

National Mental Health and Suicide Prevention Agreement Review

Interim Report



SUBMISSION | MIFA | August 2025



ACKNOWLEDGEMENT OF COUNTRY

MIFA acknowledges the Traditional Owners of the lands on which we live and work and pay our respects to Elders past and present. Always was. Always will be.

RECOGNITION OF LIVED EXPERIENCE

MIFA recognises those with lived experience of mental health conditions. We acknowledge we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities.

AMOHCN, 2025



ABOUT MIFA

Mental Illness Fellowship Australia (MIFA) is a national advocacy body which works on behalf of people with high-need mental health challenges and their families.

Founded in 1986 by family members of formerly institutionalised people, the Fellowship has spent nearly 40 years advocating for community supports for Australians experiencing high-need mental health challenges and those caring for them.



“ Mental health and suicide prevention outcomes have not improved over the term of the Agreement.

Productivity Commission, Interim Report, 2025

“ Most futures are not designed — they are assembled by default.

When we set out to build a new institution, a piece of infrastructure, or a transition programme, we almost never stop to ask: What is the underlying form — the morphology — by which we are making this future?

Instead, we inherit operating patterns from prior experience — procurement norms, funding templates, governance models — and drop them into play without realising they carry an embedded worldview. These defaults are not neutral; they decide in advance what kind of future is even possible.

Johar, Future Morphologies, 2025

OVERVIEW

This submission takes a human-centred design approach to supporting, enabling and directing a mental health system which improves the lives of Australians.

This submission identifies invisible drivers (known as patterns) within the architecture of the Agreement which contribute to current state:

- Pace;
- Chronologies; and
- Power.

The submission offers observations, insights and visuals to show how these work within the current Agreement and Interim Report and suggests ways to generate new patterns to enable genuine, lasting reform.

We have chosen this unusual approach for this submission for two reasons:

- Firstly, we are part of the system – if we change our approaches, the system changes;
- Secondly, sharing new ways to understand the Agreement helps us ask new questions, and in turn, generate new answers.



PACE





INSIGHT

The pace of reform in relation to psychosocial supports outside the NDIS under the National Agreement has been slow.

Part of the reason for this is the **waterfall approach** which is embedded within the current Agreement.

The **waterfall approach** sees change journeys viewed as a linear series of tasks with no task able to be progressed until the prior task is complete.

One of the impacts of the waterfall approach is the intersection of slow delivery with other cycles (such as reviews, restructures, elections, funding cycles etc.), slowing progress even further.



EXAMPLE

The graphic depicts how the intersection of the waterfall method with the Agreement review cycle creates an enabling environment for delaying concrete in action to address the unmet psychosocial support need outside the NDIS.





QUOTES

The next two slides show the intersection of pace, and the review, has influenced thinking at a ministerial level about what should be done under this Agreement and what should be done under the next one.

It's important to note there are a range of benefits for decision-makers in shifting work from this iteration of the Agreement to the next one.

These include:

- Legitimation of delay
- Shifting attention – from delay and failure to hope and promise.



2022

“ The Parties agree that further clauses relating to future arrangements for psychosocial supports outside of the NDIS will be developed after the analysis work has been completed and attached to this Agreement as a Schedule.

The Agreement, 2022, p.29

2024

“ The Productivity Commission's 2020 Inquiry into Mental Health reported that the transition to the NDIS, while providing support for some people with psychosocial support needs, appeared to have left a significant gap in service provision for many others.

In response, under the National Agreement, all governments agreed to estimate demand for, compared to current availability of, psychosocial supports outside of the NDIS.

Governments also agreed to work together to develop and agree future psychosocial support arrangements (including roles and responsibilities) for people who are not supported through the NDIS.

Statement from Australian Health Ministers: Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme, 2024



2022

“ The Parties will work together to develop and agree future psychosocial support arrangements (including roles and responsibilities) for people who are not supported through the NDIS.

