PREVENTION UNITED

Joining forces to prevent mental health conditions

Prevention United

2019-20 Budget Submission

January 2019

Executive Summary

Each year hundreds of thousands of Australians will experience a mental health condition for the first time. Serious conditions like depression, anxiety disorders, behavioural disorders, bipolar disorder or schizophrenia. Conditions that are distressing, disabling and that cut lives short.

Over the last three decades, governments across Australia have made considerable efforts to reduce the impacts of these conditions in our society. A series of reforms dating back to the 1990's have focused on improving the community's understanding of mental health conditions, increasing the number of people who have access to affordable, safe and effective treatments, and ensuring that mental health supports and services are accessible, person-centred and high-quality. As a result, Australia's mental health care system has improved significantly and a greater proportion of people with a mental health condition are making use of mental health services than ever before.

Yet despite this enormous reform agenda and the billions spent strengthening our mental healthcare system over the last 25 years, the prevalence of mental health conditions has not declined and the burden of disability and premature death linked to these conditions continues unabated.

Some mental health advocates argue that this is because our mental healthcare system still isn't 'right' and that governments need to invest even more in clinical and psychosocial programs and services. While there's no doubt that funding for mental healthcare remains well below the burden associated with these conditions, investing in more mental healthcare services is not the only solution.

In every other National Health Priority Area the Australian Government has recognised the need for prevention to operate in tandem with treatment, yet in mental health, prevention is barely on the radar.

Mental health conditions are not inevitable and there is now good scientific evidence showing that mental health conditions can be prevented using the same principles and strategies we use to prevent chronic diseases such as diabetes, cardiovascular disease and cancers – we are simply not using this evidence effectively.

While Australia has a mental healthcare system, it lacks a strong population mental health system. Mental healthcare focuses on assisting individuals affected by a mental health condition to recover. Population mental health focuses on preventing mental health conditions from occurring in the first place. They are two different but highly complementary endeavours.

Prevention United is a new not-for-profit, population mental health organisation. We believe that preventing mental health conditions is just as important as assisting people affected by them. To achieve this, we need to invest in creating a robust, prevention-focused population mental health system while we continue to expand and strengthen our mental healthcare system.

Our Pre-Budget Submission shows how this can be achieved. It outlines the key strategies that, if implemented, could quickly and significantly increase our ability to reduce the number of Australians who experience a mental health condition over their lifetime, while also paving the way for even greater improvements over the long-term. We believe that our plan will help to reduce suffering, save lives and save money and we therefore hope that the Australian Government will give the recommendations proposed in our submission serious consideration.

Recommendations

1. **Recommendation One**

That the Australian Government establish a National Centre for the Prevention of Mental Disorders under the Health Peak and Advisory Bodies Programme to provide policy advice to Government and to promote coordinated action on prevention within the mental health sector, and between this sector and other sectors.

2. **Recommendation Two**

That the Australian Government commission this Centre to develop a National Framework for the prevention of mental health conditions, to guide action and investment in this area.

3. **Recommendation Three**

That the Australian Government commission and evaluate a national prevention-focused social marketing campaign, that focuses on raising public awareness about the benefits and importance of preventing mental health conditions, and outlines the actions that people can take to protect their mental health.

4. **Recommendation Four**

That the Australian Government fund a comprehensive audit of locally developed prevention interventions with a view to creating a directory of available programs, including their evidence base and resource requirements, which could be used by government and others to make funding decisions.

5. **Recommendation Five**

That the Australian Government establishes an assessment and accreditation system for prevention programs to guide end-users and governments in selecting programs that are safe, effective and cost-effective, and that suit Australian's needs and preferences.

6. **Recommendation Six**

That the Australian Government fund a scoping study to assess the feasibility and viability of creating a commercialisation entity to support Australia's prevention researchers to take their programs to the Australian public, and into international markets, more easily and quickly.

7. **Recommendation Seven**

That the Australian Government provide funding for the establishment of a Mental Health Promotion Workers' training program to increase the capability of individuals working in this field, and to build the population mental health workforce.

8. **Recommendation Eight**

That the Australian Government provide support to Australian tertiary education institutes to include a focus on mental health promotion within existing undergraduate and postgraduate courses, as well as to introduce a specialist mental health promotion course.

9. **Recommendation Nine**

That the Australian Government provide funding for the collection of data needed to support prevention. This should include regular self-report national surveys that track prevention literacy, the prevalence of key risk and protective factors, and the prevalence of 'good' and 'poor' mental health within the community. Particular consideration should be given to developing a regular survey that could be used to track these indicators among a representative sample of Australian primary and secondary students.

10. Recommendation Ten

That the Australian Government fund the development of a Prevention Research Roadmap to guide future investment in prevention research.

11. Recommendation Eleven

That the Australian Government examine the use of funding and other mechanisms, to facilitate increased collaboration between Australian researchers working on the prevention of 'social issues' (e.g. Adverse Childhood Experiences), mental health conditions and chronic disease, so as to create a more integrated approach to the prevention of these highly interrelated issues.

12. Recommendation Twelve

That the Australian Government work towards progressively allocating at least 2 per cent of the mental health budget towards clearly defined prevention initiatives over the next 5 years.

