

Black Dog Institute's response to the Productivity Commission's Draft Report on Mental Health



Putting health in mind



**Black Dog
Institute**

Summary

Issue

Black Dog Institute thanks the Productivity Commission for its comprehensive draft report and for the opportunity to contribute to the Inquiry. The Black Dog Institute is pleased to offer a submission in response to the Productivity Commission's Draft report examining the effect of mental health on people's ability to participate and prosper in the community and workplace, including the impact on our economy and productivity.

- The draft report highlights the annual economic costs – \$180 billion for mental illness and \$16.34 billion for suicide – and we agree on the need for all governments to make systemic changes to improve outcomes for Australians.
- Black Dog Institute's recommendations focus on –
 1. suicide prevention
 2. digital technology
 3. system reform and accountability measures
 4. research and evidence-based policy

Reform area 1 – Suicide prevention

All governments should do more to save lives – invest in a permanent suicide prevention program

- The annual suicide rate in Australia remains above 3,000. Suicide is complex and no single intervention can prevent it [1]. All governments should continue to invest in suicide prevention and build the evidence of what system of interventions work in which circumstances and locations.
- We urge the Commission to recommend that Government fund a permanent National Suicide Prevention Program, as well as implementing systems-based interventions across all health networks over an extended period of time. This will build on the crucial knowledge and governance structures built through Lifespan and the National Suicide Prevention Trials. It would come at an immense social cost to communities if suicide prevention initiatives were to cease.
- Suicide prevention policy should be driven by research and evidence as not all actions are effective. For example, awareness campaigns should be supported by evidence-based treatments [2]. While reducing access to means of suicide (eg firearms, jumping sites) are among the most effective interventions [3], some will defer attempts or use a less lethal means.

Schools and young people – a key avenue for prevention

- While wellbeing programs and healthy school environments can help, suicide prevention and mental health should form part of the school curriculum. State education departments should consider universal adolescent programs across schools integrated with healthcare, targeted at prevention and early intervention, allowing students to engage with topics such as stigma, suicide, depression, anxiety and eating disorders.
- Digital technology can be used to support prevention and early intervention. For example, research evidence shows that programs like Black Dog's Smooth Sailing can be effective in reducing depression, anxiety and suicide risk, and increase help-seeking [4]. It monitors and screens students over time to understand mental wellbeing at the individual rather than school level.



Reform area 2 – Digital technology

Prevention and early intervention – digital technology is part of the solution

- Black Dog supports Recommendations 10.2 (online navigation) and 6.1 (online options integration) to support prevention and provide care; remove access barriers across the spectrum from self-help, the ‘missing middle’ and through to more complex mental health issues.
- We urge the Commission and Australian Government to fully recognise the clinical effectiveness, potential for reach, and low-to-zero marginal cost of digital solutions.
- Automated e-health services can be shown to be effective and should be made widely available for those at risk but who do not seek out traditional healthcare services. For example:
 - Online school-based technology has been proven effective in targeting substance abuse and other mental health issues like depression and anxiety [5].
 - Self-guided interventions for depression [6] and suicide prevention [7] have been shown to be effective in reducing suicide ideation.
- These types of solutions, even those not supported or supplemented by telehealth, are ready to be incorporated in a meaningful and cost-effective way into the stepped care model for mental health. Help seeking behaviour via digital and online platforms is increasingly common, and for some this is initially their preferred avenue for information, especially those with suicide ideation. Black Dog Institute’s online mental health clinic, registers 10,000 visits per month. These are organic (not prompted), with a quarter revealing they have not accessed treatment or support.
- We recommend the Commission to encourage the Australian Government to increase investment in digital therapies beyond the Head to Health portal. This should include, but not be limited to:
 - Integrated digital platforms to monitor and manage mental health over time for young people and adolescents through schools (including screening), e.g. Black Dog’s *Future Proofing* study [8]
 - 24/7 universally accessible services via online portals to complement Lifeline, self-help and emergency departments
- We support Recommendations 5.7 and 7.2 that promote psychological consultations to be provided via teleconference and to be supported by the Medicare Benefits Scheme. Black Dog Institute’s Rural and Regional Telepsychiatry Clinic is a good example of how evidence-based services can be provided using technology.

Use of data – acknowledge the power of data analytics and reporting

- We encourage the Commission to further promote the use of data analytics. As per the principle behind Recommendations 25.1, we believe data access and linkage are key to understanding the problem and designing local suicide prevention interventions.
- Black Dog’s National Suicide Prevention Intelligence System (NSPIS) brings together national coronial information with available police and ambulance data, and maps suicide behaviour spatially to understand hotspots and proximity to services. This valuable information is then provided to local authorities in the form of ‘suicide audits’. These reports and accompanying translational services help in the design of regionally specific interventions such as means restriction.
- The Commission should recommend to Governments that continued investment in data capabilities such as NSPIS, are highly effective and relatively low-cost. Providing greater access to de-identified data across health and other government databases will improve the analytical and predictive capabilities of national systems, as well as the ability to inform policy and interventions.



