

Science.  
Compassion.  
Action.

# Federal Pre-Budget Submission 2025–26

January 2025

## Executive Summary

Black Dog Institute (BDI) is a global leader in mental health research and the only Medical Research Institute in Australia dedicated to understanding mental health across the lifespan—from childhood through to later life.

Over the past decade, rates of psychological distress have risen significantly, placing increasing pressure on individuals, families, and the mental health system.<sup>1</sup> While both Federal and State Governments have made well-intentioned investments in mental health services and system reform, the growing demand for support highlights the urgent need for evidence-based programs and policy solutions. Now, more than ever, it is critical to ensure that investments align with both Government and the community requirements to improve mental health outcomes.

BDI is proud to be a trusted partner of Government. For many years BDI has provided rigorous research, innovative programs, and expert advice to assist evidence-based policy formation and effective service delivery. We welcome the opportunity to continue working alongside the Federal Government to drive meaningful change and ensure that every Australian has access to the mental health support they need.

### Investments

The Government has made clear its objectives for improving mental health outcomes for Australians. BDI proposes that the Government make four targeted investments in the upcoming budget to ensure key mental health objectives become a reality.

Government Objective	Recommended Investment
Reforming mental health and suicide prevention system to ensure it meets consumer needs	Mental health system reform in two key areas: <ul style="list-style-type: none"> <li>• Workforce recruitment and retention</li> <li>• Better integration between State and Federally funded services</li> </ul>
Effectively implementing the minimum age limit on social media	Gold standard, expert evaluation of the short and long term impacts of proposed social media reforms on youth mental health.
Working in genuine partnership with First Nations people to improve Social and Emotional Wellbeing outcomes	A comprehensive Social and Emotional Wellbeing training program for First Nations healthcare workers employed by ACCHOs and PHNs.
Effective, long term support of the mental health and wellbeing of Emergency Services Workers	Four-year secured funding to ensure the continuation of the National Emergency Worker Support Service (NEWSS).

<sup>1</sup> University of Melbourne. 2024.

## Introduction

Black Dog Institute (BDI) acknowledges and commends the work of successive governments in investing in mental health. Ministers Butler and McBride have been dedicated advocates for the sector and have engaged constructively throughout the term.

Despite promising steps being taken in successive budgets during this parliament, the rate of psychological distress continues to rise amongst individuals, families and communities across Australia.<sup>2</sup> This increasing demand for mental health support is putting continued pressure on the health system, reinforcing the urgent need for systemic reform and investment in evidence-based policies and programs to reduce distress and improve outcomes.

BDI is committed to helping the Government meet its objectives in mental health and proposes targeted, cost effective investments in the following areas:

**Systemic Mental Health** – Fewer Australians can access timely and affordable mental health care.<sup>3</sup> BDI recommends that the Government target evidence-based reform in workforce and integration to increase both the access to, and quality of, care.

**Social Media** – Australia is appropriately viewed as leading the world in terms of reforms to social media access for young people. It will be crucial to monitor and evaluate the impact of the ban so that policymakers can make the best evidence based decisions about social media reform now and into the future.

**First Nations** – Historical marginalisation and systemic racism continue to drive higher rates of psychological distress and suicide among First Nations people.<sup>4</sup> Recruiting and maintaining a skilled First Nations Healthcare workforce, employed through Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) will be critical to improving these outcomes.

**Emergency Services Workers** –Emergency Services Workers experience significantly higher rates of PTSD and other mental health conditions compared to the general population.<sup>5</sup> Given their vital role in responding to some of Australia's most challenging crises, it is essential to secure long-term funding for effective, specialised mental health services that address their unique needs.

---

<sup>2</sup> University of Melbourne. 2024.

<sup>3</sup> Black Dog Institute. 2024 (1).

<sup>4</sup> National Indigenous Mental Health and Suicide Prevention Clearinghouse. 2024 & Page et al. 2024.