The Agreement, 2022, p.29

2025

“ Ministers agreed that addressing unmet psychosocial needs will be one of the central priorities in consideration of the **next** National Mental Health and Suicide Prevention Agreement.

Health Ministers Meeting, Communique, 13 June 2025



RECOMMENDATIONS

» **This Agreement**

- All requirements under the current Agreement must be completed by July 2026

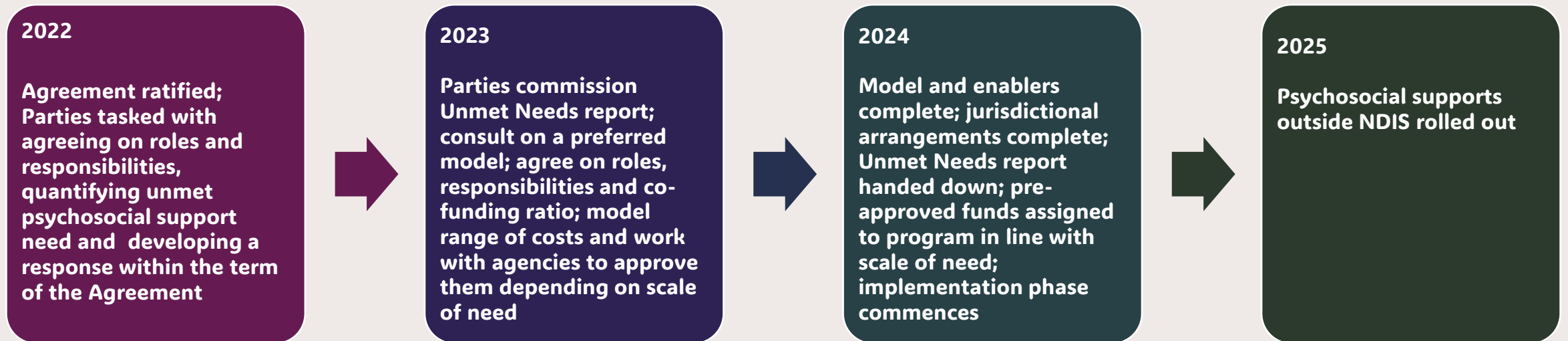
» **Next Agreement**

- Embed multiple, concurrent workstreams within each challenge area
- All requirements must occur within a specified term, or terms
- All requirements must have a deadline



WHAT WOULD THE JOURNEY LOOK LIKE IF...

we'd had an Agreement which embedded a concurrent approach and term-clarity in relation to psychosocial supports outside the NDIS?



“ In most domains, three defaults dominate:

1. **Platonic Planning:** We assume there is a “right” end-state and the task is to specify it and enforce conformance. This works in stable, controlled domains — but in plural, volatile, or emergent contexts it creates brittleness, lock-in, and legitimacy collapse.
2. **Linear Scaling Logic:** We believe that the same form that works for the first instance will scale unchanged to hundreds.
3. **One-Model Thinking:** We act as if the whole system can be run under a single logic.

Johar, Future Morphologies, 2025



INSIGHT

The timeframe recommendations for the Mental Health Strategy and next Agreement cover two types of cycle:

- Five-year cycles
- 20-year cycle

There are stable cycles within this system, from elections, funding, budget and audits; less stable, but still predictable cycles like episodic mental health conditions and people coming in and out of hospital care and there are highly unstable chronologies such as emergence (things go wrong, all the time, at multiple levels) which require different kinds of management from stable, or unstable predictable events.

This matters because the rate at which we solve problems (and the Agreement is nothing more than a problem-solving exercise) needs to reflect the rate at which, and type of, problems which emerge.

QUOTES

This slide contains quotes focused on three different chronologies within the system.

“ It's now almost 12 months since hospital and I still have not been able to access any support for my mental health or my living conditions exacerbating the issues. I am on a 16 week wait list to see a general mental health worker at the local health centre.

