Australian Government
National Mental Health Commission

National Suicide Prevention Office

Mental Health and Suicide Prevention Agreement Review

Response to consultation

March 2025

| **pc**.gov.au/inquiries/current/mental-health-review

Contents

Introduction

The National Mental Health Commission (the Commission) and National Suicide Prevention Office (NSPO) welcome the current review of the National Mental Health and Suicide Prevention Agreement (the National Agreement) by the Productivity Commission.

As a core instrument governing the Commonwealth Government's approach to mental health and suicide prevention reform, it is imperative that all opportunities to review and strengthen the National Agreement are explored.

This joint submission calls for:

- Establishing a national strategic direction that prioritises mental health and suicide prevention equally, by articulating a shared vision, focus areas and priority actions based on contemporary evidence and demonstrated need.
- Strengthening the approach to social determinants that impact both mental ill-health and suicidal thoughts and behaviours.
- Improving transparency and accountability for actions, programs and initiatives under the auspice of the National Agreement by embedding and improving mandatory monitoring and reporting requirements.
- Enhancing governance mechanisms, data compliance and reporting requirements to support meaningful reform.
- Embedding purposeful and effective engagement of people with lived experience of mental illness and suicide in the governance and implementation of the National Agreement.

Recommendations to strengthen future iterations of the National Agreement are summarised below.

Summary of recommendations

Recommendation 1: The National Agreement must be supported by a national strategic framework that addresses both mental health and suicide prevention.

- Suicide prevention: the *National Suicide Prevention Strategy* should inform and underpin future iterations of the National Agreement.
- Mental health: a new national mental health strategy should be developed to inform and underpin future iterations of the National Agreement.

Recommendation 2: The National Agreement should be linked to an agreed national service model to ensure service delivery investment and planning is appropriately informed. The service model should reflect clarified responsibilities of Commonwealth and state and territory governments as well as support effective collaboration. This could include the use of tools such as the National Mental Health Service Planning Framework and the national suicide prevention service planning model currently under development.

Recommendation 3: The National Mental Health Commission leads the development of a new, comprehensive national mental health strategy that clearly articulates cross-sectoral and cross-jurisdictional reform towards a shared vision of improving mental health outcomes for all people living in Australia.

Recommendation 4: To strengthen the National Agreement's focus on the social determinants of mental health and suicide, it should broaden the scope to reflect contemporary evidence, clearly articulate actions based on a strategic framework, provide dedicated funding for reform, and strengthen governance mechanisms for transparency and effectiveness.

Recommendation 5: Future monitoring and reporting of the National Agreement must be conducted by an appropriately resourced oversight body with independent authority to collect data and publish its reports, supported by targets to steer collective data improvement and requirements for Parties to produce fulsome quantitative and qualitative data.

Recommendation 6: The National Agreement should explicitly link mental health and suicide prevention initiatives to their economic benefits. This includes highlighting the economic advantages of investing in these areas and establishing mechanisms to demonstrate how such investments impact economic outcomes at the population level.

Recommendation 7: Future governance arrangements for the National Agreement should include a clear scope and role for governance groups and adequate administrative support that includes the enabling of ongoing communication between groups for improved coordination of effort and visibility of work programs.

Recommendation 8: Membership of all governance forums for the National Agreement should be reviewed and deliberately configured to ensure balanced representation of expertise between mental health and suicide prevention as well as a diversity of perspectives.

Recommendation 9: Future arrangements should ensure there is clear governance and implementation arrangements to guide the purpose and outcomes of collaboration activities between the National Agreement and other relevant national reform work. This could include the development of action plans with accountable parties, allocation of program investments and capacity building resources, timelines and reporting requirements.

Recommendation 10: Purposeful and effective engagement with lived experience in the governance and implementation should be embedded in future National Agreements, including through representation of lived experience across relevant groups, with equal mental health and suicide prevention expertise, opportunities for members with lived experience to contribute and ensuring other members value and support lived experience.

Establishing a strategic direction to underpin the National Mental Health and Suicide Prevention Agreement

The National Agreement goes some way towards defining mental health and suicide prevention reform objectives and activities, however, falls short of providing a national strategic framework that can adequately guide unified efforts and investment across governments, services, and communities.

