Submission to the Mental Health and Suicide Prevention Agreement Review

Response to the Interim Report

Relationships Australia Victoria (RAV) values the opportunity to respond to the Productivity Commission's Interim Report resulting from the Commission's review of the National Mental Health and Suicide Prevention Agreement. The Report acknowledges the importance of mental health and suicide prevention to Australia's overall wellbeing, as well as to individual lives. RAV supports the Review's objectives to improve the effectiveness of significant governmental investment in mental health and suicide prevention, and to deliver quality care more efficiently.

As a community sector provider with over 75 years' experience delivering family and child services, RAV's contribution to the Review is informed by our understanding of **the importance of healthy relationships and social connection to overall mental health and wellbeing**. Australia is facing a growing mental health crisis, especially among individuals and families experiencing separation, divorce, family violence, and challenging life transitions. Mental health issues have a significant impact on people's lives, particularly when co-occurring with family breakdown or trauma.

Along with others, we call for a **preventive public mental health approach**, with a focus on strengthening healthy relationships, improving social connections, increasing early intervention, and providing universal access to psychosocial supports. We support key themes from other submissions, particularly the need for a national strategy on mental health that removes siloes and improves co-operation between governments. This strategy should **recognise the social determinants of mental health** and, therefore, the **need for a holistic and integrated approach**. The strategy should recognise and respond to risk factors that contribute to mental ill health, and protective factors that promote positive mental health, both of which are measurable and should be monitored at a population level.

The prevalence of mental health needs among our clients

RAV is an incorporated, not-for-profit, community-based, secular organisation that has been delivering relationship services in Victoria since 1948. RAV's vision is for positive, respectful, safe and fulfilling relationships for all Australians. RAV is an approved provider of Family Dispute Resolution and Relationship Counselling services under the Family Law Act (1975), and also provides Parenting and Child Development Programs, Family and Relationships Education Services, Family Violence Prevention Programs and Family Relationships Centre (FRC) services.

RAV provides services to over 20,000 clients each year, and over 650,000 clients have used RAV's services since the organisation was established. RAV operates 21 sites across metropolitan Melbourne and regional Victoria, as well as additional outreach locations, and online services across Australia. This includes 4 FRCs, which provide a range of support services to families experiencing separation, and 3 headspace sites. RAV employs over 390 staff members, of whom two thirds are specialist clinicians.

RAV holds considerable experience in supporting clients with mental health needs. In 2023-24, over a third of our clients (over 8,100 clients) had a mental health need addressed during service delivery. **RAV delivers multiple dedicated mental health services**:

- Our 3 headspace sites in Bairnsdale, Sale and Wonthaggi provide mental health and wellbeing support to young people aged 12-25 years.

- Our Youth Enhanced Service offers free mental health care across Gippsland for young people aged 12-25, who need more support than is available through headspace, GPs or school counsellors, but who may find it hard to access specialist mental health services.
- Our i-Connect Family Mental Health Support Service delivers free support to children and young people (0-18 years) across East Gippsland at risk of or affected by mental illness.
- RAV delivers free mental health support and referrals to people dealing with family law proceedings and family violence at Federal Circuit and Family Court of Australia circuit locations across Victoria, and at permanent registries in Melbourne and Dandenong, through Victoria Legal Aid's Family Advocacy and Support Services.

We also deliver support for mental health issues within our generalist services. Mental health problems are often a primary presenting need among clients presenting to our Counselling services as well as our dedicated mental health services. In a national study involving 1365 Relationships Australia counselling clients, over 43% reported high or very high psychological distress. Mental health issues are also common presenting needs for clients of our post-separation and family violence services. In another national study, on intake into Family Dispute Resolution services, 23% of 1695 clients showed elevated scores for depression, anxiety and distress.

In our 2024 Relationships Indicators Survey, mental health was identified as a top pressure in people's lives, second only to the current cost of living crisis. Among clients who had experienced relationship breakdown, 43% reported ongoing negative consequences for their mental health. **Family breakdown poses a major challenge to individual and family wellbeing,** and adverse mental health consequences may be experienced for years if not properly and promptly addressed. Mental ill-health exacerbates the distressing experience of family breakdown and is costly to the individual, the family and the community. The impact of relationship breakdown on mental health is not limited to separating adults. Almost half of divorces involve children, and one in four children experience parental separation before age 18. **Parental separation is linked to an increased risk of mental health issues in children** (Deegan, 2020).

