

Australian Academy  
*of Health and*  
Medical Sciences

# Innovation in mental health in Australia

---

REPORT OF A ROUNDTABLE HELD ON 9 MARCH 2023

The Australian Academy of Health and Medical Sciences

PO BOX 6114, WOOLLOONGABBA, QLD 4102

[www.aahms.org](http://www.aahms.org) | Ph +61 7 3102 7220 | [policy@ahms.org](mailto:policy@ahms.org)

ABN: 55 167 124 067

## Contents

Acknowledgment of Country and About the Academy .....	3
Executive summary .....	4
1. Introduction .....	6
2. Australia's current mental health landscape.....	8
3. Developing and delivering solutions through innovation.....	12
4. Future and solutions-focussed action .....	19
5. Conclusion.....	24
About the Health Horizons Forum .....	25
References.....	26
Appendix A - Participant list .....	28

## Acknowledgement of country

The Australian Academy of Health and Medical Sciences acknowledges the traditional custodians of the land on which our offices stand and on which we hold our meetings and events across the country. Aboriginal and/or Torres Strait Islander peoples were the nation's first scientists, and they remain the spiritual and cultural custodians of their land. We pay our respects to elders past and present.

## About the Academy

The Australian Academy of Health and Medical Sciences (AAHMS) is Australia's Learned Academy for health and medicine – the impartial, authoritative, cross-sector voice. We advance research and innovation in Australia to improve everyone's health.

We are an independent, interdisciplinary body of Fellows – elected by peers for outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, AAHMS Fellows are a representative and independent voice, through which we engage with the community, industry and governments.

[www.aahms.org](http://www.aahms.org)

## Acknowledgements

The Australian Academy of Health and Medical Sciences would like to thank the participants at this meeting and especially the meeting chairs, Professor Maree Teesson AC FASSA FAHMS and Sana Qadar.

This report is published by the Australian Academy of Health and Medical Sciences. It was developed based on discussions at a roundtable meeting on 9 March 2023 and approved for publication by the Academy's Executive.

We are grateful for the support of Saltire Capital Partners, our partner for the Health Horizons Forum.

Funding for the production of this report has been partially provided by the Australian Government. The views expressed in this report do not necessarily reflect the views of the Australian Government.

© Australian Academy of Health and Medical Sciences 2023.

This work is copyright. All material published or otherwise created by the Australian Academy of Health and Medical Sciences is licensed under a Creative Commons. Attribution – NonCommercial 4.0 International (CC BY-NC 4.0) license.

Date of publication: October 2023

## Executive summary

---

**Mental health is a critical component of overall health and wellbeing at every stage of life. Despite the recognition and growing awareness of the importance of good mental health, Australia still has worryingly high rates of mental illness, especially in young Australians – with significant consequences for the community now and in the coming decades. Research and innovation can provide solutions for Australia’s biggest mental health challenges and there are considerable efforts across the country to strengthen policy and care. But we are falling short in translating this work into practice to benefit the community. Australia must capitalise on what is being done in this area and drive forward a bold vision to accelerate meaningful change.**

**A new system is needed, in which we work with the community to better identify the best evidence and innovations and see these efficiently translated into practice.**

Successive Australian governments have identified the importance of mental health. There have been more than 55 high-profile public reports relevant to mental health held over the last 30 years.<sup>1</sup> While these have led to some changes, the number and scale of these reviews – and the lack of greater impact – indicate that there is a long way to go to change the course of mental health in Australia. There have been many positive steps, but the level of action seen does not reflect the volume of work in these reports, or the level of change needed.

To deliver the best care and support to those impacted by mental illness, Australia needs an evidence-based system. To create such a system, we need ways of identifying the best evidence and ensuring it can be used and applied across the health system. This is challenging, especially because the health system, including mental health, is fragmented – across state, territory and federal governments, between public and private health services, and across rural, regional, remote and urban settings.

However, Australia is in a strong position – the mental health community is actively developing, testing and scaling up solutions that promote good mental health, and that treat and prevent mental illness. To overcome the fundamental barriers to advancing mental health outcomes, we need system-level change that sees this work efficiently taken up across the system.

This report, which is based on a roundtable discussion held in March 2023, describes a new system that could ensure future care is based on the best available evidence, which incorporates three components:

1. A **national mental health alliance** to lead the strategic direction of Australia’s mental health landscape, drive the creation of new evidence and bring together key stakeholders to implement evidence-based action throughout the system.
2. Lived experience **and community engagement** in mental health research, innovation, policy development and service design.
3. A **new pipeline** that provides efficient and effective pathways to ensure the best care is delivered to support good mental health.

A revitalised system built around these three components would build on our strengths, nurture innovation and allow stakeholders to work more closely together to drive forward the necessary change.

Australia needs bold, future focussed action to change the trajectory of our mental health outcomes. Without this, we risk significant consequences for the health of communities, society and the economy.

# 1. Introduction

---

On 9 March 2023, AAHMS and Saltire Capital Partners convened a roundtable meeting to explore how Australia might navigate the complexities of the mental health landscape and consider how the country could make better use of innovation to improve mental health outcomes.

The purpose of the roundtable was to bring a positive, future and solutions-focussed lens that would:

- Celebrate Australian innovation in mental health.
- Identify where the next innovations might come from in Australia.
- Consider the barriers that stop those innovations being implemented for the benefit of the community – and how they can be overcome.

It was attended by 18 leading experts from mental health including clinicians, researchers, policy makers, industry experts and people with lived experience. [Appendix A](#) provides further detail about the roundtable participants.

The roundtable was chaired by one of Australia's pre-eminent experts on mental health, Professor Maree Teesson AC FASSA FAHMS, and award-winning podcaster and journalist, Sana Qadar, host of the popular ABC show, 'All in the Mind'.

