SUBMISSION

Submission to the Committee on Economic, Social and Cultural Rights

13 January 2026

NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the traditional custodians of the land on which we work and pay our respects to Elders past and present. Sovereignty was never ceded.

The National Mental Health Consumer Alliance (the Alliance) has prepared this submission in response to the invitation to provide comment on Australia's Sixth periodic report to the United Nations Economic and Social Council's Committee on Economic, Social and Cultural Rights. This submission is based on consultations with State and Territory mental health consumer peak bodies and the Alliance's 2024 Human Rights Survey.

All references to 'Consumer' and 'lived experience' in this submission refer to mental health consumers with lived experience of mental health challenges and/or suicidality. We use the term "mental health consumers" as a catchall term due to its connection with our movement's history, but we acknowledge that different people self-identify with different terms. We do not include family, carers, kin or the bereaved in our definition of lived experience as it appears in this report.

About us

The Alliance is the national peak body representing mental health consumers. We work together to represent the voice of all mental health consumers on national issues. We are the people experiencing mental health issues/distress, at the table advocating with government and policy makers, and working with a robust network of grassroots communities.

More information is available on the Alliance's website: nmhca.org.au.

Executive Summary

Australia is failing to uphold the economic, social and cultural rights of people living with mental health challenges, in breach of its obligations under the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) and related human rights treaties. The Australian Government's Sixth Periodic Report to the Committee on Economic, Social and Cultural Rights significantly understates the scale and severity of rights violations experienced by mental health consumers across health, social security, housing, employment, and justice systems.

This submission, prepared by the National Mental Health Consumer Alliance (the Alliance), draws on consultations with state and territory mental health consumer peak bodies and findings from the Alliance's 2024 National Human Rights Survey. It documents the continued prevalence of coercive practices, discrimination, vilification, poverty, housing insecurity and systemic exclusion. These practices breach multiple protected rights, including the rights to the highest attainable standard of health, social security, adequate housing, justice and favourable conditions of work, equality before the law, and freedom from cruel, inhuman or degrading treatment.

Aboriginal and Torres Strait Islander peoples living with mental health challenges experience compounded and intersecting rights violations, including racism, criminalisation, child removal, compulsory treatment and exclusion from culturally safe services. Despite endorsing the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP)[i] in 2009, Australia has failed to incorporate UNDRIP into domestic law, develop a national implementation plan, or establish independent accountability mechanisms. The Sixth Periodic Report does not meaningfully address the intersection of cultural rights, land rights, self-determination and mental health.

Australia remains the only advanced democracy without a national Human Rights Act. The absence of enforceable domestic human rights protections leaves people with mental health challenges vulnerable to coercive practices, weakens accountability across government agencies, undermines systems planning, and impedes effective implementation of the Optional Protocol to the Convention against Torture (OPCAT)[ii].

The Alliance urges the enactment of a National Human Rights Act giving domestic effect to ICESCR[iii], the Convention on the Rights of Persons with Disabilities (CRPD)[iv] and OPCAT.

In the past two years, the Australian Government has taken important steps toward improving lived experience decision making in national mental health policy and programs. In 2024 it funded the Alliance as the national consumer lived experience peak, and (in 2025) the Indigenous Australian Lived Experience Centre (IALEC) as the First Nations lived experience peak. The Alliance and IALEC are now regularly engaged by agencies including the Department of Health, Disability and Ageing and the National Mental Health Commission.

In late 2025, the Productivity Commission[v] recommended that the Alliance be formally embedded in the next National Mental Health and Suicide Prevention Agreement and in the design and ongoing governance of a proposed new national psychosocial support scheme. However, these recommendations have not yet been adopted by Government. As a result, lived experience leadership remains on the margins of national decision-

making. The Alliance stands ready to ensure lived experience is meaningfully included in mental health governance, policy design, commissioning, monitoring and evaluation. Until this is realised, Australia remains non-compliant with its international human rights obligations under Articles 4(3) and 33(3) of the CRPD.

Australia maintains interpretative declarations to CRPD Articles 12 and 17 that legitimise involuntary detention and treatment[vi]. National data and lived experience evidence demonstrate widespread use of coercion, including seclusion, restraint and involuntary hospitalisation, causing trauma, deterring people from seeking care, and breaching Australia's obligations under the CRPD and the Convention Against Torture (CAT). Despite clear recommendations from disability and mental health royal commissions, Australia has failed to commit to eliminating coercive practices.

Failures to realise economic and social rights are evident across income support, housing, healthcare and employment. Mental health consumers experience disproportionate poverty, housing insecurity and unemployment. Income support payments remain inadequate, punitive compliance regimes persist, and access to affordable healthcare—particularly bulk-billed[vii], or free, mental health services—is severely limited. Hundreds of thousands of people with psychosocial disability are excluded from the National Disability Insurance Scheme (NDIS) and lack access to consistent, equitable psychosocial supports.

