GOVERNING FOR WHAT MATTERS

Operationalising the Wellbeing Budget for Population Mental Health

Australians for Mental Health Pre-Budget Submission FY2025

January 2024
Australians for Mental Health pays respects to the Traditional Owners of the lands on which we live, work and travel.

We acknowledge and pay respects to Ancestors and Elders from across the continent, now known as Australia.

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About Australians for Mental Health

Australians for Mental Health was founded in 2010 by Australian of the Year Patrick McGorry to build community support for holistic reform to the way Australia thinks and acts on mental health.

We believe Australians will live better lives when we start putting mental health at the heart of our national life: from how we work together in business and the community, to how we relate to each other at the kitchen table, and all the way to decisions at the National cabinet table.

Our mission is to:

- **Create Connection** – through deep and purposeful relationships we aim to build a highly skilled, national grassroots community reflecting the diversity of the nation, fostering resilience, generating political capital, and grounded in the suburbs and towns of Australia.

- **Amplify Stories** – from a broad range of perspectives to make mental health an urgent national priority by influencing decision-makers, engaging politicians in their home communities, and helping high profile Australians use their platforms to speak up for change.

- **Disrupt systems and fundamentally transform** – the way Australia thinks and acts on mental health. Not just mental health providers, but organisations from across civil society, businesses and faith groups that share an interest in improving mental health. With a clear and shared picture of transformational change and the interventions that might achieve it, we can collectively speak to a common agenda in all our work and identify opportunities to work together to achieve elements of that agenda.

We are focused on understanding and campaigning for what individuals and communities need to ensure good mental health. We seek to influence decision-makers to ensure Australians have access to high quality care and support for their mental health when they need it, in the way they need it.

Australians for Mental Health is not a peak body, service provider or professional body, and does not aim to be. We are solely about building and mobilising public support for significant mental health reform. We are entirely philanthropically funded – because of this we do not compete with service providers for public funds and can remain independent in representation to government and the public.
Endorsements

At the time of close of submissions, the following organisations have offered their endorsement – a full list of endorsements is available on our website.

Individual endorsements were also received from:

- Associate Professor Amanda Tattersall, University of Sydney
# Summary of Recommendations

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<td><strong>1. Wellbeing Act</strong></td>
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<td>3. Create a timeline for implementation of these plans in order to ensure tangible steps are taken to pursue the opportunities identified and mitigate risks;</td>
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<td><strong>5. Understand the Value and Costs</strong></td>
<td>That Commonwealth Treasury create accounting processes that recognise:</td>
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<td>- the embedded value to mental health of public spending across all portfolios</td>
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6. **Office of Mental Health & Well-being**

That the Commonwealth create a new Office of Mental Health & Well-being within the Department of Prime Minister and Cabinet, administered by a Minister for Mental Health & Well-being.

7. **Create a new Mental Health & Wellbeing Commissioner within the Australian Human Rights Commission**

That a new Mental Health & Wellbeing Commissioner position be created within the Australian Human Rights Commission with a role to:

1. Investigate matters relating to mental health policy and practise;
2. Accept, and at its discretion investigate, complaints from the public in relation to mental health impacts of government policy and practises;
3. Accept and investigate matters referred to it by the Prime Minister, a Minister or either House of the Parliament;
4. Advise the Prime Minister and Minister for Mental Health and Wellbeing on matters relating to good government management of mental health and wellbeing;
5. Report to Parliament in relation to mental health matters;
6. Exercise the functions of a Commissioner of the Australian Human Rights Commission, including the power to subpoena information, compel witnesses, and refer matters to other jurisdictions for prosecutions where appropriate.

8. **National Cabinet - Mental Health Ministers Council**

That a stand-alone Ministerial Council be established for Commonwealth, State and Territory Mental Health Ministers to consider and co-ordinate a national response to the mental health crisis.
Introduction

The Australian Government’s decision to adopt the Measuring What Matters Framework is a welcome step towards recognising their fundamental mission to improve the lives of people.

