



 Australia's  
**Mental Health  
Think Tank**

**Building mentally healthy futures:  
A call to action**

2025 Federal Election Submission

**Australia's Mental Health Think Tank acknowledges  
and pays respect to Elders, both past and present  
and all generations of Aboriginal and Torres Strait  
Islander peoples now and into the future as the  
Traditional Owners of this land**

 [mentalhealththinktank.org.au](https://mentalhealththinktank.org.au)

 Australia's Mental Health Think Tank

 @AusMHThinkTank

 [info@mentalhealththinktank.org.au](mailto:info@mentalhealththinktank.org.au)

**Cite this report as:** Australia's Mental Health Think Tank\*, Smout, S.#, Scott, L.M.#, Donohoe-Bales, A.#, Sedgwick, C.C.#, Spallek, S.#, Bower, M.#. Building Mentally Healthy Futures: A Call to Action. Sydney, NSW, Australia, 2025. <https://doi.org/10.25910/0336-c992>

\*Australia's Mental Health Think Tank: Distinguished Professor Maree Teesson AC (Chair), Mr John Brogden AM, Professor Philip Batterham, Professor Alison Calear, Professor Tom Calma AO, Scientia Professor Helen Christensen AO, Professor Patricia Dudgeon AM, Professor Ian Hickie AM, Professor Frances Kay-Lambkin, Professor Patrick McGorry AO, Professor John McGrath, Professor Marc Stears, and Professor Harvey Whiteford

#Australia's Mental Health Think Tank Project Team, based at The Matilda Centre, University of Sydney

**Thank you to the BHP Foundation for the bold vision and support in funding Australia's Mental Health Think Tank.**



## **Table of Contents**

<b>The context</b>	<b>2</b>
<b>Addressing persistent and damaging inequalities in youth mental health</b>	<b>2</b>
<b>Taking stock of progress</b>	<b>6</b>
<b>Building mentally healthy futures: A call to action</b>	<b>7</b>
<b>Renewed goals</b>	<b>8</b>
<b>GOAL 1 Address the economic drivers of mental health</b>	<b>8</b>
<b>GOAL 2 Address the social drivers of mental health</b>	<b>12</b>
<b>GOAL 3 Improve access to high quality, timely mental health treatment</b>	<b>15</b>
<b>Detailed progress review</b>	<b>19</b>
<b>GOAL 1 Address the economic drivers of mental health</b>	<b>20</b>
<b>GOAL 2 Address the social drivers of mental health</b>	<b>22</b>
<b>GOAL 3 Improve access to high quality, timely mental health treatment</b>	<b>24</b>
<b>References</b>	<b>27</b>



## The context

Two years ago, Australia’s Mental Health Think Tank (2022) released the policy paper Building Mentally Healthy Futures: Australian Youth Recovery Plan. The plan put forward eight evidence-based policy recommendations addressing three primary drivers of the disproportionate mental health burden on young Australians: economic inequalities, social disconnection and lack of access to quality mental health services.

## Addressing persistent and damaging inequalities in youth mental health

The recent Australian National Study of Mental Health and Wellbeing (NSMHWB), the most comprehensive national study of mental health available, found that current rates of mental and substance use disorders in the Australian population are high, with 1 in 5 (20.2%) Australians (16–85 years) experiencing clinically significant symptoms in the last year and 2 in 5 (40.2%) experiencing a lifetime disorder (Slade et al., 2024, Teesson et al., 2024).

However, the most striking changes in rates of disorders between 2020–22 and the previous survey in 2007 have occurred among those aged 16–24 years. Overall, young people in this age group are 1.85 times more likely to experience any mental disorder in the previous 12 months compared with those 16–24 years in 2007 (Slade et al., 2024). This is equivalent to a current prevalence rate of 38.8% for any 12 month mental disorder\* among young people (ABS, 2024). Young people in 2020–22 also had 2.9 times the odds of experiencing a 12-month anxiety disorder, two times the odds of experiencing a depressive disorder and were more likely to experience comorbidity compared with those aged 16–24 years in 2007 (Slade et al., 2024, Teesson et al., 2024).

### Current rates of mental and substance use disorders in the Australian population (16–85 years)

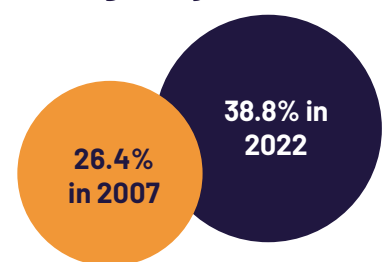
### Change in youth rates\*



Past year



Lifetime



\* Rates of mental disorders are classified according to the World Health Organization's International Classification of Diseases, Tenth Revision (ICD-10).



Early survey data collection partially coincided with the COVID-19 pandemic, which brought profound disruptions to the lives of all Australians, however its impacts were unequally distributed among the population. During the pandemic, younger Australians experienced higher rates of educational disruption, job loss, housing stress, loneliness, and associated increases in psychological distress, than older age groups (AIHW, 2021a). Now, with the immediate increased distress related to COVID-19 disruptions having subsided, current trends of elevated youth distress likely reflect continued inequalities in these structural drivers of mental health.

*These findings demand urgent and sustained action.*

Over two years since the release of the initial policy paper, young Australians continue to experience high rates of poor mental health compounded by the “long tail” impacts of the social and economic upheaval brought on by the pandemic (Zuccala, 2024). Most notably, Australia remains in the grips of coinciding cost-of-living and housing crises, placing significant strain on the lives and mental health of young Australians in particular (Filia et al., 2024, Senate Select Committee on the Cost of Living, 2024).

The links between financial pressures, housing insecurity and poor mental health are well-established, with young people particularly vulnerable to the adverse impacts of these ongoing crises (Walsh et al., 2023, Filia et al., 2024). One in 5 young Australians aged 15-19 report experiencing financial hardship in the last year, which was also associated with higher rates of housing instability, educational and employment challenges, poor mental health and difficulty accessing support (Filia et al., 2024). Concerningly, 1-in-10 15-19-year-olds report experiencing homelessness in the past 12 months (Brennan et al., 2024).

**1 in 5 young Australians experienced financial hardship in 2024**



**1 in 4 homeless people are 12-24 year olds**





Further, the landscape of social connection in Australia has changed substantially. Loneliness and social isolation were public health priorities in Australia prior to the onset of the pandemic and have been exacerbated in the years following (AIHW, 2024c). Current rates of loneliness are high across the population, with 1 in 3 Australians reporting moderate loneliness and 1 in 6 reporting severe and chronic loneliness (Ending Loneliness Together, 2023). Young Australians appear to be most affected by loneliness, with those aged 18-24 reporting higher rates than any other age group (Ending Loneliness Together, 2023). Those with prior mental disorders are already more likely to report social isolation (Wang, 2018), so this has been amplified by the past pandemic.

**1 in 3 Australians report moderate loneliness**



**1 in 6 Australians report severe and chronic loneliness**



Several interrelated factors are likely driving heightened loneliness in recent years, especially for young people; these include increasing rates of living alone, increases in remote work and a lack of face-to-face interactions, work and financial pressures associated with rising cost-of-living and housing unaffordability, and challenges in life transitions related to education and employment (Fardghassemi, 2022).

Recent years have seen a surge in the demand for psychological services in Australia, yet there remains a significant mental health treatment gap (Harris et al., 2024, Australian Psychological Society, 2024). While rates of service use among young people are improving over time, especially for males, they remain low overall (Harris et al., 2024, Teesson et al., 2024). Between 2020-22, fewer than half of all Australians who met criteria for a mental disorder in the past 12 months accessed any treatment during that time (Harris et al., 2024).

**Only 46% of 16-24 year olds with mental disorders accessed treatment in 2020-22.**





Importantly, cost is cited as the biggest barrier to access among Australians, with younger people most likely to delay or forego mental health services when needed due to associated costs (ABS, 2022-2023, APS, 2024). This is likely exacerbated by the current cost of living crisis. The cost of psychological services was already high for young people. With all living costs increasing, psychological services have become even more unattainable. Increasing rates of mental disorders and psychological distress among young Australians, coupled with low rates of service use and ongoing accessibility challenges, mean this remains a significant policy issue. Moreover, these recent increases in mental disorders in young people will feed into added burden for future adult populations, as the current youth cohort ages and a subset will need ongoing psychiatric services.









## **Continued and renewed investment is needed**

*In light of the compounding effects of additional economic and social crises in recent years, Australia's Mental Health Think Tank have identified the critical need to take stock of progress made against the original policy paper recommendations, re-examine the evidence, and issue a renewed call for policy action to address the drivers of escalating mental health issues in the Australian population.*

# Taking stock of progress

## Examining investment and reform against the Australia’s Mental Health Think Tank Youth Recovery Plan recommendations.

Promisingly, there has been some investment and reform at the Commonwealth Government level against several of these recommendations, which we step through below. The source of financial progress can be found in pages 19-25 in the detailed progress summary.