<sup>5</sup> Australian Bureau of Statistics 2024 & Kyron MJ et al. 2022

# Systemic Mental Health Change

## Opportunity

The Government has taken a significant step forward with the development of the 10-year National Mental Health Workforce Strategy. The plan aims to “attract, train, maximise, support, and retain” a highly skilled workforce.<sup>6</sup> As Minister Mark Butler stated in October 2023:

---

*The quality of the mental health system relies on its workforce. Australians deserve a mental health care system where people can get compassionate help from highly skilled professionals. – Minister Butler, October 2023<sup>7</sup>*

---

To achieve this vision, the Strategy must now be fully funded and implemented based on the latest evidence. Black Dog Institute, as a global leader in mental health research and workplace wellbeing, is uniquely positioned to partner with the Government to ensure its success.

Australia’s mental health system is under increasing pressure. Despite the best efforts of Governments, the statistics are concerning:

- Rates of psychological distress continue to rise.<sup>8</sup>
- Young Australians aged 18–24 are now experiencing the highest levels of mental ill-health in recorded history.<sup>9</sup>
- More than 2.3 million Australians aged 16–85 who need mental health care are not receiving it.<sup>10</sup>

For those who do seek help, the system can often fall short. Fewer than one in four patients report receiving timely and appropriate care, and only 37% feel they receive the support necessary to improve their mental health.<sup>11</sup> We all need to work together to ensure that help is accessible, affordable, and effective. To create a system that Australians can trust, additional investment is needed in two key areas: workforce recruitment and retention and system integration. Black Dog Institute is happy to provide further consultation and advice on how to effectively make these changes.

---

<sup>6</sup> Department of Health and Aged Care (2). 2023.

<sup>7</sup> Department of Health and Aged Care (1). 2023.

<sup>8</sup> University of Melbourne. 2024.

<sup>9</sup> Black Dog Institute. 2024 (1).

<sup>10</sup> Ibid

<sup>11</sup> Ibid

## Workforce Recruitment

On the issue of overall workforce recruitment, there is currently an estimated 32% shortfall in mental health workers when compared to the workforce required to meet community demand for mental health services, as estimated by the National Mental Health Service Planning Framework (NMHSPF).<sup>12</sup> This shortfall is expected to grow to 42% by 2030 if current shortages are not addressed.<sup>13</sup> Workforce growth is one area in particular that requires both Federal and State Governments to work together to address. In light of this, Black Dog Institute recommends the following:

1. **Funding review** – Federal and State Governments should use the National Mental Health and Health Ministers’ Meeting as a forum to discuss sustainable funding increases for the mental health system and workforce. The National Mental Health and Suicide Prevention agreement (currently under review) should include a renewed funding mechanism to address workforce.

## Workforce Retention

Retention of mental health professionals is a complex challenge, but significant advancement could occur by addressing two critical areas:

1. **Building better workplaces:** Flexible working arrangements and robust onboarding programs have been shown to enhance job satisfaction and reduce attrition, particularly for early-career professionals.<sup>14</sup>
2. **Addressing reasons to resign:** The most common reasons for health professionals leaving their job are job satisfaction, work-life balance and social support. Any intervention needs target these reasons to be effective.<sup>15</sup> For mental health nurses, targeted programs must also address burnout and morale distress—these are two additional significant contributors to workforce attrition for nurses.<sup>16</sup>

## Supporting and growing the Lived Experience Workforce

To ensure the sustainability of the lived experience workforce, three principles should guide reform implementation:

1. **Empowerment** – International data suggests that lived experience workers are most effective at assisting recovery when they improve psychosocial outcomes, such as feeling of empowerment.<sup>17</sup> The lived experience workforce should therefore focus on points in the patient journey where psychosocial stress occurs most, such as navigating the relational impacts of the care journey.

---

<sup>12</sup> Department of Health and Aged Care 2. 2023.

<sup>13</sup> Ibid

<sup>14</sup> Aust et al 2023 & De Vries 2023.

<sup>15</sup> Aust et al 2023 & De Vries 2023.