By measuring against more than financial metrics to understand the government’s impact on the wellbeing of all Australians we create a conversation about strategies, interventions, and policy outcomes that have not traditionally been the focal point of Budget Night.

Our submission relates to the mental wellbeing indicators.

Australians for Mental Health (AfMH) is interested in the structures and systems which are often created without mental health in mind. By neglecting this important component these systems at times creates conditions which harm mental well-being and fail to harness the benefits of systematically improving population mental health.

The proposals in this submission are a series of significant structural reforms laying the foundation for changes to both mindset and practise. These are both critically important to achieving improvement to population mental health and wellbeing outcomes while likely adding negligible cost to the Commonwealth Budget.

Of course, they are not everything that needs to happen to address Australia’s mental health crisis, nor are they the total of our reform agenda. Most notable among those is overall spending on mental health to meet the treatment and care needs of those experiencing mental illness, which at present sits at a fraction of the prevalence of mental health conditions as a proportion of overall health spending.

Making strategies, setting targets and designing institutions for a more holistic response to mental health and wellbeing needs will never be achieved without a corresponding increased investment of public funds – an investment we believe will be returned many times over through reduced expenses in other areas and increased productivity, to say nothing of the unquantifiable value of a thriving society.

We recognise and support the ongoing investment required in clinical mental health environments, and value the advocacy of others in this regard. We also know that public investment – particularly increased investment – is most effective when it is built on strategy, institutions and culture that is fit-for-purpose to deliver best possible results.

We believe significant opportunities exist to reform the way government approaches mental health as a policy concern, and that action in the FY25 Commonwealth Budget can lay the groundwork for the holistic change that it is so urgently required.
Australia’s Mental Health is in Crisis

Surprisingly little is known about mental health in Australia at a population level. But what we do know should be enough evidence to trigger a national emergency response. Official figures as measured by the Australian Bureau of Statistics in their National Study of Mental Health and Wellbeing in 2020-22 found that:

- 8.6 million Australians (aged 16-85 years) have experienced a ‘mental disorder’, with one in five having this experience for a period of 12 months.
- Two in five young people (aged 16-24 years of age) report experiencing a mental disorder for a period of 12 months.
- Anxiety disorders are the highest reported mental health experiences, followed by substance use disorders.

Whilst the snapshot from the ABS provides an important insight, it is important to note that it is common for studies that measure mental health prevalence and mental health outcomes to be inconclusive. They are only able to capture experiences which are measured through clinical validation, and, by those who are well enough to identify, seek out, and be eligible for support and intervention.

What these numbers don’t tell us are the challenges experienced by millions of Australians whose experience is not at the level of a clinical diagnosis, but whose distress disrupts their everyday life. These numbers do not capture those people who – because of the cultural norms of their age, sex, class, or ethnicity – may never make a connection between the symptoms they are experiencing and mental disorder and may never seek out assistance. The numbers also do not include individuals who are more inhibited by shame than motivated by hope when it comes to providing care.

In November 2023, Australians for Mental Health conducted and released the results of the inaugural National Mental Health Monitor. This nation-wide poll was developed to obtain a snapshot of everyday Australian’s relationship to mental health issues.

That poll showed:

- 1 in 3 Australians rate their mental health as “Poor” or “Very Poor” - a figure that rises to 40% for those aged under 35;
- Despite this 43.3% of respondents said they have not had any sort of meaningful discussion about mental health in the past month;
- 38% of people disagreed with the proposition that they have enough connection in their lives and don’t feel lonely;
- 17.6% of people do not know how to get support for their mental health.
It has also been well documented through the research that measures of mental health in Australia do not capture the full range of experiences of priority populations; notably, First Nations People, Culturally and Linguistically Diverse Communities, and LGBTQI+ Communities. Compelling arguments have also been made by communities about the need to ensure a gender analysis in relation to due consideration, and trans or gender diverse communities report significantly higher levels of distress than other members of the Australian community. There is also increasing evidence of the shortfalls in investment in rural and regional Australia and the need to ensure appropriately targeted support—not least in the context of disaster (which are shown to also exacerbate existing vulnerabilities including domestic and family violence) and prolonged environmental conditions such as drought and flooding.

