Submission in response to the Draft 5\textsuperscript{th} National Mental Health Plan

Black Dog Institute

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About Black Dog Institute

Black Dog Institute is a global pioneer in the identification, prevention and treatment of mental illness and the promotion of well-being.

Every year, one in five Australians are diagnosed with mental illness. It affects people of all ages and from all walks of life, and places an enormous burden on individuals, families, workplaces and the health system.

The Black Dog Institute is dedicated to improving the lives of people impacted by mental illness and suicide through the rapid translation of scientific evidence into improved clinical management and sustainable public health solutions.

Our unique model combines clinical management with cutting edge research, health professional training, community education and the voice of lived experience to ensure we are having a positive impact at all stages from prevention and early intervention through to treatment and recovery.

We work directly in all parts of the community as well as guiding the development of new and improved policy. We place focus on those with specific mental health needs like young people, Indigenous communities, men and high-risk workforces.

To maximise our reach, Black Dog Institute partners with universities, health services and community groups across the country and provides evidence-based workplace programs to protect and maintain the mental health of workers from a variety of backgrounds.

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Executive summary

Black Dog Institute welcomes the opportunity to comment on the draft 5th National Mental Health Plan and have provided feedback in this submission.

This submission provides expert commentary on each of the identified priority areas with key recommendations for inclusion into the final document.

Recommendations for existing Priority Areas

Priority Area 1 – Integrated regional planning and service delivery

- Local data collected and used by PHNs should be nationally coordinated to ensure consistency and usability.
- New and existing datasets should be made available to researchers and the wider mental health sector within a reasonable timeframe.
- The National Mental Health Service Planning Framework should be completed and disseminated as a matter of urgency.
- Evidence-based digital technologies should be fully integrated into both the NMHP and the NMSPF and emphasised as a solution within this priority area.

Priority Area 2 – Coordinated treatment and supports for people with severe and complex mental illness

- A more detailed plan needs to be developed in partnership with consumer and carer groups for this important priority area.
- Investment into early intervention, particularly in schools, will reduce long term severity and health outcomes.
- The implementation of evidence-based strategies to address unemployment in people with severe mental illness will improve overall health outcomes and reduce unemployment costs to the community.

Priority Area 3 – Suicide Prevention

- National, coordinated, standardised evaluation of the twelve PHN trial sites, with detail provided on how these outcomes will feed into improved policy and service delivery.
- Reduce emphasis on awareness, and increase investment into proven, evidence-based strategies such as GP training, aftercare and gatekeeper programs.

Priority Area 4 – Aboriginal and Torres Strait Islander mental health and suicide prevention

- Involve ATSI in all decisions pertaining to mental health services, projects and research.

Priority Area 5 – Physical health of people living with mental health issues

- Emphasis should be placed on the importance of lifestyle interventions such as diet and exercise, particularly for mild to moderate mental illness, with formal guidance developed for mental health care practitioners.
- Exercise and lifestyle management programs should be integrated into early intervention treatment plans for people diagnosed with severe mental illness.
- Access to Exercise Physiologists and Dieticians through the Chronic Disease Management Plan should be widely promoted to General Practice.
Priority Area 6 – Stigma and discrimination reduction

- Funding and support for stigma reduction activities must be prioritised towards evidence-based programs and interventions.
- Establishment of a central, trusted information source for the collation and promotion of quality, evidence-based programs.

Priority Area 7 – Safety and quality in mental health care

- No recommendations.

Further recommendations

Research, research translation and innovation

- Inclusion of an 8th Priority area that focusses on mental health research and development, research translation and support of new innovation.
- Increased support for mental health research to equate funding levels with enormous health burden.
- Prioritise funding for preventions and cures of tomorrow, with a focus on technology to allow better prevention through prediction, stepped care and early intervention.
- Health services data collected by hospitals and PHNs must be made available to researchers so that improvement in systems design and patient outcomes can be evaluated and optimised.