Table of Contents

The issue

Mental health conditions are a major public health issue

Each year hundreds of thousands of Australians experience a mental health condition for the first time.[1] [2] Thousands are children whose development becomes disrupted by anxiety or behavioural conditions. Tens of thousands are adolescents or young adults in the midst of establishing their self-identity, developing friendships and relationships, and training or studying towards their chosen career, who are thrown off course by depression, anxiety conditions, eating disorders or schizophrenia. Others are adults raising children, establishing a business or making progress in their career, whose lives are thrown into turmoil by postnatal or other types of depression, anxiety conditions, or other mental health conditions. And still others are older Australians who should be enjoying an active and fulfilling retirement, but instead are overcome with depression and feel their life is no longer worth living.

The personal impacts of these conditions are profound. **People who experience a mental health condition are more likely to experience poor school performance and early schooling leaving, unemployment, homelessness, divorce, incarceration, substance misuse and poor physical health compared to people without a mental health condition**.[3] Disability is common and premature death from chronic disease or suicide are major concerns. The average life expectancy of someone with a serious mental health condition is 10-15 years lower than someone without a condition.[4] [5]

The societal impacts are equally significant. Mental health and substance misuse conditions account for **12% of the burden of injury and disease in Australia**, third after cancer and cardiovascular diseases. [6] At an economic level, the National Mental Health Commission estimates that mental health conditions cost the community about $40 billion annually in direct and indirect costs.[7]

Existing policies have not reduced their prevalence or their impact

Governments across Australia have long recognised the need to act on this crucial issue. Over the last three decades, Commonwealth, State and Territory governments they have made considerable efforts to reduce the impact of these conditions. Since the early 1990s a series of major reforms have been introduced that have focused on improving the community's understanding of these conditions, increasing people's access to affordable, safe and effective treatments and ensuring that mental health supports and services are accessible, person-centred and high-quality. These reforms have led to considerable improvements. Australians are now more knowledgeable about mental health conditions, more willing to seek treatment for their conditions and have access to a greater range, and number of services. As a result, a substantially greater proportion of people with a mental health condition are receiving early and effective treatment for their condition compared to previous decades.[8] [9] **Yet despite this success – and the massive investment in achieving it – the prevalence of mental health conditions has not decreased and the burden of disability and premature death associated with them has remained unchanged and unacceptably high for decades.**[10]

Treatment services alone cannot address the burden

Some mental health advocates argue that this means that we still haven't got our mental healthcare system right and governments therefore need to invest even more in clinical and psychosocial programs and services. But while there's no doubt that mental healthcare funding remains well below the burden of disease associated with these conditions, there are a growing number of advocates who argue that what this data actually show is that the **impact of mental**

health conditions can't be reduced solely by efforts to increase the availability and quality of mental health supports and services, and other solutions are required.[11 12 13]

These advocates point out that while mental health conditions can be successfully treated, incomplete remission, recurrence and persistent symptoms are common, making it difficult to reduce the prevalence of these conditions through treatment alone. They also point to research showing that **even if we could provide the best available treatment and support to everyone who needed it – and workforce constraints make this highly unlikely – we would still fail to avert about 60% of the burden of mental disorders**.[14]

A change in policy is required

Given the limited progress we are making on reducing prevalence, morbidity and mortality, it's imperative that we review our approach to this complex public health issue and make the necessary policy adjustments, otherwise we may still be in the same position in another 25 years.

In every other National Health Priority Area we understand the need for prevention and treatment to operate in tandem and in theory, prevention has been part of Australia's National Mental Health Strategy since 1992, having been included in the First, Second, Third and Fourth National Mental Health Plans and the COAG Roadmap for National Mental Health Reform 2012–2022. However, in reality serious and sustained investment and action on prevention has failed to materialise and we have little to show for all the policy rhetoric.

The recent National Review of Mental Health Programmes and Services noted that **in 2012–13 the Commonwealth Government spent just $22.4 million on mental illness prevention programs compared to over $3.6 billion on services for people with a mental health condition**.[15] Even this figure is probably an over-estimate, as it includes funding for programs that focused on early intervention (such as the National Perinatal Depression Initiative) or suicide prevention rather than the primary prevention of mental health conditions. Worse still, it appears that Australia is moving backwards on prevention, as the Fifth National Mental Health and Suicide Prevention Plan fails to include any reference to the prevention of mental health conditions.

Rather than utilising the major scientific advances that are occurring in this field, we appear to be ignoring prevention as a solution.[16] This needs to change and Australia needs to adopt a more comprehensive approach that focuses simultaneously on preventing mental health conditions *and* on providing high-quality services and supports for people affected by mental health conditions, and their carers. If we are really serious about reducing the personal, social and economic toll of mental health conditions in our community, **we need to get serious about prevention**.[17 18 19]

The solution

We need to create a more robust population mental health system

Just as mental healthcare can't occur in the absence of a system to support it, nor can prevention. To be successful in prevention we need to create a more robust population mental health system. Population mental health is a branch of public health that is interested in:

- Understanding and mapping mental health conditions and their causes
- Promoting mental wellbeing
- The primary prevention of mental health conditions
- Increasing mental illness literacy, stigma reduction, and promoting help-seeking
- Screening and early detection of mental health conditions
- Suicide prevention

Population mental health is different from but complements mental healthcare. It is geared to:

- Activities that target groups and communities collectively, rather than each person individually
- People who have never experienced a mental health condition, as well as those who have
- Influencing the determinants of mental health conditions (risk & protective factors)
- Multi-sector action and not just action within the mental health sector
- Systems-focused interventions as well as those targeted to individual behaviour change

To date, Australia's population mental health system has focused on four issues: understanding and mapping mental health conditions and their causes; increasing mental illness literacy, reducing stigma and promoting help-seeking; early detection of mental health conditions; and suicide prevention. While these issues are clearly important, **there has been far less attention paid to the promotion of mental wellbeing and to the prevention of mental health conditions**.

