



Australian Government

# Prevention Compassion Care

National Mental Health and  
Suicide Prevention Plan



For anyone experiencing mental ill-health or suicidal distress – support is available. The below supports are free to access and can be contacted 24 hours a day, 7 days a week.

### Lifeline Australia

**Call 13 11 14 or chat online with Lifeline**

Support for all Australians experiencing emotional distress with access to crisis support and suicide prevention services.

[www.lifeline.org.au](http://www.lifeline.org.au)

### Suicide Call Back Service

**Call 1300 659 467 or chat online with Suicide Call Back Service**

A nationwide service providing telephone and online counselling to people affected by suicide.

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

### Beyond Blue

**Call 1300 22 4636 or chat online**

Available to listen, provide advice and point you in the right direction to seek further support.

[www.beyondblue.org.au](http://www.beyondblue.org.au)

### Kids Helpline

**Call 1800 55 1800 or chat online**

Available any time, for any reason.

[www.kidshelpline.com.au](http://www.kidshelpline.com.au)

### 1800 RESPECT

**Call 1800 737 732 or chat online**

Confidential support and counselling for people experiencing violence and abuse.

[www.1800respect.org.au](http://www.1800respect.org.au)

### MensLine Australia

**Call 1300 78 99 78 or chat online**

MensLine Australia is the national telephone and online support, information and referral service for men with family and relationship concerns.

[www.mensline.org.au](http://www.mensline.org.au)

### Open Arms – Veterans & Families Counselling

**Call 1800 011 046**

Free, confidential, nationwide counselling and support for current and former Australian Defence Force members, and their families.

[www.openarms.gov.au](http://www.openarms.gov.au)

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**Head to Health** can help you to find free mental health and suicide prevention resources from trusted providers.

[www.headtohealth.gov.au](http://www.headtohealth.gov.au)

**The Translating and Interpreting Service** can be accessed by calling 131 450. The service is available to any individual or organisation in Australia, enabling non-English speakers to independently access services and information over the phone.

[www.tisnational.gov.au](http://www.tisnational.gov.au)

**Mindframe** supports safe media reporting, portrayal and communication about suicide, mental ill-health, alcohol and other drugs. Mindframe resources, including guidance for communicating about suicide and mental ill-health, are available at their website.

[www.mindframe.org.au](http://www.mindframe.org.au)

## National Mental Health and Suicide Prevention Plan

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# STATEMENT FROM THE PRIME MINISTER

## **This is a reform agenda for all Australians.**

The COVID-19 pandemic has revealed Australia's deep reserves of compassion and expertise. In millions of acts of patience, care, kindness and responsibility, Australians have stood up, done their bit, and looked after each other.

I have been comforted by the stories of Australians reaching out to family members and colleagues, neighbours and friends to ensure they're doing ok.

I have also felt deeply moved by the care and commitment of our medical professionals, counsellors, social workers, carers and volunteers, as they have selflessly gone above and beyond to support those needing help.

Australians have learned a lot about ourselves over this period.

We have learned that to build a true community — one that will serve us in good times and in bad — we must start from the understanding that each individual human being matters.

We have been doing better as a nation. We have collectively lifted our eyes to the challenges of mental health and suicide, through talking about these difficult issues, and listening to people as they tell us the support they need.

But we must do better still. We have a monumental task ahead of us to ensure that our system levels up to our expectations, and treats people with the care and compassion they deserve.

This Budget includes the single largest Commonwealth investment in mental health and suicide prevention in Australia's history — a record \$2.3 billion.

It is an investment for all Australians.

It is for those who currently receive mental health or suicide prevention support and their carers, families and communities. It is also for those who might be well or not at risk today, but may seek help in the future.

We know that 1 in 5 Australians will experience mental ill-health every year, and half of us will be diagnosed with a mental illness during our lifetime.

We also know that each year, 65,000 Australians attempt suicide, and sadly, over 3,000 Australians die by suicide.

These facts may sound clinical, but they are deeply personal. For many of us, mental health and suicide prevention is more than a theoretical discussion. It is a part of our lives, it is real, and it hits home.

That is why these reforms respond to the lived experiences of everyday Australians who understand the system and have told us what needs to change.

These reforms also respond to expert advice, including recommendations from the Productivity Commission Inquiry Report on Mental Health and the National Suicide Prevention Adviser's Final Advice, as well as the Royal Commission into Victoria's Mental Health System.

There are better days ahead. This Budget progresses these reforms.

Working together, we can build a mental health and suicide prevention system that is genuinely joined up, properly resourced, and provides for all Australians the most simple but powerful comfort: that they matter.



**The Hon Scott Morrison MP**

Prime Minister of Australia

# MINISTERS' MESSAGE

## **We are transforming Australia's mental health and suicide prevention system.**

The Morrison Government will undertake significant structural reform of the mental health and suicide prevention system through the 2021-22 Budget, with a record \$2.3 billion investment in critical services and supports — the single largest Commonwealth investment in mental health and suicide prevention in Australia's history.

Mental health and suicide prevention is a key priority for the Morrison Government and a central feature of our long-term National Health Plan.

Every year, more than 3,000 people lose their lives to suicide, and suicide remains the leading cause of death for Australians between the ages of 15 and 44.

In addition, 1 in 5 Australians will experience mental illness each year. The personal toll on the lives of individuals, and their families and carers is immense. It also has a profound effect on our society, health and social services, and economy.

The Morrison Government is committed to working towards zero suicides and transforming the mental health system, to ensure that all Australians can access the right care whenever and wherever they need.

We have undertaken an ambitious reform agenda, recognising Australians need a system that acts early to help people before mental health conditions and suicidal distress worsen. We acknowledge that whole-of-government and whole-of-community changes are needed to deliver preventative, compassionate, and effective care.

The National Mental Health and Suicide Prevention Plan (the Plan) is based on five pillars:

- 1. Prevention and early intervention**
- 2. Suicide prevention**
- 3. Treatment**
- 4. Supporting the vulnerable**
- 5. Workforce and governance**

This \$2.3 billion plan builds on the Morrison Government's significant existing investment in mental health services for Australians throughout the 2019-20 bushfires and COVID-19 pandemic. This brings the Government's total estimated mental health spend to \$6.3 billion in 2021-22 in the health portfolio alone, an almost 90% increase since 2012-13.

Based on the principles of *Prevention, Compassion and Care*, the Plan will invest \$1.4 billion in high quality and person-centred treatment, which includes the development of a national network of mental health treatment centres for adults, youth and children through the Head to Health and headspace programs.

These investments will transform mental health care in Australia in several fundamental ways, including by:

- establishing a network of multidisciplinary mental health centres for adults, young people and children through the adult and child Head to Health and youth headspace programs
- building a world-class Head to Health digital platform to harness the power of technology to help Australians dealing with mental health issues
- ensuring that our mental health and suicide prevention system reaches into the places where Australians work, learn and live – not just at emergency departments and health services
- enhancing mental health care in primary care by supporting our general practitioners, strengthening the involvement of consumers and carers, and expanding Medicare services so that Australians can access new and innovative types of care

- embedding multidisciplinary teams, care coordination, consistent intake and assessment tools, greater data collection and continuous evaluation into the system to ensure it is joined up, easy to navigate and, most importantly, patient-focused
- providing every Australian who is discharged from hospital following a suicide attempt with appropriate, ongoing follow-up care in the community
- improving the efficiency of the system so resources are invested in delivering truly person-centred care.

The reforms outlined in this document are informed by the lived experiences of everyday Australians — people who have experienced distress, stigma and disempowerment.

These initiatives are a major step in what will be an ongoing effort to reform Australia's mental health and suicide prevention system.

Many of these reforms will require a phased approach and ongoing cooperation with states and territories, and with stakeholders, but by working together, we can achieve the mental health and suicide prevention system that Australians deserve.



**The Hon Greg Hunt MP**

Minister for Health and Aged Care



**The Hon David Coleman MP**

Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention

# INTRODUCTION



**3,318** Australians died by suicide in 2019.

Australian men account for three of every four suicide deaths.

Aboriginal and Torres Strait Islander people are twice as likely to die by suicide when compared to non-Indigenous people.



**One in 5** Australians will experience a mental or behavioural disorder in any year.

One in ten Australians will have depression or experience feelings of depression.

13% of Australians experience an anxiety related condition.

## We're building on strong investment

As a country, we have faced significant challenges in recent years, enduring drought, bushfires, floods and the COVID-19 pandemic. These crises have significantly affected the mental health and wellbeing of individuals, families and communities, and continue to do so.

