Royal Commission into Victoria's Mental Health System

The University of Melbourne response

July 2019

Overview

The University of Melbourne welcomes the Royal Commission into Victoria's Mental Health System, and the opportunity to participate in it. Victoria's mental health system makes a vital contribution not only to the mental health outcomes of service users, but more generally to the physical, social and economic wellbeing of Victorians. It is appropriate that a Royal Commission inquire into the System's performance and how it might be improved.

The University is deeply engaged with the issues that the Royal Commission will inquire into and report on. We have a unique perspective on these issues as an institution that conducts research in mental health and related fields, as a major provider of skilled professionals that make-up the workforce of Victoria's mental health system, and as a direct employer of many mental health clinicians. We also have a particular responsibility to the health and wellbeing of our students and staff. We are attuned to the pressure that university study can place on domestic and international students, and of the need to support those students in view of the mental health implications of that pressure.

Our capacity for inter-disciplinary research leaves the University of Melbourne well-placed to contribute to an understanding of the challenges facing Victoria's mental health system. Given the multi-faceted nature of these challenges, there is a need to examine not just the efficacy of specific treatments and healthcare systems but also the environmental factors that influence mental wellbeing, the social and economic impacts of mental illness, the ethical and legal questions associated with particular interventions, and so on. As a comprehensive research university, we have a clear advantage in being able to bring together researchers from diverse fields to address these challenges.

To take one example, the Melbourne Social Equity Institute (MSEI) has been engaged in a series of projects investigating the ethical and human rights-related issues associated with the use of seclusion and restraint in relation to people with mental health issues. A current ARC-funded project addresses the lack of a common legal framework for regulating the use of restraint on persons with disabilities in mental health, disability and aged care sectors, with the aim of developing model laws and guidelines to fill this gap. The work of the 'Melbourne Research Alliance to End Violence against Women and their Children' (MAEVe) represents another example. This work looks at the relationship between family violence and mental illness, and the cultural barriers to accessing support for victims of abuse. (MAEVe's written submission to the Royal Commission outlines some of the findings of this research). From a clinical perspective, the 'Melbourne Neuropsychiatry Centre' is jointly supported by the University of Melbourne and the Victorian Government, and is the site of collaborative research focused on psychiatry, psychology and neuroscience. Research of this kind is highly valuable in furthering our understanding of mental illness. It is only possible in a research environment where the insights from a range of fields can be brought to bear on a given problem area.

The University of Melbourne is also committed to ensuring that our course offerings continue to deliver upon the skills needs of Victoria's mental health and related services. Our suite of postgraduate programs plays an important part in training and upskilling professionals in psychology, psychiatry, medicine, nursing, social work and education. In addition, we recognise the need for curriculum innovation that responds to workforce needs that are not met through existing course offerings. The 'Australian Mental Health Leaders Fellowship' was developed by the National Mental Health Commission in partnership with the Melbourne School of Professional and Continuing Education. The Fellowship is designed for future leaders in mental health, particularly in rural, regional and remote areas, and intended to address the lack of programs that specifically combine "the dual elements of mental health and leadership development".

About this submission

We note that individual researchers and a number of faculties and institutes at the University of Melbourne have made written submissions to, or will give verbal evidence to, the Royal Commission,

responding to many of the substantive issues raised in the Terms of Reference. We support the involvement of University of Melbourne staff in contributing their knowledge and expertise to the process.

This submission is somewhat more limited in scope, focusing on issues of which we have an understanding as a teaching and research institution. We target three key problem areas in the following comments: the relationship between the research sector and the mental health system; workforce development; and preventive education through social and emotional learning programs.

1. The research sector and the mental health system

The interface between Victoria's research sector and its mental health system is pivotal to the outcomes delivered by the State's mental health services. This interface could be significantly improved upon through a set of Victorian Government reforms. The comments below identify the following reform areas:

- Data storage and linkage of mental health data with social service and demographic data
- Academic leadership in Victoria's mental health service providers
- Funding of mental health research
- Consumer-engaged and consumer-led research

2. Workforce development

There are a number of problems in the policy and funding settings for the training and re-training of Victoria's mental health workforce. We identify three broad areas that are in need of reform:

- The issue of skills shortages in key professions, particularly in regional and remote Victoria
- The need for upskilling of general practitioners and allied health practitioners to recognise and appropriately respond to mental health-related issues
- The issues with the system of requiring payment for trainee psychologists to undertake clinical placements

3. Preventive education (Social and emotional learning)

A growing body of research indicates that social and emotional learning (SEL) programs are effective in reducing the risk of depression and anxiety in children and adolescents. The comments below outline some of the benefits delivered by SEL programs, and provide an overview of a particular program delivered by the Melbourne Graduate School of Education in partnership with VicHealth and the Department of Education and Training Victoria.