Roundtable participants were asked to consider six key questions, which were used to guide the discussion including:

1. From your perspective, what innovation has had the biggest impact on the mental health landscape in Australia to date, and briefly provide reasons why.
2. From your perspective, what innovation has the greatest potential to change the mental health landscape in Australia in the coming decades, and briefly provide reasons why.
3. What are the opportunities for, and barriers against, successful mental health innovation in Australia?
4. Where will the next big mental health innovations come from?
5. How can Australia foster and grow its mental health innovation sector in the coming decades?
6. How can Australia ensure mental health innovations reach the Australian (and global) community in a timely manner?

This roundtable was not designed to provide a comprehensive analysis of the current mental health landscape in Australia. There are numerous specific challenges within mental health that require further discussion and investigation, such as mental illness in young people and priority populations, substance use disorders, suicide rates and others. However, this discussion focused on the broader mental health context in Australia and explored possible scalable solutions that could impact the overarching landscape to benefit the whole community.

The outcomes of this discussion will be used to facilitate better application of existing knowledge to mental health service delivery and policymaking, and guide efforts to advance research and innovation that can lead to better mental health outcomes for the community.

During the discussion, visual notes were taken and shared to facilitate productive discussions, some of which are featured in this report.

The roundtable was part of the *Health Horizons Forum*, a joint initiative between the Academy and Saltire Capital Partners that examines the next big ideas in health, research and innovation and how these ideas could impact and transform the health of the Australian community in the coming decades.<sup>2</sup>

## 2. Australia's current mental health landscape

---

Almost half of Australians have a mental illness in their lifetime and one in five will meet the criteria each year.<sup>3</sup> Mental disorders are responsible for significant burden. In Australia, mental disorders are one of five health conditions that cause the greatest burden of disease alongside cancer, cardiovascular disease, musculoskeletal and neurological disorders.<sup>4</sup> Of the five health conditions, mental disorders rank fourth, contributing to 12% of the total disease burden. In contrast to other health conditions, mental illness burden falls disproportionately on the young. The National Mental Health and Wellbeing Survey 2020-21 conveyed a concerning picture for the mental health of young people when compared to other age groups, highlighting a significant rise in the annual prevalence of mental health conditions in people aged 16-24 – this rate was twice as high as the generation population.<sup>5</sup> There is also a growing understanding of mental illness in childhood. Around 13.6% of Australian children aged 4-11 experienced a mental health disorder in 2021.<sup>6</sup>

### **What is a mental illness?**

A mental illness can be defined as a clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities.<sup>9</sup> Mental illness may not only impact how a person thinks, feels and behaves but can also often impact their physical health. Mental health is experienced differently across various populations and at an individual level. It is influenced by an often complex interplay between numerous demographic and social factors including age, gender, race, sexuality, education, location, socioeconomic status, family background and more.<sup>9</sup>

Figure 1 highlights some of the most confronting statistics in mental health in Australia today.

The consequences of mental illness also extend well beyond the individual, leading to widespread and substantial socioeconomic impacts affecting the nation and the world. Every year, the burden of mental illness and suicide costs the Australian community over \$33 billion.<sup>7</sup> When the burden of disease is considered with the full impact of productivity loss, reduced life expectancy and the social and emotional toll of mental illness and suicide, the cost to community is estimated to be as high as \$200-220 billion each year.<sup>3</sup>

The COVID-19 pandemic has also exacerbated rates of mental illness – disproportionately affecting young people.<sup>8</sup> In addition, we continue to learn more about how the pandemic impacted known social determinants of poor mental health, further entrenching mental health inequities that existed prior to the pandemic.<sup>1</sup>



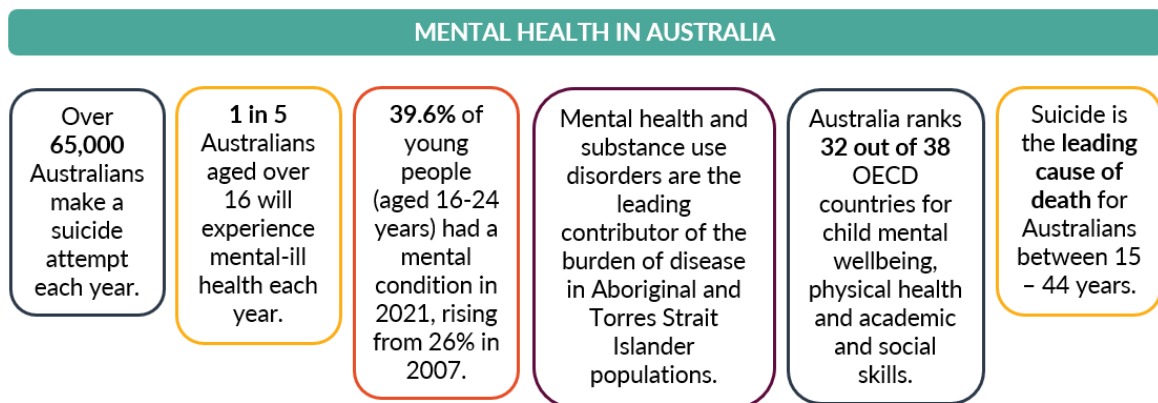


Figure 1: Mental health status in Australia<sup>3-5,9,10</sup>

Although this paints a bleak picture, investing in mental health has significant long-term returns. The Productivity Commission's 2020 inquiry into mental health emphasised that reform of the mental health system would produce large benefits – particularly those that impact people's quality of life. These benefits were valued at up to \$18 billion with an additional annual benefit of up to \$1.3 billion from increased economic participation.