Prevention and early intervention

There are **systemic societal factors** that contribute to the persistent increase in mental health issues and to the prevalence of suicide. **RAV calls for an increased focus on prevention and early intervention** to reduce the scale and severity of complex mental health problems and the incidence of suicide. This should involve **strengthening protective factors and reducing risk factors at a population level.**

We support many submissions to the current Review which call for greater investment in suicide prevention. We know that isolation and loneliness contribute to the prevalence of mental illness and suicide (World Health Organization, 2025). In keeping with the National Suicide Prevention Strategy 2025–2035, we argue that **promoting social connection is a vital component of a preventive approach to mental illness and suicide**.

Prevention

Prevention requires a universal approach. We know that many mental health conditions begin in childhood and are preventable (Haslam et al, 2023). In the early years, **parent-child relationships are the most important factor determining future health and wellbeing**, building the foundation for social and emotional competencies which are strongly linked to mental health outcomes (Alexander et al., 2024). RAV endorses Draft recommendation 4.3 which proposes that the next Agreement should have stronger links to the broader policy environment. This should include the Early Years Strategy 2024–2034.

Investment in prevention is lacking, as is an understanding of evidence-based approaches. **We support calls for increased investment in prevention** to 5% of total health expenditure across governments by 2030 and consider this an urgent priority (Wellbeing and Prevention Coalition in Mental Health, 2025). Funding and evaluation for preventive action should allow long-term investments to be made.

Preventive initiatives under the new Agreement should include:

- Increased delivery of social and emotional literacy programs to young people.
- Services, supports and targeted programs to strengthen family relationships, particularly in the early years.
- Responses tailored to local circumstances at a community (not state) level.
- Universal education about the importance of relationships and social connection to mental health and wellbeing, which are currently understood primarily as an individual issues.

A significant body of research (e.g. World Health Organization, 2025), as well as RAV's own evaluation and impact measurement efforts, shows that providing individuals and communities with psychosocial supports, emotional regulation and coping skills, and other key skills and knowledge to strengthen healthy relationships, can improve mental health and wellbeing now and into the future. **Relationships skills and supports can be delivered effectively by community-based organisations as part of a preventive approach.** For example, services assisting families with infants and pre-school children, such as Children and Parenting Support Services delivered by organisations including RAV, are ideally placed to help families establish and maintain healthy, attuned relationships throughout life, particularly when they are also engaged with universal services such as Maternal and Child Health Services.

Early intervention

There is strong evidence that **early intervention can reduce the progress and impact of mental health conditions**, thereby reducing the strain on health and mental health systems, and preventing negative consequences for mental and physical health, community participation and socioeconomic wellbeing (Victorian Department of Health, 2021).

By contrast, failure to offer early intervention for those suffering mental ill-health can have profound, long-term consequences for individuals, including ongoing mental health problems, physical ill-health, loss of productivity or unemployment, reduced social connections and support, and financial and housing problems. **Mental ill-health is a social and economic issue, as well as an individual issue.** A lack of early intervention leads to worsening outcomes, increased pressure on emergency services, and long-term costs for the health system, families, and the broader community.

Mental ill-health is not distributed evenly across the population; rather, there are patterns which are known and understood, which result in some sections of the community being at greater risk. **Early intervention efforts are an efficient use of resources and are essential to supporting at-risk population groups.**

Early intervention with children and young people

In children and young people, the most prevalent mental health diagnoses are anxiety disorders, depressive disorders, conduct disorders, autism spectrum disorder, and attention-deficit hyperactivity disorder (Australian Institute of Health and Welfare, 2021). Emerging mental health problems in children can go unrecognised, as children and adolescents are less likely to seek help, with lower access and use of specialist mental health services (Emerging Minds, 2025). Children's mental health needs can also go unsupported because their symptoms are often behavioural or

physical in nature and are not correctly attributed to mental health (Victorian Department of Health, 2015). Early intervention after detection of risk factors for mental illness is critical to prevent the onset of illness or curtail a deterioration into mental ill-health (Productivity Commission, 2020). **Early identification of mental health risks to children offers the greatest potential for improving health, social and economic outcomes** (Productivity Commission, 2020).

