



# Mental Health Australia

## 2026-27 Pre-Budget Submission

30 January 2026

Mentally healthy people,  
mentally healthy communities

[mhaustralia.org](https://mhaustralia.org)

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# Introduction

Australians are experiencing significant social and economic challenges, which are inherently impacting on our mental health and wellbeing, and that demand Government action and leadership through the 2026-27 Federal Budget. **Our social cohesion is being tested, while communities endure ongoing climate disasters, international uncertainty and a continuing cost-of-living crisis.**

Australian Government action is needed to mitigate these challenges, strengthen communities and ensure equitable access to supports for the many people already experiencing mental health challenges, and their families, carers and kin.

**This is a critical time to embed lasting mental health reform.** The demand for mental health services is rising - with contacts to emergency lines up 10 percent compared to last year.<sup>i</sup> Nearly 500,000 people are missing out on critical psychosocial services,<sup>ii</sup> that have been shown to both support personal wellbeing and reduce pressure on public hospital systems.<sup>iii</sup> And the gap in access to mental health supports between high-income and low-income groups has almost doubled over the past decade.<sup>iv</sup>

The Albanese Government's significant election commitments on mental health – realised through the 2025-2026 Mid-Year Economic Fiscal Outlook, make important in-roads to improving equitable access to much-needed mental health supports, particularly for young people.

The Australian Government must continue to build on this through the 2026-27 Federal Budget, to strengthen the mental health system and secure lasting, intergenerational reform.

The negotiation of the next National Mental Health and Suicide Prevention Agreement is a unique opportunity to deliver national reform. However, anticipated extension of the current Agreement leaves urgent reforms to workforce, psychosocial unmet need and system foundations at risk.

There are **immediate actions the Australian Government must take to respond to urgent community need and mental health system pressures**, and ensure services can hit the ground running from the commencement of the next National Agreement.

This submission outlines key recommendations for the Australian Government in the 2026-27 Federal Budget to:

1. **Invest to improve mental health**
2. **Address disadvantage and ensure equitable access to mental health supports**
3. **Strengthen mental health system foundations.**

Mental Health Australia has developed these Budget priorities through consultation with members including an online webinar in October 2025, as well as review of evidence and outstanding recommendations of recent national inquiries. These recommendations build on Mental Health Australia's recent **submission to the Economic Inclusion Advisory Committee**. We would be pleased to provide any further information on these recommendations.

### **About Mental Health Australia**

Mental Health Australia is the national, independent peak body for the mental health sector. We unite the voices of the mental health sector and advocate for policies that improve mental health.

We have around 150 member organisations - including service providers, professional bodies, organisations representing people with lived experience of mental health challenges, family, carers and kin, researchers and state and territory mental health peak bodies.



# 1. Invest to improve mental health

## Invest in children's mental health and wellbeing

Children and young people in Australia are experiencing mental health challenges at never-before seen levels, yet many are unable to access support, with cost the highest reported barrier. **Mental Health Australia welcomes the Australian Government's decisive action to increase access to youth mental health supports, but children aged 0-12 and their families are still missing out.**

Mental ill-health is the primary threat to the health, wellbeing and productivity of young people as they develop and transition from childhood to adulthood.<sup>v</sup> An estimated 13% of children aged 0-12 in Australia are experiencing a mental health condition, with 22% of five-year-olds showing vulnerability to mental health issues in their first year of school.<sup>vi</sup> Many issues which go on to develop into mental health problems in adolescence can be identified, prevented and managed if picked up earlier in childhood.

There is strong and growing evidence that children's mental health outcomes are significantly shaped by adverse childhood experiences, including family adversity, exposure to trauma, and experiences of neglect or maltreatment.<sup>vii</sup> Children who experience adversities as they grow are six to ten times more likely to develop mental health problems later in life.<sup>viii</sup>

Strengthening prevention and mental wellbeing supports in early childhood education, schools and community settings is therefore critical to identifying risks early, providing timely referral pathways, and reducing long-term harms for children and families.

Together, these factors highlight the importance of coordinated national action to strengthen prevention, early intervention and system integration across the early years, education, health and family service systems. Health and Mental Health Ministers support for a renewed focus on the **National Children's Mental Health and Wellbeing Strategy** at their June 2025 meeting is very welcome, along with Ministers' commitment to "continue to focus on building support for children and young people in education settings".<sup>ix</sup>

**There are significant opportunities for the Australian Government to progress these commitments in the 2026-27 Budget**, to support future joint work with State and Territory Governments through the next National Mental Health and Suicide Prevention Agreement.

The Australian Government can leverage commitments under the Early Years Strategy, ongoing reforms to early childhood education, and the Better Fairer Schools Agreement, to **deliver greater prevention and mental health and wellbeing outcomes through the education and early childhood learning sectors**. As a universal platform, the education system offers a unique opportunity to build children and young peoples' mental health and wellbeing skills, identify emerging issues early, and connect with specialist mental health supports.

Australia needs a framework for integrating mental health in education to ensure equitable access to mental health promotion, prevention, early intervention and specialist support services through the education system – coordinating, leveraging and extending existing



investments. The Australian Government can progress this work by expanding access to specialised mental health support services within schools and early childhood learning services; and extending investment in existing evidence-based, whole of learning community mental health and wellbeing programs within schools and early childhood learning services to enable them to meet demand across the country.

