

# MENTAL HEALTH

A SUBMISSION IN RESPONSE TO THE  
PRODUCTIVITY COMMISSION'S DRAFT REPORT  
ON MENTAL HEALTH

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## ABOUT RESEARCH AUSTRALIA

Research Australia is the national alliance representing the entire health and medical research pipeline, from the laboratory to patient and the marketplace.

**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 role:

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.

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# Summary of Recommendations

<b>Program evaluation</b>	While there are differences between evaluation and research activities, the health economics and health systems research community provide a valuable well of expertise the NMHC can draw upon to establish a cohesive and integrated approach to mental health services evaluation and also to undertake specific program evaluations.
<b>Transparency</b>	The Commission's final report should include a clear and specific recommendation that the NMHC be required by legislation to make its evaluation reports, data and methodologies available, subject to privacy constraints.
<b>Data collection and use</b>	The NMHC's data should be made available to researchers as trusted users in a manner consistent with the Productivity Commission's report on the Availability of Data. Research Australia recognises that use of the data in this manner would require the agreement of Australian, State and Territory Governments, and submit the Commission's final report should specifically address the need for this agreement as part of the strategy.
<b>Research to support monitoring and evaluation</b>	The Commission should explicitly identify a role for the NMHC in sponsoring research which addresses knowledge gaps and questions arising from the NMHC's monitoring and evaluation activities.
<b>Research to support adoption of evidence based practice</b>	There is a continuing role for the NMHC to support and drive the adoption of evidence based care into practice, and the Commission should explicitly identify this as a role of the NMHC.
	The Commission should explicitly identify a role for the NMHC in sponsoring research that supports the adoption of evidence based care into practice.
<b>Sponsoring research</b>	<p>The NHMC should coordinate its research activities with other research funding bodies at the Commonwealth, State and Territory levels.</p> <p>The NMHC should use an open and competitive application process when sponsoring research and Research Australia proposes it utilise the National Health and Medical Research Council to administer the grant application and administration processes.</p>

# TABLE OF CONTENTS

<b><i>Introduction</i></b> .....	<b>5</b>
<b><i>Building an evaluation culture through the NMHC</i></b> .....	<b>6</b>
Draft recommendation 22.5 – Building a stronger evaluation culture.....	6
<b>Independence of the NMHC</b> .....	<b>7</b>
<b>Third-party contribution to the NMHC evaluation process and structure</b> .....	<b>7</b>
<b>Program Evaluation</b> .....	<b>7</b>
<b>Transparency</b> .....	<b>8</b>
<b><i>Data collection and use</i></b> .....	<b>9</b>
Draft Recommendation 25.1 – A Data Linkage Strategy for Mental Health Data .....	9
Draft Recommendation 25.2 – Routine National Surveys of Mental Health .....	9
Draft Recommendation 25.3 – Strategies to Fill Data Gaps .....	10
<b><i>Research and Mental Health</i></b> .....	<b>11</b>
<b>Research to support monitoring and evaluation programs</b> .....	<b>12</b>
<b>Research to support adoption of evidence based practice</b> .....	<b>13</b>
<b><i>Conclusion</i></b> .....	<b>14</b>

# Mental health

## A SUBMISSION IN RESPONSE TO THE PRODUCTIVITY COMMISSION'S DRAFT REPORT ON MENTAL HEALTH

### Introduction

Research Australia welcomes the Productivity Commission's inquiry into mental health and acknowledges the important work the Commission has done in calculating the cost of poor mental health in Australia and the many opportunities to reduce the impact of mental illness.

As the national peak body for health and medical research, Research Australia's submission focuses on chapters 22 and 25 of the Commission's draft report. 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 in mental health is most often connected with understanding the underlying causes of mental illness and the development of new drugs and therapies and preventive measures. Equally important 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.

We are pleased that the Commission's draft report recognises this breadth of research required to improve mental health in Australia.

# Building an evaluation culture through the NMHC

Research Australia agrees with the Commission's conclusion that:

- evaluation and research activities are not being fully used to deliver continuous improvement in mental health policies, programs and services.
- There is a lack of a culture for routine program evaluations and where evaluations and research are undertaken, they do not always provide practical knowledge and evidence.
- where evidence is developed that can improve practice, it is not always well communicated, translated or implemented. (Page 917)

The Commission's response to the first two of these conclusions is reflected in Draft Recommendation 22.5, reproduced below.

