



CONSULTATION ON PRODUCTIVITY COMMISSION RECOMMENDATIONS ON MENTAL HEALTH

Response to the Survey

February 2021

ABOUT RESEARCH AUSTRALIA

We are the national peak body representing the whole of the health and medical research pipeline.

Our vision: Research Australia envisions a world where Australia unlocks the full potential of its world-leading health and medical research sector to deliver the best possible healthcare and global leadership in health innovation.

Our mission: To use our unique convening power to position health and medical research as a significant driver of a healthy population and contributor to a healthy economy.

Our goals:

Engage

Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect

researchers, funders and consumers to increase investment in health and medical research from all sources.

Influence

government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

Nadia Levin

CEO & Managing Director

02 9295 8547

Nadia.levin@researchaustralia.org

www.researchaustralia.org

384 Victoria Street Darlinghurst NSW 2010

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TABLE OF CONTENTS

INTRODUCTION	4
RESPONSES TO SURVEY QUESTIONS	5
1. OF THE RECOMMENDATIONS MADE, WHICH DO YOU SEE AS CRITICAL FOR THE GOVERNMENT TO ADDRESS IN THE SHORT TERM AND WHY?	5
2. OF THE RECOMMENDATIONS MADE, WHICH DO YOU SEE AS CRITICAL FOR THE GOVERNMENT TO ADDRESS IN THE LONGER TERM AND WHY?	6
3. OF THE CRITICAL RECOMMENDATIONS IDENTIFIED IN THE PREVIOUS QUESTIONS, ARE THERE ANY SIGNIFICANT IMPLEMENTATION ISSUES OR COSTS YOU BELIEVE WOULD NEED TO BE CONSIDERED AND ADDRESSED?	7
4. WHAT DO YOU BELIEVE IS REQUIRED FOR PRACTICAL IMPLEMENTATION OF THESE RECOMMENDATIONS? WHAT DO YOU FEEL ARE THE KEY BARRIERS AND ENABLERS?	8
5. ARE THERE CLEAR STEPS YOU BELIEVE NEED TO BE TAKEN TO ENSURE THE RECOMMENDATIONS ARE SUCCESSFULLY IMPLEMENTED?	8
6. DO YOU BELIEVE THERE ARE ANY CRITICAL GAPS OR AREAS OF CONCERN IN WHAT IS RECOMMENDED BY THE PRODUCTIVITY COMMISSION?	9

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RESPONSE TO THE SURVEY

Introduction

Having commissioned an Inquiry into mental health by the Productivity Commission, the Australian Government Department of Health and Ageing is now undertaking a consultation on the recommendations contained in the Commission's final report.

The Consultation is being undertaken using an electronic survey, which has restricted the response to each question to a maximum of 500 words. Research Australia's response to each of the questions posed by the survey is provided below. Our responses emphasise:

- the critical role of research in supporting the evaluation of existing programs and measures and the development and implementation of new programs;
- the need to focus on implementation and scalability as part of translating research findings into new and effective preventive mental health programs; and
- the critical role of data in evaluating the effectiveness of programs and the performance of the mental health system as a whole.

Responses to Survey Questions

1. Of the recommendations made, which do you see as critical for the Government to address in the short term and why?

Research Australia's response is limited to the recommendations relevant to mental health research and its implementation. Research Australia supports:

- Recommendation 11, especially Action 11.1.
- Recommendation 12, especially Action 12.3.
- Recommendation 22, especially Actions 22.1, 22.2 and 22.7.
- Recommendation 23, especially Actions 23.3 and 23.8.
- Recommendation 24, all Actions and Finding 24.1.

Actions 11.1 and 12.3 are critical because they relate to evaluating existing programs' effectiveness. Without knowing what is effective and what isn't, and where there are continuing gaps in our knowledge, we can't properly commence reform of the existing system or indeed check what is or isn't working accordingly.

Recommendations 22 and 24 relate to measures needed to improve data collection and the evaluation of programs. Action 22.1, the creation of a new National Mental Health Strategy that aligns the collective efforts of health and non-health sectors, is essential to setting the direction for the reforms and securing the engagement and commitment of all stakeholders to the reform process.

Action 22.7, establishing the NMHC as an interjurisdictional body with statutory authority, is an essential pre-condition to the delivery of these actions and the broader reforms, and needs to be implemented as soon as possible.

Action 23.3, establishing a Special Purpose Mental Health Council to facilitate mental health reforms across health and non-health portfolios, is another essential pre-condition to the delivery of the reforms.

Action 23.8, establishing a Mental Health Innovation Fund to trial new system organisation and payment models, is essential to the effective design and implementation of future programs and models of care. It can also help address Finding 24.1, that much mental health and suicide research is not translated or widely disseminated.

It is important to recognise that the implementation and scaling of research initiatives (the 'development' in research and development) is an equally critical endeavor to undertaking research. Attention must be directed to the activities required to enable research outputs to be translated into outcomes that can lead to impact, and these activities must be appropriately funded and resourced. Accountability for implementation of research outcomes also needs to be clearly assigned.

Recommendation 24, for the creation of ‘a robust information and evidence base to improve programs, policies, and outcomes for people with mental illness and carers’, is essential. We cannot continue to spend money and expose patients to treatments without knowing what works in practice and where we are failing to deliver effective programs and interventions. This recommendation, and the associated actions need to be implemented as a priority to ensure we design a new and better mental health system. Without better information, evaluation methodologies and accountability, any attempts to reform the system, however well intentioned, will fail.

All the above recommendations and actions are essential starting points for the future design of programs and initiatives to ensure they are fit for purpose and provide value for money.