Contributions to this submission have been drawn from across the University, and from Orygen (the National Centre of Excellence in Youth Mental Health), a medical research institute associated with the University of Melbourne. (A list of contributors is included at the end of this submission.) In keeping with the commitment to inter-disciplinary engagement with mental health-related issues, a roundtable was held in June 2019 to discuss the Royal Commission's Terms of Reference and potential outcomes. The matters raised in that discussion have significantly informed the content of this submission. We note also the involvement of a number of consumer academics at the roundtable, and their contribution to the points raised below.

For more information, please contact Professor Mark Hargreaves, Pro Vice-Chancellor (Research Collaboration & Partnerships) on 03 8344 4447 or m.hargreaves@unimelb.edu.au.

Recommendations

The research sector and the mental health system

The University of Melbourne recommends that the Victorian Government:

- support the linkage of mental health care data across the tertiary, secondary and primary health care sectors, to improve monitoring and enhance the performance of the State's mental health services.
- renew its commitment to academic leadership in the State's mental health services, though targeted investment in joint research-clinical positions, and through initiatives that support the career development of clinical researchers.
- identify mental health research as a priority by developing a mental health research strategy that ensures that all parts of the State's mental health research ecosystem are adequately supported.
- make consumer-engaged and consumer-led research a key element of the Government's mental health research strategy, and ensure that the inclusion of Indigenous communities in mental health research projects is identified as an explicit aim in this strategy.

Workforce development

The University of Melbourne recommends that the Victorian Government:

- develop a plan to ensure an adequate supply of mental health professionals to meet future needs in view of projected shortages and of the ageing workforce.
- consider the role of specialised programs with online delivery, such as the University of Melbourne's Graduate Diploma in Primary Care Nursing, in addressing the shortage of trained professionals in regional and remote locations.
- support large scale research to identify gaps in referral processes for mental health conditions and develop guidelines and tools to assist medical and allied health staff.
- provide support for general practitioners and nurses to take on a broker role, allowing them to coordinate and navigate mental health services for patients and their carers.
- promote the joint management of mental and physical health.
- review the fees for clinical placement in Victorian public health services in view of their impact on access to training opportunities for clinical psychologists and neuropsychologists.

Preventive education

The University of Melbourne recommends that the Victorian Government further support social and emotional learning programs in schools, given the considerable mental health benefits these programs deliver.

1. The research sector and the mental health system

Data-related issues

Research into the performance of the mental health system depends upon access to quality data to help inform policy development, to evaluate the efficacy of different interventions, to improve intervention exchange, to identify causal factors that contribute to differential outcomes, and to identify the parts of the system that are underperforming. Poor quality data, or inadequate access to data for researchers, limits the effectiveness of Victoria's mental health system, and represents a missed opportunity to promote the mental health of Victorians.

Unfortunately, Australia lags behind other developed countries in the collection, storage and use of patient-centred health care data. The Productivity Commission noted in its 2017 Report, *Data Availability and Use*, that "data that allows performance monitoring and comparison of government activities is a fundamental starting point for improving delivery of those activities to the community." It also claimed that Australia's health sector exemplified many of the lost opportunities "due to impediments and distrust around data use".[1]

There is an immediate need for the linkage of mental health care data across the tertiary, secondary and primary health care sectors. The linkage of cross-sectorial mental health data will:

- provide a better understanding of the patient journey across the health system;
- enable the identification of evidence to practice gaps;
- facilitate the generation of risk stratification models; and
- reduce clinical variation.

The linkage of mental health data with social service and demographic data will also enable the monitoring of health and wellbeing in different jurisdictions across time. Currently, routinely collected mental health care data are being under-utilised, resulting in individuals from vulnerable communities not being adequately monitored. Linking mental health data with other relevant data will allow for vulnerable communities to be better identified, driving better access to timely and appropriate mental health care for individuals at risk of mental illness. Analysis of routinely collected data will not only drive improvements in mental health care, it will also enable resources to be directed at communities that do not have equitable access to mental health services such as those located in rural and remote areas.

The use and linkage of data requires agreements between the sectors, the development of data extraction tools and the construction of primary care data repositories. The Department of General Practice at the University of Melbourne has established a primary care data extraction system which enables the transfer of non-identifiable, record-linkable primary care, hospital and administrative data into independent data repositories. This gives researchers access to an active and functioning data repository, so that new knowledge can be rapidly generated to inform current mental health policies, mental health practices, as well as social and healthcare reforms. The Department of General Practice is therefore in a good position to, in collaboration with parts of the University and with external partners, contribute to the translation of research evidence into social and economic benefits which include: cost savings; the early detection of people at risk of mental health illness; and improved care and better outcomes for those with mental health illness.

