

REVIEW OF MENTAL HEALTH SERVICES AND PROGRAMMES

Submission by Research Australia to the National
Mental Health Commission

April 2014

**RESEARCH
AUSTRALIA**

AN ALLIANCE FOR DISCOVERIES IN HEALTH



ABOUT RESEARCH AUSTRALIA

Research Australia is an alliance of 160 members and supporters advocating for health and medical research in Australia. Research Australia's activities are funded by its members, donors and supporters from leading research organisations, academic institutions, philanthropy, community special interest groups, peak industry bodies, biotechnology and pharmaceutical companies, small businesses and corporate Australia. It reflects the views of its diverse membership and represents the interests of the broader community.

Research Australia's mission is to make health and medical research a higher priority for the nation. We have four goals that support this mission:

- A society that is well informed and values the benefits of health and medical research.
- Greater investment in health and medical research from all sources.
- Ensure Australia captures the benefits of health and medical research.
- Promote Australia's global position in health and medical research.

Elizabeth Foley

CEO & Managing Director

02 9295 8547

elizabeth.foley@researchaustralia.org

www.researchaustralia.org

384 Victoria Street Darlinghurst NSW 2010

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REVIEW OF MENTAL HEALTH SERVICES AND PROGRAMMES

SUBMISSION BY RESEARCH AUSTRALIA

INTRODUCTION

Research Australia is pleased to have the opportunity to make this submission to the National Mental Health Commission's Review of Mental Health Services and Programmes.

Research Australia welcomes the Review's focus on the efficiency and effectiveness of mental health services and programmes, and the specific reference to mental health research. Research in mental health is most often connected with understanding the underlying causes of mental illness and the development of new drugs and therapies. Equally important, however is research that provides the means to:

- assess the safety, quality, effectiveness (including cost effectiveness) of existing programmes and services;
- assess the effectiveness of existing therapies and practices in supporting recovery;
- provide an evidence base for the introduction of new therapies and practices;
- include the perspective of mental health consumers and their carers; and
- inform the translation of new therapies and practices into mental health care.

This submission seeks to address all these aspects of research in mental health.

A key theme of this submission is the need to better integrate research into the design, delivery and evaluation of mental health services and programmes; and the benefits this provides to the consumers of the services, the mental health care system and its workforce, and the community as a whole.

SUMMARY OF RECOMMENDATIONS AND PROPOSALS

The following is a summary of the recommendations and proposals made in Research Australia's submission.

- 1. A strategic national investment must be made in data linkage and collection, focusing on the systematic and uniform collection of relevant administrative, clinical and outcome data that is useful for a range of purposes including research.**
- 2. Australia needs to take a more strategic and integrated approach to mental health, and develop a National Mental Health Plan which integrates service delivery and support for people who experience mental illness and their families with research, performance reporting and increased community awareness of mental illness and mental health.**
- 3. The contribution of investigator driven clinical trials and comparative effectiveness research to improving the quality, safety and effectiveness of mental health programmes and services should be recognised as part of a National Mental Health Plan.**
- 4. Resources should be committed to establishing national clinical trial research infrastructure for mental health research, and to supporting the development of a national mental health clinical trials network. The network should be developed in conjunction with (and build on the work of) existing bodies active in this area, including the NHMRC Translation Faculty's two Steering Groups in mental health and the Australian Clinical Trials Alliance.**
- 5. The allocation of dedicated clinical research budgets within public mental health facilities with clear and transparent guidelines for the allocation of funding and accountability for their acquittal. Priority should be given to collaborative multi-site research.**
- 6. Additional funding for health services research to identify areas of inefficiency for further targeted research, increase the capacity to analyse and identify best practice for the Australian mental healthcare system, and to increase research into the most effective delivery mechanisms for implementing best practice.**
- 7. Measures to improve the physical, emotional and psychological safety of in-patients in public mental health institutions should be the subject of a targeted national call for research.**
- 8. A new National Mental Health Plan should make provision for the professional development of the mental health workforce with an emphasis on raising research literacy and awareness of adopting evidence based best practice as a path to improved care. This should include support for mental health practitioners undertaking research related post-graduate study as part of their professional development.**
- 9. Resources should be committed within mental health budgets to support the participation of mental health practitioners and general practitioners in clinical mental health research, including providing protected research time allocations and/or paying for research activities.**
- 10. Increased funding for population health and preventive health research to improve the effectiveness of preventive mental health measures and identify emerging trends in the mental health profile of the Australian population.**

