

# Background

The Million Minds Mental Health Research Mission is an initiative of the Medical Research Future Fund (MRFF). It is providing $125 million over 10 years from 2018–19.

The mission’s goal is to improve the quality of life of an additional one million people, who might not otherwise benefit from mental health research, to be part of new approaches to prevention, detection, diagnosis, treatment and recovery developed from the work of the mission.

To date, the mission has provided $64.8 million for 18 mental health research grants through four grant opportunities (see Appendix A). The priority areas of these grant opportunities were informed by the [mission’s first roadmap](https://www.health.gov.au/resources/publications/the-million-minds-mission-roadmap), which was published on 7 November 2018.

A review assessed the mission’s progress against its goals. The Million Minds Mental Health Research Mission Review Final Report details the findings of this evaluation and was published on 30 June 2022.

The mission’s second Expert Advisory Panel (the Panel) was appointed in April 2022. The Panel’s role was to provide advice on the strategic priorities for the remainder of the mission, by revising the existing roadmap and developing this plan. As part of this process, the Panel considered the findings from the review and ensured that the priority-setting approach aligned with the approach used by the other MRFF missions.

This plan supports the implementation of the mission’s roadmap and establishes a strategic plan to address the mission’s goals for the remainder of its funded period within the context of the MRFF 2nd 10‑year plan. This implementation plan should be read in the context of the mission roadmap, which describes the mission’s scope, goals and principles.

The mission will align with the [National Mental Health Research Strategy](https://www.mentalhealthcommission.gov.au/projects/national-research-strategy) and extend Australian Government support for the [Fifth National Mental Health and Suicide Prevention Plan](https://www.mentalhealthcommission.gov.au/Monitoring-and-Reporting/Fifth-Plan).

# Overview

To target activities to achieve the objectives of the mission within the 10-year plan, the following aims and priority areas for research investment have been identified.

| **Aim** | **Priority areas for investment** |
| --- | --- |
| 1. Better understanding of the contributing factors of mental illness | 1.1 Understanding the shifts in society contributing to mental illness |
| 1.2 Understanding the factors that enhance the social and emotional wellbeing of people |
| 2. Ensuring population wellbeing in the face of critical and emerging challenges | 2.1 Understanding and responding to the emerging challenges for people |
| 2.2 Addressing critical mental health challenges |
| 3. Timely access to evidence-based treatment and prevention | 3.1 Improving access to, and delivery of, evidence-based treatment and prevention |
| 3.2 Creating innovative treatments and preventions |

# Implementation strategy

The implementation strategy has been developed to guide research investment over the life of the mission. The implementation strategy is intended to make the research purpose and direction transparent, and provide certainty to stakeholders. It also establishes how the outcomes of each focus area will be evaluated in terms of benefit to Australians, which will clarify the intended outcome and facilitate tracking of the mission’s progress towards its objectives.

## Research activities

Priority areas for investment are allocated across short, medium and long term timeframes.

Research activities will be, or contribute to, programs of work of national strategic importance that are informed by the key priority areas outlined in this implementation plan. Research activities will be both small and large scale, with the aim to concentrate research efforts into areas of critical importance and areas not already targeted through existing initiatives.

### Small-scale activities

The small-scale activities in this implementation plan will be supported through [MRFF Incubator Grants](https://www.health.gov.au/resources/publications/mrff-incubator-grants). These activities will use novel strategies to generate new approaches, and potentially contribute to substantial breakthroughs, to address areas of unmet need.

The findings generated from these activities will allow for a greater ability to attract further funding to develop or implement solutions in health care or practice.

These activities will also contribute to capacity building, as targeted funding will be provided for Early- and Mid-Career Researcher (EMCR)-led research.

### Large-scale activities and collaborations

The large-scale activities in this implementation plan will be significant collaborative efforts to drive the implementation of sustainable, systematic and substantial improvements to health care and health system effectiveness.

