

Foundational Supports: Essential and Overdue

December 2024



Community Mental Health Australia

Community Mental Health Australia (CMHA) welcomes the opportunity to contribute to the national conversation on Foundational Supports. We are a federated Peak representing the community managed mental health sector, advocating for the needs of people with mental health issues at home and in the community. We provide a unified voice for over 700 community-based, non-government organisations, working with tens of thousands of mental health consumers, families, and carers. CMHA offers leadership and direction to promote the importance and benefits of community mental health and recovery services nationwide.

Defining Foundational Support

Foundational support is the catchall term for every form of support that exists (or existed) for people with a disability outside the National Disability Insurance Scheme (NDIS)^{i,ii}. It is an essential ecosystem enabling people with disability and mental health to live their lives free from discrimination and structural abuse. Foundational Supports must be properly funded, coordinated between commonwealth and states and delivered in close collaboration with consumers, carers and their advocates.

Acknowledgements

CMHA sincerely thanks our member state and territory community mental health peaks and other advocacy peaks for their expertise and contribution to this submission. These peak representative bodies comprise state community mental health organisations, lived experience advocates from diverse perspectives- LGBTIQ+, First Nation Peoples and culturally and linguistically diverse groups most affected by the withdrawal of community supports at the intersections of cultural identity and disability. We thank and acknowledge the custodians of this land, the Aboriginal people of the many traditional nations and language groups throughout Australia. We acknowledge the wisdom of Aboriginal Elders past and present and pay our respect to the Aboriginal communities whose land was never ceded.

Recommendations

1. Fund the gap
2. Workforce preparation
3. Disability rights at the core of planning, development and implementation
4. Make the system work for everyone
5. Prioritise early intervention
6. Build advocacy into the model
7. Housing and cost of living

Background: Community based supports that existed then ceased

Foundational Supports (FS) encompassed community-based, proactive, and social proscripting services that operated upstream of clinical and crisis interventions, supporting people with psychosocial disability to live in their communities. These services were underfunded by the states but saw a boost between 2014-2019 during the NDIS roll-out as ‘Tier-2 supports.’ Proactive and low-cost, they helped people with psychosocial conditions, with early intervention, daily living skills, housing, employment, education, and referralsⁱⁱⁱ. They also provided culturally relevant support through services led by First Peoples, CALD, and LGBTIQ+ communities. The success of Tier 2 programs stemmed from their focus on disability rights, social model principles, and person-led, inclusive approaches, exemplified by programs like Partners in Recovery, Personal Helpers and Mentors, and Ability Links. However, once funding ended, there was no further support beyond Tier 2, and Local Area Coordination (LAC) struggled to provide help outside of the NDIS framework.

An island in a sea of unmet need

Approximately 4.4 million Australians (about 18% of the population) have a disability^{iv}. Of these, around 550,000 are NDIS participants^v. Additionally, 1 in 5 Australians experience a mental illness in any given year, which translates to roughly 5 million people^{vi}. Most people with psychosocial disability outside the NDIS have been left to fend for themselves. The *National Analysis of Unmet Need for Psychosocial Supports outside of the NDIS* prepared by Health Policy Analysis in partnership with The University of Queensland and the Australian Institute of Health and Welfare reveal dire consequences of failure to fund Foundational Supports^{vii}. The tragic and avoidable outcomes of neglectful policy are laid bare in recent submissions to the National Suicide Prevention Strategy^{viii, ix}, revealing a threefold level of suicidality among people with disability compared to the national average^x.

In their recent study, Homelessness Australia revealed that, ‘cost of living and rates of rental stress have left about three million Australians at risk of homelessness, a more than 60 per cent increase since 2016’^{xi}. Moreover, 39% of the homelessness population have a psychosocial disability due to the combination of low income, rental stress or low social resources. Homelessness is both a predictor and cause of psychosocial disability^{xii}. Therefore, access to housing supports including priority social and affordable housing options must be considered as part of any future foundational support ecosystem.

