# WELLBEING AND PREVENTION COALITION
## IN MENTAL HEALTH

# Submission: A national framework to support government investment in prevention

6 June 2025

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

**Current members:**
- Prevention United
- Alliance for the Prevention of Mental Disorders
- Beyond Blue
- Black Dog Institute
- Everymind
- Headspace
- The Matilda Centre
- Smiling Mind
- Centre for Mental Health Research
- Be Well Co
- Centre for Social and Early Emotional Development
- Australian Health Promotion Association
- Butterfly Foundation
- Movember
- Public Health Association of Australia
- ReachOut
- Batyr
- Orygen Institute
- Mental Health First Aid
- ARACY

The submission does not represent the individual views of any particular member of the Wellbeing and Prevention Coalition, rather it draws from collective work to advance the national focus on wellbeing and prevention.

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# Background

- This brief submission is being provided to inform the Productivity Commission's national framework to support government investment in prevention.

- This submission outlines the opportunity for governments to harness the benefits of prevention in mental health. Investment in the prevention of mental health conditions is backed by robust evidence and urgently required. Expanding Australia's mental health response to include a visionary, evidence-informed investment in prevention—through workforce development, cross-portfolio coordination, long-term planning, and sustainable funding offers a pathway:
  - to deliver efficient, high-quality care when and where people need it,
  - strengthen individual and community resilience,
  - reduce distress to individuals and families,
  - improve national productivity,
  - and to address the unsustainable rates of health care spending.

- This submission highlights that Australia's current mental health response is caught in a costly and unsustainable cycle. Despite record investments in treatment and early intervention, the prevalence of mental ill-health—particularly among young people—continues to rise. A system focused largely on mental health care leads to reactive spending, short-term interventions, and missed opportunities to address the underlying drivers of poor mental health. This cyclical approach is the common thread running through the barriers outlined in this submission.

- We advocate for a systemic, long-term approach—one endorsed by this coalition of leading mental health organisations across Australia. At the heart of this is a dual-systems model: one where investment in promotion and prevention is elevated to compliment and strengthen the treatment system, creating a balanced mental health system that prevents illness before it starts, and modelled on Australia's significant legacy in holistic public health solutions, including our approaches to skin cancer, tobacco control and chronic conditions such as heart disease.

- The generational benefits of such a shift are clear. As this submission outlines, 75% of mental health conditions emerge before the age of 25, and 50% before age 15. The potential benefits of early investment are significant. As outlined in this submission, the evidence suggests that eradicating child maltreatment alone could prevent up to 41% of suicide attempts, 39% of self-harm, and nearly a quarter of all anxiety and depression cases in Australia. These are profound, lifelong impacts that directly improve the wellbeing and life outcomes of

young Australians.

- The economic case for prevention is equally compelling. A report commissioned by the National Mental Health Commission found that nine out of ten prevention interventions for depression and anxiety had a positive return on investment, ranging from $1.05 to $3.06 for every dollar spent. This is consistent with broader research showing that prevention-focused approaches are not only effective but fiscally responsible.

- This submission outlines the systemic infrastructure needed to unlock these benefits, including the efficiencies to be gained from a unified, cross-portfolio approach to prevention. It outlines the case for the implementation of the Socio-Ecological Model, which recognises that mental health is shaped by factors at multiple levels—from individual and relational to community, institutional, and societal. Applying this model enables coordinated action across the settings in which Australians live, learn, work, and play, and the multitude of portfolios this covers — from justice, education, and other community settings. This speaks to the cross-sectoral benefits of prevention — by strengthening the factors needed for wellbeing and resilience, as well as addressing a robust treatment service for those in need, prevention can improve outcomes across multiple systems.

- Examples of this in action span from targeted parenting and anti-bullying programs to bold reforms in how we measure wellbeing and define economic success through a Wellbeing Economy. These are illustrative, not exhaustive. Members of the Wellbeing and Prevention Coalition are ready to provide further detail and evidence on programs and approaches demonstrated to support systemic, population-level improvements in mental health and wellbeing.