Ongoing **establishment and expansion of Medicare Mental Health Kids Hubs** will improve access to free child and family mental health and wellbeing supports, and represents a further important opportunity to support integration across mental health, education, social service and other support systems. However, the hubs have so far been rolled out without a dedicated, coordinated national evaluation framework. Establishing consistent evaluation funding is essential to ensure model fidelity, understand how effectively hubs integrate with local service systems, and guide future investment. There is also an opportunity for the Australian Government to support collaboration between hub initiatives led by different providers, to promote shared learning, reduce duplication and support a cohesive national approach.

These reforms to increasing equitable child and family access to mental health supports fundamentally relies on **workforce development and addressing regional inequalities**. Building on the findings of a scoping study of child mental health rural workforce capacity, the Australian Government should invest in incentives for existing workforces take up training on child and family mental health as a first step.<sup>x</sup>

### Proposed Budget Measure

Invest in children's mental health and wellbeing through:

- **expanding access to specialised mental health support services within schools and early childhood learning services**, and extending investment in existing evidence-based, whole of learning community mental health and wellbeing programs
- **expanding the network of Medicare Mental Health Kids Hubs, with ongoing monitoring and evaluation** to support refinement of the service model, equitable access and integration with broader service systems
- **incentivising existing workforces to undertake training in child and family mental health assessment and support**, with an initial focus on workers based in rural and remote areas.

### Expand psychosocial supports

Psychosocial supports have been demonstrated to improve personal mental health and wellbeing; education, employment and housing outcomes; and outcomes for family, carers and kin – as well as reducing hospital admissions and lengths of stay.<sup>xi</sup>

However, analysis for Australian Governments shows there are **230,500 people experiencing severe mental ill-health and a further 263,100 experiencing moderate mental ill-health in Australia who need psychosocial supports but don't have access to them.**<sup>xii</sup> Not only is this a huge cost to the health and wellbeing of people experiencing



significant mental health challenges, and their family, carers and kin, it is also a missed opportunity to reduce pressure on more costly supports through the public hospital system.

While governments have agreed to develop future arrangements for these supports through the next National Mental Health and Suicide Prevention Agreement, lack of action under the current Agreement has left the community and sector waiting. As strongly recommended by the Productivity Commission, **progress cannot be further delayed until the next Agreement.**<sup>xiii</sup>

Mental Health Australia's **Renewed Statement on Addressing Unmet Need for Psychosocial Supports Outside the NDIS** (developed in consultation with a diverse range of stakeholders across the mental health sector) outlines a clear path forward for immediate action. We call on the Australian Government to **allocate funding to a temporary psychosocial uplift pool to support initial expansion of psychosocial supports (including supports for family, carers and kin)**, contingent on states and territories matching this funding in their subsequent budgets.

There is also an immediate need to secure the foundation of psychosocial supports, to enable success of future arrangements. This includes **providing funding certainty in the 2026-27 Budget for current Commonwealth Psychosocial Support Program service providers**, whose funding is due to conclude on 30 June 2027. This is in line with Health and Mental Health Ministers' commitment to at least maintain existing funding for psychosocial support services.<sup>xiv</sup> The 2027-28 Budget will be too late for organisations to prevent staff loss - directly impacting on continuity of service provision for the community.

Beyond direct support services, there is also a need to **address stigma and discrimination to support the wellbeing and full community participation of people with psychosocial disability**. The National Mental Health Consumer Alliance's 2024 Human Rights Report documents widespread discrimination across healthcare and employment, and highlights both the intersectional nature of discrimination and the particular impacts for people with high mental health support needs.<sup>xv</sup>

The Australian Government should take immediate action through the 2026-27 Budget to implement priority recommendations of the **National Stigma and Discrimination Reduction Strategy** (yet to be released) – focusing on people with high mental health support needs, informed by the National Mental Health Consumer Alliance Human Rights Report and recommendations.

### Proposed Budget Measure

The Australian Government should:

- **invest funding in a temporary psychosocial uplift pool** to support initial expansion of psychosocial supports (including supports for family, carers and kin), contingent on states and territories matching this funding in their subsequent budgets
- commit to (at minimum) **maintain Commonwealth Psychosocial Support Program funding post June 2027**
- **implement priority recommendations of the National Stigma and Discrimination Reduction Strategy** to reduce discrimination against people with high mental health support needs.





## Expand integrated employment and mental health supports

There is opportunity to expand employment supports for people experiencing significant mental health challenges, to both improve individual wellbeing and support national productivity.

**People experiencing mental health challenges have among the worst employment outcomes in Australia.** People with psychosocial disability face dramatically lower rates of labour market participation<sup>xvi</sup> and employment compared with other disability groups.<sup>xvii</sup> Unemployment is associated with much higher rates of psychological distress, poorer mental health and increased suicide risk.<sup>xviii</sup> Despite meaningful occupation being a key driver of mental health recovery, mental health and employment support are poorly integrated in Australia.