These collaborations will:

* be multi-institutional
* encompass multiple geographies and demographics
* consist of multidisciplinary and interdisciplinary teams
* partner with population groups and service providers

These collaborative efforts must:

* be bold, inspirational and widely relevant to society
* be clearly framed (targeted, measurable and time-bound)
* be impact driven but with realistic goals
* operate under a strong governance structure
* mobilise resources across states and institutions at both the national and local level, with at least 3 different institutions with a reputation for working in mental health
* link activities across different disciplines and different types of research and innovation
* make it easier for people to understand the value of investments in research and innovation

## Mission monitoring and evaluation

To support the Million Minds Mental Health Research Mission, the [MRFF Monitoring, evaluation and learning strategy](https://www.health.gov.au/resources/publications/mrff-monitoring-evaluation-and-learning-strategy-2020-21-to-2023-24) provides an overarching framework for assessing the performance of the MRFF, focused on individual grants, grant opportunities, initiatives (eg the Million Minds Mental Health Research Mission) and the entire program.

The strategy sets out the principles and approach to monitor and evaluate the MRFF. It outlines the need for evaluations to be independent and impartial. The strategy aims to be transparent in process and outcomes, and agile to the needs of the MRFF, its consumers and stakeholders (such as the health and medical research industry). The Million Minds Mental Health Research Mission and grants funded under this initiative will be evaluated against the strategy.

## Research gender data

To date, 56% of the Chief Investigators leading mental health research projects funded by the mission are women. Further, 12 (67%) of the 18 of these mental health research projects are led by women. Despite this, 50% of funding to date has been allocated to projects led by men.

The gender data for researchers funded through the mission will continue to be monitored, with a particular focus on the gender data for researchers in large-scale projects.

Further data on the mission and all MRFF initiatives is provided in the [Medical Research Future Fund grant opportunity gender data report – 22 March 2022.](https://www.health.gov.au/resources/publications/medical-research-future-fund-grant-opportunity-gender-data-report-22-march-2022)

## Alignment with the National Mental Health Research Strategy

The National Mental Health Commission’s [National Mental Health Research Strategy](https://www.mentalhealthcommission.gov.au/projects/national-research-strategy) outlines the following five principles for driving reform in the mental health research system:

* Strengthen mental health research
* Strive for research with impact
* Support lived experience, collaboration and leadership in mental health
* Embrace a whole-of-life and whole-of-community approach to mental health research
* Grow a strong mental health research workforce

The implementation strategy is consistent with the current priorities identified consistently across diverse mental health research domains in the National Mental Health Research Strategy:

* increasing investment in mental health research from public and private sources to address the gap between current research investment and burden of illness
* opportunities to support collaborative and partnership approaches between research, practice and lived experienced
* enabling data sharing, linkage and standardised national data collection
* lack of diversity in funding sources for mental health research with opportunities in partnership with government, business, education and philanthropy
* supporting research in the areas of:
	+ developing treatment and therapeutic interventions
	+ prevention of illness and the promotion of wellbeing, including addressing stigma
	+ detection, screening and diagnosis
	+ innovation and novel approaches to identification, intervention and support

## The importance of wellbeing

The Roadmap and this plan make reference to wellbeing in a number of different contexts. It is recognised that defining wellbeing is challenging and that the concept of wellbeing differs across people and cultures. Researchers supported by the mission should consider how wellbeing is conceptualised relative to their research by considering advice and learnings from groups such as First Nations peoples, people with living and lived experience, and culturally and linguistically diverse communities.

# Aim 1: Better understanding of the contributing factors of mental illness

## Priority area 1.1

## Understanding the shifts in society contributing to mental illness

## Priority area 1.2

Understanding the factors that enhance the social and emotional wellbeing of people

| Research to begin in the ... | Priorities for investment (research questions and objectives) |
| --- | --- |
| medium term (2–6 years) | Small-scale developmental projects ([Incubator Grants](https://www.health.gov.au/resources/publications/mrff-incubator-grants)) to improve the understanding of the (for each of these priorities, the top-ranked project and the top-ranked EMCR-led[[1]](#footnote-1) project will be funded):* social determinants of mental health to inform the prevention of, and treatments for, mental illness and psychological distress
* social determinants and protective factors for the optimal mental health of children (0 to 12 years)[[2]](#footnote-2)
* social determinants and protective factors for the optimal mental health of young people (12 to 25 years)[[3]](#footnote-3)