# It's time to rebalance the system
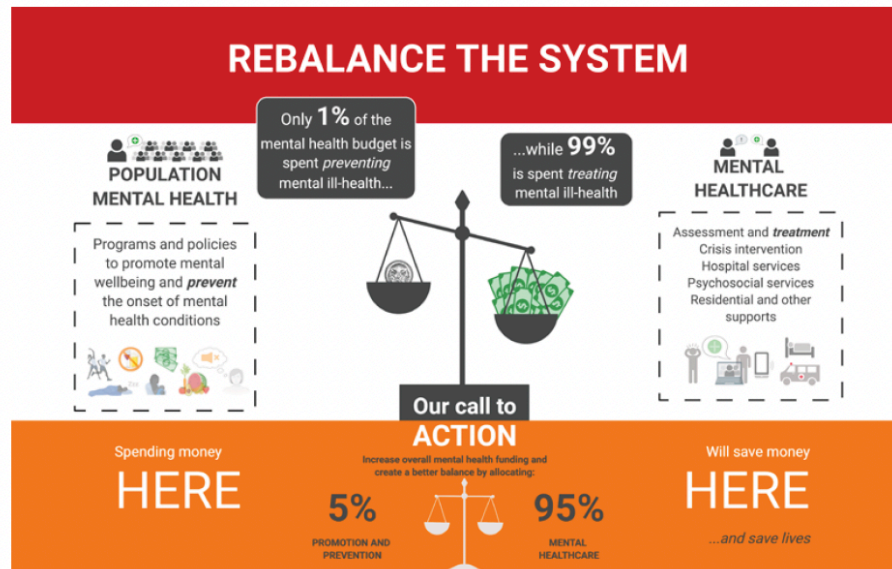


## Q1: What are the key barriers to governments investing in prevention?

- **A focus on the urgency of the mental health crisis shifts attention from the mounting evidence on the need for prevention — treatment and early intervention alone has not reduced the burden of mental ill-health at the population level.** Despite 25 years of reform focused largely on mental health treatment, rates of mental illness, psychological distress, and suicide have not improved[1]. The increasing rates of mental ill health within our communities, despite increasing rates of investment in treatment systems, suggests the need for new thinking that shifts toward prevention with a specific focus on the risk and protective factors that address the underlying causes of poor mental health[2].

- **Further, late intervention drives long-term costs. Whereas evidence tells us high prevalence mental health disorders can be prevented and acting early can reduce future system burden.** Despite clear evidence that many mental health conditions begin early in life and are preventable, government action has focused heavily on treatment and early intervention of 12-24 year olds. Three in four mental

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[1] Wellbeing and Prevention Coalition in Mental Health. (2025, February). *Transforming Australia's approach to mental health and wellbeing: A pre-election submission from the Wellbeing and Prevention Coalition in Mental Health.*

[2] Everymind. (2023). *Time for action: Prevention in practice report.* Prevention in Practice Summit, 6 December 2023, Newcastle.

health conditions emerge before age 25 and 50% before the age of 15, yet investment in the early years remains limited[3]. A key risk factor for mental ill health is childhood maltreatment, with the Australian Child Maltreatment Study[4] (ACMS) finding nearly two-thirds of Australians have experienced some form of abuse or neglect in childhood. The ACMS found that individuals who had experienced child maltreatment were significantly more likely to have had six or more GP visits and/or six or more allied health practitioner visits over a 12-month period compared to individuals who have not experienced maltreatment. These individuals were also significantly more likely to have seen a mental health nurse, psychologist or psychiatrist and been admitted to hospital for injuries, diabetes, heart disease, depression, anxiety disorders; alcohol and substance use conditions, or suicide risk in the previous 12 months compared to individuals who had not experienced maltreatment. Eradicating child maltreatment would prevent an estimated 21% of all cases of depression, 24% of anxiety disorders, 27% of alcohol use disorders, 32% of drug use disorders, 39% of self-harm, and 41% of suicide attempts in Australia. Addressing child maltreatment alone could prevent up to 41% of suicide attempts. To reduce the burden of mental ill-health, we need an explicit focus on childhood maltreatment[5].

- **Short-term political and funding cycles clash with the long-term focus required for effective prevention.** Prevention is underfunded relative to its impact — despite mental ill-health accounting for 15% of Australia's disease burden, it receives less than 7% of the health budget, with only 1% of the mental health budget going toward prevention[6]. The National Preventive Health Strategy 2021-2030 commits to increasing prevention investment to 5% by 2030. However, few indicators suggest that this target is on track—particularly in mental health. This chronic underinvestment is compounded by political and funding cycles that prioritise short-term returns, undermining the long-term, sustained effort required for effective prevention[7].

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[3] Maidment, K., Grummitt, L., Birrell, L., & Carbone, S. (2024). *Preventing child maltreatment to prevent mental ill-health* [Policy brief]. Wellbeing and Prevention Coalition in Mental Health & Prevention United.

[4] 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 Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology.

[5] Molloy, C., Perini, N., Harrop, C. et al. Evidence-based Lead Indicators to Drive Equitable Early Years Services: Findings from the Restacking the Odds Study. Child Ind Res 18, 789–823 (2025). https://doi.org/10.1007/s12187-025-10215-z

[6] Australian Institute of Health and Welfare (2024) Burden of Disease Study 2024

[7] Maidment, K., Whitton, A. E., & Christensen, H. (2025). Mental health prevention in Australia: Establishing a Preventative Mental Health Task Force to evaluate and recommend mental health prevention initiatives. *Mental Health & Prevention, 38*, 200413.

