WELLBEING AND PREVENTION COALITION IN MENTAL HEALTH

Submission:

Delivering Quality Care More Efficiently Interim Report

10 September 2025

Productivity Submission – Re: Delivering Quality Care More Efficiently Interim Report

Submitted to the Productivity Commission on behalf of the members of the **Wellbeing and Prevention Coalition in Mental Health.**

Current members:

- Prevention United
- Alliance for the Prevention of Mental Disorders
- Beyond Blue
- Black Dog Institute
- Everymind
- Headspace
- The Matilda Centre
- Smiling Mind
- Centre for Mental Health Research, The Australian National University,
- Be Well Co
- Centre for Social and Early Emotional Development, Deakin University
- Australian Health Promotion Association
- Butterfly Foundation
- Movember
- Public Health Association of Australia
- ReachOut
- Batyr
- Orygen Institute
- Mental Health First Aid International
- ARACY
- Centre for Community Child Health, Murdoch Children's Research Institute

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Executive Summary

The Wellbeing and Prevention Coalition welcomes the interim report *Delivering Quality Care More Efficiently* by the Productivity Commission. The recommendations related to collaborative commissioning and the proposed National Prevention Investment Framework represent promising steps toward addressing Australia's longstanding underinvestment in prevention, particularly in mental health.

Currently, Australia ranks 27th among OECD countries in terms of prevention spending (Productivity Commission, 2025). Most concerning is the disproportionate allocation of limited existing investment, which focuses primarily on physical health, with minimal funding allocated toward the prevention of mental health conditions.

In this submission, we strongly urge the Commission to:

1. **Develop a strategy for a National Prevention Investment Fund** to establish priorities for investment relative to the burden of disease – in this case a commitment to a percentage or specific dollar amount of quarantined funding within the proposed Fund for mental health promotion and prevention.
2. Ensure **collaborative commissioning is supported by adequate and sustained investment**, ensuring partnerships are maintained beyond the governance of those partnerships.
3. **Address structural drivers of poor mental health**—including social and commercial determinants—through coordinated, systemic reforms.

1. Collaborative Commissioning – Embedding Genuine Partnerships

Draft Recommendation 2.1

The Wellbeing and Prevention Coalition supports this recommendation and emphasises the critical importance of funding the mechanisms that enable effective partnerships. Current activity-based funding models and 1-3 year investments do not account for the time, resources, and governance structures necessary for high-functioning collaborative partnerships.

While the Report (p. 43) acknowledges the potential need for dedicated governance funding, we stress that this must extend to integrated delivery as well. Frameworks such as *Partnerships: A Framework for Working Together* highlight that effective collaboration requires deliberate, resourced investment.

This is further highlighted by the concept of the 'glue', which refers to the people, practices and systems that enable the delivery of services in a truly integrated way. 'Glue' improves the experience for users of the system and improves their outcomes. These benefits can be particularly powerful for disadvantaged individuals, who are more likely to find it difficult to navigate a complex and fragmented service system or lack social networks and other support systems. Glue also improves the efficiency and effectiveness of existing government investment in the system, leading to higher service utilisation and staff retention, and lower future expenditure for government.

To that end, we encourage the Commission to recommend:

- A revision of funding models to include investment in the infrastructure of partnership and integration.
- Resources not only for commissioning bodies (e.g., PHNs, LHNs, ACCHOs) but also for the organisations they partner with, community and lived experience partners and advisors.
- Recognition of the cost of meaningful co-design, governance participation, integration, and cross-sector collaboration.

Key Questions:

- How will organisations be funded to engage in genuine co-design and consultation processes?
- What mechanisms will ensure investment in building and sustaining the partnerships that underpin collaborative commissioning?

2. National Prevention Investment Framework – A Turning Point for Mental Health

Draft Recommendation 3.1

The Wellbeing and Prevention Coalition strongly supports the establishment of this Framework. Investment in prevention is an essential step towards reducing downstream costs in acute care, improving population wellbeing, and increases system efficiency. Additionally, the Framework must recognise that supporting the wellbeing of children and young people is itself one of the most effective productivity measures, reducing long-term health, justice, and welfare costs while strengthening future workforce participation.

