



## **Key Outcomes - 'Best Buys in Mental Health' Workshop**

### **Purpose**

This document summarises the key outcomes and discussion of the 'Best Buys in Mental Health' Workshop led by the National Mental Health Commission (the Commission) which took place at the University of Melbourne on 22 March 2018.

### **Summary of Key Outcomes**

The meeting was well attended and characterised by strong engagement and interest. The Workshop was co-facilitated by Commission CEO, Dr Peggy Brown and Western Australia (WA) Mental Health Commissioner, Mr Timothy Marney and included cross-sector and cross-portfolio representation. For a full list of attendees, see [Appendix A](#).

#### **Session 1 Welcome and Introductions**

Commission CEO, Dr Peggy Brown acknowledged the Wurundjeri people who are the Traditional Custodians of the land on which the workshop took place. Dr Brown paid her respect to the Elders both past and present of the Kulin Nation and extended that respect to other Indigenous Australians present.

Dr Brown warmly welcomed attendees to the meeting, thanked them for their attendance and acknowledged the valuable contribution of experts by experience, along with their families/ carers and all those in the sector who support them.

The genesis of a national 'Best Buys in Mental Health' project was then provided. In particular, Dr Brown noted the significant economic impact of mental health challenges pointing to estimates contained in the *National Review of Programs and Services 2014* of \$28.6 billion a year in direct and indirect costs, with lost productivity and job turnover costing a further \$12 billion a year - collectively \$40 billion a year or more than 2% Gross Domestic Product (GDP). Since the publication of the Review by the Commission, figures are expected to have increased to 4% GDP equating to a cost of \$60 billion to the Australian economy.

It was noted that current spend related to mental health issues is significantly higher in crisis and acute care settings than for prevention and early intervention strategies, supports and services. Dr Brown underscored the criticality of re-balancing this investment and swinging the pendulum towards promotion of mental health and prevention of mental distress across the life span. The Commission identified the need to take an evidence-based, long term, approach to the important task of re-balancing Australia's spend in mental health. Building on previous Commission led work on economics in mental health, the Deakin Health Economics team was tasked with undertaking a scoping study of contemporary evidence of effectiveness and cost-effectiveness of mental health prevention and promotion.



## **Session 2 Overview of Scoping Report and Discussion of Findings**

Lead Researcher, Professor Cathrine Mihalopoulos of Deakin Health Economics gave a presentation on the report *An Australian Study Evaluating the Economic Impacts of Mental Health Promotion and Prevention - A Scoping Study of the Evidence Base*. In particular, attendees were reminded that the central task of economics is to optimally allocate finite resources. Economic evaluation of mental health interventions allows for the comparative analysis of alternative courses of action in terms of both their costs and consequences in order to assist policy decisions. Professor Mihalopoulos described the process of conducting the study and noted the complexity in making cost and effectiveness comparisons of mental health interventions. For example, benefits of interventions may go beyond monetary value to include family and carer impacts which may be less quantifiable but no less important.

Types of economic evaluation and the methodology of the study were then briefly discussed. It was noted that the core aim of the study was to evaluate the economic impact of mental health promotion and prevention interventions in an Australian context. Results from the scoping study will inform which interventions could be selected for further economic modelling for the Australian context.

Following the application of inclusion/exclusion criteria of interventions identified in the literature across the spectrum of mental health prevention and promotion activities, 134 studies were included for analyses. The results of the study were broken up into 3 categories, these were:

1. effective and cost-effective interventions
2. effective intervention *without* evidence of cost-effectiveness; and
3. effective interventions that do *not* provide a good value for money.

The following broad conclusions were drawn from the scoping study:

- Psychological interventions were found to be the most effective across age groups in both general and 'at-risk' populations.
- Educational interventions are an effective option (for example, in reducing loneliness or social isolation in older adults).
- Physical interventions were more effective in increasing positive mental health and wellbeing rather than preventing a specific mental health issue (with the exception of post-natal depression)
- There is limited Australian evidence of cost effectiveness of interventions with the majority of evidence coming from the United Kingdom and the United States of America.
- Local assessment of cost-effectiveness is required for workplace settings, and e-health.
- Physical interventions (such as, music therapy) were effective for at-risk Culturally and Linguistically Diverse children.
- Further research is required to establish effectiveness and cost effectiveness of interventions tailored for Aboriginal and Torres Strait Islander peoples.

Stakeholders noted the following limitations of the scoping study:

- Lack of inclusion of experts by experience in the design.
- The lack of interventions identified for Aboriginal and Torres Strait Islander populations. For example, the language of social emotional wellbeing may be more applicable to Aboriginal and Torres Strait Islander populations than the language of disorder and interventions/ treatment.



- Exclusion of studies relating to the impact of interventions on suicide and substance use.

Stakeholders also noted the potential benefits of including peer work based interventions, or interventions targeted at social determinants, in the scope of the study.