Goal	Recommendation	Progress
<b>1 Address the economic drivers of mental health</b>	<b>1.1</b> Increase income support payments for those on youth allowance <sup>X</sup> , JobSeeker <sup>O</sup> , AusStudy <sup>X</sup> , ABStudy living allowance <sup>X</sup> and the Disability Support Pension <sup>X</sup> back to levels achieved with the Coronavirus Supplement.	 \$41.2m
	<b>1.2</b> Introduce federally-funded grants and scholarships for young people experiencing disadvantage <sup>O</sup> to access tertiary education <sup>O</sup> , training <sup>O</sup> and work placements <sup>O</sup> .	 \$1.4b
<b>2 Address the social drivers of mental health</b>	<b>2.1</b> Adopt a social connection <sup>X</sup> and social <sup>O</sup> and emotional wellbeing <sup>O</sup> lens on policies.	 \$519.5m
	<b>2.2</b> Community-led <sup>O</sup> infrastructure and projects to facilitate social connection <sup>O</sup> , particularly targeting youth-oriented <sup>O</sup> and family-oriented <sup>O</sup> projects.	 \$711.4m
<b>3 Improve access to high quality, timely mental health treatment</b>	<b>3.1</b> Scale up evidence-based digital <sup>O</sup> resources for youth <sup>X</sup> mental health and help those with more severe and persistent mental disorders who are currently under-served.	 \$652.1m
	<b>3.2</b> Double <sup>X</sup> the number of Commonwealth Supported Places for psychology, mental health nursing, and other allied mental health professionals, and with a focus on improving Aboriginal and Torres Strait Islander representation <sup>O</sup> .	 \$485.5m
	<b>3.3</b> Increase subsidised and/or paid placements of psychology <sup>X</sup> , mental health nursing <sup>O</sup> , psychiatry <sup>O</sup> , peer support workers <sup>O</sup> and other allied health professions <sup>O</sup> .	 \$692.5m
	<b>3.4</b> Increase incentives <sup>X</sup> , public-sector salary loading <sup>X</sup> or similar <sup>O</sup> for discipline-specific supervision in mental health tertiary training programs.	 \$28.6m

**X** indicates recommendation not yet met. **O** indicates recommendation partially met. \$ based on publicly available investments.

# Building mentally healthy futures: A call to action

With consideration of new data showing the compounding mental health crisis in Australia, coupled with an evaluation of progress against the original recommendations, Australia’s Mental Health Think Tank is issuing a **renewed call to action** for increased investment and reform to prioritise a mentally healthy today and tomorrow for Australians. There are 3 goals which encompass 10 evidence-based recommendations, summarised in the table below and detailed on following pages.

Goal	Recommendation
<b>1</b> Address the economic drivers of mental health	<p><b>1.1</b> Increase income support payments for those on youth allowance, JobSeeker, AusStudy, ABStudy and the Disability Support Pension back to levels achieved with the Coronavirus Supplement.</p> <p><b>1.2</b> Increase federally funded grants and scholarships for young people experiencing disadvantage to access tertiary education, training and work placements.</p> <p><b>1.3</b> Increase access to well-designed, well-located housing (supported by transport and social infrastructure) and improve housing affordability for low-to-moderate income earners.</p>
<b>2</b> Address the social drivers of mental health	<p><b>2.1</b> Meaningfully embed the Commonwealth Measuring What Matters framework into policymaking.</p> <p><b>2.2</b> Expand investment in social infrastructure and local community-led projects, and conduct rigorous evaluation of resultant social connection, mental health and wellbeing impacts.</p> <p><b>2.3</b> Endorse best practice standards for mentally healthy youth participation.</p>
<b>3</b> Improve access to high quality, timely mental health treatment	<p><b>3.1</b> Increase investment in innovative mental health care for Australian adults and young people, proportionate to the burden of disease in each group.</p> <p><b>3.2</b> Scale up the number of Commonwealth Supported Places for postgraduate psychology, psychiatry, mental health nursing and other allied mental health professions, with a focus on improving Aboriginal and Torres Strait Islander representation to increase the number of available mental health clinicians nationally.</p> <p><b>3.3</b> Subsidise remuneration for placements in postgraduate psychology, psychiatry, mental health nursing, and other allied mental health professions.</p> <p><b>3.4</b> Establish a federal innovation fund for innovative policy solutions that aim to prevent or intervene early in mental disorders</p>

**Orange** indicates new goals, and **dark purple** builds upon previous goals.

# RENEWED GOALS

## GOAL 1

### Address the economic drivers of mental health

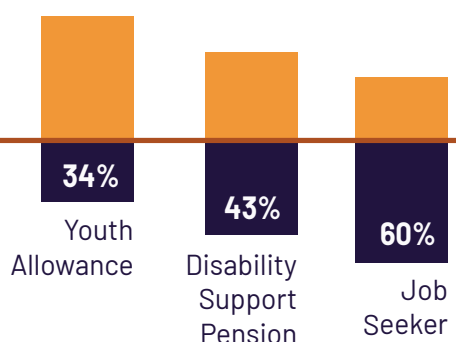
Economic determinants of mental health are viewed by young Australians as interrelated, with financial barriers arising from the complex interplay of multiple structural factors including educational attainment, access to secure employment, and secure and affordable housing (Walsh et al., 2023). While the current government has had a policy focus on the cost-of-living, such as family medical costs (seeing a doctor, medicines) much of these have been focused on older age groups. Even policy on tertiary reform (debt relief from HECS) is beneficial to a somewhat older age group who has already accrued their HECS debt, rather than current students. Tackling the economic drivers of youth mental health requires coordinated policy action across multiple sectors, including welfare, education and housing.

#### 1.1 Increase income support payments for those on Youth Allowance, JobSeeker, AusStudy, ABSTUDY, and the Disability Support Pension to above the poverty line.

According to the 2023 'Poverty in Australia' report led by ACOSS and UNSW, Australian households relying primarily on income support (22% of all households) are among the most disadvantaged groups in Australia, facing the highest risk of poverty (Davidson et al., 2023).

Above the poverty line

Below the poverty line



Further, financial supports available for Australian students remain inadequate as a living wage and are set below the poverty line (Davidson et al., 2018). These data suggest that income support payments are not sufficient for people to cover daily essentials, indicating an urgent need to increase payments. This sentiment was echoed by the Government's Economic Inclusion Advisory Committee (2024) and the Senate's Community Affairs References Committee (2024) which found strong evidence that JobSeeker and related working age payments must be substantially lifted to reduce rates of poverty and financial stress in Australia.

#### Case study: The temporary Coronavirus Supplement

The temporary boost to income support payments, introduced in September 2020 and fully wound back by March 2021, saw a temporary fall

# RENEWED GOALS



in rates of poverty lifting 646,000 Australians (including 245,000 children) out of deep poverty (Davidson et al., 2023).

Further, nationally representative survey data indicates that the Coronavirus Supplement payment significantly reduced financial stress among Australians, and that lower financial stress was in turn associated with significant reductions in psychological distress (Botha et al., 2022).

These findings demonstrate the capacity of the Australian government to quickly reduce poverty and protect mental health in the population. However, the positive effects of transitory measures also tend to be short-lived, suggesting that permanent reform is needed for long-term mental health benefits. As poor mental health in turn increases the risk of future unemployment and the receipt of welfare payments (Bubonya et al., 2019, Kiely and Butterworth, 2014), permanent income support increases are required to lift disadvantaged groups out of cycles of financial hardship, particularly for young Australians in the face of rising rents, ongoing cost-of-living and housing crises, and student debt.

## **1.2 Increase federally funded grants and scholarships for young people experiencing disadvantage to access tertiary education, training and work placements.**

The majority of mental health problems emerge during adolescence and young adulthood; a critical time for education attainment, training, and work experience. As of May 2024, 9% of 15-24-year-olds in Australia were not engaged in any employment, education or training (NEET) (ABS, 2024a). Recent estimates show that the proportion of young Australians considered NEET is over four times as high amongst those living in the lowest SES decile (32.3%) than for those in the highest (6.6%), indicating financial disadvantage as a significant barrier to education, training and employment (AIHW, 2021b, Lamb et al., 2020). Research has demonstrated that NEET youth are at significantly higher risk of poor mental health and long-term unemployment (Benjet et al., 2012, Gutiérrez-García et al., 2017), and that the mental health impacts of youth unemployment persist into middle age (Thern et al., 2017, Wright et al., 2021, Strandh et al., 2014).

