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SUBMISSION

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# AMA submission to the DoHAC consultation on Reforms to Strengthen the National Mental Health Commission and National Suicide Prevention Office

## Introduction

The Australian Medical Association (AMA) is committed to engage with the government on how the National Mental Health Commission (NMHC) can effectively transform mental health, wellness, and suicide prevention in Australia. A considerable proportion of Australians will experience a mental illness at some time in their life, while many others may experience mental health issues which can cause them distress and affect both their personal and working lives. In 2022–23, an estimated 1.6 million people were diagnosed with moderate mental illness and more than 680,000 people were diagnosed with severe mental illness. Alarmingly, many people with moderate or severe mental illness do not receive the psychosocial support they need.[1]

The NMHC was established as an Executive Agency in 2012 to provide independent advice to the community and government on Australia's mental health system. Its role was "to plan more effectively for the future mental health needs of the community, create greater accountability and transparency in the mental health system and give mental health prominence at the national level".

The effectiveness of mental health strategies has not improved in more than 30 years, and may indeed have declined, even though there have been public inquiries, Royal Commissions, and the involvement of those with lived experience, along with significantly increased government spending.

In 2017, a Deloitte review commissioned by the Department of Health and Aged Care[2] warned the NMHC was not keeping pace with the expansion of scope, policy development activities, and accompanying budget allocation. Despite this scathing review, the NMHC continued to operate independently, without improved accountability and transparency. It was only after an independent

[1] https://www.health.gov.au/resources/publications/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report?language=en

[2] https://www.health.gov.au/resources/publications/review-of-the-national-mental-health-commission?language=en

review by Professor Debora Picone AO last year following public allegations of bullying and misconduct within the NMHC,[3] that action for genuine mental health sector reform began.

A large-scale Productivity Commission inquiry into mental health in Australia estimated an additional $2.4 billion is required each year to meet the mental health needs of the community.[4] This investment would return an estimated $18 billion in economic benefit annually, through increasing economic participation, improving quality of life, and cost savings in other portfolios. Despite both the federal and state and territory government's commitment to mental healthcare reform, 2024 was a disappointing year for budgets, with lower allocations to mental health services. The Federal Budget 2024–25 saw the smallest investment in mental health since 2018.[5]

Of the Productivity Commission's 21 recommendations covering 103 different action items, this public consultation focuses on reforms to the way governments manage the mental health system. The functions of both the NMHC and the National Suicide Prevention Office (NSPO) are currently not operating at a transparent and accountable level. For true reform of the mental health sector, all levels of government must work together, and evidence-based advice from mental health experts should be sought and listened to.

The AMA would like to highlight five significant areas of reform urgency:

- government reform
- mental health workforce
- integrated accountability
- data-driven decision making
- collaborative engagement framework

## An independent NMHC must be the catalyst for government reform on mental health

The AMA has been advocating for a co-ordinated whole-of-government approach for both mental and public health for many years. The relationship between mental health and social determinants of health (geographic location, income, education, employment, and social support) cannot be disconnected and social determinants of health remind us of the challenges some groups in our community face to access the basic healthcare they need. A co-ordinated whole-of-government approach relies on the application of wellbeing at all policy levels (including local, regional, federal, and global) in all disciplines to avoid jurisdictions working in silos.

Integrating data systems will be critical to achieving a whole -of-government approach to policy. The mental health data requires linkage with broader health, social, and economic datasets to provide a holistic view of mental health determinants and outcomes.

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[3] https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/c72440af-16c6-455f-a1dd-5b2e49337fb8/upload_pdf/Document%20presented%20by%20Mr%20Butler%20MP_14%20September%202023_Independent%20investigation%20into%20the%20National%20Mental%20Health%20Commission.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/c72440af-16c6-455f-a1dd-5b2e49337fb8%22

[4] Volume 1 - Inquiry report - Mental Health

[5] https://www.health.gov.au/sites/default/files/2023-05/stakeholder-pack-budget-2023-24.pdf

The Productivity Commission recommended the creation of an interjurisdictional, special-purpose mental health council (SPMHC) of federal, state and territory government health (or mental health) ministers, plus ministers of selected social policy portfolios on 18-month rotations. The SPMHC would report annually to governments on progress against the National Mental Health Strategy and prioritised actions in integrating mental healthcare between health and non-health agencies.

Unlike health ministers who come together regularly for the Health Ministers' Meeting (HMM) and have a direct reporting line to National Cabinet, the ministers and/or assistant ministers responsible for mental health rarely meet. In fact, July 2024 was the first time in years mental health ministers were invited to join the health ministers. This was in response to the Westfield Bondi stabbing rampage in Sydney which resulted in six tragic deaths. It is now apparent the killer stopped his medication for schizophrenia and his mental state deteriorated. The communique that followed the meeting detailed assurances that the governments would work together to improve access to mental health services across Australia through a re-affirmed commitment to delivering on the National Mental Health and Suicide Prevention Agreement (National Agreement). In addition, there was an agreement to meet twice a year. This is not good enough and better efforts are urgently needed to coordinate more frequent meetings under the HMM or through the SPHMC as recommended by the Productivity Commission.