Highly stressful, traumatic situations that are encountered in childhood increase the probability of physical and mental health difficulties, and of social and behavioural problems occurring through childhood into adulthood and potentially being passed on to the next generation (Emerging Minds, 2020). **Adverse childhood experiences** include abuse, neglect, family violence and substance abuse exposure (Emerging Minds, 2020). **Parental separation can also have a profound impact on children's lives**, including their living arrangements and connections, and can result in the onset of mental distress. In some cases, conflict between parents does not resolve quickly and parents remain bitterly and chronically embattled for long periods of time (Johnston, et al., 2009). In these families, children must cope with their parents' distrust, anger, blame and resentment, and parenting may be unreliable, erratic or even abusive (Roseby et al., 2005). **Family and relationship services can help clients recover from family separation, family violence and abusive relationships, and reduce the risk of adverse childhood experiences**.

At-risk populations

Groups with higher incidence of mental ill-health include communities facing one or more **intersecting sources of disadvantage** (Crenshaw, 1991) include:

- Women and girls
- LGBTIQA+ people
- People from culturally and linguistically diverse communities
- Asylum seekers and refugees facing difficulty accessing employment, education and resources
- Non-English-speaking communities facing structural inequality
- First Nations peoples
- People from low socio-economic groups and areas

Isolated people who lack social connection with friends, family or colleagues are also at greater risk (World Health Organization, 2025).

Clients with **co-morbidities** such as eating disorders, personality disorders, mood disorders and neurodiversity are also likely to "fall through the cracks". Health professionals may treat only one issue at a time, and clients may face a substantial delay in having related issues, including mental health problems, acknowledged or addressed.

Evidence indicates that **people experiencing and/or using violence** have higher incidence of mental ill-health (Danielson et al., 1998; Fitz-Gibbon et al., 2024; Oram et al, 2013). Mental ill-health and suicide ideation are risk factors for family violence, as are self-harm, drug and alcohol use, separation and homelessness (e.g. Fitz-Gibbon et al., 2024). Using an integrated systems approach, people experiencing or using family violence and abuse who present with mental ill-health, suicide ideation or self-harm may be identified earlier.

Under a new Agreement, early intervention should include:

- **Initiatives to strengthen social connection for vulnerable or identified at-risk groups.**
- **Integrated and holistic, collaborative, person-centred bio-psychosocial approaches** which can assist in the early identification of issues, including family violence, and lead to improved outcomes, including a reduced risk of repeated self-harm and suicide ideation.

Further, given the link between violence and mental health, **all mental health professionals should be trained to identify family violence** (people both using and experiencing violence) and feel confident to respond/refer to appropriate services. In Victoria, this includes training in the Family Violence Multi-Agency Risk Assessment and Management (MARAM) framework. This could also include training by peak organisations such as Safe and Equal in the identification of risk factors for family violence including mental ill-health, suicide ideation, self-harm and drug and alcohol use.

Suicide prevention

We support an **integrated, individualised and trauma-informed approach to the assessment of suicide risk** and the management of suicide ideation and self-harm. Adequate service provision will require reduced reliance on screening using risk and geography, both of which can impede access. Service demarcation based on geographical area can prevent transient and homeless clients from accessing services. Risk criteria are often used by service organisations attempting to manage their waitlists and demand, yet client risk can change from day to day. Assessment tools that categorise suicide and self-harm risk in terms of severity and levels of risk overemphasise suicide attempts and self-harm history as evidence of risk, and can perversely increase the risk of self-harm and suicide (Storm Skills Training, 2024).

Organisations that deliver a range of services through a "one-stop shop" model can identify mental health issues early and mitigate the severity of these issues. An individualised approach to risk assessment and management, self-harm and suicide ideation can promote patient wellbeing and safety (Storm Skills Training, 2024). An individualised approach:

- **Strengthens and prioritises the therapeutic relationship** through patient-led care, empathy, validation and demonstrating compassionate curiosity when undertaking assessment and management of self-harm.
- **Demonstrates cultural sensitivity** by being informed about and attuned to a client's cultural, language and religious needs. Key aspects of cultural sensitivity include a respectful, "culturally curious" mindset, the avoidance of stereotypes and the recognition of individual differences.
- **Involves the support network**. Family members who care for adults at risk of suicide can experience burnout, relationship distress and conflict, particularly with repeated suicidal behaviour. Family involvement enhances the effectiveness of therapeutic interventions and supports sustained progress. By supporting carers with family counselling and suitable referrals, the person in distress can show improvement.