Younger Australians are more likely than older Australians to experience unemployment and underemployment (Milner et al., 2019), with both being identified as causal drivers of suicide in Australia (Skinner et al., 2023). Periods of unemployment are particularly detrimental for young



# RENEWED GOALS



people who have recently finished school (Milner et al., 2019) and in 2024, 65% of Australians aged 15–20 years who had finished Year 12 in 2023 were employed, representing a decrease from 76% in the year prior (ABS, 2024a). Engagement in tertiary education can buffer the mental health impacts of unemployment (Virgolino et al., 2022), whilst also increasing opportunities for future employment. Currently in Australia, 9 out of 10 new jobs require tertiary qualifications and 6 of 10 new jobs is high-skilled (Productivity Commission, 2023). Removing economic barriers to tertiary education, training and work experience by increasing federally funded grants and scholarships for disadvantaged young people would likely result in both social and economic benefits.

## Most jobs require tertiary education



# RENEWED GOALS

## **1.3 Increase access to well-designed, well-located housing (supported by transport and social infrastructure) and improve housing affordability for low-to-moderate income earners.**

Access to safe, secure, appropriate and affordable housing is a crucial determinant of mental health and well-being, and is also a key factor impacting recovery among those with existing mental health issues (Brackertz et al., 2020). Longitudinal evidence shows that housing disadvantage (based on precarity, tenure, and physical conditions) has a detrimental impact on mental health (Singh et al., 2019, Pevalin et al., 2017). Housing affordability was the top area nominated by 18-24-year-olds requiring immediate action (70% of respondents) in the recent Australian Youth Barometer study (Walsh et al., 2023). Unstable housing is often a precursor to homelessness, and young people are currently overrepresented amongst Australia's homeless, with close to 25% of those experiencing homelessness aged 12-24 years (Filia et al., 2024).

New and innovative Commonwealth investments in housing availability and affordability are required to address the mental health impacts of housing stress and inequality. This can be achieved through increases in rent assistance (Denary et al., 2021) coupled with investment in high quality, well located housing developments that include permanently affordable housing for low- and moderate-income earners (Gurran et al., 2021, Gurran et al., 2015, Kent et al., 2023).

**1 in 4 homeless people are 12-24 year olds**



# RENEWED GOALS



## GOAL 2

### Address the social drivers of mental health

Young people were particularly impacted by social restrictions imposed during the pandemic, with extensive disruptions to school, university, work and travel during a critical period of psychosocial development (O'Connor et al., 2022, Bell et al., 2023). To curb ongoing mental health challenges faced by young people in the fallout of COVID-19, we must take active measures to promote social health for mental health.

#### **2.1 Meaningfully embed the Commonwealth Measuring What Matters framework into policymaking**

Australia's Mental Health Think Tank have welcomed the release of the 'Measuring What Matters' National Wellbeing Framework following the release of the Youth Recovery Plan. Using the General Social Survey, which will now be run annually, Measuring What Matters tracks Australia's progress across 50 indicators grouped into five wellbeing themes – healthy, secure, sustainable, cohesive, and prosperous (The Treasury, 2023, ABS, 2024b). However, beyond tracking progress, investment in meaningful implementation of the Framework into policy decision-making practices is needed. There are several global examples of different mechanisms through which this can be achieved, such as through legislation (in the case of the Wales Future Generations Act) (Welsh Government, 2024), or changes to evaluation processes (in the case of the Aotearoa New Zealand CBAX cost-benefit-analysis tool, which includes criteria related to the Living Standards Wellbeing Framework) (The Treasury, 2024, The Treasury, 2022).

#### **2.2 Expand investment in social infrastructure and local community-led projects, and conduct rigorous evaluation of resultant social connection, mental health and wellbeing impacts.**

Social infrastructure – the public neighbourhood spaces, facilities, projects and services that facilitate social interaction among community members (e.g. community centres, libraries, parks, playgrounds, markets) – is critical for supporting community wellbeing and social connection (Bower et al., 2024, Karg et al., 2020). A recent systematic review of interventions designed to improve, or make better use of, community infrastructure found consistent evidence for improved social relations, and individual and community mental health and wellbeing, across a broad range of intervention types (e.g. community hubs, neighbourhood redesign, temporary community events) and wellbeing outcomes (e.g. social cohesion, sense of belonging, connection to nature, quality of life) (Bagnall et al., 2023).

# RENEWED GOALS



Further, local, place-based and community-led initiatives (e.g. learning centres, community gardens, markets, street festivals, community clubs) have been identified as effective interventions to promote community connectedness and combat loneliness (Bower et al., 2024).

As part of 2023-24 Federal Budget investment (see Detailed Progress Review, page 19), a wide range of place-based and community-led initiatives are currently being rolled out across the country, aimed at tackling local disadvantage and promoting sustainable social and economic growth in Australian communities. Notably, the Thriving Suburbs Program will provide access to funding through 2026-27 for locally-driven community infrastructure projects that enhance livability, amenity and social cohesion in communities (Department of Infrastructure, 2024). Recent extension of the Stronger Places, Stronger People (SPSP) initiative will enhance existing government partnerships with 10 Australian communities facilitating community-led strategies for local change and working to improve outcomes for children and families (Department of Social Services, 2024). Such approaches that bring communities together to work toward collective aspirations deliver co-benefits for participating communities - harnessing community strengths and resources to create economic development, whilst promoting social connection and cohesion among community members (Bower et al., 2024). While preliminary evidence indicates improved

outcomes for children and families in communities involved in the initial roll-out of the SPSP initiative (SPSP National Leadership Group and Backbone Teams, 2022), rigorous measurement of mental health, wellbeing and social connection outcomes of this initiative and others under the Tackling Entrenched Disadvantage investment is essential to guide future investment and the scaling-up of these initiatives.



## RENEWED GOALS



### 2.3 Endorse best practice standards for mentally healthy youth participation

There is growing recognition globally that young people should have opportunities to actively participate in decisions affecting their lives (World Health Organisation, 2018). When young people are engaged in decision-making processes, policies and solutions are more appropriate, relevant and responsive to their emerging needs (Warritch et al., 2024). The Think Tank applaud the Australian Government Office for Youth's investment in Youth Advisory Groups to advise on policies and issues that affect young people.

While participation and engagement initiatives provide critical opportunities for young people to express their views, develop skills, and feel empowered, there is a risk that some aspects of participation may be harmful to their mental

health or wellbeing, particularly when they are overburdened or tokenised (Bradbury-Jones and Taylor, 2013). New evidence-based, youth-led guidelines have been published in the Medical Journal of Australia provide recommendations for designing and implementing youth participation initiatives that actively safeguard the mental health of involved young people (Guo et al., 2024). Based on findings from a rigorous scoping review of global evidence (Donohoe-Bales et al., 2024), the guidelines offer clear directives for protecting youth wellbeing during participation processes, including prioritising clear and respectful communication; creating safe and flexible practices; facilitating social and emotional support; empowering young people's meaningful participation; and providing skill-building opportunities (Guo et al., 2024).

*Government endorsement and implementation of these Guidelines through ministerial or parliamentary youth engagements (e.g., youth advisory groups) and through government-funded services that have contact with young people is a crucial step towards safeguarding the mental health of young Australians who are increasingly involved in participation initiatives.*

# RENEWED GOALS



## GOAL 3

### Improve access to high quality, timely mental health treatment

Despite growing rates of mental disorders and psychological distress among young Australians, service access remains low overall (Teesson et al., 2024). Addressing barriers to accessing timely, effective and affordable treatment for today's youth is a key priority for protecting the health and wellbeing of future generations. However, despite the current incredible shortfall, the funding provided for youth mental health care nationally is in the millions, rather than the required billions.

The current mental health service system is not fit-for-purpose and fails to meet the escalating needs of Australians, particularly young people (Productivity Commission, 2020). Recent reforms, such as the new National Early Intervention Service (digital) is not youth focused. Extensive reform is urgently needed, particularly around increasing investment in order to broaden and enhance the mental healthcare system into multi-tiered support models, to address high levels of unmet clinical need. Lived experience expertise and new models of crisis intervention must be central to these changes.

Orygen is currently leading sector-led advice on New and/or Refined Models of Care for Mental Health Services for Young People, which will be finalised in mid-to-late 2025. In anticipation of the release of this advice, we propose the following intervening recommendations.

**Only half of Australians with mental disorders accessed mental health services in 2020-22**



**Mental and substance use disorders were 15% of Australia's burden of disease in 2023**



# RENEWED GOALS



### **3.1 Increase investment in innovative mental health care for Australian adults and young people, proportionate to the burden of disease in each group.**

In 2020–22, fewer than half (46.5%) of all Australians who met criteria for a mental disorder in the prior 12 months accessed any mental health services during that time (Harris et al., 2024, Teesson et al., 2024). This, coupled with a relatively high prevalence of mental disorders, particularly among young Australians, suggests that greater investment in youth mental health prevention and treatment is warranted (Harris et al., 2024, Teesson et al., 2024).