BETTER DATA

Information is critical to the better management of Australia's mental health systems and programmes and the development of new and better treatments.

Not all data needs to be captured about all patients at all times. But taking a more strategic national approach to the collection and use of data would provide a sound foundation upon which to make decisions about the provision of health care as well as informing clinical research.

The ideal is the collection of data in a reliable, systematic and uniform manner across the full range of mental health care sites, and making this data available for analysis in a timely manner. While we are far from this ideal at the moment, progress is being made in a range of different areas.

The National Health Performance Authority is shining a light on the variations in practice and the collection of information across our health system, and is starting to drive greater uniformity in data collection. There is still a long way to go, and little attention has so far been paid to mental health, but it is showing what is possible across disparate data management systems.

In the research space, The Mental Health CRC has started a project to create a new web-based repository for clinical observation studies which will 'capture, access and query clinical observation data from longitudinal studies of biomarkers, which form the basis of the research being done by the CRC for Mental Health to identify indicators of the early onset of Alzheimer's, Parkinson's, schizophrenia and other mood disorders and psychoses.' It will not only capture new data but incorporate data from existing sources, and facilitate the manipulation and use of the data by researchers.¹

While not wanting to understate the difficulties in combining data from various sources across State and Territory boundaries and between separate institutions and systems, it is becoming easier to link existing databases and collections. Advances in data management and computing capacity are making it possible to combine large volumes of structured and unstructured data from multiple sources in ways that allow the data to be analysed to provide useful information.

While we may now be better able to link data the information that is currently available is incomplete and inconsistent. The National Mental Health Commission has acknowledged this need and has committed to

*'Undertake and disseminate research, analysis, evaluation and advice on key priorities and data gaps.'*²

The importance of improving data collection has also been acknowledged by the Council of Australian Governments:

Building the evidence base and improving data collections

There is a need to continue research and data development to improve our collective knowledge and understanding of mental health and wellbeing, the many factors contributing to it, their interaction, and effective ways to improve and maintain mental health for people across the population.

For example, current Australian mental health and broader health data collections are inadequate in their description of the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Improvement of national data collections in these areas will be critical to the

¹ <http://www.mentalhealthcrc.com/wp-content/uploads/2011/11/140131-Arcitecta-CRC-for-Mental-Health-news-release.pdf>

² *National Mental Health Commission's Strategies and Actions 2012-2015*. Page 17

design and refinement of services and supports, and to the identification of service gaps. Similarly, evidence of systematically effective approaches to suicide prevention is scarce, but there is an imperative for governments, service providers and the community to perform better in this area. Suicide is a complex phenomenon and in 2010 was the leading cause of death for men aged 16–44.

New opportunities are enabling us to increase our knowledge of risk and protective factors for mental health in the early years, using data being collected through the national rollout of the Australian Early Development Index and associated research. Work is also starting on the measurement of social and emotional wellbeing and development in middle age. The value of these collections will increase as data accumulates over time and is linked to other data collections.

Data on mental health and wellbeing has improved in recent times, but there remain significant challenges to capturing information that demonstrates clearly whether reform is being achieved and whether outcomes for people with mental health issues have improved. A key element of this Roadmap is prioritising the development of better data and evidence.³

Research Australia submits that a strategic national investment must be made in data linkage and collection. It must focus on the systematic and uniform collection of relevant administrative, clinical and outcome data that is useful for a range of purposes including research.