**The Individual Placement and Support (IPS) model is a highly effective, proven approach for helping people experiencing mental health challenges to get and keep real jobs.** IPS integrates employment specialists into mental health services and fosters rapid placement into study and work alongside support to sustain participation as part of recovery focussed care.<sup>xix</sup> International evidence supported by Australian evaluations<sup>xx</sup> show IPS:

- achieves around twice the employment outcomes of traditional employment programs, with faster job entry, higher earnings and longer job tenure<sup>xxi xxii</sup>
- improves recovery outcomes more effectively than clinical services alone.<sup>xxiii</sup>

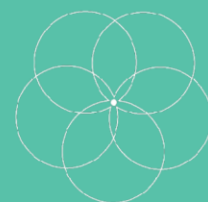
In England, IPS is being scaled as a coordinated, nationwide program delivered through NHS-funded community mental health services for people with severe and enduring mental health conditions. Employment support is treated as a core part of mental health care and recovery planning, not a separate service. **Returns on investment of up to 9:1 have been reported for IPS delivered in primary care settings.**<sup>xxiv</sup>

IPS availability in Australia is limited and patchy. The biggest footprint is in youth mental health, where IPS is available through some (50) headspace sites.<sup>xxv</sup> For adults, IPS is being piloted in some state and territory public mental health services and non-government organisations, including through local partnerships with employment service providers.<sup>xxvi</sup>

The new Inclusive Employment Australia program has a small number of mental health specialist providers; some of whom are integrating mental health care with employment supports. However, locations are limited, compliance requirements and funding models make fidelity hard to maintain and eligibility rules limit reach.

The Medicare Mental Health Centre Service Model allows for integrated vocation support, yet so far only two Centres (Midland WA and Darwin NT) are delivering IPS.<sup>xxvii</sup>

There is clear opportunity for a systematic approach to embedding employment supports within the national mental health response. Aligning objectives and funding across mental health and social services (disability employment) portfolios would deliver significant returns.





## Proposed budget measure

Commence a national rollout of Individual Placement and Support (IPS), integrating employment support with mental health care to improve wellbeing outcomes and address workforce participation inequities. The measure would:

- **Immediately expand IPS delivery in Medicare Mental Health Centres**, increasing the number offering IPS from **2 to 10** as the first step in a staged national rollout
- **Enable integrated and collaborative delivery models** between Inclusive Employment Australia providers and public/community mental health services by aligning funding, outcomes and program settings
- **Invest in IPS model fidelity and workforce capability**, including implementation support, training and ongoing quality assurance to ensure evidence-based delivery at scale.

## Support access to mental health supports in transition to social media delay

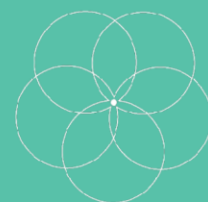
The Australian Government's social media age restrictions are a complex, world-leading reform where many implications will need to be worked through and adapted to in real-time. **The government must continue to work with the community to monitor and respond to the impacts of the delay – including in relation to mental health.**

The mental health sector has raised concerns about potential changes to young peoples' mental health support seeking behaviour - with social media previously a very significant tool and gateway for mental health support amongst this cohort. Research by ReachOut previously found that 73 per cent of young people used social media for mental health support, and that half of young people with mental health challenges used social media as a substitute for professional support.<sup>xxviii</sup>

Further, the changing nature of online engagement (including now in more covert ways) and implications for social connection may impact young people's wellbeing in different ways. Reporting indicates the social media delay has been a factor for some young people reaching out to mental health support services.<sup>xxix</sup>

**Mental Health Australia supports calls from our members for increased research into social media and mental health** – to track changes in young peoples' wellbeing, online behaviour, social connections and support-seeking - including through collaboration between academic institutions, mental health organisations, social media companies and young people.<sup>xxx</sup>

It is also imperative that mental health is specifically considered and included in broader government reforms to improve online safety. Mental Health Australia welcomes the Albanese Government's commitment to legislate a Digital Duty of Care within the Online Safety Amendment, grounded in safety-by-design principles. **The Digital Duty of Care should explicitly include mental health** in obligations for large providers of regulated online services to identify, mitigate and manage risks of harm or detriment from their services to Australian end-users. Learning from international examples in the



European Union,<sup>liii</sup> it will be important for regular audits to be established to ensure compliance and effectiveness of the Digital Duty of Care.

### Proposed Budget measure

Support effective implementation of the social media age restrictions in supporting the mental health of young people by:

- **investing in further research** to increase understanding of the relationships between young people's changing online behaviour, social connections, support seeking and mental health and wellbeing
- **commit resources to enable audit of compliance of safety-by-design** features of online services – including mental health safety – under the forthcoming Digital Duty of Care.

## Increase investment in prevention and early intervention

A strategic, well-funded focus on prevention and early intervention is essential to reversing the growing prevalence of mental ill-health. Investing in prevention will both improve outcomes for people and reduce costs for governments – where mental health conditions and substance use disorders are the leading cause of “non-fatal burden of disease” in Australia.<sup>xxxi</sup> The Productivity Commission recently found that a \$1.5 billion investment in general prevention and early intervention would save governments \$2.7 billion over ten years.<sup>xxxii</sup>

To enable a strategic approach to investment in effective programs, Mental Health Australia supports the Productivity Commission's recommendation for the **development and implementation of a cross-portfolio National Prevention and Early Intervention Framework**.<sup>xxxiii</sup> Such a framework would establish robust assessment and evaluation processes to enable governments to identify and fund evidence-based interventions. The Commission also recommended that the framework be supported by a dedicated fund, jurisdictional agreements, and strong governance arrangements. This Framework would enable break-through cross-portfolio and interjurisdictional collaboration and investment for prevention and early intervention, and should prioritise action to prevent mental health challenges and promote mental wellbeing.