These outcomes are driven by structural policy choices, including underinvestment in social services, reliance on GDP rather than wellbeing measures, and failure to mobilise maximum available resources through fair and progressive taxation. Without reform, Australia cannot meet its minimum core obligations under the ICESCR.

This submission sets out concrete, rights-based recommendations for reform, including: enacting a National Human Rights Act; implementing UNDRIP; eliminating coercive mental health practices; ensuring adequate income support and housing; guaranteeing access to affordable healthcare and psychosocial supports; strengthening employment protections; embedding lived experience leadership; and mobilising sufficient public revenue to progressively realise economic, social and cultural rights.

The Alliance urges the Committee to hold Australia accountable for these ongoing breaches and to recommend urgent, systemic reform grounded in human rights and lived experience leadership.

Australia's Compliance with Economic, Social and Cultural Rights of People Living with Mental Health Challenges

Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples experience disproportionate levels of racism, criminalisation, compulsory treatment, incarceration, child removal and exclusion from culturally safe services. Australia's Sixth Periodic Report fails to meaningfully address the intersection of cultural rights, land rights, health rights and self-determination for First Nations peoples living with mental health challenges.

Australia endorsed the United Nations Declaration on the Rights of Indigenous Peoples[viii] (UNDRIP) in 2009. However, the Australian Government has not:

i. Incorporated UNDRIP into domestic law, policy or practice;
ii. Developed a National Action Plan in partnership with Indigenous peoples; or
iii. Conducted a comprehensive audit of laws and policies for UNDRIP compliance.

UNDRIP is also excluded from the instruments used to assess statements of compatibility with human rights in federal legislation.

Recommendations

1. The Australian Government should fund, and work with, First Nations–led peak bodies to lead the development of a UNDRIP implementation and action plan.
2. The Australian Government should fund First Nations–led independent oversight and accountability mechanisms under UNDRIP.

Urgent Need for a National Human Rights Act

In May 2024, the Parliamentary Joint Committee on Human Rights[ix] in its review of Australia's human rights framework recommended that Australia enact a National Human Rights Act in May 2024. Despite this, the Government has not progressed any work to develop or design appropriate legislation to achieve this.

Australia remains the only advanced democracy without a legislated Human Rights Act, leaving international human rights obligations largely unenforceable domestically.

The absence of a National Human Rights Act:

- Leaves people more vulnerable to coercive practices, including involuntary treatment and restrictive practices by providing fewer avenues for redress and poorer policy and system design decisions grounded in human rights;
- Weakens accountability across government agencies, including the National Disability Insurance Scheme (NDIS) and the Quality and Safeguards Commission (NDIS Commission) by failing to require
- the NDIS Commission to properly consider and comply with human rights when it makes enforcement decisions;

- Allows systems planning and commissioning to proceed without reference to human rights standards as public servants do not need to consider human rights when making commissioning decisions;
- Undermines effective implementation of OPCAT, including establishment of National Preventive Mechanisms (NPMs) by failing to provide a nationally consistent approach to human rights and closed environments.

Several states and territories have not nominated NPMs, while others lack sufficient legislative powers to ensure compliance.

Recommendations

3. the Australian Government introduce a National Human Rights Act giving domestic effect to ICESCR, OPCAT and Convention on the Rights of Persons with Disabilities (CRPD) obligations, aligned with the WHO–OHCHR report *Mental Health, Human Rights and Legislation*[x] (2023).
4. the Australian Government require all States and Territories to establish National Preventive Mechanisms.

Lived Experience Leadership

A significant development since the submission of Australia's report is the establishment and Australian Government funding of a stand-alone mental health consumer peak body, the National Mental Health Consumer Alliance (the Alliance), in July 2024.

The Alliance is a federally funded, federated mental health consumer lived experience peak body representing over 8,000 people with lived experience of mental health challenges, with state and territory consumer peak bodies as members. Peak bodies play a vital role in providing informed Lived Experience expertise and advice to governments, shedding light on what matters to people experiencing mental health distress. We offer insights into service usage, interactions with bureaucracy and emergency services, and how these experiences shape outcomes. Peak bodies provide support to those who can advocate on their own and a voice to those who cannot.

The Alliance advocates for the inclusion of lived expertise leadership across national mental health policy, systems design, service delivery, monitoring and evaluation.