## The policy setting

In response to the worsening state of mental health in Australia, there have been several key policies and plans at the federal, state and territory levels that have aimed to drive forward reform for the benefit of the community. For instance, there have been no less than 55 high-profile public reports relevant to mental health held over the last 30 years, involving more than 55,000 submissions and 9,000 witnesses.<sup>1</sup> The following are some examples of other important national work undertaken in the past decade to improve Australia's mental health:

- **Review of National Mental Health Programmes and Services<sup>11</sup>**: This Review was undertaken in 2015 by the National Mental Health Commission at the request of the Australian Government. The Review highlighted the complexity, inefficiency and fragmentation of the mental health system and presented a compelling case for long-term sustainable reform.
- **Fifth National Mental Health and Suicide Prevention Plan<sup>9</sup>**: This Plan was endorsed by the Council of Australian Governments (COAG) in 2017 – COAG was replaced by the National Cabinet in 2020. The Plan aimed to establish a national approach for collaborative government action across Australia to improve the provision of better integrated mental health related services.
- **Productivity Commission Inquiry Report<sup>3</sup>**: This was a landmark inquiry to examine the effect of mental health on people's ability to participate and prosper in the community and workplace, and the broader impacts on our economy and productivity. The inquiry final report was handed to the Australian Government in 2020.
- **National Mental Health and Suicide Prevention Plan<sup>12</sup>**: This Plan, published in 2021, sets out a plan for how the Australian Government will support mental health and suicide prevention for all Australians, and responds to the findings of the Productivity Commission's 2020 report.

- ***The National Children’s Mental Health and Wellbeing Strategy***<sup>13</sup>: This is Australia’s first national strategy for children’s mental health and wellbeing. It was developed in 2021 by the National Mental Health Commission and it aims to provide a framework to guide critical investment in the mental health and wellbeing of children and families.
- ***National Aboriginal and Torres Strait Islander Health Plan 2021 – 2031***<sup>14</sup>: This plan seeks to ensure that Aboriginal and Torres Strait Islander people enjoy long, health lives that are centred in culture, with access to services that are prevention-focused, culturally safe and responsive and equitable and free of racism. The plan was developed by Aboriginal and Torres Strait Islander people and it highlights mental health and suicide prevention as a priority for action – detailing a path forward to ensure First Nations communities experience improved mental health outcomes.
- ***National Mental Health and Suicide Prevention Agreement***<sup>15</sup>: This Agreement, signed in 2022, sets out the shared intention of the Commonwealth, state and territory governments to work in partnership to improve the mental health of all Australians.
- ***National Mental Health Research Strategy***<sup>16</sup>: In 2022, at the request of the Australian Government, the National Mental Health Commission developed a strategy to strengthen the mental health research system. The strategy provides the principles to guide and support decision makers such as funders and researchers. It outlines the actions for a system reform that will ensure mental health research enables and reflects the significant reforms occurring in the mental health system.

While this is not an exhaustive list, it demonstrates the amount of high-level work being done in this area aimed at tackling Australia’s mental health burden. There have also been major state-based initiatives and reports such as the Royal Commission into Victoria’s Mental Health System.<sup>17</sup> This shows the willingness and motivation by the major stakeholders to overcome the barriers to change.

Despite this critical policy base, Australia’s mental health outcomes are worsening, and the path forward is still unclear. It should be acknowledged that much of this important work has only taken place in the last few years and therefore it will take time to implement. However, mental health is an urgent problem requiring strategic, coordinated and timely solutions that consider the short-, medium- and long-term needs of the country.

So how can we continue to move forward and enable the necessary solutions to reach the community?

## **The role of research and innovation**

Research and innovation are critical to advancing mental health for the whole community. Researchers in Australia generate high-quality, reliable evidence on which to base decisions, policies and approaches. Mental health research informs our understanding of how we can prevent mental illness, what contributes to mental ill-health, what treatments and interventions are effective, how we can monitor and evaluate those treatments and interventions, and more. Mental health research and innovation are targeted at those living with mental illness, their families and carers, the mental health system and the health system more broadly.

The performance of Australian research in mental health punches above its weight globally. For example, we rank fifth in the world for number of mental health publications and citations – both important metrics for research quality and quantity.<sup>18</sup> Australia is also an

international leader in mental health innovation, particularly in early intervention and youth mental health. However, despite our ability to deliver excellent, world-leading research, it is not reaching the community at the scale needed for widespread change.

One key barrier is that of funding and this is explored further in chapter 3.

### 3. Developing and delivering solutions through innovation

---

#### What is innovation in mental health?

Roundtable participants discussed Australia's considerable contributions to innovation in the mental health space and identified some key principles for what constitutes innovation in the field – namely, that it:

- Should be seen as a holistic term that includes implementation science, policy, service development, technologies and more.
- Is not limited to the concept of “new ideas”, but also includes new ways of approaching ideas that have not yet reached their potential for impact.
- Could impact either the whole system or a smaller, more targeted part of it.

The purpose of the roundtable was not to undertake a deep dive into all mental health innovations in Australia but to highlight some key examples that have, or could, improve outcomes. Participants identified several innovations that provide promising benefits for the future and discussed new and different ways of working that could advance mental health research and innovation, and its impact on the community. Some of the examples discussed can be seen in the visual note in figure 2.

Roundtable participants also highlighted that efficient pathways that enable innovations to reach communities are also a critical piece of the puzzle. The true potential of innovations can be realised when they directly impact individuals and communities. Indeed, it is also clear that all innovations and approaches to mental health care should be developed with the people they are aiming to impact.

