Submission to Productivity Commission on the draft report on mental health

By

Movember Foundation

BACKGROUND

Thank you for the opportunity to provide feedback on the draft report on mental health.

Movember Foundation is one of the largest non government funders of mental health prevention and early intervention programs. Since 2006, we have invested over $164 million globally, with a priority focus on building evidence around interventions that lead to more men staying mentally healthy and taking action early when times get tough.

In addition to this investment, we are one of the leading global funders of clinical quality registries that enable systematic measurement of outcomes at multiple levels - individual, treatment/program, clinician and population level.

We have invested over AUD $35 million in a large portfolio of clinical quality initiatives.

These include –

- Prostate Cancer Outcomes Registry – Australia and New Zealand
- Irish Prostate Cancer Outcomes Registry
- TrueNTH Global Registry – an international clinical quality registry operating in over 16 countries focussing on comparing and benchmarking clinical and patient reported outcomes in localised prostate cancer
- Ironman Registry – an international registry operating in 10 countries focussing on comparing and benchmarking clinical and patient reported outcomes in advanced prostate cancer (https://ironmanregistry.org/)
- Development of the ICHOM quality indicators in localised prostate cancer
- Development of ICHMON quality indicators in advanced prostate cancer

As a global funder and manager of clinical quality programs, we have been able to ensure consistent measurement and datasets across this portfolio of programs, enabling for the first time measurement and benchmarking nationally and internationally.

We welcome the Commission's report, and endorse the overall direction proposed in its Recommendations.

We wish to comment on two aspects of the Report :

1. MONITORING, EVALUATION AND REPORTING FOR IMPROVED OUTCOMES

We welcome the Commission's focus on strengthening monitoring, evaluation and reporting for improved outcomes.

We agree with the Commission's view that "the system as a whole is data rich but information poor: there is limited use of data to either improve consumer choices, experiences and outcomes, or inform improvements in service delivery and effectiveness".

Critically – we submit that the health system must measure outcomes that matter to individuals. Unless the lived experience of people's health (ie what are typically referred to as *patient reported outcomes*) are at the centre of a monitoring and evaluation model, we simply will not know whether a mental health service provided has really led to sustained improvements in a person's health.

In tacking this challenge, there is an opportunity in mental health to learn and leverage from efforts already underway in Australia in cancer clinical quality registries.

Putting in place a national clinical quality registry as the basis for monitoring and evaluating outcomes that matter to both people and clinicians will transform outcomes of people experiencing mental ill health by -

- Reducing the variation in treatment that currently exists, identify barriers and enablers in achieving excellent outcomes and mobilise that knowledge to inform the Australian clinical community.
- Providing independent, consistent data on the performance and outcomes of different treatments and programs based on outcomes that matter to people experiencing mental ill health
- Providing people experiencing mental ill health, and the families with self management tailored tools, resources and interventions to better manage their health as outlined in the Commission's draft report.

As an example, the Prostate Cancer Outcomes Registry (Australia and New Zealand), which operates across most states and territories –

- Has a consistent set of measures that are collected nationally. These include patient reported outcomes and clinical quality indicators

- Provides national risk adjusted benchmark reports on key outcomes measures – both clinical and patient reported. This extends to all relevant treatments provided to prostate cancer patients. These benchmark reports are provided to clinicians and hospitals.

- Publishes an annual report on progress and performance at a population level.

In addition, Movember has invested in evidence building initiatives around in Australia and other countries that use the same patient reported outcome measures (PROMS) to -

- better empowering patients to self manage their health,

- using PROMS as part of usual care to improve the quality of life of patients living with prostate cancer, (indeed any cancer condition)

- increased survival where a PROM is used to alert clinicians about patients experiencing high levels of bother/distress, and taking appropriate clinical action

Putting in place a national mental health clinical quality registry as the "foundation" of a national monitoring and evaluation model is, we submit, the only efficient and effective way to enable us to understand outcomes at all levels :

- an individual (empowering self management in a stepped care model as outlined by the Commission)
- a clinician and hospital
- a treatment and program level
- a health system level

A mental health national clinical quality registry would leverage existing data sets within the health system (where they exist), and *independently* measuring outcomes that matter to people experiencing mental ill health. The same registry could, over time, be used as the independent data to support any move towards value based healthcare payment models.

Movember, in partnership with Monash University and other NGOs, is currently investing heavily in supporting the development and deployment of next generation clinical quality technology infrastructure that can support, in the future, any health condition. There is a unique opportunity to leverage this infrastructure and well established governance, operating models and business processes to fast track the implementation of a national measurement and evaluation model in mental health.

2. SUICIDE PREVENTION

While Movember supports the overall direction that the Commission outlines in its report, we would like to see a strengthened focus and acknowledgement in the report, particularly in Suicide Prevention, on the disproportionate number of men that die by suicide. While a significant majority of people that die by suicide are men, most mental services are disproportionately accessed by women. Existing services – whether they be self management services, support lines or clinical services – are not designed or delivered in a way that works for men.

Unless we tackle the challenge of delivering services at all levels with gender sensitive approaches, we will not effectively reduce the number of men that die by suicide.

As but one of many examples, the way in which services communicate to men about the nature of their services is a barrier or enabler to men taking action when experiencing mental ill health.

Movember funded research undertaken by beyondblue (*Men's Help Seeking Behaviour REPORT OF RESEARCH FINDINGS Hall Partners | Open Mind* https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0185.pdf?sfvrsn=0) reported that men see "help seeking" as a sign of weakness and failure so framing a service as a "help line" is a barrier to men taking the first step. Language such as "taking action" is more likely to engage men. Despite this, "help seeking" is still the standard framing that we use in Australia today.

For its part, Movember has invested in building evidence on prevention and early intervention programs that are gender sensitive, and tailored to target at risk populations – from incarcerated men, young men, and boys and men at key transition points in life.

There is a growing body of evidence of the efficacy of these interventions, with many now poised to be implemented internationally.

We strongly recommend the Commission acknowledge the impact of gender on mental health outcomes, and encourage this to be specifically addressed in service design and delivery.