³ COAG, The Roadmap for National Mental Health Reform 2012–22, page 41

RESEARCH PRIORITIES

Mental Illness is diverse and heterogeneous, and the potential research targets exceed the available research funds. In such an environment it is important that scarce research funding is directed not only to research of the highest quality but to research with the greatest potential to benefit the community.

National Health and Medical Research Council (NHMRC) project and program funding is the most visible of the Commonwealth Government's funding programs for health research. While NHMRC funding to mental health has increased in recent years, the question of whether funding for mental health research is distributed to the strategically most important areas remains largely unanswered.

The NHMRC uses a peer review process which seeks to ensure that the highest quality research proposals are funded. While this focus on excellence is, of course, important, it provides little opportunity to consider the strategic importance of particular areas of research or particular approaches.

While the NHMRC has the capacity to make a targeted call for research, it does so only rarely, relying instead on researchers to propose research topics. Better use of research funds could come from closer links between the research and mental healthcare sectors.

The strategic approach to cancer – a model for mental health research?

A more strategic approach to research and healthcare delivery, and to integrating research and care, has been taken in respect of cancer. It is evident in the Australian Government's National Cancer Plan, which led to the creation of Cancer Australia, a Commonwealth Government Agency created by statute.

The *Cancer Australia Act* (Cth) 2006 specifies the following functions for Cancer Australia:

1. To provide national leadership in cancer control.
2. To guide scientific improvements to cancer prevention, treatment and care.
3. To coordinate and liaise between the wide range of groups and health care providers with an interest in cancer.
4. To make recommendations to the Commonwealth Government about cancer priorities.
5. To oversee a dedicated budget for research into cancer.
6. To assist with the implementation of Commonwealth Government policies and programs in cancer control.
7. To provide financial assistance, out of money appropriated by the Parliament, for research mentioned in paragraph (5) and for the implementation of policies and programs mentioned in paragraph (6).
8. Any functions that the Minister, by writing, directs Cancer Australia to perform.

Cancer Australia has been allocated funding to implement the following components of the Australian Government's National Cancer Plan:

- a dedicated cancer research budget
- support for cancer clinical trials
- the 'Supporting people with cancer' program
- mentoring for regional hospitals and cancer professionals

- professional development for people providing care and support to people with cancer
- development of training courses for cancer nurses
- data set development (as part of the *Cancer Data to improve Cancer Survival* measure) and
- the *Improved lung cancer data and treatment guidelines* measure.⁴

One of the most notable features of the Cancer Care Plan is that it brings together elements of research, healthcare delivery, workforce development and patient support.

Cancer Australia's primary research funding program is the Priority-driven Collaborative Cancer Research Scheme (PCCRS) to support research that reduces the impact of cancer on the community and improves outcomes for people affected by cancer.

The scheme brings together the government funding administered by Cancer Australia with funding provided by other cancer research fundraising bodies in the philanthropic sector. It seeks to better coordinate the funding of cancer research across the whole sector, and seeks submissions for investigator initiated research for specific research priorities in relation to cancer, covering the spectrum from primary to translational and public health research. Cancer Australia works with the NHMRC on key aspects of the Scheme.⁵

⁴ <http://canceraustralia.gov.au/research-data/grants-and-funding>

⁵ www.canceraustralia.gov.au

A NATIONAL MENTAL HEALTH PLAN

There is merit in considering whether the Cancer Plan model would work effectively for mental health research.