Including a focus on prevention will require a more comprehensive population mental health system than the one that we currently have. The current system is heavily skewed towards mental health promotion for people already affected by a mental health condition rather than the mental wellbeing of the whole community. The key adjustments are outlined below.

A different type of system is required

Primary prevention focuses on stopping mental health conditions from ever occurring. Prevention initiatives therefore need to precede the onset of a particular condition. Different conditions commence at different ages. For example, some anxiety conditions and most behavioural disorders commence in childhood or adolescence. Depression, other anxiety conditions, eating disorders, bipolar disorder and schizophrenia usually occur during adolescence or early adulthood, although they may occur for the first time later in adulthood or in old age. **Overall, around 75% of lifetime mental health conditions occur before age 24 and the remainder after that age**.[20] A prevention focused system therefore needs to prioritise the young, while continuing across the lifespan.

Another consideration is that mental health conditions are common and affect large numbers of people. At this stage, it is not possible to tell with certainty who will develop a condition and who will not. We therefore need to reach everyone in the population while trying to target at-risk groups. This means using a mix of universal prevention initiatives targeted to whole communities, selective interventions that target high-risk groups and indicated interventions that target individuals showing the early signs of a particular condition. A flexible, high-reach system is essential.

In designing a prevention system, we also need to recognise that mental health conditions are multifactorial in origin and result from the complex interaction of numerous individual and environmental risk and protective factors. The list of factors is quite extensive and includes a wide range of biological, psychological and social environmental factors. While some risk and protective factors may be more important than others, each factor has some influence and needs to be addressed in some way. To be effective we need to address all of these factors simultaneously and continuously and we therefore also need a way to manage this complexity in a coordinated way.

In summary then, a prevention-focused population mental health system needs to:

- prioritise children and adolescents while continuing into adulthood and older adulthood;
- be high volume/high reach while being able to target people at increased risk;
- be able to address a wide range of risk and protective factors simultaneously and continuously across the lifespan, with an emphasis on childhood and adolescence; and
- have mechanisms in place to facilitate a multi-modal, multi-sectoral, coordinated approach.

Key building blocks

While Australia has the beginnings of a population mental health system, it is still quite rudimentary and will need to be enhanced if we want to include a focus on prevention. In 2007, the World Health Organisation developed a framework that outlined the core elements required to create a healthcare system. These included: leadership and governance; financing; medical products, vaccines and technologies; information; health workforce; and service deliver (see Figure 1).[21]

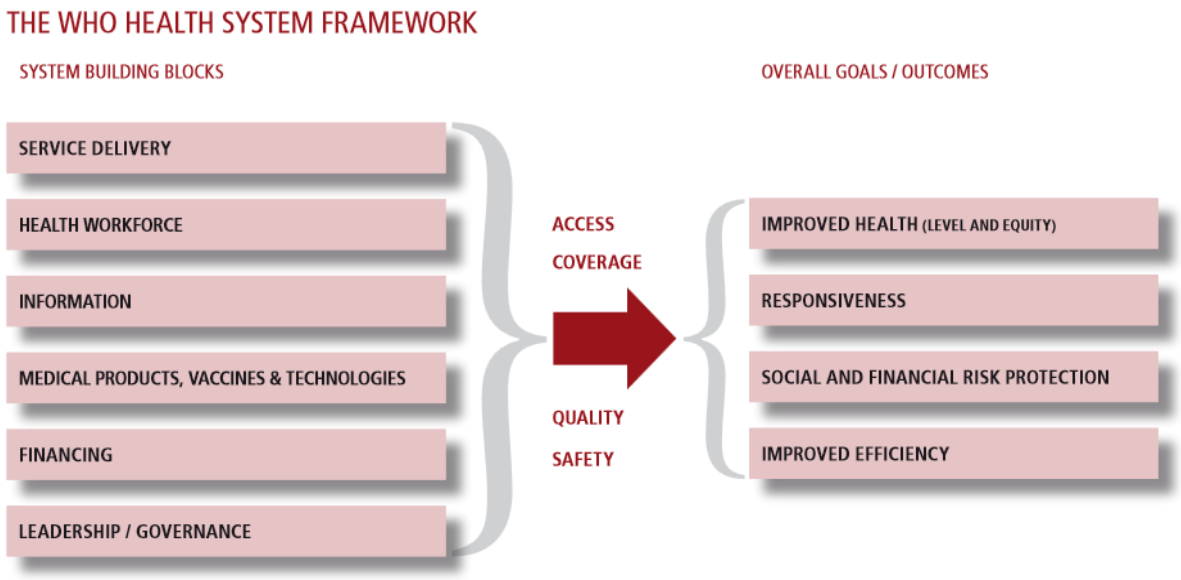

Figure 1. World Health Organisation Health System Building Blocks

We believe this model can be adapted and used to define the elements needed to create an effective prevention-focused population mental health system. **These include: leadership and governance; safe, effective and cost-effective interventions; program delivery; workforce; health information; research; and financing**.