<sup>16</sup> Adams 2021

<sup>17</sup> Shalaby 2020 & White 2020

2. **Integration** – Embedding peer workers within clinical care teams maximises their impact.<sup>18</sup> The most notable benefits of peer workers are when they are integrated into clinical care, rather than viewed as outside the professional care team.<sup>19</sup>
3. **Enhancement** – The lived experience workforce should be positioned as complimentary to, not replacing, professional clinical care. While lived experience workers can provide real benefits, they are most effective when they are working alongside professional care.<sup>20</sup>

### **National Standards for low intensity psychological intervention.**

When the National Early Intervention Service (NEIS) is implemented, Australia will expand its workforce to include low-intensity psychological practitioners. To ensure this has the desired impact, national standards should address four key areas:

1. **Cultural responsiveness**– In some studies of the Improving Access to Psychological Therapies program in the UK (IAPT), cultural competency training can be inconsistent, leading to cultural dissonance and disconnection with patients.<sup>21</sup> Cultural responsiveness will be an essential component of delivering low intensity care and it should be a clear requirement within the national standards.
2. **Measurement** – Providers should adhere to evidence-based protocols. In practice this means that NEIS staff and others endorsed to provide low intensity services should be supported to learn effective treatment protocols and measure their adherence.<sup>22</sup>
3. **Referral pathways** – Early identification of patients who need high-intensity care but are not benefitting from the service is essential. This ensures timely escalation of issues so that positive mental health outcomes can be maximised.<sup>23</sup>
4. **Proactively address workforce retention** – IAPT data suggests that retention may be essential to the success of the NEIS. The Government should support practitioners in managing high caseloads to prevent burnout, particularly during the early stages of their careers.<sup>24</sup>

---

<sup>18</sup> Ibrahim 2020

<sup>19</sup> Gillard 2014

<sup>20</sup> Shalaby 2020

<sup>21</sup> Faheem 2023

<sup>22</sup> Bateup 2020.

<sup>23</sup> Firth 2015 & Delgadillo 2014

<sup>24</sup> Firth 2015 & Bruun 2023 & Owen 2021

## Integration

Australia's mental health system is often described as a myriad of federal initiatives, state services, and private practitioners. This leaves many Australians—particularly those with severe and complex mental health concerns— confused about how to access the care they need. This group, referred to as the "missing middle," includes an estimated 58,000 people in NSW alone.<sup>25</sup>

To bridge this gap, Australia should urgently develop a clear plan for mental health reform. This should include the following four recommendations:

1. **Understanding the missing middle** – To ensure system reform effectively reaches the right people in a timely manner, the government should support research quantifying the epidemiological characteristics of the so called 'missing middle'. Evidence should also be obtained from the lived and living experience of patients who must navigate mental health system gaps. This can then lead to the development of new models of care.<sup>26</sup>
2. **Review Medicare Mental Health Centres** – Medicare Mental Health Centres could play an expanded role in addressing the needs of this group. To maximise their impact, the commissioning and service model guidelines should be reviewed to ensure they are effectively bridging this gap and providing accessible, high-quality care.
3. **Trial research-based models of care** –The Australian Government should explore the Collaborative Care Model (CCM). In this model, a primary care provider leads a team of behavioural health care managers and psychiatrists/ psychologists in order to deliver patient centred care. It led to very promising results.<sup>27</sup> In Australia, CCM could be used to expand the capacity of primary care to deliver mental health services beyond GP consultations.
4. **Review Medicare Item Numbers** – BDI acknowledges the recent changes to Medicare Item Numbers to support mental health case conferencing.<sup>28</sup> However, further reforms are needed to other mental health item numbers, like Medicare Item Numbers 291, 293 and 296, which could be better used to promote more shared care between GPs and psychiatrists, reduce waiting times to see specialists and enhance collaboration and patient care.

---

<sup>25</sup> NSW Health. 2024.

<sup>26</sup> Larkin 2015. & Vargas 2022

<sup>27</sup> Archer 2012 & Holmes 2022

<sup>28</sup> Royal Australian College of General Practitioners. 2023.