Small-scale projects ([Incubator Grants](https://www.health.gov.au/resources/publications/mrff-incubator-grants)) to develop new and improved diagnostic tools for mental illness (the top-ranked project and the top-ranked EMCR-led project will be funded).A large-scale multidisciplinary project[[4]](#footnote-4) conducted in partnership with priority population groups to identify structural inequalities as well as individual mental health challenges leading to poor mental health, and then develop collective strategies to improve the mental health of these communities. |

|  |  |
| --- | --- |
| long term (6–10 years) | Establish a bold and innovative national consortium[[5]](#footnote-5) involving multi-institutional collaborations, and encompassing multiple geographies and demographics, consisting of multidisciplinary and interdisciplinary teams combining treatment and public health perspectives that will, through a coherent strategy:* improve the understanding of the mechanisms underpinning effective mental health interventions and then develop new and improved early interventions, **and**
* improve the understanding of protective factors that reduce the negative impact on mental health from shifts in society and how best to strengthen these in the population
 |

# Aim 2: Ensuring population wellbeing in the face of critical and emerging challenges

## Priority area 2.1

Understanding and responding to the emerging challenges for people

## Priority area 2.2

Addressing critical mental health challenges

| Research to begin in the ... | Priorities for investment (research questions and objectives) |
| --- | --- |
| short term (1–2 years) | Refer to Appendix A |
| medium term (2–6 years) | Small-scale developmental projects ([Incubator Grants](https://www.health.gov.au/resources/publications/mrff-incubator-grants)) to improve (for each of these priorities, the top-ranked project and the top-ranked EMCR-led[[6]](#footnote-6) project will be funded):* environmental threats (such as bushfires, floods, effects of climate change and others)
* the COVID-19 pandemic including long COVID

A large-scale multidisciplinary project[[7]](#footnote-7) to build knowledge of the factors that protect the mental wellbeing of individuals and communities from environmental threats and/or the COVID-19 pandemic, how these vary between communities, and how to foster these in communities through community-based leadership. |

|  |  |
| --- | --- |
| long term (6–10 years) | Small-scale developmental projects ([Incubator Grants](https://www.health.gov.au/resources/publications/mrff-incubator-grants)) to improve (for each of these priorities, the top-ranked project and the top-ranked EMCR-led[[8]](#footnote-8) project will be funded):* the early detection and response to new trends of substance use
* the understanding of, and how to address the rise of, anxiety disorders in children and young Australians (0 to 25 years)
* the understanding of, and how to address the rise of, depression in children and young Australians (0 to 25 years)
* the understanding of, and how to address the rise of, self-harm in children and young Australians (0 to 25 years)

Establish a national consortium[[9]](#footnote-9) that partners with service providers and people with lived experience, and encompasses multiple geographies and demographics, to develop preventions, interventions, treatments, and models of care, based on the findings from existing epidemiological research. |

# Aim 3: Timely access to evidence-based treatment and prevention

## Priority area 3.1

Improving access to, and delivery of, evidence-based treatment and prevention

## Priority area 3.2

Creating innovative treatments and preventions

| Research to begin in the ... | Priorities for investment (research questions and objectives) |
| --- | --- |
| short term (1–2 years) | Refer to Appendix A |
| medium term (2–6 years) | Small-scale developmental projects ([Incubator Grants](https://www.health.gov.au/resources/publications/mrff-incubator-grants)) to improve capability in, and develop new models of care for, rural and remote settings or other under-researched settings (the top-ranked project and the top-ranked EMCR-led[[10]](#footnote-10) project will be funded). |
| long term (6–10 years) | Small-scale developmental projects ([Incubator Grants](https://www.health.gov.au/resources/publications/mrff-incubator-grants)) to improve understanding of the key components of (for each of these priorities, the top-ranked project and the top-ranked EMCR-led10 project will be funded):* high-quality mental health care and how these components can be incorporated into optimal personalised care for individuals
* high-quality prevention strategies