There are also important actions within the health portfolio. As recommended by the Prevention Coalition, the Australian Government should provide **dedicated and recurrent funding streams for preventive mental health activities**. Within increases to the mental health budget overall, the Australian Government should increase investment in preventive mental health to at least 5% of the total mental health budget. This funding should be guided by a National Mental Health Promotion and Prevention Strategy, including leadership and governance structures, scaling of effective preventive mental health initiatives, workforce development and data and evidence improvement.<sup>xxxiv</sup>

### Proposed Budget Measure

Develop and implement a **National Prevention and Early Intervention Framework**, supported by a dedicated fund; and increase investment in preventive mental health activities.



## Expand support for mental health carers

Family and supporters who care for people experiencing mental health challenges make a significant contribution to Australia's mental health and wellbeing (in economic terms outstripping all government mental health funding combined),<sup>xxxv</sup> yet carers' own wellbeing, social and economic participation is too often left unsupported.

Carers are twice as likely to have high psychological distress compared to the average Australian adult, and three times more likely to struggle financially.<sup>xxxvi</sup> Carers for people experiencing mental health challenges or psychosocial disability report even poorer outcomes than other carers.<sup>xxxvii</sup>

There are significant opportunities to improve carer wellbeing, social and economic participation by expanding innovative support services. The **Mental Health and Wellbeing Connect centres established following the Royal Commission into Victoria's Mental Health System provide a promising model for increasing supports available to carers nationally.**<sup>xxxviii</sup>

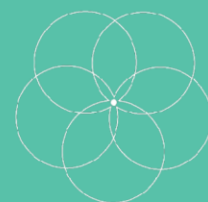
Led by staff who have lived experience caring for someone with mental health challenges, the centres provide region-specific information and assistance, work with families and carers to identify their needs and connect them to appropriate services, facilitate short-term respite through increased funding, and support peer-led mental health carer groups. The centres acknowledge the distinct nature of mental health caregiving, which often involves episodic and crisis-driven demands, and provide targeted responses to address these complexities.

Mental Health Australia supports the recommendations of Mental Health Carers Australia to expand supports for mental health carers.

Carers Australia's 2024 Carer Wellbeing Survey found carers who have good access to support, who connect with other carers, and who access carer training and skills courses are significantly more likely to have healthy levels of wellbeing.<sup>xxxix</sup> Expanding support models such as the Connect Centres would significantly improve access to supports that complement but not duplicate existing Commonwealth programs through the Carer Gateway services.

### Proposed Budget measure

Work with State and Territory Governments to **expand specific support for mental health carers, family and kin through hub-based models**, drawing on the experience of Victorian Mental Health and Wellbeing Connect centres.



## Address NDIS Review recommendations to improve effectiveness of supports for participants with psychosocial disability

While the NDIS has been life changing for many people with psychosocial disability and their family, carers and kin, it is clear that overall there is a need for a **more tailored and effective use of the funding committed to the NDIS for people with psychosocial disability**.

In the year to 30 September 2025, the Australian Government invested over \$5.8 billion on supports through NDIS plans for people with psychosocial disability<sup>xi</sup> - equivalent to over 40% of all governments collective spending on mental health-related services (\$13.2 billion in 2022-23 excluding the NDIS).<sup>xii</sup> However, outcomes for NDIS participants with psychosocial disability are poor. Across social and community engagement and employment, and employment of family and carers, outcomes are only improving for a small percentage of participants with psychosocial disability – and in some cases are going backwards.<sup>xiii</sup>

**It is critical the substantial investment through the NDIS for people with psychosocial disability delivers meaningful outcomes.**

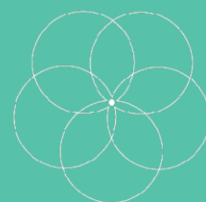
The NDIS Review made significant and welcome recommendations to improve the experience of the NDIS for people with psychosocial disability. However, **Mental Health Australia is increasingly concerned that action to progress this important recommendation - introducing a new approach to NDIS supports for psychosocial disability - has stalled.**

NDIS Review Recommendation 7 outlines critical actions, including building upon the NDIS Psychosocial Disability Recovery-Oriented Framework; strengthening integration with the mental health system including complex care coordination approach with public mental health systems; ensuring access and assessment processes are tailored for people with psychosocial disability; ensuring navigators have competencies in psychosocial supports; and creation of an early intervention pathway for the majority of new participants with psychosocial disability. These actions are essential to the success of broader NDIS reforms, and improving the effectiveness of investment through the NDIS for people with psychosocial disability.

While we acknowledge many of the reforms outlined in Recommendation 7 inherently require cross portfolio and/or interjurisdictional negotiation, we remain deeply concerned that there appears to be very little tangible progress on reforms to address this recommendation. **As a first step the Australian Government should properly resource the NDIA to commence a program of work to co-design an approach to address implementation of NDIS Review Recommendation 7 with people with lived experience of psychosocial disability, family, carers and kin, psychosocial service providers and other key stakeholders.**

### Proposed Budget Measure

Fund the NDIA to commence a program of work to **co-design an approach to address Recommendation 7 of the NDIS Review, introducing a new approach to NDIS supports for psychosocial disability.**



## 2. Address disadvantage and ensure equitable access to mental health supports

### First Nations Social and Emotional Wellbeing and Mental Health

The Australian Government has committed through the *National Mental Health and Suicide Prevention Agreement* to “Support the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration”.<sup>xliii</sup> This is a welcome recognition of the unique needs of Aboriginal and Torres Strait Islander peoples, and the particular barriers Aboriginal and Torres Strait Islander people face to accessing appropriate mental health services. The Australian Government must deliver on this commitment through fully funding the **Gayaa Dhuwi Declaration Implementation Plan**, designed by First Nations mental health organisations and leaders to address these challenges and achieve the best possible mental health and Social and Emotional Wellbeing system for Aboriginal and Torres Strait Islander peoples.