A recognition of children and young people is also required in the ways we think about and respond to mental health—and the ways in which the voices and experiences of children and young people are included in shaping reform. The recent findings of the Australian Child Maltreatment Study show that over 30% of young people before the age of 18 years have experienced some form of maltreatment. As a result—the data shows that they are substantially more likely to experience mental ill-health.

This reality raises important questions about how mental health is seen and understood in Australia, and if the right lens is being applied to how responses are designed and funded. There is a strong case for issues concerning priority populations to be centred in conversations about mental health in Australia, to ensure the solutions that are developed are inclusive of the diversity of needs across the community.

Australia is no stranger to comprehensive and structural reviews of approaches to addressing mental health. There have been 53 inquiries of various iterations in the last 10 years—while they have produced recommendations which offer great promise and important directions to shape approaches to mental health these have overwhelmingly not been implemented.

We recognise the urgent need for substantially better access to mental health treatment, greater investment in mental health services across all conditions and acuities.

We also believe that fundamental reform is urgently needed to the way Australia manages its mental health and wellbeing. We believe the norms, structures and institutions that drive our national response to the mental health crisis are central to driving the change that is needed at the scale it is needed.
Governing for What Matters: bringing the Measuring What Matters Framework to life

Australians for Mental Health supports the approach of Commonwealth Treasury in introducing the ‘Measuring What Matters Framework’ recognising the potential such a framework has for a long overdue shift toward a healthy, secure, sustainable, and cohesive Australia.

Of particular interest to Australians for Mental Health are the ways in which the framework places emphasis on physical and mental health. However, we caution against limiting this emphasis to a regard for access to treatment services and the provision of information regarding mental health and wellbeing.

Responding to mental health in Australia requires consideration beyond the ‘medical model’ to identify the ways in which multiple domains of an individual’s life can influence mental health and wellbeing.

Clinical psychology and psychiatry remain the dominant discipline responding to mental health in Australia. Likewise, legislation created around the treatment and management of mental health tends to be narrowly focused on governing or managing mental health from this standpoint. Whilst we support and acknowledge the necessity of this approach – we argue that it should not be the sole place for investment in mental health.

Looking at mental health reform from a positive, strengths-based approach is an opportunity to see ‘mental illness’ shift to ‘mental wellbeing’. Such a conceptualisation ‘includes everyone, reflects the whole persona and spans the life course’.

This is an important challenge to the narrow and incorrect view of mental health as only belonging within the ‘clinical’ or ‘medical’ realm – and expands it to see the ways in which every day mental health and wellbeing is a necessary consideration for a healthy, secure, sustainable, and cohesive Australia – as desired by the ‘Measuring What Matters Framework’.

The socio-ecological framework for mental health and wellbeing has been long established domestically and internationally as central to realising mental health and wellbeing in a holistic and inclusive way.

At its core, the framework identifies the complex interrelation between individuals, their relationships, organisations, communities, policy, society and the environment. One of the most comprehensive models has been developed by the University of Minnesota – which has been provided as a point of reference at Appendix A.

Within this model each of the above-mentioned domains is prompted for consideration around the ways in which things which are both in and out of control for an individual contributes toward their mental health and wellbeing. With respect to policy – a key domain in the framework, attention is
given to a consideration about decisions concerning laws, policies, regulations, resources, and money – noting their direct and indirect impact on mental health.

It is also a framework which acknowledges the increasing impact of climate on the mental health and wellbeing of Australians. The climate emergency has been stated to be “this century’s greatest threat to public health in which mental health needs specific consideration”⁸. This further necessitates an integrated focus on mental health linking the role of a healthy environment to people’s connection to the environment⁹ furthers the ideal of ‘Measuring what Matters’.

Our submission that follows presents a tangible and systemic solution to consider how we can fundamentally shift our understandings of mental health investment beyond that of clinical intervention.

