



NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE



MentalHealthCarers
Australia

The Hon. Emma McBride MP
Assistant Minister for Mental Health and Suicide Prevention
Parliament House
CANBERRA ACT 2600
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20 May 2025

Dear Assistant Minister,

Congratulations on your appointment as Assistant Minister for Mental Health and Suicide Prevention. The National Mental Health Consumer Alliance (NMHCA) and Mental Health Carers Australia (MHCA) look forward to working with you closely over the next term of government.

In 2024, the Labor Government supported our establishment as the two national peaks for people experiencing mental health challenges, and their family, carers and kin. This was a watershed moment in Australian mental health policy, and demonstrated your government's deep commitment to lived experience shaping national mental health reform and driving better outcomes.

While NMHCA and MHCA are two separate entities, we work cooperatively and seek to jointly achieve lasting positive change. We provide grass-roots engagement across all states and territories; authentic representation in government processes; deep and broad expertise to assist government decision-making; and informed, innovative policy advice.

We have also been actively looking for ways to ensure First Nations perspectives are included in all our work. As such, we're in the process of negotiating a three-way MOU with the Aboriginal and Torres Strait Islander Lived Experience Centre (known as IALEC). We consider IALEC to be the third lived experience peak and central to all lived experience initiatives.

Joint priorities

We are working very collaboratively and share the following joint priorities:

- ensuring the NDIS and foundational supports are fit for purpose;
- addressing the unmet need for psychosocial support outside of the NDIS; and
- calling for the next National Mental Health and Suicide Prevention Agreement to drive systemic reform.



**NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE**



MentalHealthCarers
Australia

Consumer policy priorities

Immediate priorities for mental health consumers including people with psychosocial disability are:

- the Productivity Commission's current mental health review and the intergovernmental agreements which are due to expire in June 2026; and
- a Human Rights Act to ensure that mental health consumers' rights are protected.

For the medium term, we will be focussing on:

- standing alongside our First Nations colleagues and supporting their call for First Nations-led mental health services; and
- mental health consumers leading, designing and delivering mental health services in response to the growing need for mental health supports.

Family, carer and Kin policy priorities

For mental health families, carers and kin, our priorities include:

- understanding and addressing the unmet needs of families, carers and kin;
- funding and establishing the Victorian Mental Health and Wellbeing Connect Centres in all states and territories; and
- commission the development of a specific Mental Health Family, Carer and Kin Strategy to sit alongside the National Carers Strategy.

We appreciate this is a bold and challenging agenda, but with your ongoing support, we can realise this potential. We firmly believe we can support the Albanese Government to get a better return on its mental health investment by working with the people for whom services are intended, their families, carers and kin, as well as those delivering the services.

Before the end of this term of government, it is our aim to demonstrate that the mental health system is better than it was in 2025, because the voices of lived experience have been heard, and our solutions are being implemented. Our organisations are now fully established, and we are ready to make a significant difference to the lives of millions of people living with mental health challenges, and their families, carers and kin.

Our first request to you, at this early stage, is to meet as soon as possible to confirm the ways we can best work together and understand your views on our priorities.

For brevity, we have enclosed briefs on the top three issues from our list of joint priorities above. These have also been endorsed by the mental health peak bodies Community Mental Health Australia (CMHA) and the Mental Illness Fellowship of Australia (MIFA). Together, we represent the voice of lived experience and community managed service providers.



**NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE**



MentalHealthCarers
Australia

If you or your staff would like briefs on any of the other key priorities, please do not hesitate to let us know, and we will provide them.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'PB' followed by a horizontal line.

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A handwritten signature in black ink, appearing to be 'Katrina'.

Katrina Armstrong,

Chief Executive Officer, MHCA

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A handwritten signature in blue ink, appearing to be 'Mathew Fagan'.

Mathew Fagan

Chair, NMHCA

A handwritten signature in black ink, appearing to be 'JC' followed by a horizontal line.

Jeremy Coggin

Chair, MHCA

Encl: Three briefs on key NMHCA/MHCA priorities



NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE



MentalHealthCarers
Australia

Brief 1: The NDIS and psychosocial disability

In this term of government, the NMHCA and MHCA look forward to working with you to ensure changes to the NDIS, and new targeted and foundational psychosocial supports outside the NDIS, ensure more people with psychosocial disability get the supports they need and want.

In June 2023, people with a psychosocial disability formed the fourth largest primary disability group among NDIS participants (62,011 participants or 10%). Approximately \$4.25 billion of paid supports were provided to NDIS participants with a psychosocial primary disability in 2022-2023, with an average payment per participant of \$71,600. A further 36,807 NDIS participants have a secondary psychosocial disability.

NMHCA and MHCA note that NDIS participants with a primary psychosocial disability (as at 30 June 2023):

- face greater barriers to accessing the NDIS (70% of applications assessed as eligible compared to 85% across the broader Scheme);
- are far less likely to access informal supports such as friends and family (76% compared to 93%); and
- are achieving far lower paid employment outcomes (9.4% compared with 22%).