Reform area 3 – System reform and accountability measures

Funding- increase existing investment

- A significant increase in investment in the mental health system and suicide prevention is needed. We urge the Commission to recommend that Government plan the necessary fiscal mechanisms to enable this. Whether funding should be pooled with state and territory budgets should be driven by subsidiarity and efficiency principles.
- It is critical that funding is directed where it is needed. Evidence-based prevention and early intervention programs are key to improving mental health outcomes. A significant portion of any funding (existing or newly pooled) should be allocated to evidence-based prevention programs. This should be commensurate with the significant economic benefits of preventing mental illness and suicide, eg avoided costs of lost productivity, healthcare and pharmaceuticals.
- Given the economic and social costs of mental illness and suicide highlighted by the Commission draft report, we urge the Commission to recommend the Australian Government invest more in research and development. We believe there has been a long-standing underinvestment in research funding in mental health and suicide prevention for NHMRC[9].
- Increased funding certainty and longer contracts will allow research institutes to contribute expertise and resources to inform government policy on suicide prevention and mental health.
- Further, new formal mechanisms should be co-designed to ensure the latest research from institutes and universities can be translated and adopted into policy by governments. This should involve deep consultation with the leading experts and research institutes. Policy should be driven by current research as opposed to vocal advocates.

Accountability – a key factor to improving the mental health system

- In principle, we support Recommendation 22.1 for a new, multi-portfolio, intergovernmental National Agreement at COAG level for mental health and suicide prevention.
- The Commission's proposed reforms and existing policies should all have clear metrics and reporting and evaluation obligations. For instance, we recommend the Commission consider the accountability framework to report on suicide prevention, (ie the Towards Zero Suicides initiative).
- Recommendation 22.5 should go further. We urge to Commission to recommend that the Prime Minister, with support from the National Mental Health Commission, report annually to Parliament on the actions and progress towards targets outlined in the National Suicide Prevention Implementation Plan. The Commission should build a recommendation that urges this level of transparency, much like that of the Close the Gap initiative.

Structural reform – be more ambitious

- While the Rebuild model under Recommendation 23.3 shows some potential benefits, the intended consequences are unclear. Issues to be clarified include interplay with the health system; the future of existing Primary Health Networks structures; funding distribution between federal and state governments.
- Given the likely disruption of any structural reform, we urge the Commission to increase its ambition in this area; signpost a gold-standard structure and design a potential roadmap to get there. The final report's recommendation is an opportunity to genuinely change the entire national system, rather than marginally update the existing architecture and commissioning bodies.
- The Victorian Royal Commission's recommendation at the state level for a dedicated mental health levy provides some guidance for the national approach. Increased investment is needed everywhere in the system, not just Victoria. Mental health access should be equitable across all jurisdictions.



Reform area 4 – Research and evidence-based policy

Commitment to Research –to support policy development

- Medical research institutes and Universities must have a formal role in providing information to government about the latest developments in Mental Health. The strength of these recommendations and advice should not rest on electoral or political decisions– or messages from people who are influential – but should involve deep consultation with leading researchers in the relevant areas.
- While the Black Dog Institute values the input of lived experience, this should not be the basis of decision making. All policy decisions should be supported by robust evidence.
- Black Dog supports recommendation 25.9 (clinical trial networks) however thinks it should extend its focus on population and community trials as well, to better reflect the nature of trials used in suicide prevention, which are distinct from those used in clinical settings.
- Further, the Draft report fails to mention the need for an extension of primary research around mental health disorders in Australia more generally. Ultimately, to meet a zero suicide target and to increase population productivity, evidence based, research-led programs, must also focus on community and population level interventions. In working with vulnerable communities, using participatory action research to provide tailored and regional specific responses to preventative activities would be a constructive measure.
- An additional or supplementary recommendation to recommendation 25.9 is needed to deepen potential scope for innovation.

Evaluation and evidence – commit to evidence-based policy

- Recommendation 22.5 should go further and position the NMHC to lead all mental health and suicide prevention policy for the Australian Government. This includes policy oversight and evaluating and advising on the relative merits of all existing and future spending on interventions and their implementation.
- The NMHC should advise on a robust economic decision-making and evaluation framework for Government and the sector that considers and balances the factors of: clinical effectiveness, economics; implementation science; social impact and strategic merit in order to advise on an optimal allocation of scarce resources and to maximise benefits to society. We believe policy should be research-led and evidence-based to avoid wasting taxpayer’s money.
- For example, new proposals like the Commission’s Recommendations 17.5 (wellbeing teachers), 17.1 (perinatal screening) and 15.1 (housing), and other ideas like haven cafes should be rigorously evaluated for effectiveness, efficiency and implementation prior to broader funding allocations.
- Further, we think all governments should consider the evidence around the effectiveness of past interventions. For example, the research shows that while mass media awareness campaigns are a popular way of encouraging health behavioural change, integrating them with evidence-based interventions – community training, aftercare services, health professional training – is more likely to be effective suicide prevention [10].



Conclusion

At Black Dog Institute, our vision is for a mentally healthier world. We are a global leader in mental health research and translating knowledge into products and services that improve people's lives and in turn increases productivity.

Consistent with others, we believe the Commission's final report must present its overarching vision for reform more clearly and be strong in its advice to government.

We hope Black Dog Institute's submission to the Productivity Commission Inquiry into the Mental Health Draft Report, provides constructive advice and offers insight into an already highly comprehensive draft report.

References

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