LEADERSHIP INSIGHTS

ON HEALTH AND MEDICAL RESEARCH AND INNOVATION



ISSUE 03

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There is nothing like tapping into collective wisdom and our Leadership INSIGHTS series has a richness of ideas and opinions from our leaders across the Research Australia alliance.

This issue is no exception. I was deeply moved by GSK's Dr Andrew Weekes who so honestly and openly shares the harsh realities of dealing with a family illness against the backdrop of his COVID quarantine experiences, so aptly described as a 'journey marked by empty spaces'.

Now more than ever has the impact of disconnectedness and insecurity been so greatly felt across the nation. The effect of mental illness on society and the economy cannot be underestimated. I recently spent time speaking with one of Australia's leading authorities on youth mental health, Professor Pat McGorry AO and we share a sense of pride in the work being done in mental health research in Australia and a mutual understanding of the vital need for further investment in this area.

For many years, Research Australia has proudly collaborated with Roy Morgan Research for our annual consumer poll, but beyond this valued partnership I've always had immense respect for Michele Levine as a courageous leader, business woman and someone who shares a passion for research. In this issue, Michele explains how the role of trust is changing and the deep societal issues that arise from distrust. These are non-trivial when social licence is critical to a harmonious and productive existence.

This issue is uniquely diverse in its subject matter and a fascinating read.



Nadia Levin,
CEO & Managing Director

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Mental Health Research: Our Secret Weapon in Improving Mental Health Care in Australia



Professor Pat McGory AO
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Orygen Youth Health Research Centre and Professor of Youth Mental Health at University of Melbourne.

The current pandemic has reminded every Australian the vital role that medical research plays in keeping us healthy and protecting us from life-threatening and disabling disease. Dynamic real time modelling, real world research in public health and the accelerated laboratory research to find a vaccine are dramatic examples of this unique value.

Australian medical researchers have always performed extremely well in a global sense, and mental health is increasingly a stand out here, with our mental health research now ranking 5th in the world in terms of quality, edging ahead of some of the usual high profile suspects. Just this week a team of researchers at Orygen, led by Professor Barnaby Nelson, secured the largest ever grant for medical research awarded by the National Institutes of Health to Australian researchers, for research focused on prediction of future illness trajectories in young people with emerging risk for psychotic illness, and creating personalised medicine options with novel therapies.

The Million Minds Mission of the Medical Research Future Fund has just announced funding to support the long overdue construction of two clinical trial networks essential to enable a new wave of research in children and young people and also in older adults. We also lead the world in other areas of mental health research notably digital mental health and innovative models of health care.

However, our competitive advantage in mental health research has yet to contribute effectively to improving the effectiveness of mental health care and producing better outcomes for the 5 million Australians who every year experience ill mental health. The most sobering evidence of this failure is the rising suicide toll, which claims the lives of over 3000 people every year. I believe there are two aspects to this failure. Firstly, unlike in medical care generally, in mental health we have little commitment to implement what we already know. The commissioners of mental health care at Federal and State level have a regrettable history of ignoring and disrespecting hard won scientific evidence, and failing to implement effective interventions and models of care.

One of the best examples is early intervention for psychosis, the focus of Orygen's NIH Grant referred to above. The early intervention in psychosis paradigm, which began in Australia in the 1990s and has transformed schizophrenia research, has made it possible in hundreds of locations around the world to save lives and improve outcomes for young people in the early years of illness. While these illnesses still all too often persist in a substantial minority, the outcomes can be significantly improved and the costs of care and other welfare costs can be substantially reduced.

These outcomes can be sustained if longer term care is also evidence based and well resourced, which it is not. Yet the quality of care seen in specialised early psychosis programs, of which there are currently really only six in Australia, remains the exception rather than the rule in most communities. Similarly, home-based care for acute episodes of illness and crises is more effective, less costly, and greatly preferred

by most consumers and families, yet State governments have disinvested in this, and by default have allowed reactive and noon-evidence based emergency department care, which is less etffective, frustrating and often traumatic for patients and staff alike.

No-one supports this as the preferred approach, yet it continues to be the norm and often the only option. Other examples include failure to support early use of clozapine and lithium in severe psychotic and mood disorders, to ensure that vocational recovery interventions and Dialectical Behaviour Therapy or DBT for borderline personality are widely accessible and to incentivise multidisciplinary team based care over ubiquitous single office-based practice.

Secondly, our competitive advantage in mental health research derives largely from a rejection of a “me-too” approach and an appetite for innovation. For a second source for better outcomes, we need to develop novel therapies and models of care.

This is the challenge of discovery and it requires vertical collaborations between laboratory scientists, defining risk factors and mechanisms for onset of illness, applied clinical researchers, and clinical trial capacity to conduct trials of novel agents, therapies and platforms of care, in face to face and digital mode, maximising the use of new technologies.