We believe in taking such an approach aligns with the aims of the ‘Measuring What Matters Framework’ and offers a blueprint for seeing how an embedded and interrelated approach has impact for individuals and beyond.
Introducing a Wellbeing Act: Turning intentions into action

REFORM 1: The Wellbeing Act

We propose that the Parliament develop and enact a **Wellbeing Act**.

Distinct from historic legislative interventions into mental health, the purpose of such an Act would be to enlist the whole of government in the effort to improve mental health and wellbeing outcomes at a population level by:

1. Articulating a set of *National Mental Health & Wellbeing Principles* to guide government decision-making and establish a baseline against which practises, policies and legislation can be measured;
2. Requiring the creation of national targets for the reduction of mental distress in the community;
3. Directing Commonwealth Departments and Agencies to develop and implement plans and initiatives that reduce the levels of mental distress in the community;
4. Establishing a system of accountability for government actions in relation to mental health and well-being.

Such an Act could create the legislative basis for a whole-of-government and even a whole-of-nation response to the mental health crisis that:

- Sets a common standard of performance for mental health and wellbeing;
- Imposes duties on decision-makers across government to take all reasonable steps necessary to minimise harm to mental health and promote wellbeing;
- Makes public office holders accountable for their actions in relation to mental health and wellbeing;
- Creates fit-for-purpose public institutions to support good public decision-making and organisational cultures oriented towards mental health and wellbeing best practise.

Specifically, we propose that a **Wellbeing Act** facilitate the following reforms.

REFORM 2: National Mental Health & Wellbeing Principles

Proposal: *That the Commonwealth develop, through a collaborative public process led by people with lived experience of mental health challenges, a set of National Mental Health & Wellbeing Principles. The principles will establish a baseline for Ministers, Departments and Agencies in relation to good mental health and wellbeing practice.*

Unlike some other policy areas, mental health and wellbeing does not have wither a clearly articulated definition of “good” – a north star to steer towards – and nor is there a clear “best
practise” to inform what actions those with decision-making powers should take to adequately consider the mental health and wellbeing needs of the population.

A set of principles – designed in a collaborative way in a process led by people with a lived experience of mental ill-health – could offer clear ambition as well as guidance.

Principles offer instruction and standards rather than the inflexibility of rules. Whilst the proposed Wellbeing Act might establish clear obligations, principles might offer guidance for decision-makers in relation to meeting those obligations in relation to:

- Avoiding unreasonable and foreseeable mental health harm;
- Ensuring people living with mental health conditions are not treated unfairly;
- Accommodating the needs of people living with mental health conditions;
- Exercising public functions with due regard for mental health and wellbeing.

**REFORM 3: Mental Health and Wellbeing Impact Assessments**

**Proposal:** That Commonwealth policy, legislative and budget initiatives (including and outside of mental health initiatives) be assessed against their potential impact on mental health and wellbeing.

The interconnection between secure work, housing, health, education, economic security, agency, connection and mental health is rarely recognised in an explicit way when designing policy. While we are seeing examples where this is emerging, a deeper and more intentional consideration of these factors are essential in shifting both the understanding of, and the actions needed to, address the impacts of policy decisions on mental health and wellbeing.

Establishing Impact Assessments as part of budgetary and policy decisions offers a way to ensure these interconnected needs are put at the heart of decision making. This not only addresses the tangible impacts, but it also embeds a new approach to prevention.

Under the proposed Wellbeing Act we suggest that Impact Assessments become a mandated requirement where at a minimum accountability is built around three key questions:

1. In what ways does this decision recognise the mental health dimensions of Australians’ lives?

2. Is there potential for this decision to impose a negative impact on the mental health of Australians? If so, what mitigating strategies can be built in or what ways can this proposal be reconsidered to reduce the mental health impact of Australians?