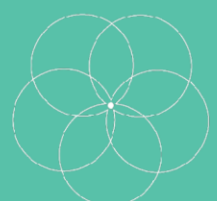
This must also include **ongoing, secure and sustainable funding to Gayaa Dhuwi (Proud Spirit) Australia** to continue its operations as the peak organisation for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention. Sitting across the entire social and emotional wellbeing, mental health, and suicide prevention policy landscape, and specialised service systems, Gayaa Dhuwi’s role to represent Aboriginal and Torres Strait Islander people regardless of where they seek support, must be recognised and funded.

The Australian Government’s investment of \$5.3 million in the 2025-26 MYEFO to support the Social and Emotional Wellbeing Policy Partnership as part of the National Agreement on Closing the Gap is a welcome recognition of the urgency of these issues. Ongoing, commensurate funding is now needed to implement these priorities.

#### Proposed Budget measure

Work with State and Territory Governments to fund the full implementation of the **Gayaa Dhuwi Declaration Implementation Plan**, to achieve the best possible mental health and Social and Emotional Wellbeing system for Aboriginal and Torres Strait Islander peoples.

This should include expansion of funding for culturally safe care that includes meaningful measurement and accountability, and **ongoing, secure and sustainable funding to Gayaa Dhuwi (Proud Spirit) Australia** to continue its operations as a peak community-controlled organisation.



## Mental health support for the LGBTIQ+ communities

LGBTIQ+ people in Australia experience disproportionately high rates of mental ill-health and suicide.<sup>xliv</sup> Factors contributing to mental ill-health for the LGBTIQ+ community include stigma, discrimination, bullying, violence and exclusion.<sup>xlv</sup> Addressing inequalities such as marginalisation, discrimination and barriers to accessing culturally appropriate care, are priorities outlined in the *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035* and the *National Suicide Prevention Strategy 2025-2035*.

In addition, the National Mental Health and Suicide Prevention Agreement identifies LGBTQIA+SB people as a priority population, given disparities in mental health outcomes compared to others in the population. However, there is little tangible action or funding committed to initiatives designed to benefit the LGBTQIA+SB community in the bilateral agreements.

The Australian Government has an important opportunity in the 2026-27 Budget to invest to address these concerning disparities in mental health outcomes for LGBTIQ+ populations. Responses should be driven by the LGBTIQ+ community and include targeted supports by and for LGBTIQ+ people, training for the mental health sector on working with LGBTIQ+ people, health literacy tailored to the LGBTIQ+ community and improved research.

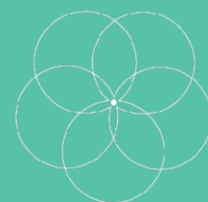
### Proposed Budget measure

In the 2026-27 Budget, the Australian Government should invest in:

- **increased funding for LGBTIQ+ community-controlled organisations** to provide targeted mental health supports directly to LGBTIQ+ communities
- **training for the mental health sector workforce on working with LGBTIQ+ people and communities** - this should include funding to support collaboration between LGBTIQ+ community-controlled organisations and free and low-cost services to build workforce capacity regarding support for LGBTIQ+ communities
- **development of health literacy resources specific to LGBTIQ+ communities** to support prevention and early intervention
- **research investment** to strengthen sector understanding of mental health inequalities for LGBTIQ+ communities, including effective supports and interventions, to inform national policy and programs.

## Mental health support for culturally and linguistically diverse communities

Australia is one of the most culturally and linguistically diverse countries in the world with 28% of people having been born overseas and 23% speaking a language other than English at home.<sup>xlvi</sup> Effectively supporting the mental health of Australia's diverse population must inherently include consideration of the needs and strengths of culturally and linguistically diverse communities.





**Multicultural communities have been experiencing increased threats to wellbeing in recent years** - including domestically with increasing violence, racism and discrimination, and in relation to global events. Multicultural mental health stakeholders tell Mental Health Australia there is significant distress across their communities, and that this has worsened since the tragic Bondi terror attack in December 2025.

**There is now a greater need than ever to focus on social cohesion, and invest in the mental health and wellbeing of culturally and linguistically diverse communities.** It is critical that the Australian Government continues to show leadership in bringing the Australian community together and supporting multicultural communities, as collectively, Australia recovers and rebuilds from this devastating event.

Mental Health Australia welcomed the Australian Government's \$42.6 million investment in immediate mental health supports to meet the mental health needs of those impacted by the Bondi terror attack.<sup>xlvii</sup> These are important steps, in the right direction. However, there is a need for a more comprehensive and long-term approach to strengthening social cohesion and investing in multicultural mental health in Australia. This is particularly important given that some groups, such as humanitarian entrants, are more likely to experience mental health conditions but are also less likely to engage with mental health services.<sup>xlviii</sup>

This reflects concerns expressed by multicultural mental health stakeholders – where mental health supports do exist, people from a culturally and linguistically diverse background may be unaware of them or how to access them. Critically, if they have a negative experience at the first point of access, they are less likely to seek help again. **There is a clear need for culturally tailored mental health literacy and anti-stigma campaigns tailored for specific communities, the general community and service providers.** Multicultural mental health stakeholders tell us this would improve recognition of mental health issues, promote help-seeking behaviours and foster inclusive service environments. Barriers to accessing services could also be reduced through providing mental health information in multiple languages using diverse formats, increasing outreach and telehealth options, providing simplified referral pathways and navigation and transport assistance, and removing restrictive service eligibility criteria.