Let down by the system

In their submissions to the National Suicide Prevention Strategy, Australian Council of Social Services (ACOSS) and People with Disability Australia (PWDA) draw parallels between the housing/cost of living crisis and lack of community-based supports.

'People with Disability are three times more likely to die by suicide than those without disability, with a suicide rate of 33.5 per 100,000 people compared to 11.4 per 100,000 people without disability.' ACOSS^{xiii}

Young people, Aboriginal peoples, people from non-English speaking backgrounds, LGBTIQ+ are especially at risk due to all the indicators of vulnerability. Recent Government roundtables hosted by the Department of Social Security (DSS) heard from people with disability described an ecosystem of programs that existed prior to, and in the early days of the NDIS.

'Programs like Ability Links helped people find a job, live independently, develop friendships, pursue a dream- Whatever it was that you needed to thrive.' Said Mark Pietsch, Disability Peer and Advocate.

"Whether you were on the NDIS or not, these programs were free with no time limit or diagnosis required."

"We don't have to reinvent the wheel. We just need what we had before, run by people with a lived experience. But properly funded and a greater scale," said Mark Pietsch.

"I had a recovery coach who was there helping me through a very difficult time. They knew how to listen. Without their support I don't think I'd be here. How are people managing right now with nothing? I'm guessing many aren't." Jessica, mental health consumer and advocate.

Recommendations

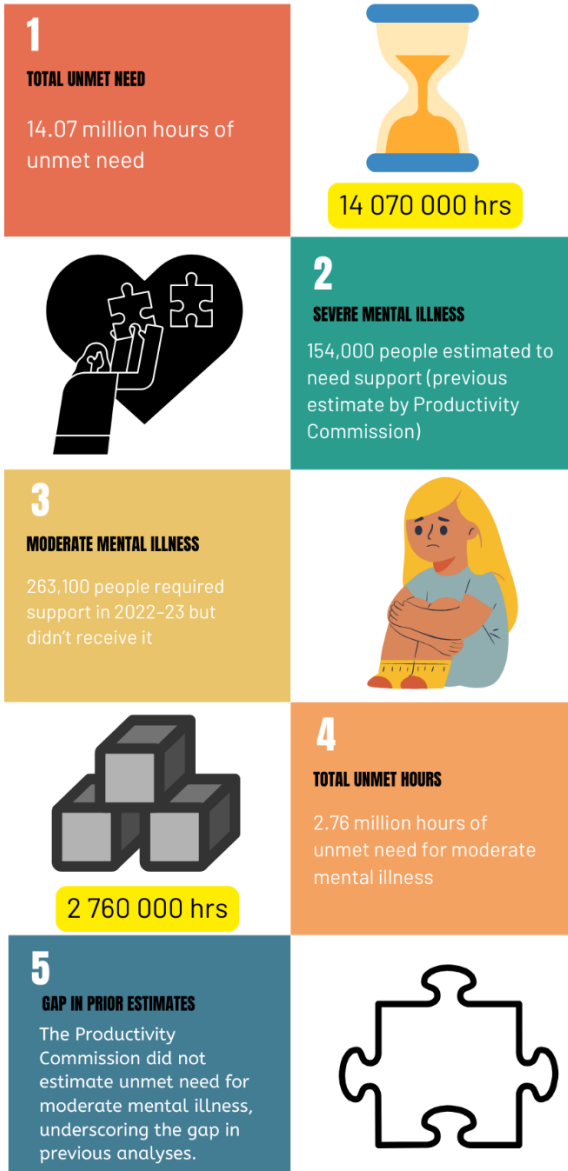
1. Fund the gap

The unmet needs gap in psychosocial support is significant, with evidence that most people with mental illness are not receiving the support they require.

According to the Analysis of Unmet Need for Psychosocial Supports Outside the NDIS (2022–23)^{xiv}, approximately 230,500 people aged 12 to 64 years with severe mental illness requiring psychosocial support were not receiving it through the NDIS or elsewhere.