In its current format, it more closely resembles an implementation plan with discrete activities for the Commonwealth, state and territory governments substantially defined in adjunct agreements and schedules, predominantly focused on specific service models rather than broader system improvements. This lack of cohesion contributes to increased fragmentation of the service system, with gaps remaining in services and their integration as well as an inadequate focus on building sustainable and effective mechanisms to support reforms.

Further, the activities defined are largely restricted to the health system, which is problematic, given the need for a cross-sectoral approach to both mental health and suicide prevention reform, particularly for prevention activities.

It is also the case that the National Agreement is not currently linked to an agreed national service model that can appropriately inform service delivery investment and planning, despite the existence of the National Mental Health Service Planning Framework[1] (the NMHSPF). The NMHSPF is an integrated planning tool, managed by the Australian Institute of Health and Welfare (AIHW), to help plan, coordinate and resource mental health services to meet population demands. It allows users to estimate need and expected demand for mental health care and the level and mix of mental health services required for a given population. A needs-based service planning model for suicide prevention is also under development and due for completion this year. The model is being designed to complement, and potentially integrate into, the NMHSPF.[2]

The absence of this, or any other type of, foundational planning framework has contributed to a disconnect between funding initiatives and service models, leading to a lack of connected care across service settings and suboptimal outcomes for consumers, families, kin and carers. Subsequently, funding has been tied to more subjective decision-making criteria and influenced by the currency of media coverage or community comment rather than long-term strategic planning based on evidence and need.

Due to the complexity of the mental health and suicide prevention systems in Australia, there is a need to ensure reform efforts are aligned and coordinated. An overarching national

[1] Australian Institute for Health and Welfare. National Mental Health Service Planning Framework. Canberra: 2014. [Updated 2025 February]. [Cited 2025 March 18]. Available from: https://www.aihw.gov.au/nmhspf.
[2] Queensland Centre for Mental Health Research. Developing a national needs-based planning model for suicide prevention services (LIFEWAYS). [Cited 2025 March 22]. Available from: https://qcmhr.org/uncategorised/developing-a-national-needs-based-planning-model-for-suicide-prevention-services-lifeways

framework can ensure actions are strategic and targeted, providing clarity of direction and clear commitments across governments, jurisdictions and sectors.

From a suicide prevention perspective, the *National Suicide Prevention Strategy,*[3] released in February 2025, provides a robust strategic framework to guide coordinated suicide prevention reform across jurisdictions and sectors. It was developed in consultation with people with lived and living experience of suicide, researchers, and the suicide prevention sector.

Importantly, it was formally endorsed by all states and territories as well as all relevant Commonwealth portfolios, ensuring critical buy-in from all jurisdictions and portfolios. It represents a clear commitment to coordinated, consistent and evidence-based suicide prevention reform and aligns with other relevant strategies, including the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025 - 2035*.[4]

As such, core tenets of the *National Suicide Prevention Strategy* should be reflected in future iterations of the National Agreement, ensuring it is underpinned by a more systematic, nationally consistent approach already endorsed by jurisdictions.

However, there remains a critical gap for mental health which must be addressed.

The need for a mental health strategy

There has been no overarching national strategic framework for mental health since the *Fifth National Mental Health and Suicide Prevention Plan 2017*.[5] This plan, and its predecessors, set a path to achieving a shared vision of improved mental health and suicide prevention outcomes for all Australians through strengthening the health system response and, more broadly, seeking to address the social determinants of health through cross-sectoral action.

The absence of a current mental health strategy represents a missed opportunity to provide clarity about the intended outcomes of policies, priorities and activities, including for those defined in the National Agreement. There is also a significant risk of losing momentum gained over previous plans because of a lack of strategic direction, coordination and clarity.

Developing a national mental health strategy provides an opportunity to address the current need for strategic direction and aligned government funding for ongoing targeted research in mental health. A coordinated approach to mental health research and translation funding

[3] Ibid.
[4] Gayaa Dhuwi (Proud Spirit) Australia. National Aboriginal And Torres Strait Islander Suicide Prevention Strategy 2025–2035. Canberra: Department of Health and Aged Care, Australian Government; 2024 [updated 18 December 2024; cited 2025 March 18]. Available from: https://www.health.gov.au/resources/publications/nationalaboriginal-and-torres-strait-islander-suicide-prevention-st
[5] Australian Government Department of Health. The Fifth National Mental Health and Suicide Prevention Plan. Commonwealth of Australia, Canberra: 2017. [Cited 2025 March 18]. Available from: https://www.mentalhealthcommission.gov.au/monitoring-and-reporting/fifth-plan/5th-national-mental-health-and-suicide-prevention

and activity across governments would help align research priorities and funding while continuing to build the evidence base.