In the remainder of this Pre-Budget Submission, we outline initiatives in each of these domains that we believe the Australian Government should prioritise to fast track the development of a population mental health system capable of making significant in-roads into reducing the number of people in Australia who experience a mental health condition.

A note about the promotion of mental wellbeing

The promotion of mental wellbeing and the prevention of mental health conditions are different but highly inter-related areas of activity. The main difference relates to their primary focus.

- Promotion activities focus on maximising people's mental wellbeing. They aim to help individuals to 'flourish' rather than 'languish' regardless of whether they have a mental health condition or not. While promotion activities can reduce the likelihood that people will develop a mental health condition, that is not their primary intention.

- Prevention initiatives focus specifically on stopping people from developing conditions like anxiety disorders, behavioural disorders, depression, eating disorders, and bipolar disorder. While prevention initiatives can help people to flourish, that is not their primary intention.

Despite these differences, there is substantial overlap between the two areas including in: the types of interventions that are used to promote mental wellbeing and prevent mental health conditions; the populations and settings that they target (although prevention has a somewhat greater focus on children and young people while promotion has a somewhat greater focus on adults) and the delivery systems they use to reach these groups and communities.

Given this, we note that while our Pre-Budget submission focuses on the changes required to increase our ability to prevent the development of mental health conditions**, many of the strategies that we propose could easily be extended to the promotion of mental wellbeing**, and there are likely to be considerable efficiencies in doing so wherever possible.

Building block one: Leadership and governance

The prevention of mental health conditions is a complex undertaking that requires broad engagement and a systematic approach. To be successful we need to engage the public and unite the various organisations working in this field to create a coordinated approach. The first system building block is therefore leadership.

The transition from a single-track mental healthcare system to a dual-track population mental health and mental healthcare system cannot occur without the commitment of the Australian Government and the Minister for Health. We need a Government and a Minister who are prepared to make prevention a priority. The current Government and Minister have already shown considerable leadership and a clear commitment to prevention by establishing the Centre for Research Excellence in the Prevention of Anxiety and Depression in 2017, and the NHMRC Centre for Research Excellence in the Prevention and Early Intervention in Mental Illness and Substance Use in 2018. We believe it is time to go even further.

To support them, we need an expert body that the government and the Minister can turn to for advice. The Commonwealth Department of Health is well placed to fulfil this role, but they too could potentially benefit from a group that is able to provide expert advice on these matters. While the National Mental Health Commission and Mental Health Australia could assist, their main focus needs to remain on strengthening our response to people living with a mental health condition. It is therefore our view that there would be considerable benefit in establishing a new prevention-focused entity that could take on an advisory role to government.

Governance is also important. While there are various players working on prevention from the mental health, public health and community and social services sectors, they are largely working in isolation of each other with little regard for the bigger picture. There is no clarity around who should do what. **No single organisation can achieve prevention on its own** and so we inevitably need to create a mechanism to bring various groups and sectors together to create a coordinated approach. We believe the proposed advisory body could also be tasked with a coordinating role.

There are several precedents for creating this type of combined advisory and coordinating body. In the area of youth mental health the National Centre of Excellence in Youth Mental Health provides advice on youth mental health policy. In suicide prevention the government's National Suicide Prevention Leadership and Support Program supports a range of organisations to undertake various advisory and coordinating roles. Drawing on these models, we believe that the Australian Government **should consider establishing a National Centre for the Prevention of Mental Disorders** under the Health Peak and Advisory Bodies Programme, tasked with the following responsibilities:

- Raise awareness about the importance of prevention and how it can be achieved.
- Provide expert advice to the Department and to Government on a range of policy issues related to prevention, including advice on government investment in this area.
- Develop a national framework to assist the government to progress the prevention agenda.
- Promote coordination of effort among government funded organisations within the mental health sector working on prevention, to maximise impacts and avoid duplication.
- Promote collaboration between mental health sector organisations working on prevention and organisations working on the prevention of risk factors linked to the development of mental disorders (e.g. adverse childhood experiences and social determinants).
- Promote collaboration between mental health sector organisations working on prevention and organisations working on the prevention of chronic disease to ensure a joined-up approach to the prevention of these highly interconnected groups of conditions.

1. **Recommendation One**

That the Australian Government establish a National Centre for the Prevention of Mental Disorders under the Health Peak and Advisory Bodies Programme to provide policy advice to Government and to promote coordinated action on prevention within the mental health sector, and between this sector and other sectors.

2. **Recommendation Two**

That the Australian Government commission this Centre to develop a National Framework for the prevention of mental health conditions, to guide action and investment in this area.

Building block two: Safe, effective and cost-effective interventions

Prevention cannot occur without safe, effective and cost-effective interventions. These interventions need to be targeted to the key drivers of mental health conditions. Drawing on the successful approach to prevention in the physical health sphere, the prevention of mental health conditions will require a mix of strategies including: public education/awareness social marketing campaigns; personal skills-building programs; local community mobilisation initiatives; the creation of mentally healthy and safe organisational and community environments; mentally healthy public policies; and service system reorientation initiatives.

Over the last couple of decades there has been a slow but steady increase in research into the prevention of mental health conditions in Australia. **This has resulted in the development of a substantial number of prevention interventions suited to the Australia context**. Despite this, we have two big problems. The first, and biggest problem, is that very few existing evidence-based interventions are widely known or used. The second is that while the list of existing interventions is quite extensive, there are still several gaps in the types of interventions that we need to succeed.

