



FASSTT

The Forum of Australian Services
for Survivors of Torture and Trauma

Final Submission to the Productivity Commission for the National Mental Health and Suicide Prevention Agreement Review

7 August 2025

Introduction

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) welcomes the Productivity Commission's interim report for the final review of the National Mental Health and Suicide Prevention Agreement ('National Agreement').

We value this opportunity to contribute a final submission and respond to the interim report. This submission follows on from the initial submission we provided to the Productivity Commission, during the call for initial submissions in March 2025 (*for reference: submission 65*). We take the opportunity at the outset of this submission to reaffirm the positions and recommendations of our initial submission. We ask that the Productivity Commission continue to give due consideration to the positions and recommendations from our initial submission in its deliberations for the final review, and to accept the contribution we have made in this final submission as both supplementary and complementary to our earlier submission.

We would welcome the opportunity to elaborate further on the information provided in our submissions, which are informed by the specialist expertise, knowledge and experience of our member agencies accumulated through our work with refugee survivors of torture and other trauma.

FASSTT commends the Productivity Commission for the work undertaken so far to produce the interim report and offer our in-principle support for it. We are pleased to see that the Productivity Commission has drafted findings and recommendations in the interim report that seek to strengthen the planning, coordination, delivery, and monitoring of mental health services and programs.

In this final submission, we present the following additional information for the consideration of the Productivity Commission in the conduct of the final review:

- A. Access and equity of mental health services for people from refugee and asylum seeking backgrounds (incorporating a response to *Draft recommendation 4.3: The next agreement should have stronger links to the broader policy environment*)
- B. Responses to select matters from the interim report (in the ascending order that they are presented in the interim report)
 - i. *Draft recommendation 2.1: Deliver key documents as a priority*
 - ii. *Information request 4.3: The PC is seeking views on the value and feasibility of having a public dashboard to track and report on progress under the next agreement's objectives and outcomes and any other measurable targets set throughout. Which bodies should be responsible for the collation and publication of dashboard data? What metrics should be included in the dashboard?*
 - iii. *Draft recommendation 4.4: Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme*
 - iv. *Draft recommendation 4.7: The next agreement should support a greater role for people with lived and living experience in governance*
 - v. *Draft recommendation 4.12: Funding should support primary health networks to meet local needs*

Summary list of recommendations

There is a total of 12 recommendations. This Final Submission contains 5 recommendations (Recommendations 8 to 12), which are in addition to the 7 recommendations from our Initial Submission (Recommendations 1 to 7).

(N.B. The numbering sequence of the recommendations made in this Final Submission follows on from the recommendations in the Initial Submission)

From this Final Submission

RECOMMENDATION 8

FASSTT recommends to the Productivity Commission that future iterations of the National Agreement contain appropriate mechanisms or requirements to facilitate the development of the cultural competence of mainstream mental health services and programs to better serve the needs of people from culturally and linguistically diverse backgrounds, inclusive of the unique and diverse needs of people from refugee and asylum seeking backgrounds.

RECOMMENDATION 9

FASSTT recommends to the Productivity Commission that the consideration of the National Agreement linkages to the broader policy environment includes an examination of the suitability of existing access and equity policy for mental health services and programs, to support the Commonwealth government commitment that all services and programs meet the needs of all culturally and linguistically diverse Australians.

RECOMMENDATION 10

FASSTT recommends to the Productivity Commission that plans for a public data dashboard should include the reporting of CALD-specific data, by codesign and collaboration with relevant stakeholders to determine the key datasets to be collated and to address existing data gaps and cross-jurisdictional inconsistencies.

RECOMMENDATION 11

FASSTT recommends to the Productivity Commission that the funding and provision of psychosocial supports outside the National Disability Insurance Scheme include the commissioning of targeted services that provide trauma-informed, recovery-oriented, and culturally safe and responsive psychosocial supports for people from refugee backgrounds, inclusive of people seeking asylum.

RECOMMENDATION 12

FASSTT recommends to the Productivity Commission that it provides directions in the final review about the need to include opportunities for genuine engagement and involvement (in for example, the codesign of the next National Agreement and the renewed National Mental Health Strategy, and representation in governance) for people with lived and living experience who are from refugee or asylum seeking backgrounds, who may otherwise be regarded by service providers as “hard to reach” or “hard to engage”.

