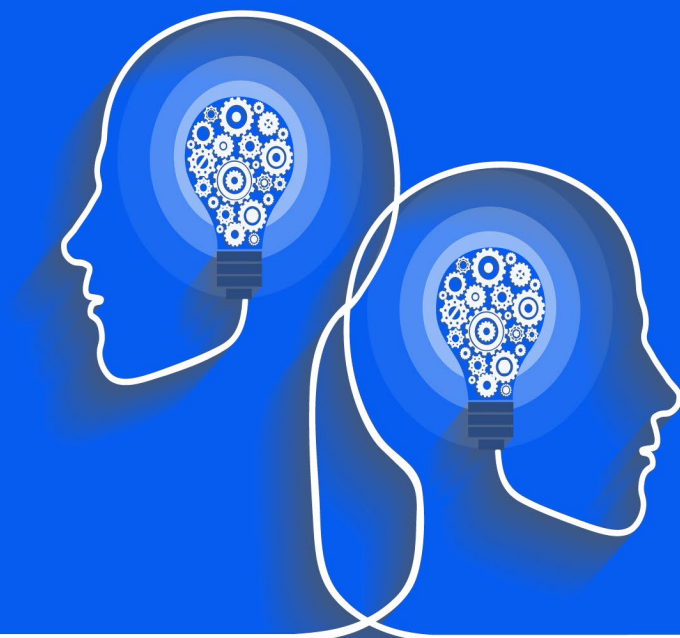# FINAL REPORT

Million Minds Mental Health Research Mission Review

30 June 2022

Prepared for the Commonwealth
Department of Health | Health and Medical Research Office

by the
University of Technology Sydney

About the authors

This report contains the outcomes of an independent review of the Medical Research Future Fund Million Minds Mental Health Research Mission conducted by the University of Technology Sydney (UTS). The review was undertaken by a team of researchers and subject matters experts from the:

- Institute for Public Policy and Governance (IPPG), as Chief Investigators. IPPG is an interdisciplinary research, consulting and training organisation specialising in public administration and policy, research, stakeholder engagement and leadership development.

- UTS Centre of Health Economics Research and Evaluation (CHERE), a national and international leader in health economics, health services and health policy research.

- Graduate School of Health (GSH), an innovative and practice-based school specialising in clinical psychology, pharmacy, speech pathology, orthoptics, physiotherapy, and genetic counselling.

A list of additional contributors, including UTS subject matter experts and Evaluation Advisory Panel members, can be found at Attachment 1.

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This document has been designed to adhere to standard accessibility practices.

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Glossary

ADHD	Attention Deficit Hyperactivity Disorder
AMRAB	Australian Medical Research Advisory Board
ARC	Australian Research Council
ARH	Australian Rotary Health
ASD	Autism Spectrum Disorder
CALD	Culturally and Linguistically Diverse
CHERE	UTS Centre of Health Economics Research and Evaluation
CI	Chief Investigator
CIHR	Canadian Institutes of Health Research
Consumer	Someone with lived experience of mental ill health
COVID-19	SARS-CoV-V2, Coronavirus discovered in 2019
CRE	Centres of Research Excellence
DALY	Disability Adjusted Life Year
Department	Commonwealth Department of Health
EAP	Expert Advisory Panel, established by the Department to advise on the Million Minds Mission roll-out between 2019 and 2021
EvAP	Evaluation Advisory Panel, established by the Department in 2021 to advise on this Million Minds Mission Review
GP	General Practitioner
GSH	Graduate School of Health (UTS)
HRC	Health Research Council of New Zealand
INMHA	Institute of Neurosciences, Mental Health and Addiction (Canada)
IPPG	Institute for Public Policy and Governance (UTS)
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex plus
Consumer Engagement Manager	Term used to describe dedicated role within a project team responsible for overseeing consumer engagement. Specific title and responsibilities varied across projects, but often included acting as a single point-of-contact for consumer and carer engagement.
MEL Strategy	MRFF Monitoring, Evaluation and Learning Strategy 2020-2021 to 2023-2024
MMM	Million Minds Mental Health Research Mission
MRFF	Medical Research Future Fund
Mission	Million Minds Mental Health Research Mission