Throughout this challenging period, the Government has continued to act early and make critical investments to prevent suicide and enhance the mental health and wellbeing of all Australians. The 2021-22 Budget builds on, and dramatically expands, our work on this key national priority.

### This Budget builds on:



Over **\$500 million boost**

to mental health supports in response to the impacts of the COVID-19 pandemic.



Over **\$100 million**

to increase mental health supports for individuals, communities and frontline staff impacted by the 2019-20 bushfires.



Record spending of **\$5.9 billion**

in mental health and suicide prevention in 2020-21 (in the Health portfolio alone), and a commitment of \$6.3 billion in 2021-22.



**\$737 million**

committed in 2019-20 to deliver more services for people living with mental ill health. Including \$461 million for youth mental health and suicide prevention, and \$115 million to trial the first adult mental health centres.



## Support for Australians with eating disorders including:

**\$110.7  
million**

to support people with anorexia nervosa, bulimia, and other complex eating disorders to access up to 40 psychological services and 20 dietetic services under the care of their GP or specialist.

**\$63.0  
million**

to establish a national network of community-based residential eating disorder treatment centres to provide wrap-around support and specialist care.

**\$3.6  
million**

to support the National Eating Disorders Collaboration to develop a nationally consistent, best-practice approach to the prevention and management of eating disorders.

## Support for Australians during the COVID-19 pandemic, including:

**\$100.8  
million**

to double the number of Medicare-funded psychological services from 10 to 20.

**\$45.7  
million**

to expand the Individual Placement and Support program to assist vulnerable young people with mental illness participate in the workforce.

**\$74.0  
million**

as part of the \$1.1 billion Community Health Package, including psychosocial support, establishing the Beyond Blue COVID-19 service, funding to support older Australians, and enhancing face to face and digital mental health services.

**\$48.1  
million**

to support implementation of the National Mental Health and Wellbeing Response Plan, including targeted support to vulnerable groups, such as carers and older Australians, and modelling the impact of the pandemic on mental health.

**\$47.3  
million**

to support Victorians with their mental health and wellbeing, including establishing 15 dedicated 'HeadtoHelp' mental health clinics, providing additional digital and telephone services, and boosting capacity of providers like headspace and Beyond Blue.

**\$35.5  
million**

to provide access to Medicare subsidised individual psychological services in aged care facilities through the MBS Better Access initiative until 30 June 2022, and to evaluate Better Access.

## We're listening to the experts

Our \$2.3 billion investment in mental health and suicide prevention reform is the first phase of the response to the findings of the Productivity Commission Inquiry Report into Mental Health (PC Report) and the National Suicide Prevention Adviser's Final Advice (NSPA Advice).

**The Government supports, in full, in principle, or in part, all 21 recommendations from the PC Report and the 8 recommendations from the NSPA Advice.**

The majority of these recommendations require collaboration with state and territory governments, with a number to be pursued jointly through a new National Mental Health and Suicide Prevention Agreement (National Agreement).

The Prime Minister, Premiers and Chief Ministers have, through the National Cabinet, committed to a National Agreement by November 2021. The National Agreement will be the next significant step towards system reform with the Agreement providing a platform to ensure jurisdictions work together to build a better mental health and suicide prevention system for all Australians.

The PC Report provides an economic perspective on the benefits of reforming Australia's mental health system, highlighting service gaps and opportunities for change.

The NSPA Advice draws on extensive lived experience of Australians with mental ill-health and suicidal distress, reflecting the complex nature of suicide and need for targeted initiatives.

The Government supports, in full, in principle, or in part, all 21 recommendations from the PC Report and the 8 recommendations from the NSPA Advice. The majority of these recommendations require collaboration with state and territory governments. A number of these recommendations will be pursued jointly through a new National Mental Health and Suicide Prevention Agreement.

We recognise people can experience mental ill-health and suicidal distress throughout their lives, affecting anyone, at any time. To ensure all Australians receive the support they need, when they need it, the Government has developed its response based on 5 pillars reflecting key themes emerging from the findings of the PC Report and NSPA Advice:

1. **Prevention and early intervention**
2. **Suicide prevention**
3. **Treatment**
4. **Supporting the vulnerable**
5. **Workforce and governance**

## We're listening to lived experience

Our mental health and suicide prevention system needs to be informed by the insights of people with lived experience of mental ill-health and suicide, and those who care for them.

The importance of lived experience was embedded in both the NSPA Advice and PC Report. The PC Report was informed by public hearings and over 1,000 submissions and comments. The NSPA Advice was informed by the voices of over 3,000 Australians with lived experience of suicide or suicidal behaviours.

We thank all those who contributed their voice to these reports, which will guide the reform of our mental health and suicide prevention system.

## PILLAR 1



# PREVENTION AND EARLY INTERVENTION

\$248.6 million

Proactive approaches are vital to preventing and reducing mental ill-health and suicidal distress. The Government is committing \$248.6 million to help people access supports early in life and early in illness.

**Responding to: Productivity Commission Recommendations 4, 5, 6, 7, 8, 10, 11, 12, 15, 19, 20, 21 and National Suicide Prevention Adviser Recommendations 5 and 6**

The Productivity Commission and National Suicide Prevention Adviser recommended:

- improving digital supports and services
- supporting the social and emotional wellbeing of children, parents and carers
- using places of employment and education as opportunities for prevention
- taking action to reduce the stigma of mental ill-health and promote social inclusion
- re-orienting services beyond health to identify and intervene early in illness.

## Transforming digital support

One in 5 Australians experience mental health issues each year. Digital services, channels and infrastructure improve accessibility to services for people with limited access to face-to-face services, including those in regional and remote areas.

The Government is investing \$111.2 million in digital services. We will create a single, world-class digital platform under Head to Health that will provide online professional counselling, peer support, clinical support and referrals. This will allow Australians greater choice and access to high quality, free or low-cost digital mental health services and treatment. This investment will include:

- \$77.3 million to continue support for existing digital mental health services, and provide additional funding in 2021-22 to help manage increased demand due to the COVID-19 pandemic and 2019-20 summer bushfires. These services include Beyond Blue, Lifeline's 13 HELP bushfire phone service, Kids Helpline, MindSpot, Blue Knot and Butterfly National Helpline.
- \$13.1 million to support ReachOut Australia, to continue delivering free and high quality digital mental health services to young Australians aged 12-25, as well as their parents, carers and schools.
- \$2.8 million to support implementation of the National Safety and Quality Digital Mental Health Standards to improve the quality of digital mental health service provision, and protect service users and their support people.

## Supporting parents, carers and children

We will work with states and territories to achieve universal perinatal mental health screening across antenatal and postnatal care settings, and enhance digital screening and data collection. Early detection of mental illness in the perinatal period provides an opportunity to offer early support to the 1 in 5 women and 1 in 10 men who will experience anxiety and/or depression during this time. This is essential to giving the 300,000 babies born in Australia each year the best start to life.

Expanding on the Government's previous initiative for perinatal mental health screening through the National Perinatal Mental Health Check initiative, we will provide \$47.4 million to:

- expand existing support services provided by Perinatal Anxiety and Depression Australia (PANDA)
- provide continued funding to support digital perinatal mental health screening
- develop a perinatal mental health minimum data set to help identify gaps in screening and support evidence-based investments in perinatal mental health services
- deliver universal perinatal mental health screening in conjunction with states and territories.

This investment builds on the \$16.0 million announced in November 2020 for Emerging Minds to continue the National Workforce Centre for Child Mental Health, supporting health and community professionals to identify, assess and support infants and children at risk of, or experiencing, mental health difficulties.

## Promoting mental health and wellbeing in education and sport

In November 2020, we announced additional funding of \$46.0 million for the extension of the Be You initiative for a further two years from 2021-22, providing training and resources to support wellbeing and resilience in schools and early childhood education centres. We are also providing almost \$276 million for other school-based wellbeing programs including the National School Chaplaincy Program, Bushfire Response Program and the Student Wellbeing Hub. The Student Wellbeing Hub provides over 600 evidence-based and free resources for students, educators and parents.

To support tertiary students' mental health, the Australian Government launched the Australian University Mental Health Framework in December 2020. The framework was developed by Orygen, in consultation with universities, the mental health sector, and students, and provides guidance to universities on how to best support their students.

The Government is also providing \$5.9 million for the Alcohol and Drug Foundation to run the Good Sports program, offering free support to community sports clubs to develop alcohol and other drug and mental health policies.

