

Australian Medical Research and Innovation Two Year Priorities

Title: Preventing depression and anxiety conditions

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1. What is the gap in Australia's health system to be addressed by this priority?

This priority aims to address the gap in mental health research in Australia, in particular the gap in population mental health research that focuses on mental illness prevention.

2. How does your area of priority address either an existing or a new health or health system challenge?

This priority addresses an existing health challenge. Mental health is one of Australia's national health priority areas (NHPAs), yet the level of research funding it has historically attracted is considerably lower than other NHPAs. Furthermore, research in this area lacks an overarching framework. Continuing and sustained efforts are required to put mental health research on an equal footing with other major categories of injury and disease and to create a clearer direction for this investment. While investment is required across the whole spectrum of mental health research from basic research through to real world effectiveness trials, particular emphasis needs to be given to population mental health research focused on mental illness prevention, given its strategic importance, but consistent under-resourcing.

3. Comment on which aims and objectives your priority is likely to meet.

Greater investment in mental health research – in particular prevention research – is likely to achieve several of the aims and objectives outlined in the building blocks of the Australian health and medical research and innovation strategy including: prevention and cures of tomorrow; economic benefits; and healthcare policy and delivery that have a strong evidence base. Professor Allan Fels the Chair of the National Mental Health Commission has [repeatedly highlighted](#) that mental health is as much an economic issue as it is a health issue. Improving the prevention and management of mental health conditions is likely to have considerable flow on personal, social and economic benefits for Australians. At present, the prevention of mental health conditions is far less advanced than the prevention of other health conditions. While research evidence suggests that the prevention of conditions such as depression and anxiety is both possible and cost effective and while the prevention of mental health conditions has been part of national, state and territory mental health policies since the late-1990s, action in this area has been under-resourced. Investment is required to continue to build the evidence base as well as to take the evidence from existing efficacy trials into settings such as homes, schools and workplaces in a systematic way and rigorously evaluate outcomes through effectiveness studies.

4. Mandatory considerations – which of the mandatory considerations set out in the *Medical Research Future Fund Act (2015)* does your priority proposal address?

- Burden of disease on the Australian Community
- How to deliver practical benefits from medical research and medical innovation to as many Australians as possible
- How to ensure that financial assistance provides that greatest value for all Australians
- How to ensure that disbursements complement and enhance other assistance provided to the sector

5. Outline of priority proposal:

Over the last 20 years significant and ongoing investments in mental health care reform have occurred at a national and State/Territory level. A focus on depression and anxiety has been prominent. The key focus has been to increase the number of people with depression and anxiety conditions who access treatment and to improve the quality of treatment so that more people recover and stay well. These investments have seen improvements in awareness and mental health literacy, a slow decline in stigma, a steady rise in help-seeking, increases in the number and range of services and supports available to people with a mental health condition and an increase in the number of people receiving treatment for

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common mental health conditions. Despite this, the burden of disease associated with mental health conditions has changed little in the last 10 years. The suicide rate has also remained stubbornly high.

While continued efforts are required to find new and more effective treatments so that more people recover and stay well, attention also needs to be given to finding ways to prevent these conditions and the morbidity and mortality associated with them (particularly through suicide) if we wish to see the improvements that have occurred in other NHPAs such as cardiovascular disease. Research is crucial to this aspiration.

At present, we are hampered by three main problems. First, although mental health is one of Australia's NHPAs, the level of research funding it has historically attracted is considerably lower than other NHPAs. While the quality of research is high the capacity to generate this research is low. Second, current mental health research lack a clear strategic focus. While this allows researchers to follow their interests, it has led to an uneven distribution of funding and generated gaps across the research spectrum with some areas - such as prevention research - receiving far less attention than others. The third major problem is the relative lack of systematic collaborations and integrated research programs involving population mental health organisations and researchers compared to the connections that exist between mental health clinicians and researchers (and considerably below the connections that exist between clinicians and researchers in cancer for instance).

As a consequence, *beyondblue* recommends that the MRFF's investment strategy for the next five years should prioritise research into the prevention of depression and anxiety. Achieving this requires the MRFF to build capacity in this segment of the mental health research sector in Australia by:

- providing more opportunities for early and mid-career researchers in population mental health;
- supporting integrated programs of research that bring together mental health promotion organisations and mental health researchers; and
- leveraging this research on existing programs and services in place in key settings such as schools and workplaces that are part of Australia's population mental health organisations existing 'delivery' platforms (much like leveraging research in acute hospital settings).

