



**Royal Commission into
Victoria's Mental Health System**

Formal submission cover sheet

Make a formal submission to the Royal Commission into Victoria's mental health system

The terms of reference for the Royal Commission ask us to consider some important themes relating to Victoria's mental health system. In line with this, please consider the questions below. Your responses, including the insights, views and suggestions you share, will help us to prepare our reports.

This is not the only way you can contribute. You may prefer to provide brief comments [here](#) instead, or as well. The brief comments cover some of the same questions, but they may be more convenient and quicker for you to complete.

For individuals

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission. However that is subject to any request for anonymity or confidentiality that you make. That said, we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.'

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports, subject to any preferences you have nominated.

For organisations

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Because of the importance of transparency and openness for the Commission's work, organisations will need to show compelling reasons for their submissions to remain confidential.

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them. If you would like to contribute and require assistance to be able to do so, please contact the Royal Commission on 1800 00 11 34.

Your information	
Title	Professor
First name	Greg
Surname	Murray
Email Address	██████████
Preferred Contact Number	██████████
Postcode	3184
Preferred method of contact	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Telephone
Gender	██████████ ██████████ ██████████ ███████████ ██████████ ███████████
Age	<input type="checkbox"/> Under 15 <input type="checkbox"/> 15 – 17 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 44 <input checked="" type="checkbox"/> 45 – 64 <input type="checkbox"/> 65 – 84 <input type="checkbox"/> 85+ <input type="checkbox"/> Prefer not to say
Do you identify as a member of any of the following groups? Please select all that apply	<input type="checkbox"/> People of Aboriginal and Torres Strait Islander origins <input type="checkbox"/> People of non-English speaking (culturally and linguistically diverse) backgrounds <input type="checkbox"/> People from the Lesbian, Gay, Bisexual, Transgender, Intersex, Asexual and Queer community <input type="checkbox"/> People who are experiencing or have experienced family violence or homelessness <input type="checkbox"/> People with disability <input type="checkbox"/> People living in rural or regional communities <input type="checkbox"/> People who are engaged in preventing, responding to and treating mental illness <input type="checkbox"/> People who are engaged in preventing, responding to and treating mental illness
Type of submission	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Organisation Please state which organisation: Swinburne University of Technology, Centre for Mental Health Please state your position at the organisation: Director Please state whether you have authority from that organisation to make this submission on its behalf: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group

Personal information about others	Does your submission include information which would allow another individual who has experienced mental illness to be identified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, are you authorised to provide that information on their behalf, on the basis set out in the document <input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior to publication, does the submission require redaction to deidentify individuals, apart from the author, to which the submission refers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	<input type="checkbox"/> Person living with mental illness <input type="checkbox"/> Engagement with mental health services in the past five years <input type="checkbox"/> Carer / family member / friend of someone living with mental illness <input type="checkbox"/> Support worker <input type="checkbox"/> Individual service provider <input type="checkbox"/> Individual advocate <input type="checkbox"/> Service provider organisation; Please specify type of provider: _____ <input type="checkbox"/> Peak body or advocacy group <input checked="" type="checkbox"/> Researcher, academic, commentator <input type="checkbox"/> Government agency <input type="checkbox"/> Interested member of the public <input type="checkbox"/> Other: Please specify: _____
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	<input type="checkbox"/> Access to Victoria's mental health services <input type="checkbox"/> Navigation of Victoria's mental health services <input checked="" type="checkbox"/> Best practice treatment and care models that are safe and person-centred <input type="checkbox"/> Family and carer support needs <input type="checkbox"/> Suicide prevention <input checked="" type="checkbox"/> Mental illness prevention <input checked="" type="checkbox"/> Mental health workforce <input type="checkbox"/> Pathways and interfaces between Victoria's mental health services and other services <input type="checkbox"/> Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements <input checked="" type="checkbox"/> Data collection and research strategies to advance and monitor reforms <input type="checkbox"/> Aboriginal and Torres Islander communities <input type="checkbox"/> People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities <input type="checkbox"/> Rural and regional communities <input type="checkbox"/> People in contact, or at greater risk of contact, with the forensic mental health system and the justice system <input type="checkbox"/> People living with both mental illness and problematic drug and alcohol use

For individuals only

Please identify whether this submission is to be treated as public, anonymous or restricted

While you can request anonymity or confidentiality below, we strongly encourage your formal submission to be public - this will help to ensure the Commission's work is transparent and the community is fully informed

Please tick one box

<input type="checkbox"/> Public	My submission may be published or referred to in any public document prepared by the Royal Commission. There is no need to anonymise this submission.
<input type="checkbox"/> Anonymous	<p>My submission may only be published or referred to in any public document prepared by the Royal Commission if it is anonymised (i.e. all information identifying or which could reasonably be expected to identify the author is redacted).</p> <p>If you do not specify the information which you would like to be removed, reasonable efforts will be made to remove all personal information (such as your name, address and other contact details) and other information which could reasonably be expected to identify you</p>
<input type="checkbox"/> Restricted	My submission is confidential. My submission and its contents must not be published or referred to in any public document prepared by the Royal Commission. Please include a short explanation as to why you would like your submission restricted.

