

Victorian Royal Commission into Mental Health

Submission to the Terms of Reference consultation

Key recommendations

Research Australia recommends the adoption of two specific Terms of Reference.

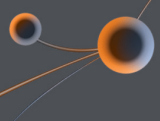
Firstly, we recommend a Term of Reference to identify how health and medical research can be better utilised to:

- identify quality, effective mental health interventions (including for prevention and early intervention);
- support the more rapid and comprehensive adoption of evidence-based interventions and models of care in Victorian mental health services;
- improve the safety and effectiveness of Victorian mental health services; and
- develop effective quality care indicators and quality assurance mechanisms.

Secondly, we recommend the adoption of an additional Term of Reference requiring the Commissioners to identify specific areas, where it becomes evident during the course of their Inquiry, that more research is needed.

About Research Australia

Research Australia is the national peak body for health and medical research in Australia, representing the whole of the research sector and advocating for researchers, consumers and funders alike. Research Australia is regularly engaged with policy settings around mental health. In addition to representing all universities with focused health and medical research programs, we represent a number of organisations with a specialist focus on mental health including for example, Orygen, beyondblue, the Florey Institute, the Society for Mental Health Research, SANE Australia's Anne Deveson Research Centre and the Black Dog Institute.



The link between research and better mental health outcomes

There is a clear role for research and the implementation of evidence-based care to improve the delivery of mental health services.

Research is central to improving mental health outcomes, not only in terms of determining the most effective prevention strategies and treatments, but identifying what improvements can be made in the system through which these are delivered. 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 programs and services for the treatment and prevention of mental illness;
- improve the safety, quality and effectiveness (including cost effectiveness) of these programs and services;
- assess the effectiveness of existing interventions in supporting recovery;
- provide an evidence base for the introduction of new interventions;
- include the perspective of mental health consumers and their carers; and
- improve the process of translation of new interventions into mental health care.

There are currently many instances where there is a strong evidence base for what is appropriate care, but these interventions are either not routinely implemented in mental health services or take between 10 and 20 years to be implemented routinely into healthcare. For example, although 1 in 5 Australians have a mental health issue that would benefit health or medical intervention, it is estimated that less than half access health services. Evidence clearly supports early intervention, treatment and management for mental illness, yet those who could benefit from these interventions are not accessing the system. Research has found that the reasons for this include:

- few Australians know what services or help is available;
- navigation of the system is problematic;
- inaccurate diagnosis delays access to effective treatment;
- waiting lists for specialist care are long (up to one year is not unusual);
- there are little or no specialist services available outside of urban areas; and
- past experiences (pre-judged, referred to online resources, no follow-up).

In other areas, the evidence base for appropriate quality care and interventions is lacking, leading to significant variations in the levels of care provided. For example, few Australians with mental health issues are afforded individual, tailored care plans within the current health care system. This lack of continuity of care severely stifles the opportunity for early intervention, implementation of effective treatments and the ability for people to make informed choices about their own health care. There are many instances where people 'fall through the cracks' after an initial attendance at a GP clinic or ED visit. Services are limited as are suitably trained practitioners and specialised mental health hospital beds. The problem of access is exacerbated for people with mental health issues living outside of large urban areas with few (if any) medical practitioners and no specialised mental health support. Young people with mental illness are a particularly vulnerable group. School-based early intervention has proven very successful however some schools struggle to afford even

a part time school nurse or counsellor. Further, their first ports of call are usually a GP clinic or ED with little or no follow-up care.

Reducing implementation timeframes 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.

As mentioned above, research plays a key role in improving quality and safety. Clinical trials and comparative effectiveness research 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.

Research into how to improve the mental health system has been one of the key themes of the work of the Monash Alfred Psychiatry Research Centre (MAPRC).

‘Service Related Research focuses on the day-to-day problems managed by government funded mental health services. The great majority of this research is currently undertaken in collaboration with the Alfred Hospital Department of Psychiatry.

Such research includes, but is not limited to: observational studies designed to better characterise and describe a particular issue; evaluation studies designed to measure current practice against clinical and/or financial benchmarks; and interventional studies, trialling novel approaches in diagnosis and/or treatment.

The key focus of Service Related Research at APRC is on the ‘real world’ problems confronted by service managers in public mental health services and by clinicians working at the coal-face.’¹

This has included work aimed at reducing the impact of the aggressive behaviours of some psychiatric patients on staff and other patients.

In terms of mental health service delivery in remote Australia, the Black Dog Institute, in partnership with Indigenous community members from the Kimberley, Western Australia, have developed the “iBobbly” suicide prevention app. iBobbly (a name derived from a Kimberley greeting) uses psychological therapies proven to reduce suicidal thoughts in a culturally relevant way through Indigenous metaphors, images, videos and stories drawn from local Aboriginal artists and performers. These kinds of innovative approaches to

¹ <http://www.maprc.org.au/service-related-research>

mental health service delivery can only come about through communities working in partnership with researchers and local services.

Summary

Research already tells us that the outcomes for Victorians living with mental illness are not good enough. It is through the incredible mental health research already underway in the state that we can work together to implement evidence-based policy which will bring about change.

Research Australia congratulates the Victorian Government on bringing these issues to light through this Royal Commission, and we appreciate the opportunity to provide our input to develop its terms of reference.

Further contact: Greg Mullins, Head of Policy (phone 03 9662 9420, email greg.mullins@researchaustralia.org)

.

RESEARCH AUSTRALIA LIMITED

384 Victoria Street, Darlinghurst NSW 2010

215 Spring St Melbourne VIC 3000

P 02 9295 8546 **ABN** 28 095 324 379

www.researchaustralia.org