The relationship between research and service provision

Close ties between research and mental health service provision are crucial to supporting and improving Victoria's mental health system. Ensuring that researchers are integrated into services enables a two-way knowledge exchange that improves research performance and that promotes

[1] Productivity Commission, *Overview: Data Availability and Use*, p.5.

better health outcomes for those Victorians who access these services. It enables the development of treatments and other interventions that are research-informed and that are therefore supported by evidence-based assessment of their efficacy. Proper integration also provides researchers with a clear view of the emerging issues in the delivery of services, informing future lines of research inquiry.

The University of Melbourne identifies three key areas where the ties between research and clinical services can be strengthened: support for academic leadership in mental health services; targeted support for mental health research; and support for community-engaged research.

Academic leadership

The University of Melbourne endorses the points made in Orygen's submission to the Royal Commission relating to building and supporting clinical academic expertise and leadership in Victoria's mental health service providers. Joint clinical academic leadership positions have a key role in improving the quality and effectiveness of service provision. These positions help to ensure that the clinical services benefit from the research expertise that exists in Victoria, as knowledge achieved through research programs informs the design and delivery of treatment services. Research positions within service providers also bring career benefits that help to retain talent and enhance the skills of Victoria's mental health workforce.

While Victoria was a front-runner in drawing academic leadership into mental health service provision, its performance has declined over the past two decades. Many existing clinical leadership posts are located in small units that lack the capacity for research and for knowledge translation. As a result, the potential benefits of an academic leadership model are going unrealised. Targeted investment in joint research-clinical positions represents an opportunity to enhance the outcomes delivered by Victoria's mental health system.

More generally, consideration should be given to initiatives that support the career development of clinical researchers, including specific training pathways that include research and clinical components.

Funding: Making mental health a research priority

Mental health research has been historically underfunded in Australia, with the effect of under-utilising the knowledge and expertise that the research community enjoys. The funding commitments announced in the 2018/19 Federal Budget represent a step in the right direction to better support Australia's mental health research capability. The 'Million Minds Mental Health Research Mission', funded through the MRFF, is to provide grants for research projects that target the prevention and treatment of eating disorders, the mental health of children and young people, and the mental health of Aboriginal and Torres Strait Islanders. This is a welcome investment in mental health research which will benefit the mental health outcomes of Australians.

Notwithstanding the large share of research funding delivered by the Commonwealth Government, the Victorian Government has an important role to play in improving the State's research performance in mental health. Consideration should be given to developing a mental health research strategy that ensures that all parts of Victoria's research ecosystem are adequately supported. This support should include:

- investment in Victoria's mental health research infrastructure;
- dedicated funding streams to support bids from Victorian research institutions for funding through national and international grant programs;
- support for translational research;
- support for fellowships and scholarships; and
- support for joint clinical academic positions (see above).

Consumer-engaged research

Community-engaged and community-led research places mental health service users at the centre of decision-making about the purpose, design, conduct and use of research. It moves beyond seeing members of communities as research 'subjects' to enabling them to drive the research agendas that concern them.

There has been a clear shift towards community-engaged research in mental health and related fields. In November 2018, *The Lancet Psychiatry* editorial team stated that "[s]ervice users can and should also be engaged in research planning" and announced a pilot scheme with the McPin Foundation in which service users were offered training to peer review research articles. [2] A similar standard is emerging in general health research. *The British Medical Journal*, for example, now requires authors who submit a manuscript to specify whether and how patients were involved in setting the research question, the design and implementation of the study, and its dissemination.[3] *The Lancet Psychiatry* editors argue that "[s]uch initiatives, if adopted, should apply to global research in the relevant area […] particularly if [research is generated in] well-resourced countries with international funding organisations".[4] It is also significant that this shift is necessitated by international human rights law. The "Convention on the Rights of Persons with Disabilities" (The United Nations, 2008, Preamble 15), which Australia has signed and ratified, explicitly directs that people with disabilities "should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them".[5]

The Victorian Government has an established track record of supporting consumer-engaged research. In 2015, it consulted with a group of 70 consumers through 'The Consumer Workforce Partnership Dialogues Forum', which included many of the State's leaders in the consumer workforce. The Forum allowed for the Minister for Health and for public servants at all levels to meet with some of those employed as peer workers in the mental health system. A key outcome of the Forum was the release of *Consumer Recommendations for Victoria's Ten Year Mental Health Plan*.[6]