# Social Media Evaluation

## Government Reform

The Government has recently introduced plans for a mandated age limit for social media accounts:

---

*“Platforms have a responsibility to provide safe products and look after the mental health of young Australians” – Minister Michelle Rowland, 21 November 2024.<sup>29</sup>*

---

This reform is appropriately viewed as world leading. This is in response to the high levels of psychological distress felt by Australian’s youth. Concerningly, despite the best efforts of Government over many years, distress levels continue to increase.<sup>30</sup>

## Measuring the Impact of these Reforms

To ensure that the social media policy is effective and having its intended impact in reducing psychological distress in young people, it is vital that the impacts of these restrictions are closely monitored.

Black Dog Institute (BDI) is uniquely positioned to lead an evaluation of this landmark policy reform. As a leading mental health medical research institute, BDI has extensive experience in this area and is currently leading the Future Proofing Study — the most comprehensive longitudinal survey of adolescent mental health in Australia.<sup>31</sup>

## Critical Investment

BDI proposes a longitudinal study spanning three years. It would involve:

- 5,000 Australian adolescents (aged 10–15 years at baseline in 2025);
- Their parent/caregiver;
- An accompanying sub-study to provide real-time data on the immediate impacts of the reform.

The aim of this research is to identify the impact of the introduction of social media restrictions on the mental health and lives of young people and their families. Specifically, we propose researching the impact of social media restrictions on:

1. Social media use and general online experiences among young people (including exposure to harmful online material).
2. The mental health and wellbeing of young people.

---

<sup>29</sup> Michelle Rowland. 2024.

<sup>30</sup> University of Melbourne. 2024

<sup>31</sup> Black Dog Institute. 2024.

3. Lifestyle factors (e.g., sleep, physical activity), relationships (e.g., in-person interactions, bullying, cyberbullying), school factors (attendance, performance), and daily functioning.
4. The impact on parents and families (e.g., family functioning, parental boundaries for child screen use).

Additional research will be conducted via an embedded sub-study delivered when the restrictions are implemented. This will evaluate the immediate changes in social media use and mental health at the time that the restrictions are introduced. This will be addressed by collecting real time data on social media use by young people before and after the introduction of the restrictions.

This evaluation will provide critical evidence to inform policymakers about the effectiveness of age-based social media restrictions in improving adolescent well-being and reducing mental health harms and offer suggestions for further reform into the future. To be most useful, this program of research needs to begin urgently in order to allow adequate data collection before the changes are implemented.

### **Partnerships**

To ensure that we can provide a gold-standard evaluation, we propose that we would partner with other experts, and leading mental health and social research organisations including:

- The Matilda Centre at the University of Sydney (Profs Chapman and Slade)
- The UNSW School of Psychology (A/Prof Schweizer)
- The UNSW Discipline of Psychiatry & Mental Health (Prof Dean)
- The UNSW Social Policy Research Centre (Prof Katz)
- The Australian National University (Prof Batterham)
- University of Cambridge, UK (Dr Orben)

This research has already garnered global interest, including from the UK. Led by one of the investigators on this project, Dr Amy Orben (University of Cambridge), we propose that a control cohort arm of this study will be conducted in the UK, to which the Australian data can be compared. The UK Department of Education have expressed interest in funding this UK-based control cohort.

# First Nations SEWB Training

---

*The Australian Government is working every day to create stronger, healthier communities to close the gap for First Nations people and turn the tide on First Nations health outcomes– Minister McCarthy, October 2023.<sup>32</sup>*

---

## Opportunity

The lasting impacts of colonisation continue to profoundly impact the mental health and wellbeing of First Nations people. Institutionalised racism, dispossession and disconnection from land, culture and community continue to have far-reaching impacts on Social and Emotional Wellbeing (SEWB). This perpetuates the cycles of disadvantage and distress, culminating in far higher rates of psychological distress and death by suicide amongst First Nations peoples.<sup>33</sup>

Addressing these challenges requires acknowledging this history and its ongoing effects while working collaboratively with First Nations communities to foster healing and resilience. A key component for this involves attending to SEWB of the First Nations Health workforce itself.