In alignment with the approach taken in developing the *National Suicide Prevention Strategy*, an effective mental health strategy must be informed by evidence, demonstrated need and comprehensive consultation with stakeholders, particularly those with a lived experience of mental ill-health and suicide, as well as their families, kin and carers. This is critical in fostering active support and engagement from the diverse range of stakeholders with a role to play in driving this important reform.

The mental health strategy could draw on work previously undertaken by the Commission for Vision 2030: A blueprint for mental health and suicide prevention (Vision 2030). Vision 2030 provides a national direction for mental health and wellbeing supported by a connected mental health and suicide prevention system that meets the needs of all Australians. It's focus on social and emotional wellbeing and a whole-of-community, whole-of-life and person-centred approach to mental health provides a good foundation for a national mental health strategy.

An effective strategy should:

- be based on contemporary evidence, demonstrated need and extensive consultation across jurisdictions and sectors
- adopt a holistic, integrated and recovery-oriented approach
- ensure a continued focus on system improvement, but equally prioritise prevention and early intervention through a social determinants approach
- harness the voices and wisdom of lived and living experience of mental ill-health and suicide, as well as families, kin and carers
- align, where relevant, with the *National Suicide Prevention Strategy*, and other critical reform instruments that seek to improve outcomes for priority populations, including First Nations individuals and communities
- be underpinned by a robust governance structure with clear data compliance and reporting requirements.

Recommendation 1: The National Agreement must be supported by a national strategic framework that addresses both mental health and suicide prevention.

- Suicide prevention: the *National Suicide Prevention Strategy* should inform and underpin future iterations of the National Agreement.
- Mental health: a new national mental health strategy should be developed to inform and underpin future iterations of the National Agreement.

Recommendation 2: The National Agreement should be linked to an agreed national service model to ensure service delivery investment and planning is appropriately informed. The service model should reflect clarified responsibilities of Commonwealth and state and territory governments as well as support effective collaboration. This could

include the use of tools such as the National Mental Health Service Planning Framework and the national suicide prevention service planning model currently under development.

Noting the imperative for a nationally consistent approach for mental health, the Commission is uniquely placed to develop an overarching strategic framework for mental health that addresses shared issues and priorities for all Australians.

The Commission's national, cross-sectoral focus, expertise in mental health, and independence from decisions about funding and service delivery distinguish it from other government departments and mean it is uniquely placed to lead this work. The Commission has the capability to work across jurisdictions and sectors to foster engagement and participation that will ensure an appropriate focus that extends beyond clinical service delivery and treatment alone.

The Commission's partnerships with state and territory mental health commissions, who have a similarly broad and cross-sectoral remit, will assist it to define, lead and coordinate nationally consistent actions to improve outcomes for all Australians. It's independence from funding and service delivery also means it, alongside the NSPO, is uniquely placed to evaluate, monitor and report on the mental health and suicide prevention systems.

Additionally, the Commission's close collaboration with the NSPO will strengthen its collective impact on shared issues and priorities for both mental health and suicide prevention reform agendas.

As part of any approach to refreshing or developing a whole-of-government strategy, a robust governance structure would be embedded and clear commitments sought by federal, state and territory ministers to progress relevant reform activities under their portfolios. Data compliance and reporting requirements would be reviewed and clearly articulated to ensure meaningful and timely understanding of progress and outcomes achieved.

The Commission notes the limited currency of the National Agreement and the time constraint this imposes on developing a renewed mental health strategy for Australia. While this will factor into considerations about timeframes, next steps and appropriate resourcing, it should not preclude a commitment to a thorough and rigorous process to consult with stakeholders and develop a new mental health strategy based on evidence and need.

