

# Statement from Australian Health Ministers: Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme

## Context

The Australian and state and territory governments are working together under the National Mental Health and Suicide Prevention Agreement (National Agreement) to strengthen Australia's mental health and suicide prevention systems.

As outlined in the Report on Government Services, there are a range of mental health services funded by Australian, state and territory governments that are specifically designed to meet the needs of people with mental health conditions.<sup>1</sup>

The National Agreement recognises that psychosocial supports are an important part of a well-equipped mental health service system. Psychosocial supports are non-clinical and recovery-oriented services, delivered in the community and tailored to individual needs, which support people experiencing moderate to severe mental illness to live independently and safely in the community.

The Productivity Commission's 2020 Inquiry into Mental Health reported that the transition to the National Disability Insurance Scheme (NDIS), while providing support for some people with psychosocial support needs, appeared to have left a significant gap in service provision for many others.<sup>2</sup>

In response, under the National Agreement, all governments agreed to estimate demand for, compared to current availability of, psychosocial supports outside of the NDIS. Governments also agreed to work together to develop and agree future psychosocial support arrangements (including roles and responsibilities) for people who are not supported through the NDIS.

The Final Report of the Analysis of unmet need for psychosocial supports outside of the NDIS (Final Report) is delivering on the first of those commitments. Importantly, this is the first step in understanding unmet need for psychosocial supports in our communities. Further engagement with people with lived experience of mental health conditions will be needed to further understand and design appropriate local system and service responses.

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<sup>1</sup> Productivity Commission, [Report on Government Services 2024](#), PC website, 31 January 2024, accessed 24 April 2024.

<sup>2</sup> Productivity Commission 2020, [Mental Health](#), Report no. 95, Canberra, p 825.

## Findings and limitations

Australian Health Ministers honour people with lived experience of mental health conditions and preface the report by acknowledging the technical language is driven by the National Mental Health Service Planning Framework (NMHSPF), which is an evidence-based data modelling and planning tool.

The Final Report estimates, in 2022-23, around 230,500 people with a severe mental health condition (aged 12 to 64 years) were unable to access psychosocial supports. This highlights the need to improve access, advocacy and awareness in relation to psychosocial supports and associated need. It also underscores the importance of inclusive and deep engagement with people who have lived experience, and their carers, family and kin to guide future improvements to these critical supports.

Australian Health Ministers acknowledge the following limitations of the analysis:

- these are point-in-time estimates of psychosocial unmet need and based on 'ideal' estimates of need modelled using the NMHSPF.
- the NMHSPF has a health sector lens rather than a rights-based conceptualisation preferred by many people with lived experience.
- the NMHSPF models the amount of support and resourcing required in an ideal service system. It does not prescribe services at an individual consumer level, measure the effectiveness of existing service delivery, or advise on specific workforce training requirements, implementation guidance for local service models or monitoring of quality and safety within services.
- while best efforts were made to align psychosocial supports in the analysis with the NMHSPF, some programs with psychosocial elements and significant government investment have been excluded from the analysis including Social and Emotional Wellbeing programs primary targeted at First Nations people.
- psychosocial supports delivered as part of social and emotional wellbeing programs for First Nations Australians were not adequately captured. The report recognises the importance of these programs encompassing connection to self, country, spirit, culture, community and kinship to First Nations Australians.
- unmet needs of NDIS participants were not the focus of the analysis, but it is recognised the NDIS is not meeting all NDIS participants' psychosocial needs.
- due to data constraints, people receiving any psychosocial supports were treated as having their needs 'met'. However, it is recognised this is not always the case. The shortfall in psychosocial supports delivered to individuals is estimated by examining the gap between the hours of psychosocial support recommended by the NMHSPF, and the hours of psychosocial support provided.
- it will be essential that any future analysis should include expanded and diverse lived experience engagement and perspectives, noting there has been limited meaningful lived experience, carers, family and kin engagement due to the quantitative focus of this first step in understanding unmet psychosocial need.

## Next steps

Australian Health Ministers have invested in this Final Report and are committed to understanding the unmet need and its impact on people with mental health conditions who are requiring psychosocial supports.

Governments are considering the Final Report and the implications for future reform and investments in psychosocial supports, in line with the National Agreement's commitments and taking into consideration the broader reform landscape. This includes the Independent Review of the NDIS, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, and differences in service landscapes across jurisdictions.

Ministers have agreed to meet biannually to discuss a way forward for better meeting the needs of people with mental health conditions who require psychosocial supports. Ministers remain committed to partnering with the mental health sector, including people with lived and living experience and First Nations Australians, on the design and implementation of psychosocial supports. Ministers have requested that officials work with the mental health sector to develop a plan for responding to the needs described in the Final Report.

Ministers acknowledge the significant effort that the mental health sector has made to advocate on behalf of Australians with mental health conditions who require psychosocial supports.