- This is despite the evidence continuing to show a positive cost-benefit relationship. An analysis commissioned by the National Mental Health Commission evaluated ten different approaches aimed at preventing depression and anxiety. It found that nine delivered financial returns, generating between $1.05 and $3.06 for every dollar spent[8][9][10][11][12]. These findings are reinforced by broader evidence showing that early action to prevent mental health conditions offers strong economic value and reduces long-term costs. This investment mismatch restricts early, cost-effective interventions that we have seen work across other public health challenges, such as heart disease, tobacco control, and skin cancer. Australia has long been a global leader in innovative prevention campaigns and has an opportunity to apply these significant learnings and approaches to the challenges of mental health.

- **Applying current models of mental health mean our investments aren't reaching all the people we need to — losing the financial benefits of focusing upstream.** The dominant use of a single continuum model of mental health— where wellbeing and illness are seen as opposite ends of the same scale—lacks nuance and leads to a focus on clinical concepts of mental ill health, which limits our ability to identify and target people who are at risk of developing a mental illness (i.e., languishing) and intervene. A growing body of evidence supports a dual continuum model, which recognises that mental wellbeing and mental ill-health are distinct but interconnected dimensions[13] (see Figure 1). Everyone has a level of mental wellbeing, which can range from high to low, and a level of mental ill health which can range from absent to severe. Our position on each continuum is not fixed, and it varies day-to-day, week-to-week according to a range of biological, psychological, social, and economic influences. Mental health promotion activities can help move people towards the 'flourishing' quadrant, or towards the 'flourishing with mental ill health' quadrant. While more complex, there is consistent evidence that it is a more accurate representation of our mental health[14].

[8] McDaid, D., & Park, A. (2011). Investing in mental health and well-being: Findings from the Data Prev project. Health Promotion International, 26(suppl_1), i108-39.

[9] Knapp, M., McDaid, D., & Parsonage, M. (2011). Department of Health/Personal Social Services Research Unit, Centre for Mental Health, Institute of Psychiatry: Mental health promotion and mental illness prevention: The economic case. Journal of Poverty & Social Justice, 19(3), 297-299.

[10] Mihalopoulos, C., Vos, T., Pirkis, J., & Carter, R. (2011). The economic analysis of prevention in mental health programs. Annual Review of Clinical Psychology, 7, 169-201.
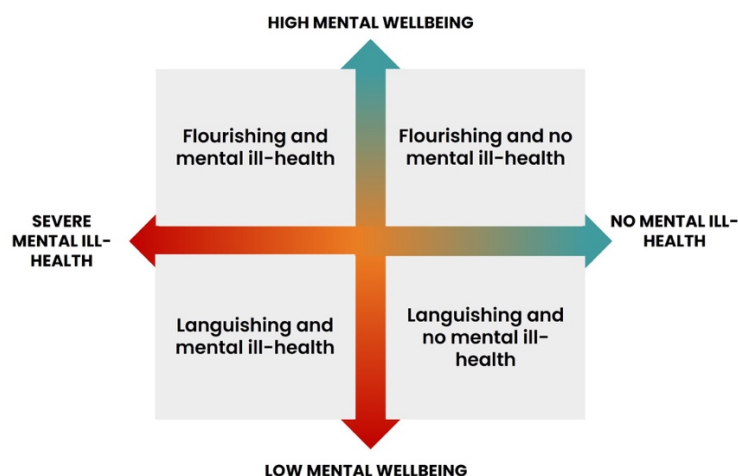
[11] Mihalopoulos, C., & Chatterton, M. (2015). Economic evaluations of interventions designed to prevent mental disorders: A systematic review. Early Intervention in Psychiatry, 9(2), 85-92.

[12] Ebert, D.D., & Cuijpers, P. (2018). It is time to Invest in the prevention of depression. JAMA Network Open, 1(2): e180335.doi:10.1001/jamanetworkopen.2018.0335

[13] Kent, L., Havrilova, M., Dick, S., & Carbone, S. (2025). The dual continua in youth mental health policy and practice: Screening and intervention for low mental wellbeing in youth to achieve targeted prevention. Mental Health and Prevention, 37, Article 200403.

[14] Corey Keyes (2002): The Mental Health Continuum: From Languishing to Flourishing in Life.

## Figure 1: The dual continua model



HIGH MENTAL WELLBEING

Flourishing and mental ill-health

Flourishing and no mental ill-health

SEVERE MENTAL ILL-HEALTH

NO MENTAL ILL-HEALTH

Languishing and mental ill-health

Languishing and no mental ill-health

LOW MENTAL WELLBEING

Adapted from Keyes, C.L.M. (2014). Mental Health as a Complete State: How the Salutogenic Perspective Completes the Picture. https://doi.org/10.1007/978-94-007-5640-3_11

- Failure to adopt a dual continua approach risks maintaining our current approach with the main focus on an illness model, crisis supports and ignores the potential of promotion efforts to build healthier communities.
- To be effective, the dual continua model must be embedded within a well-funded and evidence-base mental health system, with a separate but complimentary mental health promotion system and mental health care system, as shown in Figure 2.

