NSW Mental Health Research Framework

NSW MINISTRY OF HEALTH

MENTAL HEALTH AND DRUG & ALCOHOL OFFICE

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About the NSW Ministry of Health

The NSW Ministry of Health supports the executive and statutory roles of the NSW Minister for Health, Minister for Medical Research and Minister for Mental Health, as well as monitoring the performance of the NSW public health system, known as NSW Health.

Our vision is for everyone in NSW Health to work together to achieve "Healthy People - now and in the future". Our goals are to:

- keep people healthy

- provide the health care that people need

- deliver high quality services and

- manage health services well.

About the Mental Health and Drug & Alcohol Office

The Mental Health and Drug & Alcohol Office (MHDAO) is responsible for developing, managing and coordinating NSW Ministry of Health policy, strategy and program funding relating to mental health and the prevention and management of alcohol and drug related harm. The office also supports the maintenance of the mental health legislative framework.

The work of MHDAO is delivered mainly through the mental health program and the drug & alcohol program, in partnership with Local Health Divisions, Justice Health, Children's Hospital Westmead, Non Government Organisations, research institutions and other partner departments.

Within MHDAO, the Research and Health System Development workgroup facilitates, monitors, and provides advice and leadership to support the systematic management of a coordinated research program for mental health and drug & alcohol policy.

About this Framework

This Framework has been written to improve collaboration and strengthen the research effort across the NSW Health Mental Health Program. The Framework applies to mental health research funded by MHDAO.

Part 1 provides the overview and current context in mental health research;

Part 2 describes the four strategic directions;

Part 3 outlines the research criteria;

Part 4 describes the evaluation process; and

Appendix A contains the plan to implement the strategic directions.

In this context, this Framework is relevant to Local Health District Mental Health Services, researchers, decision-makers, service providers, consumers, carers and other stakeholders.

The Framework may also be of interest to those engaged in research across the broader health system in NSW.

The NSW Health, Mental health and Drug & Alcohol Office intends to have ongoing dialogue between researchers, decision-makers, service providers, consumers and other stakeholders to ensure that research is designed, conducted and disseminated in a manner that will have maximum impact on mental health policy and service development and implementation.

Part 1: Overview

Mental Health and neurological diseases, including addictions, are the greatest burden of disease on all Australians. Mental disorders account for nearly 30% of the non-fatal disease burden in Australia. Psychotic disorders usually affect young people and cause lifelong disability.[1]

Australians, aged 18-24 years, experience the highest prevalence of psychiatric disorders such as depression, anxiety, schizophrenia, substance abuse, eating disorders and behavioural disorders. Conversely, the elderly are increasingly experiencing neurodegenerative conditions such as dementia or stroke. Unlike dementia or cardiovascular diseases, psychotic disorders can disable young people for the

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[1] Australian Institute of Health and Welfare : The eleventh biennial health report 2008

rest of their lives. In Australia, schizophrenia alone costs $2.62 billion to the Australian community, and $1.70 billion annually to Australian government.[2]

It is also recognised that the impact and burden of mental health problems weigh heavily in childhood and adolescence. The World Health Organisation estimates that, of the total burden of disease caused globally by neuro-psychiatric conditions, 30% occurs in childhood and adolescence.[3]

There is increasing recognition that disorders in children and adolescents can be chronic and recurring and, although they may not be continuous with the same disorders in adulthood, they are still associated with strong continuity of impaired functioning.[4] For example, in longitudinal research, disruptive behaviour disorders have been identified as precursors to a range of mental health problems in adulthood, not just antisocial personality disorder.[5]

Robust international surveys, such as the Dunedin Multidisciplinary Health and Development Study (Kim-Cohen et al.2003) and the US National Comorbidity Survey Replication (Kessler et al., 2007)[6] have demonstrated that the onset of mental health problems was before the age of 15 years in half of all adults with mental disorders.