From our Initial Submission

RECOMMENDATION 1

FASSTT recommends to the Productivity Commission that in the conduct of its final review of the National Agreement that it includes a comparative analysis of the quantity of programs, resources and funds targeting priority population groups. This analysis should include details of programs and activities that are delivered by federal and state government services, non-government services, and those delivered in partnership with priority population community organisations.

RECOMMENDATION 2

FASSTT recommends to the Productivity Commission that future iterations of the National Agreement continue to identify priority population groups, with the continued inclusion of people with refugee backgrounds as a priority population group. This must be done alongside the inclusion of specific programs, services, or actions that address the needs relevant for each priority population group, and specify related indicators, measures, and policy or guidance in the agreement or other instruments of the agreement (eg. bilateral schedule).

RECOMMENDATION 3

FASSTT recommends to the Productivity Commission that future iterations of the National Agreement identify people seeking asylum as a priority population with distinct mental health and suicide prevention support needs. This commitment must be undertaken alongside the inclusion of specific programs, services, or actions that address the needs of this cohort, and specify related indicators, measures, and policy or guidance in the agreement or other instruments of the agreement (eg. bilateral schedule).

RECOMMENDATION 4

FASSTT recommends for the Productivity Commission to request a copy of the draft National Stigma and Discrimination Reduction Strategy from the Department of Health and Aged Care, to examine and review as an important aspect of inquiry in the final review of the National Agreement. Additionally, we ask for the Productivity Commission to give consideration to recommending that the government promptly finalise and publicly release the National Stigma and Discrimination Reduction Strategy, in the interest of maintaining accountability and transparency, as a genuine commitment to addressing mental health stigma and discrimination.

RECOMMENDATION 5

FASSTT recommends to the Productivity Commission that the future iteration of the National Agreement recognise the essential need for mental health and suicide prevention programs and initiatives to be co-designed and delivered with priority population communities to effectively address stigma and discrimination, for it to be guided by the lived-experience and cultural expertise of those communities. This complementary commitment will bolster the impact of a national strategic approach to reducing mental health stigma and discrimination.

RECOMMENDATION 6

FASSTT recommends to the Productivity Commission for the ongoing inclusion of PHNs as part of the National Agreement; retaining the initiative's localised approach to the identification of local needs and priorities, and the ability to work with stakeholders, service providers and to commission services to address the identified gaps. We ask for additional consideration to be given to the service commissioning capability of PHNs to enable the funding of longer-term interventions, and the ability to initiate joint service commissioning with neighbouring PHNs.

RECOMMENDATION 7

FASSTT recommends to the Productivity Commission that a national mental health standard on trauma-informed care is developed and implemented as a key priority of the National Agreement. This would ensure that there is a nationally consistent approach to trauma-informed care, reducing potential duplication (noting that NSW Health has developed an integrated Trauma-Informed Care Framework¹), providing a common practice base for all services, and contributing to an improved person-centred service system.

Access and equity of services and programs

FASSTT member agencies report that people with refugee and refugee-like backgrounds who have come to Australia as humanitarian entrants or as asylum seekers, including survivors of torture and other trauma experience barriers to accessing mainstream mental health services and programs for prolonged periods. Their experience sharply highlights that further progress is required to improve access and equity.

These matters have featured significantly, including in the Royal Commission into Victoria's Mental Health System (Volume 3, Chapter 21)², in our previous submissions to the Productivity Commission's inquiry on mental health³, and most recently in the Multicultural Framework Review (2023) which stated:

*"Achieving true health equity in Australia requires dismantling systemic barriers that disproportionately impact communities from diverse backgrounds. Addressing these challenges necessitates a collaborative effort between government, healthcare providers and community organisations, with a focus on culturally sensitive solutions and improved access to services."*⁴

¹ Prevention and Response to Violence Abuse and Neglect Government Relations (PARVAN), 2023, Integrated Trauma Informed Care Framework: My story, my health, my future, NSW Health, St Leonards, NSW. <https://www.health.nsw.gov.au/patients/trauma/Publications/itic-framework.pdf>

² State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities, Parl Paper No. 202, Session 2018–21 (document 4 of 6), Chapter 21: Responding to the mental health and wellbeing needs of a diverse population.

³ FASSTT, Submission to the Productivity Commission Inquiry into the Social and Economic Benefits to Improving Mental Health, (Submission 293), https://www.pc.gov.au/_data/assets/pdf_file/0004/240817/sub293-mental-health.pdf

⁴ Commonwealth of Australia, 2024, *Towards Fairness - a multicultural Australia for all*, pg. 107.