The unmet need for mental health supports

UNMET NEED FOR MENTAL HEALTH SUPPORTS

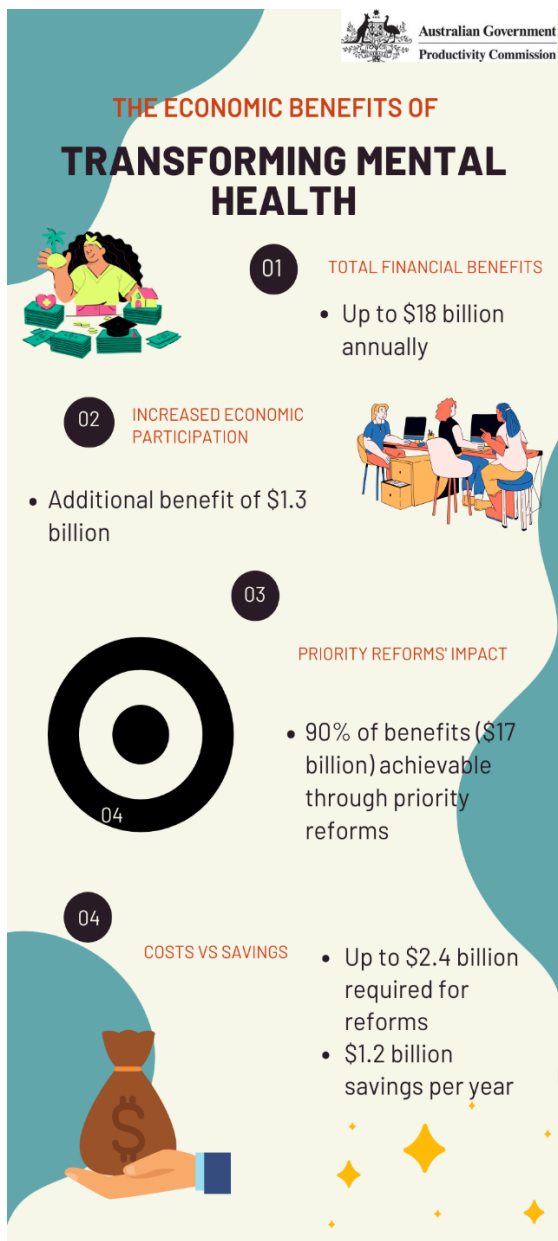


The gap in mental health supports represents approximately **14.07 million hours** of unmet need, which is higher than previously estimated by the Productivity Commission. The Commission projected that **154,000** people would require psychosocial support, but additional data shows that **263,100** people with moderate mental illness also needed support in 2022-23. The total unmet hours for this group is **2.76 million hours**.

Importantly, the Productivity Commission did not account for unmet need in people with moderate mental illness, highlighting a significant gap in prior analyses.

These figures reveal a critical shortfall in services for both severe and moderate mental health conditions. Addressing this gap requires increased resources and support systems that are accessible, flexible, and adequately funded. Without these, many individuals continue to struggle without the necessary help to manage their mental health.

Economic Benefits of Mental Health System Transformation^{xv}



The Productivity Commission Inquiry into Mental Health Report June 2020 outlines the need for the transformation of the mental health system.

This transformation would produce significant financial benefits as well as improvements in people’s quality of life.

The estimated value is up to **\$18 billion** annually. There would be an additional annual benefit of up to **\$1.3 billion** due to increased economic participation. About 90% of the benefits (\$17 billion) could be achieved by adopting identified priority reforms, requiring **expenditure of up to \$2.4 billion** and generating **savings of up to \$1.2 billion per year** into the future.

Given that the Productivity Commission didn’t account for the additional 2.76 million unmet need-hours for moderate mental illness, **the estimated benefit of transforming mental health is likely to be well over \$20 billion PA.**

CMHA Requests:

Immediate funding commitment in the next budget cycle to establish a genuinely national psychosocial package to address the identified gaps in psychosocial support for 230,500 people with severe and complex mental illness, based on the findings of the Unmet Needs Report, including funds to implement prevention and early intervention strategies.