3. Is there a way to embed recognition of and response to mental health dimensions in this decision?

Such Impact Assessments should be publicly available, and in the case of legislation or budget initiatives, tabled in Parliament as part of the normal parliamentary process.
REFORM 4: Set national Mental Health Targets and create Action Plans across the whole-of-government

Proposal: That the Government devise a series of targets directly related to the reduction of mental distress to supplement existing goals around suicide prevention, and that all heads of Departments and Agencies be required to create Mental Health Action Plans to:

1. Identify opportunities to improve mental health and wellbeing within the influence of each portfolio and lower the incidence of mental distress in accordance with the ‘Measuring What Matters Framework’;
2. Identify risks of harming mental health and wellbeing through the systems and actions of Departments and Agencies in each portfolio that threaten to increase the incidence of mental distress in accordance with the ‘Measuring What Matters Framework’;
3. Take tangible steps to pursue such opportunities and mitigate such risks;
4. Create a structure for an integrated whole of government approach coordinated by the Office of Mental Health and Wellbeing (See: Recommendation 6).

We submit that the government’s success in relation to reduction of mental distress must be grounded in a whole-of-government target.

We further submit that every Department and Agency has, within its sphere of authority, a range of opportunities to support and improve the mental health and well-being of Australians, and likewise carry risks of causing harm to mental health or even increasing the incidence of mental ill-health as unintended consequences of its business-as-usual.

As such, in the same way that all budget managers must contemplate financial opportunities and risk and make a budget plan to spend public money effectively, we believe a similar mandate should apply to mental health. That is: every Minister should oversee the process of making mental health plans for their portfolio areas.

With the expert support of a new Office of Mental Health and Wellbeing, each agency should – in a way similar to a Reconciliation Action Plan (RAP) – lay out, say, a 5-year program to contribute to the government’s targets around reduction of population mental distress and suicide prevention.

REFORM 5: Measure for Mental Health: Account for Embedded Value & Cost in budget

Proposal: That Treasury create accounting systems that recognise the embedded mental health value and costs of public spending.

The focus here is to draw attention to the mental health value in programs and spending that is not in and of itself, necessarily mental health spending. We recognise that funding that is allocated toward
social services and other forms of community support may not be directly targeted toward mental health, however, it is our experience that often, such initiatives have a mental health value (this includes not only social services who support across the continuum of wellbeing but also grassroots community initiatives centred around the Arts and music, for example). This value extends beyond individual and community support to also strengthen population-wide mental health literacy – an essential pillar to shifting current levels of mental ill-health.

To both understand, measure, and in turn bolster the mental health of Australians assessing the mental health value across such spending is proposed to be an essential strategy. To achieve this, we recommend an assessment of mental health value across multiple budgetary domains – that is spending that occurs beyond the current health and social services portfolios where considerations of mental health are a more ‘natural fit’.

Assessing the mental health value across spending compliments Strategy One: Impact Assessments – where we see two key benefits:

1. There is an opportunity to measure mental health value as a national priority in all budgetary, policy and programmatic decisions – thereby increasing our understanding of what impacts on mental health and wellbeing – and, in turn providing evidence-based opportunities to direct spending in areas and reconsider decisions spending or otherwise in other areas.

2. Introducing this requirement provides an opportunity to invest in mental health skills and knowledge in professions that inevitably interact either directly or indirectly with mental health - from policy decision makers to frontline professionals. This requirement has the potential to lead to an increase in meeting unmet mental health needs, redistribute pressure across areas of service delivery and reduce the impact of policy decisions which in turn may result in increased help-seeking.

REFORM 6: Expert Advice and Support: Create the Office of Mental Health & Well-being

Proposal: That the Commonwealth create a new Office of Mental Health & Well-being within the Department of Prime Minister and Cabinet, administered by a Minister for Mental Health & Well-being, replacing the existing National Mental Health Commission.

We value the imagined role of the National Mental Health Commission when it was first conceived as an advisor to government, but we believe the agency has failed to achieve its central mission.