## Innovation for impact



Figure 2: Visual note - Innovation in mental health

## Opportunities and challenges for innovation and better ways of working

Roundtable participants identified several challenges and opportunities for research and innovation to reach communities more quickly and effectively. Australia's mental health system is complex. Navigating the system for individuals, and working as part of the system for staff, poses significant challenges that can disincentivise engagement. Many roundtable participants expressed frustrations with the current complexities. They also highlighted opportunities for progress and discussed the following themes that could be addressed to deliver a better landscape:

- The care system
- Funding for research and innovation
- Coordination and collaboration within the mental health research and innovation sector.

It was not possible to explore each of these in detail, but the following section summarises the key issues considered by the group – many of which can also be seen in the visual note in figure 3.

### *The care system*

The Australian health system is fragmented. There is a considerable disconnect between the many stakeholders working to improve the nation's health. For instance, there is fragmentation across Australia's federated health system, funding, policy landscape, healthcare delivery and beyond. The mental health system reflects this broader fragmentation, while also being subject to specific complexities of its own.

These challenges are experienced by many who interact with the system including health professionals, consumers, service managers, policymakers, educators and researchers. Fragmentation can also make pathways to evidence-based care difficult to navigate and challenging to access.<sup>3</sup> There are often different entry and touch points in the system depending on factors such as the nature of the mental illness, age, location and background – some which are easier to navigate than others. Box 3.1 explains some of the challenges and opportunities for Australia's care pathways including in primary care, access and affordability, minimally adequate care, prevention, clinical care and biopsychosocial care, and community-based care.

Australia also needs a local mental health workforce capable of meeting the growing mental health needs of the community. However, there are significant pressures on Australia's current mental health workforce to manage the increasing demand within a strained system – exacerbated by the pandemic. Since the pandemic, there has been an increase in the need for mental health care with rates of presentations to emergency departments for self-harm and suicidal ideation accelerating significantly.<sup>19</sup>

Some of the key issues impacting on the quality, supply, distribution and structure of the mental health workforce include burnout, low job satisfaction and high turnover – all leading to challenges in attracting, recruiting and retaining staff.<sup>20</sup> There are also fewer trainees coming through the pipeline to help address intensifying workforce shortages.<sup>20</sup> It is challenging for those in senior positions to employ workers that are sufficiently trained to manage the crisis. This includes recruiting and retaining staff from diverse backgrounds, rural and remote locations and with lived experience across all levels of the mental health workforce.



In research, early- and mid- career researchers face significant challenges in pursuing this career, including lack of secure employment (since many are employed on a string of short-term contracts) and increasingly limited options to access grant funding (due to historically low grant success rates from funders such as NHMRC). Clinician researchers face these challenges while also trying to pursue their training and career as a clinician.<sup>21</sup>

A strengthened workforce acting within a system that allows for greater coordination and collaboration would have a significant impact on how we approach mental health in Australia. In addition, addressing these challenges and limitations would have a positive impact on the landscape in which Australia develops and rolls out mental health innovations – ultimately making it easier to do.

### **Box 3.1: Examples of challenges and opportunities for Australia's care pathways**

The Productivity Commission's inquiry into mental health found that pathways of care in Australia are not sufficiently person-centred.<sup>3</sup> The Commission reported that action is needed to ensure that individuals are better informed and empowered within the system so that they can feel confident to choose and access the care options that are right for them.<sup>3</sup>

The following areas were highlighted by roundtable participants as presenting the biggest challenges and opportunities for the mental health system:

- **Access and affordability** – In many parts of Australia, access to adequate mental health care and resources are limited or not possible. Rural and remote communities are particularly impacted by lack of access. The issues are widespread and include workforce shortages, insufficient services, limited training and resources to improve education and awareness, social stigma and cultural and financial barriers. Those seeking mental health care can often incur sizeable out of pocket costs when accessing treatment. A recent study found that out of pocket payments for mental health care in Australia have been rising consistently between 2013 – 2021, at a considerably faster rate than overall expenditure on mental health care.<sup>22</sup> The whole community must be able to access and afford services and support in ways that are right for them, when they need them and at prices they can afford.
- **Minimally adequate care** – Minimally adequate care is defined in different ways for different cohorts, but essentially, there will be a minimal threshold of care consistent with guidelines and evidence to see benefits. While improving access is critical, it will not improve Australia's overall mental health unless the care provided aims to be adequate and effective at every stage for everyone. Roundtable participants noted that while mental health care coverage is currently limited across many parts of Australia, the availability of minimally adequate care also poses a significant challenge. Ultimately, mental health care should be accessible, affordable and adequate to ensure patients experience the best outcomes. It will also be important to consider culturally appropriate care. Best practice will differ across various populations, particularly for Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.
- **Prevention, clinical care and biopsychosocial care** – Australia does not have an optimal balance between prevention, clinical care and models that encompass biopsychosocial factors for mental health. Mental health is complex and therefore, management

approaches should be able to dynamically address these complexities. Roundtable participants described care that targets biopsychosocial factors (influencing biological, social and psychological areas) as being a particularly innovative and promising area of mental health. Unfortunately, Australia has many barriers to the kind of coordination and collaboration across sectors and disciplines that would be required to support this kind of approach.

- **Community-based care** – Roundtable participants identified community-based mental health care as an important area for growth. Current funding and governance mechanisms create disincentives to the provision of community-based care and Australia’s infrastructure needed for local planning are limited.<sup>3</sup> GPs deliver most community-based mental health care but cannot meet demand.<sup>3</sup> Roundtable participants discussed opportunities to advance place-based solutions that prioritise local planning and are co-designed with communities. However, it was noted there are many barriers to the delivery of quality services and support for those in the current system. Roundtable participants agreed that research could play a positive role in advancing community-based care. Research could be particularly helpful in providing a statement of evidence that clearly articulates who needs what, for how long and what to expect – accounting for innovations and culturally appropriate services. This research can be developed with available information, and it would be directly helpful to communities. It will also be important to measure the success of these mental health services and treatments to inform future care.