When comparing what's needed with what's available, one of the first things that stands out is that we do not currently have a 'proven' effective prevention-focused public education campaign. We do however have several social marketing campaigns that focus on promoting mental wellbeing such as Act-Belong-Commit, Wheel of Wellbeing and Five Ways to Wellbeing. While these campaigns do not specifically target prevention, they do educate the public about 'good' mental health rather than mental ill-health and they do provide useful tips on how to stay well. These campaigns could therefore be used to raise awareness about prevention, with some adaptation.

The biggest group of prevention interventions that have been developed are those that focus on personal skills-building. These include interventions to promote healthy lifestyles (healthy eating, regular physical activity, good sleep hygiene), enhance social connectedness, or build resilience through the use of cognitive behaviour therapy and/or positive psychology strategies. Another big group of prevention interventions are those that focus on parenting. Different parenting programs target different outcomes but broadly speaking the parenting programs developed by mental health researchers target either the prevention of depression, anxiety or behavioural disorders. As noted above, while many good personal skills-building and parenting interventions are available, they are not well promoted or well utilised. Furthermore, there are also still some gaps in the types of interventions that also needs to be filled. For example, most current interventions target protective factors like resilience and far fewer tackle risk factors. This needs to be addressed.

The next largest group of interventions are those that focus on creating positive school and workplace environments. Most of these include a focus on increasing protective factors (e.g. social and emotional learning programs in schools, and resilience programs in workplaces) and decreasing risk factors (e.g. bullying in schools, and job stress in workplaces). Here too there is room for improvement particularly with respect to program reach, fidelity and impact. Not enough schools and workplaces are using evidence-based interventions and not all settings that have adopted them are using them effectively and they are therefore not maximising their potential benefits.

The smallest group of available interventions are those focused on the creation of mentally healthy local communities and this is therefore an area for further growth. There is also considerable room for improvement in relation to defining and implementing mentally healthy public policies and service system reorientation initiatives that support prevention.

It is important to note that in addition to the many prevention interventions developed by mental health researchers there are also various interventions developed by researchers and organisations

working on issues such as child protection and domestic violence, which, while not explicitly labelled as interventions to prevent mental health conditions, nevertheless contribute to this goal.

In summary, there are numerous prevention interventions that have been through extensive research and development in Australia that could readily be translated to scale, while we continue to address gaps in the interventions through further research and evaluation. However the problem is that there is currently no clear line of sight between what's needed and what's available. Many evidence-based interventions that could be used are not and evidence gaps are poorly documented.

To address this problem we believe the Australian Government should consider funding a **comprehensive audit of prevention interventions**. This audit should focus on identifying and listing prevention interventions that are in the pipeline or have been developed in Australia. It should also document the level of evidence associated with each program and its resource requirements. This could be achieved through a review of the research literature, a survey of Australian mental health researchers, and by leveraging existing program directories, such as ARACY's 'What works for Kids". The audit would focus on describing each program in detail and collating information about its effectiveness, cost-effectiveness and resource needs. The audit could be conducted through an approach to market and be overseen by an advisory panel that includes people with a range of prevention-related expertise.

Once government has a better understanding of what's available, it can start scaling-up. Where the evidence is strong, programs should be rolled-out nationally. Where the evidence is good but not definitive, the scale-up should be localised and properly evaluated before considering a wider-scale roll-out, as this will help to avoid costly errors. Where there is insufficient evidence, further research and evaluation will be needed.

Over time, this program listing process could be extended and transitioned into a more robust assessment and accreditation system, similar to that used in healthcare for pharmaceutical items. Australians need to know that the prevention programs that they are using come with a certain level of research evidence, and governments need to know that the programs they are scaling-up have been assessed for their safety, effectiveness and cost-effectiveness. While we need to avoid creating more red-tape and slowing down people's access to valuable programs, we should nevertheless work towards ensuring that our population mental health interventions are as thoroughly assessed as our mental healthcare interventions.

3. Recommendation Three

That the Australian Government commission and evaluate a national prevention-focused social marketing campaign, that focuses on raising public awareness about the benefits and importance of preventing mental health conditions, and outlines the actions that people can take to protect their mental health.

4. Recommendation Four

That the Australian Government fund a comprehensive audit of locally developed prevention interventions with a view to creating a directory of available programs, including their evidence base and resource requirements, which could be used by government and others to make funding decisions.

5. Recommendation Five

That the Australian Government establishes an assessment and accreditation system for prevention programs to guide end-users and governments in selecting programs that are safe, effective and cost-effective, and that suit Australian's needs and preferences.

Building block three: Program delivery

There is no use creating interventions if we can't deliver them to the public. While Australian researchers have produced (and are continuing to produce) a range of safe, effective and cost-effective prevention programs, in many instances there is no effective way of getting them to the people that could benefit. As a result very few proven prevention programs are available at a national scale. This represents **a major missed opportunity and a huge waste of research investment**, most of which is paid for by the Australian taxpayer. We believe there are two interlinked strategies that could help to address this shortcoming.

