

Commissioner Stephen King
Commissioner Selwyn Button
Email: mentalhealthreview@pc.gov.au

21 March 2025

Dear Commissioners King and Button,

Submission to the Review of the National Mental Health and Suicide Prevention Agreement

Health Justice Australia welcomes the opportunity to contribute to the Productivity Commission's Review of the National Mental Health and Suicide Prevention Agreement (the National Agreement).

About Health Justice Australia

Health Justice Australia (HJA) is a national charity and centre of excellence supporting the effectiveness and expansion of health justice partnership through:

- Knowledge and its translation: developing evidence and translating that evidence into knowledge that is valued by practitioners, researchers, policymakers and funders
- Building capability: supporting practitioners to work collaboratively, including through brokering, mentoring and facilitating partnerships
- Driving systems change: connecting the experience of people coming through health justice partnerships, and their practitioners, with opportunities for lasting systems change through reforms to policy settings, service design and funding.

Response to the scope of inquiry

The effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations

HJA acknowledges the commitment through the current National Agreement to redesign mental health support and treatment and suicide prevention through a social determinants of health lens, and to implement cross-sectoral responses that go beyond the health sector. HJA strongly supports this as a continued focus in the next iteration of the National Agreement but calls for more robust investment in innovative service design and delivery.

Research indicates that people experiencing mental ill-health are more likely than others to have legal problems, more likely to have large numbers of problems, and more likely to report a broad range of adverse consequences from their problems. Further information about the intersections of legal need, mental health and wellbeing is available in the HJA Insights Paper, [*Legal help as mental healthcare*](#).

Integrated, multidisciplinary and client-centred service responses are required to address the complex and compounding health, social and legal problems that drive poor mental health. Health justice partnership (HJP) is one example of a multidisciplinary service model, which integrates legal help in healthcare or social service settings to improve the capacity of the service system to deliver person-centred care. HJPs play a critical role in forging connections and partnership across a complex service landscape, bringing different expertise together to address the intersecting needs of clients/patients. HJP is an example of innovation in service delivery that can operationalise the intent of the National Agreement.

The value of this approach is highlighted in the recent evaluation of the First Step Legal HJP, which captured positive outcomes for both clients/patients and staff. The evaluation found that the HJP delivered health and wellbeing outcomes for clients/patients, including increased accessibility and confidence to manage future legal issues. For staff, the evaluation demonstrated the importance of partnership to improve the capability of workers to respond to client/patient complexity. This translated into higher job satisfaction, which represents potential value to address worker burnout across service settings. HJA recommends that the Productivity Commission consider the findings of the evaluation, [*Evaluating the Outcomes of First Step Legal's Health Justice Partnerships*](#), in this review of the National Agreement.

There is growing recognition in national policy directives of the need for integrated, accessible and person-centred care, which also addresses early support and prevention priorities. As a result, integrated service models, such as HJP, are being incorporated into whole-of-government frameworks and strategies, across a range of portfolios, including in mental health and suicide prevention. However, the level of cross-government investment is not keeping up with the growing interest and clear community need. The next iteration of the National Agreement is an important opportunity to expand upon existing investment, to scale up integrated service approaches.

Funding for HJPs and other integrated service models, particularly those which target mental ill-health, is derived from a constellation of sources, and is not necessarily attributable to commitments made through the National Agreement. To achieve the ambitious vision of the National Agreement, a more strategic approach is needed to restructure current service and funding systems to support the continued expansion of cross-sectoral service delivery.

The recently released [*National Suicide Prevention Strategy 2025–2035*](#) (the Strategy) is an example of the potential for the implementation of preventative and integrated approaches, but also highlights the risks of inadequate resourcing.

The Strategy recognises the importance of integrated support to address key drivers, including underlying socioeconomic factors, that may contribute to suicidal distress. HJP is included as a recommended model for trial and evaluation in the delivery of the Strategy (see pg. 60). However, there is no matching commitment or clarity about how this action will be resourced across the life of the Strategy.

This risk is also apparent in the delivery of other current government policy instruments. The National Access to Justice Partnership 2025–2030 (NAJP) is due to commence implementation from 1 July 2025. The NAJP also recognises the value of HJP and makes recommendations to expand their implementation. However, current funding commitments are not sufficient. Adequate and sustainable resourcing to properly implement health justice partnership includes funding for design, implementation and management of these collaborative service approaches, that promote prevention and early intervention, in addition to resources needed to deliver activity and service output. Without proper resourcing, the value that integrated services can provide will not be fully realised, nor the benefits accessed for clients/patients and workforce.

The Strategy also highlights the importance of an overarching strategic direction to drive cohesive action. The current National Agreement is structured through bilateral agreements but lacks a consistent policy throughline. A strategic framework is needed to guide cross-government investment, and to position the National Agreement in relation to whole-of-government priorities, including the National Agreement on Closing the Gap. The Strategy provides a clear policy approach to suicide prevention, which has been widely supported through consultation. Further work is required to develop a consolidated approach to the mental health elements of the National Agreement.

The opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved

The value placed on opportunities for best practice under the National Agreement must be balanced against the need for innovative solutions, designed to respond to complexity through collaboration and partnership across sectors. The innovation of HJP responds to emerging evidence that siloed, single-service responses at the point of crisis, do not adequately address the complex and intersecting issues experienced by individuals and families. It is an example of what innovative, practical and collaborative service responses can look like.

Further investment is needed to build the evidence base for best practice. This includes research to better understand the value and impact of HJP as a strategy to address intersecting health and legal needs, including effects on mental health and suicide risk.

HJA is currently co-convening a major research project to examine the impact of HJP in supporting people experiencing intersecting health and legal need. The project is a 4-year evaluative study of a cohort of HJPs supporting people experiencing mental health and/or AOD issues. It will not only examine client outcomes but will also explore the impact of HJP on health and legal practitioner capability and sustainability in working with complex need.

The findings from this research will be important to understand how to better measure outcomes related to this work, and to better harness potential productivity gains from a workforce perspective.

The extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities

The current emphasis under the National Agreement remains focused at the point of crisis, with service models that respond to acute needs. A comprehensive, holistic response system for mental health and suicide must extend beyond crisis support to embed structures and mechanisms that focus on early intervention and prevention. This is in keeping with the vision and rationale of the [National Preventive Health Strategy 2021-2030](#), which has a focus on the wider determinants of health, and a recognition of the need to collaborate across sectors to achieve success.

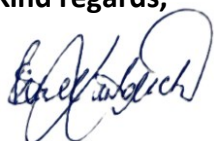
Integrating legal assistance into healthcare and other support settings provides an opportunity for early support and intervention. We have seen the benefits of this approach in our work as part of the Centre of Research Excellence in Childhood Adversity and Mental Health. Initial findings from our work supporting the integration of legal assistance into Child and Family Hubs has identified the potential for HJP to better address the underlying health, legal and other problems that face families, responding to the early signs of problems or challenges and intervening before issues compound or get worse. Further insights from this work, that may be useful to draw on for the next National Agreement, are available via our [website](#).

Next steps

HJA looks forward to contributing to discussions about the current review and future direction of the National Agreement. Further information about HJA and access to relevant research and resources is available on our [website](#). HJA can connect the Productivity Commission with its [HJP Network](#) of services and practitioners working in health justice partnership to provide input into the public hearings as part of this consultation process.

For any enquiries regarding this submission, please contact Kate Finch, Strategic Advocacy Manager, Health Justice Australia, via email kate.finch@healthjustice.org.au or phone on 0418 848 149.

Kind regards,



Sheree Limbrick

Chief Executive Officer