In 2023, mental and substance use disorders were estimated to be responsible for 15% of the total burden of disease (DALY) in Australia, a close second to cancer (17%), and are the leading cause of disease burden among 15–44 year olds (AIHW, 2024a). Despite overall net growth in government investment, the proportion of total health expenditure spent on mental health decreased from 8% in 2019–20 to 7% in 2020–2, and remains well below the 15% burden of disease (AIHW, 2024b). Increased Government investment in mental healthcare – at least to match the level of disease burden – is urgently needed to improve the accessibility of services for those who need it and to reform the current mental health system in ways that will become clearer with Orygen’s upcoming analysis.

### **3.2 Scale up the number of Commonwealth Supported Places for postgraduate psychology, psychiatry, mental health nursing and other allied mental health professions, with a focus on improving Aboriginal and Torres Strait Islander representation, to increase the number of available mental health clinicians nationally.**

In 2023–24, 146 additional Commonwealth supported places (CSPs) for postgraduate psychology courses were provided by universities that successfully applied for funding through the Government’s Postgraduate Psychology Incentive Program Grant Round 1 and 2,600 additional CSPs were offered for nursing. This is an excellent start but given the significant shortfalls in the mental health workforce, expansion of these investments is needed. From 2024, under the Increasing University Pathways scheme, all First Nations students in Australia will be guaranteed a CSP at a university of their choice, when accepted into their chosen bachelor’s degree (excluding medicine) (Australian Government, 2024a). This is an excellent initiative, however, should be expanded to include medicine to facilitate access to psychiatry training, and expanded to include postgraduate training in psychology, mental health nursing and other related fields.

# RENEWED GOALS

### 3.3 Subsidise remuneration for placements in postgraduate psychology, psychiatry, mental health nursing, and other allied mental health professions.

Financial hardship is particularly acute among psychology, medical, social work and nursing student cohorts who are required to complete lengthy and unpaid clinical placements, often 1000 hours or more, alongside full-time study (Beks et al., 2024, Morley et al., 2024). Amid cost-of-living and housing crises, excessive hours of unpaid placements are pushing many students into 'placement poverty', or out of study altogether, contributing to poor mental health in students, as well as continued shortages and stifled diversity in the workforce (Department of Health and Aged Care, 2022, Beks et al., 2024, Morley et al., 2024).

In an effort to address critical shortages of psychologists, and high rates of attrition from undergraduate study to practice, the federal government will provide 2000 subsidised placements through 2025-26 under the Supporting Provisional Psychologists to Practice grant opportunity. While encouraging, this is unlikely to be sufficient given the severity of the psychology workforce shortfall, with only 35% of the workforce target being met (Department of Health and Aged Care, 2022).

While nursing and social work were included as part of the new Commonwealth Prac Payment

(CPP), which provides financial relief to disadvantaged students undertaking mandatory placements, medical and postgraduate psychology students were excluded from the scheme (Australian Government, 2024b). Given significant shortfalls in psychology and psychiatry in particular (Department of Health and Aged Care, 2022), the program should be extended to include all health and allied health students subject to the same pressures (Department of Education, 2024).



# RENEWED GOALS



### **3.4 Establish a federal innovation fund for innovative policy and practice solutions that aim to prevent or intervene early in mental disorders.**

Australia's Mental Health Think Tank is advocating for the establishment of a mental health innovation fund, that would position Australia as a leader in long-term mental health investment and knowledge development. Mechanisms to consider include policy investment frameworks (such as the Victorian Early Intervention Framework) and research and innovation funding agencies (such as the UK's Advanced Research and Invention Agency). For the benefits of early intervention and prevention to be realised, national strategy and investment must prioritise high-quality evidence, innovation, rigorous evaluation, and the scaling of effective approaches.

#### **Case study: The Victorian Early Intervention Investment Framework (EIIF)**

The EIIF will enable the long-term funding of evidence-based early intervention initiatives with the goal of reducing rapidly increasing demands on the mental health, justice and child protection systems, with growing spending on acute services significantly outpacing growth in revenue (Department of Treasury and Finance, 2024). Government investment is predominantly directed to acute crisis services, with prevention and early intervention comprising a much smaller share of expenditure, despite evidence of signif-

icant long-term economic benefits (Teager et al., 2019, Zaretsky and Flatau, 2013, Social Ventures Australia, 2019). The EIIF supports the rigorous trialling and evaluation of early intervention initiatives, development of a strong evidence base to inform policy, and the scaling-up of effective initiatives.

Addressing needs and vulnerabilities through early support services before they escalate will ultimately reduce burden and costs to crisis systems (including mental health, homelessness, unemployment, justice, and child protection), and improve social and mental health outcomes for individuals and communities (Teager et al., 2019).

#### **Case study: The UK's Advanced Research and Invention Agency (ARIA)**

The ARIA supports breakthrough scientific research and innovation, prioritising high-risk high-reward ('moonshot') projects, and those with the potential to produce a paradigm-shift (Department for Science, 2021). Based on the principles and successes of the US Advanced Research Projects Agency (ARPA), the ARIA gives autonomy and control to a small number of high-calibre researchers, beyond that permitted by conventional government arrangements. The primary focus of the ARIA is on how research is funded, rather than a specific area or industry, with the aim of investing in the judgment and creativity of talented researchers for transformative innovation.



## Detailed progress report

The investment and reform against our previous recommendations in 2021 are detailed on the following pages. **X** indicates the recommendation is not yet met. **⦿** indicates the recommendation is partially met. The financial figures are based on publicly available investments

# DETAILED PROGRESS REPORT

## GOAL 1

### Address the economic drivers of mental health

\$41m invested in goal 1.1



**1.1 Increase income support payments for those on youth allowance<sup>x</sup>, JobSeeker<sup>o</sup>, AusStudy<sup>x</sup>, ABStudy living allowance<sup>x</sup> and the Disability Support Pension<sup>x</sup> back to levels achieved with the Coronavirus Supplement.**

In the 2024 Federal Budget, the government announced \$253.6 million (over 5 years) to increase Rent Assistance rates and help address rental affordability challenges and \$41.2 million (over 5 years) to increase JobSeeker Payment rates for People with a Partial Capacity to Work. The government has also committed to \$3.5 billion (over 3 years) for the Energy Bill Relief Fund to provide cost of living relief to Australian households. Additionally, the government will invest \$468.7 million to support people with disability and get the NDIS back on track.

The latest indexation applied from 20th September 2024 has resulted in an increase to the Disability Support Pension, Carer Payment, Job Seeker Payment and Commonwealth Rent Assistance.

\$1.4b invested in goal 1.2

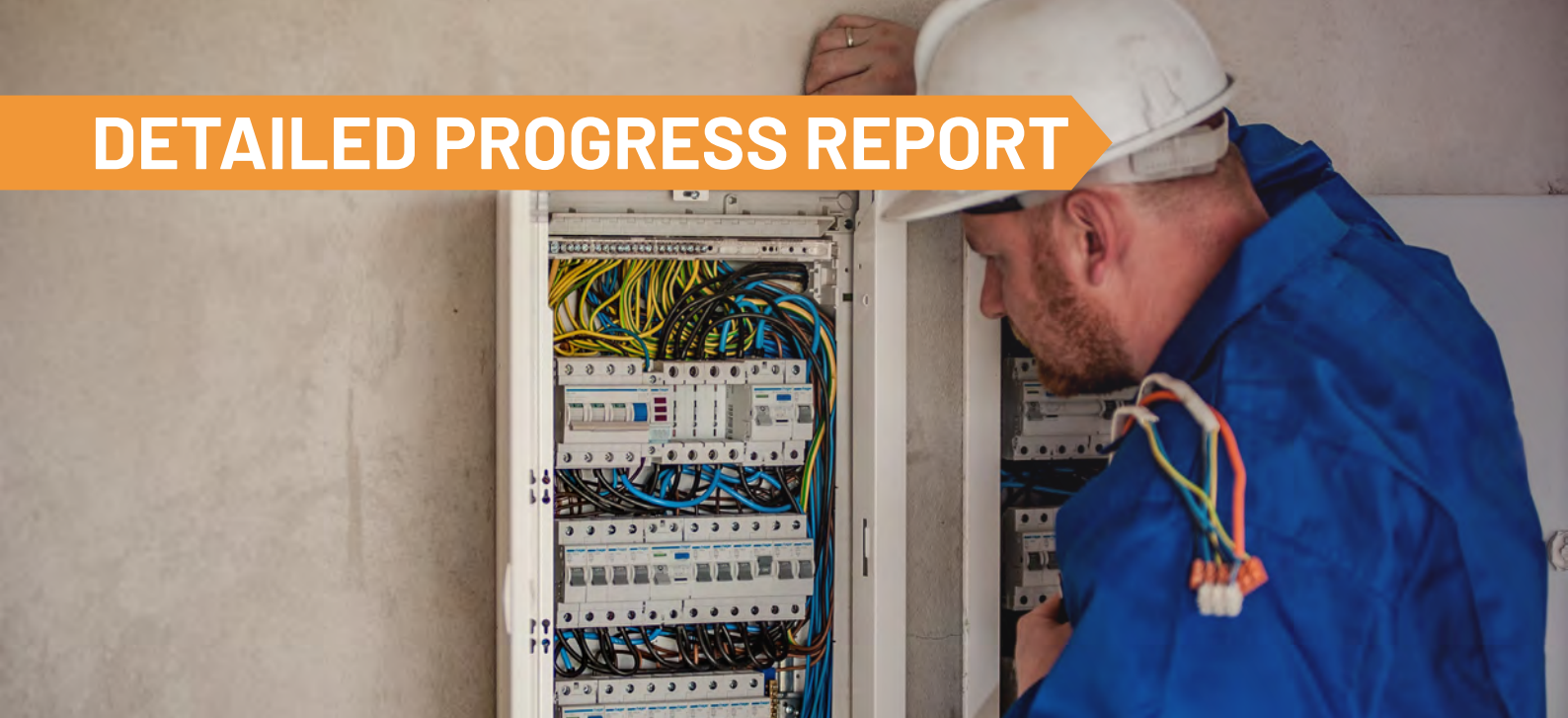


**1.2 Introduce federally-funded grants and scholarships for young people experiencing disadvantage<sup>o</sup> to access tertiary education<sup>o</sup>, training<sup>o</sup> and work placements<sup>o</sup>.**

