

FIFTH NATIONAL MENTAL HEALTH PLAN

Response to the Consultation

December 2016



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- 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.

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FIFTH NATIONAL MENTAL HEALTH PLAN

RESPONSE TO THE CONSULTATION

Introduction

Research Australia welcomes the opportunity to respond to the Consultation Draft of The Fifth National Mental Health Plan ('the Fifth Plan').

In addition to the four previous National Mental Health plans, the Fifth Plan is preceded by the National Mental Health Commission's report *Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services* in 2014; and the Council of Australian Governments' *The Roadmap for National Mental Health Reform 2012–22*. Each of these documents acknowledged the critical role of health and medical research in improving mental health outcomes in Australia.

The *Fourth National Mental Health Plan (2009-2014)* referred to the role of research and the need to develop a National Mental Health Research Plan (although this has not occurred). *The Roadmap for National Mental Health Reform 2012–22* 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.'¹

In the Australian Government's response to the *Contributing Lives, Thriving Communities* report, the Government acknowledged it had a role 'in supporting the coordination and translation of mental health research efforts.'²

With these precedents, the lack of any reference to health and medical research (HMR) in the draft Fifth Plan is both striking and bewildering. It is in stark contrast to the Second Draft of the National Strategic Framework for Chronic Conditions, released earlier this year, which identified research as one of the six key enablers of the Strategy: 'Research – quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes.'³

If the previous proposal to develop a National Mental Health Research Plan is to be pursued, the Fifth Plan needs to refer to its existence and explain how the two plans complement each other. If the proposal to develop a National Mental Health Research Plan is no longer Government policy, **Research Australia submits the Fifth Plan needs to outline the role for health and medical research in improving the delivery of mental health services and Australians' mental health, and plan for how and where researchers will be engaged with the mental health system.** In the body of this submission, Research Australia has proceeded on the basis that there will not be a separate National Mental Health Research Plan and that the Fifth Plan should incorporate the role of research.

¹ COAG, *The Roadmap for National Mental Health Reform 2012–22*, page 41

² Australian Government, 2015, *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, p.21

³ Australian Government, 2016, *National Strategic Framework for Chronic Conditions Second Draft for Consultation*, p.14

Summary of Recommendations

The following is a summary of the submissions made by Research Australia in response to the draft Fifth Plan.

<p>Research to improve mental health and the delivery of services</p>	<p>The Fifth National Mental Health Plan ('the Fifth Plan') needs to outline the critical role for health and medical research in improving the delivery of mental health services and Australians' mental health, and plan for how and where researchers will be engaged with the mental health system.</p>
<p>Integration and engagement drive improvement</p>	<p>The Fifth Plan needs to recognise the critical role of research in supporting the Plan's implementation of the actions required to achieve its vision. If the Plan is to succeed it needs to better integrate research into the design, delivery and evaluation of mental health services and programmes.</p> <p>The Fifth Plan can and should play an active role in supporting greater engagement of the mental health system with research. This engagement involves not only implementing research findings, but participating in framing the research questions and working with the research community to identify solutions.</p> <p>The Fifth Plan must explicitly recognise the short-term cost of better integrating research into the delivery of mental health services and encourage health services to make provision for this in their budget planning.</p>
<p>Integrated regional planning and service delivery</p>	<p>Health services research can support planning and service delivery at the regional level through the development of programs and services that respond to local and regional demographics.</p>
<p>Coordinated treatment and supports for people with severe and complex mental illness</p>	<p>Researchers can support the evaluation of existing services, the identification of gaps and the development, trialing and evaluation of new models of care to improve the coordination of services.</p> <p>There is significant scope in mental health to make better use of clinical trials, and the recently announced <i>Medical Research Future Fund Australian Medical Research and Innovation Priorities</i> has identified support for clinical trials as a key priority. Clinical Trials provide the opportunity for effective and valuable partnerships between researchers, individuals living with mental illness, health care providers and the mental health system.</p>
<p>Suicide Prevention</p>	<p>The Fifth Plan should capitalise on the focus in the Medical Research Future Fund (MRFF) priorities on clinical trials by providing support for clinical research within public mental health facilities to:</p> <ul style="list-style-type: none"> ▪ enable clinicians to dedicate time to planning, conducting and evaluating research, including participating in clinical trials; ▪ fund research administration; ▪ provide proper access to Ethics Committees; ▪ support recruitment of participants for clinical trials; and ▪ promote collaboration with universities and other centres of research expertise.
<p>Aboriginal and Torres Strait Islander mental health and suicide</p>	<p>The MRFF Advisory Board has identified research to address health inequality affecting the ATSI population as a priority for funding from the MRFF, providing an opportunity for the Fifth Plan to leverage this funding to support Priority 4.</p>

