Inquiry into the economic impacts of mental ill-health

Submission from Professor Maree Teesson AC and Professor Alan Rosen AO

Introduction

We welcome this inquiry, as it provides an opportunity to consider new approaches to mental health. Mental Health and Co-occuring Substance Use Disorders are a leading global cause of burden of disease. The burden is greatest in young Australians. Suicide rates among young people are at their highest in over a decade, accounting for over one third of all deaths in Australians aged 15-44yrs. The burden of mental and substance use disorders now accounts for 1 in every 10 lost years of health globally. Governments take the lead in addressing this burden, with investments in health across Australia. The opportunity of the productivity commission is that it we may see changes so that gains in the mental health at a population level of Australian are achieved.

Effective early intervention and treatment can significantly reduce disease burden by halting, delaying, and interrupting the onset and progression of disorders. For example, preventive interventions can lower the incidence of new episodes of major depression by 25% (up to 50% for stepped-care preventive interventions) and can do so cost effectively and timely early intervention for psychosis can prevent transition to schizophrenia and ensure and hasten full recovery. Early intervention is a good investment. It can be progressively implemented in conditions at every phase of the life cycle, and in every stage of most mental and substance use disorders. New interventions have been developed, but the delay to implementation in routine evidence-based care is now over 18 years. Sustainable models of workforce development are critical.

A new cohesive, integrated and focussed approach research, knowledge exchange and implementation is critical; one that capitalises on a range of advances in technologies and new models of implementation science.

Substantial barriers that hinder the widespread dissemination of evidence-based interventions include:
   a) lack of training in professional communities to change their knowledge, skills and especially their attitudes and work culture, and
   b) restricted knowledge in the general public and policy arenas.

We therefore urge a focus on creative, experiential implementation and training models favouring cost-effective interventions, using new technologies and extensive networks which have the potential to overcome some of the implementation barriers to traditional approaches. This aligns with Australian Government strategic directions for mental health reform in Australia and provides an opportunity to address burden and costs.

We suggest implementation of multi-modal translational models, with a focus on leveraging responsive and flexible technology, targeted towards clinicians, practitioners, support workers, peer professionals, policymakers, and service-users, to facilitate knowledge exchange and to encourage and evaluate the implementation of evidence-based interventions. We have used this model successfully to engage these audiences. The TheMHS Learning Network is the largest organisation in Australia focussed on learning skills and knowledge translation in mental health. Its two different working conferences annually focus on acquisition of evidence-based innovative skills and service systems attract respectively up to 300 and 1000 service providers, service users and family carers every year. The Institute will be a unique partnership between

practitioners, learning networks, researchers and implementation science. We have been board members of TheMHS over many years.

We provide an overview of a national initiative to address the structural lack of support for workforce support, training and development. Such an initiative is critical in ensuring that the significant investment in mental health by the Australian government delivers the right care to the right person at the right time.

Professor Maree Teesson, AC,

Director, The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney, & NHMRC Centre for Research Excellence, Board of Management, The Mental Health Services [TheMHS] Conference & Learning Network.

Professor Alan Rosen, AO,

Brain & Mind Centre, University of Sydney and Illawarra Institute of Mental Health, University of Wollongong, NSW, Deputy Chair, Transforming Australia's Mental Health Service System [TAMHSS], formerly Inaugural Deputy Commissioner, NSW Mental Health Commission.

Australian National Institute of Mental Health

-A Nationally Consistent Evidence-Based Workforce Capacity-Building Strategy for all Mental Health Service Providers

From: *Professor Maree Teesson, AC, & Professor Alan Rosen, AO.*

The need

Effective early intervention and timely evidence-based treatment and support can significantly reduce disease burden by halting, delaying, and interrupting the onset and progression of disorders. Yet there is poor coordination and significant gaps in ensuring the capacity of our workforce to deliver cutting edge treatment and responses.

The solution

Development & Provision of a Federally funded multi-site Australian **National Institute of Mental Health** encompassing:

a) *Workforce Resource Centre* to provide training materials, skills enhancement courses, and a continuing supervision and mentorship system for all mental health and substance use disorders for first responders, support workers, primary care professionals, transcultural, indigenous and mental health workers for all age groups.

b) *National Mental Health Implementation & Evaluation Unit.*

Key priorities for both are workforce capacity building and skills training, implementation, quality of service monitoring and implementation evaluation and research, in evidence-based interventions and service delivery systems for all mental health conditions and age groups.