One of the most innovative participatory research initiatives in Australian mental health services was the Mental Health Experience Co-Design process, or "MH ECO".[7] MH ECO is a method of service quality improvement that has developed from the Consumer and Carer Experience of Care and Support pilot project (C&C Experience). The pilot project was initiated in 2006 by the Victorian Department of Health (formerly the Department of Human Services) "as a means of improving the low participation and response rates of mental health consumers and carers to satisfaction-based surveys".[8]

There is an opportunity for the Victorian Government to revamp both the peer workforce forum and consumer- and carer-led research and evaluation of services, with the emphasis – as with MH ECO – on ensuring the same group of evaluators are involved in implementing solutions. The University of

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[2] The Lancet Psychiatry Editorial Team (2018), "Diversity and Inclusion: From Priority Setting to Publication", *The Lancet Psychiatry* Vol. 5(11), p.855.

[3] British Medical Journal (2018), "BMJ Guidance for Authors", *British Medical Journal*.

https://www.bmj.com/sites/default/files/attachments/resources/2018/05/BMJ-InstructionsForAuthors-2018.pdf

[4] "Diversity and Inclusion" (cited above).

[5] UN General Assembly (2007), *Conventions on the Rights of Persons with Disabilities: resolution/adopted by the General Assembly* (New York).

[6] See https://issuu.com/voicesvic

[7] Fairhurst, Karen and Wayne Weavell (2011), "Co-Designing Mental Health Services – Providers, Consumers and Carers Working Together", *New Paradigm Psychiatric Disability Services of Victoria (VICSERV)*, Autumn 2011, pp.54-58.

[8] Ibid. pp.54-55.

Melbourne encourages the Government to commit to making consumer-engaged and consumer-led research a key element of mental health research strategy for Victoria.

Finally, the importance of Indigenous inclusion in mental health research programs is crucial. As noted in the Terms of Reference, persons from Aboriginal and Torres Strait Islander backgrounds are at a greater risk of experiencing poor mental health. It is imperative that Indigenous service users are involved in decision-making about the purpose, design, conduct and use of research, and that this be adopted as an explicit aim in the research strategy for the State.

Recommendations

The University of Melbourne recommends that the Victorian Government:

- *support the linkage of mental health care data across the tertiary, secondary and primary health care sectors, to improve monitoring and enhance the performance of the State's mental health services.*
- *renew its commitment to academic leadership in the State's mental health services, though targeted investment in joint research-clinical positions, and through initiatives that support the career development of clinical researchers.*
- *identify mental health research as a priority by developing a mental health research strategy that ensures that all parts of the State's mental health research ecosystem are adequately supported.*
- *make consumer-engaged and consumer-led research a key element of the Government's mental health research strategy and ensure that the inclusion of Indigenous communities in mental health research projects is identified as an explicit aim in this strategy.*

2. Workforce development

A sustainable, skilled workforce that can innovate and adapt is critical to ensuring access to mental health care across Victoria. Victoria faces a number of key challenges in relation to the mental health workforce, including significant skills shortages, especially in regional and rural areas; the risk of burn-out, fatigue and disengagement due to excessive demands on workers; the need to upskill general practitioners and allied health workers to recognise mental health issues and coordinate care; and limited hands-on training opportunities for psychologists in part due to artificial barriers that impede access to clinical placements.

The mental health workforce

Demand for mental health care already exceeds the capacity of the existing mental health workforce. Workforce projections indicate that demand will continue to exceed supply in future. For example, demand for psychiatrists in Australia is projected to exceed supply, with a projected workforce shortage of 74 full-time equivalent (FTE) psychiatrists by 2025 and a shortfall of 124 FTE by 2030.[9]

Much of the mental health workforce is working at or over capacity. For example, in 2017, there were only 131 nurse practitioners working in mental health in Australia.[10] These practitioners reported the highest average number of hours worked each week (40.8 hours) of all nurses.[11] Among registered and enrolled nurses, 22,123 worked in mental health and were reported as having the second highest average hours worked per week (36.2 hours) just behind nurses with a managerial role.[12]

There are also challenges related to changes in the demographic make-up of the workforce. The average age of the nurse practitioner workforce increased from 48.4 years in 2014 to 49.4 years in 2017, and the proportion of nurse practitioners in the 55 years and over age group increased from 23.2 per cent to 30.5 per cent.[13] Victoria's psychiatrists are significantly older on average than the medical workforce as a whole. In 2016 the average age of psychiatrists was 53.1 years compared to 45.9 years for the entire medical workforce. 29.7 per cent of psychiatrists were aged 60 years or older and 43.4 per cent intend to retire by 2026.[14] If left unaddressed, the ageing workforce will undermine the capacity of Victoria's mental health system to meet the needs of service users, particularly noting that these two professional groups, along with general practitioners, will be key to reducing the morality gap for Victorians with schizophrenia and bipolar disorder.