Further, an individualised approach features:

- **Collaborative, safety-focused case formulation,** incorporated into assessments and safety plans, which provides a buffer between assessment and action to assist a client experiencing distress or suicidal thoughts.
- **Personalised safety planning**: As a collaborative process using shared decision-making, safety planning can be therapeutic in itself, helping people to feel heard and understood. Clients who have suicidal thoughts or plans may be offered Suicide Safety Planning, crisis lines and warm referrals to specialist services. A Distress Management Plan (D-MaP) is useful for clients with generalised distress and a history of self-harm. The D-MaP, developed as part of the Distress Brief Intervention (www.dbi.scot), helps clients identify what led to their distress, problem-solve key issues, and identify strategies to manage their distress.
- **Proactive and prompt follow-up.** After the disclosure of distress and/or suicidal thoughts or plans, prompt contact is valued by clients, can improve engagement with services and can reduce the risk of suicide.

Measuring progress and accountability

RAV supports the idea of a public dashboard to track and report on progress on the next Agreement's objectives and outcomes (Information request 4.3) and commends the Interim Report's commitment to co-design (Draft recommendation 4.2). It is important that measures of mental health and wellbeing are designed so that they are meaningful to people with lived/living experience, and that quality data collection occurs at regular intervals to inform evidence-based decision-making and to accurately track progress.

Metrics should include population-level indicators related to social determinants of mental health and wellbeing, including risk factors that contribute to mental ill-health and suicide, and protective factors that contribute to mental health and wellbeing.

Protective factors should include:

- Social connection (structure/function/quality)
- Parent-child relationships (attachment)
- Social and emotional competencies and emotional regulation
- Perceived access to supports (formal and informal)
- Coping skills and resilience.

Risk factors should include:

- Adverse childhood experiences
- Substance use
- Housing insecurity
- Financial stress
- Unemployment
- Inequality
- Racism and discrimination.

Service delivery and the role of community service providers

Australia lacks a systemic, coordinated approach to mental health service delivery, along with whole-of-family and workplace approaches to mental health support. There is a lack of suitably qualified mental health staff in general, and particularly in regional areas. The wait times and criteria for tertiary mental health services mean that many children, young people and adults remain without assessments for complex mental health issues. Children and young people face difficulty accessing assessments for neurodiversity and childhood developmental disorders.

Many people have mental health issues that are not severe enough to access National Disability Insurance Scheme (NDIS) funding, yet too severe for headspace services or community health centres. Further, many clients are unable to afford expensive assessment services and private mental health services. This cohort risks exclusion from ALL services. This is an inequitable situation whereby access to services for those who are ineligible for NDIS is based on capacity to pay.

To better address mental health and suicide prevention the Agreement should enable integrated responses across all levels of government (in keeping with Draft recommendation 4.3 on policy coherence) and **allow for long-term investment at the community level**, including and beyond primary health networks (Draft recommendation 4.12). Increased access to psychosocial supports should be part of an integrated response from Australian, state and territory governments (Draft recommendation 4.4), to remove inefficient and inaccessible siloes.

The need for integrated care

Integrated care is more likely to produce more efficient and better outcomes, and people with mental health issues are more likely to engage with support that is integrated with services they are already receiving. Integrated services provided under an expanded community health model can assist clients with complex mental and physical health issues by providing seamless assessment and treatment in the same location. This kind of care may be provided in "hubs" or may employ "navigator" roles to guide clients through their individual journey to improved health.

Preventive services including counselling, case management, psychosocial support, parenting programs and primary prevention programs addressing family violence **can be delivered effectively by community service organisations** as well as universal services such as schools and maternal and child health centres. Services assisting families with babies and pre-school children can help to set them up for healthy relationships throughout life, reducing the risk of adverse childhood experiences and of mental ill-health. **Mental health services must work alongside family and relationship services** to promote healthy relationships, which are a preventive factor against mental ill-health.

