AUSTRALASIAN INSTITUTE OF DIGITAL HEALTH

Mental Health and Suicide Prevention Agreement Review

Productivity Commission

Submission by the Australasian Institute of Digital Health (AIDH)

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Introduction

The Australasian Institute of Digital Health (AIDH) welcomes the opportunity to contribute to the review of the Mental Health and Suicide Prevention Agreement (the Agreement). AIDH also welcomes any further discussions on digital health interoperability and mental health services, and the issues presented in our submission.

AIDH supports initiatives, innovations and policies that mitigate suicide and self-harm, and provide appropriate care and supports for those needing mental health services.

We commend any measures that seek to improve the mental health of all Australians, reduce the rate of suicide in Australia, and build sustainable initiatives that improve Australia's mental health and suicide prevention services and systems. All organisations and entities involved in healthcare share a collective responsibility to work towards reducing suicide and supporting effective and evaluated mental health programs and policies.

As an independent institute focussed on creating and maintaining a digitally enabled health system, AIDH is not commenting on the effectiveness of mental health and suicide prevention initiatives and policies, or the outcomes of the National Agreement.

This submission provides general comments mostly relevant to Terms of Reference (ToR) c) and i).

Our position is that digital health offers incredible benefits to mental healthcare and treatment when:

a) the right regulations and standards are in place;

b) clinicians and consumers are properly conversant and confident in how to use digital health technologies;
c) a safe and secure health information exchange allows the seamless sharing of authorised patient data and information to enable integrated care; and
d) public information and awareness campaigns are created to build trust and confidence for mental health consumers in digital health, My Health Record and sharing of essential data.

Summary of recommendations

1. At Section 20 of the Agreement, *Principles*, parties should agree to always consider digital health technologies and digital health based programs in the mix of mental health services and supports to be delivered.

2. All digital health programs in mental health and suicide prevention delivered under the Agreement should be accredited by the National Safety and Quality in Digital Mental Health Standards to mitigate harms and dangers through regulations.

3. Parties to the Agreement need to take into consideration the digital divide and how it can hinder access to mental health services and supports.

4. Part 9 of the Agreement, National priorities - Workforce, should explicitly mention digital health skills as part of the core skill mix that mental health care professional should possess.

5. Activities rolled out under the Agreement, when based on or including digital health solutions, should prioritise interoperability as a core feature.

6. All relevant government agencies and departments should develop public awareness campaigns and engagement activities that inform and advise consumers, patients, carers, families and health service providers about consent management tools, data sovereignty and privacy.

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The use of digital technology in mental health and suicide prevention

Digital technologies and AI (artificial intelligence) offer tremendous benefits in mental health treatment and service provision, and it is essential that they are part of the suite of support and services delivered to patients and consumers.

We note that a recent analysis of *headspace* (national youth mental health network) confirmed that digital technology, used in smarter ways, is recommended.[1] There is ample evidence on the ways digital health supports young people and particular cohorts through evidence-based digital programs and apps. To this body of evidence, AIDH adds that successful uptake and implementation requires:

- Standards and codes cover mental health apps. Users must have guidance to ensure they are using safe, validated apps and devices.
- Support (funding and public information) to increase digital health literacy and improve navigation, confidence, and accountability in using new technologies.
- Mental Health workforce that is highly skilled, knowledgeable, and confident in the use of AI and digital technologies.
- Acknowledgement that mental health conditions will coexist with physical illness and therefore we also need a non-mental health workforce that is aware of digital technologies.

Whatever measures are enacted under the National Mental Health and Suicide Prevention Agreement, they will involve the use of digital technologies as digital health is now an embedded and essential component of the mental/health system. It would, however, be misleading and potentially harmful to assume that digital technologies themselves will address health workforce gaps and demand for mental health services. In this regard, our comments to the Review are not about the policies and initiatives, they refer to how technologies are used to improve access and support existing care pathways within mental health.