The use of ‘priority populations’ in the National Agreement is intended to provide focussed initiatives and improve outcomes for population groups who experience higher risks of mental illness and suicide. We note that the Productivity Commission has, in the interim report, given an appraisal about the utilisation of ‘priority populations’ in the National Agreement:

“The Agreement does not articulate why these 15 groups were chosen.”

“...other groups who also experience mental ill health and suicidality at high rates are not included.”

“...there is minimal reference to the listed priority populations in other parts of the Agreement or in the bilateral schedules.”

“...it is questionable whether a long list of groups disproportionately impacted will lead to better targeting of support.”

And the Productivity Commission cited the observation from its review of the National Housing and Homelessness Agreement, that *“if everyone is a priority, no one is a priority”*.⁵

FASSTT recognises that people from refugee backgrounds, inclusive of asylum seekers, are population groups that face real and uniquely specific vulnerabilities to their mental health which requires “mental health services that comprise a mix of specialised and general services that are accessible, innovative and responsive to the needs and strengths of this diverse client cohort.”⁶ The complex and interrelated experiences inherent in their refugee journey – prior to their arrival in Australia and during settlement – are compounded by difficulties accessing and navigating mainstream care services. This is supported by research that has demonstrated that mainstream services are often inaccessible and difficult for refugees to engage with, both in Australia and internationally.⁷ Reasons for this include, “language barriers (perpetuated by a lack [of] interpreter use), healthcare differences, cultural incompatibility of services, cultural stigma, discrimination/racism, service provider knowledge, and the consumer’s lack of knowledge about the systems.”⁸

FASSTT is of the view that the National Agreement provides an important opportunity to establish a foundation on which to improve the transparency of mental health access and outcomes for diverse communities, including for people from refugee and asylum seeking backgrounds. It is therefore important that there are appropriate mechanisms or requirements within the National Agreement for it to facilitate the continued development of mainstream services so they can achieve the level of cultural competence required, together with an understanding of refugee trauma, to meet the unique and diverse needs of people from refugee and asylum seeking

⁵ Productivity Commission 2025, *Mental Health and Suicide Prevention Agreement Review*, Interim report, Canberra, June, pp. 110-111.

⁶ FASSTT, Submission to the Productivity Commission: Mental Health and Suicide Prevention Agreement Review, March 2025, (*Submission 65*), https://www.pc.gov.au/_data/assets/pdf_file/0015/392010/sub064-mental-health-review.pdf

⁷ Australian Centre for Health Services Innovation, Evaluation of the Program of Assistance for Survivors of Torture and Trauma, Final Report, June 2022, pg. 36.

⁸ Australian Centre for Health Services Innovation, Evaluation of the Program of Assistance for Survivors of Torture and Trauma, Final Report, June 2022, pg. 36.

backgrounds. Our Initial Submission provided further details about the needs of people with refugee backgrounds and people seeking asylum, and the importance of accessible and responsive services, particularly for people seeking asylum who do not have access to Medicare and have few options for mental health support.

RECOMMENDATION 8

FASSTT recommends to the Productivity Commission that future iterations of the National Agreement contain appropriate mechanisms or requirements to facilitate the development of the cultural competence of mainstream mental health services and programs to better serve the needs of people from culturally and linguistically diverse backgrounds, inclusive of the unique and diverse needs of people from refugee and asylum seeking backgrounds.

Productivity Commission draft recommendation 4.3

The next agreement should have stronger links to the broader policy environment

It is evident that there are few instruments within the broader policy environment that can reliably address access and equity of service provision. We note that the Commonwealth government does have policy that is intended to ensure that all services and programs meet the needs of Australians from culturally and linguistically diverse backgrounds. The importance of this is significant as, “[e]quity and access are fundamental to the effectiveness of social policies in multicultural settings.”⁹

The Commonwealth government’s primary policy for ensuring its programs and services meet the needs of Australians from culturally and linguistically diverse backgrounds is the *Multicultural Access and Equity Policy*. The objective of the policy is to ensure “Australians of all backgrounds have the opportunity to participate in, and contribute to, our society.”¹⁰ The policy requires Commonwealth government departments and agencies to report annually to the Department of Home Affairs on their multicultural access and equity performance and provide an annual snapshot of their implementation of the policy.