**Figure 2: A dual system approach to mental health**
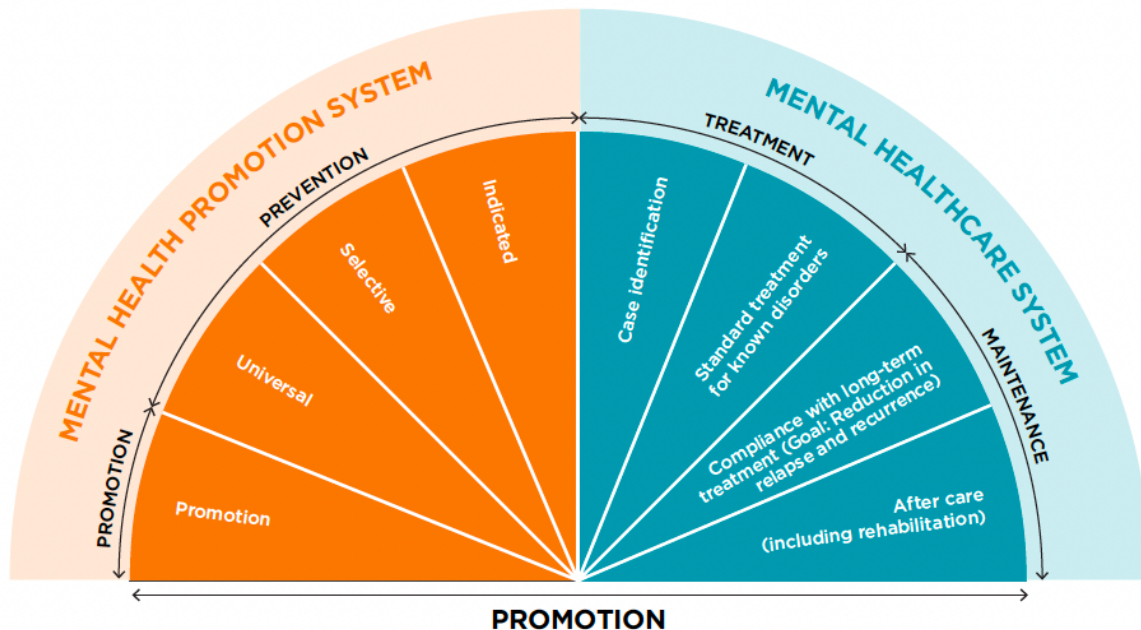


Adapted from National Academies of Sciences, Engineering, and Medicine. (2019). Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda.

- Within a dual system approach, mental health promotion is a field of endeavor that takes the principles, tools and techniques of public health and health promotion and applies them to mental health issues.
- Mental health promotion aims to achieve three key outcomes:
  - o Promoting mental wellbeing across the community.
  - o Preventing the onset of mental health conditions.
  - o Enhancing mental wellbeing and mental ill-health literacy, reducing stigma, and promoting help-seeking and help-giving for mental ill-health, and suicidal ideation.
- Mental health promotion is complementary to mental healthcare, and we need both side by side to ensure that every Australian experiences their best possible mental health and we reduce the prevalence, impact and cost of mental ill-health in the community.

## Mental health promotion

- Focuses on causes
- Generally targets groups, communities, and whole populations
- The emphasis is on wellbeing, prevention, and mental health literacy
- Uses health promotion/public health-informed interventions in health and non-health settings
- Delivered by mental health promotion workers and frontline workers in schools, workplaces, sports clubs, local government, and other non-health settings

## Mental healthcare

- Focuses on conditions
- Targets individuals and families
- The emphasis is on assisting individuals experiencing mental ill-health through their recovery
- Uses medical, psychological, and psychosocial interventions through digital, primary, secondary and tertiary mental healthcare services
- Delivered by mental healthcare professionals and peer workers

- Implementing a dual systems approach is not only good for people and communities, but also for the economy. There is evidence that investment in mental health promotion, delivered by a non-clinical workforce would deliver significant returns on investment in terms of reduced healthcare costs. However, the challenge of providing a well-resourced, effective mental health care system to those who need it, while simultaneously investing in building the mental health promotion system, has not been taken up by successive governments despite the potential benefits in terms of reduced distress for individuals and families, as well as containing exponential growth in mental healthcare spending.

- **Lack of balanced advice leads to crisis responses and underinvestment in prevention**. Governments currently lack consistent, balanced access to expertise that reflects the value of both prevention and treatment in addressing rising rates and impacts of mental ill-health. In the absence of this, policy and investment decisions tend to default to crisis responses and late-stage interventions, which ultimately drive greater long-term need. This imbalance results in underfunding of prevention, despite clear and growing evidence of its effectiveness and cost-efficiency. Without mechanisms to ensure prevention is given equal weight in decision-making, opportunities to reduce population-level mental ill-health through prevention and mental health promotion are repeatedly missed.

