

Beyond urgent

Scaling up prevention knowledge across policy and practice is now beyond urgent, but it is possible.

Prioritising action on the prevention of mental health concerns was the focus of a national summit hosted by Everymind in partnership with Manna Institute, Mental Health Commission of New South Wales and Prevention United.

More than 150 participants and 20 national experts across government, lived experience, community, research, industry and the mental health sector came together in Sydney for the Prevention in Practice Summit (the Summit) on Wednesday, 24 September 2025.

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We cannot sit back and watch the rising impacts of mental health concerns across our communities, without seeing action on prevention as urgent.

Dr Jaelea Skehan OAM, Director, Everymind

A shared responsibility for action

Despite increased investment in some parts of mental healthcare, distress and mental health concerns in Australia are rising. The associated human and productivity costs are also rising. This is unlikely to change if investment is only directed toward the service system. There simply aren't enough services to meet the rising demand, and people are harmed when they need to wait until they are in crisis to receive support.

The foundations exist to make Australia a world leader in preventative mental health, but putting prevention knowledge into practice across policy, communities and systems is needed to really have an impact. Australia has not implemented prevention evidence at scale for over 15 years which means generations of children are missing out on the benefits of what we already know works.

The 2025 Summit reinforced that prevention is not someone else's job — it is a shared responsibility. With the right investment, leadership and collaboration, Australia can realise the full potential of preventative mental health action.

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To work in prevention is to stand in the present and say that the future can be built—and we can build it together.

Joe Ball, Victorian Commissioner for LGBTIQ+ Communities

Opportunities for impact

Summit presenters, panellists and participants engaged in solution-focused discussions about how we move from *knowing* that prevention is integral to improving mental health outcomes for Australians, to *implementing* prevention initiatives across policy and practice. Speakers and participants had the opportunity to contribute their views about priorities for action, summarised here:

Prevention is urgent and actionable



- Mental health concerns are rising despite increased investment in services.
- Prevention must be prioritised to reduce demand and avoid crisis-driven responses.
- Australia has the expertise to lead globally in preventative mental health, but implementation has lagged for over 15 years.

There is broad support for prevention



- Australians believe mental health concerns are preventable and support government action.
- Prevention spending remains below 1% of the mental health budget, which is inconsistent with community expectations.
- There is appetite within government and the community to break down silos and enact change together.
- The National Suicide Prevention Strategy, endorsed across jurisdictions, offers one platform for coordinated action.

Social and commercial determinants must be addressed



- Childhood presents the most powerful prevention opportunity, yet current systems are not set up to support vulnerable children or parents.
- Systemic issues such as discrimination and child maltreatment must be tackled as key priorities across all governments.
- Bold action is needed to reduce the impact of harmful industries like gambling and alcohol.
- Addressing housing security, loneliness and technology-related harms would improve wellbeing.



Instead of asking what is wrong with our kids, we should be asking what is wrong with the world around them.

Shannon Harvey, filmmaker and founder, Spark Studios

Place-based and person-centered approaches are essential



- Prevention must be locally tailored, culturally informed, and co-designed with communities.
- Trust, belonging, and relationships are protective factors that should be bolstered across communities.
- There are effective programs to prevent mental health concerns across the lifespan and across communities. These need to be scaled up for impact.
- Parenting programs, Movember's *Ahead of the Game* program, Everymind's *Minds Together* program, Manna Institute's rural initiatives and Victorian place-based initiatives show great promise.

Prevention must be embedded in systems and structures



- Prevention must be integrated into education, primary care, workplaces, and community settings, with implementation science guiding the scale-up of effective programs.
- Co-location of clinical and non-clinical roles in primary care can address social determinants and improve access.
- Prevention should be embedded in national agreements with clear objectives, funding and monitoring.
- With an outcomes framework for suicide prevention in development, the same is needed for the prevention of mental health concerns.

Leadership is integral to success



- Prevention requires leadership across government and sectors and a dedicated workforce to deliver on priorities.
- It is possible to build capabilities to turbo-charge prevention action across governments, services and communities.
- Lived experience and lived expertise must be embedded at every level of design and decision-making and must inform what is done, as well as how it is done.