Mission Projects	Research projects funded by the Million Minds Mental Health Research Mission
NHMRC	National Health and Medical Research Council
NIHR	National Institute for Health Research (UK)
NIMH	National Institute of Mental Health (USA)
Non-Mission MRFF Projects	Mental health-related research projects funded through MRFF funding initiatives outside of the Million Minds Mental Health Research Mission and that received a light touch analysis as part of this Review.
NSW	New South Wales
OECD	Organisation for Economic Cooperation and Development
Project Lead	Senior Chief Investigator on a funded project
Respondents	Refers to all individuals who provided input into this Review, be it via surveys, interviews or focus group participation.
Review	UTS Review of the Million Minds Mental Health Research Mission
RCTs	Randomised Control Trials
ROAMER	Roadmap for Mental Health Research in Europe
TCR	Targeted Calls for Research
UK	United Kingdom
UQ	University of Queensland
UTS	University of Technology Sydney
USA	United States of America

Executive summary

Introduction

In July 2021, the Department of Health (the Department) contracted the University of Technology Sydney (UTS) to conduct an independent review (Review) of the Medical Research Future Fund (MRFF) Million Minds Mental Health Research Mission (the Mission).

The UTS Review was undertaken between August 2021 and February 2022 and focused on how investments to date were contributing to the 'Million Minds Mission Roadmap' (2018)' and the 'MRFF 10 year Investment Plan (2019)', as well as to the 'MRFF Monitoring, Evaluation and Learning Strategy 2020-2021 to 2023-2024'[1]. Specifically, the Review addressed four Terms of Reference:

1. Consider existing investments made through the Mission and other MRFF initiatives involving mental health (i.e., progress made through funded projects)

2. Consider mental health research models and approaches internationally, and their applicability to the Australian context

3. Provide information regarding progress made towards the Mission's goals

4. Suggest opportunities (if any) for improving alignment between the intended goals and implementation of the Mission.

Background

In 2018, the Australian Government established the Mission to support innovative, participatory and intervention-focused research into the causes of mental illness, and the best early intervention, prevention, and treatment strategies. Under the MRFF 10-year Investment Plan (2019), the Government committed to investing $125 million over 10 years to the Mission. As of February 2022, approximately half ($64,809,460) of this funding had been allocated to 18 research projects, with individual grants ranging from approximately $218,000 to almost $12 million.

All Mission investments are designed to progress five Investment Priorities outlined in the Million Minds Mission Roadmap (2018), namely investing in research focused on:

•   the origins of mental illness

•   Aboriginal and Torres Strait Islander mental health

•   child and youth mental health

•   critical and emerging priorities

•   research capacity and resources.

The findings from this Review cover each of the four Terms of Reference. They are intended to help inform future Mission investment by documenting progress to-date and, consistent with

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[1] Note: This Review was conducted against the first MRFF 10-year Investment Plan (2018-19 to 2027-28). Following completion of the Review, the first Plan was replaced by a second MRFF 10-year Investment Plan (2022-23 to 2031-32) announced on 29 March 2022.

Term of Reference 4, providing suggestions to improve alignment between the intended goals and implementation of the Mission, within the context of the MRFF framework and Australian health settings.

As part of the Review, UTS also prepared six Mission project case studies that serve to highlight different dimensions of good research practice using content gleaned from the research and consultation.

Methodology

A mixed methods approach to conducting the Review was deployed, with an in-depth focus on the 18 Mission-funded projects, and a light touch analysis of 41 non-Mission MRFF-funded mental health projects.

The methodology comprised:

- desktop research and analysis of:
  - o the Mission implementation, MRFF program documentation and other related Departmental documentation
  - o other funding models and approaches to mental health research occurring in Australia and internationally
  - o project progress reports submitted to the Department.
- a suite of stakeholder engagement tools, including:
  - o anonymous online survey instruments targeted to funded researchers, as well as other stakeholders with an interest in mental health research in Australia. A total of 130 responses were received, comprising:
    - 54 from Mission researchers
    - 14 from non-Mission MRFF-funded mental health researchers
    - 62 from 'other stakeholders', including five from former Expert Advisory Panel members involved in the development of the Million Minds Mission Roadmap (2018)
  - o in-depth interviews with 16 of the 18 Mission Project Leads[2]
  - o 12 targeted focus groups with a cross-section of Mission and non-Mission MRFF-funded mental health researchers and collaborators, as well as consumers and carers with lived experience involved in those projects. This was a total of 66 individuals
  - o two email submissions from 'other stakeholders'
  - o four workshops with the Mission Evaluation Advisory Panel established by the Department.

