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Neuroscience Network

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Submission to the Productivity Commission's Mental Health and Suicide Prevention Agreement Review

31 July 2025

Thank you for the opportunity to respond to the Commission's Interim Report, which highlights important concerns with the National Mental Health and Suicide Prevention Agreement and bilateral agreements, including the assessment that these agreements are not fit for purpose.

Mindgardens Neuroscience Network is a membership organisation comprising UNSW Sydney, South Eastern Sydney Local Health District (SESLHD), Black Dog Institute and Neuroscience Research Australia (NeuRA), focused on translation of research results into practice. Established to improve the lives of people who experience mental health, drug and alcohol and neurological disorders, Mindgardens brings together people with lived experience of these disorders with clinicians, researchers and health system managers to co-design new models of care that are ready to be applied in everyday practice. **Mindgardens has a current focus on severe mental illness, including psychosis**. Fostering collaboration, building capacity and integrating diverse skills across our Member organisations and other partners, Mindgardens forms a unique and highly concentrated hub of expertise, centred on the south eastern Sydney region but able to serve the whole NSW community and influence practice across Australia and internationally. Mindgardens operates independently as a not-for-profit company limited by guarantee, with deductible gift recipient status, under the strategic direction of a Board that includes representatives from each Member organisation and independent directors.

As the Commission prepares its final advice on the agreements, and drawing from Mindgardens' particular expertise in severe mental illness, we recommend that the Commissioners consider the following issues:

Black Dog Institute
NeuRA Discover. Conquer. Cure.
NSW Government Health South Eastern Sydney Local Health District
UNSW Sydney

1. Responses to adults living with schizophrenia and other severe mental illness

The current agreement includes this population among its three primary objectives:

> *As a priority, to work together to … prioritise further investment in prevention, early intervention and effective management of severe and enduring mental health conditions*

The Interim Report points out that the Agreement generally lacks a strong program logic between objectives and outcomes. However the report does not directly address the needs of people with *severe and enduring mental health conditions* – typically psychotic disorders including schizophrenia. There are important reasons to do so in the Commission's final report, including:

- People who experience psychosis are some of the most disadvantaged and stigmatised in our community; addressing their needs is a matter of social justice[i].
- People who experience psychosis have distinct and higher levels of clinical and psychosocial support need, disproportionate to the lifetime prevalence of psychosis in the community (around 3%), as evidenced by national statistics:
    - Schizophrenia is by far the biggest contributor to specialist psychiatric admissions to public hospitals at 19% of overnight stays[ii].
    - Schizophrenia is the third most common mental health-related reason for attending emergency departments (following substance use and stress disorders)[iii].
    - Schizophrenia is the most common diagnosis among clients of state-run community mental health services[iv].
    - This data suggests there are strong imperatives to use the agreements to achieve better responses for this population, with potential both to improve health and psychosocial outcomes for individuals and to ensure rational delivery of health services.

2. Responses to young people experiencing first episode and early psychosis

Young people experiencing first episode and early psychosis are a critically important population because the trajectory of their illness and their own and their families' adjustment to it may be influenced by the treatment and care they receive, with implications for their long-term health, educational, occupational and psychosocial outcomes.

- The Albanese government has made a welcome commitment of $700 million to support young people with more complex conditions through extended and more specialised headspace centres.
- However there has been little attention to how these standalone centres would integrate with other elements of the mental health system including jurisdictional community mental health services. This is an essential consideration, because of the overlapping age range of headspace (age 12 to 25) with the age range of community services (typically 18+), and because access to the new centres will not be available in all regions.
- Evidence suggests young people may experience better outcomes if they receive support from mental health services that are integrated with others in the same region[v] or with education and/or employment support[vi].

The revision of the National Mental Health and Suicide Prevention Agreement and bilateral agreements presents an excellent opportunity to set expectations for the performance of the youth mental health system, ensuring all tiers are motivated to collaborate or integrate in ways that support improved outcomes for young consumers.

3. Physical health of people living with severe mental illness

The current National Agreement includes the following intended outcome:

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

However as the Commission points out, there is no current data to assess whether improvements have occurred in physical health during the period of the Agreement, and no routinely collected measure of life expectancy for people living with mental health conditions or experiencing suicidal distress.

Considering the dramatically reduced life expectancy of people living with the most severe mental health conditions, by 10 to 20 years compared to the general population, and considering the shared responsibility for physical health between Commonwealth (primary care and Medicare-funded specialist care) and jurisdictions (community and public hospital care), there are strong reasons to address this physical health gap through the revision of the National Mental Health and Suicide Prevention Agreement and bilateral agreements.

- Validated decision tools are available that support mental health clinicians to screen for physical health conditions and intervene appropriately. The tools include:
    - Positive Cardiometabolic Health Resource (Adult)[vii] and related Evidence Guide[viii]

    - Positive Cardiometabolic Health Resource (Adolescent)[ix] and related Evidence Guide[x]
    - Tobacco Treatment Resource[xi], Simplified Tobacco Treatment Resource[xii] and related Evidence Guide.[xiii]

  These resources could be deployed nationally and the uptake of physical health screening of people with severe mental illness used as an indicator under the agreements.
- Pilot implementation has established that physical health screening and intervention for mental health consumers can be managed effectively in primary care (preliminary data, unpublished), though it is usually managed through community mental health services. There is potential to clarify through the agreements that responsibility for the physical health of mental health consumers is shared between both tiers of government.

4. Translational research is essential to improving outcomes

The mental and physical health outcomes of people living with severe and enduring mental illness, including psychotic disorders, have been neglected for many years. Translational research, conducted in clinical settings with support from academic researchers, has the potential to address this deficit and should be a focus of the Commission in its final report.
By setting an expectation through the National Mental Health and Suicide Prevention Agreement and bilateral agreements that the services sector will contribute to research and quality improvement activities with potential for immediate positive impact in consumers' lives, the Commission can strengthen the program logic between objectives and outcomes for this especially vulnerable group.

- The position paper *Enhancing Psychosis Research: Addressing Gaps in Knowledge, Lived Experience Inclusion and Implementation*[xiv] outlines a translational research agenda, advocating for the following priorities:
    - Establish targeted research funding for people living with psychosis, including a focus marginalised and minority communities, youth, older adults, and individuals with co-occurring conditions.
    - Integrate lived experience into all stages of psychosis research.
    - Invest in research to improve both psychosocial services and biomedical treatments for people living with psychosis.
    - Accelerate the translation of research into practice, to address the average 17-year lag between discovery and implementation.

Contact

For further discussions or to address any matters raised in this submission, please contact Ms Julie Robotham, Director of Strategic Engagement. j.robotham@mindgardens.org.au

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