While funding for research into the prevention of depression and anxiety could be provided through competitive grants on a case-by-case project basis, another option would be for the MRFF to support a Centre of Excellence in the Prevention of Depression and Anxiety to create a critical mass of integrated prevention focused research. This Centre would aim to set the direction for prevention research and support its implementation. It would work with key stakeholders to create a roadmap for depression and anxiety prevention research in Australia and then allocate resources to implement this roadmap with a focus on: synthesizing the available research; supporting studies which generate new knowledge on depression and anxiety prevention across the range of settings appropriate for different stages of life, including families, early childhood settings, schools, tertiary education institutions, workplaces and the Internet (including economic analyses of these activities); and transferring this knowledge into practice, policy and behaviour change. Ideally, the Centre would leverage off existing population mental health agencies that exist in Australia – such as *beyondblue* – and utilise their existing delivery platforms, such as schools and workplaces, to implement discovery, proof of concept and translational research projects in prevention. This approach would simultaneously allow us to develop, evaluate and embed the preventions of tomorrow.

beyondblue is perfectly positioned to play a leading role in the Centre. As one of Australia's most well-known, trusted and utilised population mental health organisations we can play an important role in bringing together the key people and creating the opportunities for research activities. Importantly, positive research findings could then be swiftly translated into policy, practice and behaviour change through our existing channels. In essence the Centre could become the de-facto research and

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development hub for *beyondblue's* prevention focused initiatives, thereby adding further value to the Australian government's and each State/Territory governments' existing investment in *beyondblue*.

beyondblue would act as 'steward' of the Centre and the governance would emphasise 'shared' ownership by including highly experienced and nationally recognized national leaders from the world of population mental health, research and policy as well as people affected by depression and anxiety. The Centre would act as a research hub – rather than a research institute. It would create a clear roadmap for depression and anxiety prevention research in Australia and then allocate resources on a discretionary and competitive basis to support projects aligned to this roadmap. It would therefore not employ researchers directly, but make funds available to researchers within existing organisations to undertake relevant work in collaboration with the beneficiaries of the research and other key stakeholders – wherever possible utilising the delivery infrastructure provided by *beyondblue* or other population mental health organisations.

6. What measures of success do you propose and what will be the impact on health care consumers?

Process measures of success would include:

- An increase in the number of Australian researchers working on the prevention of depression and anxiety
- An increase in collaborative projects involving population mental health organisations and researchers
- An increase in research conducted in key settings, such as schools and workplaces
- An increase in the evidence base about what works for whom in what circumstances and the return on investment of these activities

Outcome measures of success would include:

- An increase in the levels of resilience among young people aged 4-17
- A decrease in the number of children assessed as vulnerable on the social competence and emotional maturity domains of the Australian Early Development Index
- A decrease in the prevalence of mental health conditions among young people aged 4-17
- A decrease in psychological distress among people aged 18 and over
- A decrease in the prevalence of depression and anxiety
- A decrease in the national suicide rate

7. Please outline any linkages your proposal has with stakeholders, policy agendas and other health and medical research funding agencies.

The National Mental Health Commission's report on Australia's mental health programs and services and the Australian Government's response to this review highlight the need to shift the focus from downstream acute and crisis intervention to early intervention and prevention. This focus on prevention is echoed in several State mental health plans. Realising these policy directions requires a boost to the nation's infrastructure and capacity to research, develop and embed prevention focused initiatives.

At present the links between the 'front line' population mental health organisations and researchers is relatively weak and occurs on a project by project basis rather than through a sustained, systematic, and integrated program of activity. A MRFF funded Centre of Excellence in the Prevention of Depression and Anxiety could help to strengthen these ties and build our capacity to progress this missing area of medical research in Australia. *beyondblue's* links with every government in Australia, our links with peak bodies and professional associations, our links with researchers across Australia, and our considerable reach and engagement with the Australian public, position us perfectly to lead and steward this vital piece of Australia's national research 'infrastructure'.