However, the current emphasis appears weighted toward physical health. Mental health—despite being a leading contributor to disease burden—remains underrepresented. The 2024 Australian Burden of Disease Study (AIHW) found that **mental health and substance use disorders account for 15%** of total disease burden in Australia.

Figure 1. Summary of five leading disease groups causing burden in 2024

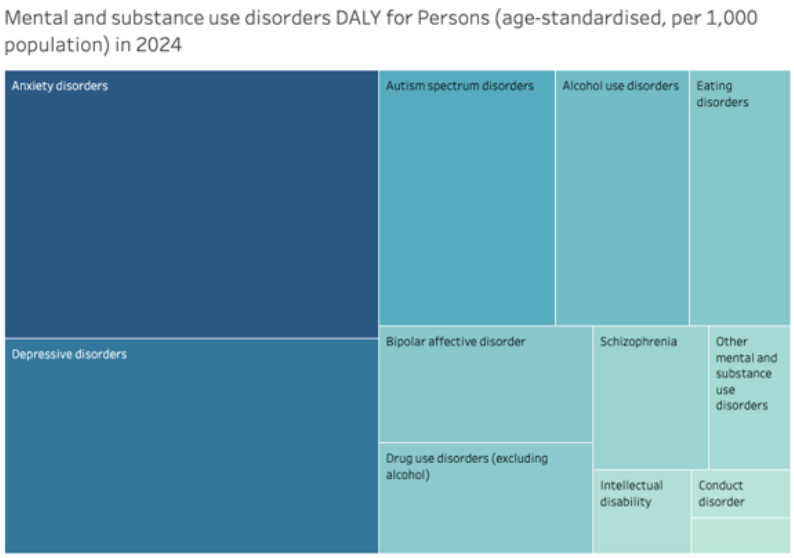
	Cancer	Mental health & substance use	Musculoskeletal	Cardiovascular	Neurological
% of total DALY	16.4	14.8	12.7	11.8	8.4
% of DALY that was fatal	91.3	1.8	2.9	75.0	49.8
Change between 2003 and 2024[(a)]	↓	↑	↓	↓	↑

(a) Based on the rate difference, that is, the absolute difference between the age-standardised rate of burden from 2003 to 2024.

Source: AIHW Australian Burden of Disease Database, Data tables.

Three of the top contributors—**anxiety**, **depression**, and **drug use disorders**—are **preventable** through evidence-based initiatives. Yet, the prevention of mental ill-health continues to receive a fraction of the investment that physical health does, both from government and from the philanthropic sector, and when it is funded, it is program specific and generally short-term.

Figure 2. Overview of the total burden of mental and substance use disorders for Australians (AIHW)



We therefore recommend:

- The Productivity Commission **establish a guideline for a specific dollar amount to serve as dedicated funding** for the prevention of mental ill-health**,** within the National Prevention Investment Fund.
- The National Prevention Investment Fund should include minimum investment periods (e.g., five years) to allow sufficient time for prevention initiatives to be properly established and deliver measurable benefits. These investments should also be subject to a regular review cycle.
- Prioritisation of conditions that represent the **largest causes of disability and distress** based on AIHW data, and those that are projected to increase, noting that prevention initiatives across mental health can produce co-benefits for other health conditions.
- Incorporation of **QALY and DALY metrics** that reflect both current disease burden and the potential impact of prevention efforts—even where evidence is emerging due to historical underinvestment.

3. A Novel, but empirically justified, approach: Dual Continua and Dual Systems in Mental Health

The prevention of mental health conditions requires broader structural change. Unlike physical health, the prevention of mental health conditions typically requires investment in a multifaceted approach across the life course. This is particularly critical in the early years and adolescence, with an estimated 50% of adult mental illnesses beginning before age 14. (National Mental Health Commission, National Children's Mental Health and Wellbeing Strategy Report).

