading the way in efforts to improve social and emotional wellbeing, mental health and suicide outcomes in their communities. Despite these efforts, health inequities and injustices persist and opportunities for true self-determination remain unrealised.
- We support the sentiment expressed in Gayaa Dhuwi (Proud Spirit)'s submission outlining the importance of accountability and governance to support self-determination for First Nations Peoples, as well as the need for action on racism to support better cultural safety in the health system.
- **We advocate for the full funding and implementation of key policy reforms driven by First Nations leaders and the Closing the Gap Social and Emotional Wellbeing Policy Partnership.**
- We welcomed the recently released Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan, alongside the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy; crucial elements for First Nations leadership, and key aspects to realising a vision for a culturally responsive mental health system.
- We know from our work supporting the Close the Gap campaign that better outcomes are accomplished when First Nations Peoples have a real say in designing and implementing the policies that affect them. All governments should work in partnership with First Nations Peoples, to advance First Nations' social and emotional wellbeing, justice and self-determination and to address the rise in experiences of racism. This requires action, such as through the establishment of a truth-telling process, to implement the Government's election commitment to First Nations People to drive positive social and emotional wellbeing and a strong and adequately funded implementation of the National Anti-Racism Framework.

²⁴ Social Research Centre (2024). Australia's Mental Health and Wellbeing Check (Preliminary Report). Beyond Blue. Unpublished.