Defining Lived *Experience*, *Expertise*, and *Experience Leadership*[xi]	
Lived experience	Personal experience(s) of a particular issue, such as mental health challenges and the living despite, that have caused life as we knew it to change so significantly we have to reimagine and redefine ourselves, our place in the world and our future plans. It is informed by the expertise, the collective knowledge of the lived experience movement and, importantly, it's about learning how to use those experiences in a way that's useful to other people. In its broadest context, it is a person's direct and personal experiences and choices, positive and negative, the knowledge they have gained and the impact to them of these experiences and choices. This direct lived experience affords the person an authentic voice through their unique insight that can challenge assumptions, motivate organisations to do things differently and pinpoint areas for change

Lived expertise	The process of applying what has been learned through a person's lived experience to inform and transform systems, services and individual outcomes for those impacted by mental distress, social issues or injustice for the benefit of others.
Lived experience leadership	Includes informal and formal activity which promote the values and goals of lived experience as relating to empowerment, peer services, social justice and citizenship. Leaders speak up to influence community awareness, organisational culture, policy and politics; leaders create space, pathways and inclusion with others; leaders prompt and support change.

With this support from the Australian Government, the Alliance is working alongside government departments to ensure the voices of people with lived experience of mental health challenges are included in the design, development, commissioning and operation of mental health supports and services. We are working towards genuine paid lived experience inclusion and governance which are currently marginal rather than embedded within national mental health decision-making structures.

For too long, individuals with lived experience have been disempowered, with decisions made about us by psychiatrists, medical professionals, and service providers without our input. Often, those who speak on mental health issues are the very professionals whose practices may have caused us harm, such as psychiatrists who have confined us or medical professionals who may only offer quick fix medications, rather than understand holistic needs.

Funding for peak bodies provides an informed and ready voice to provide thought leadership, high-level representation and deep policy advice to Governments. Partnering with lived experience peaks across all levels of government early in policy development will produce better outcomes for people.

Recommendation 6.21 of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability[xii] (DRC) states that governments 'should ensure long-term and stable funding for national disability advocacy programs'. State/Territory Government agreed to accept this recommendation in principle.

Recommendations

5. The Australian Government continue to provide secure, ongoing and sustainable funding commensurate with ensuring the voices of people with lived experience of mental health challenges lead the development of mental health supports and services.
6. The Australian Government encourage state/territory governments to provide mental health consumer peak bodies in their jurisdictions with secure ongoing and sustainable funding commensurate with ensuring the voices of people with lived experience of mental health challenges lead the development of mental health supports and services.

Alignment with the CRPD and Elimination of Coercion

Australia maintains interpretative declarations on the United Nations Convention on the Rights of Persons with Disabilities (CRPD)[xiii] Articles 12 (Equal recognition before the law) and 17 (Protecting the integrity of the person), legitimising involuntary detention and treatment of people with mental health challenges. These declarations enable widespread coercive practices, including seclusion, restraint and involuntary hospitalisation.

The Alliance conducts an annual Human Rights Survey for people with lived experience of mental health challenges and psychosocial disability. The 2024 National Human Rights Survey[xiv] revealed widespread use of involuntary and coercive treatment against people with psychosocial disability. Respondents described being detained, medicated, or restrained against their will. Such practices deny people choice and control, perpetuate fear and mistrust of the mental health system and create vicarious trauma for those who are witnesses to the experience. These experiences directly breach Australia's CRPD and CAT obligations.

- half (52%) of all respondents reported avoiding seeking support altogether to escape coercive practices such as forced medication or threats of detention while in a mental health inpatient unit
- 27% of respondents agreed to treatment out of fear of being subjected to involuntary treatment, also known as informal coercion

National data from the Australian Institute of Health and Welfare (AIHW) echoes these findings: in 2022–23, nearly half (43%) of all acute mental health hospitalisations were involuntary, along with 27% of non-acute hospitalisations, such as rehabilitation or extended care.[xv] These figures have barely shifted in recent years,[xvi] signaling a lack of meaningful reform. Australia has some of the highest rates of involuntary psychiatric treatment in the world, with admission and detention rates significantly exceeding those of comparable countries.[xvii]

Under the CRPD, particularly Article 12 (Equal recognition before the law), Article 14 (Liberty and security of the person), Article 15 (Freedom from torture or cruel, inhuman or degrading treatment or punishment), Article 16 (Freedom from exploitation, violence and abuse) and Article 17 (Protecting the integrity of the person),[xviii] these practices are clear breaches of international human rights standards. They are also inconsistent with Australia's obligations under the CAT.[xix]

The DRC found that coercion, including involuntary admissions, remains widespread and contributes to trauma, disengagement, and mistrust of services.[xx] It called for a fundamental shift toward voluntary, rights-based care models, supported by trauma informed practice, peer support, and access to advocacy. The DRC recommended a National Roadmap to eliminate coercive practices (Recommendations 6.37–6.41).