The scale and impact of mental illness on society and the economy is beginning to be understood both intellectually and viscerally by the public and by policy makers. Mental illness and its boundaries and evolution is a complex arena and deeper respect must be paid to the breadth and depth of scientific expertise required to make progress.

Paradoxically however, perhaps like economics and politics, it is a field that suffers from the illusion that common-sense or lay explanations are sufficient and carry equal weight. We have seen that perspective dominate in the early stages of the pandemic as simple, almost banal, solutions to preventing mental ill health were advanced, many of which were in any case, impractical, precisely because of the constraints imposed by the pandemic and efforts to contain it.

This response highlighted the distinction between maintaining well-being for the general population at a time of increased stress and genuine anxiety about safety and survival and known risk factors for onset or recurrence of mental ill health posing risks of its own and requiring professional mental health care. There is some relationship between these two domains, but it is not nearly as simple as many people think.

We must respect and draw upon all the scientific and learned disciplines we have at our disposal as human beings in the 21st century, to embrace a more complete and sophisticated understanding of mental illness in order to better prevent and relieve suffering, to improve outcomes and ensure that people can leave as fulfilling and productive lives as possible, and that we can actually increase our “mental wealth” and strengthen our society.

While we have seen the economic damage wrought by the pandemic, among the non-communicable diseases, mental illness is the largest threat to the economy and to GDP, with double the impact of cancer for example. It remains a greenfield opportunity for affirmative action in medical research, yet here in Australia, despite the talent we have in this country in mental health research, we only spend around 7% of the research budget on mental health research, while it represents at least 14 % of the burden of disease and arguably much more. We need to grow the capacity of the mental health research field, identify and nurture the next generation of leadership, and aggressively recruit, as does the US, the global talent in this field, so that our uniquely Australian contribution can flourish.

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Social Fracturing: The Dangerous Growth of Distrust in Australia



Michele Levine
Chief Executive Officer,
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At first glance, panic-buying toilet paper might not seem to have much connection to bizarre claims about the COVID-19 pandemic being part of a global mind-control conspiracy. But both are manifestations of a social fracturing in which distrust is a key factor.

Each year, Roy Morgan interviews 50,000 Australians in depth. We talk to them about all aspects of life and they share an incredible amount of information with us, from the (actual) state of their finances to their ambitions, fears and hopes. We've been doing this for decades, gaining insights into the opinions, values and behaviour of more than one million Australians so far. We've seen a lot of changes over the years and we're accustomed to seeing some trends build and fade while other societal changes take root. But about seven years ago we realised something new was happening.

Something was corroding the way people felt about the bedrocks of their lives: the communities they lived in, their governments and educational institutions, the companies they dealt with, even the sports they followed. An unseen current was shaping our society. Like dark matter, it was detectable only by its effects. Clearly it had to do with trust. Without trust, life as we know it, stops. Collectively and individually we trust other drivers to stay on their side of a painted line. We trust banks to return our money. We trust pharmacists to get dosage right. Trust is the glue that holds society together. But we have been measuring levels of trust for a long time and those measurements were not capturing the cracks that were emerging.

The breakthrough was the realisation that we needed to move beyond a binary system in measuring trust. Most people, if they think about trust at all, view it as a yes/no proposition: there is either some trust (I trust this person to repay the money I have lent them; I trust this safety harness to bear my weight) or no trust. However while low or absent trust does have consequences, it doesn't produce the kinds of societal changes we were seeing. We decided to test the hypothesis that there might be a third option in addition to trust (a positive state) and an absence of trust (a neutral state). Doing so revealed the corrosive factor that been hiding in plain sight: active distrust.

The more we investigated (we've now done more than 30 waves of research on this), the more clearly we could see the effects of distrust. For business, distrust has a direct demonstrable impact on the bottom-line. In other contexts, the damage is just as real but more amorphous. And the COVID-19 pandemic has made its impacts easier to see.

At the beginning of March 2020, Australian supermarket shelves were stripped bare of products including hand-sanitiser, some canned foods and, famously, toilet-paper. Public authorities made repeated assurances that there was no need for panic-buying in response to the spread of coronavirus, but consumers continued to hoard.

By March 18, before the first lockdown, the situation was so bad Prime Minister Scott Morrison said, "Stop hoarding. I can't be more blunt about it. Stop it. It is not sensible, it is not

helpful … That is not who we are as a people … It's ridiculous. It's un-Australian."

Subsequent research conducted by academics at the University of NSW Business School concluded the exact opposite was true. Developing an index to measure panic-buying in 54 countries, they found Australia had by far the highest incidence of panic-buying – four to five times higher than countries such as the UK and Italy where infections and deaths were far higher.