As such, we submit that a new agency be created – within the oversight of the Department of Prime Minister and Cabinet to better facilitate the whole-of-government approach to mental health and wellbeing policy and strategy. We assert this is necessary to advise and support government in meeting its mental health and wellbeing goals. Our position is that the new agency should be led by a Minister for Mental Health and Wellbeing, a role which should sit in Cabinet.
The functions of this new agency would be to:

1. Collaboratively design and deliver a whole-of-government strategy for improving population mental health to improve mental health results against the *Measuring What Matters Framework*;
2. Assist Departments and Agencies in relation to making Mental Health Impact Assessments;
3. Assist Treasury and other Departments and Agencies in relation to accounting for the mental health and well-being costs and benefits of budget proposals;
4. Provide advice to Ministers and the Australian Public Service in relation to mental health matters, including opportunities to improve mental health outcomes through public policy and the functioning of government;
5. Provide direct consultancy services to the Australian Public Service to improve mental health performance;
6. Confidently alert Ministers and the Australian Public Services to areas where government policies and practise may put mental health and wellbeing at risk of harm, and where necessary to review systems and procedures within Commonwealth Departments and Agencies in relation to psychosocial safety.

We note the valuable work of the National Suicide Prevention Office and suggest that this office be transferred as a subsidiary body within this new proposed agency.

**REFORM 7: Create a new Mental Health & Wellbeing Commissioner within the Australian Human Rights Commission**

**Proposal:** *That a new Mental Health & Wellbeing Commissioner position be created within the Australian Human Rights Commission with a role to:*

- Promote the National Mental Health & Wellbeing Principles as a baseline for decision-makers;
- Advise the Prime Minister and Minister for Mental Health and Wellbeing on matters relating to good government management of mental health and wellbeing;
- Accept, and at its discretion investigate, complaints from the public in relation to mental health impacts of government policy and practices;
- Accept and investigate matters referred to it by the Prime Minister, a Minister or either House of the Parliament;
- Report to Parliament in relation to mental health matters;
- Exercise the functions of a Commissioner of the Australian Human Rights Commission, including the power to subpoena information, compel witnesses, and refer matters to other jurisdictions for prosecutions where appropriate.

We must ensure that an avoidable tragedy like Robodebt never happens again. Therefore an approach which recognises at all points of policy decision making potential mental health impacts is essential. We are proposing an approach that sees the impact of systemic issues (such as poverty or housing stress) as necessary in preventing and responding to mental ill-health which extends our understanding and response to mental health beyond individual pathology.
The Australian Human Rights Commission offers a useful framework for providing government with both support and oversight to ensure that Australia’s most cherished values – embodied in some of its most important international treaties and covenants, and landmark legislation – are honoured not just as noble intentions but as day-to-day practice.

Under this proposal a new Commissioner for Mental Health and Wellbeing would be created, primarily to add accountability to provisions in a Wellbeing Act that places a duty on public office-holders to exercise their functions having regard to the National Mental Health & Wellbeing Principles.

Like other Commissioners at the Australian Human Rights Commission, such a Commission could use their discretion to investigate policies and practises, conciliate complaints, and in the case of breaches of other established legal duties, refer matters to other enforcement bodies (e.g. Fair Work Commission in the case of workplace matters).

Such a Commission would also hold an informal role as a national champion of mental health and wellbeing.

REFORM 8: National Cabinet -- Mental Health Ministers Council

Proposal: That a stand-alone Ministerial Council be established for Commonwealth, State and Territory Mental Health Ministers to consider and co-ordinate a national response to the mental health crisis.

It is absurd that an issue as critically important as mental health does not have its own dedicated forum for coordinating an intergovernmental response.

This extremely modest and simple proposal could result in:

- Better coordination of resources;
- Better strategic planning;
- Better sharing of ideas and experiences.

We also hope that the existence of such a forum might also encourage those States which do not have a Mental Health Minister to recognise the importance of creating one.
Appendix A: Mental Health and Wellbeing Ecological Model

References


6 Haslam, D., Mathews, B., Pacella, R., Scott, JG., Finkelhor, D., Higgins DJ., Meinck, F., Erskine, HE., Thomas, HJ., Lawrence, D., Malacova, E. (2023). The prevalence and impact of child maltreatment in