Current models of mental health operate on a **single continuum** placing wellbeing and illness at opposite ends. This is in contrast to our approach to physical health, where promotion of fitness & health are seen as complementary but related efforts to treatment and presence of chronic or acute illness.

This contradiction in our approach to prevention limits our capacity to target people who are languishing or at risk of developing mental illness.

A growing body of research supports a **dual continua model**, which recognises:

- Mental wellbeing and mental illness are distinct but related dimensions.
- People can experience poor mental health *and* high wellbeing—or vice versa.
- Interventions can target movement toward flourishing, regardless of illness status.
- Promoting high wellbeing (flourishing) protects against poor mental health.

To realise this approach, a **dual system** must be implemented:

- A **mental health care system** that addresses illness and crisis.

- A **mental health promotion system** that proactively builds wellbeing and prevents illness.

These systems are complementary—not competing—and both must be well-resourced to support a prosperous and thriving community for all those living in Australia. This dual continuum model is well established in physical health, where population health priorities are supported by specialist practitioners and teams focused on prevention. While some government bodies and NGOs have already adopted this approach, most recently Victoria's *Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2025-35*, this approach is not routinely implemented in mental health.

4. Systemic Change: Multi-Layered, Multi-Sector Prevention

Effective prevention must span all levels of the **socio-ecological model**, including:

- **Societal** (policy, regulation, norms)
- **Community** (social connectedness, access to services, including safe and supportive education settings)
- **Interpersonal** (family, schools, workplaces)
- **Individual** (mental health and wellbeing literacy, resilience-building)

An "*and*, not either/or" mindset is essential—there are no silver bullets. Sustainable change requires systemic interventions that reflect the complexity of people's lives, particularly for communities facing entrenched inequities. Systemic prevention also reduces costly downstream impacts such as youth justice contact, where early investment in parental supports, education, health, and social services improves intergenerational outcomes.

6. Address Structural Drivers: Social and Commercial Determinants

Mental health outcomes are increasingly shaped by powerful **commercial forces**—alcohol, gambling, ultra-processed foods, housing, digital media and social media —as well as **social determinants** such as poverty, discrimination, and exclusion.

We urge the Commission to recommend:

- Stronger regulation of harmful commercial practices, including stronger protections for children and young people from targeted harmful marketing and misinformation, particularly across digital platforms.
- Investment in environments that protect wellbeing over profit.
- Policies that tackle structural disadvantage as core prevention strategies, such as those targeting education, housing, and income inequality.
- Investments in parenting and parenthood, for example, through extended parental leave and strong incentives that support staying at home longer and reducing reliance on full-time work.
- Evidence-based, First Nations-led initiatives that strengthen education, parental engagement, and community-driven approaches — recognising the impact of

colonisation, discriminatory government policies, and intergenerational trauma on current outcomes (recent NAPLAN data highlights persistent inequities, with only 32–45% of First Nations students in Years 3, 5, 7 and 9 meeting or exceeding literacy and numeracy proficiency, and lower attainment in Years 7 and 9.)

Conclusion

Australia's future productivity depends on the mental wellbeing of its population. For too long, we have treated mental health promotion and prevention as secondary priorities. The Commission now has the opportunity to correct this course.

We urge you to include in your final recommendations:

- Explicit, **quarantined funding for mental health** within the National Prevention Investment Framework.
- **Creating system reform** that that establishes complementary mental health care and promotion systems (a dual systems approach) that are well-resourced and optimise people's mental health across their lifecourse.
- Structural investment in the **partnerships** needed to deliver systemic change.
- Prioritisation of **children, young people, parents, and vulnerable communities** in prevention efforts, ensuring intergenerational equity and embedding accountability through structures such as a Minister for Children and a Commissioner for Future Generations.

A prevention-first, partnership-powered, and equity-driven approach to mental health will unlock generational returns in health, wellbeing, and economic productivity.