## Planning more effectively for the future mental health needs of the community: a mental health workforce is critical

Many people with mental ill-health do not receive the treatment and support they need. As a result, too many people experience preventable physical and mental distress, disruptions in education and employment, relationship breakdown, stigma, and loss of life satisfaction and opportunities. This has a significant cost for the individuals themselves, their carers, families and friends, and for the broader Australian community. Of critical concern to the AMA is the lack of any measures to build the mental health workforce in Australia. There is no point reforming the mental healthcare sector, if we don't have the staff to work in it. The AMA understands the federal government is working through its National Mental Health Workforce Strategy, which outlines the need to attract, train and retain people to build the mental health workforce. Psychiatrists, general practitioners, mental health nurses, psychologists, paediatricians, school counsellors, social workers, and alcohol and other drugs support staff are key to a patient-centred mental health system. However, severe workforce shortages and/or inadequate staffing, complexity of presentations, and increasing patient loads are contributing to an under-resourced mental health system. Australia urgently needs a roadmap for meaningful reform of the mental healthcare system and a plan to build the mental health workforce of the future.

## The NMHC must integrate accountability in all mental health workplans

To ensure a robust and equitable mental health system, implementing measurable and auditable accountability standards is crucial. A key metric of the NMHC reporting responsibilities should be to track patient waiting times for access to mental health services and ensuring timely care for individuals in need. Additionally, the NMHC needs to focus on the equitable distribution of mental health professionals, with a target of achieving an adequate ratio of mental health professionals per 1,000 population, within a one-hour radius of residential areas. This can be supported by developing a comprehensive national database that monitors workforce distribution, service demand, and patient outcomes. Such measures would help identify gaps, optimise resource allocation, and reduce

disparities in care delivery across urban, rural, and remote regions. Accountability mechanisms, such as regular audits and public reporting, would ensure transparency and continuous improvement in service accessibility and quality.

Benchmark reporting must be implemented within every intervention, before funding and scale-up occur. The NMHC must undertake transparent evaluation of prioritised mental health and suicide prevention programs that are funded by federal, state and territory governments, and other programs that have strong links with mental health outcomes, including those in non-health sectors. Without rigorous evaluation, cost-effectiveness and the assurance that programs are contributing positively to mental health and wellbeing cannot be assumed. Lessons can also be learned and included in future program delivery.

## Foster data-driven decision making

Creating nationalised registers within the NMHC that document and track a patient's "mental health life cycle" offers a transformative approach to measuring outcomes and ensuring accountability in mental healthcare. Such registers, integrated with mental health management care (MHMC) systems, would centralise patient information across all providers (GPs, psychologists, psychiatrists, and allied health professionals) to foster a co-ordinated and evidence-based approach.

Integrated data — where mental health data is linked with broader health, social, and economic datasets to provide a holistic view of mental health determinants and outcomes — is critical. Further resources and support should also be provided to the Australian Institute of Health and Welfare (AIHW). Partnership between the NMHC and the AIHW will be essential to understanding where the gaps in patient access are in the community, and how to better engage with populations at high risk of mental health and suicidality.

## Collaborative framework

To enhance the NMHC, it is essential to incorporate representation from frontline healthcare organisations, including the AMA, the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australia and New Zealand College of Psychiatrists (RANZCP), and the Australian Psychological Society (APS), into its board and advisory committees. This multidisciplinary approach ensures the voices of general practitioners, psychiatrists, psychologists, and rural health specialists — who are pivotal in delivering mental healthcare — are integral to policy development and implementation. Such representation will facilitate the creation of unified national standards, streamline care pathways, and address service gaps, particularly in rural and remote regions. By aligning perspectives from primary, secondary, and tertiary care providers, the NMHC can drive cohesive strategies that prioritise holistic, patient-centred care, improve workforce planning, and promote equitable access across all communities. This collaborative framework will also enable the commission to address systemic barriers, foster innovation, and enhance accountability, reducing fragmentation and delivering measurable improvements in mental health outcomes nationwide.

## Conclusion

Mental ill-health affects all Australians, either directly or indirectly. For significant reform of mental healthcare in Australia, the NMHC and the NSPO need to be independent entities, underpinned by primary legislation that defines their core functions and roles but also ensures they have the necessary autonomy, resourcing and mandate to perform their functions (Option 3). As statutory bodies, the NMHC and the NSPO will be empowered to make data-driven decisions that are implemented across jurisdictions as appropriate. The AMA maintains five critical areas — a coordinated whole-of-government approach, a strong mental health workforce, measurable and auditable accountability standards, integrated datasets, and collaboration with frontline healthcare organisations — need urgent resourcing to enable transformation.

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