In 2023, the Federal Government announced \$1 billion in funding towards the 12-month Skills Agreement, providing 180,000 fee-free TAFE courses. Those eligible include First Nations Australians, young people aged 17-24, people out of work or receiving income support payments, unpaid carers, women facing economic insecurity, women undertaking study in non-traditional fields, people with disability and certain categories of visa holders.

From January 2026, needs-based funding will provide per student funding contributions for under-represented students. The Government will also provide \$350.3 million to fully fund university enabling courses and increase pathways for prospective students to university. The government has committed to a \$54 million investment in two new paid work placement programs to pilot support for job seekers with barriers to work, connecting them with new opportunities in business-

# DETAILED PROGRESS REPORT



es and social enterprises. These pilots will deliver placements paying award or above wages.

The government is responding to 29 of the 47 Australian Universities Accord recommendations as a part of the 2024-2025 budget. The government plans to implement a fairer HELP system, cost of living relief for students, support for people from rural and remote areas to go to university and structural reforms to the tertiary education system. The Australian Tertiary Education Commission (ATEC), a Managed Growth Funding System and Needs-Based Funding will be established to better support underrepresented students to achieve higher education.

In response to demand and Priority Action 3 of the Australian Universities Accord Interim Report, from 2024, new funding will support all Aboriginal and Torres Strait Islander students to be guaranteed a Commonwealth supported place at a university of their choice, when accepted into their chosen course of study.



# DETAILED PROGRESS REPORT



## GOAL 2

### Address the social drivers of mental health

\$519.5m invested in goal 2.1



#### 2.1 Adopt a social connection<sup>x</sup> and social<sup>o</sup> and emotional wellbeing<sup>o</sup> lens on policies.

In 2023, the Federal Government introduced Measuring What Matters, Australia's first national wellbeing framework. Additionally, \$203.7 million was invested in the Student Wellbeing Boost in 2023. A five-year \$307.18 million Federation Funding Agreement to deliver the National Student Wellbeing Program was signed. The Australian Government has committed \$8.6 million from 2022-23 to set up the Social and Emotional Wellbeing Policy Partnership. This includes funding for [Gayaa Dhuwi \(Proud Spirit\) Australia](#) to provide joint administrative support with the Department of Health and Aged Care as part of the National Agreement on Closing the Gap. The partnership brings together First Nations representatives and Government representatives from Commonwealth and State/Territory Health Departments.

\$711.4m invested in goal 2.2



#### 2.2 Community-led<sup>o</sup> infrastructure and projects to facilitate social connection<sup>o</sup>, particularly targeting youth-oriented<sup>o</sup> and family-oriented<sup>o</sup> projects.

In the 2024 Federal Budget, the government announced \$12.8 million (over 4 years) for Indigenous Youth Connection to Culture and \$10.0 million (in 1 year) for culturally appropriate mental health supports.

The Australian Government Department of Home Affairs has also committed \$9.8 million to the [Modernised Multicultural Grants Program](#) (2024-2026) to support multicultural community-led organisations to strengthen intercultural connections.

Several Government departments have also committed grant funding to local organisations and initiatives across Australia to support community engagement and social connection, including the [Strong and Resilient Communities Activity \(SARC\)](#) (2022-2028, \$63 million) for vulnerable and disadvantaged communities and the [Rebuilding Regional Communities](#) (2022-2024, \$5 million) program to rebuild post-COVID-19. The Australian Government has also continued to invest in

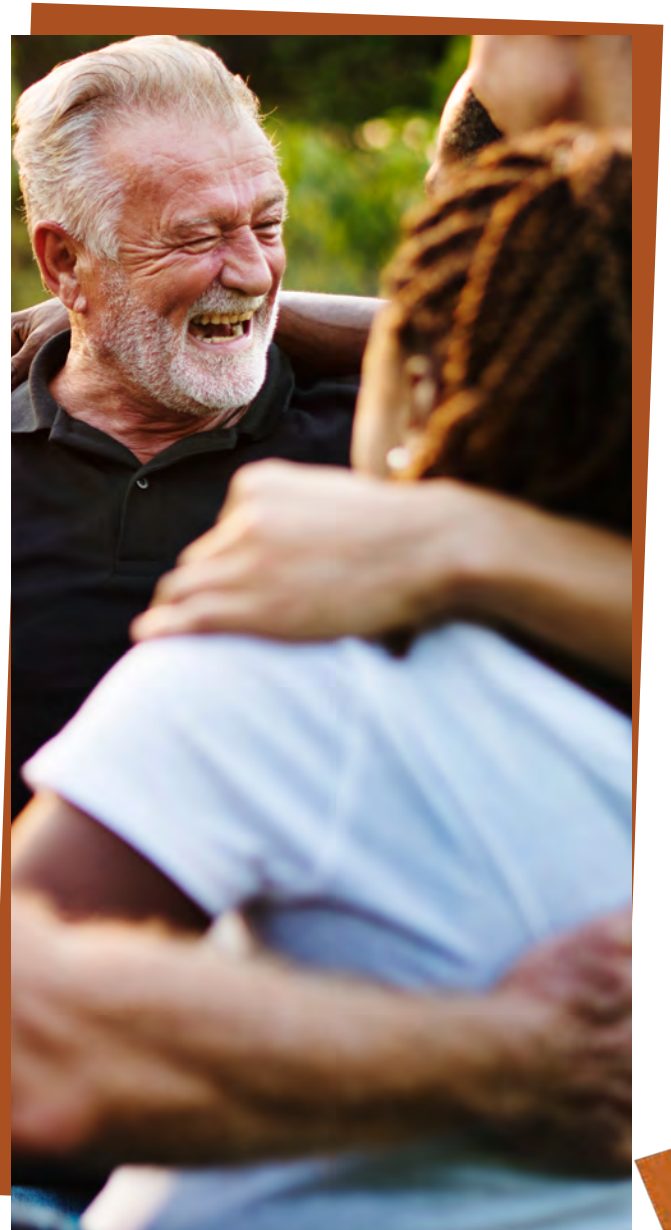
# DETAILED PROGRESS REPORT



other place-based programs to promote social connection, such as the [Stronger Communities Programme](#) (2015-2024, \$181 million thus far).

The 2023-24 Budget will see the delivery of a \$199.8 million [Entrenched Disadvantage Package](#), which will see continued investment in the [Stronger Places, Stronger People Initiative](#) (2019-2029, \$101 million) and the newly established [Outcomes Fund](#) (\$100 million), both focused on community-led partnerships to address cycles of disadvantage among children and families. More recently, the Australian Government, in partnership with several philanthropic foundations, have established the [Partnerships for Local Action and Community Empowerment \(PLACE\)](#), a new national organisation supporting community-led approaches to address disadvantage-related social and economic challenges.

The Australian Government has also invested in initiatives to strengthen social cohesion with respect to global events, such as the [Community and Cohesion Support Program](#) (\$25 million) for youth affected by conflict and the [Together for Humanity](#) (\$4 million) culturally safe schools project.



# DETAILED PROGRESS REPORT

## GOAL 3

### Improve access to high quality, timely mental health treatment

\$652.1m invested in goal 3.1

X

\$485.5m invested in goal 3.2

X

#### 3.1 Scale up evidence-based digital<sup>o</sup> resources for youth<sup>x</sup> mental health.

In 2023, the Federal Government invested \$63.6 million over four years to continue support for digital mental health services and suicide prevention supports (including through Lifeline, Kids Helpline and Beyond Blue) in response to the ongoing pandemic pressure and increased demand for crisis support.

In the 2024 Federal Budget, the government has allocated \$588.5 million (over 8 years) for a “new digital platform” for early intervention. Our current understanding is that the platform’s funding is likely to primarily go into telehealth (phone-based) therapy methodologies. Our concern with this approach is that telehealth is substantially less scalable than evidence-based self-guided and therapist-guided online interventions.

