

Mental Health and Suicide Prevention Agreement Review



Young people and their families must be at the centre of mental health and suicide prevention reform. Evidence informed youth mentoring programs, such as those that Raise Foundation has been delivering for more than 16 years across Australia, deliver measurable, life-changing prevention and support. Properly funding, resourcing and embedding youth mentoring within a strong referral pathway is an efficient and effective approach to early intervention and prevention for mental ill health and suicide.

About Raise Foundation

Founded in 2008 Raise Foundation is a not-for-profit organisation that exists to mentor young people in need.

Raise is a registered charity and receives funding from Corporate partners and Philanthropic donors as well as the Federal Department of Health.

Delivering mentoring programs in 7 states/territories and more than 180 high schools across Australia, Raise recruits, trains and screens volunteers to become mentors.

These mentors are then matched with young people who would benefit from having a caring, trusted adult who shows up for them each week of the 20- or 10-week programs. Operating to a detailed youth safety framework, the Raise youth mentoring program provides a safe, proven and reliable solution for schools and families.

Our program can be delivered in person – on school premises within a school timetable – or can be delivered online to a young person in their school, home, or in their community.

Our early intervention model is focused on years 8 and 9 students who are most at risk of poor wellbeing and disengagement. Since 2008, we have supported more than 18,000 young people and trained more than 10,000 volunteer mentors.

Each year we rigorously evaluate our programs, collecting data on outcomes for thousands of young people, mentors, schools, caregivers and families.

In 2023 the University of Melbourne undertook an outcome evaluation of Raise Youth Mentoring, using a **matched control group** to measure impact.

The evaluation found that after two school terms of mentoring a young person improved their:

- Ability to ask for help
- Engagement with and attendance at school
- Resilience
- Hope for the Future

We know that asking for help is a foundational skill and protective factor against psychological distress and suicide.

You can find the detailed evaluation reports here: <https://raise.org.au/about/independent-evaluation/>

Our mentors are also equipped with the skills to support the mental health outcomes of other young people and other adults, including their colleagues after training as a Raise Mentor.

We know that on average Raise mentors use their skills to support at least one additional young person in their community as well as at least one adult in their lives. Raise mentoring creates thriving communities right across the country.

National Mental Health and Suicide Prevention Agreement

Raise welcomes the opportunity to provide a submission on the Draft Report of the Mental Health and Suicide Prevention Agreement Review.

As a service provider for more than 2,500 young people across the country every year and working across education and health systems at the national, state and local level Raise is well placed to provide insight into the provision of mental health and suicide prevention early intervention, support and care. Our commitment to evidence-based design and delivery as well as our comprehensive data collection and evaluation approach equally provides us with a valuable perspective on the opportunity of robust data systems and the gaps in the current approach to data and evaluation in mental health and suicide prevention.

Comments on Key findings

The draft report highlights that only 3 per cent of mental health funding is captured under the Agreement and the most critical commitments remain unfunded or under resourced. Raise recommends the [inclusion of youth-specific pathways which include youth mentoring](#) as a proven prevention and early intervention strategy that reduces burden on mental health professionals.

Raise's early submission to inform the Draft Report advocated for the [inclusion of people with lived experience](#) across the full spectrum of mental health and suicide prevention experience. We support the Draft report's critique of the lack of co-design with lived experience communities and particularly note the need for the voices of young people and their families in design and delivery.

We concur with the Draft report's concerns about the [weakness of prevention and psychosocial supports](#) across the mental health and suicide prevention system, particularly for those outside the NDIS. Community delivered mentoring programs, including those designed to support young people and their families, provide a key opportunity to provide psychosocial support with a high return on investment.

Proposed Key Recommendations

Raise Foundation recommends the following:

- [Extend the National Mental Health and Suicide Agreement to mid-2027](#): we support this recommendation of the Draft Report in order to provide more time for consultation and ensure adequate time and resourcing to facilitate meaningful co-design with people with lived experience, particularly those with intersectional experiences of disadvantage.
- Establish a [Youth Mentoring Schedule](#) with the Agreement. Youth mentoring presents a key opportunity to bring more capacity into mental health prevention and early intervention service provision, as well as the opportunity to take load off a strained system by supporting young people who are at risk of but not yet in mental ill health crisis. A schedule would ensure consistent

national investment, enable coordination across jurisdictions, and support rigorous data collection and evaluation. Embedding youth mentoring within the Agreement would recognise its proven value in strengthening protective factors like social connection, resilience, and help-seeking.

- Fund and resource [data infrastructure](#) for youth mental health and suicide prevention. It is challenging to undertake monitoring and evaluation as a service provider within the mental health and suicide prevention system due to the lack of routinely collected consistent measures on mental health and wellbeing. Strengthening the data infrastructure systems to collect population level data within settings including education would improve the effectiveness of mental health and suicide prevention services by enabling comprehensive monitoring and evaluation.
- [Embed the lived experience of young people](#) and their families in co-design, governance and delivery. Young people are experts in their own lives and provide a key perspective in the design and delivery of youth services and supports. Giving young people and their families a seat at the table in the governance, design and delivery of the Mental Health and Suicide Prevention Agreement will support its effectiveness, appropriateness and accessibility.
- [Promote place-based and peer-led approaches](#). We welcome the Commission's emphasis on the need for place-based and peer-led approaches to mental health and suicide prevention. These models are essential to meeting young people where they are including geographically, and culturally. Localised, community-driven mentoring programs delivered by peers or those with lived experience have demonstrated powerful impacts in building trust, strengthening connection, and improving early intervention outcomes. These approaches allow services to respond flexibly to the unique needs of different communities, particularly in regional, remote, and culturally diverse settings where one-size-fits-all models often fall short.
- [Support flexible funding](#) that can be driven by community needs and centres community identified outcomes. More flexible funding arrangements within the Agreement enables community organisations to respond to local needs in real time. One size fits all models can fail to accommodate the diverse realities faced by young people in different contexts. Flexibility would allow for innovative, youth-led programs including such as mentoring initiatives to be designed and adapted in partnership with communities. It would also support trialling and scaling of place-based models that show early promise, without the constraints of one-size-fits-all performance measures.

We would be very pleased to provide any further information required to support this review as well as share the experiences of Raise and our team, including our mentors, navigating the existing Mental Health and Suicide Prevention Agreement.