- **Siloed systems and fragmented leadership block coordinated prevention. Strategic alignment through central leadership could optimise the prevention potential.** Effective prevention of mental ill health depends on action across many areas of government — from education and housing to justice, employment, and the environment. Yet current systems operate in silos, with fragmented funding, disconnected performance measures, and limited cross-portfolio collaboration. This lack of coordination wastes effort and undermines the impact of prevention initiatives. Strategic alignment through central leadership is essential. A whole-of-government approach could enable integrated investment frameworks, inter-departmental governance, and shared outcome measures, ensuring prevention is embedded as a national priority.

- **Absence of national leadership is driving inefficiency. Prevention needs national leadership to scale and expand what works, otherwise we risk fragmentation.** There is currently no dedicated body to evaluate, prioritise, and guide investment in mental health prevention initiatives. Additionally, there is no mechanism to enable coordinated, whole-of-government action. Prevention remains absent from the National Agreement and most bilateral agreements on mental health and suicide prevention. This results in fragmented and uncoordinated responses across jurisdictions and the mental health sector. Community consultation shows strong public appetite for proactive action on mental health, particularly in relation to young people, giving politicians a strong support base to refocus the system on prevention[15]. In the absence of a national framework, each State and Territory has forged their own path, ranging from whole of government strategies to statements of intent, or embedding prevention in other strategies (for example Alcohol and other Drug and Suicide Prevention Strategies). Without dedicated national leadership and associated funding, it is difficult for States and Territories to coordinate priorities, for example through the bilateral funding agreements.

- **Establishment of a National Taskforce and/or dedicated portfolio within Treasury or Prime Minister and Cabinet** is necessary to facilitate the sustained investment and cross portfolio collaboration to improve the mental health and wellbeing at a population level of those living in Australia. The Australian Burden of Disease Study 2023 found that mental and substance use disorders were estimated to be responsible for 15% of the total burden of disease, placing it second as a broad disease group after cancer (17%)[16] making our mental health and wellbeing is an urgent priority for whole of government action.

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[15] Wellbeing and Prevention Coalition in Mental Health. (2025, February). *Transforming Australia's approach to mental health and wellbeing: A pre-election submission from the Wellbeing and Prevention Coalition in Mental Health.*

[16] AIHW. Australian Institute of Health and Welfare (2023) Australian Burden of Disease Study 2023, AIHW, Australian Government, accessed 05 June 2025 Available: https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/contents/about

- **Prevention efforts are systematically limited by inconsistent evaluation methods and fragmented data systems, which limit our understanding of the impact of current mental health initiatives and fail to reveal the smart investments in prevention.** Mental health prevention programs are often required to demonstrate higher levels of cost-effectiveness than interventions in other sectors, creating an uneven playing field and limiting investment in long-term solutions. At the same time, Australia lacks a national, cross-sector approach to tracking prevention outcomes — with no shared indicators, limited longitudinal data, and fragmented evaluation frameworks across education, health, justice and community settings[17]. This makes it difficult to assess what's working, stifles innovation, and weakens accountability for outcomes over time. A coordinated system of measurement and evaluation is essential to ensure the outcomes of prevention efforts are recognised, improved (where necessary), and sustained.

## Q2: What are examples of successful prevention programs (even if discontinued)?
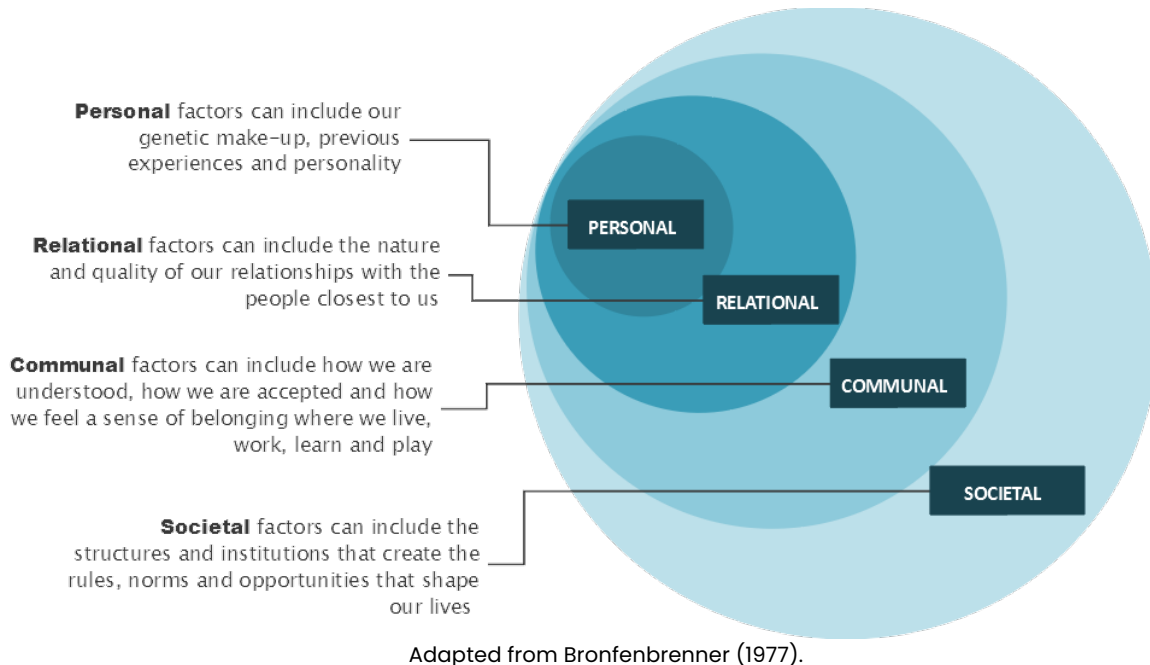
- **There are effectively two ways to promote mental wellbeing and prevent mental health conditions.** We can enhance the 'protective factors' in people's lives — including individuals' psychological skills, their relationships with people closest to them and their interactions with the community which need to feel safe and supportive. We also need to reduce 'risk factors' that people are exposed to throughout their lives — which similarly extend from poor personal skills, abusive relationships and structural factors such as gender inequality and racism[18]. Positively rebalancing risk and protective factors that people face is essential to reducing the future burden on mental health services and unlocking long-term social and economic gains.