## Draft recommendation 22.5 – Building a stronger evaluation culture

A robust culture of program evaluation should inform the allocation of public funds across the mental health system to ensure that they are deployed most efficiently and effectively.

*In the medium term (over 2 – 5 years)*

The National Mental Health Commission (NMHC) should have statutory authority to lead the evaluation of mental health and suicide prevention programs funded by the Australian, State and Territory Governments, and other programs that have strong links with mental health outcomes, including those in non-health sectors.

- The NMHC should be an interjurisdictional body. The COAG Health Council should communicate its support to the NMHC in taking on the proposed broad-ranging evaluation role.
- The NMHC should be governed by a skills-based Board of multiple persons. It should be granted full powers to act in the interests of the NMHC in fulfilling its statutory functions, including powers to appoint and remove a Chief Executive Officer.
- The NMHC should continue to work closely with the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and the Australian Commission on Safety and Quality in Health Care to minimise duplication in monitoring and reporting.
- The NMHC should not advocate, defend or publicly canvass the merits of governments' or oppositions' policies.

As part of its annual planning cycle, the NMHC should prepare and publish a rolling 3-year schedule of program evaluations. To this end, the NMHC should:

- develop a consultation process and consult with, at a minimum, State and Territory Government health/mental health departments, the Australian Government's Department of Health, the Department of Social Services, the National Indigenous Australians Agency, and consumer and carer peak bodies
- in consultation with key stakeholders, develop and publish a process for prioritising policy and program evaluations, including decision-making criteria.

Research Australia broadly supports the Commission's Draft Recommendation 22.5 and provides the following comment on specific aspects.

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## Independence of the NMHC

Research Australia supports the Commission's proposal that the National Mental Health Commission (NMHC) be an independent, non-partisan and interjurisdictional statutory body. This structure will provide the best platform for an NMHC which is focused on the objectives of providing better mental health outcomes for Australians and a more effective and higher quality mental health system. Research Australia also recognises the importance of the NMHC being governed by a specialist board with appropriate powers.

## Third-party contribution to the NMHC evaluation process and structure

Research Australia supports the Commission's recommendation that the NMHC continue to work closely with the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and the Australian Commission on Safety and Quality in healthcare to minimise duplication in monitoring and reporting. Research Australia anticipates that the NMHC will use data from all these agencies as part of its proposed monitoring and evaluation role.

## Program Evaluation

Research Australia notes the Commission's recommendation that the NMHC 'should have statutory authority to lead the evaluation of mental health and suicide prevention programs funded by the Australian, State and Territory Governments, and other programs that have strong links with mental health outcomes, including those in non-health sectors'.

We note that the recommendation refers to leading evaluations, it does not explicitly propose that the NMHC be responsible for undertaking these program evaluations. While Research Australia expects the NMHC would need some internal expertise in the design and conduct of program evaluation we also anticipate that it would be able to outsource much of the activity. As the Commission has noted, '*monitoring, evaluation and research complement and support each other in driving continuous improvements*' (page 919).

**Research Australia submits that while there are differences between evaluation and research activities, the health economics and health systems research community provide a valuable well of expertise the NMHC can draw upon to establish a cohesive and integrated approach to mental health services evaluation and also to undertake specific program evaluations.**

## Transparency

Research Australia welcomes the Commission's finding that the NMHC 'could promote transparency by publishing and sharing evaluation findings where privacy constraints do not exist' (page 918).

Research Australia suggests that whilst publishing findings is a significant step towards achieving effective transparency, the health and medical sectors, Australian governments and the Australian public would benefit most from evaluation data and methodologies also being made available, allowing others to use the data, review methodologies and test the findings.

As stated by the Commission, substantive independence of the NMHC improves trust and interjurisdictional utility of evaluations. Transparency also plays a significant role in differing jurisdictions trusting findings and levying real benefits from the evaluation. Most importantly, transparency of findings and approach elevates the evaluation's status in the eyes of key stakeholders and the wider mental health service community.

**Research Australia submits that the Commission's final report should include a clear and specific recommendation that the NMHC be required by legislation to make its evaluation reports, data and methodologies available, subject to privacy constraints.**

## Data collection and use

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 need to be captured about all patients always. But taking a more strategic national approach to the collection and use of data will provide a sound foundation upon which to make decisions about the provision of health care as well as informing 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. There are several recommendations of the Draft Report that are relevant to this.

### Draft Recommendation 25.1 – A Data Linkage Strategy for Mental Health Data

In the medium term (over 2 – 5 years)

The Australian, State and Territory Governments should task the Mental Health Information Strategy Steering Committee with developing a strategy to improve data linkage in mental health including:

- identifying high-priority data linkage projects
- assessing the barriers to implementing such projects
- advising on solutions to address them.