Significantly, the application of this policy has lacked currency and rigour with regard to the monitoring, compliance and reporting on whether Commonwealth government departments and agencies are meeting the objectives and requirements set out in the policy. The Multicultural Framework Review found that there was a need to “strengthen the Multicultural Access and Equity Policy and ensure mandatory government implementation across all service delivery.”¹¹ In order for this policy to be able to be relied upon as a mechanism to support the access and equity of mental health services for culturally and linguistically diverse Australians, it would need to be revitalised and invested with systems that will credibly hold government programs and services to act in accordance with the policy.

⁹ Commonwealth of Australia, 2024, *Towards Fairness - a multicultural Australia for all*, pg. 42.

¹⁰ Department of Home Affairs, Multicultural access and equity, <https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity>

¹¹ Commonwealth of Australia, 2024, *Towards Fairness - a multicultural Australia for all*, pg. 70.

RECOMMENDATION 9

FASSTT recommends to the Productivity Commission that the consideration of the National Agreement linkages to the broader policy environment includes an examination of the suitability of existing access and equity policy for mental health services and programs, to support the Commonwealth government commitment that all services and programs meet the needs of all culturally and linguistically diverse Australians.

Responses to other matters from the interim report

Productivity Commission draft recommendation 2.1

Deliver key documents as a priority

By the end of 2025, the Australian Government should publicly release:

- *the National Stigma and Discrimination Reduction Strategy*

FASSTT commends this draft recommendation noting that in our initial submission we called for the release of the National Stigma and Discrimination Reduction Strategy (our *Recommendation 4*). Mental health stigma and discrimination are matters of significant relevance and importance for refugees and people seeking asylum who experience intersecting stressors that compound difficulties for their mental health and wellbeing.

FASSTT suggests that the Productivity Commission request expedited access to the National Stigma and Discrimination Reduction Strategy, to enable it to examine the strategy for the final review of the National Agreement, given its importance as a key output in the agreement.

Productivity Commission information request 4.3

The PC is seeking views on the value and feasibility of having a public dashboard to track and report on progress under the next agreement's objectives and outcomes and any other measurable targets set throughout.

Which bodies should be responsible for the collation and publication of dashboard data? What metrics should be included in the dashboard?

FASSTT gives in principle support for the development of a public dashboard. Data is essential to understanding who in the community are able to access services to receive appropriate support when required; and robust, reliable data is a tool to maintain accountability of systems and inform service development, funding, policy and strategic program development.¹²

We support the Productivity Commission's previous call, from its inquiry into mental health, for improved collection and use of CALD-specific data, to help develop and target interventions, and "facilitate future examinations of the effectiveness of programs aimed at increasing access to

¹² QPASTT, Unpacking Culturally Diverse Community Participation in the NDIS, March 2024.

(and take-up of) mental health services for specific community groups.”¹³ This data is needed to get a complete picture that can be utilised to examine the effectiveness of mental health programs and services for people from CALD and refugee backgrounds. In the absence of this data, it is more difficult to accurately identify and address specific risk factors and other issues that are affecting diverse population groups who are disproportionately impacted. For many people from refugee and asylum seeking backgrounds, this means they are likely to remain at risk, with government policies and service provision practices unchanged and not meeting their needs.

The Federation of Ethnic Communities’ Councils of Australia (FECCA) has previously examined the need for consistent national data collection and reporting on cultural, ethnic, and linguistic diversity in Australia, publishing an issues paper in 2020 titled *‘If we don’t count... It doesn’t count!’*.¹⁴ We commend this issues paper and the recommendations contained within it to the Productivity Commission for its consideration of the prevailing issues on this matter.

Additionally, we refer the Productivity Commission to the recommendations provided by the Royal Commission into Victoria's Mental Health System, for improving data collection and analysis to support improved service delivery and better system administration, research, innovation and evaluation for diverse communities.¹⁵ We particularly draw attention to the Royal Commission’s call: “As an immediate priority, to increase transparency in access to language services within mental health services.”¹⁶ As we have highlighted, language barriers are one of the most significant issues to accessing mainstream services for people from refugee and asylum seeking background. It is essential that service providers and service users can communicate with one another clearly and be understood. Our service provision data from all FASSTT member agencies, indicates that interpreter support was required with sixty per cent of our clients. While interpreter requirements (occasionally with language preferred) is a common data item recorded by government agencies and other service providers, it is insufficient and does not adequately capture whether an interpreter was actually used with a client. To address this issue, the Royal Commission proposes that data collection relating to language services include:

- the proportion of consumers who were offered an interpreting service
- the proportion of consumers requesting or requiring an interpreter
- consumers’ first or preferred languages (including Auslan) where an interpreter was required or requested
- interpreter fulfilment rates.¹⁷

¹³ Productivity Commission, 2020, Mental Health, Report no. 95, Volume 2, Canberra,

<https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

¹⁴ FECCA, *If We Don’t Count It... It Doesn’t Count!: Towards Consistent National Data Collection and Reporting on Cultural, Ethnic and Linguistic Diversity*, Issues Paper, September 2020, Updated 27 October 2020, <https://fecca.org.au/updates/if-we-dont-count-it-it-doesnt-count-2/>

¹⁵ State of Victoria, Royal Commission into Victoria’s Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities, Parl Paper No. 202, Session 2018–21 (document 4 of 6), [See: 21.6.3 Improving the collection and use of data.](#)

¹⁶ State of Victoria, Ibid.

¹⁷ State of Victoria, Ibid.

We acknowledge that the Australian Institute for Health and Welfare (AIHW) is likely to be the most appropriate body to be responsible for the collation and publication of dashboard data. The AIHW currently hold responsibilities for data on suicide and self-harm, including the National Suicide and Self-harm Monitoring System. In addition, the AIHW was funded in June 2022 by the Department of Home Affairs to develop data and information that will help to build a more comprehensive picture of the health and welfare status of refugees and humanitarian entrants.¹⁸ The aim of this data linkage project is to provide more data to potentially identify areas of need, including about mental health and mental health service usage.

We note that there are currently limitations with these datasets, in relation to people from refugee and asylum seeking backgrounds:

- The data collected by AIHW on suicides among refugees and humanitarian entrants excludes people seeking asylum and refugees granted protection visas onshore.
- The AIHW has stated there are limitations with the data on mental health conditions of refugees and humanitarian entrants.

“Humanitarian entrants may access mental health care through other pathways and the data presented does not include information on the overall use of mental health services. Additionally, GPs may provide mental health care under general consultation items which may further underestimate the total use of mental health services.”¹⁹

This indicates that the currently reported data does not give the complete picture of the prevalence of mental health conditions and mental health service usage of the cohort.

It is apparent that further work is required to address the data gaps and cross-jurisdictional inconsistencies that exist, for national reporting purposes.

RECOMMENDATION 10

FASSTT recommends to the Productivity Commission that plans for a public data dashboard should include the reporting of CALD-specific data, by codesign and collaboration with relevant stakeholders to determine the key datasets to be collated and to address existing data gaps and cross-jurisdictional inconsistencies.

Productivity Commission draft recommendation 4.4

Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme

¹⁸ Australian Institute of Health and Welfare, Culturally and linguistically diverse Australians, Refugee and humanitarian entrant health, <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/refugee-and-humanitarian-entrant-health>

¹⁹ Australian Institute of Health and Welfare, Health of refugees and humanitarian entrants in Australia: Summary, Web report, Last updated: 3 November 2023, <https://www.aihw.gov.au/reports/cald-australians/health-of-refugees-and-humanitarian-entrants/contents/summary>

FASSTT supports this draft recommendation and the call for the quick resolution of this to address this critical gap in services, particularly given the uncertain entry pathway to NDIS experienced by people with psychosocial disability who are from refugee backgrounds.

This matter was covered in our previous submissions to the Productivity Commission for the inquiry into mental health.^{20 21} The matters we presented in those submissions remain current and outstanding. In summary these are:

- Many FASSTT clients would meet the eligibility of having a significant psychosocial disability. These clients require intensive casework/case-management support to ensure they can manage various aspects of their lives including employment, tenancy, education, banking, bill payment and access to health services.
- The psychosocial disability experienced by FASSTT clients is often a result of compounding factors including impact of trauma, challenges associated with settlement process and normal life cycle issues.
- The NDIS framework with its emphasis on self-directed advocacy is failing refugee clients who would otherwise qualify for NDIS. There are people from refugee backgrounds with a psychosocial disability who are not be able to access NDIS due to their inability to self-advocate, or may not qualify due to the fact that they are non-permanent residents or are outside of the “diagnosis” list.
- People who are seeking asylum do not have any access to the NDIS despite some people being resident in Australia for over a decade and some being the children of people seeking asylum who were born in Australia. This is of significant concern as they constitute a significantly vulnerable group within the population and have severely limited access to health care services if they are not granted access to Medicare. FASSTT has multiple case studies of people seeking asylum (or the children of asylum seekers) who are living with significant disabilities without any support.²²

Additional to this, in our submission to the NDIS Review, we noted that:

“Since the transition to the NDIS other schemes such as the psychosocial programs of Partners in Recovery (PiR) and Personal Helpers and Mentors (PHaMs) have been decommissioned. The former programs had much broader eligibility criteria, including eligibility for people on temporary visas and people who are seeking asylum. These programs also offered a suite of flexible supports tailored to the needs of individuals without having to fit a fee for service model, or the high front end administrative and evidence requirements of an actuary/insurance model of service.