Productivity Commission, Interim Report, 2025, p.40

“ Feeling invisible when left to wait for hours to be seen. Nurses ignoring my distress. Psychs not respecting identity and questioning my experiences.

Productivity Commission, Interim Report, 2025, p.44

“ The next national agreement should comprise:

- a clear set of objectives relating to the long-term vision set out in the National Suicide Prevention Strategy and a renewed National Mental Health Strategy
- a set of specific and measurable outcomes focusing on what is achievable within the scope of a five-year agreement and clear accountability structures
- tangible commitments clearly linked to the objectives and outcomes it aims to achieve.

Productivity Commission, Interim Report, 2025, p.2

This map shows just some of the chronologies at work within the mental health system.

Reflection questions:

- Which chronologies intersect with power?
- How does this intersection influence the rest of the system?
- How might we design for multiple chronologies?





RECOMMENDATIONS

» Next Agreement

- Recognise the different chronologies (predictable cycles, unstable cycles, emergence) at work within the system and their interactions (for example, short-term funding cycles leads to workforce challenges; periodic review processes mean failure takes years to identify).
- Embed Lived Experience-led systemic (up, down, across) continuous improvement processes (best-practice Monitoring, Evaluation and Learning) to assess whether the Agreement is working over its term
- Embed capacity to amend the Agreement at any time if the evidence says its not working

POWER





“ Who benefits?

Who is harmed?

Who participates?

Who decides?

Design Justice movement



INSIGHT

The National Agreement, and the recommendations for the next National Agreement, concentrate power and decision-making in governments and Commissions rather than Lived Experience.

It is clear from the failures of the Close the Gap process that one of the core, causal factors is not planning infrastructure - objectives, targets, data or tracking – it is the intersection of power and a culture of design for.

QUOTES

The next slides outline how the Close the Gap planning framework is structured, Interim Report recommendations which move the Agreement closer to this model, and some thoughts on the why Close the Gap has failed.

“ The National Agreement on Closing the Gap has 19 national socio-economic **targets** across areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people.

The progress against the targets will be monitored by the Productivity Commission and will help all parties to the National Agreement understand how their efforts are contributing to progress over the next **ten years**.

Each of the targets and their **outcomes** are listed below. Closing the Gap target by jurisdictions are now available on the Productivity Commission Closing the Gap Information Repository **Dashboard**.

Closing the Gap, 2025

“ The next national (mental health and suicide prevention) agreement should comprise:

- a clear set of objectives relating to the **long-term vision** set out in the National Suicide Prevention Strategy and a renewed National Mental Health Strategy
- a set of specific and measurable outcomes focusing on what is achievable within the scope of a **five-year agreement** and clear accountability structures
- tangible commitments clearly linked to the objectives and **outcomes** it aims to achieve.

Productivity Commission, 2025, Interim Report, p.2

“ The PC is seeking views on the value and feasibility of having a public **dashboard** to track and report on progress under the next agreement’s objectives and outcomes and any other measurable targets set throughout.

Productivity Commission, 2025, Interim Report, p. 25

“Most critically, the Agreement requires government decision-makers to accept that they do not know what is best for Aboriginal and Torres Strait Islander people,” the Closing the Gap review states.

Guardian, 2025

A critical element of our report is to demonstrate that genuine reform for the betterment of Aboriginal and Torres Strait Islander peoples must be grounded in our rights as First Peoples.

Our respect for and desire to protect our lands, seas, and cultures shapes who we are and how we exist in the world. It permeates our being and drives the initiatives we put forth to ensure the survival, dignity, and wellbeing of our peoples.’