## Addressing barriers to employment

To support employment and education opportunities, we are providing a further \$5.7 million to build on the Individual Placement and Support (IPS) program to assist people with mental illness participate in the workforce. The IPS program currently provides support at headspace centres to young people aged 25 and under with a mental illness. The additional funding will support trialling the expansion of the program to assist adults, and builds on the Australian Government's \$45.7 million extension and expansion of the IPS program in 50 headspace centres in the 2020-21 Budget.

The Government is also taking action to improve broader employment services. This includes through the new employment services model which will replace the jobactive program from July 2022, ensuring all disadvantaged job seekers receive intensive tailored support.

## Supporting businesses and employees

Workplaces can play an important role in supporting mental health by providing employees with a sense of purpose and creating opportunities for connection. They can also actively help employees maintain their mental health and de-stigmatise help-seeking behaviour.

To support workplaces to promote mental health:

- the National Workplace Initiative (NWI) online portal will launch in late 2021, providing freely accessible resources and tools to assist businesses in promoting and maintaining good mental health and wellbeing. This draws on an investment of \$11.5 million for the NWI in the 2019-20 Budget.
- we are providing \$0.9 million to continue the Ahead for Business digital hub, supporting small business owners to take proactive, preventive and early steps to improve their mental health. This investment will ensure support for small business owners who have been particularly impacted during the COVID-19 pandemic.

We are also providing \$6.3 million to increase mental health support services for fly-in fly-out (FIFO), and drive-in drive-out (DIDO) workers, who have higher than average rates of anxiety and depression, experience higher rates of suicidal intent, and are more likely to have poor mental health. The mining and construction industries have an estimated population of FIFO and DIDO workers between 75,000 and 90,000. These workers, and those in other industries, will be encouraged to have early access to improved mental health services tailored to their needs.

We all have a role in creating safe workplaces and the Australian Government has supported amendments to the model Work Health and Safety (WHS) Regulations to deal with psychological health as part of our response to the Respect@Work Report. These amendments will be discussed by state and territory WHS Ministers in May 2021. Safe Work Australia is also in the process of developing a model Code of Practice on managing psychosocial hazards that jurisdictions can adopt if approved by WHS Ministers. The proposed Model Code would provide legally admissible guidance on workplace psychological hazards, risks, and controls when adopted in a jurisdiction.

## Improving engagement with the legal system

People with mental health issues and disability are over-represented in the justice system. We are providing \$77.1 million for the National Legal Assistance Partnership to support early resolution of legal problems for those experiencing mental illness, and to fund mental health workers in Domestic Violence Units (DVUs) and Health Justice Partnerships (HJPs) to support women who have experienced family violence. This will include increased mental health funding for the existing 21 DVUs and HJPs, with additional funding to 7 of these for regional and remote outreach activities.

## Addressing stigma

In December 2020, the Government announced \$1.0 million to support the development of a National Stigma Reduction Strategy to reduce stigma and discrimination for people living with mental illness. The National Mental Health Commission will work with people with lived experience, carers, clinicians, researchers, communities, industry and business experts to inform the Strategy.

## Housing

The Australian Government is supporting state and territory governments on housing by providing around \$1.6 billion in 2021-22 to improve housing and homelessness outcomes under the National Housing and Homelessness Agreement. The Productivity Commission is expected to commence a review of the National Housing and Homelessness Agreement in 2021 and complete it by June 2022. This review will help inform any future Commonwealth-state housing arrangements.

## PILLAR 2



# SUICIDE PREVENTION

\$298.1 million

Suicide has a devastating and immeasurable impact on individuals, families, friends and communities.

A whole-of-government approach informed by lived experience, which responds earlier to distress, is needed to prevent suicide.

The Government remains deeply committed to working towards zero suicides and is investing \$298.1 million towards suicide prevention.

**Responding to: Productivity Commission Recommendations 4 and 9, and National Suicide Prevention Adviser Recommendations 1, 5, 6 and 8**

The Productivity Commission and National Suicide Prevention Adviser recommended:

- the establishment of a National Suicide Prevention Office to set strategic directions
- investment in effective aftercare and postvention
- a whole-of-government approach to suicide prevention that responds earlier to distress
- empowerment of Aboriginal and Torres Strait Islander communities to prevent suicide.

Aboriginal and Torres Strait Islander peoples experience a higher rate of suicide to non-Indigenous Australians. We are committed to better supporting the social, emotional and mental health and wellbeing of Aboriginal and Torres Strait Islander peoples. Pillar 4 – Supporting the Vulnerable outlines our approach to addressing this critical and complex issue.

## National Suicide Prevention Office – embedding a whole-of-government approach

The Government will provide \$12.8 million to create a National Suicide Prevention Office (NSPO) to oversee the national whole-of-government approach to suicide prevention.

## Aftercare, postvention and distress intervention

A previous suicide attempt is one of the greatest risk factors for suicide death. Between 15 and 25% of people who make a non-fatal attempt at suicide will make an additional suicide attempt, with the risk highest in the three month period following a suicide attempt.

Half of the people discharged from hospital following a non-fatal suicide attempt do not receive follow up treatment. This must change. We also know that those bereaved by suicide, including family, friends and colleagues, are at a higher risk of suicide.

In partnership with states and territories, we will provide:

- \$158.6 million for universal aftercare services for every Australian discharged from hospital following a suicide attempt. Aftercare services provide follow-up care in the immediate months after a suicidal crisis or attempt, and support individuals to seek appropriate help when they need it most.
  - This also includes \$9.8 million to trial broader referral pathways for anyone who has attempted suicide or experienced suicidal distress that may not have gone to a hospital.
- \$22.0 million to provide national suicide postvention services which help those bereaved or impacted by suicide, including families, friends, workplaces, schools, community groups, frontline responders and witnesses.
- \$31.2 million to pilot a National Distress Intervention program which will reach people in crisis and provide immediate support. This investment also includes:
  - \$6.6 million to implement national standards for Safe Spaces services
  - \$2.1 million to expand the Roses in the Ocean CARE connect service.

## Distress Intervention Trials

People often show signs they are struggling well before they connect with a mental health service or seek suicide prevention supports. These people are often in contact with other areas of health or social services, such as Centrelink or the Family Court. Non-mental health contacts create a unique opportunity for the provision of early support that may reduce longer-term mental health assistance.

The Government will work with the states and territories to establish Distress Intervention trials in each jurisdiction. These will be modelled on a Scottish Distress Brief Intervention Program, developed in 2016 to address a significant gap in support for those presenting with distress.

## CASE STUDY – Scottish Distress Brief Intervention

In 2016, Scotland commenced a pilot Distress Brief Intervention (DBI) Program in 4 locations. The DBI program provides a framework for responding compassionately and proactively to people experiencing distress.

Individuals presenting to frontline workers trained in DBI (including health workers, police and paramedics) are provided with a rapid response. If agreed, they are referred to a DBI service who contacts the individual within 24 hours to arrange further support. This support is provided over two weeks and focuses on equipping individuals with the skills they need to effectively manage their own wellbeing and prevent future crises.

Early evaluations have found people who received a DBI intervention generally found it compassionate and effective at reducing their distress, with findings suggesting DBI may prevent suicidal behaviour.

## Supporting communities to prevent suicide

We are committed to ensuring services are available where people need them, with Australia-wide programs and services, as well as locally-focused services.

To support communities to prevent suicide we are providing:

- \$61.6 million to expand the National Suicide Prevention Leadership and Support Program. This will support a range of whole-of-population suicide prevention programs to respond to emerging priorities and encourage new and innovative approaches to build awareness, resilience and community capacity to prevent suicide. The current program supports a range of initiatives, such as Suicide Prevention Australia, the R U OK? campaign and the Mindframe National Media initiative.
- \$12.0 million to continue the delivery of local suicide prevention initiatives across Australia through former National Suicide Prevention Trial sites. Commencing in 2016, the Trial funded Public Health Networks to develop and implement a local, systems-based approach to suicide prevention for at-risk populations in 12 regions across Australia with high rates of suicide.

## Preventing suicide

The Australian Government provides funding for suicide prevention activities, including:

### **Suicide Call Back Service**

A 24 hour, nationwide service providing free telephone, video and online counselling to anyone affected by suicide.

### **Beyond Blue's The Way Back Support Service**

Provides support to people who have attempted suicide or experienced a suicidal crisis. Funded by the Australian, state and territory governments, The Way Back Support Service is being progressively rolled out and will operate in 29 sites across Australia.

### **StandBy Support After Suicide**

Provides support to people and communities who have been affected by suicide. StandBy operates nationally by partnering with local organisations, and engaging with their expertise within the community to deliver the most effective and culturally appropriate support.