- **Effective solutions work across all layers of the socio-ecological model.** In looking for effective prevention initiatives, it is important to adopt an 'and' (not either/or) mindset. There are no silver bullets, and effective solutions must work systemically across every layer of people's lives, from personal relationships to their relationship with community, and broader structural factors like economic

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[17] Wellbeing and Prevention Coalition in Mental Health. (2025, February). *Transforming Australia's approach to mental health and wellbeing: A pre-election submission from the Wellbeing and Prevention Coalition in Mental Health.*

[18] Prevention United. (2020). *Primed for prevention: A consensus statement on the prevention of mental disorders*

policy and social norms of inclusion and diversity[19] (see Figure 3). This layered approach delivers the broadest impact across populations and over time.

**Figure 3: The Socio Ecological Model**



**Personal** factors can include our genetic make-up, previous experiences and personality

**Relational** factors can include the nature and quality of our relationships with the people closest to us

**Communal** factors can include how we are understood, how we are accepted and how we feel a sense of belonging where we live, work, learn and play

**Societal** factors can include the structures and institutions that create the rules, norms and opportunities that shape our lives

PERSONAL

RELATIONAL

COMMUNAL

SOCIETAL

Adapted from Bronfenbrenner (1977).

- On this basis, our submission identifies a suite of effective interventions that together represent a coherent, system-wide response. A defining feature is the need for bold, strategic investment that addresses the underlying social and economic conditions shaping mental health. This approach improves care, reduces future service demand, and builds a more resilient, productive population.

- We note that the members of the Wellbeing and Prevention Coalition work across each layer of this model, with bold, evidence-based interventions that explore how to effectively balance 'risk' and 'protective' factors. Members are available and eager to offer further insight into successful programs or approaches, drawn from our extensive collective experience.

- **Parenting programs.** A child's relationship with their parent or caregiver is one of the most significant factors in determining their future mental health. Evidence consistently shows that strengthening parents' skills — particularly across emotional regulation, communication and how to model and enact positive discipline — significantly reduces a child's risk of developing the most common

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[19] Wellbeing and Prevention Coalition (2022). *Starting upstream: A strategic approach to mental health prevention in Australia.*

mental health conditions, such as anxiety, depression and conduct disorders[20]. As well as playing a role in reducing these risks, parenting programs are also effective because they enhance lifelong protective factors such as supportive home environments and secure attachment styles. Examples of interventions that have produced strong evidence include Triple P, Tuning into Kids, Tuning into Teens, and Partners in Parenting[21]. These have been effective as they are tailored to families experiencing adversity, including substance abuse, financial stress and partner conflict, and they offer mixed delivery methods (individual and group sessions, online, and home-visiting supports). Ultimately, these interventions create long-term social and economic benefits through reduced demand on mental health and social services.

- Implementation at scale, however, has been challenging with distribution barriers and numerous inclusion and access issues. These programs can be delivered at scale for each stage of children's development, in the same way that pre-natal care is seen as a natural part of adjusting to parenting. To achieve this, we need a co-designed public health campaign to help create a culture whereby parents and caregivers see and experience the benefits of participating in parenting programs.

- **Anti-bullying programs**. A report by the Australian Council for Educational Research found that Australian students experience some of the highest rates of bullying among English-speaking nations. One in six students reported being made fun of by peers, with 16% mocked, 10% targeted by rumours, and 6% physically hurt[22.] Experts warn that classroom disorder and bullying are contributing to significantly poorer school outcomes, as well as increased instances of depression, anxiety, suicidal ideation and self-harm. Addressing bullying in a systemic way has not only shown to build a young person's self-reliance and efficacy but has positive economic benefits due to decreased reliance on healthcare. The National Mental Health Commission's 2024 report on school-based bullying prevention programs highlights a compelling return on investment (ROI) for initiatives like the Friendly Schools Friendly Families (FSFF) program. Implemented in Australian primary schools, FSFF achieved an 18% reduction in bullying victimisation, leading to an estimated annual saving of $120 million in healthcare costs and the avoidance of 9,114 disability-adjusted life years

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[20] Maidment, K., Grummitt, L., Birrell, L., & Carbone, S. (2024). *Preventing child maltreatment to prevent mental ill-health* [Policy brief]. Wellbeing and Prevention Coalition in Mental Health & Prevention United.