Close the Gap Campaign review, 2025



MAPS

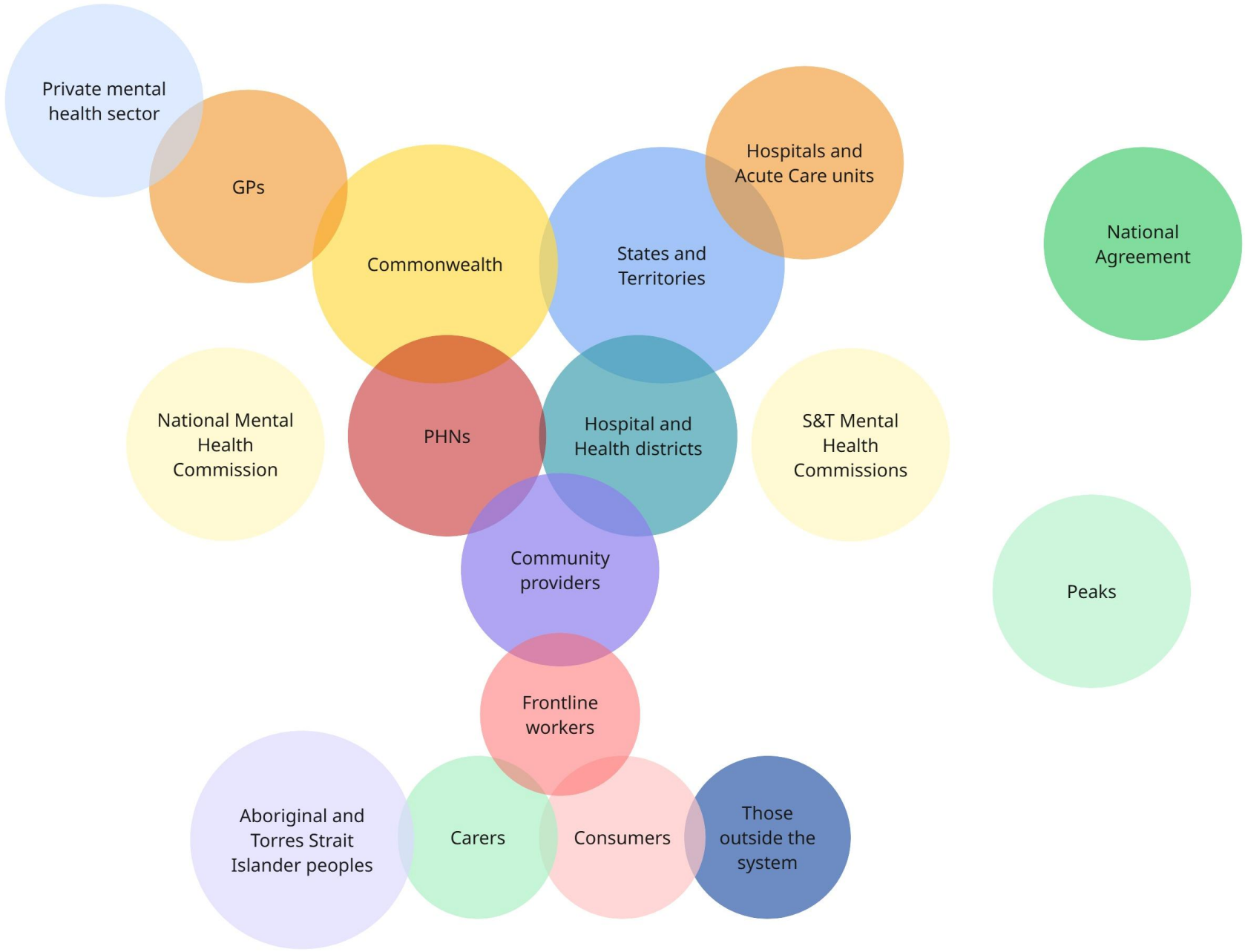
The next four slides contain maps which show where power concentrates within the system and answer the four Design Justice questions:

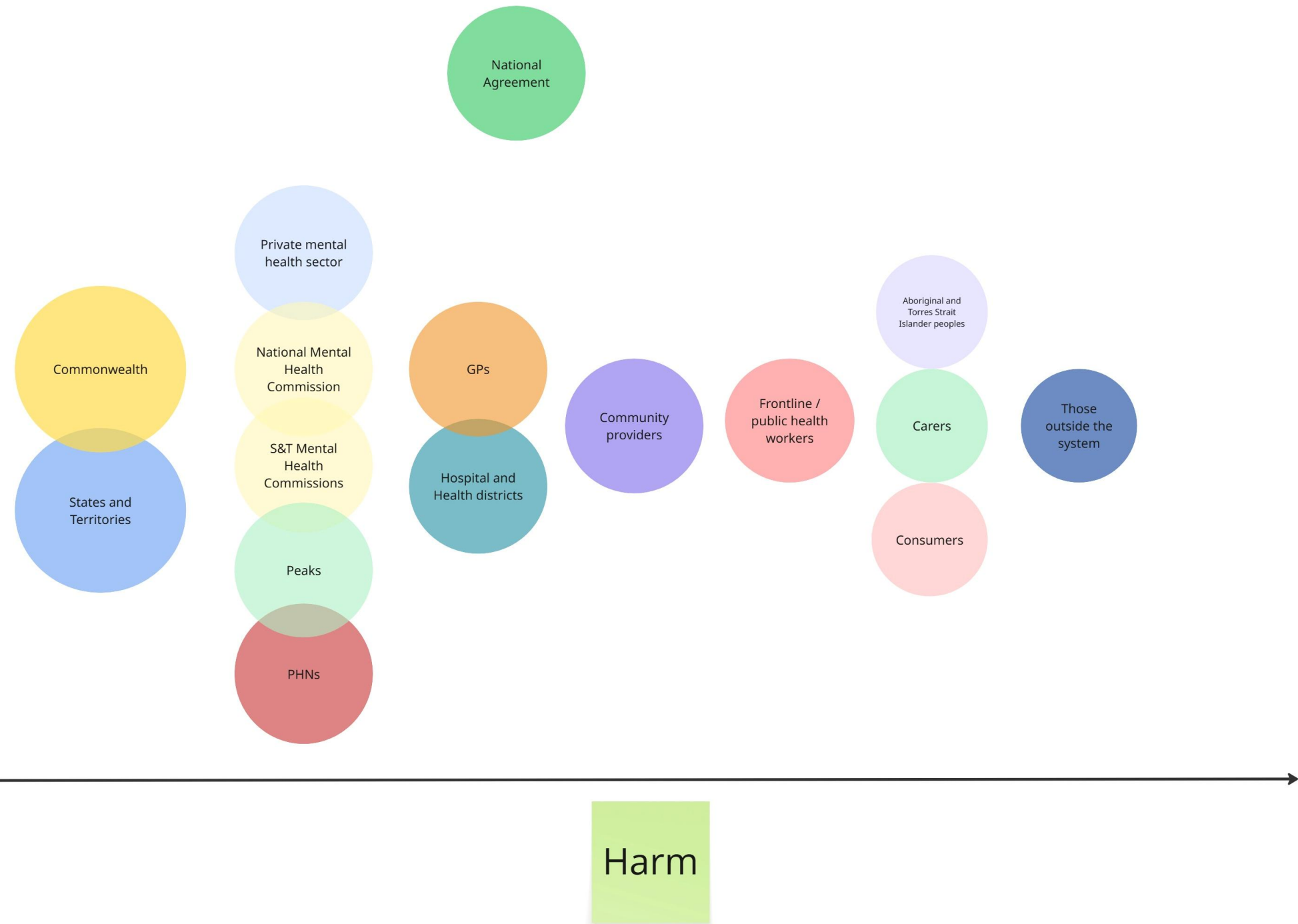
Who benefits? Who is harmed? Who participates? Who decides?

This matters because what we learn from the Close the Gap experiment is that power – how it is concentrated, how it is shared – determines reform.