Mid-Career Researcher (MCR)-led[[11]](#footnote-11) large-scale implementation research projects[[12]](#footnote-12) involving multi-institutional collaborations consisting of multidisciplinary and interdisciplinary teams to bring into practice new evidence-based preventions, interventions, models of care and improvements to workforce capability. |

## Evaluation approach and measures

* Increased number of people who have access to research and research findings
* Better understanding of the contributing factors of mental illness
* Improved population social and emotional wellbeing in the face of critical and emerging challenges
* Increased wellbeing through reduced stigma, and increased availability and uptake of evidence-based treatment, prevention and early intervention
* Demonstrated translation of research into novel methods, and innovative programs, policy and practice
* Stronger collaborations and partnerships between disciplines, jurisdictions and institutions that have undertaken large-scale bold and innovative research projects involving people of all demographics and with living and lived experience
* Demonstrated growth in, and development of, the capacity of EMCRs
* Development of new, innovative and novel approaches to the detection, screening, identification, assessment, treatment and therapeutic interventions of mental illness and psychological distress

## Opportunities to use additional investment and other research to support the priority areas include, but are not limited to, the following

* The Australian Government through:
	+ the National Health and Medical Research Council (NHMRC)
	+ the Australian Research Council
	+ MRFF initiatives, missions and grant opportunities (such as the Indigenous Health Research Fund, Primary Health Care Research initiative, Rapid Applied Research Translation initiative, and Innovative Therapies for Mental Illness grant opportunity)
	+ other funding to support the National Mental Health and Suicide Prevention Plan
* Corporate, philanthropic and investment funds investment (such as Future Generation Global or Paul Ramsay Foundation)
* State and territory governments
* Education sector (such as tertiary education institutions)
* Mental health and suicide prevention nongovernment organisations and research bodies
* Justice sector (such as youth justice programs)
* Social care sector
* International research bodies and foundations (such as MQ, Wellcome or the National Institute for Health and Care Research)

## Activities required to support the research and facilitate long-term implementation include, but are not limited to, the following

* Sponsoring of sector and researcher workshops to develop longer-term projects that might be funded by NHMRC and MRFF initiatives
1. Chief Investigator A and >50% of the Chief Investigator team must be Early- and Mid-Career Researchers (EMCRs). [↑](#footnote-ref-1)
2. Age range is in alignment with the National Mental Health Commission [National Children’s Mental Health and Wellbeing Strategy 2021](https://www.mentalhealthcommission.gov.au/projects/childrens-strategy). [↑](#footnote-ref-2)
3. Age range is in alignment with the approach taken by the [Headspace National Youth Mental Health Foundation.](https://headspace.org.au/explore-topics/for-young-people/headspace-can-help/) [↑](#footnote-ref-3)
4. See [Large-scale activities and collaborations](#_Large-scale_activities_and) under the ‘Implementation strategy’ section on page 4. [↑](#footnote-ref-4)
5. See [Large-scale activities and collaborations](#_Large-scale_activities_and) under the ‘Implementation strategy’ section on page 4. [↑](#footnote-ref-5)
6. Chief Investigator A and >50% of the Chief Investigator team must be Early- and Mid-Career Researchers (EMCRs). [↑](#footnote-ref-6)
7. See [Large-scale activities and collaborations](#_Large-scale_activities_and) under the ‘Implementation strategy’ section on page 4. [↑](#footnote-ref-7)
8. Chief Investigator A and >50% of the Chief Investigator team must be Early- and Mid-Career Researchers (EMCRs). [↑](#footnote-ref-8)
9. See [Large-scale activities and collaborations](#_Large-scale_activities_and) under the ‘Implementation strategy’ section on page 4. [↑](#footnote-ref-9)
10. Chief Investigator A and >50% of the Chief Investigator team must be Early- and Mid-Career Researchers (EMCRs). [↑](#footnote-ref-10)
11. Chief Investigator A and >50% of the Chief Investigator team must be MCRs (MCR being <10 years post-PhD). [↑](#footnote-ref-11)
12. See [Large-scale activities and collaborations](#_Large-scale_activities_and) under the ‘Implementation strategy’ section on page 4. [↑](#footnote-ref-12)