[21] Department of Premier and Cabinet, Western Australia. (2023). Mental health prevention and promotion: A literature review to inform the development of a 10-year mental health prevention plan for Western Australia. Government of Western Australia

[22] De Bortoli, L., Underwood, C., Friedman, T., & Gebhardt, E. (2024). PISA 2022. Reporting Australia's results. Volume II: Student and school characteristics. Australian Council for Educational Research.

(DALYs)[23.] The program's incremental cost-effectiveness ratio (ICER) was $1,646 per DALY averted, significantly below the commonly accepted threshold of $50,000, indicating high cost-effectiveness. Moreover, the ROI ranged from $1.56 to A$2.22 for every dollar invested, underscoring the economic and health benefits of implementing evidence-based anti-bullying strategies in schools. To achieve positive outcomes, the quality of implementation is key, including opportunities to embed bullying prevention programs as part of a whole of school approach to wellbeing.

- **The Health, Wellbeing and Learning in Schools Project proposed a [transformed model of education](), shifting the core purpose of school from primarily focusing on academic intelligence to equally focusing on learning, wellbeing, and health for optimised whole child development**. This approach prioritises wellbeing and preparing our future workforce to be flexible, resilient and have the core skills to manage the demands of a changing economy while maintaining high levels of wellbeing.

- **Wellbeing Economy.** Australia's mental health crisis cannot be solved without addressing economic inequities and shifting our economic priorities. A Wellbeing Economy prioritises human and planetary wellbeing over an exclusive focus on GDP growth[24]. It's built on principles such as equitable distribution of wealth and power, sustainable use of resources, and inclusive governance. Instead of measuring success by economic output alone, it asks whether people live with dignity, purpose, and security. In Australia, this model offers a unifying framework to address inequality, environmental decline, and social fragmentation—placing care, fairness, and sustainability at the heart of economic decision-making. Internationally, there are numerous initiatives showing clear links between economic fairness and robust mental health and wellbeing outcomes for communities. For example, a 2023 study published in The Lancet Public Health examined the mental health and wellbeing impact of a Community Wealth Building program in England[25]. The study found that during the period in which the program ran, there were fewer mental health problems than would have been expected compared with other similar areas. In addition, life satisfaction and economic measures improved. A Wellbeing Economy approach has the potential

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[23] Jadambaa A, Graves N, Cross D, Pacella R, Thomas HJ, Scott JG, Cheng Q, Brain D. Economic Evaluation of an Intervention Designed to Reduce Bullying in Australian Schools. Appl Health Econ Health Policy. 2022 Jan;20(1):79-89. doi: 10.1007/s40258-021-00676-y. Epub 2021 Aug 9. PMID: 34368934.

[24] Katherine Trebeck and Warwick Smith (2024) The wellbeing economy in brief: Understanding the growing agenda and its implications, CPD mini-briefing series, Centre for Policy Development.

[25] Mehdipanah, R., Pearson, M., Copeland, A., & Stafford, M. (2023). The mental health and wellbeing impact of a Community Wealth Building programme in England: A difference-in-differences study. *The Lancet Regional Health – Europe, 30*, 100642.

to provide an effective model for economic regeneration, potentially leading to substantial health benefits.

- **There has been chronic underinvestment in preventive mental health initiatives, accompanied by limited evaluation at scale.** To build an effective and sustainable evidence base, a mixed-model approach is required—one that integrates established evidence, emerging practices, and promising new initiatives. Examples include social prescribing, place-based interventions, and public–private partnerships such as [Thriving Kids Queensland](#). A coordinated strategy across all levels of the socio-ecological model, informed by the dual systems model, is essential to avoid disproportionate investment in individual-level interventions (e.g. resilience training) at the expense of broader community and societal factors. Without such coordination, key structural determinants of mental health may be overlooked. Further, there is a risk of overemphasising indicated prevention (e.g. targeting individuals with a family history of mental illness) without sufficient investment in primary prevention through public health campaigns and supportive policy measures (e.g. regulation to reduce vaping, income support to meet basic needs). Without a comprehensive, population-level approach, the potential for broad-based improvements in mental health and wellbeing will remain unrealised.