Prevention

- The power of evidence-based prevention programs must be acknowledged in the 5th NMHP and appropriately integrated into each Priority area.
- Funding and support for critical research into school-based prevention programs must be provided as a matter of urgency.

eMental health services for the “walking well”

- More detail must be provided about how eMental health services are to be integrated into the priority areas of the 5th NMHP.
- All programs included in the new Digital Gateway must be evidence-based and proven effective using gold standard methodologies.
- The eMHPrac program should be continued to ensure optimal usage of the digital gateway.
- Peer reviewed funding and support should be specially allocated to the development of new technologies in the mental health space.
Priority Areas

Priority area 1: Integrated regional planning and service delivery

Black Dog Institute supports activity that reduces fragmentation of mental health services, particularly concerning the existing complexity around Commonwealth/State responsibility. We are also supportive of new plans to firmly integrate the expertise of consumers and carers into mental health care planning and service delivery.

Establishing enablers, in particular the release of much needed national datasets will not only support service integration, it will provide valuable information for ongoing research and development of new evidence-based tools. We strongly recommend that these datasets are also made available to researchers and the wider mental health sector.

Whilst we are supportive of the local tailoring of services resulting from the devolution of funding and commissioning to Primary Health Networks, we are concerned that this process has been conducted without proper training and education.

For services to be of optimal effectiveness and quality, they must be based on the available research evidence, evaluated according to international scientific principles and embedded into existing structures of care. Without a national framework of quality control, there is a significant risk that service quality will vary significantly across the country and we will end up with more fragmentation that we have currently.

Furthermore, the 5th National Mental Health Plan (NMHP) is unclear on what kind of local data is being collected, and what the process of data collection is, by Primary Health Networks. From our perspective, this must be nationally coordinated for the data to be useful and comparable.

The National Mental Health Service Planning Framework (NMSPF) is essential to ensuring consistency and quality of services across Australia.

Finally, we are disappointed at the lack of focus on new technologies in this priority area. E-mental health and associated digital technology have a robust evidence-based and have been proven to overcome the barriers to accessing services including geographic distance, cost and availability of clinicians. Technology within Primary Health Care Networks must integrate with the Digital Gateway. Primary care practice should use the e health developments already in existence across Australia, provided under the Teleweb Measure. These need to be supported within settings such as community and primary care practices.

Black Dog Institute has developed two Stepped Care clinic models that integrate digital technology with face-to-face care, and which have a regional focus. StepCare has been designed for use within the primary health care setting, with online patient assessments sent directly to GPs for immediate review. Smooth Sailing is tailored for adolescents and is being trialled in high schools.

These are currently being evaluated in partnership with PHNs and LHDs with initial results demonstrating both acceptability and effectiveness. From this experience, we strongly recommend that the use of evidence-based digital technologies be fully integrated into both the NMHP and the NMSPF and emphasised as a solution within this priority area.
**Recommendations**

- Local data collected and used by PHNs should be nationally coordinated to ensure consistency and usability.
- New and existing datasets should be made available to researchers and the wider mental health sector within a reasonable timeframe.
- The National Mental Health Service Planning Framework should be completed and disseminated as a matter of urgency.
- Evidence-based digital technologies should be fully integrated into both the NMHP and the NMSPF and emphasised as a solution within this priority area.

**Priority area 2: Coordinated treatment and supports for people with severe and complex mental illness**

Black Dog Institute welcomes the renewed focus on the coordination of care for people with severe and complex mental illness and the integration of the NMHP with the NDIS.

We are, however, concerned at the lack of detail within this extremely complex priority area. As outlined in the NMHP document, supports needed include GPs, medical specialists, allied health providers, housing and employment support, personal carers and others. Provision of these involve a number of Commonwealth and State government departments, along with a wide range of local and national community service providers, health organisations and workplaces.