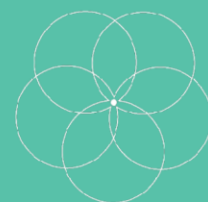
This context also speaks to the need for culturally safe, human rights based, trauma-informed, integrated and strengths-based models of care that have been co-designed with communities. This requires adequate resourcing of community-led organisations, improving the cultural responsiveness of mainstream mental health services and investing in bilingual/bicultural mental health professionals.

In the 2026-27 Budget, Mental Health Australia urges the Australian Government to take steps towards a more comprehensive system of culturally appropriate mental health supports for people from culturally and linguistically diverse communities.

### **Proposed budget measure**

In the 2026-27 Budget, the Australian Government should invest in:

- **community-led services tailored for culturally and linguistically diverse and refugee communities** – building on existing infrastructure to grow capacity.
- expansion of programs that **upskill mainstream mental health organisations** to deliver culturally appropriate care.





## Expand access to housing with support for people experiencing severe mental health challenges and chronic homelessness

Despite representing a small minority of people who experience homelessness, people with psychosocial disability account for a disproportionate share of long-term and repeat use of homelessness services.<sup>xlix</sup> I

A severe shortage of safe, recovery-focused supportive housing means people are unnecessarily cycling between homelessness, crisis accommodation, hospitals and acute mental health services, correctional facilities and exploitative living arrangements.

The consequences are devastating for individuals, families, carers and kin; as well as driving repeated, avoidable demand across health, homelessness, justice and social services.

**Proven supportive housing models, grounded in Housing First principles, integrate secure tenure with recovery supports.** They help people with complex needs sustain housing, reduce time spent in institutional settings, and participate in community life and employment. However despite strong evidence and returns on investment,<sup>li</sup> access to these models remains extremely limited.

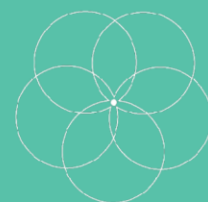
Where some form of housing is secured, people with psychosocial disability often face a high risk of tenancy loss, particularly during transitions from inpatient care.<sup>lii</sup> Psychosocial tenancy sustainment programs promote recovery and prevent homelessness, yet similarly remain scarce, especially in community housing and private rental settings.<sup>liii</sup>

Integrated housing and mental health support is a critical component of an effective psychosocial support system outside the NDIS.<sup>liv</sup> Australian, State and Territory Governments are jointly responsible for this system and addressing the current unmet need for these critical supports.<sup>lv</sup> **The Australian Government should work with State and Territory Governments and the sector through the Housing Australia Future Fund to increase availability of housing, to support expansion of existing effective models of integrated housing and support for people with psychosocial disability.**

### Proposed budget measure

Establish a national homelessness prevention program for people with psychosocial disability, focused on early intervention, housing stability and recovery. The program would prioritise:

- **Rapid expansion of supportive housing**, delivering 20,000 additional units with integrated, wrap-around supports. Housing would be grounded in Housing First principles and include a mix of models to meet different needs, including youth-specific models and First Nations-led approaches.
- **Tenancy sustainment support** to help people with psychosocial disability secure and maintain housing across social housing, affordable housing and private rental markets.
- **An integrated national policy and program framework** that aligns funding and delivery across social housing, homelessness, mental health, disability, the NDIS and aged care portfolios, reducing fragmentation and maximising impact.



## Ensure social safety nets are mental health responsive

**People reliant on pensions and allowances experience some of the poorest mental health outcomes and highest suicide rates in Australia.**<sup>lvi</sup> Around half of people reliant on income support report experiencing mental health challenges, compared with 18% of people whose main income is wages.<sup>lvii</sup>

Where inadequate income support rates and inappropriate policies and practices exacerbate mental health challenges, fair and supportive systems will reduce distress, improve wellbeing and enable participation in work, education and community life.<sup>lviii</sup>

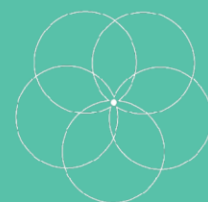
The Disability Support Pension (DSP) is a critical and highly valued component of Australia's social security system, but people with psychosocial disability face significant barriers to access,<sup>lix</sup> and strong disincentives to trial re-entering employment where they are able.<sup>lx</sup>

Further detail on these risks and opportunities to improve wellbeing and economic inclusion are available in Mental Health Australia's recent [submission to the Economic Inclusion Advisory Committee](#). In the 2026-27 Federal Budget, Mental Health Australia recommends the following actions to improve the mental health responsiveness of Australia's social safety net.

### Proposed budget measure

Position the social security system to support mental health, recovery, participation and inclusion by:

- **Lifting adequacy of social security income support rates to improve mental health outcomes.** Substantially increase the base rates of Youth Allowance, JobSeeker and other working-age payments, consistent with the recommendations of the Economic Inclusion Advisory Committee.
- **Reviewing and reforming social security settings to ensure equity for people with psychosocial disability, and to promote mental health and employment participation outcomes, including:**
  - Remove unfair DSP access barriers, including eligibility and evidentiary requirements that fail to reflect the episodic and fluctuating nature of mental illness. Reform the Program of Support requirements.
  - Reduce “cliff-edge risk” disincentives to work, so people can feel confident to test employment without risking income security, concessions or access to affordable medicines.
  - Coordinate employment and mental health services during work transitions



### 3. Strengthen mental health system foundations

#### Embed lived experience leadership

The unique leadership of people with lived experience of mental health challenges and family, carers and kin is essential to progressing meaningful mental health reform.