Recommendation 3: The National Mental Health Commission leads the development of a new, comprehensive national mental health strategy. The strategy should clearly articulate cross-sectoral and cross-jurisdictional reform towards a shared vision of improving mental health outcomes for all people living in Australia.

Strengthening proactive prevention beyond health systems for mental health and suicide prevention

The importance and value of preventing the onset of mental ill-health and suicidal distress and behaviours is universally accepted and the evidence to support this work continues to grow.

In its 2020 Inquiry into Mental Health,[6] the Productivity Commission noted the need for a significant shift towards a person-centred system of care. While maintaining the importance of continued efforts to improve people's experience with mental healthcare, the Productivity Commission advocated for a greater focus on improving individual experiences beyond the health system and prioritising prevention, early intervention and community-based recovery and support.

To achieve this, a greater focus on the social determinants of health that affect mental health and wellbeing and influence suicidal thoughts and behaviours is required. Schedule A of the National Agreement currently highlights the importance of addressing the social determinants of mental health and suicide and acknowledges that a whole-of-government approach is required. However, in its current form, Schedule A does not sufficiently embed or operationalise a social determinants approach and fails to provide clarity about how to strengthen work in this area as part of a proactive, preventative approach.

Current limitations include:

- a lack of clear objectives or strategic direction
- inadequate scope of social determinants with critical omissions, such as discrimination, social inclusion and cohesion, economic stability and physical health status (including access to appropriate healthcare)
- no dedicated funding attached to specific actions or outcomes
- dispersed accountability for progressing activity
- inadequate links to governance mechanisms that apply to the rest of the National Agreement activity.

As a result of these limitations, there has been minimal evidence of targeted progress with the working group primarily focused on information sharing as opposed to reporting against tangible actions. In the Annual National Progress Report 2022-23, it was reported that the working group had shared best practice examples and/or case studies concerning a range of topics (e.g. mental health supports in school settings, legislative reform for work-related psychological health) and discussed a broad range of common issues or ideas. The information provided did not articulate concrete evidence of how actions translated to outcomes aligned with the objectives of Schedule A.

[6] Productivity Commission. Mental Health, Report No. 95 [Internet]. Canberra: PC, Australian Government; 2020 [cited 2025 March 18]. Available from: https://www.pc.gov.au/inquiries/completed/mentalhealth/report

While conversations and perspectives are valuable, there is a need to strengthen the scope, governance and implementation of Schedule A to drive meaningful reform.

An expanded list of social determinants requiring attention and focus should be included as part of a refreshed National Agreement. This will ensure a comprehensive and targeted approach in line with the *National Suicide Prevention Strategy*. Under that Strategy, five key prevention areas are highlighted by virtue of their potential to positively influence wellbeing or, conversely, contribute to suicidal thoughts, behaviour or distress. They are safety, good health, economic security, social inclusion and the ability to navigate key life transitions. Critically, the *National Suicide Prevention Strategy* articulates a clear direction for where to focus efforts to address these areas.

Recommendation 4: The National Agreement's focus on the social determinants of mental health and suicide is strengthened by:

- broadening the scope of social determinants to align with and reflect contemporary evidence
- prioritising prevention approaches
- articulating actions with clear objectives based on an overarching strategic framework
- providing dedicated funding to support reform
- strengthening governance mechanisms and structures to ensure transparency and effectiveness
- including mechanisms to foster accountability, such as data compliance and progress/outcome reporting requirements.

Independent monitoring and reporting

Any agreement requires independent and robust monitoring and reporting to facilitate transparency, ensure governments are delivering on their commitments and that their actions are leading to improved outcomes.

Monitoring and reporting must be conducted by an oversight body that is independent of those who deliver services, design policy or fund the system. It should be supported by the development and provision of robust qualitative and quantitative data that supports an assessment of whether an agreement is meeting it's required deliverables. There must also be appropriate enablers in place to ensure that Parties engage with the oversight body and provide fulsome qualitative and quantitative data in the timeframes required.

In addition to monitoring implementation, independent evaluation is essential to inform conclusions around whether an agreement is achieving its intent and contributing to improved outcomes at a whole of system level. There is also a need to ensure individual initiatives and programs are achieving their stated objectives and contributing to the broader aims of the National Agreement.