- **Bi-lateral Agreements** between the Commonwealth and each State/Territory Government to fund new psychosocial support services to meet the gap within the National Agreement on Mental Health and Suicide Prevention + Bi-Lateral Agreements to specify jurisdictional funding packages, timeframes, commissioning arrangements, and **local planning** and consultative mechanisms.
- **National Cabinet to agree on an initial \$1bn package over 4 years**, cost-shared between the Commonwealth, States and Territories, commencing in the next budget cycle.

- **Immediate Co-production work** in identifying the role and development of Foundational Supports for people outside the NDIS, to contribute to these targets.
- **Ministers to establish a Psychosocial Reform Reference Group** in collaboration with the National Mental Health Consumer Alliance and Mental Health Carers Australia. This group will lead the co-production and implementation of a national psychosocial support program alongside the Government and other stakeholders. Importantly, psychosocial support programs must be co-designed and implemented with careful consideration of the unique needs of the regions in which they will be delivered, ensuring that services are tailored to local contexts and challenges.
- **A guaranteed extension of the Commonwealth funding** for existing psychosocial funding to ensure sustainability of the community managed mental health sector.
- **Clarification and commitment from the Federal Government** *this calendar year* regarding the future of the existing Commonwealth Psychosocial Support Program funding delivered via the Community Managed Mental Health Sector

2. Workforce preparation

Building a sustainable, community-focused mental health workforce is essential for transforming Australia's mental health system. The Community Mental Health Sector holds significant potential to deliver scalable, high-quality, evidence-based, and trauma-informed services-

“It's vital to strengthen the capacity of the community MH sector to meet increases in foundational supports/psychosocial support services. Since they are the organisations most suitable to deliver such supports,” Bree Klerck, General Manager, Mental Health Council of Tasmania.

Key to unlocking this potential is ensuring a well-resourced workforce that can work alongside Primary Health Networks (PHNs), community-based services, and other support systems to offer comprehensive, holistic care through approaches like social prescribing.

The Queensland Alliance for Mental Health Workforce Strategy 2024-2029 aligns closely with the priorities outlined in the National Mental Health Workforce Strategy 2022-2032. Both strategies emphasize integrating community mental health services with Primary Healthcare as a crucial step to improving access, reducing stigma, and supporting long-term recovery.

To strengthen the mental health workforce and meet growing demand, three key pillars must be prioritized: Qualifications and Training, Attraction and Retention, and System Enablers.

1. Qualifications and Training

Ensuring a well-trained workforce involves enhancing the quality, availability, and delivery of core qualifications through vocational education and training, as well as increasing access to higher-level leadership qualifications. Ongoing professional development should be prioritised to ensure that workers are equipped to deliver trauma-informed care and remain up to date with good practice approaches. Additionally, a regulatory framework or accreditation process standardises qualifications and professional development across the sector.

2. Attraction and Retention

Addressing workforce shortages and building capacity to meet growing demand requires strategies to attract and retain workers. This includes promoting the sector as a viable career option, enhancing employment conditions, and offering clear career pathways. Special efforts should be made to recruit individuals from Aboriginal, culturally and linguistically diverse (CALD), and LGBTIQ+ communities to diversify the workforce and ensure it reflects the communities it serves. Retaining workers is vital and requires employee wellbeing programs, career progression opportunities, and supporting the lived experience workforce, which is integral to authentic, recovery-oriented care.

3. System Enablers

To ensure workforce success, we must address key systemic enablers. This includes fostering collaboration between community mental health services and primary healthcare, using evidence-based workforce planning, and ensuring strong sector leadership. Secure, long-term funding, with a minimum of five-year contracts, is essential for service stability and workforce retention.