A dedicated UTS Review engagement website was established to promote the Review and facilitate feedback.

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[2]   In one instance, the Lead delegated the interview to another Chief Investigator.

In addition, UTS researchers regularly engaged with staff in the Department's Health and Medical Research Office and met on four occasions with the Evaluation Advisory Panel (EvAP), whose expert members provided valuable independent input to the Review and this Report.

Research Limitations and Qualifications

Before considering the findings, it is important to be aware of the Review's research limitations and qualifiers. First and foremost, the Review was conducted early in the lifecycle of most funded projects. This, combined with the impacts of the COVID-19 pandemic, meant that some projects were not sufficiently advanced to provide evidence of progress against all research questions. Further, some researchers and stakeholders had reduced capacity to fully engage with the Review, although 16 of the 18 Mission-funded projects were involved in the in-depth interviews and focus groups. In addition, all UTS engagement measures – including focus groups and interviews – were conducted online, potentially reducing the free flow of feedback that is facilitated in face-to-face interactions.

Other secondary limitations and qualifiers, some associated with the pandemic, include:

- despite the promotion of the range of options available, the vast majority of feedback came from those currently involved in funded research. As such, the perspectives of unsuccessful grant applicants may be under-represented

- in the absence of alternative sources, information related to individual projects relied on self-reports from researchers, both in terms of the project progress reports and feedback provided to UTS. As a result, there is a positive predisposition in aspects of the evidence presented

- given the potential number of respondents, the response rates to the online surveys from non-Mission MRFF researchers and 'other stakeholders' were lower than anticipated (see response numbers above) [3]. As such, the perspectives of these two groups may be under-represented. In addition, not all respondents provided responses to every question, resulting in variations in participation numbers across questions

- at the time of the Review's completion, progress reports were not yet available for one of the Mission projects and 12 of the non-Mission MRFF in-scope projects.

Notwithstanding these limitations and qualifications, the level engagement achieved means that UTS is confident that the report contains robust, evidence-based findings and a clear set of suggestions for the future.

Key findings

Desktop Evidence Scan

The desktop evidence scan found that mental health research in both Australia and internationally is primarily funded through national government agencies – in Australia, through the National Health and Medical Research Council (NHMRC), the Australian Research Council (ARC) and the MRFF – as well as through state and territory governments (or equivalents). There is also evidence of increasing involvement from the not-for-profit sector and commercial-based enterprises, though in many cases these organisations also receive government support.

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[3]   MRFF researchers were also underrepresented in the Review focus groups, despite repeat invitations to participate.
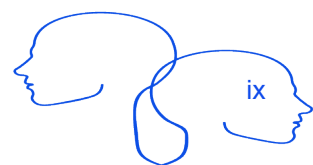
While the estimated expenditure is difficult to confirm, the available data suggests that mental health research in Australia[4][5], like most other OECD countries[6], is underfunded compared to other medical research areas, and is not fully proportional to the burden of disease.[7]

The analysis of mental health research models in Australia and six other OECD countries identified a range of good practice features that were increasingly being integrated into research funding schemes. Most notably these included: involving people with lived experience in research design and implementation; encouraging research partnerships and collaborations; building research capabilities within and outside of traditional research settings; and supporting the translation of research into practice. While each of these features was present in the Mission Roadmap and Mission investments to-date, the scan revealed some differences in weightings and approaches deployed between funding bodies and presented potential opportunities for the Mission, as documented in the final report.

Alignment with Mission Roadmap

The Review found that all 18 funded Mission projects addressed one or more of the five Investment Priorities outlined in the Mission Roadmap. Of the 18 Mission projects:

2 projects (11%) are addressing origins of mental health		3 projects (17%) are addressing Aboriginal and Torres Strait Islander mental health		4 projects (22%) are addressing child and youth mental health		12 projects (67%) are addressing critical and emerging priorities		All projects are addressing research capacity and resources
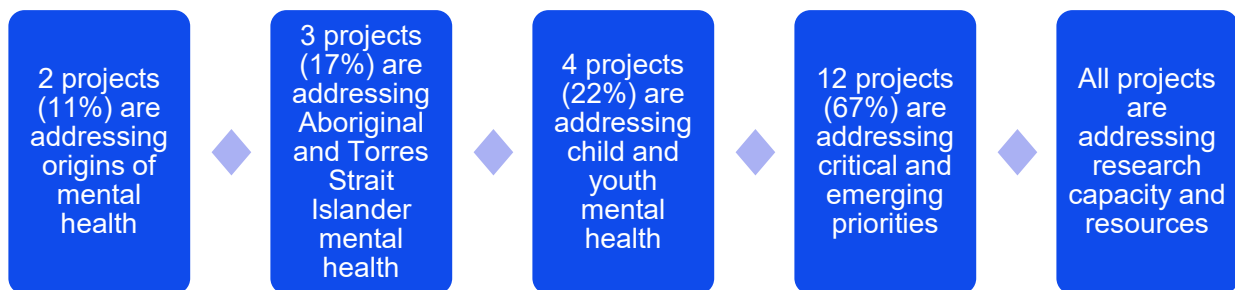
Although most projects were still in an early stage of research, the Review found that, overall, they had already made concrete contributions to the mental health research field. In addition, despite the challenges posed by the COVID-19 pandemic, the projects were found to be meeting, or making solid progress towards, each of the Mission Roadmap Guiding Investment Principles, as outlined in the table below:

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[4] Batterham et al 2016.

[5] IPPG analysis indicates that only 9% of NHMRC 2020-21 grant funding was distributed to mental health related projects

[6] Woelbert et al 2020.

[7] AIHW 2020, *Burden of Disease,* 23 July 2020, https://www.aihw.gov.au/reports/australias-health/burden-of-disease
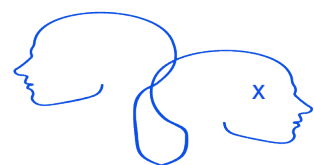
Table 1: Summary of Key Findings

Roadmap Guiding Investment Principle	Key findings
Access for all Australians	Although it is too early to quantify the full scale of impact, Mission investments are contributing to addressing barriers that undermine access to evidence-based, best-practice prevention and treatment for some Australians. There is emerging evidence that several Mission projects are contributing to research for population groups that are historically underserviced (for example, young fathers and Aboriginal and Torres Strait Islander communities), while other Mission projects are developing online interventions which support access to treatment regardless of background, circumstances and geography.
Innovation	86% (18) of Mission survey respondents self-reported that their project has introduced an innovative research approach. Importantly, 90% (27) of other stakeholders surveyed also agreed that Mission and non-Mission MRFF-funded mental health projects were introducing innovative and new approaches to mental health research in Australia. Mission projects had most clearly contributed to research innovation through: • using digital tools and technology to identify people at risk of mental ill-health and provide tailored diagnosis and intervention • forging new collaborations and co-design approaches to research with individuals with lived experience • creating two multi-institutional, nationwide mental health Clinical Trials Networks.
Addressing Comorbidity	Analysis of project documentation, along with feedback from the consultation sessions, revealed that many of the Mission and non-Mission MRFF-funded mental health projects were using a range of approaches to address comorbidities with mental health. Examples include: research into the impacts of physical and other mental illnesses on eating disorders; the implications of comorbidities on the mental health of Aboriginal youth; and the impacts of autism spectrum disorder, or those suffering from addiction and substance abuse.
Translational Research	92% (23) of Mission survey respondents self-reported that they expected to translate their project's findings into practice within the next two years. However, analysis of Mission progress reports indicated that only 10 of the 18 projects had reported engaging in some form of dedicated translational activity at the end of their last reporting period. Outputs reported included: academic and industry publications; traditional and social media; presentations at industry and public events; community forums; new clinical guidelines; and service provider training. Overall, the Review found it was too early to assess the translational impacts of the Mission and non-Mission MRFF-funded mental health projects, albeit noting that the majority of projects had explicitly included translation activities in their research design.