Please note:

- This cover sheet is required for all formal submissions, whether in writing or by audio or video file. Written submissions made online or by post, may be published on the Commission's website (at the discretion of the Commission) subject to your nominated preferences.
- Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commissions reports subject to any preferences nominated.
- While the Commission will take into account your preference, the Commission may redact any part of any submission for privacy, legal or other reasons.

1. Background

This submission from Swinburne's Centre for Mental Health argues for the importance of *Victorian-led mental health research in informing and driving the recommendations emerging from the Royal Commission*. We briefly present, (a) a theoretical argument for the importance of research recommendations to accompany the Commission's clinical recommendations, and (b) one disruptive strategy to achieve this end.

The Commission will receive a wide range of suggestions for improving mental health services, and rigorous research is required to ensure that the most effective suggestions are implemented in the most sustainable manner. Simply investing more money in mental health services and programs does not shift the dial on important indicators such as population levels of distress and suicide rates [1]. What is required is smarter investment in services, informed by translational research into optimal treatments, delivered through optimally integrated service systems [2]. The Commonwealth has recently moved to an approach in which Primary Health Networks will oversee provision of mental health services, and a stepped-care approach with a major technological component will be adopted, providing low-intensity interventions for mild/moderate problems and tailored packages of care to those with complex and severe mental illness. Translational research is urgently required into the strengths and weaknesses of this approach as it applies in different regions, and across the spectrum of mental health problems in Victoria.

Victoria has its own unique set of mental health opportunities and challenges, and research owned by the Victorian community of consumers, clinicians and scientists is best placed to inform effective policy decisions. We propose that one of the Commission's recommendations should be that developments in mental health service delivery be evidence-based.

2. How should Victorian mental health research be supported, so as to accelerate its beneficial impact?

The Royal Commission into Mental Health provides a once in a generation opportunity to catalyse a new integrated approach across mental health research units in Victoria. We propose that one strategy would be for the Commission to recommend development of a network of Victorian mental health research to ensure the Commission's substantive recommendations about service delivery are effective and cost-effective. The unique strength of this network would be its grounding in the insights and outcomes of the Commission. Unlike other national

and international networks of researchers, the focus of this new entity would not be a particular disorder, treatment, or theoretical question, but the specific concrete recommendations of the Commission.

3. A Victorian Centre of Research Excellence in Translational Mental Health

3.1 Structure of the Centre

A Victorian Centre of Research Excellence in Translational Mental Health (the Centre) would be developed not as a de novo structure, but as an integrative network bringing together Victoria's existing strengths in mental health research.

An informal audit of existing research units in Victoria identifies a number of well-established groups that have been externally benchmarked (e.g., in the ARC Excellence in Research Australia exercise) as being exemplary. These groups include our own Swinburne University Centre for Mental Health, as well as the University of Melbourne's Centre for Mental Health, Orygen, The National Centre of Excellence in Youth Mental Health, Swinburne University's Centre for Mental Health, Monash Brain & Mental Health Research Hub, The Florey Institute of Neuroscience and Mental Health, and Deakin University's IMPACT Centre.

3.1 Mission of the Centre

The Centre's mission would be to ensure the effective and cost-effective application of the recommendations of the Royal Commission.

3.2 How would the Centre operate?

The Centre would adopt best practice around its principles of operation. Consistent with the Royal Commission's terms of reference, the Centre will embrace a recovery-oriented approach to mental illness informed by national guidelines on recovery-oriented practice [3]. Researchers like ourselves at Swinburne University's Centre for Mental Health embrace the full complexity of mental illnesses by adopting a multi-level approach (attending to biological, psychological and social pathways), and by using multiple methods (neuroscientific, experimental, randomized controlled trial, qualitative, etc.). We involve consumers and clinicians at every stage of research, as part of ensuring that the work has translational impact [e.g., 4].