### **National Indigenous Postvention Service**

Provides culturally safe and practical support for Aboriginal and Torres Strait Islander peoples including families and communities affected by suicide or other significant trauma.



## PILLAR 3



# TREATMENT

\$1.4 billion

We are investing a total of \$1.4 billion to ensure the delivery of easy to access, high quality, and person-centred treatment and supports across the mental health care system. These measures will help those with moderate to severe mental illness get the help they need in the community.

**Responding to: Productivity Commission Recommendations 4, 5, 12, 13, 14, 15, 17 and 18**

The Productivity Commission and National Suicide Prevention Adviser recommended:

- addressing service gaps, including the 'missing middle' of services for people who are too unwell to be treated in the primary health system, but not unwell enough to access the acute system
- better coordination of care
- improved gateways into the mental health system and strengthening of primary care.

## Addressing service gaps – multidisciplinary teams, care coordination and the missing middle

We will establish a new, national network of multidisciplinary mental health treatment centres to help ensure people can access the support they need, when they need it. These hubs, based on three models, will provide support to all age groups: adult centres (18 years plus), youth centres (12-25 years) and child centres (0-12 years).

Operating under a 'no wrong door approach', these new services will ensure the delivery of easy to access, high quality, person-centred treatment and supports across the mental health care system, in our cities, regions and rural areas, providing stigma-free and compassionate care.

They will also contribute to addressing the 'missing middle' service gap.

## The missing middle

The 'missing middle' is a term used to describe people whose needs are not met by current mental health services. This might be because they can't access services, have exhausted available services, have been underserved by available services or they need to overly rely on public emergency services.

This group are often those who are too unwell to have their needs met in primary care, but are not unwell enough to access intensive services.

## Head to Health adult mental health centres

The Government will establish a network of multidisciplinary mental health treatment centres. This includes providing \$487.2 million to establish 8 new Head to Health adult mental health centres and 24 satellite centres, and providing ongoing funding for 8 existing centres. The Government will also work in partnership with state and territory governments to continue to grow the network of community-based adult services.

The Government is also investing in a centralised intake and assessment phone service staffed by therapeutic professionals who will offer compassionate care, and support individuals to access the most appropriate services to meet each person's needs. It is intended over time for this service to be an enabler for accessing all mental health services, including Head to Health centres, headspace, and other community-based mental health services where appropriate.

## Youth headspace and expanded services

There are approximately 630,000 young people with mild to moderate mental illness nationally and about 580,000 Australian children have a diagnosable mental health condition, but less than half receive any professional help. Only 35% of Australian parents are confident they could identify the signs of social or emotional problems in their children.

We are providing \$278.6 million to continue to safeguard the wellbeing of young Australians aged 12-25 by strengthening, enhancing and expanding the headspace network. This includes:

- expanding the national headspace network by establishing 10 new headspace centres and upgrading 5 satellite services, bringing the total number of headspace services across Australia to 164
- working jointly with states and territories to boost clinical capacity at existing headspace services.

We will improve coordination, system navigation and referral pathways for young people, and improve access to culturally safe and accessible services, including the pilot of a new culturally safe mental health outreach service for young people in small communities in western New South Wales.

## Head to Health Kids: child mental health and wellbeing hubs

The Government will provide \$100.9 million towards supporting Australian children aged 0-12 years by increasing access to multidisciplinary mental health and wellbeing care for them and their families, strengthening support for parents and improving early intervention. This includes:

- working with states and territories to create a network of new Head to Health Kids mental health and wellbeing centres for children aged 0-12 years. These centres will provide multidisciplinary support for infants, children and their parents, and improve early intervention outcomes for children's mental health
- supporting access to parenting education and assistance to build parenting strategies, and teaching parents and carers how to identify and respond to problem behaviours
- developing national guidelines supporting states and territories to include social and emotional wellbeing indicators in early childhood health checks, so any emotional difficulties can be identified early, and in a nationally consistent way.

## More support for Australians with eating disorders

The one million Australians with an eating disorder, their families and care network, will benefit from improved access and choice to care options and additional wrap-around support.

Eating disorders are extremely complex illnesses, and have one of the highest mortality rates of any psychiatric illness. Mortality rates for people with eating disorders are impacted by increased rates of suicide, in addition to the serious medical complications caused by these disorders.

Nine per cent of people will experience an eating disorder in their life time, with this increasing to 15% for females.

Sixty-three per cent of people with eating disorders in Australia are female. We are however, seeing increasing numbers of males presenting with eating disorders.

Women and girls are more likely to experience all types of eating disorders than men and boys, with the exception of binge-eating disorder where there is almost equal prevalence.

The Government will provide \$26.9 million in additional support for people with eating disorders and their families, including:

- \$13 million to establish a National Eating Disorder Research Centre
- \$2.5 million to deliver the final phase of the workforce credentialing project to ensure access to high quality care under the Medicare eating disorders items
- \$1.9 million to provide training to staff in the the Head to Health adult mental health treatment centres
- \$0.3 million to continue Eating Disorders Families Australia's strive program, which provides support for families and carers of people with eating disorders.

This is in addition to previous supports. Since November 2019, the Government has invested \$110.7 million to assist people with anorexia nervosa, bulimia and other complex eating disorders to access up to 40 psychological services and 20 dietetic services under the care of the general practitioners (GPs) or specialists.

The Government has provided:

- \$63.0 million to establish a national network of community-based residential eating disorder treatment centres to provide wrap-around support and specialist care
- \$3.6 million to support the National Eating Disorder Collaboration to develop a nationally consistent best-practice approach to the prevention and management of eating disorders
- funding for the Butterfly Foundation's national counselling service, 1800 ED HOPE.

## Improving gateways into the system through primary care

Primary care is often the gateway for mental health care and plays a critical role in supporting the mental health and wellbeing of Australians. Primary care includes general practice, allied health services, community health and community pharmacy services.

The Government is investing \$34.2 million to support GPs in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral (IAR) tool in primary care settings. The tool will also apply in all Commonwealth funded services and, with their agreement, in state and territory services, delivering a consistent and culturally appropriate approach to clinical assessment and referral.

## Telehealth

Telehealth has been an essential component of the Australian Government's Emergency Health Response to the COVID-19 pandemic, particularly for parts of the country that have experienced lockdowns.

From 16 March 2020 to 25 April 2021, over 15 million Medicare subsidised mental health services were accessed with \$1.7 billion paid in benefits (29.5% of these were delivered by telehealth).

The Government will extend telehealth services, including for allied mental health care, until 31 December 2021, while we work with stakeholders to transition to a permanent telehealth model.

## Psychosocial support and innovative treatments

Australians with severe mental health needs who are not supported by the National Disability Insurance Scheme (NDIS) will have continued access to Commonwealth psychosocial supports to manage their day-to-day living activities, build and maintain social connections, engage in education and employment and stay connected to clinical care.

The Government will invest \$171.3 million over two years to continue psychosocial support for people with severe mental illness who do not qualify for the NDIS. This funding is in addition to that provided under the NDIS. In 2019-20, \$1.24 billion was paid through the NDIS for participants with a primary psychosocial disability.

The Government also supports access to innovative treatments and is providing:

- \$111.4 million to support the take-up of group therapy sessions, and the participation of family and carers in treatment provided under the Medicare Better Access to Psychiatrists, Psychologists and General Practitioners initiative. This will allow family members and/or carers to access up to two of a patient's available Medicare subsidised sessions each calendar year, and increase access to Better Access group therapy sessions where clinically appropriate.
- \$288.5 million to include Repetitive Transcranial Magnetic Stimulation (rTMS) therapy on the MBS for patients with medication-resistant major depressive disorder. This will allow approximately 90,000 eligible patients to receive Medicare rebates to clinically relevant services, where previously the cost of rTMS treatment courses has been prohibitive.

Additionally, in March 2021, the Government announced a competitive grant round to kick-start Australian clinical trials of breakthrough combination therapies for mental illness, including the use of substances such as psilocybin, ketamine and 3,4-methylenedioxymethamphetamine (MDMA). There is now a strong and emerging body of international evidence that shows these substances, when used in a controlled environment and supported by psychological care, offer a promising new approach to effectively treating mental illnesses resistant to first-line treatments.