Roadmap Guiding Investment Principle	Key findings
Consumer and Carer Involvement	The majority of Mission respondents, 90% (24) self-reported that they had already engaged with mental health consumers, whilst 100% (26) reported that they expected that their project would engage consumers over the next two years. When other stakeholders were asked whether Mission and non-Mission MRFF-funded mental health projects had engaged with mental health consumers, over 90% (26) believed they had. In addition, a few Mission and non-Mission MRFF-funded mental health projects were found to have heavily invested in genuine co-design and participatory research opportunities involving individuals with lived experience, with benefits for all parties reported. There was also evidence that a number of projects had made efforts to ensure that different cohorts of consumers were being engaged in culturally appropriate ways.
Partnerships and Collaborations	Over 90% (27) of Mission survey respondents self-reported that their projects had fostered partnerships and collaboration between researchers, institutions and mental health service providers. They also reported that they planned to continue to do so over the next two years. Similarly, 89% (27) of other stakeholders also agreed that Mission projects had fostered collaboration between researchers, institutions and mental health service providers. Many of the Mission researchers consulted observed that they had leveraged pre-existing professional relationships to establish the prescribed collaborations and partnerships, rather than forging new relations. This was reportedly associated with the short lead times provided for some Mission grant application processes. A number of Mission projects had established interdisciplinary collaborations within and across institutions and organisations to address issues such as suicide prevention and adult clinical trials. Mission funding has also been used to support the direct involvement of Aboriginal and Torres Strait Islander people and communities in the co-design of culturally appropriate mental health research and service models.

Roadmap Guiding Investment Principle	Key findings
Research Capacity and Resource Building	97% (28) of Mission survey respondents self-reported that their projects had contributed to building the professional capabilities of their research teams, as well as the capacity of staff and volunteers in partner organisations. Similarly, almost all non-Mission MRFF respondents stated that their projects were either progressing towards, or had already succeeded, in building research capacity.

The majority of early-career and mid-career Mission researchers consulted reported that the funding had assisted them to grow professionally by providing the opportunity to lead projects and by having regular exchanges with Chief Investigators, both within and external to their immediate institution or unit.

Further, the majority of Mission projects were found to have contributed to building professional capacity through initiatives including:

• recruiting PhD students

• establishing dedicated mentorship programs

• conducting professional development webinars

• running annual research forums.

Non-Mission MRFF researchers echoed a similar sentiment to Mission researchers, while some external stakeholder feedback recommended expanding funding to support more opportunities for non-clinical workers to be directly involved in the research. |

Alignment with MRFF Measures of Success

The Review found good evidence that both the Mission and in-scope non-Mission MRFF-funded mental health research projects were progressing towards the MRFF Measures of Success as defined in the 'MRFF Monitoring, Evaluation and Learning Strategy 2020-2021 to 2023-2024'[8]. The evidence showed that the greatest impact to-date was in respect to:

• **addressing areas of unmet need,** including through Aboriginal and Torres Strait Islander youth mental health and eating disorder research projects

• **ensuring that more Australians have access to clinical trials**, including through the significant funding provided to the "MAGNET" and "Growing Minds" networks.

Despite observing solid research outputs to date, the Review concluded that more time was needed to fully assess the delivery of other MRFF Measures of Success, in particular: health

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[8] The MRFF Measures of Success are: 1) Increased focus of research on areas of unmet need; 2) More Australians access clinical trials; 3) New health technologies are embedded in health practice; 4) New health interventions are embedded in health practice; 5) Research community has greater capacity and capability to undertake translational research; 6) Health professionals adopt best practice faster; 7) The community engages with and adopts new technologies and treatments; 8) Increased commercialisation of health research outcomes.

The MRFF Impact Measure comprise: 1) better health outcomes; 2) beneficial change to health practice; 3) increased health efficiency; 4) economic growth; 5) increased job and export potential.

professional's adoption of best practice; embedding new health interventions/technologies in health practice; and increased commercialisation of health research outcomes.

The Review also found some early evidence to demonstrate how funded projects were contributing to longer-term MRFF Impact Measures, including: delivering better health outcomes; beneficial change to health practice; and increased health efficiency. As to be expected given the early stage of the projects, at the time of the Review there was limited evidence available in terms of contributions to economic growth and increased job and export potential. As noted previously, the full assessment of contributions to these measures will only be possible toward the end, or following the completion, of the funded projects.