Benefit

Resource







Decision-making



National Agreement

Commonwealth

States and Territories

Hospital and Health districts

Private mental health sector

National Mental Health Commission

S&T Mental Health Commissions

Peaks

PHNs

GPs

Community providers

Frontline workers

Aboriginal and Torres Strait Islander peoples

Carers

Consumers

Those outside the system



Consequence immunity

RECOMMENDATIONS

» Next Agreement

- Elevate people with Lived Experience of mental health challenges, mental health carers and mental health workers to the status of co-producers
- Replace 'co-design' with 'co-production' and define it: coproduction is the 1) co-design, 2) co-decide 3) co-delivery, and 4) co-ownership of a response within an 5) equal and 6) reciprocal context (Stepzac, 2025).
- Centralise the Agreement around human rights.

“ These days if you say something is co-designed and then spend no time describing what that process looked like (and will continue to look like across implementation and further evaluation), I'm going ahead and assuming that it wasn't co-designed.

Egan, 2025



SYNTHESIS





This section consolidates the recommendations and provides an example of how they can be incorporated into the Agreement.

CONSOLIDATED RECOMMENDATIONS

This Agreement:

- All requirements under the current Agreement must be completed by July 2026

Next Agreement:

- Embed multiple, concurrent workstreams within each challenge area
- All requirements must occur within a specified term, or terms
- All requirements must have a deadline
- Recognise the different chronologies (predictable cycles, unstable cycles, emergence) at work within the system and their interactions (for example, short-term funding cycles leads to workforce challenges; periodic review processes mean failure takes years to identify).
- Embed Lived Experience-led systemic (up, down, across) continuous improvement processes (best-practice Monitoring, Evaluation and Learning) to assess whether the Agreement is working over its term
- Embed capacity to amend the Agreement at any time if the evidence says its not working
- Elevate people with Lived Experience of mental health challenges, mental health carers and mental health workers to the status of co-producers
- Replace 'co-design' with 'co-production' and define it: coproduction is the 1) co-design, 2) co-decide 3) co-delivery, and 4) co-ownership of a response within an 5) equal and 6) reciprocal context (Stepzac, 2025).
- Centralise the Agreement around human rights.

“ DRAFT RECOMMENDATION 4.4

Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme.

The Australian, state and territory governments need to immediately agree to responsibilities for psychosocial supports outside the National Disability Insurance Scheme. State and territory governments should be responsible for commissioning services and commence work to address the unmet need.

The next agreement should:

- confirm the roles and responsibilities for psychosocial supports and the funding split between the Australian, state and territory governments
- include Australian Government funding to the state and territory governments to help cover the shortfall in support
- include a detailed plan and timeline for the expansion of services, with the aim of fully addressing the unmet need by 2030.

Productivity Commission, 2025, Interim Report, p.22

ALTERNATIVE VERSION INFORMED BY SUBMISSION RECOMMENDATIONS

By 30 October 2025, the Australian, state and territory governments (the Parties) to:

- Commit to expand existing services by 25% per annum to address the unmet need by 2030
- Agree on roles, responsibilities, funding ratios and a schedule
- Stand up a representative (consumer, carer, worker, SME's) co-production team (co-production process incorporates 1) co-design, 2) co-decide 3) co-delivery, and 4) co-ownership of a response within an 5) equal and 6) reciprocal context) to develop and implement an integrated, fit for purpose psychosocial service supply chain by November 2026

The Schedule, to be appended to the current Agreement, confirms and contains:

- Confirms roles and responsibilities
- Confirms, quantifies and commits funding
- Contains a funded plan for the expansion of existing services to meet the need by 2030 as a default
- Contains a funded plan for the representative co-production of a fit for purpose service supply chain by 30 November 2026

The next Agreement confirms the Parties' commitment to:

- Maintaining and improving the fit for purpose psychosocial service supply chain outside the NDIS within the term of this Agreement
- Addressing the psychosocial support gap by 2030
- A permanent representative co-production team to iterate and improve the psychosocial service supply chain to ensure it works for consumers, carers and workers across multiple chronologies within the term of this Agreement



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