The Centre would work within a comprehensive theoretical framework, leveraging off the synergies between basic research, translational research, and clinical practice (Figure 1). Key

to such a network will be its integration with training of health workers (both professionals and peers), and the involvement of multiple mental health disciplines. University-based research units (through their connection with psychiatry, psychology, social work training) are perfectly placed to provide this practice-oriented attention to early intervention and prevention.

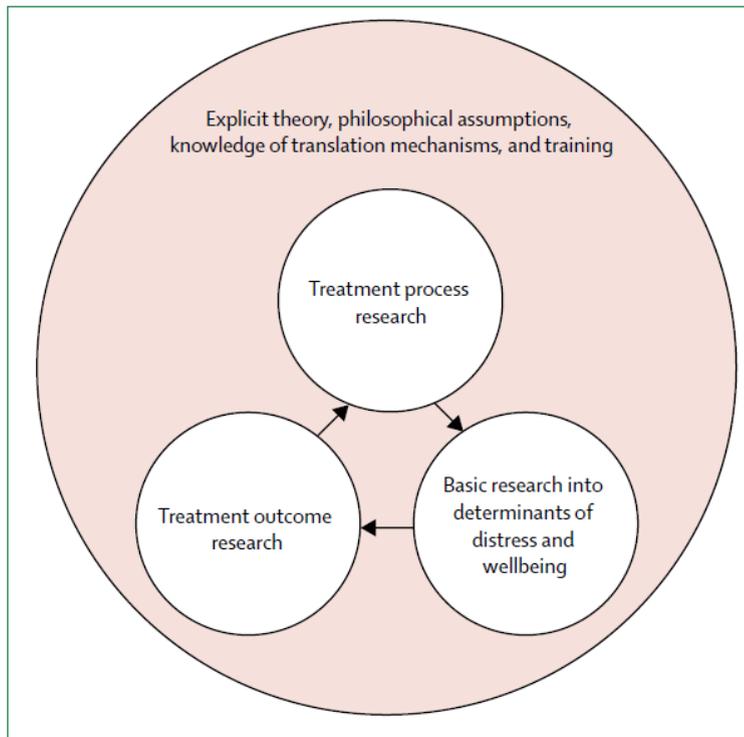


Figure 1: Towards a translational science of human change processes [5].

3.3 Key research domains of the Centre

The Centre's work would be organized around a research agenda addressing key research domains that will underpin transformational and sustainable change in Victoria's mental health system:

(i) Early intervention/prevention in mental illness: As exemplified by Professor McGorry's work in psychosis, Australia is a world-leader in modifying mental health trajectories in young people at risk of mental illness. Outcomes for people across the mental health spectrum could be improved by developing a network of early intervention research/practice/translation in Victoria.

(ii) Digital mental health and service development: Australia is a world-leader in internet

(eTherapy) and mobile-delivered (mTherapy) interventions for mental disorder (see, www.headtohealth.gov.au), and Victoria is home to the federally-funded Mental Health Online (www.mentalhealthonline.org.au). A particular strength in Victoria is the extension of digital delivery to people with serious mental disorders [including psychosis and bipolar disorder, 6, 7]. The benefits of digital technologies for mental health outcomes are not limited to digital delivery of interventions: the greatest disruptive impact of technological advances may derive from passive monitoring of illness state via smartphone-mediated sensors. A number of Victorian universities are members of the Digital Health Collaborative Research Centre investigating these technologies.

(iii) Behavioural neuroscience of mental illness: Better understanding of the biobehavioural causes of mental illness will help refine treatments, and enable mental health services to take advantage of quantum advances in data science that have the potential to revolutionise management of mental disorders. To take one example, our research into daily activity patterns in bipolar disorder has laid the theoretical groundwork for testing of activity monitoring as an early warning sign of relapse using simple smartphone-based activity monitoring [8]. Basic research into the nature of mental illnesses has also been influential in challenging simple binary diagnostic labels, and encouraging more dimensional and dynamic approaches to describing mental illness [e.g., 9].

3.4 Resourcing the Centre

We propose that the Royal Commission recommend the development of a state-funded Victorian Centre of Research Excellence in Translational Mental Health to provide the necessary scientific infrastructure to scaffold the Royal Commission's recommendations for change. The Victorian Department of Health and Human Services would be a key partner in dialogues about resourcing the Centre.

Privacy acknowledgement	<p>I understand that the Royal Commission works with the assistance of its advisers and service providers. I agree that personal information about me and provided by me will be handled as described on the Privacy Page.</p> <p>X Yes <input type="checkbox"/> No</p>
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References

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4. Michalak, E.E., et al., *Harnessing the potential of community-based participatory research approaches in bipolar disorder*. International Journal of Bipolar Disorders, 2016. **4**(1): p. 1-9.
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