A procurement strategy should prioritise community organisations with lived experience over large, profit-driven providers to ensure services are culturally safe and responsive. This approach ensures a sustainable, inclusive mental health system. Embedding the perspectives of First Nations peoples and those with lived experience is vital. Finally, effective governance structures are needed for oversight and accountability in implementing workforce strategies.

CMHA Requests:

- **Support Local Mental Health Services:** Ensure Primary Health Networks (PHNs) are adequately resourced to fund community-based, trauma-informed, and recovery-oriented services that meet local needs and create a collaborative, sustainable workforce.
- **Surety of funding:** 5-year minimum contracts to stabilise and grow the workforce.
- **Integrate Social Prescribing into the Workforce:** Develop a workforce focused on social prescribing to guide individuals toward holistic supports, addressing not only mental health but also social determinants such as housing, employment, and legal challenges.
- **A tailored approach for supports** that recognises the social, demographic and cultural challenges of all communities.
- **Empower Peer Workers and Lived Experience Experts:** Peer workers and those with lived experience should be central to service delivery. Their involvement reduces stigma, builds trust, and enhances recovery-oriented practices.
- **A Procurement strategy:** that preferences community-based, culturally safe service delivery and lived experience.

3. UNCRPD at the core of planning, development and implementation

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) must be at the heart of any foundational support system for mental health and disability services.

Embedding disability rights, inclusion, and autonomy into service design is not just a matter of legal compliance. But an investment in the wellbeing and dignity of all people, particularly those whose voices have historically been marginalised^{xvi}. For these reasons, disability rights should guide the development, implementation, and evaluation of Foundational Supports to ensure accessibility, non-discrimination, and meaningful participation.

Why Incorporate UNCRPD Principles in Co-Design?

For Australia to meet its obligations under the UNCRPD, it must ensure that mental health and disability services are person-centred, community-driven, and peer-led. This means going beyond service provision and ensuring that people with lived experience are integral to co-designing the solutions that best meet their needs. As the Not Before Time^{xvii} report highlights, the current system has often caused harm, particularly to people with psychosocial disability, by using restrictive and dehumanizing practices such as seclusion, restraint, compulsory treatment, and substitute decision-making. These practices perpetuate trauma and exclusion, making it clear that a rights-based, inclusive approach is long overdue.

For individuals already at the intersection of multiple disadvantages—such as First Peoples, LGBTIQ+ communities, and those experiencing socio-economic disadvantage—the need for co-designed, culturally safe, and person-led support is paramount. These communities have often been excluded or underserved by traditional systems, leaving them at greater risk of trauma and marginalization. Therefore, trust and buy-in from these communities is crucial. Services that are designed without their input often fail to address the unique barriers and challenges they face. This is why community-led, and peer-informed supports are vital for restoring trust in services and equitable outcomes.

By aligning with the UNCRPD, we recognise that people with psychosocial disabilities are not passive recipients of care, but active participants in shaping their own futures. The co-design process, which places consumers at the heart of decision-making, is the most effective way to ensure full citizenship of people with psychosocial disability.

Realising the benefits of the UNCRPD

Investing in inclusive, rights-based supports creates a healthier, more productive society where people with psychosocial disabilities contribute to the workforce and enrich cultural and social life.

Fully realizing disability rights reduces crisis interventions, boosts independence, and improves mental health, offering a cost-effective alternative to crisis-driven systems and long-term institutional care. Implementing the UNCRPD in Foundational Supports meets international obligations while unlocking individual and community potential, fostering a stronger, more resilient society where everyone can thrive.

Key Points:

- **Co-design:** Foundational Supports must be co-designed with people with lived experience, ensuring trust and buy-in from diverse communities, particularly those who are marginalized or hard to reach.
- **Cultural safety and self-determination:** Services must be culturally appropriate and safe for First Peoples, LGBTIQ+ peoples, and others at the intersection of disadvantage, ensuring that their specific needs and experiences are reflected in the design and delivery of services.
- **Accountability:** Governments and service providers must be held accountable to the principles of the UNCRPD, integrating these principles into governance, service planning, and delivery to ensure social inclusion, autonomy, and participation for all.
- **Monitoring and Evaluation:** A robust system of monitoring and evaluation must be in place to ensure services remain responsive, inclusive, and aligned with disability rights.
- **Workforce and procurement:** Preference organisations with demonstrated commitment to the social model of disability with strong community connections and lived experience workforce and management.