Research Australia supports the Commission's Draft Recommendation 25.1. Data linkage is critical to understanding which programs and parts of the health system are delivering real and valuable outcomes, and which are not.

### Draft Recommendation 25.2 – Routine National Surveys of Mental Health

*In the long term (over 5 – 10 years)*

The Australian Government should support the ABS to conduct a National Survey of Mental Health and Wellbeing no less frequently than every 10 years.

The survey design should enable consistent comparisons across time, and aim to routinely collect information on:

- prevalence of mental illness
- service use by people with mental illness, and
- outcomes of people with mental illness and their carers.

The survey design should ensure that it adequately represents vulnerable population sub-groups who may have diverse needs. Opportunities for linking the survey data with other datasets should be considered.

Research Australia supports the Commission's Draft Recommendation 25.2. Providing a benchmark in this manner supports the evaluation of individual programs and overall progress in improving Australian's mental health over time.

### Draft Recommendation 25.3 – Strategies to Fill Data Gaps

High-quality and fit-for-purpose data should be collected to drive improved outcomes for consumers and carers.

*In the medium term (over 2 – 5 years)*

- The Australian, State and Territory Governments should complete Action 24 in the Fifth National Mental Health and Suicide Prevention Plan to update the statement on National Mental Health Information Priorities. The priorities should consider data gaps identified in this inquiry, in particular for mental health services provided by general practitioners, private providers and non-government organisations, and vulnerable population sub-groups.

*In the long term (over 5 – 10 years)*

- The Australian, State and Territory Governments should develop and adequately fund strategies to address identified data gaps and information priorities. This should include consultation on how best to:
  - collect the data in a way that imposes the least regulatory burden to ensure data is high-quality and fit-for-purpose; and
  - publish the data in ways that are useful to policy makers, service providers and consumers.

Research Australia supports the Commission's Draft Recommendation 25.3. Progressively and strategically addressing existing data gaps is a sensible and effective approach and Research Australia supports the emphasis on publication of the data in a manner that is consistent with the needs of policymakers and consumers.

**Research Australia submits data should also be made available to researchers as trusted users in a manner consistent with the Productivity Commission's report on the Availability of Data. Research Australia recognises that use of the data in this manner would require the agreement of Australian, State and Territory Governments, and submit the Commission's final report should specifically address the need for this agreement as part of the strategy.**

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## Research and Mental Health

Research Australia believes that health and medical research play a critical role in improving mental health outcomes, including through helping to improve the delivery of mental health care, and note the Commission appears to share this view: *'monitoring, evaluation and research complement and support each other in driving continuous improvements'* (page 919).

As the Commission has commented, mental health research in Australia is currently funded by a range of different agencies and groups (governments, private sector and philanthropic). Mental health research is also undertaken in a range of different environments and contexts by many different disciplines, and with various objectives.

While the Commission has recommended a Clinical Trials Network, which is supported by Research Australia, the Commission has not outlined a clear role for research in the Draft Report, including in its discussion of a revised role for the NMHC. It is in this latter area that further consideration of research in the final report could be most useful.

The Commission has noted the current role of the NMHC in formulating a national research strategy to improve treatment outcomes, as one action under the fifth National Mental Health Plan. In Chapter 22 the draft report refers to the NMHC *'sponsoring research into the performance of Australia's mental health system and developing the capacity to translate, communicate and implement findings and evidence in practice'* (page 918). Elsewhere the Draft Report states *'This inquiry has proposed that the National Mental Health Commission (NMHC) be tasked with sponsoring relevant research into mental health and suicide prevention (chapter 25)'* (page 851).

The Draft report does not, however, include a specific recommendation outlining how the NMHC would sponsor research, its rationale for doing so, or whether this research would be linked to its monitoring and evaluation function. It also does not propose an ongoing role for the NHMRC in formulating and refreshing a research strategy.

Research Australia believes there is a role for the NMHC in relation to research in two particular areas. The first is research related to its proposed monitoring and evaluation functions. The second is research to support the adoption of evidence based practice.

Research Australia also believes that it is critical the NHMC work with other funding bodies at Commonwealth, State and Territory levels to coordinate their funding for research in mental health.

## Research to support monitoring and evaluation programs

If the NMHC is charged with the monitoring and evaluation roles the Commission has proposed, there will be instances in which these activities identify gaps in information and practice that require further investigation. In many instances, addressing these gaps will require research.