prevention	
Physical health of people living with mental health issues	Research can lead to a better understanding of why the physical health of people living with mental illness is worse, how their physical health problems interact with their mental health, identify the barriers mental illness provides to accessing health services; and help design, implement, trial and evaluate potential new models of care.
Stigma and discrimination reduction	Researchers, including those from the social sciences, have a role to play in better identifying the root causes of stigma and discrimination and the strategies and interventions that are most effective with different cultural groups and ages.
Safety and quality in mental health care	Research can play a key role in improving quality and safety through: <ul style="list-style-type: none"> ▪ clinical trials and comparative effectiveness research to improve the care provided ▪ identifying the actions necessary to make our mental health facilities physically safer environments, particularly for vulnerable groups such as women and adolescents. ▪ identify and implement measures to reduce the risk of psychological and emotional harm from practices such as seclusion and restraint, exposure to other very unwell people in a locked ward environment, and providing an environment that is more conducive to recovery.
Monitoring and reporting on reform progress	A strategic national investment must be made in data linkage and collection, with a focus on the systematic and uniform collection of relevant administrative, clinical and outcome data that is useful for a range of purposes, including research. The need for better and more inclusive datasets and the capacity to curate and analyse data need to be more explicitly identified as actions under the Fifth Plan.

The role of research in the Fifth National Mental Health Plan

The draft Fifth Plan identifies a vision of healthier Australians, faster and more complete recoveries from mental illness and more responsive and effective services. This vision is underpinned by seven priority areas and 30 actions. There is also a recognition of the importance of monitoring and reporting on the Plan's performance and outcomes.

Mental illness is, of course, a global issue. It has a significant impact on the quality of life and general health of individuals; people living with mental illness often also have physical disorders and increased mortality. Individuals with severe mental illnesses (typically acute cases of depression, bipolar disorder and schizophrenia) experience reduced life expectancy, dying up to 20 years earlier than the general population.

Mental health has a significant social and economic cost; the direct and indirect costs of mental ill-health are very high, and can amount to more than 4% of GDP.⁴ In Australia the direct costs of treating mental illness are around \$8 billion per year.⁵

In this context, improvements in the prevention and treatment of mental illness and in the quality safety, and effectiveness of our mental health system can have significant social and economic benefits. Research, and its translation into practice, are central to realising these benefits.

Research to improve mental health and the delivery of services

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.

The advantages of an integrated approach include:

- 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 healthcare providers and people with lived experience of mental illness;
- Clinical interventions, standards and guidelines which have an evidence base;
- Data collection which serves clinical, research and performance reporting needs;
- 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 the Fifth Plan needs to recognise the critical role of research in supporting the Plan's implementation and the actions required to achieve its vision. If the Plan is to succeed it needs to better integrate research into the design, delivery and evaluation of mental health services and programmes.

⁴ OECD (2014), Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care, OECD Health Policy Studies, OECD Publishing.

⁵ Australian Institute of Health and Welfare, *Mental health services in Australia*, Expenditure 2013-14

Integration and engagement drive improvement

One of the reasons the integration of research into the Fifth National Plan is important is because of the benefits that flow from the engagement of researchers with health practitioners.

Health and medical research is central to improvements in mental health, both in the treatments available and improvements in the system through which these treatments are delivered. However, it can take between 10 and 20 years for proven treatments to be implemented routinely into healthcare. Reducing this timeframe, and promoting more effective and complete adoption of new evidence based practice is a sure way of improving the safety and quality of our mental health system. This requires a mental health system that looks for new developments and is open to change.

Active engagement between researchers and the healthcare sector, to ensure the right questions are being addressed, is a vital means of improving the safety and quality of our mental healthcare system. This engagement requires a two-way flow of information, resources, experience and expertise. Health services are enriched and improved when providers are engaged in health and medical research.

Participation in research by health providers in all disciplines and in all settings:

- enables clinicians and managers to more critically appraise new research outcomes;
- lifts the overall standard and quality of care; and
- promotes the more effective and timely translation of research outcomes into practice.