### ***Funding for research and innovation***

When considering the burden of disease caused by mental health conditions (outlined in chapter 2) and when compared to other leading causes of burden of disease in Australia, mental health research and innovation funding is limited. Most funding comes from Australia’s two largest health and medical research funders, the Medical Research Future Fund (MRFF) and the National Health and Medical Research Council (NHMRC). Between the two, the MRFF is Australia’s biggest funder of mental health research. Between 2015 (when the MRFF began awarding grants) and May 2022 the MRFF awarded a total of \$1.98 billion in research funding, \$145.31 million of which was for mental health research (7.4%).<sup>1,23</sup> From 2012 to 2021, the NHMRC awarded a total of \$8.4 billion in research funding, \$968.91 million of which was for mental health (11.5%).<sup>1,24</sup>

The funding model for mental health research and innovation in Australia is not adequate to meet current and future challenges. Because almost all funding comes from government sources, it is important for the mental health research and innovation sector to establish more diverse funding sources to strengthen and grow the field.

Roundtable participants discussed the power of non-government funding, such as philanthropy, as a potential resource that could have meaningful impact to advance mental health research and innovation and its implementation. While this is a potentially valuable untapped resource, there are barriers preventing non-government funders from getting involved. Future Generation is an investment company and one of the biggest private funders in mental health globally. It commissioned a survey of 56 philanthropists and corporate foundations to understand why these sorts of funders are not answering the call to contribute more to mental health, including research and innovation. The survey found that 85% of funders believe there is a mental health crisis, and most agree it is an important area



to target their philanthropic endeavours. However, only 28% directly and consistently invest in mental health causes.<sup>25</sup>

The key findings from this survey identify six main reasons why these funders are holding back including the perception that <sup>25</sup>:

1. Mental illness is complex, as is the mental health sector.
2. There is significant duplication across mental health care delivery.
3. Many mental health charities have little profile, and their messages are not resonating.
4. Outcomes measurements are not at the standard required for funding.
5. They are not aware of their place in the mental health sector.
6. There are not enough leaders encouraging other funders to invest in mental health.

Roundtable participants also identified some of these key points from their own experiences, expressing the need for mental health research and innovation to take people on a coordinated, strategic and compelling journey for better engagement.

#### ***Coordination and collaboration within the mental health research and innovation sector***

Roundtable participants acknowledged that one of the biggest barriers to advancing good mental health in Australia through research and innovation has been the lack of coordination and collaboration within the sector.

Existing investment in mental health research and innovation has shaped an environment of excessive competition for scarce resources.<sup>23,24</sup> This limited funding, combined with other challenges facing the broader research sector, has curbed greater progress towards the goal of improving Australia's mental health outcomes. This kind of environment makes collaboration harder, which in turn limits progress. A united voice representing the sector could advance efforts to attract more funding, as well as develop trust with the community, policy makers, industry and other researchers.

Mental health research and innovation does not have a sector-wide, non-government funding body or organisation to provide targeted strategic direction for mental health research and innovation at scale, unlike some other areas, for instance The Heart Foundation. This type of overarching body was called for in the National Mental Health Research Strategy.<sup>16</sup>

Roundtable participants saw important opportunities for collaboration of this kind that can enable groups to work together, reduce duplication, amplify the voices of people with lived experience, promote co-design and grow funding for the sector.

Making innovation work



Health Horizons Forum: Innovation in Mental Health  
 9th March 2023  
 #healthhorizonsforum



Figure 3: Visual note - Opportunities for, and barriers against better mental health outcomes in Australia

## 4. Future and solutions-focussed action

---

Australia has many of the elements necessary to improve the trajectory of our national mental health. Our research and innovation sector is world-leading and must be seen as a crucial foundation for an ambitious and sustainable path forward. Our policy landscape is engaged, with multiple reports, reviews and plans highlighting the steps needed for change. Our mental health workforce, although facing challenges, is excellent and ready to deliver best practice care and services to those in need. However, more must be done to overcome the existing barriers, and to seize the important opportunities, so that we can enable better outcomes.

Roundtable participants discussed ways to best develop a more strategic approach to advancing mental health in Australia and enabling all stakeholders to work together and pull in the same direction. They described a refreshed system that is oriented to the needs of the Australian community. This system would utilise our existing foundations, build on our strengths, explore solutions and support a process of seeing those solutions taken forward into practice – all in deep collaboration with consumers and communities. This new system has three components:

4. A **national mental health alliance** to lead the strategic direction of Australia's mental health landscape by bringing together key stakeholders and driving evidence-based action throughout the system.
5. More strategic **consumer and community engagement** in mental health research, innovation, policy development and service design.
6. A **new pipeline** that provides efficient and effective pathways to get people what they need to support good mental health.

Each of these components has its own purpose but they would interact to deliver the greatest impact. Participants were careful to highlight that action to achieve these three components should not create more silos or added layers of bureaucracy – in fact, the goal is the opposite – to enable coordination. Each of them would work alongside existing plans, policies, strategies, services, stakeholder groups and so on within Australia's mental health system to bring about change. Figure 4 expresses many of the group's ideas through a visual note.

### A national mental health alliance

As noted in chapter 3, fragmentation across the mental health system is inhibiting optimal performance. There is limited coordination between service delivery, research, innovation, policy, consumers and other parts of the system. Australia needs a mechanism through which these stakeholders can come together to work collaboratively towards their mutual goals. The first part of this new system would be the formation of a national mental health alliance. It would identify and answer questions about what Australia needs, how we can get it and how we can determine whether our actions are working. The Productivity Commission called for a focus on a learning network that had evaluation at its centre, an alliance for impact could fulfill this role.