First Nations healthcare workers play a vital role in addressing the SEWB needs of First Nations communities, yet their numbers remain limited and turnover remains high.<sup>34</sup> These healthcare workers are exposed to significant SEWB challenges and heightened rates of death by suicide, due to high-stress environments, exposure to complex mental health issues, and systemic inequities. First Nations health workers and health professionals face additional burdens from institutional racism, lateral violence, and the ongoing impact of colonial load. These stressors often lead to disproportionate rates of burnout, compassion fatigue, suicide, and vicarious trauma, negatively affecting workforce retention and organisational capacity.

## Investment

BDI recommends a comprehensive SEWB training program for First Nations health workers and health professionals.

It is designed to address these challenges through tailored online modules for the First Nations health workforce who work in Aboriginal Community Controlled Health Organisations (ACCHOs) and are involved in primary care through Primary Health Networks (PHNs). The program will include strategies to prevent burnout, enhance emotional resilience, and build culturally responsive workplaces. By embedding long-term, sustainable practices, this program aims to improve Aboriginal Health Workers' (AHW) and Aboriginal Health Professionals' (AHP) retention and effectiveness while fostering inclusive organisational cultures.

---

<sup>32</sup> Department of Health and Aged Care. 2024.

<sup>33</sup> National Indigenous Mental Health and Suicide Prevention Clearinghouse. 2024 & Page et al. 2024.

<sup>34</sup> Lai et. Al., 2018

The training modules will be co-designed with input from representative First Nations workers and practitioners nationally. This ensures that they address the specific emotional, cultural, and systemic challenges First Nations workers face. The modules will focus on:

- Strategies for managing the emotional demands of healthcare roles, including addressing coping with complex trauma presentations, compassion fatigue and vicarious trauma.
- Addressing systemic issues such as institutional racism and lateral violence.
- Supporting cultural obligations while maintaining work-life balance.
- Building emotional capacity and resilience to prevent burnout.
- Content will be delivered through online modules and online resources, ensuring accessibility for health workers in diverse settings nationally.

The program will specifically target First Nations workers and practitioners and their unique, complex working environments. Black Dog Institute is exceptionally positioned to deliver this resource, given its extensive experience and ongoing capacity to provide evidence-based training to large audiences. Each module will last between 30–60 minutes, tailored to meet the needs of participants, their organisations, and their available capacity for engaging online. Participants will gain the skills to:

- Recognise signs of burnout and implement effective interventions.
- Manage the cultural and emotional demands of their roles.
- Contribute to creating culturally responsive and supportive workplace environments

## **Experience and Sector Engagement**

The proposed program will be headed by the First Nations Directorate and Workplace Wellbeing team in Black Dog Institute and delivered in partnership with Indigenous Allied Health Australia (IAHA) and other key stakeholders. It will draw on extensive experience in workforce wellbeing and applied research. BDI's approach integrates evidence-based practices, the lived experiences of health workers, and insights from community leaders to ensure the program is both culturally relevant and impactful.

BDI is uniquely positioned to implement this service, leveraging its extensive track record in large-scale research and service delivery. Moreover, BDI is deeply committed to being a trusted partner to First Nations communities, focusing on improving social and emotional wellbeing through collaborative, evidence-based approaches. Its partnership with Indigenous Allied Health Australia further strengthens this commitment, ensuring that services are informed by best practices to support the unique wellbeing needs of First Nations health workers and professionals.

## NEWSS

### Opportunity

Black Dog Institute welcomes the investment made by the Government in the Mid-Year Economic Fiscal Outlook for a one-year extension of funding available for Emergency Services Worker (ESW) mental health. This will ensure that the mental health of these frontline workers is safeguarded for another 12 months. It also ensures they have timely and continued access to proven, evidence-based support for this same period. By prioritising their wellbeing, we not only help them recover but also enhance the resilience of our emergency services sector in the face of future challenges.

Now it is time to ensure these services are available on a permanent basis.

### Background

Australia's Emergency Services sector plays a vital role in the nation's ability to respond to and recover from natural disasters. At its heart are ESWs who show exceptional courage in confronting some of the country's most challenging crises.

However, the mental health of ESWs is an area of increasing concern. Compared to the general population, ESWs are more than twice as likely to experience post-traumatic stress disorder (PTSD) and three times more likely to develop a suicide plan.<sup>35</sup> These risks are exacerbated by the growing frequency and intensity of natural disasters, leading to a higher prevalence of trauma-related conditions.