## Physical and substance use comorbidities

The Government is working to improve outcomes for people with comorbidities through funding for the Equally Well Program as part of the 2021-22 Budget (referenced in Pillar 5 – Workforce and Governance). We are also delivering broader alcohol and other drug (AOD) and physical health programs through the 2021-22 Budget, including through the Preventive Health Package. The continued investments into drug and alcohol treatment services under the Drug and Alcohol Program aim to reduce the impact of drug and alcohol misuse, as well as providing services for complex clients requiring substance use and mental health services. The Government also continues to invest in the Guidelines on the management of co-occurring AOD and mental health conditions in AOD treatment settings (the Comorbidity Guidelines), which provide evidence-based guidance to drug and alcohol practitioners dealing with clients with both mental health and substance use issues.

## PILLAR 4



# SUPPORTING THE VULNERABLE

\$107.0 million

Australians need support considerate of diverse experiences, cultures and environments that may make some people more susceptible to mental ill-health and suicide.

We acknowledge targeted and culturally appropriate services are required to meet a range of different needs.

The Government is committing \$107.0 million to support vulnerable Australians.

**Responding to: Productivity Commission Recommendations 4, 9, 12 and 16 and National Suicide Prevention Adviser Recommendations 2 and 7**

The Productivity Commission and National Suicide Prevention Adviser recommended:

- targeted interventions to support priority populations, noting the possibility for intersectionality between groups
- addressing issues faced by priority populations in both clinical and non-clinical settings.

The Government understands women and girls, and men and boys, have different experiences of mental ill-health and suicide. For example, while men are more likely to die by suicide, women, especially young women, are more likely to engage in self-harm and attempt suicide. Responses recognising these risks and the necessary supports or interventions, will support mental health and wellbeing and prevent suicide.

## The Government is providing targeted supports for vulnerable Australians

All Australians with mental health needs should expect to receive compassionate and effective care. To ensure equity, the Government is prioritising investment for vulnerable Australians.

A number of the new mental health services, described under Pillar 3, will be established with expertise focused on providing care for particular vulnerable groups, such as LGBTQI+ or Aboriginal and Torres Strait Islander peoples, based on identified areas of need.

Key investments to support vulnerable Australians include:

- \$16.9 million to fund mental health early intervention supports and preventive measures for migrants and culturally and linguistically diverse (CALD) people, and address the cultural competence of the broader health workforce. This includes continued funding in 2021-22 for the Program of Assistance for Survivors of Torture and Trauma, and support for Mental Health Australia for their Embrace Framework to promote mental health among CALD communities.
- \$11.1 million to improve the experience of, and outcomes for, people with complex mental health needs, including cognitive disability and autism, through a range of targeted initiatives. This includes funding for SANE Australia to pilot specialised mental health services and interventions for people with complex mental health needs, and additional training and education for the mental health workforce to better meet the needs of people with cognitive disability and autism.

- \$12.0 million (in Pillar 2 – Suicide Prevention) to maintain support for the former National Suicide Prevention Trial sites and local suicide prevention initiatives for 12 months. The Trials provided support for vulnerable populations including the LGBTQI+ population in Brisbane North and north-west Melbourne, Aboriginal communities in the Darwin and Kimberley region, and ex-serving Australian Defence Force (ADF) members and their families in Townsville.

## Supporting the LGBTQI+ community

People who identify as LGBTQI+ have high rates of mental ill-health, suicide and suicidal distress. Since 2017, the Government has provided funding for MindOUT, a national program aimed at improving the skills of the mental health and suicide prevention sector to support people who identify as LGBTQI+.

The Government also provides funding for QLife which offers online, telephone counselling and support services for early intervention, peer support, and referral for people wanting to talk about a range of issues including sexuality, identity, gender, bodies, feelings or relationships.

## Empowering Aboriginal and Torres Strait Islander communities to prevent suicide

The suicide rate for Aboriginal and Torres Strait Islander peoples is around twice that of non-Indigenous people. Reducing suicide in Aboriginal and Torres Strait Islander communities towards zero is a target under the National Agreement on Closing the Gap (Outcome 14: people enjoy high levels of social and emotional wellbeing).

Indigenous-led solutions, coupled with culturally safe and responsive support services, are essential for supporting First Australians who may be at risk of suicide or experiencing other mental health crises.

We are working with the Indigenous mental health sector to co-design solutions and reduce high rates of suicide and mental ill-health. Under a renewed Indigenous-led National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, the Government will invest:

- \$27.3 million to implement culturally sensitive, co-designed aftercare services through regionally-based organisations, with Aboriginal and Torres Strait Islander organisations being preferred service providers
- \$23.8 million to support the establishment of regional suicide prevention networks and a lead commissioning officer in each jurisdiction
- \$16.6 million to Gayaa Dhuwi and Lifeline to establish and evaluate a culturally appropriate 24/7 crisis line to be governed and delivered by Aboriginal and Torres Strait Islander peoples
- \$6.1 million to support national Aboriginal and Torres Strait Islander leadership for suicide prevention
- \$1.5 million to support a review of the Aboriginal and Torres Strait Islander health sector delivering mental health services for Aboriginal and Torres Strait Islander peoples
- \$1.1 million to the Black Dog Institute to work with the Aboriginal and Torres Strait Islander Lived Experience Centre, supporting the inclusion of people with lived experience in the co-design, implementation and evaluation of suicide prevention activity.

## Rural, regional and remote communities

Living and working in rural, regional and remote Australia can be a rewarding and challenging way of life. People in rural, regional and remote areas may experience greater stress due to the impact of drought, natural disasters and distance from services and supports.

The Government is committed to closing care gaps in rural, regional and remote Australia by increasing the availability of services, including digital and telehealth services. Improvements and reform of the mental health and suicide prevention workforce through a range of workforce supply measures (described in Pillar 5 – Workforce and Governance) will also improve the accessibility of services and supports.

The Government is also continuing to explore local supports, recognising communities themselves are best placed to determine local needs. Over 3 years from 2020-21 to 2022-23, we are providing \$1.7 billion to the 31 Primary Health Networks across Australia to plan and commission mental health and suicide prevention services for their individual communities.

The new mental health and suicide prevention services for adults, youth and children will reach people no matter where they live, including those in our rural, regional and remote areas.

The Government is committed to addressing care gaps in rural, regional and remote Australia by:

- increasing the availability of services, including digital and telehealth services
- growing our mental health and suicide prevention workforce through a range of workforce and supply measures
- continuing to explore local supports, recognising communities themselves are best placed to determine local needs
- ensuring the new mental health and suicide prevention services for adults, youth and children will reach people no matter where they live, including those in our rural and remote areas.

## Supporting veterans and their families

The Government recognises the unacceptably high suicide rate of Australian Defence Force (ADF) personnel and veterans. The recently announced Royal Commission into Defence and Veteran Suicide is another step in efforts to build confidence, trust, and hope for current and future veterans and their families, and will provide a better understanding of suicide in the serving and ex-serving community.

Veterans with at least one day of service can access free mental health care for life, with the mental health condition not required to be directly linked to service in the ADF. Open Arms - Veterans & Families Counselling (Open Arms) also provides free, confidential, nationwide counselling and support for eligible current and former members of the ADF and their families.

The 2021-22 Budget will provide further support for veterans and their families, and includes:

- \$16.9 million to extend the Provisional Access to Medical Treatment program to ensure veterans can access treatment for 20 of the most common service-related conditions while their claim is being processed.
- \$23.3 million to continue the Wellbeing and Support Program to provide mental health and wellbeing support to vulnerable veterans. This is in addition to 2020-21 Budget investments, including the establishment of the Joint Transition Authority to better assist with the transition to civilian life.

## PILLAR 5



# WORKFORCE AND GOVERNANCE

\$202.0 million

Our mental health and suicide prevention professionals constantly strive to support the mental health and wellbeing of Australians, but they cannot do it alone. In many places, there are not enough clinicians to meet community needs.

The Government is committing \$202.0 million for mental health workforce and governance measures. This will ensure the system has the capacity and capability to provide quality and compassionate care.

**Responding to: Productivity Commission Recommendations 4, 8, 10, 14, 16, 22, 23, 24 and National Suicide Prevention Adviser Recommendations 1, 2, 3, 4 and 8**

The Productivity Commission and National Suicide Prevention Adviser recommended:

- addressing workforce shortages, development and capability to enable the delivery of compassionate care
- clarifying and strengthening governance structures to drive a whole-of-government approach
- significant investment in data and evaluation to drive outcomes.

## Growing and upskilling the mental health and suicide prevention workforce

The mental health workforce, and the wider health workforce, are the most critical component of Australia's mental health system. The Government is committed to expanding, strengthening and upskilling the mental health workforce to deliver services to those who need them.