Victoria's education and skills sector is critically important in the context of these challenges. The University of Melbourne's Master of Psychiatry plays a central role in the supply of trainee psychiatrists for the State, providing students with an in-depth understanding of psychiatric disorders and with the capacity to engage with diverse communities and individuals.

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[9] Australian Government Department of Health National Health Workforce Dataset (2016) *Psychiatry 2016 Fact Sheet.* Retrieved from: https://hwd.health.gov.au/publications.html

[10] Australian Government Department of Health National Health Workforce Data Set (2017) *Nurse Practitioners 2017 Fact Sheet* Retrieved from: https://hwd.health.gov.au/publications.html

[11] Ibid.

[12] Australian Government Department of Health National Health Workforce Data Set (2017) *Nurses and Midwives 2017 Fact Sheet,* Retrieved from: https://hwd.health.gov.au/publications.html

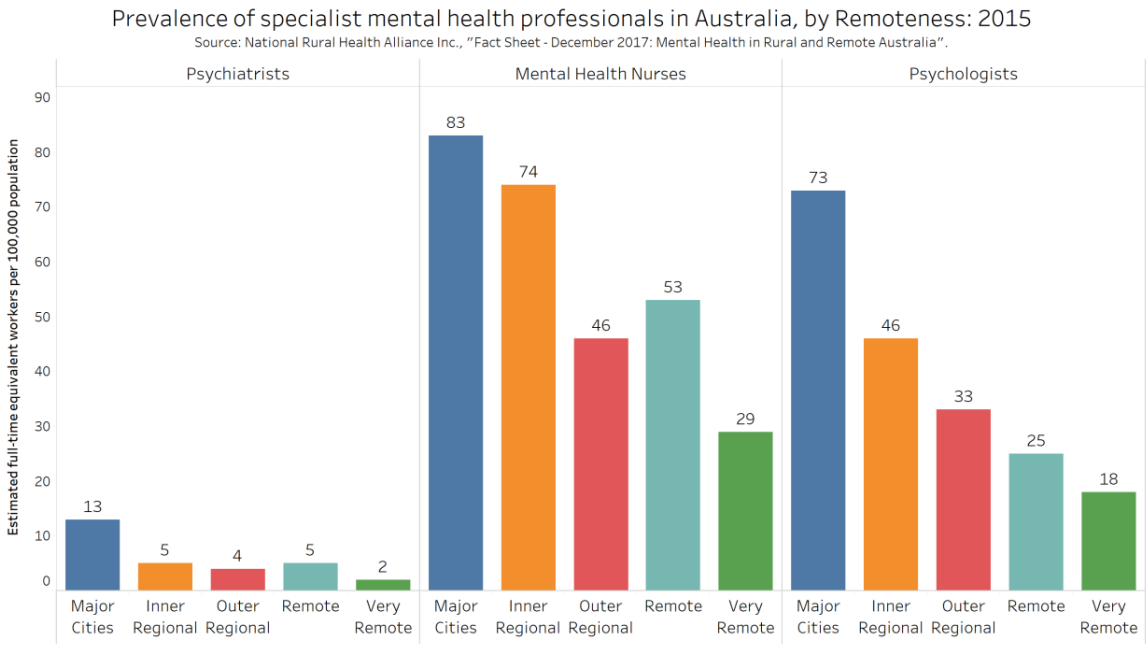
[13] Australian Government Department of Health National Health Workforce Data Set (2017) *Nurse Practitioners 2017 Fact Sheet.* (cited previously)

[14] Australian Government Department of Health National Health Workforce Dataset (2016) *Psychiatry 2016 Fact Sheet.* (cited previously)

Challenges in regional and rural communities

Mental health workforce challenges are heightened in regional and rural areas. Nationwide, the rate of people experiencing mental health concerns is similar across major cities, regional and rural areas (at around 20 per cent), although there is evidence that the rates of self-harm and of suicide increase with remoteness.[15] However, access to mental health services in rural areas is limited when compared with major cities, as indicated by a lower rate of 'mental health encounters' for those living in rural and remote areas compared with those living in major cities and lower per capita Medicare expenditure on mental health services.[16] This overall lower service provision rate reflects the lesser access to specialised mental health care in rural areas (Chart 1).