By their nature, prevention strategies need to be high reach and high volume, while also being able to be tailored to priority groups, such as children and young people. One way to achieve this is through the use of apps and online programs. Given their importance, we believe that the Australian Government should consider establishing an online portal that can house these prevention initiatives. Just as hospitals are a one-stop-shop for people with acute health conditions, and **headspace** is a one-stop-shop for young people with mental health conditions, we need a one-stop-shop for members of the public who want to understand and learn how to reduce their risk of developing a mental health condition. Rather than each researcher or research institute having to develop their own website this could be consolidated through one single online portal. This platform could become a shared resource for researchers (and others) who have developed (an accredited) evidence-based prevention program suited to online delivery. This would make marketing easier and make it easier for the public to find what they want and could potentially build on the Head to Health gateway.

Linked to this, is the need to improve the commercialisation process for prevention interventions. At present there is a major gap between the creation of programs and their translation. Part of the issue is that the majority of evidence-based prevention interventions are developed by researchers working in universities or mental health research institutes and once a program has been tested and shown 'to work' the research group who developed the program is left with the task of promoting and delivering it themselves. However, most researchers lack the time and/or capability to take their program to their intended beneficiaries. Many don't bother to attempt this and the few who do only achieve limited reach and adoption of their program. Clearly therefore, rather than expecting each research group and each university/research institute to fund, promote and deliver programs individually, we need to find a better way to coordinate this research commercialisation.

Given this, we believe that there would be considerable merit in creating an entity that could manage the commercialisation process on behalf of prevention researchers on an opt-in basis. Prevention researchers and their respective universities or institutes could work with this entity and reach agreement on suitable licensing arrangements to enable the roll-out out their programs. While the entity's main role would be to develop and manage agreements with suitable funders (e.g. health insurers) who are interested in delivering a researcher's program to the funder's audiences, this entity could also play a role in managing the online portal described above.

While government funding would be required to establish this entity initially, over time it could become self-sustaining through the profits derived from commercialising or delivering programs. Not only would the entity help to get evidence-based prevention programs to the Australian public more quickly and efficiently than our current approach, but it would enable Australian researchers to export their programs to other countries, thereby generating jobs and incomes for Australians. We therefore call on the Australian Government to fund a scoping study to assess the feasibility and viability of creating an entity with responsibility for:

- Working with prevention (and promotion) researchers and their respective employing bodies;
- Scoping the resourcing and logistic requirements for taking proven programs to scale;
- Undertaking social and market research to understand the markets for each product and the best ways to engage individuals, organisations and communities that may benefit;
- Developing a business case that discusses relevant licencing and profit-sharing arrangements;
- Working to source local and/or international funding to subsidise programs, or to deliver programs direct to the public on a user-pays basis;
- Creating, managing and marketing a portal for selected online interventions;
- Designing and implementing a post-implementation quality assurance, monitoring and evaluation strategy for each program.

6. Recommendation Six

That the Australian Government fund a scoping study to assess the feasibility and viability of creating a commercialisation entity to support Australia's prevention researchers to take their programs to the Australian public, and into international markets, more easily and quickly.

Building block four: Workforce

Just as it's hard to achieve prevention without proven interventions and delivery systems, it is also hard to achieve prevention without a qualified and skilled workforce. The mental healthcare workforce is large and diverse. It includes peer workers, consumer and carer advisors, psychologists, social workers and other allied health professionals, nurses and doctors. There are clear systems for qualification, accreditation and professional oversight for much of the workforce.

By contrast, the population mental health workforce is less available and less professionalised. At present most of the frontline workforce working on the prevention of mental health conditions are workers who happen to be working in a setting that is being used as the platform to implement a prevention program, such as educators in early learning services, primary and secondary schools, and HR and OHS staff in Australian workplaces. While it is perfectly reasonable to involve frontline workers in key settings to implement prevention initiatives, there is clearly a need to involve properly trained and qualified individuals in the program design, capacity building, research and evaluation activities that support these efforts. It is also reasonable to expect that some programs should be delivered by trained mental health promotion workers rather than by intermediaries.

In order to build a robust population mental health system we need to develop a specialist mental health promotion workforce. This could be achieved in various ways. The simplest way is to support workers already in this field to access further training. This could be done using a model similar to the Australian Government's Mental Health Professionals' Network program but targeted to existing health promotion workers and mental healthcare professionals who want to skill-up in mental health promotion. It could include access to seminars or short courses delivered by qualified experts through online, face-to-face or hybrid approaches.

Another approach is to boost the number of people with a specialist qualification in this field. Few workers in population mental health have a formal qualification in mental health promotion because most universities don't offer degrees in this area. We believe the Australian Government should support universities to address this. The first step could be to include mental health promotion subjects in existing degree courses (e.g. medicine, nursing, social work, psychology, health promotion and public health). Ultimately however, it would be desirable if universities could introduce a specialist mental health promotion course (e.g. postgraduate certificate or diploma) to create a uniform qualification and career pathway for the population mental health workforce.

This specialist workforce could then be deployed in settings such as schools, workplaces, universities/TAFEs and local communities to support existing workers in those settings and deliver certain initiatives themselves. For example, there is some research to suggest that curriculum-based prevention programs in schools are more likely to be effective if delivered by mental health professionals because they tend to maintain program fidelity. Teachers and workplace personnel are doing a wonderful job but they can't be expected to do everything.

7. Recommendation Seven

That the Australian Government provide funding for the establishment of a Mental Health Promotion Workers' training program to increase the capability of individuals working in this field, and to build the population mental health workforce.