Current approach to monitoring and reporting

Under the National Agreement, the Parties (the Commonwealth and the jurisdictions) must produce Annual Jurisdictional Performance Reports each year, which are consolidated into an Annual National Progress Report. In September 2022, the joint Commonwealth and jurisdictional senior governance forum for the National Agreement, the Mental Health and Suicide Prevention Senior Officials (MHSPSO), tasked the Commission with preparing the Annual National Progress Report for the Agreement's life, noting alignment with the Commission's core reporting expertise and responsibilities.

Under the current arrangements, the Parties and Working Group members review the Commission's draft report and provide endorsement, before seeking final endorsement from their relevant Ministers. The Commonwealth has the authority to publish the National Progress Report "unless Parties agree it is not reasonable, appropriate or practical to do so at the time" (Clause 79).

The National Agreement specifies the National Progress Report is due to be finalised and endorsed by Health Chief Executives, and Mental Health CEOs where relevant, and provided to Ministers by 30 November each year (Clause 78).

The National Progress Report must:

- 'consolidate' the Annual Jurisdiction Performance reports (Clause 78) produced by the Parties by 31 August each year (Clause 76)
- include progress against the whole-of-government action outlined in Schedule A (Commitment 14 – Schedule A), and
- include information on maintenance of governments' financial investment in mental health and suicide prevention (Clause 106).

In line with these requirements, the National Progress Report analyses information on implementation progress from the following sources:

- Annual Jurisdiction Performance Reports – developed by the Parties
- Working Group Progress Reports – completed by each working group under MHSPSO, as well as Social and Emotional Wellbeing Policy Partnership representatives on MHSPSO
- publicly available expenditure data from the AIHW.

The Commission does not draw on any additional sources and undertakes no primary research as part of completing the National Progress Report (e.g. consulting with service deliverers or directly ascertaining other quantitative or qualitative data).
Several aspects of the current reporting arrangements limit the Commission's ability to draw informed and evidence-based conclusions about implementation progress and limit the utility of the reports:

- **Independence:** The Parties and Working Group members are the primary source of information for National Agreement reporting. They also review and approve the final report. The Commission does not have independent authority to publish the report

without this endorsement. These arrangements limit the Commission's ability to provide impartial, objective and transparent reporting on implementation.

- **Reliance on self-reported qualitative data:** The data provided to the Commission to inform reporting is primarily qualitative data, self-assessed by the Parties. While Parties are required to report on key performance indicators under the National Agreement, to date this data has been very limited, with Parties frequently rating KPIs as 'not applicable'. An absence of quantitative data has limited the Commission's ability to draw meaningful and objective insights on implementation progress.
- **Delays in provision of information and endorsements:** Both the 2022-2023 and the 2023-2024 National Progress Reports were not published by the timelines specified in the National Agreement due to substantial delays in the Parties providing the required information to the Commission. For the 2023-2024 report some inputs from Parties are still outstanding (as of 18 March 2025). There are currently no provisions available under the National Agreement to require Parties to provide their data in the stated timeframes and limited repercussions if the reporting requirements are not adhered to. Timeliness is essential if reporting is to fulfil its transparency goals and support informed decision-making by governments, including around funding.

While the final review of the National Agreement includes an assessment of whether reforms are achieving stated outcomes, the current annual reporting process does not support this objective. The data provided for annual reporting purposes focuses solely on whether commitments have been progressed and does not speak to the effectiveness of the initiatives being implemented. Regular and ongoing collection of outcome data over the life the National Agreement would be of significant value in both informing continuous improvement and assessing overall effectiveness.

The National Agreement specifies priority indicators for development (Annex B), which are categorised against the five high-level outcomes specified in the Agreement (Clause 26). Beyond this, it is difficult to discern a clear overarching logic for these indicators and how they map to the outputs or initiatives underpinning the National Agreement.

In the absence of this clear logic, drawing conclusions about whether the National Agreement is meeting its objectives and achieving its core outcomes is challenging.

Recommendation 5: Future monitoring and reporting must be conducted by an appropriately resourced oversight body with independent authority to collect data and publish its reports, supported by targets to steer collective data improvement and requirements for Parties to produce fulsome quantitative and qualitative data.