The Government is investing \$58.8 million to grow and upskill the mental health and suicide prevention workforce, including:

- \$27.8 million to increase the number of nurses, psychologists and allied health practitioners working in mental health settings through, up to 280 scholarships and 350 clinical placements
- \$11 million to boost the psychiatrist workforce by making available 30 additional training places by 2023, supporting regional and remote training pathways, and promoting psychiatry as a career pathway
- \$8.3 million to support greater representation of Aboriginal and Torres Strait Islander peoples in the mental health workforce through 40 additional mental health-specific scholarships, and providing training to support healthcare workers to deliver culturally safe care
- \$3.1 million to boost and support the mental health peer workforce through, up to 390 scholarships and opportunities for professional collaboration
- \$2.4 million to continue mental health training for practitioners working in aged care and support professional collaboration through the Mental Health Professionals' Network
- \$1 million for initiatives to reduce the stigma associated with mental health among health practitioners, and promote mental health as a preferred career option
- \$0.3 million to identify opportunities to boost the skills of mental health professionals who work with children and families.



Funding from a number of these measures will be used to grow the Aboriginal and Torres Strait Islander mental health workforce, building the capacity of culturally safe treatment for Aboriginal and Torres Strait Islander peoples. We are also undertaking an evaluation of best practices for partnerships between traditional healers and mainstream mental health services for Aboriginal and Torres Strait Islander peoples.

We are providing \$15.9 million to support GPs and other medical practitioners by providing specialised training and resources to enhance their capacity to address mental health concerns of patients. This will include:

- developing a nationally recognised Diploma in Psychiatry for medical practitioners,
- subsidies for training for approximately 3,400 GPs to provide focused psychological therapies under the General Practice Mental Health Standards Collaboration
- reviewing, improving and developing new training options to embed and promote the person-centred approach to mental health and wellbeing
- reviewing prescribing practices and developing new prescribing guidelines for appropriate and safe use of antidepressants in young people and children
- delivering the Equally Well program to support improvements to the physical health of those living with a mental illness.

## Supporting the mental health of our critical health workers

Australia's healthcare workers generally have a higher prevalence of depression, anxiety and stress than the population average, due to the inherently stressful nature of their jobs. The Australian Government's investment will provide avenues for tailored mental health supports and reduce the stigma associated with health practitioners seeking help.

The Government is investing \$2.6 million to:

- implement Every Doctor, Every Setting, a national framework to deliver a coordinated approach to support the mental health of doctors and medical students
- continue The Essential Network (TEN) project, a multifaceted e-health hub, delivered by the Black Dog Institute for healthcare professionals by healthcare professionals
- continue the DRS4DRS service which provides mental health consultations for doctors and medical students
- evaluate the mental health and wellbeing services targeted at health practitioners to inform future measures to support this critical, yet vulnerable group.

## ALIVE - putting the needs of people at the centre of design and delivery of mental health services in Australia

In March 2021, the Government announced \$10.0 million for a new national research centre, called ALIVE, to help lead a generational shift in mental health care.

ALIVE brings together researchers, health professionals, people with lived experience of mental ill-health and carers to deliver better models of mental health care, and help create a more compassionate, person-centred mental health system.

Operating from a research hub to be based at the University of Melbourne, ALIVE will establish an Academy of Lived Experience and Co-Design Living Labs at 14 universities across all states and territories.

## Improving evidence and evaluation

We will invest \$117.2 million to establish a comprehensive evidence base to support real time monitoring and data collection for our mental health and suicide prevention systems, enabling services to be delivered to those who need them, and improving mental health outcomes for Australians. This includes:

- enhancing national data systems and filling information gaps monitoring population risk of suicide and self-harm
- funding to enhance forecasting of population mental health needs, and developing a nationally agreed framework for mental health regional planning
- developing a national evaluation strategy and evaluation fund
- funding for a longitudinal child mental health and wellbeing study
- measuring, for the first time, the prevalence of mental health in the Aboriginal and Torres Strait Islander population.

This builds on the \$15.0 million provided in the 2019-20 Budget to establish Australia's first National Self-Harm and Suicide Monitoring System to improve data on suicide and self-harm in Australia.

Comprehensive and up-to-date information is essential to assess whether mental health outcomes, and program and service effectiveness, are improving.

## Stronger governance and accountability

The Government will invest \$7.3 million towards additional staff resources for the National Mental Health Commission (NMHC) to support the Australian Government's mental health and suicide prevention reform agenda.

The NMHC plays an integral role in providing independent support and advice to ensure the delivery of the Government's mental health and suicide prevention agenda. The new staff will enhance the NMHC's capacity in community and stakeholder engagement, and development of policy and national reform priorities.

To ensure a greater role for lived experience, the Government will work with mental health stakeholders to investigate and co-design future national peak body arrangements. The input, feedback and assistance of Australians who access the mental health system, and their families and carers, is important in shaping the future system to be more responsive and targeted towards their needs. Existing stakeholders and the public will have an opportunity to contribute towards new national peak body arrangements to better advance their interests.

The Government is also leading work with state and territory governments, through the National Agreement, to achieve stronger governance structures, roles and responsibilities to support a more connected and accountable mental health and suicide prevention system.

## THE WAY FORWARD

The Australian Government has made mental health and suicide prevention a national priority.

There is a need for meaningful reform towards a more preventative, compassionate and caring mental health and suicide prevention system to benefit all Australians.

This reform will require governments, sectors and the community to work together across many areas, for a number of years.

The Australian Government is committed to leading this effort. The significant investment of the 2021-22 Budget, and response to the Productivity Commission and National Suicide Prevention Adviser reports demonstrate this commitment.

The National Mental Health and Suicide Prevention Agreement will be the next significant step towards long-term system reform.

This is how, together, we can build the mental health and suicide prevention system Australians deserve.

# APPENDIX

## SUMMARY OF GOVERNMENT ACTION

### Productivity Commission Inquiry Report into Mental Health

Recommendation	Response	
<p><b>4</b> Create a person-centred mental health system</p>	<p><b>Support in part</b></p>	<p>The Government is taking immediate action to create a person-centred mental health system. This includes:</p> <ul style="list-style-type: none"> <li>- Establishing a national network of multidisciplinary mental health treatment centres for adults, youth and children across Australia to ensure the delivery of easy to access, high quality, person-centred treatment and supports across the mental health care system.</li> <li>- Embedding multidisciplinary teams, care coordination, consistent intake and assessment tools, and greater data collection and evaluation into the system to ensure it is joined up, easy to navigate and, most importantly, patient-focused.</li> <li>- Piloting a Distress Intervention program to ensure the mental health and suicide prevention system reaches in to the places where Australians work, learn and live – not just at emergency departments and health services.</li> <li>- Supporting general practitioners in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral tool in primary care settings.</li> <li>- Expanding the national network of Veteran Wellbeing Centres to Tasmania and south-east Queensland, which connect veterans and their families to support for transition, employment, health and social connection.</li> </ul> <p>Many of these measures require long-term structural reform and will be pursued jointly with the states and territories.</p>
<p><b>5</b> Focus on children's wellbeing across the education and health systems</p>	<p><b>Support in principle</b></p>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories. Through the 2021-22 Budget, the Government is committing funding and will work in partnership with the states and territories on:</p> <ul style="list-style-type: none"> <li>- New Head to Health Kids mental health and wellbeing centres for children aged 0-12 years. These centres will provide multidisciplinary support for infants, children and their parents, and improve early intervention outcomes for children's mental health.</li> <li>- Perinatal mental health screening for new and expecting parents to offer early support to the one in 5 women and one in 10 men who will experience anxiety and/or depression during this time.</li> <li>- The development of national guidelines to support states and territories to include social and emotional wellbeing indicators in early childhood health checks.</li> <li>- Online parenting education programs to build parenting strategies and teach parents and carers how to identify and respond to problem behaviours.</li> </ul> <p>This builds on existing school-based wellbeing programs including BeYou, the National School Chaplaincy Program, and the Student Wellbeing Hub</p>