#### 3.2 Double<sup>x</sup> the number of Commonwealth Supported Places for psychology, mental health nursing, and other allied mental health professionals, and with a focus on improving Aboriginal and Torres Strait Islander Representation<sup>o</sup>.

The Federal Government invested \$485.5 million for an additional 20,000 Commonwealth supported places. These were not targeted to mental health specifically. Places are focused on increasing participation for regional and remote students, those from low socio-economic backgrounds, students with a disability, First Nations students, and those who are first in their family to study at university.

In September 2024, the government announced they will be increasing the number of postgraduate psychology places at universities, psychology internships and supervisors to help remove barriers to studying and working in mental health. Half of the internships and supervisor training will be offered to people in Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and people living in regional, rural and remote areas of Australia.

# DETAILED PROGRESS REPORT



The Australian Indigenous Psychology Education Project (AIPEP, 2021), funded by the Million Minds Research Mission (Department of Health and Aged Care, 2023), is currently partnered with 34 universities to increase the number of Indigenous psychology graduates and increase the capability of psychology graduates and professionals to work effectively with Aboriginal and Torres Strait Islander peoples.

From 2024, under the Increasing University Pathways scheme, all First Nations students in Australia will be guaranteed a Commonwealth supported place at a university of their choice, when accepted into their chosen bachelor degree (excluding medicine) (Australian Government, 2024a).

**\$692.5m invested in goal 3.3**



**3.3 Increase subsidised and/or paid placements of psychology<sup>x</sup>, mental health nursing<sup>o</sup>, psychiatry<sup>o</sup>, peer support workers<sup>o</sup> and other allied health professions<sup>o</sup>.**

In 2023, the Federal Government introduced the 18.3 million National Mental Health Pathways to Practice Program. The program includes \$10.8 million over 3 years to provide up to 660 supervised nursing and allied health student mental health placements across rural, remote and metropolitan areas. Additionally, \$6.6 million will be provided over 3 years to for 75 internships for provisional psychologists, as well as a \$917K evaluation project.

In the 2024 Federal Budget, the government announced \$7.1 million (over 4 years) to support the national peer workforce. Additionally, the government will provide \$427.4 million (over 4 years) to establish a new Commonwealth Prac Payment for tertiary students undertaking placements in nursing, teaching and social work studies. The government will also invest in \$239.7 million (over 5 years) to limit the indexation of the Higher Education Loan Program (and other student loans) debt to the lower of either the Consumer Price Index or the Wage Price Index.

# DETAILED PROGRESS REPORT



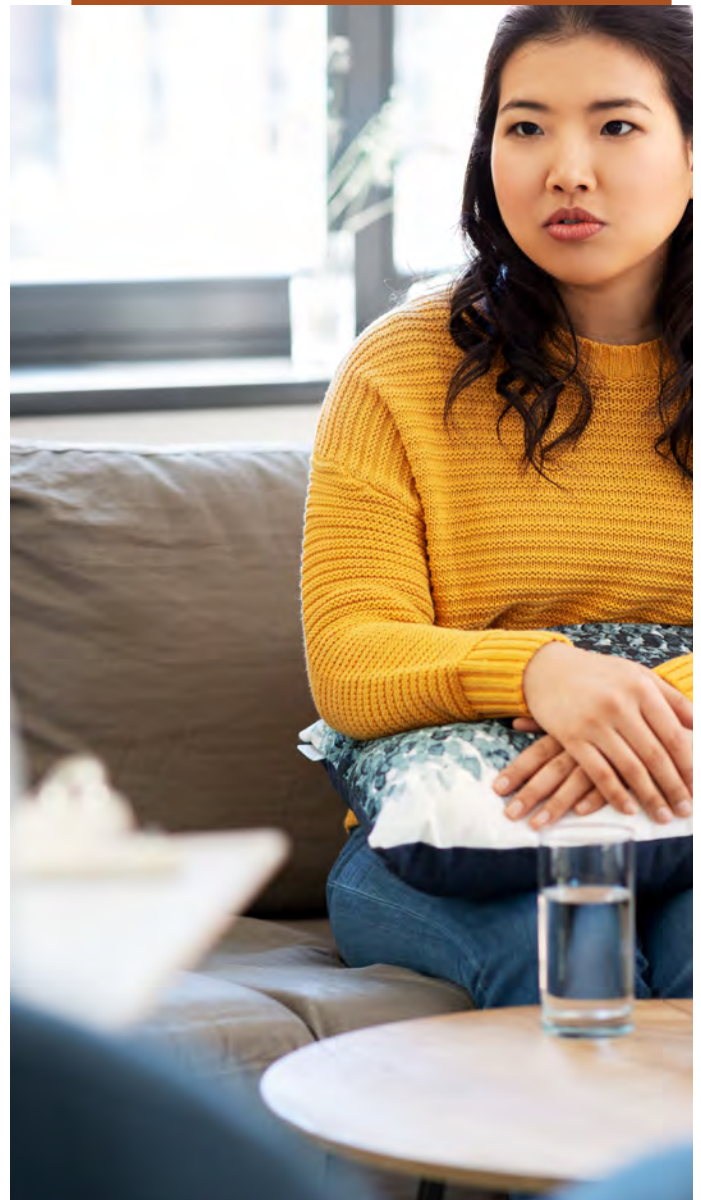
**\$28.6m invested in goal 3.4**



## **3.4 Increase incentives<sup>x</sup>, public sector salary loading<sup>x</sup> or similar<sup>o</sup> for discipline-specific supervision in mental health tertiary training programs.**

In 2023, the Federal Government committed to \$28.6 million to continue to support the psychiatry workforce. This includes up to 30 additional training posts and supervisors per training year from 2023 to 2026, development of a rural and remote psychiatry training pathway and network, and activities to encourage more medical graduates to pursue psychiatry through the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Psychiatry Interest Forum.

In September 2024, the government announced it will provide Supporting Provisional Psychologists to Practice grants to increase access to psychology internships and supervisor training. This initiative will fund 681 one-year internships over a four-year period and up to 2860 Psychology Board of Australia endorsed supervisor training places. The government has also committed to working with the Psychology Board of Australia to reform the psychology higher education and registration pathway, making it simpler for students to complete their studies and join the mental health workforce. The redesign will consider streamlined psychology training, a focus on practical learning, and address access and equity challenges. Consultations are expected to commence at the beginning of 2025.