We strongly recommend that a more detailed plan be developed for this priority area in partnership with consumer and carer groups.

Further to this, there is little detail provided on the early intervention of severe mental illness. Research shows that identifying and treating these conditions early can reduce severity and significantly improve mental and physical health outcomes. We understand that a considerable investment has been made into a national Early Psychosis program, however, we believe further investment into school prevention programs will further reduce the impact of severe mental illness on our community.

Finally, this plan makes very little mention of the impact of employment and supportive workplaces. Research done at Black Dog Institute and elsewhere clearly demonstrates the benefits of employment for people with mental illness, both for recovery and ongoing wellbeing. Currently, the employment rate for Australians with severe mental illness is unacceptably low. Despite the challenges involved with gaining and maintaining employment in these situations, there are strategies available that have been proven to work. We recommend that the Government work with experts to localise these strategies to the Australian situation, and formalise these in both the NMHP and workplace legislation.

**Recommendations**

- A more detailed plan needs to be developed in partnership with consumer and carer groups for this important priority area.
- Investment into early intervention, particularly in schools, will reduce long term severity and health outcomes.
- The implementation of evidence-based strategies to address unemployment in people with severe mental illness will improve overall health outcomes and reduce unemployment costs to the community.
Priority area 3: Suicide prevention

We applaud the significant focus placed on suicide prevention in the 5th NMHP. As highlighted in the Plan overview, suicide is a serious public health issue in Australia and one that urgently requires strong and immediate action.

We wholeheartedly support the implementation of ‘whole-of-government’ approach to suicide prevention that is tailored at a regional level and integrated into locally available services.

We also support the focus on follow-up care for people who have made a suicide attempt and the strengthening of data collection protocols. These two actions will have a significant impact on the rate of suicide now and in the future.

The NMHP document provides no information on how the suicide prevention trial sites being undertaken across twelve primary health networks will feed into ongoing policy and service delivery. This is of importance as these trials have involved a considerable investment. We recommend a national, coordinated evaluation of these trial sites to ensure outcomes are useful and comparable. There would be expected to be regional differences in the delivery of the programs, however, we would suggest that the plans for each of these sites is examined by suicide prevention experts and is compatible with culture and scientific evidence.

As one of the leading Australian research groups focussed on suicide prevention, we do not agree with NMHP focus on awareness. There is, in fact, very little research evidence available to show that public awareness campaigns reduce suicide attempts or deaths. Awareness programs should link to campaigns that let people know what is happening in their regions and where to get help. Programs of awareness raising are unlikely to be helpful by themselves.

Black Dog Institute analysis of international research evidence clearly shows a number of strategies that are significantly more impactful than awareness programs. We strongly recommend that the limited funding available for suicide prevention is directed towards evidence based programs that are suited to the local environment.

Recommendations

- National, coordinated, standardised evaluation of the twelve PHN trial sites, with detail provided on how these outcomes will feed into improved policy and service delivery.
- Reduce emphasis on awareness, and increased investment into proven, evidence-based strategies such as GP training, aftercare and gatekeeper programs.

Priority area 4: Aboriginal and Torres Strait Islander mental health and suicide prevention

We endorse and fully support the prioritisation of Aboriginal and Torres Strait Islander mental health. The Actions outlined in the Plan take important first steps towards “Closing the Gap”. We support any recommendations that require involvement of ATSI in any programs, services or research.

Recommendations

- Involve ATSI in all decisions pertaining to mental health services, projects and research.
Priority area 5: **Physical health of people living with mental health issues**

The relationship between mental and physical health is important to acknowledge and we support the aims of this priority, however, we do feel the actions should be extended.

Addressing the physical health needs of people living with mental illness should not be limited to just extending life expectancy. In addition to improving overall quality of life, emerging evidence points to the significant potential of lifestyle management for preventing or alleviating the symptoms of common mental illnesses such as depression, PTSD and anxiety. We recommend that this be clearly outlined in the 5th NMHP with guidance provided for mental health care practitioners in the NMSPF.