8. Recommendation Eight

That the Australian Government provide support to Australian tertiary education institutes to include a focus on mental health promotion within existing undergraduate and postgraduate courses, as well as to introduce a specialist mental health promotion course.

Building block five: Health information

The promotion of mental wellbeing and the prevention of mental health conditions cannot occur in the absence of robust data to guide action. Data helps to identify what needs to be done and whether prevention programs are working or not.

To date, there have been two national surveys of the mental health and wellbeing of children and adolescents, and two of the adult population. These surveys have given us a detailed understanding of the prevalence and distribution of mental health conditions and suicidality in our community and the impact of these conditions on people's lives. They are crucial and need to be continued.

However, while these surveys are extremely valuable in planning our responses to people living with a mental health condition, they are somewhat less useful in guiding action in prevention. Prevalence data show how many people experience a condition in a given time period (e.g. week, month, year). This data includes people with *an existing condition* who were symptomatic during the period in question as well as those who had become unwell for the *first time*. A fall in prevalence may be due to decrease in the number of people who develop a 'new' condition and/or a decrease in the number of people with an 'existing' condition who improve.

By contrast, incidence data allows us to determine those people who had become unwell for the first time in a given period. A fall in incidence can only be caused by a decrease in the number of people who develop a 'new' condition and is therefore more useful for tracking whether prevention programs are working than prevalence data. We currently lack this crucial data. That said, the collection of incidence data is time consuming and expensive and so it's likely that such data may only be collected periodically, however, even infrequent measurements would be helpful to guide action on prevention. In addition, baseline incidence data could be gathered by funding detailed analyses of existing longitudinal data such as the Longitudinal Study of Australian Children or the combined cohorts catalogued by the ARACY Longitudinal Studies Network.

Another way to determine whether our interventions are making a difference is to track changes in some of the antecedent steps, for example whether we are improving the public's level of prevention literacy (knowledge, beliefs, actions) and/or whether we are reducing the prevalence of the risk factors (e.g. stress, bullying, racism etc.) and protective factors (e.g. emotional competence, social support, etc.) associated with the development of mental health conditions. Obtaining this data is not onerous. These measures could be captured in new national prevention (self-report) surveys, one which includes a nationally representative sample of children and adolescents and one which includes a representative sample of adults. Tracking improvements in prevention literacy and/or increased exposure to protective factors and reductions in exposure to risk factors would help demonstrate whether prevention programs are working or not. Some of the data could also be gathered through additional questions in existing surveys such as the Australian Health Survey and the General Social Survey.

The other data needed to support action in prevention is program evaluation data. All too often, individuals and organisations create a prevention program but then fail to evaluate it. This is more likely to happen with interventions developed by private providers or by small non-government organisations that lack the funds or expertise to properly evaluate their programs. Another major problem, is that even when researchers or organisations evaluate their program they do not always publish the results. Both these issues make it difficult to be confident about whether a program works – or how well it works – in order to determine whether it's worth funding.

Given the lack of good data to guide action and investment in prevention, we believe that the Australian Government should provide support for an organisation or organisations to collect and

disseminate the sort of data that is crucial for designing programs and tracking progress in prevention with an emphasis on:

- understanding what people know and think about prevention and what they currently do;
- tracking the prevalence and distribution of known risk and protective factors, in particular ACEs;
- consolidating data on existing prevention programs and addressing gaps, in particular around cost-effectiveness; and
- addressing the gap in prevalence and incidence data in different settings.

9. Recommendation Nine

That the Australian Government provide funding for the collection of data needed to support prevention. This should include regular self-report national surveys that track prevention literacy, the prevalence of key risk and protective factors, and the prevalence of 'good' and 'poor' mental health within the community. Particular consideration should be given to developing a regular survey that could be used to track these indicators among a representative sample of Australian primary and secondary students.

Building block six: Research

Research is the engine room of innovation and improvement. For some time now, mental health research has lagged behind research into other key conditions such as cancer and cardiovascular disease. While the situation is slowly improving, the funding allocated by major research funders still falls below the prevalence and impact of mental health conditions in our community.

To date, most mental health research has focused on deepening our understanding of mental health conditions and finding ways to assist people affected by these conditions. There has been relatively less research into the prevention of mental health conditions. This situation is slowly changing as evidenced by the Australian Government's support for the establishment of the Centre of Research Excellence in the Prevention of Depression and Anxiety (the Prevention Hub) and the NHMRC's support for the Centre of Research Excellence in Prevention and Early intervention in Mental Illness and Substance use (PREMISE). However, while things are improving the situation is far from ideal and we need to continue to build the capacity and capability of the Australian mental health research sector and the prevention research community in particular.

Investment is required in several areas of prevention research and to help prioritise what should be funded, we believe that the Australian Government should first provide funding for the development of a Prevention Research Roadmap. This project should include three elements: a literature review to look at what research has been conducted in Australia over the 15 years; a review of data from the NHMRC and other funders to document the level of investment in Australian prevention research over the same period; and a survey of Australian mental health researchers and other key stakeholders, to document their current research activities and to seek their views on priority areas for future investment. This information could then be used to guide resource allocation by government and other funders, such as the Medical Research Future Fund.