AIDH favours robust regulations and guidelines wherever there is high-risk to users, and this is particularly the case with AI and digital technologies used in mental health care. The role of wellbeing apps and tools that support mental health initiatives that sit outside of healthcare

[1] Hickie IB, Rosenberg S, Carpenter JS, et al. Novel youth mental health services in Australia: What differences are being reported about the clinical needs of those who attend and the outcomes achieved? *Australian & New Zealand Journal of Psychiatry*. 2025;59(2):99-108. doi:10.1177/00048674241297542

requires definition and clarification of whether regulation of such tools is required in the Australian context. This includes the use of meditation and cognitive behaviour change rather than clinical models of care. We urge this Review to focus on regulations around the use of AI to create avatars based on images and voice depicting or replicating real people without their consent. The use of what can be considered 'deep fakes' in clinical settings, particularly in any situation where mental health information, advice or treatment is involved, presents an unacceptable level of risk. Digital counterfeits can deceive consumers and cause them to act on unverified and misleading health information.

AIDH sees an unacceptably high risk in AI chatbots purporting to provide medical advice or clinical mental health support, without structured clinician oversight – including routine auditing - of responses. Recent Government investments in digital mental health[2], for example the SANE Australia national roll out of a free digital psychosocial recovery program for adults experiencing complex mental illness, is accredited by the National Safety and Quality in Digital Mental Health Standards.

All digital health programs in mental health and suicide prevention should be accredited to mitigate harms and dangers through regulations.

In mental health and suicide prevention specifically, but in wider health care too, Australia should consider banning AI systems that use predictive analytics for patient risk profiling without proper safeguards. These systems can lead to discriminatory practices where specific populations may be unfairly flagged as higher risk, resulting in inadequate care.

AIDH also notes that many communities face specific risks when implementing AI-driven healthcare: Aboriginal and Torres Strait Islander peoples, LGBTQIA+ communities, people with disability, people from a diverse background, and those from rural, regional and remote communities. This is compounded at the intersection of these groups where incidence of mental illness and suicidality is higher.

As AI solutions can only be as good as the data that trains and feeds them, having robust inclusive data is paramount. We know that data sets tend to over represent majority groups and that gaps exist for priority populations.

When considering how AI and digital technologies can improve and enhance mental wellbeing, parties to the Agreement should consider:

[2] Announcement available at https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/delivering-high-quality-free-digital-mental-health-supports?language=en

- Cultural appropriateness and safety of AI solutions.
- Inclusivity and representation of the dataset used.
- Inclusivity of the design and implementation of AI solutions.
- Mandatory auditing by appropriately trained clinicians.

More broadly, a whole-of-government approach should be used to address the digital divide as it relates to mental health equity and access to mental health care and treatment. This requires investment in the availability of digital infrastructure, addressing cost of living issues, and increasing literacy, digital literacy, and health literacy.

There are examples in the education sector (such as free tablets for school students in disadvantaged areas) or in the welfare sector (free phones and data plans for homeless people) of what governments and mental health providers can do to close the digital divide. As many people experiencing mental ill-health and suicidality may also experience difficulties in access and support, it is vital that digital health technologies used in mental health are accompanied by necessary supports that help users in confidence and access. Furthermore, digitally available services should be accessible through readily available technologies rather than requiring specialised devices.

On artificial intelligence in healthcare

AIDH recommends an Australian body specifically dedicated to overseeing AI in healthcare, as outlined in the Australian Alliance for Artificial intelligence in Healthcare (AAAiH) National Policy Roadmap for AI in Healthcare.[3] This National AI in Healthcare Council would focus on the unique challenges and risks within the health sector, developing tailored regulations and minimum safety standards and monitoring the outcomes. This specialised council, which would focus on research, accountability and patient safety in healthcare settings and establish a code of conduct and profession-specific codes of practice for the responsible use of AI, would align with the recommendations in the AAAiH National Policy Roadmap.

A dedicated National AI in Healthcare Council could help reduce fragmentation in health services and provide the standards and codes needed wherever AI is used, be it mental or physical health care.

Workforce

As has been well-documented, current mental health and suicide prevention strategies have not been as effective as intended. Demand for mental health services remains high, compounded by workforce shortages and access gaps, especially in non-metropolitan regions. Australia has high rates of suicide that have remained relatively unchanged for a decade.

Digital health technologies and AI offer workforce solutions in certain areas, however digital technologies are a tool for healthcare professions to use, not a substitute.