The 4th National Mental Health Plan (2009-2014) referred to the role of research and the need to develop a National Mental Health Research plan although it is not apparent that this occurred. *The Roadmap for National Mental Health Reform 2012–22* states that a successor to the 4th Mental Health Plan will be developed by mid 2014, although Research Australia understands that this timeframe has, very sensibly, been modified to provide an opportunity for the new Plan to be informed by the outcome of the Mental Health Review. As has already been noted, The Roadmap refers to the ‘need to continue research and data development to improve our collective knowledge and understanding of mental health and wellbeing, the many factors contributing to it, their interaction, and effective ways to improve and maintain mental health for people across the population.’⁶

While this is certainly important, it is only a small part of the role that research can and should play in our mental health system. Research Australia **is supportive of the proposal to develop a National Mental Health Research Plan and is of the view that it should be a component of, and integrated into, the next National Mental Health Plan.** Integration of the plans will focus research on the issues that need to be addressed to improve the quality of care and facilitate the translation of research outcomes into practice.

Research Australia recognises that the National Mental Health Commission is a very different body to Cancer Australia. It does not, for example, have responsibility for a grants program. Nonetheless, the Commission is well placed to play a leadership role in integrating research into mental health services and programmes. This can be achieved in collaboration with other organisations and bodies including the Australian Commission for Safety and Quality in Healthcare, Health Workforce Australia, the National Health Performance Authority, the Independent Hospital Pricing Authority, Commonwealth, State and State Government Departments of Health, the NHMRC, mental health consumer and carer groups (eg. NSW Consumer Advisory Group- Mental Health, Carers Australia), universities, other research organisations, pharmaceutical companies and peak bodies.

The plan would seek to coordinate and integrate the development of the following:

- clinical and healthcare standards and guidelines;
- data collection and linking;
- strategic research priorities;
- support for clinical trials;
- translation of research into practice;
- training and professional development for the mental health workforce;
- professional development for primary health care practitioners; and
- community education;
- consumer education; and
- mental illness prevention.

⁶ COAG, *The Roadmap for National Mental Health Reform 2012–22*, page 41

The advantages of such an integrated approach include:

- Data collection which serves clinical, research and performance reporting needs;
- Clinical interventions, standards and guidelines which have an evidence base;
- Community education and prevention measures which have a basis in research and are subjected to rigorous assessment of effectiveness;
- Research which is directed to areas of need and seeks to answer the questions that are relevant to health care providers and people experiencing mental illness;
- Identification of ineffective and inefficient practices and interventions; and
- Integration of KPIs and performance measures for research conducted in mental health services and programmes with existing KPIs and performance measures for service delivery.

Research Australia submits that Australia needs to take a more strategic and integrated approach to mental health, and calls for the development of a National Mental Health Plan which integrates service delivery and support for people who experience mental illness and their families with research, performance reporting and increased community awareness of mental illness and mental health.

Further comment is made below on specific areas of research that are particularly relevant to the delivery of mental health services and programs.

Clinical trials

As in many areas of healthcare, there is a poor evidence base for many therapies and practices in mental health. We don't really know what works well or what is cost effective. Addressing this situation is fundamental to improving the efficiency and effectiveness of mental health services and programmes.

Investigator- driven (i.e. non commercial) clinical trials are a key means of generating the evidence needed to support decision making by health practitioners, policy makers and consumers of health services about what works and what doesn't. Clinical trials have a demonstrated capacity to directly influence health service delivery and improve practice through the assessment of the efficacy of existing practices as well as evaluating new therapies. Their utility goes beyond assessing the safety and efficacy of medications to the evaluation of the full range of therapies, interventions and services. The clinical trial methodology has application in all settings in which mental health services are provided including hospitals, community mental health services, private practice and general practice.

There is significant scope in mental health to make better use of clinical trials. The National Mental Health Commission has itself identified areas in which there are existing gaps about the efficacy of practice.

'...We don't know about equity of access to early intervention approaches, or whether we're reaching those most in need of early intervention.

...While early intervention is intuitively important within a recovery approach, the actual evidence base for its effectiveness with children and young people in Australia is very limited, and based mainly on research assessing the impacts of early interventions for psychotic disorders.¹⁶⁵ In general, evaluations of early intervention approaches have only generated data on short-term outcomes, and there is a pressing need to monitor their longer-term impacts on mental health and wellbeing.