Goal: The Australian Institute of Mental Health will be a world-first, providing an integrated platform to develop innovative responses across disciplines and disorders to build national and international multi-sectorial workforce capacity. Our vision is that world-class, innovative, evidence-based early intervention and effective treatments and care for mental health and substance use disorders will be available to all Australians. It will encompass:

Workforce Resource Hub to provide training, practice and leadership skills enhancement for all mental disorders and substance use disorders for first responders, support workers, primary care professionals, graduate mental health and substance use disorder professionals, transcultural, and mental health workers working with all age groups and sub-specialties. It will align and link with major Aboriginal and Torres Strait Islander workforce initiatives.

Knowledge Translation Hub utilising new technologies to enhance knowledge translation and undertake research to inform international best practice in implementation and knowledge exchange. A major focus is training in the use of digital technologies in healthcare

Key Priority

Workforce capacity building and skills training, for evidence based and human rights-based implementation, leadership, fidelity monitoring, evaluation and research. Skills development in evidence-based interventions and service delivery systems for all mental health conditions and across all age groups.

Value-add

This Institute will not compete with professional courses conducted by tertiary educational institutions leading to degrees as graduates in the relevant professions, including medicine, nursing, psychology, social work, occupational therapy, rehabilitation, diversiona, arts therapists but will be available to provide input to those courses. It will endeavour to develop relevant but missing tertiary level degree

courses where they don't exist, where possible in partnership with existing tertiary educational institutions. A key development area is the integration of technology in health care.

The Australian National Institute of Mental Health

Will provide an Australian-first synergy, bringing together the major innovators in workforce training with implementation and translational researchers currently working independently across disorder silos (eg. addiction, depression, suicide, anxiety, psychosis, learning and cognitive, psychosocial & cultural trauma) to share skills, harness new technologies to develop and trial & ensure faithful implementation of innovative evidence-based primary to tertiary prevention, early intervention, treatment and care programs for mental disorders and substance use, physical illnesses and other co-occuring disorders.

It will be available to all workforces of services for mental health and co-occurring disorders, including:

- transcultural, rural-remote, first responder, e-health, forensic (corrections), and in-person public, private and NGO services.
- It will link with existing indigenous workforce development.
- It will also provide evidence-based training in cost-effective mental health promoting, prevention, and appropriate help-provision strategies for all sectors beyond health, including education, employment, social services, housing, justice, and commerce, whether operated by governments, employers or professional organisations.
- It will ensure, that these organisations will synergise with mental health services, to make a significant contribution to improving mental health, suicide prevention, economic participation and productivity.

Program Features

- Cost-sharing and outsourcing arrangements will be negotiated.
- Expertise in Training, Supervision, Mentoring and Leadership will be provided in Mental Health, Substance Use and all Co-occurring disorders services alongside expertise in both evidence-based clinical and support interventions.
- The Institute will build its capacity to translate the evidence into public health policy, routine workforce training, everyday practice, service evaluation and implementation research.
- Our program will be guided by the active involvement of service-users, their families, and other key-stakeholders, at all stages of the implementation, research and translation process, and a key function of the Australian National Institute of Mental Health will be building the capacity of peer service-users in recovery and family carers to be both service providers as peer workers in interdisciplinary teams, active investigators and partners in service implementation research and evaluation.

Context

Initial partner organisations are the developers of:

a) **National MHS Mapping Atlas**, **National Standards for Mental Health Services** and the **National Practice Workforce Standards** (see below).
b) **The Essential Components of Care (ECC)**: the most comprehensive national evidence-based mental health service planning tool so far developed for Australian conditions. It is potentially the keystone for:

- evidence based and service-user congenial reform, rational

- planning and assuring fidelity in practice.
- providing a framework to which resources can be clearly attached and devoted, and service systems can be comprehensively audited for both quality and quantity of care and resource expenditure/acquittal.
- Specifying an array of evidence based interventions and service delivery systems for all mental health & substance disorders for all age-groups.
- Enabling regional mental health commissioning authorities to then choose priorities from a menu of the most evidence-based and promising interventions and service delivery systems.
- Ensuring a balance & integration between in-person and e-health or telehealth interventions & sub-systems (e-health for wider access, triage, milder & non-complex disorders; in-person, family & team intervention systems for severe & complex disorders).
- capable of being strongly aligned with:

i) National Mental Health Planning Framework,
ii) National MHS Mapping Atlas, which can pinpoint service duplications, overlaps and gaps, and decipher service contexts and complexities to allow full comparison with both international and national best practice services, using large datasets. It can compare resources against crucial mental health and suicide outcomes for different countries and regions, and provide recommendations regarding the staffing, skill sets, service contexts and facilities required to provide optimal services.
iii) the National Standards for Mental Health Services, revised 2010, the National Quality of Service Accreditation process, the National

Practice standards for the Mental Health Workforce, 2013.

iv) Jurisdictional MH Workforce Initiatives: eg. Centre for MH Learning developing standards of training, MH-Pod, being revised currently [Dept Health & Human Services, Victoria] & NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022: A Framework and Workforce Plan for NSW Health Services.

c) **Major Australian Government National Portals** recently launched for the dissemination of evidence-based resources and information to clinicians, policymakers, consumers, parents, teachers and young people and to provide training to clinicians to improve the identification, management and treatment co-occurring substance use and mental disorders. The National Comorbidity Guidelines were developed and disseminated by our team (www.comorbidityguidelines.org) including an innovative online training module. We have also developed the first evidence-informed portal for crystal methamphetamine ("*Cracks in the Ice*") for clinicians and the general community to access prevention, and early intervention tools to prevent and reduce crystal methamphetamine use.

d) a virtual "**bridge**" between mental health and addiction services ("*eCliPSE*") that provides a clinical pathway to care between the traditionally siloed systems, and that brokers access to evidence-based eHealth treatments for comorbid substance use and mental disorders. We have also been funded to build a similar online tool (*"Health-e **Mines"**)* to engage the mining industry in online prevention and early intervention for alcohol and other drug use, mood, stress, and fatigue.

e) **Peer Co-Designed Implementation Research Programs:** Training and engaging peer service-users, family carers and service providers as co-

researchers with mentoring and coaching by expert academics in implementation studies and action research.

f) **Centre for Integrating E-Health**

Developmental Phases

Phase 1: Establish Institute

Recruit & deploy core faculty. Establish links to training and educational training bodies. Engage expertise for development of Training, Supervision, and Implementation Research & Evaluation methods.

Phase 2: Initial Dissemination

Engagement with national stakeholders and establishment of Institute base with all stakeholder organisations across three key state/territory jurisdictions.

Phase 3. National Roll-out

Establishment of institute based with all stakeholder organisations, and across all states & territories, cost excluding jurisdictional cost sharing component, fully operational beginning year 5.

Please address any comments to:

Professor Maree Teesson, AC, Director, The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney, & NHMRC Centre for Research Excellence, Board of Management, The Mental Health Services [TheMHS] Conference & Learning Network.

Professor Alan Rosen, AO,

Brain & Mind Centre, University of Sydney and Illawarra Institute of Mental Health, University of Wollongong, NSW, Deputy Chair, Transforming Australia's Mental Health Service System [TAMHSS], formerly Inaugural Deputy Commissioner, NSW Mental Health Commission.

Key Advisors & Organisations

Ms Vivienne Miller, Director, The Mental Health Service [TheMHS] Conference & Learning Network of Australia & New Zealand , Inc., Sydney.

Professor Patrick McGorry, Executive Director, Orygen, Professor of Youth Mental Health, Centre for Youth Mental Health, University of Melbourne, Victoria.

Professor Luis Salvador-Carulla, Centre for Mental health Research, Research School of Population Health, ANU College of Health & Medicine, Australian National University, Canberra.

Associate Professor Paul Fanning, National Advisor for Mental Health, St Vincents' de Paul, Australia, & Centre for Rural & Remote Mental Health, University of Newcastle.

Ms. Irene Gallagher

CEO, Being: NSW and National Mental Health & Wellbeing Consumer Advisory Group [CAG], formerly District Manager developing South Eastern Sydney Peer Workforce Program & Recovery College.

Mr Thomas Brideson

Chair, National Australian Aboriginal & Torres Strait Islander Mental Health Leadership Group, Coordinator, Aboriginal & Torres Strait Islander Mental Health Workforce Program, NSW Ministry of Health, Deputy Commissioner, NSW Mental Health Commission.