With 370,000 ESWs across Australia and approximately 80,000 responding to each major disaster, the stakes are high. It is estimated that 10% of those exposed to a major disaster will develop PTSD or a related condition, with cumulative trauma posing a significant long-term risk. Alarming, half of ESWs experiencing mental health issues do not seek the care they need, and when they do, delays often result in more severe psychological distress.<sup>36</sup>

### Black Dog Institute NEWSS Program

Black Dog Institute's National Emergency Service Worker Support Service (NEWSS):

- supports ESWs with gold standard, free and confidential mental health care.
- delivers world leading long-term PTSD recovery rates of 70-80%, which is double other non-specialised treatments.

The service was co-designed with a dedicated Lived Experience advisory board which comprises representatives from across the Emergency Services sector including union representation. The service has four components:

- **Awareness and education:** 230,000 people have accessed BDI's evidence-based education and awareness resources.

---

<sup>35</sup> Australian Bureau of Statistics 2024 & Kyron MJ et al. 2022

<sup>36</sup> Beyond Blue Ltd. (2018)

- **Assessment and Referral:** 38,000 emergency service workers have completed our online mental health check and referral, helping them to access the care that they need.
- **Capacity Building:** 990 healthcare professionals have been trained in our evidence-based care, with a population reach of 20,000 emergency services workers.
- **Specialised Clinical Care:** Over 3359 sessions of specialised clinical treatment have been delivered to emergency service workers, with a long-term recovery rate of 70%

### Making the Investment Permanent

Black Dog Institute recommends that the Government provide four-year funding, via tender, to ensure the continuation of the National Emergency Worker Support Service (NEWSS) or a similar program by another organisation. Since the Black Summer Bushfires of 2019/20, BDI has partnered with the Government to deliver critical mental health support to ESWs.

During this time, the engagement with ESWs has underscored the importance of services that are independent of their agencies and available long-term. This provides a trusted space they can return to whenever the need arises.

However, the short-term nature of existing funding has implications for the stability of this vital service, creating uncertainty for ESWs who rely on its support.

There is also an opportunity for the Government to make an additional investment. Increased funding will be crucial to address rising demand that is being driven by the increasing frequency and severity of climate-related natural disasters. For the Albanese Government, this investment will also align with a key action of the National Disaster Mental Health and Wellbeing Framework—establishing robust training and support systems for emergency services workers.<sup>37</sup>

---

<sup>37</sup> National Emergency Management Agency. 2024.

## About Black Dog Institute

We all know mental health in Australia needs to be better. And that's our goal at Black Dog Institute. As a global leader in mental health research and the only Medical Research Institute in Australia to investigate mental health from childhood through the later stages of life, we know there is no one-size-fits-all solution to the challenges we're facing together.

Our research findings give us hope for the future. And by rapidly translating our research into evidence-based programs, services, and products, that hope can become reality. We want the best information we have available to be in the hands of the people who need it. To assist them, their loved ones, their students, their workplaces, and their communities.

The Institute is proud to be a trusted partner of government, clinicians, First Nations leaders, industry, workplaces, schools, and philanthropists across the country. We know that through hard work, continuous knowledge sharing, and being led by evidence, we can help to provide better mental health for all Australians and transform the mental health system.

Our areas of strength include suicide prevention, digital mental health, workplace mental health, new treatments, and prevention in young people. We connect research answers, expert knowledge, and the voices of lived experience – to deliver better solutions across the healthcare system for patients and practitioners alike.

We're for better mental health through:

### Science

Our research identifies the scientific foundations on which we can develop practical and real-world programs. We're always searching for new and better ways to do things and we won't stop there.

### Compassion

We listen and learn from those with lived-experience of mental illness – who know first-hand the mornings, the nights, the moments when someone just wants to feel better, just wants to have a better day. This guides and informs everything we do.

### Action

We connect the dots to turn research into better treatments, programs, policies, workplaces, classrooms and understanding of community and ways for reconciliation and healing.