Prevention is always more powerful than treatment and this is especially the case with overweight and obesity. We believe there should be emphasis placed on the management of weight gain associated with medication for severe mental illness. This can be achieved through a multi-model treatment plan that includes an exercise program.

Despite access to Exercise Physiologists being available through the Chronic Disease Management Plan, this service has been woefully underutilised. Significant improvements in the physical health of people with mental illness could be obtained through better promotion of this service, particularly in primary care settings.

**Recommendations**
- Emphasis should be placed on the importance of lifestyle interventions such as diet and exercise, particularly for mild to moderate mental illness, with formal guidance developed for mental health care practitioners.
- Exercise and lifestyle management programs should be integrated into early intervention treatment plans for people diagnosed with severe mental illness.
- Access to Exercise Physiologists and Dieticians through the Chronic Disease Management Plan should be widely promoted to General Practice.

Priority area 6: **Stigma and discrimination reduction**

Stigma around mental illness and suicide is the primary reason people state they do not seek help. Stigma is often internalised so perception of stigma is often higher in people with mental health problems compared to views held by general public. The most effective form of stigma reduction is education of individuals and/or contact with individuals with a lived experience.

As highlighted in the Plan, there are existing promotion campaigns around stigma reduction already being implemented in Australia. However, there is little research evidence available to show that these convert to behavioural change, specifically increased help seeking.

Black Dog believes that any activity to reduce stigma should be evidenced-based and this is not outlined in the Draft Plan. We strongly recommend that priority be given to interventions that have demonstrated positive outcomes using gold standard research methodology.

This is of particular importance in schools and workplaces. Our research has shown there are currently a very large number of programs being marketed to these sites, yet very few
have clear evidence to show they work. An example of an evidence-based intervention that has a solid evidence base includes the Black Dog Institute program Headstrong.

The mechanism by which evidence-based programs are promoted to schools is key to their success. Instead of relying on individual marketing tactics, schools and workplaces need to be given guidance by the Government as to what constitutes an evidence-based program and how to select an appropriate intervention. This requires a central ‘office’ to compile and manage evidence in favour of programs. This role could be part of the MindMatters portfolio, established through the Principal’s Association, or set up independently. However, it should be funded to provide the appropriate resources to schools, coupled with a strong evaluation framework.

**Recommendations**

- Funding and support for stigma reduction activities must be prioritised towards evidence-based programs and interventions.
- Establishment of a central, trusted information source for the collation and promotion of quality, evidence-based programs.

**Priority area 7: Safety and quality in mental health care**

We endorse and fully support an improved focus on safety and quality in mental healthcare, and in particular, increased engagement with consumers and carers. We have no recommendations for this priority.

**Other recommendations**

**Research, research evidence and innovation**

Whilst recognition is given to that fact we need evidence-based programs for mental health, the 5th NMHP Draft does not outline how this evidence will be created.

More specifically, it makes no reference to the allocation of research support in the mental health space, nor to the challenges of translating research into innovative solutions. We believe this is a critical omission.

It is well recognised that mental health research is underfunded relative to disease burden. While depression is the single most common cause of disability worldwide, our most recent analysis of NHMRC funding outcomes demonstrate only 7.8% of the overall allocation was directed toward mental health. This contrasts with 16.5% for cancer and 11.7% for cardiovascular disease. The Australian community recognises the importance of research in mental health as being the key driver to learning more about the causes, prevention and treatment of mental illness.