4. Make the system work for everyone

Strong Collaboration Between Governments

To build an effective foundational supports system, we must prioritize collaboration between federal and state governments. This simplifies processes and prevents the shifting of responsibilities that can lead to inaction and harm. Governments must establish clear roles, with consumer representation at the core of planning and decision-making. Joint responsibility between state and federal governments ensures accountability, eliminates delays, and fosters effective solutions. Advocacy organizations, particularly those with lived experience, must be involved in co-designing and delivering the system to ensure it is reliable, responsive, and built on trust.

Fund Proactive Outreach

Outreach should be resourced in two ways:

1. To actively locate and connect with individuals who may be eligible for Foundational Support but are isolated and not seeking help, as demonstrated in Mental Health Australia's Community Connectors program for people experiencing homelessness, and Community Mental Health Australia's Assisting Communities through Direct Connection (ACDC) Project^{xviii}.
2. As a standard model to maintain ongoing support for Foundational Support participants in their communities or homes, rather than requiring them to visit a centre. Engaging with people in their own environments helps identify barriers and opportunities, enabling more effective support.

No Wrong Door

Foundational Supports must be available to all including NDIS participants but without diagnostic requirements. This insures responsive, inclusive services based on need.

In addition, a dedicated 1800 number and online portal staffed with real people with lived experience to help guide individuals to local Navigators familiar with available services. These systems must conduct ongoing gap analyses to identify missing services and ensure that findings are reported regularly to relevant agencies or ministers.

CMHA Requests:

- **Ensure bilateral agreements:** Foster joint responsibility between governments and integrate consumer representation into all planning and decision-making processes.
- **Fund proactive outreach:** Provide both centralised and decentralised options for people in their communities.
- **Implement a “No Wrong Door” Approach:** Make Foundational Supports universally available, based on need, without regard to NDIS status or diagnosis.
- **Create a National Point of Contact:** Establish a 1800 number and online portal with real people to connect individuals to services and perform ongoing gap analysis.

5. Early intervention

The Disability Royal Commission (DRC) has called for the elimination of Restrictive Practices (RP), including seclusion, physical restraint, chemical restraint, and environmental restraint, which are forms of legalised torture^{xix}. These practices inflict long-term psychological harm and are a legacy of the Medical Model of Disability, causing greater damage than the conditions they were intended to address. They are overused across disability, mental health, education, and aged care sectors, imposing significant social costs.

Early intervention and positive behaviour support are essential to prevent the need for restrictive practices. Schools, for example, often fail to provide adequate services such as access to behaviour specialists, resulting in children with disabilities being stigmatised and traumatised. This failure is not just due to funding shortfalls but also because services operate in silos, failing to address complex behavioural needs effectively. Claims that schools can meet these needs independently are consistently proven false^{xx}. Proactive, inclusive support is less disruptive than the unmanaged behaviours and harmful use of restrictive practices.

Diversionsary Programs and Access to Justice

The most critical intervention to eliminate restrictive practices is to prevent children—particularly Aboriginal and marginalized youth—from entering the criminal justice system. Incarcerating children is not only a systemically racist^{xxi} and abusive policy^{xxii}, but it also perpetuates intergenerational trauma, increases suicide rates, worsens educational outcomes, and reduces life expectancy. It reinforces the disparities that Closing the Gap sets out to address.

Instead of punishment, we must prioritize diversionary programs that keep children out of the justice system. At the very least, Foundational Supports should be embedded within pre- and post-sentencing programs, ensuring that early intervention and social prescribing are used as alternatives to incarceration. Culturally safe, trauma-informed, and community-led solutions help prevent contact with the justice system and empower children with the tools to succeed in life.