We also know little about the relative effectiveness of different forms of intervention. ...'⁷

Clinical trials are an ideal way of addressing these types of knowledge gaps.

Some of the elements we need are already in place. For example, the NHMRC's Translation Faculty has 14 Steering Groups to develop actions for the translation of research in key areas. Two of these steering groups are focused on *Mental Health* (with a focus on depression) and *Dementia*.⁸

The Australian Clinical Trials Alliance has recently been created to promote the conduct of clinical trials and the creation of sustainable infrastructure for virtual clinical trials networks and clinical registries across all areas of health, including mental illness. The Alliance has undertaken work to map the existing clinical trials networks and infrastructure, and has identified mental health as one area where there is a need for greater infrastructure for clinical trials, including support for a mental health clinical trials network. Clinical trials are not used as extensively in mental health as they could be, and not even as frequently as they are in some other parts of the health system.

The need for better data has already been discussed, including the need for clinical registries. In relation to clinical trials, clinical registries can be used to identify variations in clinical practice, which leads to the generation of hypotheses that can then be tested using clinical trials.

In addition to support for clinical trials networks we need to have dedicated budgets for clinical research within public mental health facilities to:

- enable clinicians to dedicate time to planning, conducting and evaluating research;
- fund research administration;
- provide proper access to Ethics Committees;
- support recruitment of participants; and
- promote collaboration with universities and other centres of research expertise.

The advantages of clinical trials are numerous. As clinical trials necessarily involve clinicians and consumers of services, they are targeted to areas of real clinical need. Adoption of new knowledge into practice can be a long, slow process. The capacity of the healthcare workforce to use research results to change practice is enhanced by participation in, and experience with, clinical trials. Participants become more 'research literate,' and more aware of evidence based practice leading to earlier and more effective adoption of new knowledge and information.

⁷ <http://www.mentalhealthcommission.gov.au/our-report-card/ensuring-effective-care,-support-and-treatment/approaches-that-support-recovery,-including-early-intervention.aspx#WhatTheEvidenceShows>

⁸ <http://www.nhmrc.gov.au/research-translation/research-translation-faculty/research-translation-faculty-steering-groups>

Clinical trials also have the capacity to improve the quality of care and identify existing practices that are not efficacious. Changing and/or eliminating these practices can improve the effectiveness and efficiency of mental health services and programmes, reducing expenditure.

Comparative effectiveness research

Comparative effectiveness research draws on existing data about alternative therapies, services and interventions to determine which is the most effective for particular patient groups and in particular settings. Clinical trials seek to achieve the similar outcomes they typically do so with prospective data, whereas comparative effectiveness data relies on the analysis of data that already exists (and which can include the results of previous clinical trials).

Cognitive behavioural therapy and e-health initiatives are two examples within mental health of the use of comparative effectiveness research. This type of research is again dependent on the availability of relevant high quality data about therapies and outcomes. We can also use comparative effectiveness research to look beyond the hospital ward to long-term effects; what are the therapies and services, including post treatment support services, that help people to remain well? Like clinical trials, comparative effectiveness research has application in all the environments in which mental health services are provided, and across all services and programmes.

Research Australia recommends that the contribution of investigator driven clinical trials and comparative effectiveness research to improving the quality, safety and effectiveness of mental health programs and services be recognised as part of a National Mental Health Plan.

Research Australia recommends that resources be committed to establishing national clinical trial research infrastructure for mental health research, and to supporting the development of a national mental health clinical trials network. The network should be developed in conjunction with (and build on the work of) existing bodies active in this area, including the NHMRC Translation Faculty's two Steering Groups in mental health and the Australian Clinical Trials Alliance.

Research Australia recommends the allocation of dedicated clinical research budgets within public mental health facilities with clear and transparent guidelines for the allocation of funding and accountability for their acquittal. Priority should be given to collaborative multi-site research.