Non-NDIS disability support services are limited and frequently short-term in nature. This means that communities such as the CaLD communities, with clearly identified systemic barriers to the NDIS are now struggling to access the service supports they need. This is a significant health

²⁰ FASSTT, Submission to the Productivity Commission Inquiry into the Social and Economic Benefits to Improving Mental Health, (Submission 293), https://www.pc.gov.au/_data/assets/pdf_file/0004/240817/sub293-mental-health.pdf

²¹ FASSTT, Response to the Draft Report, Productivity Commission Inquiry into Mental Health, January 2020, (Submission 838), https://www.pc.gov.au/_data/assets/pdf_file/0016/251017/sub838-mental-health.pdf

²² FASSTT, Submission from the Forum of Australian Services for Survivors of Torture and Trauma to the NDIS Independent Review Panel, 1 September 2023.

*equity concern that cannot be addressed by simply expanding the remit of Local Area Coordinators (LACs). There is a need to increase resourcing to LACs, expand their capabilities with regards to culturally safe and trauma-informed service delivery, and ensure consistent long-term bi-cultural systems navigation and advocacy programs for CaLD individuals, families, and communities.”*²³

To our knowledge the Mental Health Community Living Supports for Refugees (MH-CLSR) program in NSW, funded by NSW Health, is the only targeted service in Australia, specially designed to address the psychosocial needs of people from refugee backgrounds, inclusive of people seeking asylum. MH-CLSR aims to assist refugees and asylum seekers who are experiencing psychological distress, mental ill-health and impaired functioning. The program provides trauma-informed, recovery-oriented, and culturally safe and responsive psychosocial supports. The Process Evaluation of MH-CLSR found that the program delivers a need for refugees and asylum seekers that is not met by the mainstream Community Living Supports program; and was found to be flexible and responsive to the needs of clients, who reported a high level of trust and satisfaction with the program.²⁴

RECOMMENDATION 11

FASSTT recommends to the Productivity Commission that the funding and provision of psychosocial supports outside the National Disability Insurance Scheme include the commissioning of targeted services that provide trauma-informed, recovery-oriented, and culturally safe and responsive psychosocial supports for people from refugee backgrounds, inclusive of people seeking asylum.

Productivity Commission draft recommendation 4.7

The next agreement should support a greater role for people with lived and living experience in governance

FASSTT commends this draft recommendation, and we strongly support the involvement of people with lived and living experience at all levels of service delivery and design, including in governance (in alignment with *Recommendation 5* of our initial submission). We draw specific attention to, and endorse, the Productivity Commission’s comments that improving the composition of lived and living experience representation in governance would enable greater diversity of perspectives.²⁵

We have also noted that in the interim report, the Productivity Commission has called for people with lived and living experience to be involved in the codesign of the next National Agreement, as

²³ FASSTT, Submission from the Forum of Australian Services for Survivors of Torture and Trauma to the NDIS Independent Review Panel, 1 September 2023.

²⁴ Ridoutt, L., Leary, J., Stanford, D., Lawson, K., Cowles, C. and Yousif, M., 2022, *Evaluation of the NSW Mental Health – Community Living Supports for Refugees Program (2019-21): Final Report*. NSW Ministry of Health. <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/cls-refugees-evaluation-final-report.aspx>

²⁵ Productivity Commission 2025, *Mental Health and Suicide Prevention Agreement Review*, Interim report, Canberra, June, pg. 147.

well as in the development of a renewed National Mental Health Strategy. We endorse these approaches and ask that the Productivity Commission in making these recommendations also provides directions in the final review about the need to include opportunities for genuine engagement of people with lived and living experience who may otherwise be considered “hard to reach” or “hard to engage”. While the accommodation of timeframes, resourcing and remuneration are important, they are not the only impediments to participation. People from these cohorts, which includes people from refugee and asylum seeking backgrounds, are likely to face structural and systemic barriers and experience high levels of vulnerability to mental ill health and suicide, and it is important that barriers are ameliorated in order to proactively seek out and promote their participation to ensure that services and programs will meet their needs and achieve positive outcomes.