## References

- ABS. 2022-2023. Patient Experiences. [Online]. Canberra: Australian Bureau of Statistics (ABS). Available: <https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release#cite-window2> [Accessed 11 Oct 2024].
- ABS. 2024a. Education and Work, Australia [Online]. Canberra: Australian Bureau of Statistics (ABS). Available: <https://www.abs.gov.au/statistics/people/education/education-and-work-australia/latest-release> [Accessed 12 Nov 2024].
- ABS. 2024b. Measuring What Matters [Online]. Australian Bureau of Statistics (ABS). Available: <https://www.abs.gov.au/statistics/measuring-what-matters> [Accessed 13 Dec 2024].
- AIHW. 2021a. COVID-19 and the impact on young people. [Online]. Canberra: Australian Institute of Health and Welfare (AIHW). Available: <https://www.aihw.gov.au/reports/children-youth/covid-19-and-young-people> [Accessed Oct 9 2024].
- AIHW. 2021b. Engagement in education or employment [Online]. Canberra: Australian Institute of Health and Welfare (AIHW). Available: <https://www.aihw.gov.au/reports/children-youth/engagement-in-education-or-employment> [Accessed 19 Nov 2024].
- AIHW. 2024a. Australian Burden of Disease Study 2024 (Cat. no: BOD 40). [Online]. Australian Institute of Health and Welfare (AIHW). Available: <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2024/contents/about> [Accessed 12 Dec 2024].
- AIHW. 2024b. Expenditure on mental health services. [Online]. Canberra: Australian Institute of Health and Welfare (AIHW). Available: <https://www.aihw.gov.au/mental-health/topic-areas/expenditure> [Accessed 27 Nov 2024].
- AIHW. 2024c. Social isolation and loneliness. [Online]. Canberra: Australian Institute of Health and Welfare (AIHW). Available: <https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness> [Accessed Oct 9 2024].
- AIPEP. 2021. Australian Indigenous Psychology Education Project [Online]. Australian Indigenous Psychology Education Project (AIPEP). Available: <https://indigenopsyched.org.au/> [Accessed].
- APS. 2024. Thinking Futures: Psychology and Climate Change [Online]. Australian Psychological Society (APS). Available: <https://psychology.org.au/thinking-futures-report-2024> [Accessed 13 Dec 2024].
- AUSTRALIA'S MENTAL HEALTH THINK TANK, BOWER, M., SMOUT, S. & DONOHUE-BALES, A. 2022. Building Mentally Healthy Futures: Australian Youth Recovery Plan. Sydney: Australia's Mental Health Think Tank.
- AUSTRALIAN GOVERNMENT 2024a. Commonwealth Closing the Gap 2023 Annual Report and Commonwealth Closing the Gap Implementation Plan 2024. Commonwealth of Australia.
- AUSTRALIAN GOVERNMENT. 2024b. Commonwealth Prac Payment. [Online]. Canberra: Department of Education. Available: <https://www.education.gov.au/higher-education/commonwealth-prac-payment> [Accessed 2 Dec 2024].
- AUSTRALIAN PSYCHOLOGICAL SOCIETY 2024. Thinking Futures: Psychology and Climate Change. The inaugural snapshot of the psychological health and wellbeing of our nation.
- BAGNALL, A., SOUTHBY, K., JONES, R., PENNINGTON, A., SOUTH, J. & CORCORAN, R. 2023. Systematic review of community infrastructure (place and space) to boost social relations and community wellbeing: Five year refresh. London: What Works Centre for Wellbeing.
- BEKS, H., WALSH, S., CLAYDEN, S., WATSON, L., ZWAR, J. & ALSTON, L. 2024. Financial implications of unpaid clinical placements for allied health, dentistry, medical, and nursing students in Australia: a scoping review with recommendations for policy, research, and practice. *BMC Health Services Research*, 24, 1407.
- BELL, I., NICHOLAS, J., BROOMHALL, A., BAILEY, E., BENDALL, S., BOLAND, A., ROBINSON, J., ADAMS, S., MCGORRY, P. & THOMPSON, A. 2023. The impact of COVID-19 on youth mental health: A mixed methods survey. *Psychiatry Research*, 321.
- BENJET, C., HERNÁNDEZ-MONTOYA, D., BORGES, G., MÉNDEZ, E., MEDINA-MORA, M. & AGUILAR-GAXIOLA, S. 2012. Youth who neither study nor work: mental health, education and employment. *Salud Pública de México*, 54, 410-417.
- BOTHA, F., BUTTERWORTH, P. & WILKINS, R. 2022. Protecting mental health during periods of financial stress: Evidence from the Australian Coronavirus Supplement income support payment. *Soc Sci Med*, 306, 115158.
- BOWER, M., SMOUT, S., JOHNSON, S., COSTELLO, A., ANDRES, L., DONOHUE-BALES, A., LEACH, M., PELLICANO, E., HILLER, R., FONAGY, P., YPSILANTI, A., KUMAR, S., SCOTT, L., PEARSON, S., HOBSON, H., BARCLAY, C., HARDING, S., TEESSON, L., BAGGALEY, J., STEARS, M. & TEESSON, M. 2024. Placing Social Connection at the Heart of Public Policy in the United Kingdom and Australia. London & Sydney: UCL Policy Lab & The Matilda Centre, University of Sydney.

- BRACKERTZ, N., BORROWMAN, L., ROGGENBUCK, C., POLLOCK, S. & DAVIS, E. 2020. Trajectories: the interplay between mental health and housing pathways. Final research report. Melbourne: Australian Housing and Urban Research Institute Limited and Mind Australia
- BRADBURY-JONES, C. & TAYLOR, J. 2013. Engaging with children as co-researchers: challenges, counter-challenges and solutions. *International Journal of Social Research Methodology*, 18, 161-173.
- BRENNAN, N., BOON, B., DI NICOLA, K., CHRISTIE, R. & BAIRD, V. 2024. The unfair divide: Disadvantage faced by young people who are homeless - A Mission Australia Youth Survey Report. Sydney, NSW: Mission Australia.
- BUBONYA, M., COBB-CLARK, D. A. & RIBAR, D. C. 2019. The reciprocal relationship between depressive symptoms and employment status. *Economics & Human Biology*, 35, 96-106.
- DAVIDSON, P., BRADBURY, B. & WONG, B. 2023. Poverty in Australia 2023: Who is affected Poverty and Inequality Partnership Report no. 20. Australian Council of Social Service and UNSW Sydney.
- DENARY, W., FENELON, A., SCHLESINGER, P., PURTLE, J., BLANKENSHIP, K. M. & KEENE, D. E. 2021. Does rental assistance improve mental health? Insights from a longitudinal cohort study. *Soc Sci Med*, 282, 114100.
- DEPARTMENT FOR SCIENCE, INNOVATION AND TECHNOLOGY. 2021. Advanced Research and Invention Agency (ARIA): policy statement [Online]. UK Government. Available: <https://www.gov.uk/government/publications/advanced-research-and-invention-agency-aria-statement-of-policy-intent/advanced-research-and-invention-agency-aria-policy-statement> [Accessed].
- DEPARTMENT OF EDUCATION. 2024. Commonwealth Prac Payment. [Online]. Canberra: Australian Government. Available: <https://www.education.gov.au/higher-education/commonwealth-prac-payment> [Accessed 2 Dec 2024].
- DEPARTMENT OF HEALTH AND AGED CARE 2022. National Mental Health Workforce Strategy 2022-23. Canberra: Australian Government.
- DEPARTMENT OF HEALTH AND AGED CARE. 2023. Million Minds Mental Health Research Mission [Online]. Australian Government. Available: <https://www.health.gov.au/our-work/mrff-million-minds-mental-health-research-mission> [Accessed].
- DEPARTMENT OF INFRASTRUCTURE, TRANSPORT, REGIONAL DEVELOPMENT, COMMUNICATIONS AND THE ARTS. 2024. Thriving Suburbs Program - Program Guidelines [Online]. Australian Government. Available: <https://www.infrastructure.gov.au/department/media/publications/thriving-suburbs-program-program-guidelines-revised-26-august-2024> [Accessed].
- DEPARTMENT OF SOCIAL SERVICES. 2024. Stronger Places, Stronger People [Online]. Australian Government. Available: [www.dss.gov.au/node/389](http://www.dss.gov.au/node/389) [Accessed 13 Dec 2024].
- DEPARTMENT OF TREASURY AND FINANCE. 2024. Early Intervention Investment Framework [Online]. Victorian Government. Available: <https://www.dtf.vic.gov.au/early-intervention-investment-framework> [Accessed 13 Dec 2024].
- DONOHOE-BALES, A., TEESSON, L., SMOUT, S., HARDING, S., PARTRIDGE, S., SIMMONS, M., MANDOH, M., BARRETT, E., GUO, K., MEAS, D., MAUTNER, D., YAN, F., AL-HADAYA, I., TEESSON, M. & BOWER, M. 2024. Is a seat at the table enough to safeguard mental health? A scoping review of the mental health and wellbeing impacts of youth participation and engagement. *PsyArXiv*.
- ECONOMIC INCLUSION ADVISORY COMMITTEE 2024. Economic Inclusion Advisory Committee: 2024 Report to Government. Department of Social Services (Australia).
- ENDING LONELINESS TOGETHER 2023. State of the Nation Report: Social Connection in Australia 2023.
- FILIA, K., TEO, S., GAN, D., BROWNE, V., BAKER, D., MESSINK, J., BOON, B., BRENNAN, N., DI NICOLA, K. & GAO, C. 2024. Counting the cost of living - the impact of financial stress on young people. Insights from the 2023 Mission Australia Youth Survey. Orygen: Melbourne VIC & Mission Australia: Sydney NSW.
- GUO, K., MEAS, D., MAUTNER, D., YAN, F., AL-HADAYA, I., DONOHOE-BALES, A., TEESSON, L., PARTRIDGE, S. R., SIMMONS, M. B., MANDOH, M., BARRETT, E. L., TEESSON, M. R., SMOUT, S. & BOWER, M. 2024. Guidelines for the design and implementation of youth participation initiatives to safeguard mental health and wellbeing. *Medical Journal of Australia*, 221, S34-S40.
- GURRAN, N., HULSE, K., DODSON, J., PILL, M., DOWLING, R., REYNOLDS, M. & MAALSEN, S. 2021. Urban productivity and affordable rental housing supply in Australian cities and regions. AHURI Final Report No. 353. Melbourne: Australian Housing and Urban Research Institute Limited.
- GURRAN, N., PHIBBS, P., YATES, J., GILBERT, C., WHITEHEAD, C., NORRIS, M., MCCLURE, K., BERRY, M., MAGINN, P., GOODMAN, R. & ROWLEY, S. 2015. Housing markets, economic productivity, and risk: international evidence and policy