2. Of the recommendations made, which do you see as critical for the Government to address in the longer term and why?

Research Australia's response is limited to the recommendations relevant to mental health research and its implementation, which are detailed in our previous answer.

Research Australia believes all these recommendations should be implemented in the short term, as they are necessary to be able to progress the other recommendations made by the Productivity Commission. This is because the recommendations relate to data collection, gap analysis and evaluation of programs; and to putting measures in place to ensure that future programs will be fit for purpose.

The current lack of program evaluation is a significant impediment to service improvement particularly in the area of community-based models of care and services. Significant funds have been invested in improving community services e.g. better access to programs, but there has been very little evaluation of effectiveness, despite billions of dollars having been spent.

Funding for evaluation should be provided as part of the funding for services. For example, where evaluations do occur, much of the funding for this provided by groups like the PHN's who need to be participate in the evaluations but are not currently funded or resourced to do so.

These recommendations will help create the environment within which the longer-term reform of Australia's Mental Health System can be undertaken.

3. Of the critical recommendations identified in the previous questions, are there any significant implementation issues or costs you believe would need to be considered and addressed?

Of the recommendations addressed by Research Australia, the most significant implementation costs are likely to arise in the actions relating to improved data collection.

The most significant implementation issues are likely to relate to achieving the required level of cooperation and input from all Australian jurisdictions needed to implement the Productivity Commissions' recommendations. This includes cooperation on the collection and standardisation of data and making datasets available; data is not currently being used even when it is available to inform service planning and policy. It also extends more broadly to getting agreement on a new strategy and the required financial contributions from the Commonwealth and each state and territory government.

The mental health sector is the most impacted by lack of a "system"; it has all the problems of lack of coordination and fragmentation across acute, primary care, and community services. Payment and service delivery models need to be reformed to enable outcomes to be measured and services to be held accountable.

Implementing new funding model and system changes to support the better adoption of evidence-based practice while at the same time creating a single 'system' will require a concerted effort, as it is an area that has been traditionally ignored and under-funded. The implementation and scaling of research initiatives (the 'development' in research and development) is an equally critical endeavour to undertaking research.

Attention must be directed to the activities required to enable research outputs to be translated into outcomes that can lead to impact, and these activities must be appropriately funded and resourced. This includes the types of Pilot Programs the Commission has recommended but also other activities. For example, it includes funding plans to integrate new models of care such as clinical trial outcomes into routine care: who will perform which roles; extra training required; and how the new role or activity will be funded. Accountability for implementation of research outcomes needs to be clearly assigned, with appropriate milestones and targets.

4. What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers?

Key barriers and enablers lie in the better collection and use of data. The paucity of data currently available for monitoring, evaluation and research activities is a key barrier; improving the data collected and available will be a key enabler of reform of the system and the delivery of better mental health services.

In relation to the proposed role for the NMHC, increasing the statutory power, capacity and funding for the NMHC to deliver high quality national data collection evaluation and outcomes monitoring will be required. This will require a willingness by governments to provide the NMHC with authority, independence and adequate funding.

5. Are there clear steps you believe need to be taken to ensure the recommendations are successfully implemented?

There needs to be effective consultation with the sector on the future role of the NMHC and its structure and resourcing. This requires engaging with individuals and groups across the sector, including those with lived experience and carers, and with adequate time for people to formulate ideas and respond.

There also needs to be a renewed focus on outcomes in the delivery of mental health services. This needs to inform all the proposed reforms, including the overhaul of data collection and use, and the design of its monitoring, evaluation and research activities. Consideration will need to be given to the extent to which the NMHC undertakes these activities 'in house' and the extent to which they are outsourced. Careful consideration will also need to be given to ensuring people with lived experience of mental health are adequately included in all activities, including identifying gaps in services, prioritising activities and participating in the design and execution of research.

Program investment should be restricted until we can ensure it will be better targeted. System modelling to support service development and service planning must be a priority.

6. Do you believe there are any critical gaps or areas of concern in what is recommended by the Productivity Commission?

The report has recommended an expanded role for the NMHC. Elsewhere it has referred to a need for more 'practical coordinated research'. However, the Productivity Commission has not specifically recommended that the NMHC have the power and resources to undertake and/or fund research.

Research Australia believes the NMHC needs the capacity to direct and fund research to support its monitoring and evaluation activities. For example, the NMHC could fund research that identifies gaps in service provision, or unwarranted variations in care. It could also fund research to support the evaluation of the effectiveness of specific programs. The ability of the NMHC to commission research in support of its monitoring and evaluation activities and other functions will be critical to its independence.

Research Australia recognises that an additional mental health research funding body creates a risk of unnecessary duplication. Consultation with The National Health and Medical Research Council, the MRFF and state and territory funding bodies, should be undertaken to avoid gaps, confusion and unnecessary duplication in their respective funding programs.

Clinical Trials Networks are an important and highly effective approach to delivering research at a higher level of power and better understanding intervention efficacy across a large population.

While Research Australia supports the Clinical Trial Network (CTN) recommendation, one CTN for mental health and suicide prevention, as recommended by the Productivity Commission, will not be sufficient. We believe there is a need for multiple CTNs which can focus on different diagnostic groups, population cohorts such as child and youth, adult and aged and other specific focus areas with additional and unique needs such as rural and regional populations, Aboriginal and Torres Strait Islander populations etc.

A revised NMHC could commission and provide national coordination to the CTNs.

RESEARCH AUSTRALIA LIMITED

384 Victoria Street, Darlinghurst NSW 2010

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

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