FASSTT provides the following suggestions as a practical starting point for the genuine and inclusive engagement of people with lived and living experience who are from refugee or asylum seeking backgrounds:

- Recognise and acknowledge that refugee and CALD communities are not homogeneous. Each community has their own unique identity, characteristics, strengths and needs. Be attuned and responsive to people with intersectional identities (which can include ethnicity, gender, gender identity, sexuality, age, and disability).
- Bridge language gaps using interpreters or bilingual staff. Give consideration to (and accommodate) literacy levels – in English and first language.
- Possess an awareness of the intersecting discrimination and stressors that compound their experience of mental ill-health arising from their experience (and the intergenerational impact) of torture and other trauma involving organised violence and forced displacement.
- Take time and care to build and develop relationship, trust and rapport through engagement and reciprocal understanding; and to help overcome any existing mistrust and fear of engagement with government processes stemming from their previous experience.
- It is important to understand the religious-cultural context of the community a person is from and how it impacts on their understanding of mental health; and of any associated stigma and community attitudes.

RECOMMENDATION 12

FASSTT recommends to the Productivity Commission that it provides directions in the final review about the need to include opportunities for genuine engagement and involvement (in for example, the codesign of the next National Agreement and the renewed National Mental Health Strategy, and representation in governance) for people with lived and living experience who are from refugee or asylum seeking backgrounds, who may otherwise be regarded by service providers as “hard to reach” or “hard to engage”.

Productivity Commission draft recommendation 4.12

Funding should support primary health networks to meet local needs

FASSTT commends this draft recommendation (in alignment with *Recommendation 6* of our initial submission), and we express our support for Primary Health Networks (PHN) to have funding arrangements “with sufficient flexibility to commission locally relevant services or support existing services where they have been positively evaluated” and that “[n]ational service models should not limit the ways in which PHNs meet their communities’ needs.”²⁶

FASSTT agencies have worked in partnership with a number of PHNs to provide targeted interventions, to respond to the specific mental health needs of people from refugee backgrounds, that have demonstrated positive outcomes.

We note that the Productivity Commission has, in the interim report, discussed approaches to enhance commissioning models to fund innovation and support best practice, and that it “intends to investigate funding models in mental health and suicide prevention further in the final report of this review”²⁷. To assist on this matter, FASSTT commends to the Productivity Commission work undertaken by our NSW-based member agency, STARTTS, which conducted an evaluation of its PHN-funded mental health literacy and suicide prevention programs (2017-2020).²⁸ The report is indicative of the program innovation and evaluation that can be achieved where it is planned and funded, and reflects the capability of FASSTT agencies. It is of ongoing concern for FASSTT agencies that despite examples of this type of evidence of positive outcomes and demonstrated ongoing community need, that funding continues to be short-term and may not be renewed. This serves as an unintended negative implication of individual PHN planning, priorities and commissioning constraints.

²⁶ Productivity Commission 2025, *Mental Health and Suicide Prevention Agreement Review*, Interim report, Canberra, June, pg. 25.

²⁷ Productivity Commission 2025, *Mental Health and Suicide Prevention Agreement Review*, Interim report, Canberra, June, pg. 154.

²⁸ STARTTS, *Mental Health Literacy and Suicide Prevention Program Evaluation Report 2017-2020*, <https://www.startts.org.au/media/Mental-Health-Evaluation-Report.pdf>.

Reference List

Australian Centre for Health Services Innovation, Evaluation of the Program of Assistance for Survivors of Torture and Trauma, Final Report, June 2022.

Australian Institute of Health and Welfare, Culturally and linguistically diverse Australians, Refugee and humanitarian entrant health, <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/refugee-and-humanitarian-entrant-health>

Australian Institute of Health and Welfare, Health of refugees and humanitarian entrants in Australia: Summary, Web report, Last updated: 3 November 2023, <https://www.aihw.gov.au/reports/cald-australians/health-of-refugees-and-humanitarian-entrants/contents/summary>

Commonwealth of Australia, 2024, *Towards Fairness - a multicultural Australia for all*.

Department of Home Affairs, Multicultural access and equity, <https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity>

FASSTT, Response to the Consultation for the Draft Advice on the National Suicide Prevention Strategy, 1 November 2024.