The distrust we have observed growing throughout Australian society helps explain why the frenzy happened; why people ignored the authorities' assurances and calls for calm. Among the regular measures we take across the population is the level of trust or distrust in our elected leaders. A rigorously chosen, representative sample of the Australian population is presented with various statements expressing differing views and asked whether they agree or disagree with them.

By March 2020, as the scale of the pandemic was starting to become clear and governments were seeking to convey important health and public safety messages, the three-month average for those agreeing with the statement "I don't trust the current Australian government" was 58.2 percent. This isn't the highest it has been over the 20 years we've been taking this measure but it's close – the peak was the June 2014 figure of 60.6%. Strikingly, it's almost double the lowest percentage of distrust over those two decades, the March 2008 figure of 31.2 percent.

The top reasons Australians give for distrusting political leaders are "they are dishonest/don't tell the truth/dodgy", "they focus on their own interest/have their own agenda/selfish" and they are "not community-minded". But politicians are far from alone in being distrusted. Expertise itself has become a cause for suspicion. Tom Nichols, author of *The Death of Expertise: The Campaign Against Established Knowledge and Why It Matters* (Oxford University Press, 2017), put it this way, "To the average citizen, it looks like there's a lot of expert disagreement only because everyone now has a megaphone no matter how uninformed they are … if you can access any number of crackpot ideas at the same time you're looking for expert views, it *looks* like a balanced fight among experts."

Differences of opinion are one thing, uninformed medical and scientific claims presented as fact are another. Unfortunately, an explosion in the distribution of 'crackpot ideas' is both the result of growing societal distrust and a contributor to it, with public figures such as celebrity chefs and footballers pushing bizarre conspiracy theories, including about the pandemic, as 'a secret truth they don't want you to know'.

As an education thought-leader we interviewed recently noted, "If you're the source of expertise, and expertise is being thrown out along with anything else that doesn't correspond to somebody's uninformed worldview, then you have potentially a real threat."

So, how to counter that threat?

As ever, the first step is to acknowledge that there is a problem. The next is to work hard to understand the world-view of those who distrust, including identifying where they place the trust they are withholding from government and experts. That will enable us to better equip people to assess competing claims — something that is particularly important when it comes to public-health messaging. As a British education expert remarked to me, "we still teach knowledge acquisition, where actually we should be teaching critical appraisal skills around how to evaluate knowledge and how to sift it".

Then there is the way information is made available, framed and communicated. Transparency is the key element in stopping the malignant growth of distrust and healing the damage it has caused: 'honest' and 'ethical' consistently rank among the top reasons given for trusting organisations or brands. It's accurate to say that curing something as insidious as social distrust is a complex process. But at its heart, the cure is a three-word formula – one that serves as my guiding principle and lifelong aim: Truth told simply.



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Melbourne, London, Brisbane and Stockholm: 34 000 Km in the pandemic



Dr Andrew Weekes
Medical Director,
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In fifteen years expatriated in “the Lucky Country” I never felt the “Tyranny of Distance”. I flew regularly to the UK, worked and socialised the same day thanks to some combination of melatonin, adrenaline and the placebo effect. I held to the mantra “It’s just one day away”.

In 2018 when my previously-fit father’s increasing dysarthria turned out to be an extremely rare presentation of prostate cancer (by way of brain metastases) I was there 48 hours later. In late July 2020 when an interlocking nail was recommended to strengthen his femur despite all other signs pointing to him being close to end of life, I suddenly felt every kilometre of the seventeen thousand between us.

The process for securing compassionate travel exemption from the Department of Foreign Affairs involves submitting to a web portal and waiting. I succeeded on my third attempt and deduce that an overseas stay of at least a month may be one of the unpublished criteria. In the hope of minimising my exposure risk in transit I booked in business class, and direct with the airline in case changes were required. My wife was wonderfully supportive despite being left in lockdown with a full-time job, two young children and home-schooling duties.

Travel turned out not to be a concern from a social distancing perspective – the journey was marked by empty spaces. The departures area could have passed for closed were it not for the 70-odd passengers queueing to board our Dreamliner, as could the arrivals hall in Heathrow. All reasonable expectations of infection control were met in flight between the large number of empty seats, HEPA air filtration, mandatory surgical masks and face shields. Staff were also masked and wore protective eyewear, paper gowns and gloves. Hand sanitiser was prominently available.

Engine noise and masked crew make for an effective screening test for presbyacusis, which I repeatedly failed. The intercom was of course habitually loud and broadcast a revised safety announcement advising the removal of facemasks and shields before attempting to fit an oxygen mask.