The 2023 *NDIS Review* found the NDIS has “not always supported people with psychosocial disability well”. It found people with psychosocial disability should have “more support to access non-clinical mental health and psychosocial capacity building supports”. Furthermore, given that most individuals likely receive support from at least one family member or friend, it is reasonable to conclude that a corresponding number of families, carers, and kin face unmet needs. NDIS does not provide supports for families, carers and kin unless the individual allocates funding from their package. The House of Representatives *Inquiry into the Recognition of Unpaid Carers* found that generic carer support models, such as the Carer Gateway, fail to account for the unpredictability of mental health challenges

However, the resulting recommendations from the NDIS Review are causing a high level of concern and distress from those currently in the Scheme, and those seeking access to the NDIS. These concerns centre on the Review recommendations for a temporary (3-year) “early intervention pathway”, and the ways in which functional need assessments are being applied. Already people living with psychosocial disability are not having their NDIS plans renewed. This is particularly concerning given the overwhelming unmet need for psychosocial supports outside the NDIS (see Brief 2 below).



**NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE**



MentalHealthCarers
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NMHCA and MHCA recommendations:

1. Over the next three years, place lived expertise facilitated by the NMHCA and MHCA at the centre of reforms to the NDIS, to ensure any changes achieve only positive impacts for mental health consumers, and families, carers and kin.
2. Commission NMHCA and MHCA to facilitate people with lived experience having a central role in monitoring and evaluating NDIS access and outcomes for people with psychosocial disability.

Brief 2: Unmet Need for Psychosocial Supports

Psychosocial supports are a critical priority area for our work with your Ministerial office and relevant agencies.

In 2020 the Productivity Commission identified a large gap in Australia's provision of psychosocial supports, and this was confirmed in the 2023 *NDIS Review*. In 2022-23 the *Analysis of unmet need for psychosocial supports outside of the NDIS* estimated there were 493,600 people living with psychosocial disability with high to moderate needs outside of the NDIS who cannot access psychosocial support. These estimates of unmet need are much greater when families, carers and kin are included.

For mental health consumers, psychosocial supports foster meaningful community participation, enhance daily living skills, secure and maintain stable accommodation, and strengthen connections with family and friends. Psychosocial supports address the root causes of distress through early intervention and prevention and decrease reliance on hospital emergency departments and in-patient services and associated acute care costs.

Families, carers, and kin rely on psychosocial supports to maintain their emotional, social, and physical well-being, enabling workforce participation and bolstering their confidence and capability for self-advocacy. At present, unsupported families, carers and kin are nearly twice as likely to experience clinical levels of depression and face a 40% higher risk of poor physical health compared to non-carers.

NMHCA and MHCA recommendations:

1. Over the next three years, place lived expertise facilitated by the NMHCA and MHCA at the centre of the Australian Government's response to unmet psychosocial support needs, to



**NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE**



MentalHealthCarers
Australia

design and deliver approaches with the greatest positive impact for mental health consumers, and families, carers and kin.

2. Establish a best-practice, lived experience-led commissioning model to ensure psychosocial supports are recovery-oriented, community-informed, and integrated with clinical mental health care.
3. Commission NMHCA and MHCA to play a central role in the evaluation of current and future investments in psychosocial supports outside the NDIS, including foundational supports.
4. Commission IALEC to facilitate Aboriginal and Torres Strait Islander lived experience co-design in the implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

Brief 3: National Mental Health and Suicide Prevention Agreement

The Productivity Commission is undertaking a Final Review of the current National Mental Health and Suicide Prevention Agreement (NMHSPA) and is due to deliver its final report by October 2025. The Bilateral Schedules with each state and territory under the NMHSPA are due to expire in June 2026.

The next iteration of the NMHSPA presents a unique opportunity for your government to ensure people with lived experience of mental health challenges and their families, carers and kin have a formal, meaningful and accountable role in the National Agreement, applying lived expertise and innovation across development, delivery and evaluation of mental health services over the long term, in each and every Australian jurisdiction.

The current NMHSPA includes general, unenforceable statements that governments will be “informed by the specific needs and experiences of those with lived experience of mental ill-health and suicide, and those who care for them” and we should be “embedded in the design, planning, delivery and evaluation of services.” Our experience is that these statements have resulted in little to no meaningful change within governments, and the next NMHSPA must include transparent and accountable undertakings on how and when lived expertise is commissioned, resourced and applied to improve all mental health systems.

We seek to support the Albanese Government ensure the next NMHSPA moves beyond a mere funding mechanism, to embrace and drive systemic reform. This would include (but not be limited to):



**NATIONAL MENTAL HEALTH
CONSUMER ALLIANCE**



MentalHealthCarers
Australia

- addressing the social determinants of mental health;
- incorporating a human rights and relational approach to mental health;
- enabling people with lived experience to determine their needs, and the best ways to address these needs;
- creating and resourcing specific independent oversight roles for people with lived experience to hold governments to account; and
- addressing the complex and unique needs of families, carers and kin through specific supports and family, carer and kin specific data collection and measures.

NMHCA and MHCA recommendations:

1. Commission the NMHCA and MHCA to facilitate lived experience co-design and co-development of the next National Mental Health and Suicide Prevention Agreement.
2. Support requests by people with mental health challenges, and family, friends and kin, to include transparent, enforceable and accountable undertakings in the next iteration of the National Mental Health and Suicide Prevention Agreement in relation to how and when lived expertise is commissioned, resourced and applied by all governments.
3. Commission IALEC to facilitate Aboriginal and Torres Strait Islander lived experience co-design to ensure that the next National Mental Health and Suicide Prevention Agreement supports the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and changing needs of First Nations communities.