FASSTT, Response to the Draft Report, Productivity Commission Inquiry into Mental Health, January 2020, (*Submission 838*), https://www.pc.gov.au/_data/assets/pdf_file/0016/251017/sub838-mental-health.pdf

FASSTT, Submission from the Forum of Australian Services for Survivors of Torture and Trauma to the NDIS Independent Review Panel, 1 September 2023.

FASSTT, Submission to the Productivity Commission Inquiry into the Social and Economic Benefits to Improving Mental Health, (*Submission 293*), https://www.pc.gov.au/_data/assets/pdf_file/0004/240817/sub293-mental-health.pdf

FASSTT, Submission to the Productivity Commission: Mental Health and Suicide Prevention Agreement Review, March 2025, (*Submission 65*), https://www.pc.gov.au/_data/assets/pdf_file/0015/392010/sub064-mental-health-review.pdf

FECCA, *If We Don't Count It... It Doesn't Count!: Towards Consistent National Data Collection and Reporting on Cultural, Ethnic and Linguistic Diversity*, Issues Paper, September 2020, Updated 27 October 2020, <https://fecca.org.au/updates/if-we-dont-count-it-it-doesnt-count-2/>

Prevention and Response to Violence Abuse and Neglect Government Relations (PARVAN), 2023, Integrated Trauma Informed Care Framework: My story, my health, my future, NSW Health, St Leonards, NSW. <https://www.health.nsw.gov.au/patients/trauma/Publications/itic-framework.pdf>

Productivity Commission, 2020, Mental Health, Report no. 95, Volume 2, Canberra, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

Productivity Commission 2025, *Mental Health and Suicide Prevention Agreement Review*, Interim report, Canberra, June.

QPASTT, Unpacking Culturally Diverse Community Participation in the NDIS, March 2024.

Ridoutt, L., Leary, J., Stanford, D., Lawson, K., Cowles, C. and Yousif, M., 2022, *Evaluation of the NSW Mental Health – Community Living Supports for Refugees Program (2019-21): Final Report*. NSW Ministry of Health. <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/cls-refugees-evaluation-final-report.aspx>

STARTTS, *Mental Health Literacy and Suicide Prevention Program Evaluation Report 2017-2020*, <https://www.startts.org.au/media/Mental-Health-Evaluation-Report.pdf>.

State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Volume 3: Promoting inclusion and addressing inequities, Parl Paper No. 202, Session 2018–21 (document 4 of 6), Chapter 21: Responding to the mental health and wellbeing needs of a diverse population.

Appendix 1

FASSTT Member Agencies

ACT



Head Office

41 Templeton St, Cook, ACT 2614
(02) 6251 4550

info@companionhouse.org.au

companionhouse.org.au

NORTHERN TERRITORY



Head Office

24 McLachlan Street, Darwin City, NT 0800
(08) 8985 3311

admin@companionhouse.org.au

melaleuca.org.au

SOUTH AUSTRALIA



Head Office

81 Angas Street, Adelaide South, SA 5000
(08) 8206 8945

enquiries@sttars.org.au

sttars.org.au

VICTORIA



Foundation House
The Victorian Foundation for Survivors of Torture Inc.

Head Office

4 Gardiner Street, Brunswick, VIC 3056
(03) 9389 8900

info@foundationhouse.org.au

foundationhouse.org.au

NSW



NSW Service for the Treatment
and Rehabilitation of Torture
and Trauma Survivors

Head Office

152-168 The Horsley Drive, Carramar, NSW 2163
(02) 9646 6700

stts-startts@health.nsw.gov.au

startts.org.au

QUEENSLAND



Head Office

28 Dibley Street, Woolloongabba, QLD 4102
(07) 3391 6677

connect@qpastt.org.au

qpastt.org.au

TASMANIA



Head Office

Level 2, 1A Anfield Street, Glenorchy, TAS 7010
(03) 6234 9138

reception@mrctas.org.au

mrctas.org.au/phoenixcentre

WESTERN AUSTRALIA



Head Office

286 Beaufort Street, Perth, WA 6000
(08) 9227 2700

executive@asetts.org.au

asetts.org.au

For further information about this submission, please contact:

Jamila Padhee

National Coordinator

FASST

Email: jamilapadhee@fasstt.org.au

Lo-Shu Wen

Policy Officer

STARTTS

Email: loshu.wen@health.nsw.gov.au