Recommendation	Response	
		which provides over 600 evidence-based and free resources for students, educators and parents.
<b>6</b> Support the mental health of tertiary students	<b>Support in part</b>	<p>The Government is taking immediate action to address this recommendation, noting some elements are for tertiary education providers.</p> <ul style="list-style-type: none"> <li>- The Government is considering possible changes to the Deed that regulates insurers who provide Overseas Students Health Cover. This builds on consultation with international students and best practice guidance completed in August 2020.</li> <li>- The Government previously accepted all recommendations from the 2018 report of the Higher Education Standards Panel, including that every higher education institution should have an institution-wide mental health strategy and implementation plan.</li> <li>- The Government also launched the Australian University Mental Health Framework, developed by Orygen, in December 2020. Work being undertaken through quality reforms as part of the skills reform agenda will identify and disseminate best practice for mental health across the VET sector.</li> </ul>
<b>7</b> Equip workplaces to be mentally healthy	<b>Support in part</b>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p> <ul style="list-style-type: none"> <li>- The Government has supported amendments to the model Work Health and Safety (WHS) Regulations to deal with psychological health in its response to the Respect@Work Report. This will be discussed at a meeting of WHS Ministers on 20 May 2021.</li> <li>- Safe Work Australia is developing a model code of practice on managing psychological health that jurisdictions will be able to adopt once approved by Work Health and Safety ministers.</li> <li>- The National Workplace Initiative (NWI) online portal will launch in late 2021, providing freely accessible resources and tools to assist businesses in promoting and maintaining good mental health and wellbeing.</li> <li>- Through the 2021-22 Budget, the Government is funding initiatives to support the mental health of fly-in-fly-out (FIFO) and drive-in-drive-out (DIDO) workers, and small business owners.</li> </ul>
<b>8</b> Support the social inclusion of people living with mental illness	<b>Support in part</b>	<p>The Government is taking immediate action to address this recommendation.</p> <ul style="list-style-type: none"> <li>- The National Mental Health Commission is developing the National Stigma Reduction Strategy to reduce stigma and discrimination for people living with mental illness, announced in December 2020.</li> <li>- The Government has also supported the intent of this recommendation through implementing recommendations of the Financial Services Royal Commission relating to the insurance sector. The Government will also undertake consultation on insurer access to clinical records once the industry standards have been in place for a longer period, as recommended by the PC.</li> </ul>
<b>9</b> Take action to prevent suicide	<b>Support in part</b>	<p>The Government is taking immediate action to address this recommendation.</p> <ul style="list-style-type: none"> <li>- The Government will work with states and territories to substantially expand aftercare services through the 2021-22 Budget.</li> <li>- The Government is also addressing this recommendation through existing work on the renewed National Aboriginal and Torres Strait</li> </ul>

Recommendation	Response	
		<p>Islander Suicide Prevention Strategy and associated Implementation Plan, and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023.</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is establishing a National Suicide Prevention Office to build whole-of-government capability to deliver a national approach to reducing suicide rates.</li> </ul>
<p><b>10</b> Increase informed access to mental healthcare services</p>	<p><b>Support in part</b></p>	<p>The Government is taking immediate action to address this recommendation:</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is creating a world-class, single digital platform under Head to Health to provide online professional counselling, peer support, referrals and clinical support.</li> <li>- The Government is also reviewing prescribing practices and developing new prescribing guidelines for appropriate and safe use of antidepressants in young people and children.</li> <li>- The Government will consider future changes to the MBS through the Better Access evaluation.</li> </ul>
<p><b>11</b> Expand supported online treatment</p>	<p><b>Support</b></p>	<p>The Government is taking immediate action to address this recommendation.</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is creating a single, world class, digital platform under Head to Health to provide online professional counselling, peer support, clinical support, and referrals.</li> <li>- The Government is conducting an independent evaluation of online supported treatment services, undertaking an awareness campaign about digital mental health services and continuing to fund online treatment services, including additional funding in 2021 to help manage increased demand due to the COVID-19 pandemic and 2019-20 summer bushfires.</li> </ul>
<p><b>12</b> Address the healthcare gaps: community mental healthcare</p>	<p><b>Support in part</b></p>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p> <ul style="list-style-type: none"> <li>- The Government is establishing a network of multidisciplinary mental health treatment centres for adults, youth and children to address service gaps and provide accessible, stigma-free care throughout Australia, including in rural and remote areas.</li> <li>- The Government is also strengthening Better Access to support the take-up of group therapy sessions; extending COVID-19 telehealth items to 31 December 2021; and undertaking a rigorous evaluation of Better Access to Psychiatrists, Psychologists and General Practitioners under the MBS (Better Access) initiative.</li> </ul>
<p><b>13</b> Improve the experience of mental healthcare for people in crisis</p>	<p><b>Support in principle</b></p>	<p>The Government will work with state and territory governments to address this recommendation, including through negotiating a new National Mental Health and Suicide Prevention Agreement.</p> <ul style="list-style-type: none"> <li>- The network of multidisciplinary mental health treatment centres announced in the 2021-22 Budget will provide accessible alternatives to people presenting to emergency departments. The centres will offer clinical and non-clinical supports including peer workers, and will complement state and territory government funded emergency department alternatives, such as Safe Haven Cafes.</li> </ul>
<p><b>14</b> Improve outcomes for</p>	<p><b>Support in principle</b></p>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p>

Recommendation	Response	
<p>people with comorbidities</p>		<ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is providing additional funding for the Equally Well Program to support improvements to the physical health of those living with a mental illness.</li> <li>- The Government is continuing to invest in drug and alcohol treatment services under the Drug and Alcohol Program, which aims to reduce the impact of drug and alcohol misuse, as well as providing services for complex clients requiring substance use and mental health services.</li> <li>- The Government also continues to invest in the 'Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings' (the Comorbidity Guidelines), which provide evidence-based guidance to drug and alcohol practitioners dealing with clients with both mental health and substance use issues.</li> </ul>
<p><b>15</b> Link consumers with the services they need</p>	<p><b>Support in part</b></p>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with the states and territories.</p> <ul style="list-style-type: none"> <li>- The Government is developing a single, world-class, digital platform under Head to Health, and continuing to develop and improve the current Head to Health platform.</li> <li>- The Government is also expanding and implementing the Initial Assessment and Referral tool in primary care settings to support general practitioners in their role as a key entry point into the mental health system.</li> </ul>
<p><b>16</b> Increase the efficacy of Australia's mental health workforce</p>	<p><b>Support in part</b></p>	<p>The Government is taking immediate action to address this recommendation, through existing work on the Mental Health Workforce Strategy and the National Stigma Reduction Strategy, and a number of initiatives in the 2021-22 Budget including:</p> <ul style="list-style-type: none"> <li>- Boosting the psychiatrist workforce by making available 30 additional training places by 2023, supporting regional and remote training pathways, and promoting psychiatry as a carer pathway.</li> <li>- Increasing the number of nurses, psychologists and allied health practitioners working in mental health through up to 280 scholarships and 350 clinical placements.</li> <li>- Supporting the peer workforce through up to 390 scholarships and opportunities for professional collaboration.</li> <li>- Identifying opportunities to boost the skills of those who work with children and families.</li> <li>- Reducing the stigma associated with mental health among health practitioners, and promoting mental health as a preferred career option.</li> <li>- Supporting general practitioners and other medical practitioners by providing specialised training and resources to enhance their capacity to address mental health concerns of patients.</li> </ul>
<p><b>17</b> Improve the availability of psychosocial supports</p>	<p><b>Support in principle</b></p>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with the states and territories.</p> <ul style="list-style-type: none"> <li>- The Government is investing for two years in the 2021-22 Budget to continue psychosocial support for people with severe mental illness who do not qualify for the National Disability Insurance Scheme (NDIS). This is in addition to funding provided under the NDIS for participants with psychosocial disability.</li> </ul>

Recommendation	Response	
<b>18</b> Support for families and carers	<b>Support in part</b>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with the states and territories.</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is supporting the participation of family and carers in treatment provided under MBS Better Access initiative.</li> <li>- The 2021-22 Budget also provides more veteran families at risk of, or in crisis, with targeted, flexible support through the enhanced Family Support Package.</li> <li>- The Carer Gateway was fully implemented in April 2020 and provides a nationwide support service for all carers. The Australian Government will evaluate the Carer Gateway program over the next three years.</li> <li>- The Government will work with mental health stakeholders to investigate and co-design future national peak body arrangements to ensure a greater role for lived experience, through the 2021-22 Budget.</li> </ul>
<b>19</b> Tailor income and employment supports	<b>Support in part</b>	<p>The Government is taking immediate actions to address this recommendation.</p> <ul style="list-style-type: none"> <li>- The Government is expanding the Individual Placement and Support program through the 2021-22 Budget to assist people with mental illness to participate in the workforce.</li> <li>- The Government is delivering the New Employment Services Model by July 2022, which will ensure all disadvantaged job seekers receive intensive tailored support through a provider. It will include a new assessment framework to identify the most appropriate service for each job seeker.</li> </ul>
<b>20</b> Supportive housing and homelessness services	<b>Support in principle</b>	<p>The Government is supporting state and territory governments through the National Housing and Homelessness Agreement. The Productivity Commission is expected to commence a review of the National Housing and Homelessness Agreement in 2021 and complete it by June 2022. This review will help inform any future Commonwealth-state housing arrangements.</p>
<b>21</b> Improve mental health outcomes for people in the justice system	<b>Support in principle</b>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is providing funding for the National Legal Assistance Partnership to support early resolution of legal problems for those experiencing mental illness, and for mental health workers in Domestic Violence Units and Health Justice Partnerships to support women who have experienced family violence.</li> <li>- In alignment with Action 26 of the Fifth National Mental Health and Suicide Prevention Plan, the National Mutual Recognition Project is underway to develop a national legislative scheme for the mutual recognition of mental health orders.</li> </ul>
<b>22</b> Best practice governance to guide a whole-of-government approach	<b>Support in part</b>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p> <ul style="list-style-type: none"> <li>- The Government is addressing this recommendation through existing work on the renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and through the refresh and development of an implementation strategy for the National</li> </ul>