In addition to increasing funding for mental health research, we believe the government could also play a vital role in promoting collaboration between mental health researchers working on the prevention of mental health conditions, researchers working on the prevention of social issues such as child maltreatment and domestic violence, and researchers working on the prevention of chronic disease. The logic behind this is simple. All of these issues are highly inter-related. For example, we know that child maltreatment, domestic violence and other 'social' issues may contribute to the development of mental health conditions *and* chronic disease.[22] [23] [24] We also know that mental health conditions are a risk factor for the development of chronic diseases, and vice versa. And we know that many people experience several of these issues and we need to understand how to better manage multi-morbidity. At present, most prevention research into 'social issues', mental health conditions and chronic disease is occurring in silos, with little or no collaboration between different groups. We need to create a far more integrated approach to prevention research and we believe that the Australian Government can play a key role in facilitating this.

10. Recommendation Ten

That the Australian Government fund the development of a Prevention Research Roadmap to guide future investment in prevention research.

11. Recommendation Eleven

That the Australian Government examine the use of funding and other mechanisms, to facilitate increased collaboration between Australian researchers working on the prevention of 'social issues' (e.g. Adverse Childhood Experiences), mental health conditions and chronic disease, so as to create a more integrated approach to the prevention of these highly interrelated issues.

Building block seven: Financing

Just as a mental healthcare system needs funding so does a population mental health system. However, in contrast to the sophisticated funding mechanisms that support mental healthcare in Australia, there are currently no specific funding streams targeted to the prevention of mental health conditions. Instead, we have a piecemeal approach whereby a handful of 'prevention' initiatives are funded on a case-by-case, time-limited basis by the Australian Government, and sometimes State/Territory governments.

This problem is not unique to population mental health. The lack of investment in public health has long been a frustration for those working on the prevention of infectious and chronic disease. Over the last 10 years or so funding for public health interventions such as immunisation, screening and health promotion programs has oscillated between 1.5-2.3% of total health expenditure. This is well below spending by other similar countries.

The amount spent on population mental health is much harder to discern. In their review of the mental health programmes and services, the National Mental Health Commission found that in 2012–13 the Commonwealth Government spent $22.4 million on prevention programs compared to over $3.6 billion on clinical and psychosocial services for people with a mental health condition. Even this is likely to be an overestimate as it included funding for the National Perinatal Depression Initiative, which was not entirely focused on prevention, and on suicide prevention initiatives that did not necessarily focus on the primary prevention of mental disorders.[25]

Prevention cannot become sustainable without a dedicated funding stream and a significant increase in government spending. Although increased prevention funding will eventually reduce the demand on the mental healthcare system, we do not support the shifting of resources away from the mental healthcare system and towards the population mental health system but rather advocate for increased spending on both. This funding can be well-justified on a return-on-investment basis and could be provided in a variety of ways including:

- A competitive tender to establish and operate the National Centre for the Prevention of Mental Disorders described in Building Block One.
- Competitive grants for the scale-up of evidence-based programs, or for initiatives such as the development and operation of a shared commercialisation and delivery platform.
- Direct grants to existing Commonwealth funded organisations to enable them to introduce a focus on prevention where this is absent (e.g. **headspace**).
- A National Partnership Agreement on Prevention in Mental Health, similar to the National Partnership Agreement on Preventive Health to enable States and Territories to act on prevention.
- Inclusion of prevention specific items in the Medicare Benefits Schedule focused on screening and anticipatory guidance for key populations (e.g. adolescents).

At present around 2 per cent of the health budget is spent on the prevention of physical health conditions. As long as there is an overall increase in spending on supports and services for people affected by a mental health condition, we would call for a progressive move towards at least 2 per cent of the 'mental health budget' to be allocated to population mental health prevention initiatives over the next 5 years. As part of this we need to find a way to better define and track spending on prevention in mental health, so that we can ensure that it receives its fair share of resources.

12. Recommendation Twelve

That the Australian Government work towards progressively allocating at least 2 per cent of the mental health budget towards clearly defined prevention initiatives over the next 5 years.

Conclusion

Mental health conditions are a major public health issue whatever measure we use. Mental health policy over the last 25 years has focused almost exclusively on strengthening our mental healthcare system yet this approach has failed to reduce the prevalence or burden associated with mental health conditions. A change of tack is required.

A dual track approach that focuses simultaneously on preventing mental health conditions *and* on providing high quality services and supports for people affected by mental health conditions, and their families and carers, is the only real way we can make in-roads into reducing the personal, social and economic toll of mental health conditions in our community.

As part of this, we need to create a robust, prevention-focused population mental health system that can complement our mental healthcare system. Building this system requires us to put in place a range of key building blocks. We need to:

- Foster leadership and create an organisation that provides strategic advice (including on return-on-investment) to government on the best way to proceed and engages prevention organisations in united action.

- Increase the number, range and quality of evidence-based prevention interventions and find better ways to deliver them to people quickly and at scale.

- Create a specialist workforce who can develop, implement and evaluate prevention initiatives and support workers in key settings to deliver evidence-based strategies in a way that maximises their impact.

- Support research to fill the gaps and to produce more and better prevention interventions.

- Invest in the prevention of mental health conditions at a level that at least parallels our investment in the prevention of chronic disease, if not more.

Our Pre-Budget Submission shows how this can be achieved. It outlines the key strategies that, if implemented, could quickly and significantly increase our ability to reduce the number of Australians who experience a mental health condition over their lifetime, while also paving the way for even greater reductions over the long-term.

We hope that the Australian Government will give serious consideration to these ideas. We stand ready to assist in any way that we can to help prevent more Australians from experiencing a mental health condition during their life.

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