Research Enablers and Barriers

Across all the projects studied, a number of enablers and barriers to conducting mental health research through the Mission and MRFF funding were identified. The most notable factors were as follows:

Research enablers	Research barriers
• Strong leadership and governance structures within research teams. This was noted as particularly vital when pivoting research during the COVID-19 pandemic. • Creating a genuinely collaborative and collegial approach to research, where all parties have a role and feel valued. In some cases, this led to measures such as holding sessions outside of standard business hours to accommodate participant needs. • Allocating sufficient resources to supporting aspects of research, including research design meetings, and facilitating genuine co-design involving community members and people with lived experience.	• The COVID-19 pandemic – the largest barrier raised by respondents – with reported impacts ranging from service closure, personnel illness and furlough, to increased costs and strain on human and material resources, and modifications to research practice. • Administrative burden associated with establishing multi-institutional agreements, as well as navigating complex internal and cross-institutional systems and processes, including in respect to ethics approvals. • Persistent social stigma and limited mental health literacy in the general population, as well as among some healthcare workers, that impacted access to consumers and/or the progress of some research.

Feedback on Mission Implementation

While not the main focus of the Review, respondents also provided feedback on aspects of the Mission's implementation and roll-out. Many Mission respondents viewed the Mission model as unique or innovative compared to other funding models, and the explicit mental health focus of the Mission was highly valued.

Mission researchers were generally also content with the level of funding and the length of the Mission grants awarded. They also appreciated the Mission's commitment to real-world impact and reported that the Mission application process and reporting requirements were largely similar to those provided by other funding bodies they were familiar with, such as the NHMRC.

Mission researchers also spoke of the benefits of having priority-driven grant opportunities. Lastly, while respondents appreciated the competitive, merit-based process behind the selection of funded Mission grants, many commented on the need to improve transparency in the Mission's priority setting and decision-making processes.

Mission Strengths and Opportunities

In response to Term of Reference 4, the Review identified nine specific opportunities that could potentially help further improve alignment between the Mission's goals and implementation. These opportunities have been grouped under six themes and each will support one or more Mission value proposition statements identified through the Review and set out in Figure 1 below.

The themes are as follows:

a)   Build on the Mission's core value proposition

b)   Potential topics for future investment

c)   Potential alternative or additional funding arrangements

d)   Potential updated funding implementation processes

e)   Work collaboratively to promote best practice and in other ways broaden research translation opportunities

f)   Work collaboratively to support broader/ long term capacity building activities.

The nature of the identified opportunities means that they will require consideration and action by a range of parties. While several could be taken up by the incoming Mission Expert Advisory Panel (EAP) or Department, many require broader leadership and/or engagement by others, including all levels of government, research institutions and peak bodies, as well as other organisations and individuals with an interest in mental health research. This reflects the current spread of responsibilities for supporting research across the ecosystem.

The Review concluded that action on the broader proposed opportunities could benefit not only future Mission researchers and the outcomes of Mission research, but also assist researchers and projects funded under the MRFF, as well as other researchers/projects in the health and medical research sector across Australia.

a)   Build on the Mission's core value proposition

The following features emerged from the Review as key elements of the Mission. They were highly valued by respondents and also representative of international good practice, as identified through the desktop evidence scan. They have been grouped into eight value proposition statements, reflecting the focus areas, aspirations, methods and the promotion of innovation that are seen as core to the Mission.

Opportunity 1.

Consider all eight core value proposition statements in the design and delivery of future mental health research funding in Australia, including in the design of a revised Mission Roadmap.

Figure 1: Mission Value Statements

1) Targeted mental health research program dedicated to better patient outcomes.

2) Sizeable investments in areas of unmet need, and underfunded research topics that carry high burden of disease and/or are amenable to interventions.

3) Focus on priority mental health research topics informed by broad sector advice and a solid evidence base.

4) National, open application process, followed by a transparent, merit-based selection process with adequate lead times.

5) Embedding of lived experience in all Mission projects with significant consumer and carer involvement in research design, delivery and evaluations.

6) Facilitating and valuing research collaborations and partnerships not just between institutions, but also with community-based organisations.

7) Staged roll-out of investments over time allowing emergent issues to be included and reducing impacts on research community.

8) Emphasis on research translation and requiring researchers to socialise their findings and explain their real world applications.

b)   Potential topics for future investment

The Review identified potential benefits for the Mission from focusing future research investment in areas where: Australia has specific expertise; there are identified funding gaps and/or specific unmet needs; and there is a high burden of disease in Australia. While each would require a firmer evidence base, corroborated by sector advice as per value statement 3, some potential topics are set out as Opportunity 2 for possible EAP consideration.