Recommendation	Response
	<p>Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing.</p> <ul style="list-style-type: none"> <li>- The Government has established the Health National Cabinet Reform Committee which has the responsibility under National Cabinet for delivering the new National Mental Health and Suicide Prevention Agreement by November 2021.</li> </ul> <p>The Government will work with mental health stakeholders to investigate and co-design future national peak body arrangements to ensure a greater role for lived experience, through the 2021-22 Budget. The intent of this action is also being addressed through a new national research centre, ALIVE, announced in March 2021.</p>
<p><b>23</b> <b>Funding arrangements to support efficient and equitable service provision</b></p>	<p><b>Support in part</b></p> <p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p> <ul style="list-style-type: none"> <li>- National Cabinet has committed to develop a new National Agreement on Mental Health and Suicide Prevention by November 2021.</li> <li>- The Independent Hospital Pricing Authority continues to review and assess the Australian Mental Health Care Classification.</li> </ul> <p>The Government is undertaking consultation on future reforms to expand home and community based mental health services funded by private health insurers.</p>
<p><b>24</b> <b>Drive continuous improvement and promote accountability</b></p>	<p><b>Support in part</b></p> <p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p> <ul style="list-style-type: none"> <li>- This includes through the Australian Bureau of Statistics' National Study for Mental Health and Wellbeing, which commenced in late 2020, and funding innovative mental health research through the Medical Research Future Fund's Million Minds Mental Health Research Mission.</li> </ul> <p>Initiatives in the 2021-22 Budget will enhance national data systems and fill information gaps, and provide for ongoing development and maintenance funding for the National Mental Health Service Planning Framework.</p>

\* Note the recommendations of the Productivity Commission Report commence at Recommendation 4 to align with chapters of the Report.

# National Suicide Prevention Adviser's Final Advice

Recommendation	Response	
<b>1 Leadership and governance to drive a whole of government approach</b>	<b>Support in principle</b>	<p>The Government is taking immediate action to address this recommendation.</p> <ul style="list-style-type: none"> <li>- National Cabinet has committed to develop a new National Agreement on Mental Health and Suicide Prevention by November 2021.</li> <li>- Through the 2021-22 Budget, the Government is establishing a National Suicide Prevention Office to build whole-of-government capability to deliver a national approach to reducing suicide rates.</li> </ul>
<b>2 Lived experience knowledge and leadership</b>	<b>Support</b>	<p>The Government is taking immediate action to address this recommendation.</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is supporting the peer workforce through up to 290 scholarships and opportunities for professional collaboration.</li> <li>- The Government will work with mental health stakeholders to investigate and co-design future national peak body arrangements to ensure a greater role for lived experience, through the 2021-22 Budget. The intent of this action is also being addressed through a new national research centre, ALIVE, announced in March 2021.</li> <li>- The Government is also expanding the Roses in the Ocean CARE connect service through the 2021-22 Budget.</li> </ul>
<b>3 Data and evidence to drive outcomes</b>	<b>Support in principle</b>	<p>The Government is taking immediate action to address this recommendation.</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is establishing a comprehensive evidence base to support real time monitoring and data for our mental health and suicide prevention systems, including through the National Suicide and Self-Harm Monitoring System.</li> <li>- The 2021-22 Budget will also provide for a Veterans' Data and Analysis Project to report on the health and wellbeing of veterans and their families. Funding will also be provided to improve long-term data capability, data sharing and data integration to support policy development for better wellbeing and safety outcomes for current and former Australian Defence Force members and their families.</li> </ul>
<b>4 Workforce and community capability</b>	<b>Support in principle</b>	<p>The Government is taking immediate action to address this recommendation.</p> <ul style="list-style-type: none"> <li>- Through the 2021-22 Budget, the Government is supporting general practitioners and other medical practitioners by providing specialised training and resources to enhance their capacity to address mental health concerns of patients. The Government is also providing compassion-based training for workers in the justice system supporting people with mental health conditions.</li> <li>- The Australian Public Service (APS) is establishing the APS Mental Health and Suicide Prevention Capability Unit within the Australian Public Service Commission to support APS agencies to strengthen suicide prevention capability for frontline staff.</li> </ul>
<b>5 Responding earlier to distress</b>	<b>Support in part</b>	<p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p>

Recommendation	Response
	<ul style="list-style-type: none"> <li>- A number of 2021-22 Budget initiatives support intervening earlier in life, including perinatal mental health screening, new child mental health and wellbeing hubs, online parenting education programs and initiatives to prevent and better respond to child sexual abuse in all settings.</li> <li>- The Government will work with the states and territories to establish Distress Intervention trials in each jurisdiction.</li> </ul>
<p><b>6</b> <b>Connecting people to compassionate services and supports</b></p>	<p><b>Support in part</b></p> <p>The Government is taking immediate action to address this recommendation, noting several elements require cooperation with states and territories.</p> <ul style="list-style-type: none"> <li>- The Government is developing a single, world-class digital platform under Head to Health, and continuing to develop and improve the current Head to Health platform. The 2021-22 Budget also continues funding for online treatment services, including additional funding in 2021 to help manage increased demand due to the COVID-19 pandemic and 2019-20 summer bushfires.</li> <li>- Through the Budget, the Government will trial new service models including the Distress Intervention Trial program.</li> <li>- The Government will work with states and territories to substantially expand aftercare services through the 2021-22 Budget.</li> <li>- The 2021-22 Budget provides more targeted, flexible support to more widowed partners of veterans, where their suicide was related to service, through the enhanced Family Support Package.</li> </ul>
<p><b>7</b> <b>Targeting groups that are disproportionately impacted by suicide</b></p>	<p><b>Support</b></p> <p>The Government is taking immediate action to address this recommendation through investments to support vulnerable Australians in the 2021-22 Budget, including:</p> <ul style="list-style-type: none"> <li>- Continuing to deliver local suicide prevention initiatives across Australia through former National Suicide Prevention Trial sites. Commencing in 2016, the Trial funded Public Health Networks to develop and implement a local, systems-based approach to suicide prevention for at-risk populations in 12 regions across Australia with high rates of suicide.</li> <li>- Working to address care gaps in regional and remote Australia by increasing the availability of services, including digital and telehealth services, and growing our mental health and suicide prevention workforce.</li> <li>- Early intervention supports and preventative measures for migrants and multicultural communities.</li> <li>- Initiatives to improve outcomes for people with complex mental health needs, including cognitive disability and autism.</li> <li>- Initiatives under a renewed Indigenous-led National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.</li> <li>- Support for veterans through the Provisional Access to Medical Treatment program and the Wellbeing and Support Program.</li> <li>- This is in addition to maintaining the Government's existing significant investment in improving social and emotional wellbeing and suicide prevention for key groups. This includes funding for MindOUT, a national program aimed at improving the skills of the mental health and suicide prevention sector to support people who identify as LGBTIQI+.</li> </ul>

Recommendation	Response
<b>8 Policy responses to improve security and safety</b>	<b>Support in principle</b> The Government is taking immediate action to address this recommendation. <ul style="list-style-type: none"> <li>- The establishment of the new National Suicide Prevention Office will provide leadership in setting holistic and nationally consistent approaches to suicide prevention.</li> <li>- The Australian Public Service (APS) is establishing the APS Mental Health and Suicide Prevention Capability Unit within the Australian Public Service Commission to support APS agencies to strengthen suicide prevention capability for frontline staff.</li> </ul>