Chart 1: Prevalence of mental health professionals in Australia, by Remoteness: 2015



Source: National Rural Health Alliance (2017). Mental Health in Rural and Remote Australia (Fact sheet) Retreivedfrom: https://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

This lower level of access to mental health professionals can have serious consequences in regional communities. Strategies to attract and retain professionals in regional and remote areas are needed, as are programs that build capability among the wider health workforce, specifically general practitioners, nurse providers and allied health professionals, to enable the wider healthcare system to better respond to mental health care in regional, rural and remote areas.

The University of Melbourne provides postgraduate training in primary care nursing, which builds capability in mental health care, among other topics.[17] The Graduate Diploma in Primary Care Nursing is primarily delivered online, expanding opportunities for nursing staff in regional and rural Victoria to

[15] National Rural Health Alliance (2017). Mental Health in Rural and Remote Australia (Fact sheet) Retrieved from:https://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf (Accessed June 2019)

[16] Ibid.

[17] See, University of Melbourne, 2019, *Graduate Diploma in Primary Care Nursing* https://study.unimelb.edu.au/find/courses/graduate/graduate-diploma-in-primary-care-nursing/what-will-i-study/

access training. Programs such as this can help address current and projected medical and nursing workforce deficits across Victoria.

Upskilling general practitioners and allied health workers

Strengthening the ability of general practitioners and allied health workers to support mental health improves patient and family experiences of health care, while also building capability within the health workforce to better recognise and respond to mental health concerns.

There is a need for better training among medical and allied health staff to better recognise mental health issues and understand referral pathways that match the severity of the presenting mental health condition. This is highlighted particularly in the context of care provided to individuals with comorbid physical and mental health conditions, where mental health issues often remain unrecognised and (therefore) untreated, despite generally increased heath service use in response to the physical condition.

Large scale research is required to identify gaps in the capacity for practitioners to respond to mental health issues, and to develop evidence-based guidelines and cost-effective ways to ensure people do not slip through cracks in the system. Further, given limitations on time for frontline clinicians, the development of online tools would enhance clinical decision-making among medical and allied health care staff. Researchers at the Melbourne School of Psychological Sciences have the expertise to design this research evaluation, provide specialist training and design these clinical decision-making tools.

In addition to upskilling the health care workforce to recognise mental health conditions and understand referral pathways, there is an opportunity to better utilise the primary health workforce in playing a broker or care coordination role. Integrating mental health services into Primary Health Care is one of the World Health Organisation's (WHO) most fundamental healthcare recommendations.[18] However Australia's complex system – in which primary care is funded by the Commonwealth Government and public hospitals run by State governments – makes mental health integration especially challenging. In its current form, Victoria's mental health system is fragmented. Individual services have a variety of funding arrangements, different eligibility criteria and alternate point of entry requirements. There is no single point of coordination or case management process to assist patients and their carers.

General Practice is the cornerstone of Australia's healthcare system, with around 85 per cent of Australians visiting a general practice at least once in any given year.[19] As such, general practitioners and nurse providers are well positioned to take on a broker or care navigator role to facilitate improved mental health service integration and navigation on behalf of their patients and patients' carers. Funding and supporting them to do so will reduce burden on patients and better coordinate health care.

A similar model is operating as part of the Victorian Government's Doctors in Secondary Schools Program, where Primary Health Networks coordinate the general practices providing services within school. Around 40 per cent of presentations are primarily for mental health. The program enables better coordination of care and access to initiatives provided by both federal and state health systems. It is a model worth studying more closely for learnings that may be applied more broadly.

A training program for nurses and other care navigators in care coordination, motivational interviewing and responding to abuse and violence is being tested as part of a large national trial of triaging a patient's risk using digital tools and matching patients with complex needs to a service

[18] WHO The World Health Report 2001. Mental Health: New Understanding, New Hope Geneva: World Health Organization, 2001 www.who.int/whr/2001/en/whr01_en.pdf (accessed 23 April 2007).

[19] Britt H, Miller GC, Henderson J, et al. General practice activity in Australia 2014–15. General practice series no. 38. Sydney: Sydney University Press, 2015. Available at http://purl.library.usyd.edu.au/sup/9781743324523 (accessed June 2019].

navigator (i.e. nurse or social worker) who is trained to assist the person to identify their priorities and link them with appropriate pathways.[20] The results of the trial are currently being analysed, however early indications are that this approach to care is highly valued by recipients. Programs like this may be one solution to help build mental health care capability within the existing and future workforce.