A national mental health alliance would have three core functions:

- Strategic direction
- Collaboration

- Knowledge

There is no organisation or body performing a role incorporating these three core functions in Australia today. There was clear agreement that it is a key piece of the puzzle towards better strategic coordination, without which Australia would struggle to move forward. The overarching vision of what an alliance could achieve based on these core functions is outlined below.

### ***Strategic direction***

An alliance would provide strategic direction to inform all aspects of the mental health system in Australia including, research, innovation, funding, policy and, service delivery – and how they interact. It could take a national overarching view, unlike anything that exists today, giving it the ability to develop and deliver solutions with broader impact over the short-, medium- and long term. It could also drive development of time-, people- and place- relevant solutions to Australia’s mental health needs, including ways to translate and implement research and innovation.

### ***Collaboration***

An alliance would bring together key stakeholders from across the mental health system, particularly those that do not often get a chance to work together. By doing so in a meaningful way, an alliance could deliver a collective voice that advocates for mental health to funders (including non-government), policy makers and others who have the potential to shape Australia’s mental health landscape. These collaborations could advance partnerships with people with lived experience of mental illness and include those from diverse and priority backgrounds.

An alliance could also advance collaborations within and across sectors for more holistic outcomes and liaise and collaborate with local partners to improve community-based care, research, and monitoring and evaluation.

### ***Knowledge***

Roundtable participants also discussed the benefits of integrating a national ‘brain’ into the alliance. This was described as a collective of key stakeholders that can strategically develop and advise on the knowledge base needed to advance mental health outcomes across the country. By embedding this knowledge base, an alliance would be a valuable resource to inform decision making at all levels of the mental health system.

For instance, it could collate and analyse research to inform prevention, early detection, treatments, best practice care, workforce, the mental health system, translation of knowledge, monitoring and evaluation and more. It could incorporate cross-sector and interdisciplinary perspectives and provide up to date, dynamic information that is responsive to changes in Australia’s mental health landscape. In addition, an alliance would be well placed to assess, determine and demonstrate the value of research and innovation, policies and services and their scalability. In this way, an alliance could also use this knowledge base to achieve its own core functions.

## **Lived experience and community engagement**

Roundtable participants agreed that lived experience and communities must sit at the heart of this new system. The involvement of people with lived experience of mental illness in research, innovation, policy development and service design is essential to delivering the best, most appropriate solutions that can succeed in the real world. Active and equal

partnerships between people with lived experience of mental illness, researchers, policy makers, funders and those who deliver care are key to valuing these perspectives and avoiding tokenistic involvement.

Roundtable participants considered the levels and quality of lived experience and community engagement across different areas of mental health today and agreed that we could do better. It was noted that there are many areas doing great work engaging with people with lived experience, for instance in the youth space, particularly those living in cities. However, in other areas such as working with adults, rural and remote communities, people with disability and Aboriginal and Torres Strait Islander communities, there are gaps that need more focused attention.

There are many mechanisms through which consumer and community engagement can be improved in Australia. However, roundtable participants highlighted the important role a national mental health alliance could play in advancing this space. An alliance, as envisioned by the group, could provide overarching strategic direction for optimal consumer and community engagement through its stakeholders, which would include key consumer groups and people with lived experience. It would have the ability to draw on the most appropriate consumer-driven research, connect with local partners delivering evidence-based services and monitor impact to dynamically respond to community needs.

While a national mental health alliance is not the only mechanism through which Australia can improve our consumer and community engagement in mental health, it could provide a strategic step forward. At present, there are limited systems and processes in place to guide this type of engagement. A national mental health alliance could advance a best practice, systems-driven approach applicable across the sector.

## **A new pipeline for the mental health ecosystem**

Many of the recent reports on Australia's mental health system agree that several parts of the pipeline aiming to get people what they need to support good mental health are not working as well as they could be. Roundtable participants discussed how a new pipeline is needed to achieve this more quickly and effectively to change the course of mental health as soon as possible. A new pipeline would involve all sectors impacting mental health such as research and innovation, policy, funding, workforce, industry, healthcare and the National Disability Insurance Scheme. These sectors would act in concert to effectively translate and implement the best, most appropriate services for the whole community. This would also provide a route for the outputs of the national mental health alliance to reach the community.

While each part of the system needs improvement, contributors to the meeting agreed that a higher-level piece of work is needed to enable the whole system to function optimally – including how each part interacts. But many of the biggest challenges arise when attempting to translate these ideas through the system to be implemented by a capable and well nurtured workforce, and taken up by the relevant communities who are primed to receive them. If this cannot be achieved because we have a broken pipeline, we will not see better outcomes.

The group discussed some important considerations in creating a new pipeline including that it should:

- Be informed by research.

- Move away from an approach that yields ongoing interaction with a single provider, particularly for people with more complex conditions – multidisciplinary care is an important step towards progress.
- Streamline and incorporate different models of care including clinical and biopsychosocial.
- Incorporate prevention and early detection approaches.
- Integrate within the context of other existing pipelines and structures.
- Reach and interact with the whole community including people with mental illness and those who experience good mental health.
- Learn from other successful pipelines both within and outside of health and medicine.

Roundtable participants acknowledged that the system is very complex, with myriad influencing factors that cannot all be controlled. However, the group agree that it is critical for Australia to move forward because if we continue to use the current pipeline, we will not see results. A national mental health alliance could act as a first step towards this systems level change by advising on the details of a new pipeline. Once in play, the new pipeline would close the loop and feed back to the alliance to enable a dynamic system that can be strategic and coordinated while also responding to shifts in the mental health landscape.