## Reference list

- Adams R, Ryan T, Wood E. Understanding the factors that affect retention within the mental health nursing workforce: A systematic review and thematic synthesis. *Int J Ment Health Nurs*. 2021;30(6):1476–97.
- Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, et al. Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews*. 2012;(10).
- Aust B, Møller JL, Nordentoft M, Frydendall KB, Bengtsen E, Jensen AB, et al. How effective are organizational-level interventions in improving the psychosocial work environment, health, and retention of workers? A systematic overview of systematic reviews. *Scand J Work Environ Health*. 2023;49(5):315.
- Australian Bureau of Statistics 2024 (2020–2022), National Study of Mental Health and Wellbeing, ABS Website, accessed 1 March 2024.
- Australian Government. *Mid-Year Economic and Fiscal Outlook 2024–25*. 2024. <https://budget.gov.au/content/myefo/download/myefo2024-25.pdf>.
- Bateup SE, Palmer CR, Catarino A. Using technology to understand how therapist variables are associated with clinical outcomes in IAPT. *the Cognitive Behaviour Therapist*, 13, Article e26. 2020.
- Beyond Blue Ltd. (2018). Answering the call national survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final report.
- Black Dog Institute (2). The Future Proofing Study. 2024. <https://www.blackdoginstitute.org.au/research-centres/future-proofing/>.
- Black Dog Institute (1). Time for Bold Reform. 2024. <https://www.blackdoginstitute.org.au/news/addressing-australias-mental-health-crisis-time-for-bold-reform/>
- Bruun MK. 'A factory of therapy': accountability and the monitoring of psychological therapy in IAPT. *Anthropol Med*. 2023;30(4):313–29.
- De Vries N, Lavreysen O, Boone A, Bouman J, Szemik S, Baranski K, et al. Retaining healthcare workers: a systematic review of strategies for sustaining power in the workplace. In: *Healthcare*. MDPI; 2023. p. 1887.
- Delgadillo J, McMillan D, Lucock M, Leach C, Ali S, Gilbody S. Early changes, attrition, and dose–response in low intensity psychological interventions. *British Journal of Clinical Psychology*. 2014;53(1):114–30.
- Department of Health and Aged Care. *\$308 Million for Health Research That Listens to Indigenous Communities*. Australian Government, 2024. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/308-million-for-health-research-that-listens-to-indigenous-communities>.
- Department of Health and Aged Care 1. Building the Workforce to Make Mental Health Care More Available and Equitable. Australian Government, 2023. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/building-the-workforce-to-make-mental-health-care-more-available-and-equitable>.
- Department of Health and Aged Care 2. 2023. National Mental Health Workforce Strategy 2022–23. <https://www.health.gov.au/sites/default/files/2023-10/national-mental-healthworkforce-strategy-2022-2032.pdf>
- Faheem A. 'It's been quite a poor show'—exploring whether practitioners working for Improving Access to Psychological Therapies (IAPT) services are culturally competent to deal with the needs of Black, Asian and Minority Ethnic (BAME) communities. *The Cognitive Behaviour Therapist*. 2023;16:e6.
- Firth N, Barkham M, Kellett S, Saxon D. Therapist effects and moderators of effectiveness and efficiency in psychological wellbeing practitioners: A multilevel modelling analysis. *Behaviour Research and Therapy*. 2015;69:54–62.
- Gillard S, Holley J. Peer workers in mental health services: literature overview. *Advances in psychiatric treatment*. 2014;20(4):286–92.
- Goodrich DE, Kilbourne AM, Nord KM, Bauer MS. Mental health collaborative care and its role in primary care settings. *Curr Psychiatry Rep*. 2013;15:1–12.