Mental Health Research in Australia

Australia's health research program is funded by governments, non-government organisations and industry. In 2007/08, the Commonwealth Government spent $55 million on mental health related research. Funding for research is generally delivered through competitive grants, such as National Health & Medical Research Council (NHMRC), the Australian Research Council (ARC) or other smaller schemes. There is also indirect support via funding of organisations which have research as one of their roles, such as Universities and hospitals or direct industry funding of research (eg, pharmaceutical industry support of drug trials).[7]

Recent national plans and reviews, such as the Fourth National Mental Health Plan (NMHP4) and the National Health and Hospital Reform Commission (NHHRC), emphasise the need to focus on translational

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[2] Scientific Briefing Document Translating research into better mental health (2006)
[3] Lifetime prevalence and age-of-onset distributions of mental disorders in the WHO World Mental Health (WMH) Surveys. World Psychiatry: 6; 168-176.
[4] Maughan, B., & Kim-Cohen, J. (2005). Continuities between childhood and adult life. British Journal of Psychiatry, 187, 301-303.
[5] Kim-Cohen, J., Caspi, A.,Moffitt,T. E., et al (2003). Prior juvenile diagnoses in adults with mental disorder. Archives of General Psychiatry, 60, 709-717.
[6] Kessler, R.C., Angermeyer, M., Anthony, J.C., de Graaf, R., Demyttenaere, K., Gasquet, I., de Girolamo, G., Gluzman, S., Gureje, O., Haro, J.M., Kawakami, N., Karam, A., Levinson, D., Medina Mora, M.E., Oakley Browne, M.A., Posada-Villa, J., Stein, D.J., Tsang, C.H.A., Aguilar-Gaxiola, S., Alonso, J., Lee, S., Heeringa, S., Pennell, B-E., Berglund, P.A., Gruber, M., Petukhova, M., Chatterji, S., Ustun, T.B. (2007).
[7] Health and Medical Research Strategic Review, 1999.

and multidisciplinary research practice.[8] The NMHP4 adopts a population health framework, recognising that mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic factors at all levels. Under this Plan, research and evaluation will cover relevant areas such as:

- effectiveness of treatment

- community support services

- service coordination models

- prognosis and course of illness.

It includes recommendations to develop a national mental health research strategy to drive collaboration and inform the research agenda and refers to both quantitative and qualitative research, and research led by or involving consumers.[9]

NSW Context

In 2008/09, the cost to the NSW Government of dedicated healthcare treating mental illness was $1.1 billion. This does not include costs across government agencies, such as corrective services, education, police, disabilities and homecare, community services, aboriginal affairs, and the justice system.

The NSW Office for Science and Medical Research (OSMR) is the lead government agency responsible for policy and funding for medical research. There is a dedicated 'Health' theme that aims to improve the health outcomes for the people of NSW. The Department of Ageing, Disability and Home Care also contributes to medical research in NSW.

Within mental health, the NSW Health, Mental Health and Drug & Alcohol Office (MHDAO) contributes significant funding to mental health research, through direct infrastructure grants and capital grants. MHDAO also commissions research as required. MHDAO supports clinical and basic mental health scientific research in the fields of:

- Mood disorders;

- Schizophrenia , and associated disorders;

- Trauma, stress and anxiety disorders;

- Addictions; and

- Neurophysiology

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[8] National Health and Hospital Reform Commission (NHHRC)
[9] Fourth National Mental Health Plan An agenda for collaborative government action in mental health 2009-2014

The Ministry does not routinely collect information on expenditure on health and medical research in Local Health Divisions. However it is acknowledged that a significant amount of research is conducted within Local Health Divisions. In addition, a number of non government organisations engage in research, and to the development of evidence-based methods into mainstream practice.

The Framework aims to encourage greater coherence and provide strategic direction to the MHDAO research effort by:

- Defining a process for developing strategic directions, addressing key knowledge deficits, and strengthen the evidence base underpinning service practice.

- Defining the scope, principles and criteria for MHDAO funded mental health research effort.

- Developing a web based register of NSW mental health research projects in order to enhance information sharing and better coordinate/inform the activities of clinicians interested in research.

- Working with their funded research bodies and Local Health District Mental Health Service Clinicians/ Academics to:

    - align their research with the agreed priority research areas;

    - improve their capacity to translate research knowledge into practice;

    - promote collaboration and coordination between funded research bodies, clinical academics, clinicians consumers and carers; and to

    - strengthen links with the wider health research field.

Part 2: Strategic Directions

In 2010 MHDAO convened an Advisory Group to develop strategic directions for MHDAO funded and/or supported mental health research. To inform their recommendations, the Advisory Group conducted consultations with research institutions, non government organisations; government departments and branches, committees and organisations within the NSW Ministry of Health, and the Mental Health Program Council. The consultations aimed to assist the development of research directions in mental health research both in the short term (3-5 years) and beyond. The four strategic directions identified are:

SD1: Facilitate the generation of high quality research that is relevant to policy and practice.