## Innovation for the future



Figure 4: Visual note - A new system to advance mental health in Australia.

## 5. Conclusion

---

Participants commented that this roundtable provided a somewhat rare opportunity for experts from different backgrounds to come together and discuss a path forward for mental health in Australia. It allowed for a frank and robust discussion about the current challenges facing the sector but also called for a future focused lens which prioritised dialogue engaged with positive change and tangible action.

Ultimately, Australia can no longer keep going the way it has been if we want to make widespread impact and change the trajectory of our mental health status. Roundtable participants agreed that the system does not encourage people to take risks and if we continue to do the same things we have always done, we will get the same results.

The group called for a grander vision and bold action. By taking steps towards forming a national mental health alliance, delivering more strategic consumer and community engagement and developing a new pipeline, we can accelerate progress towards a more mentally healthy Australia.



## About the Health Horizons Forum

---

The Health Horizons Forum is a horizon scanning project that will explore future health opportunities and challenges with key research and industry leaders, influencers and government policymakers. The Forum involves a series of roundtables that will examine the next big ideas in health, research and innovation and how these ideas could impact and transform the health of the Australian community in the coming decades. It is being delivered through a partnership between the Australian Academy of Health and Medical Sciences and Saltire Capital Partners.

The Forum will harness the expertise of the Academy's Fellows, Associate Members, and other experts, and will bring together stakeholders from across the Australian health, government, research, innovation and industry sectors, including consumers.

The roundtable topics for the Forum are informed by input from the Academy's Fellows and Associate Members, including through a survey to find out their perspectives on the most pressing health challenges and highly promising areas of research and innovation that could transform the health of the Australian – and potentially global – community.

Beyond shaping future work of the Academy, we expect this project to:

- Explore emerging areas of research and innovation that could transform the nation's health over the coming decades by bringing together the latest evidence from a range of fields.
- Identify emerging policy issues, opportunities and challenges across sectors to share with industry and government.
- Connect stakeholders across the Australian health sector to facilitate future research, commercialisation, and innovation incubation.

## References

---

1. Teesson M. *AAHMS Mental Health Roundtable Briefing.*; 2023. Accessed March 21, 2023. <https://mentalhealththinktank.org.au/>
2. The Australian Academy of Health and Medical Sciences. Health Horizons Forum. Published 2023. Accessed March 21, 2023. <https://aahms.org/health-horizons/>
3. Productivity Commission. *Mental Health Inquiry Report.*; 2020. Accessed March 27, 2023. <https://www.pc.gov.au/inquiries/completed/mental-health/report>
4. Australian Institute of Health and Welfare. *Australian Burden of Disease Study 2022.*; 2022. Accessed March 27, 2023. <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2022/contents/about>
5. Australian Bureau of Statistics. National Study of Mental Health and Wellbeing, 2020-21. Published 2022. Accessed August 16, 2023. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>
6. Black Dog Institute. *Children's Mental Health and Wellbeing.*; 2021. Accessed August 16, 2023. [https://www.blackdoginstitute.org.au/wp-content/uploads/2021/08/20210525\\_Childrens-mental-health-and-wellbeing.pdf](https://www.blackdoginstitute.org.au/wp-content/uploads/2021/08/20210525_Childrens-mental-health-and-wellbeing.pdf)
7. Mindgardens Neuroscience Network. *Review of the Burden of Disease for Neurological, Mental Health and Substance Use Disorders Australia.*; 2019. Accessed March 27, 2023. <https://www.mindgardens.org.au/white-paper/>
8. Bower M, Smout S, Donohoe-Bales A, et al. A hidden pandemic? An umbrella review of global evidence on mental health in the time of COVID-19. *Front Psychiatry.* 2023;14. doi:10.3389/FPSYT.2023.1107560
9. National Mental Health Commission. *The Fifth National Mental Health and Suicide Prevention Plan.*; 2017. Accessed March 27, 2023. <https://www.mentalhealthcommission.gov.au/getmedia/0209d27b-1873-4245-b6e5-49e770084b81/Fifth-National-Mental-Health-and-Suicide-Prevention-Plan.pdf>
10. Australian Institute of Health and Welfare. Suicide and intentional self-harm. Published 2022. Accessed March 27, 2023. <https://www.aihw.gov.au/suicide-self-harm-monitoring/summary/suicide-and-intentional-self-harm>
11. Department of Health. *Australian Government Response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services.*; 2015. Accessed March 27, 2023. <https://www.health.gov.au/sites/default/files/response-review-of-mental-health-programmes-and-services.pdf>
12. Australian Government. *Prevention Compassion Care: National Mental Health and Suicide Prevention Plan.*; 2021. Accessed March 27, 2023. <https://www.health.gov.au/resources/publications/the-australian-governments-national-mental-health-and-suicide-prevention-plan>
13. National Mental Health Commission. *Children's Mental Health and Wellbeing Strategy.* Published 2021. Accessed July 12, 2023. <https://www.mentalhealthcommission.gov.au/projects/childrens-strategy>