## Q3: What are your recommendations for supporting long-term prevention investment?

- **Establish a national prevention taskforce and build a skilled, nationally distributed mental health promotion workforce to deliver mental health promotion at scale, accelerate learning, and coordinate responses more efficiently.** Attached as part of this recommendation is a detailed proposal for a Preventative Mental Health Task Force[26]. This agency— which could be akin to the US Preventive Services Task Force— would be responsible for identifying, prioritising, and guiding the implementation of evidence-informed prevention initiatives. Prevention of mental ill health could fit within the remit of the newly established Centre for Disease Control in Australia. Such an organisation could provide national leadership, coordinate cross-sector efforts, and ensure accountability for long-term mental health outcomes. In addition, a systematic effort is needed to train and deploy mental health promotion professionals across diverse settings—including schools, healthcare systems, community services, and

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[26] Maidment, K., Whitton, A. E., & Christensen, H. (2025). Mental health prevention in Australia: Establishing a Preventative Mental Health Task Force to evaluate and recommend mental health prevention initiatives. *Mental Health & Prevention, 38*, 200413.

workplaces—equipping them to lead prevention planning, support implementation on the ground, and undertake localised monitoring and evaluation. This workforce should focus on three main outcomes: (1) promoting high levels of mental wellbeing; (2) preventing the onset of mental health conditions; and (3) implementing capability building initiatives to increase people's access to knowledge, evidence and implementation tools. By embedding mental health prevention expertise in the full range of systems and environments where people live, learn, and work, Australia can move beyond the current crisis to a proactive and holistic model of care and support.

- **Australia needs a unified, national, and long-term approach to mental health prevention to reduce the growing burden of mental ill-health and cut costs across multiple systems including health, justice, education, and social services.** A coordinated strategy should establish 2 to 5 national prevention priorities, each supported by clear action plans and measurable outcome frameworks co-designed with people who have lived and living experience. This must be underpinned by whole-of-government leadership which includes mechanisms for setting, coordinating, and tracking progress on these priorities. The Agreement must also include strong governance arrangements to enable a whole-of-government and whole-of-community response, building capability across sectors and jurisdictions and investing in a skilled, widely distributed mental health promotion and prevention workforce. To ensure systemic impact, this strategy should be supported by place-based initiatives, integrated research agendas, and a cross-portfolio action plan addressing the key social determinants of mental health—starting with a national commitment to eradicate child maltreatment as the first joint priority, with benefits tracked across related portfolios included health, justice, education and community services.

- **Embed a dual systems approach to unlock long-term gains from prevention, beyond the costly singular focus on treatment.** Australia's mental health system must balance urgent care with sustained, preventive action. Embedding a dual continua model of mental health — which, as discussed above, distinguishes between mental illness and mental wellbeing and provides a more nuanced approach to supporting people's overall mental health — would allow us to respond to current mental healthcare needs while building the conditions for long-term population resilience. Just as visionary public health strategies for heart disease and skin cancer reduced both prevalence and long-term cost, a prevention-oriented mental health system would reduce downstream demand on acute services and improve productivity by keeping more Australians well and engaged in work, education and community life. **We recommend increasing mental health funding to at least 13% of the health budget by 2025, with 5% quarantined for evidence-based prevention and promotion** — a shift that

supports both health outcomes and sustainable economic growth.

- **Invest early to prevent life-long mental ill-health and reduce future systems costs – by creating a strategy with an explicit focus on children and young people.** With 75% of mental health conditions emerging before the age of 25, and 50% prior to the age of 15, government could unlock generational impacts in mental healthcare costs by prioritising targeted investment in prevention and early intervention during adolescence and young adulthood. This strategy should focus on the eradication of child maltreatment as a matter of national urgency, akin to reducing the smoking rate or road toll. Proposed solutions include expanding quality-assured home visiting programs to reach more families, offering universal parenting support across all developmental stages, and introducing more comprehensive social policies to reduce poverty and stress for families with young children with improving wellbeing at their core. Additional recommendations involve improving national data collection to track abuse prevalence over time, increasing public education campaigns to raise awareness of the harms of abuse and neglect, and establishing dedicated funding to support research into innovative prevention strategies and their long-term effects. This type of wholistic response represents the single greatest opportunity to reduce future costs to government – and the community.

- **Focus on the social and commercial determinants of health.** Mental health is shaped not only by personal and social factors, but increasingly by powerful commercial forces that erode the foundations of people's wellbeing. Industries such as alcohol, gambling, and ultra-processed food invest heavily in marketing and product design that promote harmful consumption and dependency, while digital platforms are engineered to capture attention in ways that fuel anxiety, isolation, and low self-worth. Despite their scale, these commercial drivers remain largely absent from prevention policy. At the same time, the social determinants of mental health — including poverty, housing, discrimination and exclusion — continue to disproportionately affect already marginalised communities. Addressing these structural drivers is essential to shifting population-level outcomes over the long term and offers one of the most effective ways to build a healthier, more productive society. Governments can take transformative structural action through regulation, taxation, advertising restrictions, and the creation of environments that support our mental health and wellbeing before profit. These endeavors, when combined with a high functioning mental health promotion system have the potential to reverse the rising rates of mental ill-health within the Australian community, and the associated exponential growth in mental health spending.

## Essential underpinning documents

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