The Financial and Social Costs of Incarcerating Children

Jailing a child costs approximately \$2,000 per day (\$750 000 PA), leading to lifelong harm, psychosocial disability, and entrenched disadvantage. If we reallocated even a fraction of this budget to social prescribing and community-led services, we could unlock the potential of young people, helping them grow, learn, and contribute positively to society.

Although DSS does not control incarceration policies, access to diversionary supports falls squarely within their remit. The financial savings from preventing incarceration—and the long-term benefits of investing in socially inclusive, community-based programs—vastly outweighs the costs of perpetuating a punitive system that brutalises children.

The Need for a Holistic Approach

Eliminating restrictive practices and investing in early intervention is both a moral and financial necessity. Grounded in rights-based principles, this approach upholds dignity and self-determination. A trauma-informed, community-led model shifts from punitive systems to transformative, life-affirming support.

CMHA Requests:

- **Shift from Punitive to Preventative Approaches:** Focus on preventative, rights-based approaches, emphasizing support and inclusion over punishment and restrictive practices.
- **Integrate Foundational Supports in Justice Programs:** Embed Foundational Supports in pre- and post-sentencing programs to provide community-based support and prevent incarceration.
- **Invest in Early Intervention and Behaviour Support:** Fund positive behaviour support and early intervention programs in schools and communities to address challenging behaviours and phase out restrictive practices.
- **Ensure Culturally Safe Services:** Co-design programs with Aboriginal, LGBTIQ+, CALD and other communities to ensure culturally safe and effective support.

6. Build advocacy into the model

Advocacy is essential in the provision of Foundational Supports, ensuring services are co-designed, culturally safe, and responsive to the needs of marginalised communities. Advocates play a key role in ensuring services are inclusive, accountable, and effective, particularly for communities that have been historically excluded.

Co-design and Partnerships

Incorporating advocacy organisations into the co-design of services ensures they meet the needs of people with lived experience, especially those from Aboriginal and other marginalised communities. As noted by Aboriginal consumers at the DSS Foundational Supports Roundtable^{xxiii}:

"We've felt excluded from consultations on FS and fear having yet another thing done to us. We need our advocates—people we trust—involved in a co-design process that is safe," Kerryann Stanley, First Peoples' Disability Network.

This highlights the need for trusted advocates with lived experience guiding safe, culturally sensitive service development.

Cultural Safety

Advocacy organisations are key to ensuring that Foundational Supports are culturally safe, and services are responsive to the needs of First Nations communities and diverse groups. Their involvement helps address systemic mistrust through self-determination and human rights-based service design.

Accountability, Monitoring, and Evaluation

Advocates ensure that service providers are accountable for the design, delivery, and outcomes of Foundational Supports. By providing feedback, monitoring, and conducting ongoing evaluations, advocacy organizations ensure services remain effective, inclusive, and responsive to the needs of all participants. This ensures services are not only aligned with principles of social justice but are also continuously improving.

CMHA Requests:

- **Fund and empower advocacy organisations and advocacy peaks, including Community Mental Health Australia** to participate in co-design, governance, and delivery of Foundational Supports.
- **Surety of funding:** 5-year contracts to insure stability and continuity of services.
- **Ensure advocacy groups are involved in culturally safe service design** to address the needs of Aboriginal and marginalised communities.
- **Support advocacy organisations in monitoring, evaluating, and providing accountability** for service delivery, ensuring responsiveness and continuous improvement.

- **Recognise the critical role of advocacy in building trust and engagement** with people with lived experience, particularly in historically underserved communities.

7. Housing and cost of living

The cost-of-living crisis is a significant driver of mental distress, particularly for people with a psychosocial disability. High housing costs, rising rent, and a lack of affordable housing put pressure on individuals, exacerbating mental distress. Studies consistently show that economic hardship—including the inability to meet basic living expenses—is closely linked to poor mental health and can significantly reduce quality of life.