In turn, the engagement of researchers in healthcare delivery helps direct research to the issues that need to be addressed to improve the quality of healthcare. It also provides opportunities for patients to provide input into the direction of research and to participate in research through clinical trials and helps ensure research outcomes such are fit for purpose.

Research Australia submits that the Fifth Plan can and should play an active role in supporting greater engagement of the mental health system with research. This engagement involves not only implementing research findings but participating in framing the research questions, and working with the research community to identify solutions.

While in the longer term there are benefits to integrating research into the delivery of mental health services, in the short term there are costs for the health associated with providing staff with time to participate in research, gaining additional skills and expertise, and the provision of facilities and space for researchers in mental health settings.

Research Australia submits that the Fifth Plan must explicitly recognise the short-term cost of better integrating research into the delivery of mental health services and encourage health services to make provision for this in their budget planning.

Priority Area 1: Integrated regional planning and service delivery

The Aim of this priority is a *'...service system that works in an integrated way at the regional level to plan and deliver services that are tailored to the needs of consumers and carers, is easier for consumers and carers to navigate, and is delivered in the most effective and efficient way possible.'*

Research Australia submits health services research can support planning and service delivery at the regional level through the development of programs and services that respond to local and regional demographics and a transparent measurement and accountability as a standard part of the system.

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;
- 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 mental health services; guide the reform process; support the evaluation of outcomes; and identify the programmes and services (and combinations thereof) which best support people remaining well.

Health services researchers can provide information about approaches and models used elsewhere, and support the design, implementation and evaluation of new, tailored models of care.

Researchers in the discipline of health economics can assist in the development of models for the identification and evaluation of the cost effectiveness of new and existing programs and service delivery models.

Priority Area 2: Coordinated treatment and supports for people with severe and complex mental illness

This priority seeks to provide *'an integrated and sustainable service system that provides the right amount of tailored clinical and community supports, at the right time, for people with severe and complex mental illness'*.

This priority appears to assume that we know what needs to be done to provide the 'right amount of tailored clinical and community supports', when the reality is that we don't. **Researchers can support the evaluation of existing services, the identification of gaps and the development, trialing and evaluation of new models of care to improve the coordination of services.**

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 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.

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.

Research Australia submits there is significant scope in mental health to make better use of clinical trials, and the recently announced *Medical Research Future Fund Australian Medical Research and Innovation Priorities* has identified support for clinical trials as a key priority. Clinical Trials provide the opportunity for effective and valuable partnerships between researchers, individuals living with mental illness, healthcare providers and the mental health system.

Priority Area 3: Suicide prevention

Priority Area 3 seeks 'to reduce the incidence of suicide and ensure that people who have attempted suicide are given effective follow-up support.'

Suicide prevention programs are dependent on understanding the causes of suicide related mental illness, being able to identify risk factors, and developing programs that can intervene effectively with specific at-risk populations. Research can support this by, for example, developing and evaluating new interventions, testing new delivery mechanisms (e.g. e-health) and analysing existing datasets to identify indicators for early intervention. This research requires partnerships between researchers, health care providers and individuals living with mental illness.

Why have we not been able to reduce the terrible rate of suicide in Australia?

According to Dr Fiona Shand, senior researcher at the Black Dog Institute and the NHMRC Centre for Research Excellence in Suicide Prevention, it is quite simply because we keep doing what we have always done.

"If we want to be really serious about saving lives, we need to focus on strategies that have been proven to work, not simply rolling out awareness campaigns."

"If we look to the research evidence from here and overseas, there are clear strategies that have been proven to reduce suicide. Only some of these are currently in use in Australia, and implementation tends to be scattered and disproportionate to their impact."

"Not surprisingly, the most powerful way to reduce suicide is to improve access to quality mental health care and support GPs to address depression and suicidality in their clinics."

"Other strategies such as training "gatekeepers" like school counsellors, and restricting access to lethal means are also effective."

"We know that no single strategy will solve this incredibly complex issue, and what is needed is a combination of strategies targeting both the individual and the population."

Black Dog Institute researchers have developed a suicide prevention program that involves all proven strategies being implemented together and tailored to local community need. Called Lifespan, this program is being rolled out in NSW and has formed the basis of suicide prevention activities nationally.