The Australian Government has made welcome progress through the establishment of independent peak bodies to represent people with lived experience of mental health challenges; family, carers and kin; and Aboriginal and Torres Strait Islander peoples. This represents a critical step forward in lived experience leadership and representation. **Further work is now needed to deliver on the advice of these peak bodies and to embed lived experience leadership across the mental health system.**

The next National Mental Health and Suicide Prevention Agreement will set the agenda for national mental health reform for coming years, along with a potential Mental Health Declaration recommended by the Productivity Commission.<sup>lxi</sup> People with lived experience should be central to this priority setting, through appropriate resourcing for the lived experience peaks to contribute to this process.

Mental Health Australia commends the budget priorities of the National Mental Health Consumer Alliance, Mental Health Carers Australia and the Indigenous Australian Lived Experience Centre to the Australian Government for consideration.

#### Proposed Budget measure

Refer to the Budget priorities provided by the National Mental Health Consumer Alliance, Mental Health Carers Australia and Indigenous Australian Lived Experience Centre as the independent peaks to further embed mental health lived experience leadership.

#### Develop the mental health workforce

Australia has an estimated 32% shortfall in mental health workers, anticipated to grow to 42% by 2030 if current shortages are not addressed.<sup>lxii</sup> Workforce challenges are even further exacerbated in remote areas of Australia.<sup>lxiii</sup>

**These drastic workforce shortages are impacting community access to supports, and limiting sector capacity to innovate and implement reform.**

Ambitious action to address workforce shortages and ensure coordinated national reform must be central to the next National Mental Health and Suicide Prevention Agreement. With likely delay of this Agreement however, **there are immediate priorities the Australian Government should deliver in the 2026-27 Budget** to ensure progress in this critical area.

The National Mental Health Workforce Strategy 2022-2032 provides an agreed platform and roadmap to guide workforce action. However, without clear prioritisation, associated funding or accountability mechanisms – progress has been slow.<sup>lxiv</sup>



Further, as emphasised by the National Mental Health Workforce Sector Advisory Group and Network, **there are critical gaps in the current Workforce Strategy around essential workforces** – particularly community-managed psychosocial mental health workforces (including lived experience peer workforce and self-regulated allied health professionals).<sup>lxv</sup> The Workforce Strategy needs to be updated to include these workforces, with targeted actions to grow and ensure the sustainability of community managed and psychosocial workforces.

The Australian Government should commission **a mid-term review of the National Mental Health Workforce Strategy, to be delivered in partnership with states and territories**, to achieve this. The review would also support a public stock-take of actions to implement the Strategy to date, and provide clarity on forward priorities to enable tangible, coordinated workforce action through the next Agreement.

The National Mental Health Workforce Sector Advisory Group and Network are well positioned to contribute to this review, and have already identified immediate priorities for implementation of the Workforce Strategy including:

- Developing initiatives to safeguard the wellbeing of the mental health workforce
- Moving to longer minimum service contract lengths for commissioned mental health services
- Addressing critical workforce shortages
- Examining innovative service delivery models that support increased engagement of the Lived Experience (Peer) and First Nations workforces
- Supporting initiatives to grow local mental health workforces, particularly in rural and remote settings, including training and placement opportunities.

### Proposed Budget measure

The Australian Government should **commission a mid-term review of the National Mental Health Workforce Strategy**, to be delivered in partnership with States and Territories and include a specific focus on developing the community managed mental health workforce.

### Fix funding duration and indexation issues

The Albanese Governments' focus on reforming community sector grants processes "to support longer-term, more stable funding" is very welcome.<sup>lxvi</sup> **Progress towards five-year contracts for financial wellbeing and child and family programs will provide essential stability and efficiency in these programs to support community access to essential supports, and should be extended to mental health services.**

As outlined in Mental Health Australia's **Sector Sustainability Statement**, chronic short-term funding cycles has perpetuated uncertainty and staff retention challenges for mental health services, in a competitive health and social service system environment. Service providers need funding certainty to meet community need and invest in improvement and innovation.

In their final report of the **Mental Health and Suicide Prevention Agreement Review**, the **Productivity Commission recommended** a default funding cycle of five years for mental



health services with at least six months' notice of renewal cessation or funding alteration, highlighting that:

“Longer-term funding cycles would help establish trust with consumers, attract and retain skilled workers and support service development, innovation and evaluation while accountability can be retained through regular monitoring and reporting.”<sup>lxvii</sup>

Australian Government funded mental health services should keep pace with state and territory commissioned services – many of whom are already moving to five-year funding contracts for social and community services in order to provide secure jobs and funding certainty.<sup>lxviii</sup> Standard Australian Government **mental health service contracts should be for a minimum 5-year period**, either through an increase in the initial contract period or allowance for automatic extension (e.g. three years + three years).