### **Session 3 Criteria Setting for the Selection of Mental Health Interventions**

Mr Marney conducted a session in which attendees, broken up into their broad interest groups, were asked to set the criteria from which to assess interventions for economic modelling to establish their cost-effectiveness. The following criteria were agreed by attendees:

- *Scalability* - to what extent can an intervention be realistically rolled out across all population groups who would benefit, and feasibility of maintaining program quality and fidelity at scale?
- *Sustainability* - what is the financial cost of scaling up, and what is the longevity of outcomes likely to be beyond the interventions?
- *Opportunity Costs* - what are the trade-offs, including workforce demands and re-direction of resources from other programs and/or policies?
- *Needs Based* - with a focus on potential 'burden of disease', noting the priority is prevention and promotion of mental health.
- *Acceptability* - what is the likelihood that individuals in the target population will accept the intervention, and what is the likelihood of generating 'buy-in' from policy decision makers?
- *Unanticipated Consequences* - both positive and negative including accrual of downstream benefits and those across different sectors/portfolios.

Attendees highlighted that other major risk factors for mental health issues, including intergenerational trauma and adverse childhood experiences, need to be considered. For example, interventions aimed at reducing incidences of sexual abuse would likely be both highly effective and cost effective in the long term.

### **Session 4 Prioritisation of Interventions**

In groups, Mr Marney asked attendees to prioritise interventions identified by the study, using the criteria established in session 3. Interventions which were prioritised included psychological interventions in schools, e-health programs for adults, workplace interventions and e-health/educational interventions for older adults.

### **Session 5 Key Principles to Guide the Best Buys Project**

Mr Marney sought feedback from the group regarding preferred principles to guide the next phase of the Best Buys in Mental Health project. The following key principles were put forward by attendees:

- Collaborative - to the extent possible, involve key stakeholders.
- One person, one service at a time - important for transformation efforts.
- Real world effectiveness - project must distinguish between randomised controlled trials' and real world effectiveness.
- Prioritise interventions that build on existing platforms or settings - this will help leverage off existing work.
- Consider interventions which are outside of the mental health sector (ie other social determinants).
- Assess broader costs and benefits outside the mental health sector.
- Include emerging evidence and literature - for example, the role of peer workers in the broader workforce.



- Consider the economic benefits of interventions (ie productivity gains) not just the economic costs.
- Consider take up and completion rates of interventions - effects could be weaker in 'real world' scenarios as opposed to ideal conditions.
- Whole of life perspective.
- Contemporaneous - look at clinical trial registries to stay abreast of developments in the field.
- Re-consider role of social values in guiding the project - for example, suicide is a low prevalence event. However, it is considered by society as worthy of deep investment.
- Include flexibility in the scope of the project to include novel approaches to promotion and prevention.
- Reflect on workforce capacity in the delivery of quality interventions.
- The Commission should continue to consult with diverse stakeholders on the project.
- Involve young people in the project - many of the interventions identified in the study revolve around them.
- Translational - that is, considers how the intervention may be communicated to stakeholders and deployed pragmatically.
- Account for diversity in the project - ensure that interventions are applicable across the diversity of the Australian population.

### ***Session 6 Close of Workshop and Next Steps***

Dr Brown thanked attendees for their valuable contributions to the discussion and acknowledged the significance of the diversity of representatives around the table. Next steps will involve the Commission selecting the interventions for further economic modelling. The Commission will be working with the State Mental Health Commissions in selecting the interventions.

It was noted that a Steering Committee will be established to oversee the work of the project. Membership to the group will balance interests ensuring the right mix of technical and lived experience expertise.

The Commission will report each year on the work it is doing on the Best Buys in Mental Health project.

**END.**



## **Appendix A**

### **Delegates Present**

#### *National Mental Health Commission*

1. Dr Peggy Brown, National Mental Health Commission (Co-facilitator)
2. Mr Timothy Marney, National Mental Health Commission (Co-facilitator)
3. Ms Maureen Lewis, National Mental Health Commission
4. Ms Danielle Staltari, National Mental Health Commission
5. Ms Sarah McNeil, National Mental Health Commission
6. Ms Petra Hill, National Mental Health Commission

#### *Deakin Health Economics*

7. Prof Cathy Mihalopoulos, Deakin Health Economics
8. Dr Lidia Engel, Deakin Health Economics
9. Ms Jessica Bucholc, Deakin Health Economics

#### *Mental Health Commissions of Australia / State and Territory Mental Health*

10. Mr Tim Marney, Mental Health Commission WA (Co-facilitator)
11. Ms Jessica Martin, Mental Health Commission QLD
12. Mr Amelia Traino, Mental Health Commission SA
13. Ms Deidre Pinto, Department of Health and Human Services VIC
14. Ms Karen Burns, Mental Health Commission NSW

#### *Mental Health Sector*

15. Ms Georgie Harman, Beyondblue
16. Ms Sarah Coker, SANE Australia
17. Mr Andrew Markovs, Consumer representative
18. Mr Evan Bichara, Consumer representative
19. Ms Judy Bentley, Carer representative
20. Ms Amanda Bresnan, Community Mental Health Australia



*Academic*

21. Prof Andrew Mackinnon, Blackdog Institute
22. Prof Anthony Jorm, University of Melbourne
23. Prof Andrew Chanen, Orygen, National Centre of Excellence in Youth Mental Health
24. Dr Ron Rapee, Macquarie University

*Commonwealth Government*

25. Mr Jason Thompson, Australian Institute of Health and Welfare
26. Dr Peta Miller, Safe Work Australia
27. Ms Catherine Orchard, Department of Education and Training
28. Ms Ruth Gabbitas, Department of Treasury
29. Ms Emma Wood, Department of Health.

**END.**