According to Dr Shand, we can no longer fail our most vulnerable by sitting by and do the same thing. Lifespan will reduce the suicide rate by at least 20% in the first few years, improve the lives of thousands of others who were considering suicide, and relieve the huge burden on families, friends and work colleagues.⁶
www.lifespan.org.au

Research Australia submits the Fifth Plan should capitalise on this focus in the MRFF priorities by providing support for clinical research within public mental health facilities to:

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

⁶ <http://www.blackdoginstitute.org.au/newsmedia/newsdesk/index.cfm>

Priority Area 4: Aboriginal and Torres Strait Islander mental health and suicide prevention

Priority 4 aims for ‘...culturally competent care through integrating social and emotional wellbeing services with a range of mental health, drug and alcohol, and suicide prevention services’. One of the identified actions to achieve this aim is for governments to work together to strengthen the evidence base needed to inform development of improved mental health services and outcomes for Aboriginal and Torres Strait Islander people.

There is significant scope for cross-disciplinary and multidimensional research to better understand the underlying causes of poorer ATSI mental health, the barriers to accessing services and how to provide culturally appropriate and suitably integrated services to improve outcomes.

Closing the Gap

An Issues Paper prepared for the Closing the Gap Clearing House highlights just some of the areas where research can support better ATSI mental health⁷

- *The effect on mental health outcomes of culturally appropriate, early intervention programs maintained over the long term.*
- *The additional costs to health and mental health and wellbeing of not implementing programs in culturally responsive, appropriate and respectful ways.*
- *The long-term cost effectiveness of Indigenous-specific programs—there have been few program evaluations, and where evaluations have taken place, they have usually been conducted before the long-term effects could be assessed.*
- *The extent to which Access to Allied Psychological Services (ATAPS) Tier 2 is being delivered in accordance with the objectives and principles developed through the Aboriginal and Torres Strait Islander Mental Health Advisory Group.*
- *The significance of access barriers for young Indigenous people to web-based and telephone helpline services.*

The MRFF Advisory Board has identified research to address health inequality affecting the ATSI population as a priority for funding from the MRFF, providing an opportunity for the Fifth Plan to leverage this funding to support Priority 4.

Comparative Effectiveness Trials

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. Comparative effectiveness research can also be used 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.

⁷ Dudgeon P*, Walker R*, Scrine C, Shepherd CCJ, Calma T & Ring I 2014. Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

Priority Area 5: Physical health of people living with mental health issues

Priority 5 seeks to 'make the physical health care of people living with mental health issues a national priority, and to reduce the life expectancy gap'.

Co-morbidity of chronic health conditions is an increasing phenomenon in Australia and is epitomised by the prevalence of poor physical health among people living with mental health issues.

Research Australia submits research can lead to a better understanding of why the physical health of people living with mental illness is worse, how their physical health problems interact with their mental health, identify the barriers mental illness provides to accessing health services; and help design, implement, trial and evaluate potential new models of care.

SpringBoard Project

Diabetes can affect an individual's mood and leave them feeling stressed and 'burnt out' from time-to-time. The SpringboardD project aims to learn whether an online self-help tool can help people with type 2 diabetes learn ways to care for their emotional wellbeing and live more active and healthier lives.

The clinical trial, which involves the active participation of patients with type 2 diabetes and their GPs, is being conducted by researchers at the Black Dog Institute, UNSW Australia and The University of Melbourne. <https://springboard.blackdoghealth.org.au/HealthProfessional.aspx>

Priority Area 6: Stigma and discrimination reduction

Priority 6 aims to '...reduce stigma and discrimination against people living with mental health issues, particularly people with severe mental illness'.

Research Australia submits that researchers, including those from the social sciences, have a role to play in better identifying the root causes of stigma and discrimination and the strategies and interventions that are most effective with different cultural groups and ages. The programmes developed must consider the demographic requirement and specific cultural and demographic barriers to successful implementation. This should not be underestimated in the delivery of these services.

Experiences of discrimination and positive treatment in people with mental health problems

The Centre for Mental Health at the Melbourne School of Population and Global Health has undertaken research based on a national survey of more than 5000 Australians to understand both the discrimination and instances of positive treatment experience by people with mental illness.⁸ The results can provide input into the design of anti-discrimination interventions and further empower people with mental health problems as they advocate for change in the area of discrimination. They also provide a foundation for further research and increased understanding of the role of cultural background, socioeconomic status and gender in the experience of people with mental illness. This can inform the development of tailored national, regional and local responses

Priority Area 7: Safety and quality in mental health care

Priority 7 seeks to establish a '...safe and high quality service system that is tailored to the needs of consumers and carers, is underpinned by continuous monitoring and improvement, and reports on outcomes in a transparent manner'.