Integrated, community-based early intervention services are also needed to identify and deal with mental health needs in the context of life challenges such as separation, divorce and family violence. Without investment in scalable, community-based mental health services, thousands of Australians affected by separation, divorce and family violence will continue to fall through the cracks. With the right resourcing, these services can provide early and effective mental health care before crises arise, and before issues become entrenched.

Lived experience and peer workforce

RAV supports the recommendation (Draft recommendation 4.7) that a new Agreement should support a greater role for people with lived and living experience in governance, as well as in service design and delivery. RAV's experience in delivering the Youth Enhanced Service in Gippsland with peer support workers, and the Youth Advisory Groups supporting its headspace sites, has highlighted both benefits and barriers to the implementation of a peer workforce and of lived experience into governance (Information request 4.2).

Peer workers bring valuable and unique insights based on lived experience that can make services more accessible, empathetic and human. Their ability to use language grounded in shared experience, rather than clinical or deficit-based language, can help reframe conversations in empowering ways (Blanch et al., 2012). Depending on the context, peer work may offer greatest value outside of direct service delivery, in consultation, community engagement and knowledge translation, as well as in governance forums.

With careful planning, appropriate support, and alignment to service context, peer roles can offer genuine benefit to clients, workers, and organisations alike. However, **peer work also carries distinct risks, which can pose barriers to participation.** This is especially true of clinical contexts but also extends to governance forums. Programs must consider the potential impact of peer work roles on the peer workers themselves. Entry into lived experience roles often coincides with early stages of recovery, leaving workers vulnerable to emotional overload, role confusion and re-traumatisation. These risks, widely recognised in the sector, can be addressed through proactive planning for training, supervision, support structures, and cultural readiness.

In order to offer peer work, organisations must be trauma-informed (Mind Australia, 2022). Careful planning, including structured supervision, clear position descriptions and strong boundary-setting is essential not only for program effectiveness but also for peer worker wellbeing and sustainability

(NSW Mental Health Commission, 2015). **Organisations including family and relationships services must be supported to do this work well.**

Incorporating a peer workforce into existing services requires a skilled workforce. In addition, peer roles must reflect the diversity of the communities served. **Building the capacity of the peer workforce will require adequate training, funding and time.**

Peer work must be:

- purposeful, clearly defined and protected (Mind Australia, 2022)
- developmentally appropriate, meaningful and supportive of wellbeing and growth
- sustainably resourced, with appropriate pay, supervision, manageable workload and a work environment that values lived experience as skilled labour.

Examples of how peer work can be effectively embedded include group-based models (co-facilitation) and structured engagement, which provide clear boundaries and safeguards. **The headspace Youth Advisory Groups provide an effective model for meaningfully incorporating lived experience into governance.** Advisory and community engagement roles provide non-clinical pathways for early career workers to build confidence.

A centralised peer worker model can provide input based on experience to multiple services, including training, design, service planning and youth voice. Suitability and recruitment should be carefully considered, especially where supporting clients with highly specific or acute needs.

RAV is ready to help

RAV already delivers multiple dedicated mental health services, primarily in Gippsland, and provides additional support to many clients with mental health needs through its generalist services across Victoria. **RAV is well placed to establish a mental health service integrated with its existing family and relationship services.**

In any given year, more than 8,000 clients present to our services with mental health needs, often requiring referrals to external mental health services. We know that many clients do not take up these referrals because of costs, accessibility, stigma, and other co-occurring needs and priorities. The need to find additional services costs our clients and the community, and does not provide an optimal co-ordinated care approach.

With appropriate support, RAV could provide integrated mental health assistance to these clients. People who are already engaged with services are already motivated to seek help and accept support from the professionals and services with whom they have established relationships. **When people seek relationship support, counselling or family violence services, it is a critical early intervention opportunity.**

After more than 75 years of continuous service delivery, RAV has supported generations of Victorians through relationship breakdown and family violence − challenges that are closely tied to mental health. Our practitioners are skilled in assessing and responding to complex, co-occurring needs, including mental health issues. Our metropolitan and regional centres, as well as outreach locations and online services across Australia, provide state- and country-wide reach. RAV has the infrastructure, client relationships, and workforce to rapidly scale up and deliver a **coordinated, evidence-informed mental health response**, to meet the needs of those who so need this assistance.

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