These are similar findings to the Royal Commission into Victoria's Mental Health System, which recommended the elimination of seclusion and restraint from the mental health system within ten years.[xxi]

Recommendations

7. The Australian Government, with people with lived experience of mental health challenges, develops and implements a National Roadmap to eliminate coercive practices, with clear timelines and reporting.
8. The Australian Government remove its interpretative declarations of CRPD Articles 12 and 17 and work with people with lived experience of mental health challenges to ensure human rights standards under the CRPD are no longer breached.

National Mental Health and Suicide Prevention Agreement

The Australian Government noted in paragraph 287 of their sixth periodic report that the National Mental Health and Suicide Prevention Agreement (Agreement) came into effect in March 2022. The Agreement was developed to cover the intersection between the responsibilities of the Australian Government and state and

territory governments without the voice of people with lived experience of mental health challenges. The purpose of the Agreement was to recognise the role of a whole of government approach covering the many domains required for mental health system reform rather than having a narrow health focus.

In 2025, the Australian Government invited the Productivity Commission to review the current Agreement. The Productivity Commission's Mental Health and Suicide Prevention Agreement Review[xxii] (Productivity Commission Report) released in November 2025 found the Agreement not fit for purpose, citing exclusion of lived experience leadership, crisis-focused responses, and failure to address social determinants.

The Productivity Commission Report made nine recommendations including that lived experience be included in the structure of the future mental health and suicide prevention agreements and psychosocial supports.

Recommendations

9. The Australian Government funds the national mental health consumer peak body to carry out the recommendations in the Productivity Commission's report on the next National Mental Health and Suicide Prevention Agreement, ensuring mental health consumer lived expertise is embedded in the next agreement and associated national reforms to psychosocial supports.
10. The Australian Government encourages the states/territories to appropriately fund jurisdictional mental health consumer peak bodies to carry out the recommendations in the Productivity Commission's report.
11. The Australian Government funds the First Nations lived experience peak, the Indigenous Australian Lived Experience Centre (IALEC) to carry out the recommendations in the Productivity Commission's report, and First Nations lived expertise be included in the structure of the next mental health and suicide prevention agreement and psychosocial supports.

A major commitment of the 2022 Agreement was to develop and publish a National Stigma and Discrimination Reduction Strategy. We understand that the Strategy has been finalised, but it has not yet been released by the Australian Government[xxiii]. The Productivity Commission's Report called for the government to release the report. This delay undermines evidence-based policy and accountability.

While we wait, people with lived experience of mental health challenges continue to face discrimination, bigotry and vilification in emergency departments, policing, housing, employment, education, child protection and community services across Australia. The Alliance's 2024 Human Rights Survey revealed just how entrenched discrimination, vilification and bigotry towards people with mental health challenges remains across society:

- 9 in 10 respondents witnessed vilification;
- Nearly 9 in 10 reported unfair media portrayals;
- Over half reported dismissal of physical health concerns, particularly in emergency departments.

Recommendation

12. The Australian Government immediately release the National Stigma and Discrimination Reduction Strategy in its entirety, without modification, delay of dilution.

Right to Just and Favourable Conditions of Work (Article 7)

Article 7 of ICESCR identifies the right to just and favourable conditions of work. As a population group, people with lived experience of mental health challenges face barriers to gainfully participate in the workforce. The reasons are varied and are only partially known.

A significant number of people with lived experience who rely on the Disability Support Pension[xxiv] (DSP) live below the poverty line due to increased housing costs, food costs and utilities and medical costs that do not meet bulk-billing criteria. The current payment system does not meet everyone's needs.

The DSP provides the most comprehensive and appropriate payment in the current system for people with lived experience and should be made easier to access. The same cannot be said of other types of Support Pensions, such as Jobseeker where mutual obligations are a requirement for receiving payment, which act as a barrier for some to obtain this support.

Australia's Attorney General is currently reviewing the *Disability Discrimination Act 1992* (Cth)[xxv] (DDA). In the Alliance's submission to this review[xxvi], we stated that the DDA requires comprehensive reform to address systemic failures documented by the DRC. Despite existing protections, people with disability continue experiencing widespread discrimination, exclusion, and barriers to full societal participation across education, employment, housing, and healthcare.

Despite policies promoting workforce participation people with psychosocial disability face high unemployment rates and workplace stigma. The employment rate for people with psychosocial disability (29%) in Australia remains significantly lower than for those with other disability, 53.4% and without disability 84.1%[xxvii].

Volume 7 of the DRC[xxviii] findings outlines 44 recommendations for inclusive employment that urge the elimination of segregated systems, a position strongly supported by lived experience organisations across Australia.