⁸ Reavley NJ, Jorm AF *Experiences of discrimination and positive treatment in people with mental health problems: Findings from an Australian national survey.* Aust N Z J Psychiatry. 2015 Oct;49(10):906-13.

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, and thus enhancing the safety and quality of care.

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

Understanding interpersonal hostile-dominance and its role in aggressive behaviour in psychiatry inpatients

Aggressive behaviour by patients admitted to psychiatric hospitals occurs frequently and causes problems for patients and staff. Considerable research has explored the various factors that appear to contribute to aggression in psychiatric hospitals. Historically, this research has focused on the clinical characteristics of aggressive patients, although environmental factors and interactional aspects of aggression have recently been emphasised.

There is some evidence to suggest that interpersonal style, which refers to the characteristic ways in which a person manages their relationships with others and is a significant feature of personality, and levels of perceived coercion, may influence the risk of violent and aggressive behaviour during hospitalisation.

The project aims to:

- *explore the relationship over time between interpersonal style, psychiatric symptoms and aggression in hospitalised psychiatric inpatients,*
- *delineate the psychological characteristics of patients with a hostile-dominant interpersonal style,*
- *examine whether a history of early childhood abuse predicts hostile-dominance.*

This project is being undertaken by Monash Alfred Psychiatry Research Centre (MAPrc) in collaboration with the Centre for Forensic Behavioural Science, Monash University. A total of 200 adult acute psychiatric patients have been recruited from the inpatient unit at the Alfred Hospital. Data collection has completed and publications detailing project findings are currently being prepared. <http://www.maprc.org.au/service-related-research-current-projects>

Monitoring and reporting on reform progress

'Accurate and timely information is available to allow consumers, carers, providers and governments to monitor mental health system reform and the implementation of commitments made in the Fifth Plan.

All parts of the mental health service system are supported in using information to improve the experience of, and outcomes for, consumers and carers.'

While Research Australia shares these views on the importance of data, we are concerned that the draft Fifth Plan appears to assume that suitable data are already available; none of the actions proposed under this heading address the need to improve the collection, collation and curation of the data that are currently available.

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 always. 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 now, progress is being made in a range of different areas.

While not wanting to understate the difficulties in combining data from various sources across State and Territory boundaries and between separate institutions and systems, advances in data management are making it easier to link existing databases and collections; and increased computing capacity is 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 some 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.'*⁹

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 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.*¹⁰

Research Australia submits that a strategic national investment must be made in data linkage and collection, with a focus on the systematic and uniform collection of relevant administrative, clinical and outcome data that is useful for a range of purposes including research. The need for better and more inclusive datasets and the capacity to curate and analyse data need to be more explicitly identified as actions under the Fifth Plan.

⁹ National Mental Health Commission's Strategies and Actions 2012-2015. Page 17

¹⁰ COAG, The Roadmap for National Mental Health Reform 2012–22, page 41

Conclusion

Research Australia is concerned that the Fifth Plan is currently a missed opportunity to make better use of Australia's significant capacity in health and medical research to help deliver the Plan's vision of healthier Australians, faster and more complete recoveries from mental illness and more responsive and effective services.

The draft Fifth Plan calls for significant reform and innovation in the way we deliver mental health services in Australia, and the health and medical research sector is well placed to help inform, design, implement and evaluate these reforms. Research Australia believes the Fifth Plan provides an opportunity to improve the integration of the mental health system with the health and medical research sector, and to better utilise and direct research towards the Plan's priorities.

The Medical Research Future Fund is further driving a focus on the translation of research and the realisation of benefits to the Australian community, and the Fifth Plan is well placed to capitalise on this development; to co-opt research as an 'enabler' of the Plan.

While Research Australia has sought to highlight some of the ways in which research can support the Plan and its priorities, we have not sought to be prescriptive or comprehensive; our aim has been to demonstrate that the better integration of health and medical research into the Fifth Plan's priorities and actions will undoubtedly further its objectives and not integrating evidence led health and medical research as a key part in delivering the Plan's vision is to forgo a real chance of success.

We thank our membership for their contribution to this significant issue and we would be pleased to provide more information and/or to discuss any aspect of this submission further.

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