In the short term (2011 to 2014) proposals for mental health research funding that address the following areas will be considered:

a. *Populations:* people with severe disabling illnesses; children, and adolescents and young adults. Vulnerable Population Groups, such as Aboriginal and Torres Strait Islanders, people who are homeless, refugee populations, Rural and Remote populations, Older people, CALD communities, and people with intellectual disability.

b. *Research topics:* Effectiveness and quality of treatment; Use of sedation; Use of seclusion; Emergency Psychiatric Care; Targeted research resulting from formal clinical reviews/serious events; Relapse prevention; Recovery; Service coordination models: bundles of care, Models of Care, models of service delivery; Impact of disaster and other major events. Prevention and early intervention.

c. *Mental Health Issues:* Suicide; Self Harm; Personality Disorder; Comorbidities: Mental Health and substance use; mental health and physical health; mental health and intellectual disability.

SD2: Foster links and promote partnership between funded research bodies, clinical academics, clinicians, consumers and carers.

Research has broad benefits for hospitals and health systems. It helps to attract and retain the best clinicians, in turn fostering best practice. MHDAO will engage research organisations, clinical academic researchers and clinicians in the process of aligning their research activities and improve the capacity to effectively translate research knowledge into policy and practice. MHDAO will ensure there is a process for the equitable distribution of mental health research funding. MHDAO focuses on research that has tangible benefits for the mental health of the people of NSW, with particular regard for the benefit of consumers and carers.

Effective participation occurs when consumers, carers and community members are meaningfully involved in decision making about all aspects of their health and well being, including health policy and research.

Meaningful consumer involvement in the research process, from the development of research questions through to the dissemination of findings, is invaluable in bringing a different perspective to the research process. This generates important questions, highly relevant to clinical practice, and helps to improve the evidence base used to inform how services are provided.

Consideration will also be given to developing guidelines to provide direction on the type and level of consumer involvement in research.

SD3: Improve the translation of research into practice.

As knowledge builds and a cohesive evidence base develops, information should be disseminated in a manner that is most likely to influence individual outcomes for people with mental health problems and mental illness. Research should focus on enhancing the capacity of the mental health sector to address gaps and improve service delivery through synthesis, dissemination and utilisation of new knowledge. Existing evidence should be assembled, and gaps in the evidence should receive particular research and evaluation attention.

SD4: Build mental health research capability.

Research is essential to the successful promotion and protection of health and well-being, and also to effective health and community care services MHDAO will continue to support mental health research Infrastructure funding that builds existing organisational strengths and provides the opportunity to pioneer new treatments and care approaches.

Research can involve an element of risk, both in terms of return on investment and sometimes for the safety and well-being of the research participants. Proper governance of research is therefore essential to ensure confidence in, and benefit from, quality research in the mental health sector. The public has a right to expect high scientific, ethical and financial standards, transparent decision-making processes, clear allocation of responsibilities and robust monitoring arrangements.

Part 3: Research Criteria

Applications for funded/and or supported research will be assessed against the relevant strategic directions and the following additional criteria:

a) Timeliness and feasibility of the research.

b) Cost effectiveness of the research, including:

    i. Availability of funding:

    ii. Feasibility of the budget.

    iii. Likely return on the investment in research.

c) Availability of other research budgets;

d) the suitability of the research methodology to answer the research questions;

e) the availability of data;

f) the potential to provide a significant advancement and/or important discovery or innovation to the field of mental health and/or drug and alcohol research;

g) applicability across the NSW Health system; and

h) the competency of the applicant/s to undertake the research.

Part 4: Implementation & Evaluation

The key steps in implementing each of the strategic directions are outlined in Appendix A on the following pages. MHDAO will evaluate effectiveness of the Mental Health Research Framework triennially against the following evaluation criteria:

- Capacity to systematically identify strategic directions for investigation

- Evidence of ability to administer grant funding and associated functions, transparently and impartially.

- Evidence of collaboration and cohesion amongst existing mental health researchers.

- Evidence of partnerships between policy makers, planners, decision makers, managers, service providers, consumers and caregivers

- Evidence of networking with national research efforts;

- Record impact of success translating research findings into clinical practice, policy or further research.