The 'inherent requirements' exception under Section 21A of the DDA permits employment discrimination, including denial of promotion or transfer, when a person with disability cannot perform essential job functions even with reasonable adjustments. Without a statutory definition, the exception is applied subjectively and inconsistently, creating a deficit-based model focused on limitations rather than capabilities. This allows employers to rely on speculation rather than evidence, while individuals bear the burden of challenging discrimination after exclusion rather than employers proving justification.

Recommendation 7.32 of the DRC called for the end of segregated employment by 2034. The Commonwealth Government has yet to commit to the full abolition of Australian Disability Enterprises[xxix].

Workplace discrimination remains widespread, with mental health consumers facing workplace discrimination and a lack of reasonable adjustments. The Alliance's 2024 Human Rights Report identified the following:

- Two in five respondents couldn't find work due to mental health discrimination.
- Less than half of employed respondents (47%) who disclosed their lived experience of mental health challenges were provided with reasonable accommodations
- 36% employed respondents of those who did not disclose their lived experience of mental health

- challenges were provided with reasonable accommodations
- 35% employed respondents of those who did disclose reported being bullied, harassed or discriminated against
- 27% employed respondents of those who did not disclose reported being bullied, harassed or discriminated against even without disclosing their lived experience.

Recommendation

13. To cease breaching Article 7, the Australian Government must:

    a) strengthen and enforce anti-discrimination laws to ensure employers provide reasonable adjustments for people with mental health challenges.
    b) introduce mandatory employment targets for Commonwealth agencies and corporatised entities, requiring that at least 9% of the workforce identify as having a disability, including psychosocial disability.
    c) require employers subject to the positive duty to conduct disability inclusion audits and publish plans.
    d) provide tax incentives and grants for private employers who hire and retain people with psychosocial disabilities, with priority for trauma-informed workplaces.
    e) phase out supported employment services, including sheltered workshops that have historically underpaid and segregated workers in alignment with Royal Commission recommendations.
    f) expand Section 21A of the DDA for inherent requirements criteria to include the nature and extent of adjustments provided, and the level of consultation with the person with disability[xxx].
    g) abolish Australian Disability Enterprises.

Right to Social Security (Article 9)

The Alliance, alongside other mental health consumer peaks and disability peak bodies, has opposed the further criminalisation of welfare policies by the current Commonwealth Government. The failure to prosecute those responsible for deaths arising from Robodebt should remain another area of concern[xxxi].

Mental health consumers experience disproportionate poverty, unemployment and financial stress. Australia's Sixth Periodic Report is silent on:

- the inadequacy of JobSeeker and DSP payments;
- punitive compliance systems; and
- digital exclusion and evidentiary barriers.

In November 2025, the Commonwealth Ombudsman released its second report into the Targeted Compliance Framework (TCF) and found the Department of Employment and Workplace Relations's and Service Australia's oversight of decisions by providers is poor and lacking in transparency. The Ombudsman continued that "*the stigmatisation of welfare recipients may contribute to the lack of protections in place, and that greater supervision and oversight of the private providers administering this system is urgently needed*[xxxii]".

Recommendations

14. The Australian Government address income support inadequacy by increasing Jobseeker and the Disability Support Pension to the Henderson poverty line at a minimum.
15. The Australian Government should abolish income support mutual obligations[xxxiii].
16. The Australian Government should abolish compliance harms impacting people with psychosocial disability, including the possible reduction or loss of Disability Support Payments if a person enters a partnership.

Right to Adequate Standard of Living (Article 11)

Article 11(1) of ICESCR recognises "the right of everyone to an adequate standard of living… including adequate food, clothing and housing."

The Alliance's 2024 Human Rights Survey identified high levels of housing instability. Experiences of homelessness were higher than the national average,[xxxiv] with almost one in fourteen respondents reporting being without stable housing.

Housing that is both affordable and meets the needs of people is required to foster dignity and equality within the community.

Special consideration must be given to rural communities that face unique barriers to securing adequate housing and consequently, experience homelessness. This is compounded with lower access to high quality mental health and wellbeing supports.

Rural access to adequate, affordable housing and reduction of homelessness can occur, for example, by developing anti-discrimination education programs, creating greater access to bulk-billing of medical services by introducing financial support, ensuring telehealth services can be accessed and ensuring that First Nations communities are the drivers of their own solutions and responses.

Recommendation

17. The Australian Government introduce a statutory right to housing, Housing First policies, and social housing expansion. Failure to address homelessness and housing affordability breaches Australia's obligation to Article 11.

Income

The Alliance's 2024 Survey identified that mental health consumers in Australia face disproportionate poverty and income insecurity in comparison with other Australians. The Alliance's 2024 Human Rights Survey identified the following:

- Over half (51.5%) lived in households in the lowest two quintiles for equivalised gross household income.
- 39% of respondents said they were unable to find work because of their lived experience.
- 13% of respondents reported being paid a lower hourly rate because of their lived experience.
- 7.3% lived in households with equivalised gross household income in the highest quintile compared to 15.0% of those with disability other than psychosocial[xxxv].