- Holmes A, Chang YP. Effect of mental health collaborative care models on primary care provider outcomes: an integrative review. *Fam Pract*. 2022;39(5):964–70.
- Ibrahim N, Thompson D, Nixdorf R, Kalha J, Mpango R, Moran G, et al. A systematic review of influences on implementation of peer support work for adults with mental health problems. *Soc Psychiatry Psychiatr Epidemiol*. 2020;55:285–93.
- Kyron MJ et al. Mental health and wellbeing of Australian police and emergency services employees. *Arch Environ Occup Health*. 2022;77(4):282–292. doi:10.1080/19338244.2021.1893631
- Lai, G.C., E.V. Taylor, M.M. Haigh, and S.C. Thompson. 2018. "Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A Systematic Review." *International Journal of Environmental Research and Public Health* 15(5): 914. <https://doi.org/10.3390/ijerph15050914>.
- Larkin M, Boden ZVR, Newton E. On the brink of genuinely collaborative care: experience-based co-design in mental health. *Qual Health Res*. 2015;25(11):1463–76.
- Looi JCL, Kisely SR, Allison S, Bastiampillai T. Is there a missing-middle in Australian mental health care? *Australasian Psychiatry*. 2022;30(3):323–5.
- Michelle Rowland. Albanese Government Delivers World-Leading Legislation to Protect Children Online. 2024. <https://minister.infrastructure.gov.au/rowland/media-release/albanese-government-delivers-world-leading-legislation-protect-children-online>.
- National Emergency Management Agency. National Disaster Mental Health and Wellbeing Framework. 2024. <https://www.nema.gov.au/sites/default/files/2024-08/28108%20NEMA%20National%20Disaster%20Mental%20Health%20and%20Wellbeing%20Framework%20FA%20v4.pdf>.
- National Indigenous Mental Health and Suicide Prevention Clearinghouse. "Suicide Prevention: Key Statistics." 2024 <https://www.indigenoumshspc.gov.au/Topics/Suicide-prevention#keystatistics>.
- NSW Health. *Mental Health Services Gap Analysis Report*. 2024. <https://www.health.nsw.gov.au/mentalhealth/Documents/gap-analysis-report.pdf>
- Owen J, Crouch-Read L, Smith M, Fisher P. Stress and burnout in Improving Access to Psychological Therapies (IAPT) trainees: a systematic review. *The Cognitive Behaviour Therapist*. 2021;14:e20.
- Page et al. "Estimating the Difference in Prevalence of Common Mental Disorder Diagnoses for Aboriginal and Torres Strait Islander Peoples Compared to the General Australian Population." *Epidemiology and Psychiatric Sciences* 31 (2022): e44. <https://doi.org/10.1017/S2045796022000233>.
- Petrie K, Baldwin P, Crawford J, Harvey SB. The voice of mental health practice in Australia: a mixed-method cross-sectional study of gaps and areas of need. *Aust N Z J Public Health*. 2021;45(4):318–24.
- Royal Australian College of General Practitioners. *MBS Changes for GPs from July 1, 2023*. 2023. <https://www1.racgp.org.au/news/gp/professional/mbs-changes-for-gps-from-july-1-2023>.
- Shalaby RAH, Agyapong VIO. Peer support in mental health: literature review. *JMIR Ment Health*. 2020;7(6):e15572.
- University of Melbourne. HILDA Data Shows Psychological Distress Rising, Loneliness Highest Amongst Young People. 2024. <https://www.unimelb.edu.au/newsroom/news/2024/february/hilda-data-shows-psychological-distress-rising-loneliness-highest-amongst-young-people>.
- University of Melbourne. The Perfect Storm Causing Australians' Psychological Distress. 2024. <https://pursuit.unimelb.edu.au/articles/the-perfect-storm-causing-australians-psychological-distress>.
- Vargas C, Whelan J, Brimblecombe J, Allendera S. Co-creation, co-design and co-production for public health: a perspective on definitions and distinctions. *Public Health Res Pract*. 2022;32(2).
- Vivolo M, Owen J, Fisher P. Building resilience in the Improving Access to Psychological Therapy (IAPT) Psychological Wellbeing Practitioner (PWP) role: a qualitative grounded theory study. *Behavioural and Cognitive Psychotherapy*. 2024;52(2):135–48.
- White S, Foster R, Marks J, Morshead R, Goldsmith L, Barlow S, et al. The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. *BMC Psychiatry*. 2020;20:1–20.



**BETTER  MENTAL HEALTH**

