

The National Mental Health and Suicide Prevention Agreement

QAMH SUMMARY

March 23, 2022

The National Mental Health and Suicide Prevention Agreement stems from the 2021-22 Federal Budget. This budget included a \$2.3 billion investment in mental health reforms as the Australian Government's response to the 2020 Productivity Commission's report, which detailed the mental health emergency facing the nation and the economic rationale for widescale reform. As many of the initiatives included in the budget involved both federal and state responsibilities a National Agreement was needed to further clarify how these reforms would be delivered and funded in the longer term.

Federal and state treasurers (excluding Victoria and ACT) signed the agreement in February and March this year. When NSW and SA signed their bilateral agreements this month, the National Agreement was published on the Federal Financial Relations website.

The Agreement will expire on 30 June 2026 and is not legally binding.

It does not include any specific additional funding. In fact the agreement specifically states that "all parties will ensure minimum annual funding in their jurisdictional equivalent to 2018-19 recurrent expenditure on mental health and suicide prevention services". The bilaterals signed with NSW, SA and NT include funding allocation for various initiatives that were announced in the 2021-22 Federal Budget including:

NSW (\$383 million – Commonwealth \$216 million, NSW \$167 million)

- Establishment of Head to Health adult mental health services and Head to Health Kids Hubs
- Establishment of three new headspace sites
- Funding to support perinatal mental health screening
- Universal aftercare services for people discharged from hospital after a suicide attempt
- Establishment of a Distress Intervention Trial
- Statewide postvention services for people bereaved and impacted by suicide

SA (\$127 million - Commonwealth \$66 million, South Australia \$61 million)

- Establishment of a new Aboriginal Mental Health and Wellbeing Centre
- Establishment of a network of Head to Health adult mental health centres
- Establishment of one new headspace site and enhancement of existing centres
- Funding for implementation of the Initial Assessment and Referral (IAR) Tool and National Phone/ Digital Intake Service

NT (\$43 million - Commonwealth \$30 million, NT \$13 million)

- Establishment of two new Head to Health adult mental health satellite clinics and ongoing funding for the Territory's existing Head to Health centre
- A new Head to Health Kids Hub
- Enhancement of two existing headspace centres
- Universal aftercare services
- Postvention support services
- Funding to support perinatal mental health screening

The National Agreement lists the various funding responsibilities for the Commonwealth and states. There is also a detailed list of joint responsibilities. Despite much anticipation of fundamental reform to Commonwealth-state responsibilities, they remain essentially unchanged.

The National Agreement details the intentions of signatories including:

- A recognition of the role of social determinants on people's mental health and wellbeing, and the intention to facilitate a whole-of-system approach
- A commitment that lived experience should be embedded in the design, planning, delivery and evaluation of services
- An increased focus on prevention and early intervention
- Acknowledging the need to reduce system fragmentation, gaps and duplication
- Supporting and enhancing the capability of the workforce to meet current and future needs
- Ensuring the mental health needs of Australia's rural, regional and remote communities are equitably addressed
- Facilitating local responses to address the unique needs of communities
- A commitment to joint regional planning and commissioning
- Recognising the need to work together to close the gap for vulnerable groups such as Aboriginal and Torres Strait Islander peoples, CALD and LGBTIQ+ communities

The firm commitments in the National Agreement include:

- Analysis of psychosocial support services outside of the NDIS to commence within the first 12 months of the Agreement and completed within two years. Importantly, to ensure continuity of psychosocial support services during this time, the Commonwealth and the states will maintain investments in current psychosocial support programs outside the NDIS
- The development of a National Evaluation Framework within the first 12 months
- The development of national guidelines on regional commissioning and planning within the first twelve months
- The development of the National Mental Health Workforce Strategy and identification of priority areas for action by mid-2022.