According to gov.uk, passengers arriving from Australia “may not have to self-isolate on arrival” unless “you have made a transit stop in a non-exempt country” which is virtually unavoidable. UK self-isolation rules require a 14-day stay in a self-nominated residence with social distancing but no other explicit precautions. Other residents

may come and go without limitation, and the maximum fine for non-compliance with the process is around $200. In the event this was irrelevant to me as an immigration officer reading from a laminated card advised that I was free to enter the UK without restriction. This despite arriving from a rapidly-developing hotspot in a declared state of disaster.

Still wearing an N95 mask by choice, and clutching my hand sanitiser, I walked out of the terminal in unseasonal sunshine and jumped a bus to the car hire depot. I maintained the mask for 7 days from arrival in my parents' home until (to my shame) I tired of their questioning of the need for it. I should have held firm as they were in vulnerable health.

The BBC Six O'clock News, a daily feature of my parents' half-century of marriage, revealed small stepwise increments in new case numbers nationally, creeping above a thousand per day during my stay. A couple of northern towns had been identified as hotspots, "…bubbling up a bit." in the words of the Prime Minister. The proposed increased restrictions sounded challenging to implement; e.g. "members of two different households are now also banned from mixing in pubs and restaurants, although individual households will still be able to visit hospitality venues" and "residents can meet in groups of up to six - or more than six if exclusively from two households - in outdoor areas such as parks and beer gardens."

For the rest of the country mask-wearing was confined to shops. Much of the national conversation was about trade offs between health and the economy. Pubs remained open with signposted queues and table service, and visiting restaurants was actively encouraged by half-price "Eat Out to Help Out" scheme. Beaches and seaside towns were crowded in an exceptional heatwave.

We should all be wary of indirect comparisons. Nonetheless, whilst almost eight hundred deaths in Australia (the vast majority in Victoria) are deeply saddening, the UK figure is fifty-fold higher in just three times the population. Forty thousand deaths is double the population of the small city I grew up in; and at the time of writing new cases are increasing at between 5 and 10% each day.

All international flights into Victoria ceased whilst I was overseas. When I did decide to return (and there was never going to be a good time) rebooking to Brisbane was unexpectedly straightforward. On arrival police and ADF personnel were in a 1:1 ratio with passengers as we transferred, claimed our bags and checked in to our quarantine hotel. Not all 155 people in our hotel were quietly accepting of their situation; as one policeman commented; "Some people aren't OK in their normal lives so when they get in here, they eventually boil over." Staff shared that for much the same reason quarantined guests may order no more than one bottle of wine or six pack of beer each day.

I've been teased about the luxury of spending 14 days in a 4-star hotel. The truth is that wellbeing requires more than a fluffy bathrobe and an oversized TV, but there was really nothing to complain about. Admittedly the food was redolent of a budget airline, however the room was light and reasonably sized; barista coffee, internet and movies were free on demand; there was even a daily dry cleaning allowance.

The only thing I actively disliked was the small outside exercise area we could attend on request for an hour each day. An ADF guard in mirrored sunglasses called us by our room numbers. People were territorial about their chosen patches in the sun and muttered as children ran around or others passed too closely. Acquaintances pulled down their masks to chat and even passed packages surreptitiously. It was

a prison yard with more Lycra and after a couple of tries I avoided it altogether.

Overall, I was treated very well. You just aren't given a door key. I had pleasant calls from public health, the Red Cross, friends and colleagues. The hotel staff left a note inviting me to list things that would make my stay more comfortable – and delivered within an hour when I did. I was so impressed by this that friends suggested I'd developed Stockholm syndrome, but the truth was more a resigned acceptance of what was plainly a rational requirement.

My father died a couple of days into my stay, and between informing and consoling family, remote working, eulogy writing, seven hours on the 'phone to secure a domestic flight home, my daughter's fourth birthday online, three novels and the aforementioned movies the time gradually passed.

My children made a "Welcome Home Daddy" sign and a long-awaited "family hug" followed. I was touched and tearful, as was David my rideshare driver (4.8 stars). The kitchen was colourful with little girl's pink birthday and cards. There were stunning flowers from friends and colleagues. The next day was Father's Day, then my son's 7th birthday. It was strange to watch my son unwrap a gift chose by my father and a card signed by him. The week ended with an early night after my wife and I quietly watched the funeral online.

As we approach a million deaths attributed to SARS-CoV-2, everyone has their own pandemic story. Fear is a common thread; of the virus, of unemployment, of economic uncertainty - and all compounded by social dislocation. Fear may be felt as anger, when it's kindness that's needed.

The ingenuity and pace with which academia and industry are working on therapeutics and vaccines is as unprecedented as the situation itself. The sector is united in its commitment to safety in the face of intense pressure on delivery; we know vaccines are nothing without trust.

Until we succeed in these endeavours the world will continue to feel like a big place. Our human need for comfort and social affirmation cannot be met by virtual interactions alone. We will feel the distance from our loved ones, and sometimes even from ourselves.



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