Research Australia notes the NHMHC has funded research in the past for similar purposes, as illustrated by the following case study.

### **Case Study: SANE Australia – Understanding how best to respond to the needs of Australians living with personality**

In 2018, the NMHC funded SANE Australia's research into what helps in the treatment of personality disorder, and what services and supports are available across Australia. SANE's research also involved speaking with people living with personality disorders and their carers. Participants explored what they found helpful and challenging on their recovery journey.

Key messages from the research include:

- Without help, living with a personality disorder can be difficult for many people and those who care for them.
- Evidence-based treatment is an important support for people living with personality disorder.
- Most research has explored treatment for people living with borderline personality disorder (BPD).
- Treatment may also be helpful for other kinds of personality disorders.
- There are major barriers to accessing treatment. Currently, the mental health system in Australia is not designed to meet the needs of people living with personality disorder.

The full report and a summary are available from the NMHC's [website](https://www.mentalhealthcommission.gov.au/monitoring-and-reporting/spotlight-reports/personality-disorder-treatment-and-support-research).

(<https://www.mentalhealthcommission.gov.au/monitoring-and-reporting/spotlight-reports/personality-disorder-treatment-and-support-research>)

Before sponsoring the research, the NMHC was aware of a gap in health and medical services for those living with a personality disorder. SANE's research investigated this gap and provided a report that enabled an in-depth understanding of best practice management, treatment and support services for those living with a personality disorder which could then be used in a health systems and services improvement context.

**Research Australia submits the Commission should explicitly identify a role for the NMHC in sponsoring research which addresses knowledge gaps and questions arising from the NMHC's monitoring and evaluation activities.**

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## Research to support adoption of evidence based practice

The Commission has concluded that ‘where evidence is developed that can improve practice, it is not always well communicated, translated or implemented.’ (Page 917)

Research Australia agrees with this conclusion and notes that it is a significant issue across the health care system and not just in mental health. Research Australia is aware that the current functions of the NMHC include to ‘review, analyse and promote research and best practice to support better treatment outcomes across the mental health sector’.

The NMHC has already demonstrated its capacity to drive changes in practice in the delivery of mental health care, in particular through its work to reduce the use of seclusion and restraint in the treatment of mentally ill patients.

**Research Australia submits there is a continuing role for the NMHC to support and drive the adoption of evidence based care into practice, and the Commission should explicitly identify this as a role of the NMHC.**

There are many barriers to the adoption of evidence based care into practice, and there are many strategies that can be adopted to improve the adoption of evidence based care. These strategies are themselves often informed by research into the causes of the barriers and how they can be overcome, in the relatively new discipline of implementation science. NMHC’s role in promoting the adoption of evidence based care will be most effective if it is able to sponsor research to support its activities in this area.

**Research Australia submits the Commission should explicitly identify a role for the NMHC in sponsoring research that supports the adoption of evidence based care into practice.**

Research Australia is aware of the range of mental health research currently being funded by government and non-government organisations across Australia. While these programs are often discrete and have distinct objectives and purposes, it is important to ensure that research sponsored by the NMHC complements rather than duplicates research being funded elsewhere.

**Research Australia submits the NMHC should coordinate its research activities with other research funding bodies at the Commonwealth, State and Territory levels.**

**Research Australia submits the NMHC should use an open and competitive application process when sponsoring research and proposes that it utilise the National Health and Medical Research Council to administer the grant application and administration processes.**

## Conclusion

Mental Health is a critical issue for Australia and Research Australia commends the Productivity Commission on the scope, depth and quality of its draft report. We acknowledge the issue is much broader than the few areas from Chapters 22 and 25 of the draft report we have covered in our submission but hope that our submission is nonetheless helpful.

Research is key to improving health outcomes but is only of value when research findings lead to new evidence based care being practised, and to new and more effective models of delivering care and preventing mental illness. Research Australia believes there is a key role for the NMHC to play in helping bridge this nexus between research findings and practice. To do this, we believe it is important the NMHC is able to sponsor research that supports the delivery of better health care and that it should do so in a coordinated manner with other funding bodies and programs.

We believe the recommendations we have made will help strengthen the role of the NHMC in this regard in a manner that is consistent with the Inquiry's objectives.

Research Australia is pleased to have had the opportunity to make this submission on behalf of our broad membership which is drawn from across the health and medical research pipeline. We are willing to provide further information and/or contribute further.

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