14. Australian Government Department of Health and Aged Care. *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* |.; 2021. Accessed August 16, 2023. <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031?language=en>
15. Federal Financial Relations. The National Mental Health and Suicide Prevention Agreement. Published 2022. Accessed March 27, 2023. <https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>
16. National Mental Health Commission. National Mental Health Research Strategy. Published 2022. Accessed May 4, 2023. [https://www.mentalhealthcommission.gov.au/getmedia/7906796f-f88f-4b80-a34a-38fc28dedd48/NMHC\\_MHRS\\_FINAL\\_1](https://www.mentalhealthcommission.gov.au/getmedia/7906796f-f88f-4b80-a34a-38fc28dedd48/NMHC_MHRS_FINAL_1)
17. Royal Commission. Royal Commission into Victoria’s Mental Health System. Published 2019. Accessed July 12, 2023. <http://rcvmhs.archive.royalcommission.vic.gov.au/>
18. Scimago. SJR - International Science Ranking. Published 2023. Accessed March 27, 2023. <https://www.scimagojr.com/countryrank.php?category=2738>
19. Sara G, Wu J, Uesi J, et al. Growth in emergency department self-harm or suicidal ideation presentations in young people: Comparing trends before and since the COVID-19 first wave in New South Wales, Australia. *Aust N Z J Psychiatry*. 2023;57(1):58-68. doi:10.1177/00048674221082518
20. Australian Government Department of Health and Aged Care. *National Mental Health Workforce Strategy – A Literature Review* |.; 2020. Accessed March 28, 2023. <https://www.health.gov.au/resources/publications/national-mental-health-workforce-strategy-a-literature-review?language=en>
21. The Australian Academy of Health and Medical Sciences. *Research and Innovation as Core Functions in Transforming the Health System: A Vision for the Future of Health in Australia*.; 2022. <https://aahms.org/wp-content/uploads/2022/10/AAHMS-Vision-Report.pdf>
22. Rosenberg S, Shin HP, Hickie I. HEALTHCARE FINANCING AND ECONOMICS | ARTICLE Paying the price-out-of-pocket payments for mental health care in Australia. Published online 2022. doi:10.1071/AH22154
23. Department of Health and Aged Care. Medical Research Future Fund (MRFF) grant recipients | Australian Government Department of Health and Aged Care. Published 2023. Accessed March 28, 2023. <https://www.health.gov.au/resources/publications/medical-research-future-fund-mrff-grant-recipients?language=en>
24. NHMRC. Outcomes of funding rounds. Accessed March 28, 2023. <https://www.nhmrc.gov.au/funding/data-research/outcomes>
25. Future Generation. *Australia’s Mental Health Crisis. Why Private Funders Are Not Answering the Call*.; 2019. Accessed March 29, 2023. [https://futuregeninvest.com.au/wp-content/uploads/2019/10/Australias\\_Mental\\_Health\\_Crisis.pdf](https://futuregeninvest.com.au/wp-content/uploads/2019/10/Australias_Mental_Health_Crisis.pdf)

## Appendix A – participant list

---

The Academy is most grateful for the expertise and insights shared by these contributors. We sincerely appreciate the time and energy they gave to be involved.

We are especially appreciative of Professor Maree Teesson and Sana Qadar for their efforts chairing this roundtable.

*Note: Contributors participated in a personal capacity and not on behalf of their affiliated organisations or other roles. Job titles and affiliations were correct at the time of publication.*

*The Academy values the perspectives of First Nations people and aimed to include First Nations participants in this roundtable. Unfortunately, none were able to accept our invitation in this instance. We acknowledge that First Nations experts often have a significant workload due to high demands for their critical contributions and perspectives, and we will continue to seek to engage with First Nations people to inform our policy work.*

### Chairs

**Professor Maree Teesson AC FASSA FAHMS**, Director, The Matilda Centre, University of Sydney; Director, Centre of Research Excellence in Prevention and Early Intervention in Mental Illness and Substance Use (PREMISE); Chair, Australia’s Mental Health Think Tank

**Sana Qadar**, Host, All in the Mind, ABC Radio National

### Participants

**Professor Vicki Anderson FASSA FAHMS**, Head of Psychology, Royal Children’s Hospital; Theme Director, Clinical Sciences Research, Murdoch Children’s Research Institute; Professorial Fellow, Psychological Sciences & Paediatrics, University of Melbourne

**Professor Philip Batterham**, Professor, Centre for Mental Health Research, College of Health and Medicine, Australian National University

**Professor Alison Calear**, Co-Head, Centre for Mental Health Research, College of Health and Medicine, Australian National University

**Professor Cath Chapman**, Professor and Director of Research Development and Strategy, The Matilda Centre, The University of Sydney

**Russell Dagleish**, Chairman, Scottish Business Network

**Tanya Dearle**, Youth Advisory Board, The Matilda Centre

**Dr Alberto de la Hoz**, Country Medical Director Australia and New Zealand, Boehringer Ingelheim

**Professor Harriet Hiscock FAHMS**, Group Leader, Health Services and Economics, Centre for Community Child Health, Murdoch Children’s Research Institute; Director, Health Services Research Unit, The Royal Children’s Hospital

**Professor Jennie Hudson FASSA**, Professor of Clinical Psychology & Deputy Director, Director of Research, Black Dog Institute, University of New South Wales

**Professor Frances Kay-Lambkin**, Institute Director, Hunter Medical Research Institute

**Professor Patrick McGorry AO FAA FASSA FAHMS**, Executive Director, Orygen, The National Centre of Excellence in Youth Mental Health

**Cheryl Ou**, Youth Advisory Board, The Matilda Centre

**Dr Sebastian Rosenberg**, Senior Lecturer, Brain and Mind Centre, The University of Sydney

**Associate Professor Cindy Thamrin**, Principal Research Scientist and Director, Performance & Evaluation Section, Health and Medical Research Office, Australian Government Department of Health and Aged Care

**Dr Ruth Vine**, Deputy Chief Medical Officer for Mental Health, Department of Health and Aged Care

**Professor Harvey Whiteford AM FAHMS**, Director, Queensland Centre for Mental Health Research; Professor of Population Mental Health, University of Queensland

### **AAHMS secretariat**

Lanika Mylvaganam, Head of Policy (lead secretariat)

Catherine Luckin, Chief Executive Officer

Zach Schuurs, Policy Officer