Despite the USA White House Office of Science and Technology Policy and the BRAIN initiative, we are yet to define biological markers of mental illness or suicide risk. Consequently, therapies for illnesses such as depression and anxiety are not always able to be tailored or accessed appropriately. Technology can address this gap. Many therapies can now be delivered through the web or via smartphones. In the last 5 years, new technologies using ‘passive data’ collected by smartphones or via social media are coming into their own.
Data can be used to measure intra-individual variability, which can be used to sensitively pick up very short-term predictors of changes in mental health state. In conditions such as suicide risk, the low base rate requires that therapies can be delivered at scale, at population level, to reach those at risk. Digital technologies have the potential to do this cost efficiently and we strongly recommend warrant further investment.

**Recommendations**

- Inclusion of an 8th Priority area that focuses on mental health research and development, research translation support of new innovation.
- Increased support for mental health research to equate funding levels with enormous health burden.
- Prioritise funding for preventions and cures of tomorrow, with a focus on technology to allow better prevention through prediction, stepped care and early intervention.
- Health services data collected by hospitals and PHNs must be made available to researchers so that improvement in systems design and patient outcomes can be evaluated and optimised.

**Prevention**

The plan is silent on prevention. Yet prevention is potentially a powerful solution to chronic mental illness and should be included as a key strategy. It has been estimated that up to 22% of adult cases of depression can be prevented using evidence-based prevention strategies.

Prevention programs are most effective when implemented early. A global research analysis undertaken by Black Dog Institute showed it is possible to significantly reduce the population burden of depression and anxiety using evidence-based prevention programs delivered in schools. We recently tested this approach in NSW high school students undertaking their HSC. Students that used a CBT-based online “serious game” called Sparx showed a significant drop in anxiety and depression symptoms compared to students who didn’t access the game.

On the basis of these studies, we estimate that around 61,000 young Australians could be prevented from developing depression each year using CBT. A number of these programs are automated and can be undertaken without the help of a therapist making them cost effective and attractive to young people.

We strongly believe that school-based prevention is critical to reducing the overall burden of mental illness on our community. We recommend that further work be done to identify what programs are most effective, and how best to implement these on a mass scale. It is imperative that this urgent need is captured in the 5th NMHP.

**Recommendations**

- The power of evidence-based prevention programs must be acknowledged in the 5th NMHP and appropriately integrated into each Priority area.
- Funding and support for critical research into school-based prevention programs must be provided as a matter of urgency.
**eMental Health services for the “walking well”**

As highlighted in the Draft document, mild to moderate mental illness is extremely common in Australia, impacting over 3 million people each year. This Plan has very little to offer these people, with no detail being provided on how we can improve outcomes and reduce burden for this group.

Support for evidence-based prevention programs (as highlighted above) will have an impact here however, access to appropriate care and self-care is also key.

Good quality eMental health services, such as those developed and delivered through the now defunct Teleweb program, provide a vital service for this group. Whilst we understand there is a digital gateway under development, we are concerned at the lack of detail provided in this draft document for supporting online and digital mental health services.

Of primary importance is the need for these services provided online to be accessible and evidence-based. Inclusion of programs that have not been rigorously evaluated using gold standard methodologies will risk lives and dilute the potential of the digital gateway.

Furthermore, those using or recommending eMental health services must be given guidance on how to select a good quality program. We believe that the eMHPrac program must be continued to support the delivery of the digital gateway.

Finally, the digital gateway must be dynamic and updated with new options as technology advances. To do this, a national pipeline of new programs must be supported and appropriately funded. Existing NHMRC and ARC funding is not sufficient for this purpose and we believe a special, peer-reviewed, funding round should be made available for this purpose.

**Recommendations**

- More detail must be provided about how eMental health services are to be integrated into the priority areas of the 5th NMHP.
- All programs included in the new Digital Gateway must be evidence-based and proven effective using gold standard methodologies.
- The eMHPrac program should be continued to ensure optimal usage of the digital gateway.
- Peer reviewed funding and support should be specially allocated to the development of new technologies in the mental health space.

**Concluding remarks**

Black Dog Institute appreciates the opportunity to make this submission. We look forward to working with the government to further develop and implement the 5th National Mental Health Plan.