Primary care and children's mental health

Strengthening the capacity of primary care to support mental health care is particularly important for managing children with mental health concerns. As the Health Economics Unit, Centre for Health Policy, Melbourne School of Population and Global Health notes in its submission, access to primary care in general for children is one of the best functioning parts of the Australian health system, but the statistics show that most children with mental health concerns are not accessing primary care services for those concerns. Primary care data obtained through the Longitudinal Study of Australian Children indicates that in a given year only 21.5% of children who reach a level of clinical significance for mental health problems have at least one rebated mental health contact.[21]

While funding for general practitioner services is a Commonwealth responsibility, there are state-level interventions that can improve the extent to which primary care supports the mental health of children. Work to upskill and support general practitioners to manage children's mental health has been researched with Better Care Victoria through an integrated care model with general practitioners and paediatricians. The Strengthening Care for Children Project, conducted at the Royal Children's Hospital Health Services Research Unit, demonstrated positive outcomes of co-consultation and case management in terms of increased GP confidence, increased quality of care and family satisfaction. Costs indicate a sustainable model suitable for implementation.[22]

Better equipping general practitioners, paediatricians, maternal and child health nurses, and school healthcare services to manage mental health concerns improves the capacity of the healthcare system, but also allows for better management of comorbidity. This needs to be recognised in funding mechanisms to encourage cohesive management of children's problems, moving away from a siloed approach to physical and mental healthcare. Recognised training in children's mental health with accreditation for clinicians could provide a means to increase capacity in the workforce.

Clinical placements

Workforce development, particularly in the area of psychology, is constrained by the lack of hands-on training opportunities working with complex psychological presentations. This is linked to limited opportunities for psychology trainees to undertake placement opportunities within Victorian health services, including direct mental health services.

The clinical placement system is the key means by which psychologists in training receive real-world experience and undertaking 1,000 hours of placement is a requirement for registration with the Australian Health Practitioner Regulation Agency (AHPRA). In recent years, Victorian public health providers have increasingly charged fees for students to undertake clinical placements. In 2019, a

[20] See University of Melbourne, 2019, *'Link-me: a randomised controlled trial of a systematic model of stepped mental health care in general practice'* https://medicine.unimelb.edu.au/research-groups/general-practice-research/mental-health-program/link-me-a-randomised-controlled-trial-of-a-systematic-model-of-stepped-mental-health-care-in-general-practice

[21] Hiscock H, Mulraney M, Efron D, Freed G, Coghill D, Sciberras E, et al. Use and predictors of health services among Australian children with mental health problems: A national prospective study. Australian Journal of Psychology. 2019;0(0).

[22] O'Loughlin R, Hiscock H. Strengthening primary care for children. 2019 [cited 3/07/2019]; Available from: https://blogs.rch.org.au/ccch/2019/06/19/strengthening-primary-care-for-children/?utm_source=Centre+for+Community+Child+Health+list&utm_campaign=75be1ea00f-EMAIL_CAMPAIGN_June_2019_05_23_12_14_COPY_01&utm_medium=email&utm_term=0_a480beed90-75be1ea00f-43071877

public health provider is able to charge up to $36.06 per student, per clinical placement day in an allied health clinical placement program.[23]

These 'payments for placements' represent a significant cost for psychology training programs, which are already expensive to run. The scheme is also creating additional competition between training providers for access to placements in the public health system and is constraining the number of expert mental health professionals that can be feasibly trained. The reduced number and breadth of placements available for psychologists in training means trainees are getting less experience working within the public sector and in particular with patients with severe acute illnesses.

Recommendations

The University of Melbourne recommends that the Victorian Government:

- *develop a plan to ensure an adequate supply of mental health professionals to meet future needs in view of projected shortages and of the ageing workforce.*
- *consider the role of specialised programs with online delivery, such as the University of Melbourne's Graduate Diploma in Primary Care Nursing, in addressing the shortage of trained professionals in regional and remote locations.*
- *support large scale research to identify gaps in referral processes for mental health conditions and develop guidelines and tools to assist medical and allied health staff.*
- *provide support for general practitioners and nurses to take on a broker role, allowing them to coordinate and navigate mental health services for patients and their carers.*
- *promote the joint management of mental and physical health.*
- *review the fees for clinical placement in Victorian public health services in view of their impact on access to training opportunities for clinical psychologists and neuropsychologists.*

[23] Department of Health & Human Services, State Government of Victoria (2018), Standardised Schedule of Fees for Clinical Placement of Students in Victorian Public Health Services for 2019, retrieved from https://www2.health.vic.gov.au/health-workforce/education-and-training/student-placement-partnerships/fee-schedule-for-clinical-placement-in-public-health-services

3. Preventive education

Preventive education: Social and emotional learning

In the past two decades, a considerable body of research has been conducted into the contribution that 'social and emotional learning' (SEL) programs can make to mental health and learning attainment. It is now well-established that evidence-informed programs promote positive developmental outcomes for children and adolescents. The demonstrated benefits include:

- **Reduced levels of anxiety and depression:** School-based SEL interventions contribute to reduced levels of anxiety and depression. A number of studies have found that students who participated in SEL programs demonstrated "lower levels of emotional distress (i.e., anxiety, depressive symptoms)".[24]
- **Reduced levels of suicidality:** SEL programs have been found to reduce levels of suicidality. A study from the Netherlands identified a link between SEL programs and reduced suicidality among young people, as measured by suicide rates and severe rates of ideation.[25]
- **Academic achievement:** SEL programs have been found to have a positive impact on academic performance. A meta-analysis of 213 school-based programs identified an 11-point gain in academic achievement.[26] A randomized controlled trial involving 70 junior high schools and 7,495 students living in rural China found that after eight months of implementation there was a reduction in dropout rates and in learning anxiety among students.[27]

A 2015 OECD review of the SEL evidence-base found that social and emotional skills are generally more important than cognitive skills in terms of improving physical health, mental health, behavioural issues, bullying and feelings of victimization. In this review, the OECD urged governments to provide SEL programs on a system-wide basis, arguing that the evidence relating to positive health and learning outcomes is now strong enough to indicate immediate attention to provision.[28]

The Resilience, Rights and Respectful Relationships Program

The 'Resilience, Rights and Respectful Relationships' program is a research-informed social and emotional learning (SEL) and gender education (GE) program for students from Foundation to Years 11 and 12, developed by Professor Helen Cahill and colleagues from the University of Melbourne's Graduate School of Education. The program was commissioned by the Victorian Department of Education for use in Victorian primary and secondary schools and is provided as an open access set of resources. The comprehensive program includes over 200 learning activities mapped to the Victorian

[24] Payton, John, Roger P. Weissberg, Joseph A. Durlak, Allison B. Dymnicki, Rebecca D. Taylor, Kriston B. Schellinger, and Molly Pachan (2008), "The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grad Students: Findings from Three Scientific Reviews. Technical Report", *Collaborative Academic, Social, and Emotional Learning (NJ1)*, pp.6-7 (Exec. Summary).

[25] Gravesteijn, Carolien, Ren Diekstra, Marcin Sklad and Micha de Winter, "The Effects of a Dutch School-Based Social and Emotional Learning Programme (SEL) on Suicidality in Adolescents", *International Journal of Mental Health Promotion*, Vol. 13(4), pp.4-16.

[26] Durlak, Joseph & Weissberg, Roger & Dymnicki, Allison & D Taylor, Rebecca & Schellinger, Kriston. (2011). "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions", *Child development* Vol. 82(1), pp.405-32.

[27] Wang, Huan; Chu, James; Loyalka, Prashant; Xin, Tao; Shi, Yaojiang; Qu, Qinghe; Yang, Chu. "Can Social-Emotional Learning Reduce School Dropout in Developing Countries", *Journal of Policy Analysis and Management*, Vol 35(4), pp.818-847.

[28] Organisation for Economic Co-operation and Development (2015), *Skills for social progress: The power of social and emotional learning skills*, (OECD Publishing).

curriculum. It is provided at each level of the Victorian Curriculum from Foundation to Years 11-12. The learning activities are grouped into eight thematic areas including:

1) Emotional Literacy,
2) Personal Strengths,
3) Positive Coping,
4) Problem Solving,
5) Stress Management,
6) Help-Seeking,
7) Gender and Identity, and
8) Positive Gender Relations.

The program is supported by face-to-face training funded by the Department of Education and Training, and by online professional learning developed for the Department by the University of Melbourne, conjointly funded by VicHealth and Melbourne Graduate School of Education. An early trial conducted in the Northern Territory found promising results[29], and a larger study with 40 Victorian Schools is currently underway in an ARC Linkage research project led by Professor Cahill, with partners VicHealth and the Department of Education, Victoria.

Programs such as this are an example of a modest investment in evidence-based interventions yielding significant outcomes relating to mental wellbeing. Consideration should be given to expanding SEL programs in Victoria, given the mental health outcomes delivered by these programs.

Recommendation

The University of Melbourne recommends that the Victorian Government further support social and emotional learning programs in schools, given the considerable mental health benefits these programs deliver.

[29] Midford, Richard, Helen Cahill, Gretchen Gen, Bernard Leckning, Gary Robinson and Aue Te Ava (2017), "Social and emotional education with Australian Year 7 and 8 middle school students: A pilot study", *Health Education Journal* Vol. 76(3), pp.362-372.

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