To address the barriers highlighted above, future monitoring and reporting arrangements of implementation should include:

- A clear purpose and scope for monitoring and reporting on implementation, including to provide a holistic assessment on implementation progress.

- An appropriately resourced oversight body with independent authority to collect data directly from implementers of the Agreement and other key stakeholders, as well as authorisation to publish its reports in the manner it sees fit.
- Clear data improvement targets and plans to steer collective action in developing the data required to assess progress towards national outcomes.
- Clear requirements for Parties to produce fulsome qualitative and quantitative data to the oversight body to ascertain objectively the status and effectiveness of implementation, as well as whether initiatives are contributing to agreed outcomes.
- Mechanisms, such as incentives or penalties, to ensure data is provided in the timeframes required.

In addition to monitoring implementation progress, mechanisms must be in place to independently evaluate whether any national agreement is achieving its intent and translating into expected benefits for the community. Importantly, evaluation planning should begin during the early design stages of a future National Agreement to ensure objectives are measurable and the required data sets are available or can be built to understand whether a national agreement is achieving it's intended aims. Mechanisms for the purposeful and effective involvement of people with lived experience, as well as clear data requirements, intended audiences and reporting timeframes should also be in place.

Reporting and associated data collection should be directly linked to an overarching strategic framework (as discussed earlier in this submission) that states clear national outcomes that governments are working to achieve and a high-level logic for how their collaborative investments and activities will deliver positive change in these outcomes.

Economic evaluation

Despite population mental health and suicide prevention impacting on economic performance and productivity in Australia, levels of investment in these areas are not routinely evaluated or used to drive decision making.

The Measuring What Matters Framework[7] is the first national framework developed to track progress in wellbeing. The establishment of this Framework and similar work in jurisdictions (for example, the NSW Performance and Wellbeing Framework[8] currently in development) demonstrates government recognition that wellbeing and quality of life are important outcomes to be monitored and inform decision making to drive progress.

There is a need to acknowledge the economic advantages of prevention and improving population mental health and wellbeing in the National Agreement. Ensuring economic evaluation is part of future evaluation of the National Agreement provides an opportunity to not only recognise these benefits but to monitor progress, inform ongoing investment and align with the national outcomes focused work of wellbeing frameworks.

[7] The Treasury. Measuring What Matters, Australia's First Wellbeing Framework. July 2023. Australian Government. Canberra. Available from: https://treasury.gov.au/policy-topics/measuring-what-matters
[8] NSW Treasury. The NSW Performance and Wellbeing Framework (landing page). July 2024. NSW Government. https://www.treasury.nsw.gov.au/nsw-performance-and-wellbeing-framework

Recommendation 6: The National Agreement should explicitly link mental health and suicide prevention initiatives to their economic benefits. This includes highlighting the economic advantages of investing in these areas and establishing mechanisms to demonstrate how such investments impact economic outcomes at the population level.

Governance

Any agreement requires appropriate governance arrangements to support the timely and effective oversight and implementation of commitments. Each group in the National Agreement's governance structure should have a clear purpose and appropriate membership and be appropriately resourced to undertake their activities.

There are some key limitations within the current governance arrangements for the National Agreement, including:

- **maintaining momentum**: there is a variable pace of activity across the working groups.
- **linking to other reforms**: some working groups have noted the need for their work to be more deliberately integrated with related reform efforts.
- **complex processes:** some groups have reported issues arising from navigating complex and inefficient governance structures including the need to streamline clearance processes to support timely release of strategic policy guidance.
- **Lack of broader sector involvement:** an absence of actors outside the government sector in the governance process has hampered capacity to ensure interoperability of service arrangements and limited the efficiency of monitoring.

Recommendation 7: Future governance arrangements should include a clear scope and role for governance groups and adequate administrative support for groups that includes the enabling of ongoing communication between groups for improved coordination of effort and visibility of work programs.