Participants emphasised the need for improved communication about prevention, including:

- **Integrated messaging** across sectors, highlighting shared responsibility between government, community and services.
- **Human stories of hope** from people with lived experience to demonstrate the impact of prevention.
- **Public health campaigns** using social media and trusted voices to reach broader audiences.
- **Economic framing** to show the cost-effectiveness of prevention.

Actions and recommendations

Invest in prevention



- Increase the mental health budget by 5% and invest it in prevention.
- Fund prevention programs for 5+ years to ensure sustainability and quarantine funding for implementation, research and evaluation.
- Develop budgeting mechanisms that account for cross-portfolio benefits (e.g. education to health).

Embed prevention in policy and agreements



- Ensure the next National Mental Health and Suicide Prevention Agreement includes clear, measurable prevention objectives and resourcing.
- Ensure all future mental health policies include prevention.
- Take bold action on key social and commercial determinants - including prevention of child maltreatment, discrimination and the impact of harmful industries like gambling and alcohol.

Prioritise community and sector engagement



- Fund and empower leadership across communities, including in rural and remote communities.
- Support co-design processes with adequate time and resources.
- Build coalitions across sectors to drive systemic change.

Include prevention in structural reform



- Integrate mental health, primary care and prevention systems to reduce fragmentation.
- Scale evidence-based programs in schools, workplaces and other key settings.
- Integrate prevention programs into new services models for greater impact – including children's hubs, Medicare Mental Health Centres and aftercare services.

Diversify leadership



- Ensure young people, Aboriginal and Torres Strait Islander and LGBTIQ+ communities have meaningful seats at decision-making tables.
- Embed lived experience and expertise in all levels of policy design, implementation and evaluation.
- Support youth designed and youth-led initiatives.



About the Prevention in Practice Summit

The Prevention in Practice Summit was hosted by Everymind in partnership with Manna Institute, Mental Health Commission of New South Wales, and Prevention United, in Sydney on Wednesday, 24 September 2025. This was the second Prevention in Practice Summit, following the inaugural event held in December 2023. Our collective work in prevention must be continually built on and sustained over time. The Summit provided an opportunity to pause, reflect and reconnect as we prepare for the next stage of the journey.

Acknowledgments

Everymind, together with our event partners, would like to thank everyone who contributed to the Prevention in Practice Summit. This report is drawn from their collective wisdom, experience and passion for prevention.

Summit speakers included Dr Jaelea Skehan OAM, Director of Everymind; Uncle Michael West, Community Development & Partnerships, Metropolitan Local Aboriginal Land Council; Esther McKay, Everymind Lived Experience Advisory Group member; Shannon Harvey, Founder, Spark Studios; Nicola Reavley, Deputy Director in the Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health at the University of Melbourne; Dr Alex Hains, Head, National Suicide Prevention Office; Joe Ball, Victorian Commissioner for LGBTIQ+ Communities; Professor Samantha Thomas, Professor of Public Health at the Institute for Health Transformation, Deakin University; Anne Hollonds, National Children's Commissioner, Australian Human Rights Commission; Associate Professor Clinton Schultz, Director, First Nations Strategy and Partnerships, Head of First Nations Research, Black Dog Institute; Associate Professor Erin Hoare, Strategic Program Lead, Manna Institute; Tom Mulvaney, Director, Men's Health (Community and Online), Movember; Isaac Pudney, member of Movember's inaugural Youth Action Council; Carla Clarence, Principal, Future of Mental Health, TACSI; Carolyn Nikoloski Chief Executive Officer, Mental Health Australia; Dr Paul Fung, Deputy Commissioner, Mental Health Commission of New South Wales; Professor Harriet Hiscock, Group Lead, Health Services at Murdoch Children's Research Institute, and Academic Lead, Healthcare Transformation, University of Melbourne; Pauline Kotselas, Leader, Psychology and Wellbeing Services at NSW Department of Education; Tina Fox; Business and Program Manager, Everymind; Kellie Horton, Director, Policy, Equity and Prevention, Mental Health and Wellbeing Division, Victorian Department of Health; Suzanne Dick, Chief Executive Officer, Prevention United; Priscilla Brice, Chief Executive Officer, National Mental Health Consumer Alliance.