APPENDIX A: Strategic Directions and Actions

Strategic Direction 1: Facilitate the generation of high quality research that is relevant to policy and practice.

Outcome	Actions

MHDAO funded and/or supported research addresses the prevalent topics, disorders and diagnoses encountered by public mental health services across target areas of investigation.	• In the short term (3 to 5 years) assess research proposals using agreed research criteria and against the following:
	  a. *Populations:* people with severe disabling illnesses; children, and adolescents and young adults. Vulnerable Population Groups, such as Aboriginal and Torres Strait Islanders, people who are homeless, refugee populations, Rural and Remote populations, Older people, CALD communities, and people with intellectual disability.
	  b. *Research topics:* Effectiveness and quality of treatment; Use of sedation; Use of seclusion; Emergency Psychiatric Care; Targeted research resulting from formal clinical reviews/serious events; Relapse prevention; Recovery; Service coordination models: bundles of care, Models of Care, models of service delivery; Impact of disaster and other major events. Prevention and early intervention.
	  c. *Mental Health Issues:* Suicide; Self Harm; Personality Disorder; Comorbidities: Mental Health and substance use; mental health and physical health; mental health and intellectual disability.
	• Support research that will deliver tangible benefits for consumers and carers across the age groups.
	• Update areas of focus for mental health research triennially.
	• Review funded and supported research and how it aligns with identified priority areas.

Strategic Direction 2: Foster links and promote partnerships between funded research bodies, clinical academics, clinicians, consumers and carers.

Outcome	Actions
Communication and collaboration between NSW Health, funded research bodies, consumer and carer organisations, Non-Government Organisations (NGOs) and university research departments will be improved and opportunities to align research agendas and capacities will be exploited.	Long-term strategies include: • Investigate opportunities for research collaborations that prevent duplication of effort, reduce isolation and provide a critical mass for advocacy for mental health research. • Investigate opportunities to capitalise on the goals of state and national research institutes eg. The Cancer Institute, The Stroke Institute, Office of Science and Medical Research. • Develop a MHDAO Research Partnerships Checklist for research partnerships applications such as NHMRC Partnership Grants and ARC Linkage Grants. • Participate in inter-departmental negotiations to standardise contractual arrangements. • Maintain and use existing data sets effectively. • Enhance the mental health research enterprise through MHDAO's departmental role as an enabler of research. • Prepare and publish research funding application guidelines on the MHDAO website.

Strategic Direction 3: Improve the translation of research into practice.

Outcome	Actions
MHDAO funded and or/supported research is easily accessible to the broadest range of stakeholders.	- Publish a lay summary of results of research projects funded or supported by MHDAO (and links to project reports/publications) on the NSW MHDAO website. - Develop a web-based register of mental health research projects conducted in health services. - Establish mechanisms that ensure ready access to research findings and research syntheses. - Ensure research that is funded by MHDAO results in provision of research findings in an accessible format to the broadest range of stakeholders. - Evaluate feasibility of establishing intervention trials and/or demonstration sites.
Policy and practice environments use research evidence.	- Share best-practice lessons by hosting research forums. - Ensure access to and use of quality mental health data. - Encourage MHDAO-funded centres to hold research forums, with particular emphasis on access for rural practitioners. - Ensure research design includes translational strategies, including partitioning funding for translational activities. - Report the use of research in policy and practice in the listing of MHDAO research projects on the NSW MHDAO website, including: how and when the research was used, organisations effected, and benefits. - Support consumer and carer involvement in research projects from design through to implementation. Consider development of consumer and carer participation guidelines. - Establish mechanisms to maximise policy and practice contributions to research.

Strategic Direction 4: Build mental health research capability.

Outcome	Actions
There are explicit avenues of support for emerging and current researchers to foster research and dissemination of findings and further workforce development.	- Establish mechanisms that allow the mental health workforce to engage in research. - Promote research learning and development opportunities through the Ministry's distribution list. - Establish a NSW Health mental health research academic program that supports early to mid-career research opportunities.
Investment in mental health research infrastructure is maintained.	- Administer current infrastructure grants to research organisations to ensure capacity to maintain current research efforts and pioneer new treatments and care approaches. - Build on known areas of expertise where NSW mental health is an international leader, such as schizophrenia, mood disorder, anxiety disorder and neuroscience.