Respected organisations such as Black Dog Institute are pioneering the use of evidence-based digital technologies in prevention and treatment,[4] however, to be properly utilised, healthcare workers must be appropriately skilled and trained to use these technologies confidently and appropriately. There also needs to be appropriate reviews in place by appropriately trained clinicians to ensure the information is appropriate and evidence based.

[3] Available at https://aihealthalliance.org/wp-content/uploads/2023/11/AAAiH_NationalPolicyRoadmap_FINAL.pdf
[4] More information is available at https://www.blackdoginstitute.org.au/research-areas/digital-mental-health/

Digital health skills and knowledge is the main concern of AIDH. This applies to clinicians, healthcare professionals and service providers, and those experiencing mental illness. Through AIDH's workforce advancement programs[5] we know there are significant gaps in skills, knowledge and confidence by practitioners and clinicians. As the Productivity Commission would be aware, myriad reports and studies confirm that people with severe mental illness (and those in other risk groups) struggle to access and use digital technologies.

Part 9 of the Agreement, National priorities - Workforce, should explicitly mention digital health skills as part of the core skill mix that mental health care professional should possess.

Interoperability

AIDH reinforces the critical need for infrastructure that supports the seamless, transparent and authorised exchange of health data (including mental health data) to enhance care delivery. We support the Government's Health Information Exchange (HIE) initiative as it will help overcome the varying regulations across Commonwealth and States and Territories jurisdictions regarding privacy, consent, and data-sharing practices that act as a major barrier to better health care.

While HIE has many unanswered questions, it represents significant progress in digital infrastructure. When completed, clinicians and mental health services will be able to access the HIE and share consistent and globally standardised data. AIDH has outlined our position on this;[6] emphasising that the widespread adoption of the HIE by clinicians will be crucial to the success of the program. A key component of driving adoption will be to embed strong clinical governance in every aspect of the program. Mental health and other clinicians may resist adopting new systems if they perceive them as burdensome or disruptive to established workflows, as this was and still is the case with My Health Record as demonstrated by the very low usage by clinicians.

Activities rolled-out under the Agreement, when based on or including digital health solutions, should prioritise interoperability as a core feature.

[5] See https://digitalhealth.org.au/about-workforce-advancement/
[6] See https://digitalhealth.org.au/wp-content/uploads/2024/12/FINAL_AIDH_sub_ADHA_HIE_Roadmap_Nov24.pdf

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Trust, privacy, and consent

Trust, privacy and informed consent are foundational for the delivery of mental health services. However, as AIDH has publicly noted, both consumers and healthcare providers are likely to have concerns about the security and privacy of their health information, particularly when it involves sensitive data about their mental health. As such, to enhance mental health and suicide prevention services there must be safeguarding of information and transparency around how data is used.

Although not new (especially for some priority populations), we have recently seen increasing distrust of aspects of healthcare, especially digital health. Without sufficient engagement with consumers (information campaigns) the perception of risk in health data sharing may be heightened and potentially leading to consumers not providing their consent and therefore missing out on the benefits.

Vulnerabilities and privacy concerns are especially acute in mental health. To see high adoption of HIE and other data sharing infrastructure and polices they need to be accompanied by adequate information, training, advice, and support in their safe and secure use.

AIDH recommends that all relevant government agencies and departments are involved in public awareness campaigns that inform and advise consumers, carers, families and health service providers about consent management tools, data sovereignty and privacy.

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About AIDH

The Australasian Institute of Digital Health (AIDH) represents a diverse and growing community of professionals at the intersection of healthcare and technology.

The Institute has more than 250 distinguished Fellows who are experts or pioneers in digital health, and has a growing membership of professionals comprising doctors, health informaticians, nurses, midwives, allied health, other clinicians, administrators, and health technology business leaders.

The Institute provides objective, non-partisan, and independent advice on the use of technology and health informatics to improve consumer outcomes and solve the most pressing challenges facing our healthcare system.

The Institute's unique composition and reach brings together an extraordinary network of Australia's leading digital health experts across the private, public and community sectors to advance our nation's transition to a digital health future.