Health services research

Health services research is a multidisciplinary scientific field that examines:

- where, when and how people use health care services;
- barriers to access;
- how much healthcare costs and who meets these costs; and
- what happens to patients as a result of this care; and
- longer term outcomes.

The aim of health services research is to improve the management and delivery of healthcare to promote safety, effectiveness, equity of access and efficiency. Health services research can improve the delivery of health care through the development of best practice models and structures for Australian health services; guiding the reform process; supporting the evaluation of outcomes; and identifying the programmes and services (and combinations thereof) which best support people remaining well.

Health services research is a relatively new field, and has been identified by the Strategic Review of Health and Medical Research (the McKeon Review) as an area in which Australia needs to develop greater capabilities.⁹

Health Services Research can also play a key role as part of a Mental Health Research Plan in helping to direct research to areas of strategic importance and need. For example, a review of existing interventions and practices to identify high cost, high frequency interventions which have no, or an inadequate evidence base could be an effective way of identifying targets for clinical trials and comparative effectiveness research. Such an approach maximises the financial as well as clinical benefit of such trials and studies.

Research Australia recommends additional funding for health services research to identify areas of inefficiency for further targeted research, increase the capacity to analyse and identify best practice for the Australian health care system, and to increase research into the most effective delivery mechanisms for implementing best practice.

Safety and quality in care

The Mental health care sector has a duty of care to its patients. The Commission's own 2012 report has made the following call for action.

Recommendation 6

There must be the same national commitment to safety and quality of care for mental health services as there is for general health services.

Action: All governments must agree that there is the same emphasis on improving the quality of care and reducing adverse events in mental health services as applies to other physical health services. Governments must commit to implement nationally agreed and mandatory service standards in mental health services as they have for other health services. The National Mental Health Commission will work with the Australian Commission on Safety and Quality in Health Care to identify what it takes to get proper uptake of national mental health service standards and make them mandatory.¹⁰

Research can play a key role in improving quality and safety. Reference has already been made to clinical trials and comparative effectiveness research, each of which can play a key role in reducing adverse events and avoiding unnecessary interventions. Research can also play a role in identifying the actions necessary to make our mental health facilities physically safer environments, particularly for vulnerable groups such as women and adolescents. Factors to be considered here include the physical design of wards, staffing levels and training, and the segregation of patient populations. Beyond physical safety, there is a need for research

⁹ Australian Government, Strategic Review of Health and Medical Research, February 2013, Recommendation 9.

¹⁰ Mental Health Commission, 2012 Report Card, Recommendation 6

to identify and implement measures to reduce the risk of psychological and emotional harm from practices such as seclusion and restraint, and exposure to other very unwell people in a locked ward environment, and to provide an environment that is more conducive to recovery.

Research Australia recommends that measures to improve the safety of in-patients in public mental health institutions be the subject of a targeted national call for research.

EMBEDDING RESEARCH IN MENTAL HEALTHCARE PRACTICE

There are varying degrees of research capacity in the mental health workforce. Psychologists generally have a high level of exposure to research conduct and methods in their training. Other mental health professionals including psychiatrists, nurses and allied health professionals have varying degrees of exposure to research practice.

Participation in research by health providers, across all disciplines and in all settings, lifts the overall standard and quality of care 'Research literate' mental health workers are more likely to adopt evidence based best practice, leading to the more effective and timely translation of research outcomes into practice. They are more likely to consider existing practices critically and to identify potential issues. They are also better able to participate in and support clinical research, including through the recruitment of participants for clinical trials, and to more critically appraise new research outcomes. In turn, researchers' engagement with healthcare delivery helps to direct research to the issues that need to be addressed to improve the quality of health care and provides greater access to clinical trial recruits,

There is a range of initiatives that can be undertaken to embed research into the mental health services and programmes:

- The creation of more roles in health services across medical, nursing and allied health professions that have a dedicated time and resource allocation to research (i.e. clinician researcher roles).
- Providing research 'buy-outs' to Medicare Locals to enable General Practitioners and other health professionals to engage in research, including clinical trials.¹¹
- The creation of pathways and opportunities for clinicians to engage in research, including making it financially viable to do so.
- Providing opportunities for undergraduate and non-PhD post-graduates to participate in research.
- Building capacity and investing in implementation research, including comparative effectiveness research, to assist with shifting practitioners to adopt better practice.
- Career structures that support moving between research and health delivery roles, and the provision of support to mental health practitioners who are participating in research projects on a short-term temporary basis.
- Local Area Health Networks and Medicare Locals be able to invest in shared research infrastructure, eg. expertise in research design, epidemiology and biostatistics.
- Including training in research methods, governance and principles in undergraduate health qualifications such as nursing, medicine and the allied health professions.
- Greater availability of flexible post graduate training in research targeted at mental health professionals, including training in specific areas such as clinical trials and other applied research methods and techniques.

Research Australia recommends that a new National Mental Health Plan make provision for the professional development of the mental health workforce with an emphasis on raising research literacy and awareness of adopting evidence based best practice as a path to improved care. This should include support for mental health practitioners undertaking research related post-graduate study as part of their professional development.

¹¹ 12.1% of all GP encounters in 2011-12 were mental health related. AIHW, *Mental Health Services in Brief, 2013*, p.4

Research Australia recommends that resources be committed within mental health budgets to support the participation of mental health practitioners and general practitioners in mental health research, including providing protected research time allocations and/or paying for research activities.

PREVENTIVE HEALTH RESEARCH

'Prevention is better than the cure' is a saying that is as true as it is well known. Some of the greatest health and economic benefits have flowed from preventive health measures such as vaccination programs and anti-smoking campaigns. Preventive measures have to be at the forefront of addressing many of the major health issues facing Australia, including mental health, if we are to do so in a cost effective manner.

Mental illness prevention programmes are dependent on understanding the causes of mental illness, being able to identify risk factors and early signs of mental illness, and developing programs that can prevent the development of mental illness. Research into the causes of mental illness, risk factors and the early indicators of mental illness is an essential foundation for the development of these programmes. We also need research to help us identify the types of interventions that will be effective, to inform the design of prevention programmes, and to evaluate their effectiveness.

Success in preventing mental illness depends in large part upon the capacity of Australia's public health, preventive health and population health researchers. This requires expertise not only in the health social sciences but in a diverse range of disciplines including economics and environmental science to effectively identify and prioritise issues, develop targeted interventions and evaluate their success.

Research Australia urges greater funding for population health and preventive health research to improve the effectiveness of preventive mental health measures and identify emerging trends in the mental health profile of the Australian population.

CONCLUSION

As is the case with the broader health system, research has much to offer in improving the effectiveness and efficiency of Australia's mental health services and programmes.

Research is often seen as an impost on the health care system; as someone else's job. While this attitude is understandable in the face of ever growing pressure on health care budgets and demand for services, it ignores the important contribution that research can make to easing those pressures. Research should be seen as an investment in improving mental health; an investment that will pay for itself through improved effectiveness and efficiency.

Appropriately targeted clinical research has the capacity to improve outcomes for those experiencing mental illness and their carers, save money, and improve the skills and careers of the mental health workforce. Research that is integrated into the development, delivery and evaluation of mental health services and programmes should be the norm for Australia, not the exception. So too, should health care practitioners and researchers working together to identify and research problems, and to develop and implement solutions.

Research Australia has sought in this submission to demonstrate the role that research can play in improving mental health services and programmes and the importance of integrating research into the mental health system. We have also sought to identify some specific measures that can help achieve this aim.

Research Australia appreciates the opportunity to make this submission and is willing to provide any clarification or further information that would assist the Commission.

RESEARCH AUSTRALIA LIMITED

384 Victoria Street Darlinghurst NSW 2010

T +61 2 9295 8546 **ABN** 28 095 324 379

www.researchaustralia.org