These results highlight the over-representation of mental health consumers in insecure housing and our under-representation in home ownership.

Right to Health (Article 12)

ICESCR Article 12 covers the right to health, and should be read alongside Article 25 of the Convention on the Rights of Persons with Disability (CRPD), which provides for the highest attainable standard of health without discrimination.

Broadly covering rural and remote access issues, telehealth, and culturally safe services, a lack of equitable access violates this obligation.

Cost of health care

Economic security directly shapes whether mental health consumers can access the services we need. The 2024 Human Rights Survey highlighted affordability as one of the biggest barriers to healthcare:

- 55% of respondents reported not having access to a bulk-billing general practitioner, the gatekeepers to subsidised psychology sessions and specialists including psychiatrists.
- 82% could NOT see a bulk-billed psychologist.
- 89% could NOT see a bulk-billed psychiatrist.

For many, the cost of private mental health care was prohibitive. Respondents explained that a lack of bulk-billing availability contributed to delays in seeking help or resulted in reliance on public hospital emergency departments.

From a rights perspective, this is a breach of CRPD Article 25 (Health), which requires governments to ensure people with disability have equal access to healthcare, without discrimination, and at an affordable cost.[xxxvi] The Alliance's findings demonstrate that economic security and access to services cannot be separated; without adequate income and affordable options, people are locked out of the very supports intended to uphold our rights and wellbeing.

Recommendation

18. The Australian Government ensures that people living with mental health challenges have universal access to the services and supports they need. Not doing so breaches Australia's obligations under Article 12.

Prison health care

In Australia, people in prison settings are denied access to Medicare and entitlements under the Pharmaceutical Benefits Scheme. This includes more limited access to mental health supports than are provided outside of prison settings. Excluding people in custody from Medicare and the PBS creates systemic inequalities, leaving one group with higher rates of chronic illness, mental health issues and communicable disease without access to the same standard of care as the broader community[xxxvii],[xxxviii]. Realisation of Article 12 requires that the right to the highest attainable standard of health applies in all contexts.

Recommendation

19. The Australian Government reform access to Medicare and the PBS to ensure people in custodial settings enjoy the same access to healthcare, including mental health care, as those in the community.

Psychosocial Disability

Australia's NDIS provides funding to eligible people with disability, including people living with psychosocial disability, to gain greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life[xxxix]. Despite significant investment into the NDIS, there are insurmountable barriers for people living with psychosocial disability to be covered by the NDIS including the episodic nature of some conditions where needs can fluctuate over time. The application process in itself can be a barrier, and navigating the application process is a daunting, involved and expensive process.

Consumers have advised that the staff responsible for assessing applicability for cover do not understand psychosocial disability. In addition, recent reviews of the NDIS have removed previously available non-clinical supports.

We know from the Australian Government commissioned report *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme*[xl] (Unmet Needs report) published in 2024 that there are 230,500 people with what the government calls "moderate support needs" and a further 263,100 people with "high support needs" that are currently not receiving the psychosocial supports they require. In total, the report estimated there were 493,600 people across Australia, between the ages of 12 – 64, who may benefit from additional psychosocial supports.

The report also stated that in 2022-23, there were 54,992 people over the age of 65 years with "severe mental illness" and 78,266 with "moderate mental illness" who did not receive any psychosocial supports. This cohort of people is also ineligible to apply for the NDIS but may be covered by the NDIS if they are accepted prior to turning 65 years. Government-commissioned research released in 2024[xli] found nearly 500,000 people who were not covered through the NDIS were living with ongoing low, moderate and high unmet psychosocial support needs.

Psychosocial services are not provided or funded in a consistent or equitable manner across the country. One of the reasons for this inconsistency is that in the lead-up to the NDIS being introduced in 2013, some states continued funding some psychosocial support services, while others allocated all or most of their funds to the Commonwealth Government for the NDIS. At the same time, the Commonwealth Government closed some psychosocial programs, including Partners in Recovery (PiR) and Personal Helpers and Mentors (PHaMS). However, not everyone who used PiR or PHaMS was accepted under the NDIS and so they were left without psychosocial support. Further, the NDIS did not replace all state funded community mental health services.

While place-based services should be a key feature of psychosocial supports, a system that funds only specific and discrete projects in particular locations is inherently limited and unfair and will not meaningfully address unmet need. An inconsistent national program also makes data collection and evaluation across different projects and jurisdictions complex and limits the accountability services have to the people who use them, or seek access to them.