Further, all **Australian Government mental health service contracts must include realistic indexation**. Mental Health Australia members report Australian Government funding not adequately accounting for (at times legislated) increasing costs of service delivery, including mandated wage increases, superannuation guarantee increase, and rising costs of insurances, workers compensation, commercial leases and utilities. As the Review of the PHN Business Model and Mental Health Flexible Funding Stream found, “Limited indexation has further reduced the value of core funding over time, making it increasingly difficult to deliver core functions effectively.”<sup>lxix</sup>

**Without adequate indexation, providers are forced to reduce services available to the community, at a time of increased stress and rising mental health concerns.**

The Australian Government must correct these shortfalls in the 2026-27 Budget to ensure appropriate indexation is included in all existing mental health service agreements through targeted contract uplifts, and in any new service agreements, to maintain service provision for the Australian community.

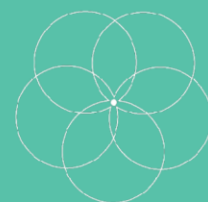
### Proposed Budget measure

Adjust Australian Government funding for community mental health services to **five-year funding cycles**, and ensure all current contracts include **appropriate indexation** that aligns with mandated changes and increasing costs of service provision, to maintain service delivery for the community.

## Strengthen regional commissioning

Effective regional commissioning is essential to responding to local mental health needs, addressing inequities in access to mental health supports, and delivering national reform objectives identified in the National Mental Health and Suicide Prevention Agreement.

However, **Mental Health Australia members have continually raised concerns about Primary Health Network commissioning processes**, with concerns about lack of inclusion of lived experience expertise and leadership in decision-making; funding and tendering models incentivising service fragmentation rather than integration; and short-term contracts and inconsistent reporting requirements which reduce efficiency and sustainability.



The Australian Government should implement the immediate **recommendations of the PHN Business Model and Flexible Mental health Funding Pool Review to strengthen the capacity of PHNs**, as well as **support exploration of more collaborative commissioning approaches**, as recommended by the Productivity Commission.

### Proposed Budget Measure

In the 2026-27 Budget, the Australian Government should:

- fund implementation of the *Review of Primary Health Network Business Model and Mental Health Flexible Funding Pool final report* 'immediate reform streams' one and two
- invest in the capacity and capability of PHNs to embed lived experience in regional design and governance processes
- fund consultation with the state and territory governments, PHNs, LHNs, people with lived experience, family carers and kin, service providers and the sector, on how to best implement the Productivity Commission's recommendations on collaborative commissioning through the next National Mental Health and Suicide Prevention Agreement.

## Improve navigation of the mental health system

The complexity and disconnectedness of Australia's current mental health system is itself a barrier to accessing support, and a drain on system and service efficiency. **Improving integration and navigation must be a priority for the next National Mental Health and Suicide Prevention Agreement.**

There are immediate outstanding actions the Australian Government should take to enable this reform.

**The Digital Navigation Project commissioned by the Australian Government identified new digital solutions to improve navigation across the spectrum of the national mental health service system.**<sup>lxx</sup> The sector consortium recommended a new mental health matching and recommendation tool to provide better navigation support, supported by integration and expansion of mental health service directories. However, there has been little apparent action to progress these priorities since finalisation of these recommendations to government.

Further, the sector has continued to develop and pilot innovative approaches to navigation support, drawing on emerging technologies including artificial intelligence, which have the potential to improve access to mental health supports.

### Proposed Budget measure

**Improve and integrate mental health system navigation support** for people seeking mental health care, drawing on the Digital Navigation Project and emerging technological developments to meet community need.





## Build the evidence base by investing in research

Research evidence is essential to improving effectiveness of both mental health supports and government investment. Internationally, mental health research is systemically underfunded compared to other (physical) diseases, and in Australia is proportionally far lower than the equivalent “burden of disease”.<sup>lxxi</sup>

We need greater investment to curb the prevalence of mental health challenges through generating the evidence base to support treatment and prevention, as well as translating and embedding research into service delivery and ongoing improvement. Investing in lived experience-led research is critical to this, including service evaluation.

### Proposed Budget measure

Make Australia a world leader in mental health research by increasing funding available through the Medical Research Future Fund **Million Minds Mental Health Research Mission** and the **National Health and Medical Research Council**, and integrating research and evaluation in service commissioning.

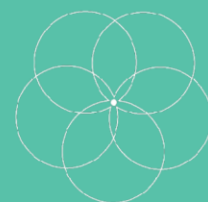
## Develop national NGO mental health data

The scarcity of national data on NGO mental health activity and performance limits service and workforce planning, and monitoring of the impact of government investment in NGO delivered services. Addressing this gap must be a collective priority for governments in the next National Mental Health and Suicide Prevention Agreement.

To guide this collective action through the next Agreement, the Australian Government should ensure in the 2026-27 Budget appropriate resourcing for the Australian Institute of Health and Welfare **to review, modernise and standardise NGO data collections** (such as the Primary Mental Health Care Minimum Data Set and NGO Establishments National Best Endeavours Data Set), and explore possible expansion to NGO activity, outcomes and consumer experience data.

### Proposed Budget measure

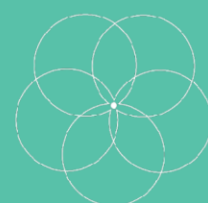
Invest in **review, modernisation and standardisation of mental health non-government organisations related data collections**, and explore possible expansion to NGO activity, outcomes and consumer experience data, to support national rollout through the next National Mental Health and Suicide Prevention Agreement.





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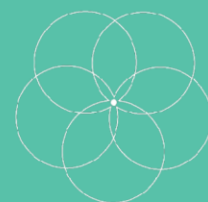
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