- implications for Australia - Volume 2: Supplementary papers. AHURI Final Report No. 255. Melbourne: Australian Housing and Urban Research Institute Limited.
- GUTIÉRREZ-GARCÍA, R. A., BENJET, C., BORGES, G., MÉNDEZ RÍOS, E. & MEDINA-MORA, M. 2017. NEET adolescents grown up: eight-year longitudinal follow-up of education, employment and mental health from adolescence to early adulthood in Mexico City. *European Child & Adolescent Psychiatry*, 26, 1459-1469.
- HARRIS, M., TAPP, C., VESCOVI, J., SUNDERLAND, M., DIMINIC, S. & CHAPMAN, C. 2024. Services used for mental health in Australia in 2020-22 and changes since 2007. *Australian & New Zealand Journal of Psychiatry*, Forthcoming.
- KARG, A., DE COTTA, T., FARMER, J., ARYANI, A., KNOX, J., ADLER, V. & KAMSTRA, P. 2020. Infrastructure for social connection: researching the existing assets for creating social connectedness and identifying interventions. Swinburne University of Technology and Social Innovation Research Institute.
- KENT, J., CRANE, M., WAIDYATILLAKE, N., STEVENSON, M. & PEARSON, L. 2023. Urban form and physical activity through transport: a review based on the d-variable framework. *Transport Reviews*, 43, 726-754.
- KIELY, K. M. & BUTTERWORTH, P. 2014. Mental health selection and income support dynamics: multiple spell discrete-time survival analyses of welfare receipt. *Journal of Epidemiology and Community Health*, 68, 349.
- LAMB, S., HUO, S., WALSTAB, A., WADE, A., MAIRE, O. & DOECKE, E. 2020. Educational opportunity in Australia 2020: Who succeeds and who misses out. Melbourne: Centre for International Research on Education Systems, Victoria University.
- MILNER, A., LAW, P. & REAVLEY, N. 2019. Young workers and mental health: a systematic review of the effect of employment and transition into employment on mental health. Melbourne, Australia: Victorian Health Promotion Foundation.
- MORLEY, C., HODGE, L., CLARKE, J., MCINTYRE, H., MAYS, J., BRIESE, J. & KOSTECKI, T. 2024. 'THIS UNPAID PLACEMENT MAKES YOU POOR': Australian social work students' experiences of the financial burden of field education. *Social Work Education*, 43, 1039-1057.
- O'CONNOR, M., LANGE, K., OLSSON, C., GOLDFELD, S., MELBOURNE CHILDREN'S COVID GOVERNANCE COMMITTEE & LIFECOURSE COHORT INVESTIGATORS 2022. Mental health impacts of the COVID-19 pandemic for children and young people: Insights from the Melbourne Children's LifeCourse Initiative. Parkville, Victoria: Murdoch Children's Research Institute, The Royal Children's Hospital, University of Melbourne Department of Paediatrics.
- PEVALIN, D. J., REEVES, A., BAKER, E. & BENTLEY, R. 2017. The impact of persistent poor housing conditions on mental health: A longitudinal population-based study. *Prev Med*, 105, 304-310.
- PRODUCTIVITY COMMISSION 2023. 5-year Productivity Inquiry: Advancing Prosperity. Inquiry report. Australian Government.
- SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE 2024. The extent and nature of poverty in Australia: final report. Parliament of Australia.
- SENATE SELECT COMMITTEE ON THE COST OF LIVING 2024. Paying the Price: The Cost of a Crisis on Australians' Standard of Living. Commonwealth of Australia.
- SINGH, A., DANIEL, L., BAKER, E. & BENTLEY, R. 2019. Housing Disadvantage and Poor Mental Health: A Systematic Review. *American Journal of Preventive Medicine*, 57, 262-272.
- SKINNER, A., OSGOOD, N., OCCHIPINTI, J., SONG, Y. & HICKIE, I. 2023. Unemployment and underemployment are causes of suicide. *Science Advances*, 9, 3758.
- SLADE, T., VESCOVI, J., CHAPMAN, C., TEESSON, M., ARYA, V., PIRKIS, J., HARRIS, M., BURGESS, P., SANTOMAURO, D., O'DEAN, S., TAPP, C. & SUNDERLAND, M. 2024. The epidemiology of mental and substance use disorders in Australia 2020-22: Prevalence, socio-demographic correlates, severity, impairment and changes over time. *Australian & New Zealand Journal of Psychiatry*.
- SOCIAL VENTURES AUSTRALIA 2019. The economic case for early intervention in the child protection and out-of-home care system in Victoria. Berry Street.
- SPSP NATIONAL LEADERSHIP GROUP AND BACKBONE TEAMS 2022. Disrupting disadvantage: early evidence of the impact of community-led change.
- STRANDH, M., WINEFIELD, A., NILSSON, K. & HAMMARSTRÖM, A. 2014. Unemployment and mental health scarring during the life course. *European Journal of Public Health*, 24, 440-445.
- TEAGER, W., FOX, S. & STAFFORD, N. 2019. How Australia can invest early and return more: A new look at the \$15b cost and opportunity. Early Intervention Foundation, The Front Project and CoLab at the Telethon Kids Institute, Australia.
- TEESSON, M., WHITEFORD, H., BOWER, M., SMOUT, S., BURGESS, P., HARRIS, M., PIRKIS, J., DIMINIC, S., BAILLIE, A., SLADE, T. & CHAPMAN, C. 2024. Policy implications of the 2020-22 Australian study of mental health and wellbeing. 29

- THE TREASURY. 2022. Our Living Standards Framework [Online]. New Zealand Government. Available: <https://www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework> [Accessed 13 Dec 2024].
- THE TREASURY. 2023. Measuring what matters [Online]. Australian Government. Available: <https://treasury.gov.au/policy-topics/measuring-what-matters> [Accessed 13 Dec 2024].
- THE TREASURY. 2024. The Treasury's CBAX Tool [Online]. New Zealand Government. Available: <https://www.treasury.govt.nz/information-and-services/state-sector-leadership/investment-management/investment-planning/treasury-cbax-tool> [Accessed 13 Dec 2024].
- THERN, E., DE MUNTER, J., HEMMINGSSON, T. & RASMUSSEN, F. 2017. Long-term effects of youth unemployment on mental health: does an economic crisis make a difference? *Journal of Epidemiology and Community Health*, 71, 344.
- VIRGOLINO, A., COSTA, J., SANTOS, O., PEREIRA, M. E., ANTUNES, R., AMBRÓSIO, S., HEITOR, M. J. & VAZ CARNEIRO, A. 2022. Lost in transition: a systematic review of the association between unemployment and mental health. *Journal of Mental Health*, 31, 432-444.
- WALSH, L., GALLO CORDOBA, B., CUTLER, B., HUYNH, T. & DENG, Z. 2023. The 2023 Australian Youth Barometer: Understanding Young People in Australia Today. Monash University, Melbourne: Centre for Youth Policy and Education Practice.
- WARRAITCH, A., WACKER, C., BIJU, S., LEE, M., BRUCE, D., CURRAN, P., KHRAISHA, Q. & HADFIELD, K. 2024. Positive Impacts of Adolescent Involvement in Health Research: An Umbrella Review. *Journal of Adolescent Health*.
- WELSH GOVERNMENT. 2024. The Well-being of Future Generations [Online]. Welsh Government. Available: <https://www.gov.wales/well-being-of-future-generations-wales> [Accessed].
- WORLD HEALTH ORGANISATION 2018. Global consensus statement: meaningful adolescent & youth engagement. Geneva: World Health Organisation (WHO).
- WRIGHT, L., HEAD, J. & JIVRAJ, S. 2021. How robust is the association between youth unemployment and later mental health? An analysis of longitudinal data from English schoolchildren. *Occupational and Environmental Medicine*, 78, 618.
- ZARETZKY, K. & FLATAU, P. 2013. The cost of homelessness and the net benefit of homelessness programs: a national study. Melbourne: Australian Housing and Urban Research Institute.
- ZUCCALA, E. 2024. The long tail of COVID-19. *The Medical Journal of Australia*, 220, 495.



# Australia's Mental Health Think Tank

 [mentalhealththinktank.org.au](https://mentalhealththinktank.org.au)

 Australia's Mental Health Think Tank

 @AusMHThinkTank

 [info@mentalhealththinktank.org.au](mailto:info@mentalhealththinktank.org.au)

**Cite this report as:** Australia's Mental Health Think Tank\*, Smout, S.#, Scott, L.M.#, Donohoe-Bales, A.#, Sedgwick, C.C.#, Spallek, S.#, Bower, M.#. Building Mentally Healthy Futures: A Call to Action. Sydney, NSW, Australia, 2025. <https://doi.org/10.25910/0336-c992>

\*Australia's Mental Health Think Tank: Distinguished Professor Maree Teesson AC (Chair), Mr John Brogden AM, Professor Philip Batterham, Professor Alison Cleave, Professor Tom Calma AO, Scientia Professor Helen Christensen AO, Professor Patricia Dudgeon AM, Professor Ian Hickie AM, Professor Frances Kay-Lambkin, Professor Patrick McGorry AO, Professor John McGrath, Professor Marc Stears, and Professor Harvey Whiteford

#Australia's Mental Health Think Tank Project Team, based at The Matilda Centre, University of Sydney

**Thank you to the BHP Foundation for the bold vision and support in funding Australia's Mental Health Think Tank.**