Recommendation

20. The Australian Government to work with the lived experience peaks to ensure that people with psychosocial disability have universal access to psychosocial supports. Not doing so breaches Australia's obligations under IESCR Article 12.

Wellbeing Economy

Australia's continued reliance on macroeconomic indicators like GDP, at the expense of social determinants of health, constitutes a structural barrier to the progressive realisation of the right to health, breaching ICESCR Article 12. Prioritising market competition over public asset investment has resulted in regressive outcomes for mental health services and social security, disproportionately affecting vulnerable communities.

In October 2022, the Australian Government announced the development of the Measuring What Matters framework. In its budget papers, the Commonwealth Government reflected that:

> 'Traditional macroeconomic indicators provide important insights, but not a complete or holistic view of the community's well-being. A broader range of social and environmental factors need to be considered to broaden the conversation about quality of life.'[xlii]

The 'Measuring What Matters' framework was designed to shift assessment of national progress from GDP to wellbeing, guiding policy by reporting across five themes—Healthy, Sustainable, Cohesive, Prosperous and Secure—via 12 dimensions and 50 indicators, including life satisfaction. It was developed through two short consultation phases and drew on domestic and international approaches. Treasury committed to iterative refinement, with an Australian Bureau of Statistics dashboard updated annually and statements every three years. Additional funding expanded the General Social Survey to increase sample sizes and disaggregation, strengthening indicators.

While the Measuring What Matters framework is a welcome step toward a holistic assessment of progress, it currently lacks the legislative or budgetary teeth required to ensure accountability under Article 2(1).

The Measuring What Matters framework's development failed to meet the standard of meaningful participation required under the ICESCR. The six-week consultation period was insufficient to capture the views of marginalised communities[xliii]. Specifically, the lack of deep engagement with First Nations people and people with lived experience of mental health issues undermines the framework's ability to address systemic inequalities and the right to non-discrimination (Article 2(2)). This also means the mental health indicators are either absent or not sufficient to measure mental wellbeing[xliv].

To comply with the ICESCR, the Measuring What Matters framework should move beyond reporting and become a mechanism that directs the maximum available resources toward fulfilling economic and social rights. The Measuring What Matters should be iteratively improved through consultative mechanisms that centre people with lived experience of mental health issues, as well as First Nations and other marginalised communities.

Recommendation

21. With people with lived experience of mental health challenges, First Nations and marginalised communities, make the Measuring What Matters framework a formal government mechanism that directs the maximum available resources toward fulfilling economic and social rights to align with Article 12.

Tax justice and mental health justice (Article 2(1))

Australia's status as a low-taxing nation (ranking 29th out of 38 Organisation for Economic Cooperation and

Development (OECD) countries)[xlv] creates a failure to mobilise the maximum available resources required under Article 2(1) of the ICESCR. This revenue gap undermines the progressive realisation of economic and social rights, as the Treasury is unable to meet the 'minimum core' obligations of the right to health and housing. Public spending is expected to increase in Commonwealth and state budgets, leading to a forecasted structural deficit over the next decade[xlvi]. To progressively realise, rather than progressively backslide, economic and social rights under the ICESCR, Australia will need more revenue.

If Australia was to collect the OECD *average* from taxation, this would account for $140 billion more in revenue *per year*. Australia maintains significant tax expenditures that disproportionately benefit high-wealth individuals, such as the capital gains tax discount (costing $19 billion annually). By maintaining these concessions and providing $11 billion in fossil fuel subsidies, the State Party is effectively diverting resources away from its obligations to improve social determinants of health and mental wellbeing.

There are many options for increased investment[xlvii] which could be directed towards realising the ICESCR rights.

Potential Revenue Source	**Annual Value (AUD)**	**Relevant ICESCR Right**
Wealth & Inheritance Tax	$51 Billion	**Art 9:** Social Security & Income Support
Ending CGT Discount	$19 Billion	**Art 11:** Adequate Housing & Infrastructure
Mining/PRRT Reform	$12.5 Billion	**Art 12:** Universal Mental Health Care
Ending Fuel Tax Credits	$11 Billion	**Art 2:** Non-discrimination & Anti-racism

These all remain some of the primary social determinants of mental health that are unable to be addressed due to revenue shortfalls. It is unlikely that Australia will be able to fulfil these ICESCR duties without addressing the structural deficit it faces.

Recommendation

22. The Australian Government reviews its taxation policy to ensure resources are mobilized. To fail to do so would breach Article 2(1).

Recommendations

The Alliance provides the following recommendation to the UN Committee on Economic, Social and Cultural Rights (CESCR) to inform their discussions with the Australian Government when they appear at CESCR 79th Session in 2026.