To strengthen governance in future iterations of the National Agreement, the following is required:

- clear articulation of the scope and role of the groups, and identifying the necessary linkages between groups where there are shared areas of interest or reform work
- ongoing communication and engagement between the groups, and between groups and the jurisdictions, to ensure greater awareness of implementation activity and to empower regional- and community-based activities
- more purposeful and effective engagement with lived experience to ensure meaningful involvement of lived experience in the National Agreement's implementation
- establishment of a mechanism to build the community's awareness of implementation activities and progress

- dedicated administrative resourcing allocated to groups to ensure they meet regularly and complete the required activities to progress their implementation commitments
- transparent processes for appointing working group members, and supporting members to meet their group's accountability requirements
- ensuring plans to support whole-of-government approaches move beyond information sharing towards action and accountability to improve integration across health and non-health systems.

Further, future arrangements should include optimum governance mechanisms to effectively oversee and implement approaches to tackling social determinants of mental ill-health and suicide.

Future arrangements could consider formalising the position of the oversight body within the governance structure of a future National Agreement.

Increasing suicide prevention expertise in governance arrangements

For governance arrangements of the National Agreement to provide adequate oversight and guide effective implementation, there is a need for balanced representation of subject matter expertise between mental health and suicide prevention as well as a diversity of perspectives.

The current arrangements for the National Agreement do not reflect the full range of suicide prevention expertise required for effective governance. This imbalance reflects the limited consideration of suicide prevention within the National Agreement and that governance structures have been established through existing mechanisms dominated by mental health expertise.

Suicide prevention expertise is vital to be equally represented because

- It is a discrete area of expertise, with a distinct evidence base, that is absent in pre-service curriculum, is not consistently embedded across mental health services and often absent in sectors related to social determinants of suicide
- While most people who die by suicide have a diagnosed mental illness,[9,10] a substantial proportion do not
- The entry points to support for people experiencing suicidal thoughts and behaviours have unique aspects and challenges, such as opportunities in settings outside of the health system, a lack of care pathways, and variable confidence of workforces across the health and other service systems to support people experiencing suicidal distress

[9] Australian Bureau of Statistics. Causes of Death, Australia, 2023 [Internet]. ABS, Australian Government; 2023 [cited 2024 November 18]. Available from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-deaths-in-Australia

[10] Brådvik L. Suicide risk and mental disorders. International Journal of Environmental Research and Public Health. 2018. DOI: 10.3390/ijerph15092028.

- Stigma about suicide that exists within health and other service systems and impacts on the care and treatment of people with suicidal thoughts and behaviours and their families, carers and kin
- People who are bereaved by suicide are at increased risk of dying by suicide and require tailored support responses. However, these support needs are generally very different to the care provided through traditional mental health services.

To improve the balance of expertise, membership of the MHSPSO, working groups, and other governance forums need to have balanced representation of people with mental health and suicide prevention expertise, including lived experience. Having a range of perspectives from within these subject areas is also required to strengthen governance, for example, by ensuring clinical, systems, policy and data expertise are included. A variety of perspectives is also needed to reflect the diversity that exists across services, workforces, and populations disproportionately impacted by mental illness and suicide.

Considering mental health and suicide prevention as separate topics could assist in achieving more balanced representation of expertise in the National Agreement governance arrangements. This would need to occur alongside recognition that these are complimentary concerns for governments working towards a common objective of improving the health and wellbeing of the Australian population.

Recommendation 8: Membership of all governance forums for the National Agreement should be reviewed and deliberately configured to ensure balanced representation of expertise between mental health and suicide prevention as well as a diversity of perspectives.

The importance of drawing alignment with related reforms

A future National Agreement should clearly outline how its governance arrangements will interact with other significant national, cross-jurisdictional reform in relevant areas of social policy to ensure alignment where needed – such as, but not limited to, the National Agreement on Closing the Gap (Closing the Gap), psychosocial disability reforms and Defence and veteran mental health and suicide prevention.

The current National Agreement specifies that the Parties will ensure alignment with the National Agreement on Closing the Gap and associated implementation plans (Clause 110). However, the Agreement does not provide for formal structures or processes to facilitate this alignment in practice.

A clear articulation of the relationship between governance of the National Agreement and Closing the Gap is essential given the overlap in purpose to improve social and emotional wellbeing and mental health and reduce suicide rates for First Nations people. A key area requiring clarification is the intention for the governance and activity of the National Agreement to embed Closing the Gap reforms, such as 'building the community-controlled sector' and 'formal partnerships and shared decision-making'. In addressing both, a future National Agreement should draw upon the recently released *Gayaa Dhuwi (Proud Spirit)*

Declaration Framework and Implementation Plan[11] and the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*[12].