Fair and equitable income transfers are a crucial part of addressing these challenges. Income support payments like Jobseeker, Youth Allowance, and the Disability Support Pension (DSP) must be set at a level that ensures people can meet their basic needs—including housing, food, healthcare, and transport—without constantly worrying about how to make ends meet. The ACOSS and PWDA Suicide Prevention Strategies highlight that current rates of income support are too low to provide financial security, leaving many people vulnerable to mental health decline and, in some cases, suicide.

Additionally, the ACOSS strategy^{xxiv} calls for a minimum income standard to be adopted, with Newstart (now Job Seeker) suggested to be raised to at least \$70 a day to ensure that it is in line with the actual cost of living. This is a critical step toward alleviating financial stress and helping people to live with dignity and stability.

Another key issue is the need to remove punitive mutual obligations^{xxv}. Currently, many income support recipients face punitive requirements that exacerbate mental health difficulties, leading to feelings of shame, stigma, and disempowerment. These obligations should be replaced with supportive, person-centred approaches allowing people to focus on their recovery and personal goals, without fear of penalties for non-compliance with arbitrary mutual obligation requirements.

Affordable housing is a key pillar in improving mental health outcomes. People need stable housing to thrive, but many people with mental illness face severe housing insecurity. Government investment in affordable and social housing is essential to prevent homelessness and ensure that people have access to safe, secure, and stable accommodation. Housing must be viewed as a basic human right.

CMHA Requests:

- **Increase Income Support Payments:** Raise Job-Seeker, Youth Allowance, and Disability Support Pension (DSP) to a liveable rate, with ACOSS recommending a minimum of \$70 per day for Newstart.
- **Remove Punitive Mutual Obligations:** Replace punitive mutual obligations with supportive, person-centred approaches that focus on individual well-being, recovery, and sustainable participation.

- **Increase government investment in social and affordable housing:** Ensuring people with lived experience of mental illness, have access to safe, secure, and affordable accommodation. Prioritise housing-first models that integrate housing with mental health and community support services.

Conclusion

When the NDIS reached maturity in 2019, Tier 2 (Foundational) Supports mostly disappeared because it was assumed they would no longer be required. This led to a tsunami of unmet need engulfing emergency hospital admissions as well as a rise in incarcerations and suicidality. Despite the Productivity Commission's 2020 report highlighting this gap and the estimated \$20 billion in benefits from investing in mental health, progress has remained stagnant, resulting in tragic human consequences at enormous economic cost.

The substantial unmet need for psychosocial support, particularly for individuals with severe and moderate mental health conditions, highlights the urgent need for increased resources, and a rights-based approach to service delivery. This requires immediate co-production work in identifying the role and development of Foundational Supports.

By embedding the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) into service design and implementation, people with lived experience are central to decision-making processes. The role of lived experience needs to be prioritized in government procurement and service delivery strategies, as well as bi-Lateral agreements to ensure that the system works. Equally important is the creation of a well-supported workforce to drive system transformation. This includes empowering local, trauma-informed services, integrating social prescribing, and amplifying the role of peer workers and lived experience experts.

Key recommendations for advancing this transformation include adopting a "no wrong door" approach to service access, strengthening collaboration between state and federal governments, and investing in early intervention, particularly in the education and justice systems. By prioritizing cultural safety, fostering accountability through advocacy, and ensuring services are responsive to the needs of all individuals, we can create a mental health system that truly supports the well-being, autonomy, and dignity of everyone.

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^{xxiii} *disability advocacy network australia 2024, issues paper on foundational supports and disability advocacy: <https://www.dana.org.au/fs-and-advocacy/>*

^{xxiv} *acoss 2024: <https://www.acoss.org.au/wp-content/uploads/2024/10/suicide-prevention-strategy-.pdf>*

^{xxv} *the antipoverty centre 2024: <https://engage.dss.gov.au/wp-content/uploads/2024/03/antipoverty-centre.pdf>*