1. The Australian Government should fund, and work with, First Nations–led peak bodies to lead the development of a UNDRIP implementation and action plan.
2. The Australian Government should fund First Nations–led independent oversight and accountability mechanisms under UNDRIP.

3. The Australian Government introduce a National Human Rights Act giving domestic effect to ICESCR, OPCAT and Convention on the Rights of Persons with Disabilities (CRPD) obligations, aligned with the WHO–OHCHR report *Mental Health, Human Rights and Legislation*[xlviii] (2023).
4. The Australian Government require all States and Territories to establish National Preventive Mechanisms.
5. The Australian Government continue to provide secure, ongoing and sustainable funding commensurate with ensuring the voices of people with lived experience of mental health challenges lead the development of mental health supports and services.
6. The Australian Government encourage state/territory governments to provide mental health consumer peak bodies in their jurisdictions with secure ongoing and sustainable funding commensurate with ensuring the voices of people with lived experience of mental health challenges lead the development of mental health supports and services.
7. The Australian Government, with people with lived experience of mental health challenges, develops and implements a National Roadmap to eliminate coercive practices, with clear timelines and reporting.
8. The Australian Government remove its interpretative declarations of CRPD Articles 12 and 17 and work with people with lived experience of mental health challenges to ensure human rights standards under the CRPD are no longer breached.
9. The Australian Government funds the national mental health consumer peak body to carry out the recommendations in the Productivity Commission's report on the next National Mental Health and Suicide Prevention Agreement, ensuring mental health consumer lived expertise is embedded in the next agreement, and associated national reforms to psychosocial supports.
10. The Australian Government encourages the states/territories to appropriately fund jurisdictional mental health consumer peak bodies to carry out the recommendations in the Productivity Commission's report.
11. The Australian Government funds the First Nations lived experience peak, the Indigenous Australian Lived Experience Centre (IALEC) to carry out the recommendations in the Productivity Commission's report, and First Nations lived expertise be included in the structure of the next mental health and suicide prevention agreement and psychosocial supports.
12. The Australian Government immediately release the National Stigma and Discrimination Reduction Strategy in its entirety, without modification, delay of dilution.
13. To cease breaching ICESCR Article 7, the Australian Government must:
    a) strengthen and enforce anti-discrimination laws to ensure employers provide reasonable adjustments for people with mental health challenges.
    b) introduce mandatory employment targets for Commonwealth agencies and corporatised entities, requiring that at least 9% of the workforce identify as having a disability, including psychosocial disability.
    c) require employers subject to the positive duty to conduct disability inclusion audits and publish plans.
    d) provide tax incentives and grants for private employers who hire and retain people with psychosocial disabilities, with priority for trauma-informed workplaces.

e) phase out supported employment services, including sheltered workshops that have historically underpaid and segregated workers in alignment with Royal Commission recommendations.
f) expand Section 21A of the Disability Discrimination Act for inherent requirements criteria to include the nature and extent of adjustments provided, and the level of consultation with the person with disability[xlix].
g) abolish Australian Disability Enterprises.

14. The Australian Government address income support inadequacy by increasing Jobseeker and the Disability Support Pension to the Henderson poverty line at a minimum.
15. The Australian Government should abolish income support mutual obligations[l].
16. The Australian Government should abolish compliance harms impacting people with psychosocial disability, including the possible reduction or loss of Disability Support Payments if a person enters a partnership.
17. The Australian Government introduce a statutory right to housing, Housing First policies, and social housing expansion. Failure to address homelessness and housing affordability breaches Australia's obligation to ICESCR Article 11.
18. The Australian Government ensures that people living with mental health challenges have universal access to the services and supports they need. Not doing so breaches Australia's obligations under ICESCR Article 12.
19. The Australian Government reform access to Medicare and the Pharmaceutical Benefits Scheme to ensure people in custodial settings enjoy the same access to healthcare, including mental health care, as those in the community.
20. The Australian Government to work with the lived experience peaks to ensure that people with psychosocial disability have universal access to psychosocial supports. Not doing so breaches Australia's obligations under ICESCR Article 12.
21. With people with lived experience of mental health challenges, First Nations and marginalised communities, make the Measuring What Matters framework a formal government mechanism that directs the maximum available resources toward fulfilling economic and social rights to align with Article 12.
22. The Australian Government reviews its taxation policy to ensure resources are mobilized. To fail to do so would breach ICESCR Article 2(1).

Recognition of Lived Experience

As a consumer lived experience-led organisation, the National Mental Health Consumer Alliance values the skill and expertise of consumers with lived experience. We pay tribute to those we have lost for the work that they have done to advocate for our rights. We acknowledge that we stand on the shoulders of giants who have paved the way for the rights we have today, and we will continue their work today and every day until the mental health system recognises and upholds our human rights.

Nothing about us without us.

Endnotes

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