Recommendation 9: Future arrangements should ensure there is clear governance and implementation arrangements to guide the purpose and outcomes of collaboration activities between the National Agreement and other relevant national reform work. This could include the development of action plans with accountable parties, allocation of program investments and capacity building resources, timelines and reporting requirements.

Meaningful inclusion of lived experience

The National Agreement recognises the importance of working with people with a lived and living experience of mental ill-health and suicidal thoughts and behaviours, as well as their family, kin and carers, to inform and improve service design, planning, implementation, evaluation, data and governance. This commitment is enshrined in the purpose, principles, governance and implementations sections of the National Agreement.

This approach aligns with an increasing focus on harnessing lived and living expertise in driving mental health and suicide prevention reform both within Australia and globally.

To embed lived experience in the National Agreement's implementation, lived experience representation was included in MHSPSO and in the working and project groups, while the jurisdictions made efforts to ensure lived experience perspectives informed the implementation of bilateral schedule initiatives. The Lived Experience Group (LEG) was established and comprises a cross-section of people with lived experience, including the lived experience representatives on the other MHSPSO governance and working groups. In future arrangements a more balanced approach to representation between lived experience of mental ill health and suicide on the LEG would be beneficial. Currently the group's membership is predominantly of people with lived experience of mental ill health.
There are several issues with current arrangements for engaging lived experience that impede the practical impact of this expertise in shaping the National Agreement and its implementation.

Significantly, the National Agreement itself was not developed in consultation with those with a lived or living experience of mental ill-health or suicide, nor families, kin and carers.

[11] Gayaa Dhuwi (Proud Spirit) Australia. Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan. Canberra: Department of Health and Aged Care, Australian Government; 2025 [cited 2025 March 24]. Available from: https://www.health.gov.au/resources/publications/gayaa-dhuwi-proud-spirit-declaration-framework-and-implementation-plan?language=en

[12] Gayaa Dhuwi (Proud Spirit) Australia. National Aboriginal And Torres Strait Islander Suicide Prevention Strategy 2025–2035. Canberra: Department of Health and Aged Care, Australian Government; 2024 [updated 18 December 2024; cited 2025 March 18]. Available from: https://www.health.gov.au/resources/publications/nationalaboriginal-and-torres-strait-islander-suicide-prevention-st

This represents a critical missed opportunity to harness this wisdom and experience in shaping the direction of this important reform from the outset.

There have been other issues reported to the Commission concerning the effective engagement of lived experience in the implementation of the National Agreement, such as:

- irregularity/ infrequency of meetings limiting opportunities for meaningful input
- limited communication between groups leading to a lack of visibility, effectiveness and consistency
- varied engagement in the co-design of individual initiatives.

Beyond the involvement of lived experience in the National Agreement's governance and implementation, the Final Review is the first formal consultation undertaken about the National Agreement itself. This means that, until now, there has been limited opportunity for canvassing broad feedback from the diverse range of people with lived expertise on the National Agreement or its implementation.

Future governance arrangements should consider broader sector developments in lived experience engagement (e.g. designated roles in public agencies, the establishment of two lived experience peak bodies) to ensure engagement with lived experience occurs at all levels of the system and phases of reform in a considered, coherent and complimentary way.

Recommendation 10: Purposeful and effective engagement with lived experience in the governance and implementation should be embedded in future National Agreements, including through representation of lived experience across relevant groups, with equal mental health and suicide prevention expertise, opportunities for members with lived experience to contribute and ensuring other members value and support lived experience.

This should include:

- ensuring there is uniform representation across relevant forums/groups with an equal focus on mental health and suicide expertise
- setting accountability by adopting standards of lived expertise consultation for all initiatives
- building capacity and supporting members with lived expertise to contribute within groups
- ensuring other governance members effectively support and value lived expertise
- clearly embedding the role of governance forums in decision-making processes
- ensuring transparent accountability, monitoring and reporting of consultation and engagement with lived expertise.

Genuine opportunities to improve the effective co-design of initiatives require sustained funding and capacity, supported by consistent, evidence-based engagement methodologies. A focus on continuous improvement through capturing and acting upon feedback is also required.