In relation to value statement 3, the Review also received feedback from "other stakeholders" (i.e. non-Mission or MRFF-funded), supporting priority setting and the need to consult broadly with the mental health community (including consumers, carers, and service providers) when determining future research priorities.

Opportunity 2.

Consider increased research investment focus in:

a)   high burden of disease mental health research topics, including for high-risk groups and those with comorbidities

b)   understanding the social, economic, ecological and psychosocial factors influencing mental ill-health

c)   integrated approaches to mental health prevention and early intervention, including use of interdisciplinary approaches and community-based mental wellbeing initiatives

d)   research where Australia has a strong international reputation.

Opportunity 3.

Consider structured options to ensure the perspectives and lived experience of consumers, carers and service providers – and not just mental health researchers and academics – are strongly represented in the evidence used to set priority topics.

c)   Potential alternative or additional funding arrangements

While there was strong evidence to support the Mission continuing to fund prioritised research topics (as per value statement 3), and for the process to remain competitive and merit-based (value statement 4), the Review also identified local and international evidence that suggested benefits from the adoption of some alternative or modified funding approaches. These could potentially help to deliver the Mission goals and are, therefore, worthy of further consideration by the Department and EAP, as appropriate.

Opportunity 4.

Consider introducing opportunities for research investments to:

a)   deliver a balance between basic, clinical and applied research activities, including those deploying collaborative research models

b)   fund select, high quality, innovative applications that – while still fully consistent with broad scope of the Mission – may focus on more than one priority topic, or approach the goals of the Mission and MRFF in innovative ways

c)   where warranted, maximise outcomes from existing Mission projects, specifically to either:

   i. significantly boost the number of Australians engaged in the research

   ii. support the substantial expansion of the research's impact and use of the evidence base generated, and/or

   iii. undertake substantial research translation and knowledge sharing activities.

d)   Potential updated funding implementation processes

The Review found strong support for, and alignment with, the Mission Investment Principles, particularly including commitments to involve consumers and other members of the community in research; engage individuals with lived experience; and encourage domestic and international collaborations. Each of these commitments was identified as contributing to the Mission's value proposition (see value statements 5 and 6).

The findings also highlighted that such approaches often take time to establish and fully deliver, especially where they involve innovation and/or cannot rely on pre-existing relationships and processes.

In this context, the following process options are worthy of consideration by the Department, as they have the potential to: support researchers in their planning and building of collaborations; improve the number and quality of funding applications; support knowledge sharing; enhance transparency; and assist in measuring impact and translating research outcomes (thereby supporting value statements 4 to 8).

Opportunity 5.

Consider implementation process reforms, including:

a) providing a Mission Implementation Plan (similar to the Implementation Plans of other, newer MRFF Missions) that documents broad topics and timeframes for upcoming funding opportunities to assist researchers in their forward planning

b) providing longer lead times (minimum three-six months) for applications, to assist the formation of multi-institution and inter-disciplinary collaborations, and potentially increase the quality of applications received[9]

c) requiring applicants and grant recipients to more extensively document their approach and methodology for ongoing engagement with people with lived experience in their research design and implementation

d) introducing collective and/or individual feedback mechanisms on grant applications to support capacity building in the sector

e) revising the Mission implementation and project reporting documentation provided to researchers to align more directly to the Mission Roadmap, as well as to the MRFF Measures of Success and Impact Measures.

Opportunity 6.

Consider enhancing the dissemination and promotion of the following information – in some instances providing more detail – to the mental health research community and other stakeholders to improve their understanding of the Mission and its operations:

a) evidence to support why specific investment priorities have been selected for the Mission Roadmap and Implementation Plan

b) roles and responsibilities of different Mission stakeholders including the Department, the Expert Advisory Panel, and the Minister, in particular

c) further information on the criteria used to distinguish between successful and unsuccessful applications, including expanded explanation of each weighted criteria.

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[9] UTS is aware that the Department has adopted 6 months for most MRFF grant opportunities. It has also adopted the practice of publishing Implementation Plans that assist the research sector to prepare for upcoming grant opportunities. Both these practices would benefit the Mission here on.

Review of the MRFF Million Minds Mental Health Research Mission

e) Work collaboratively to promote best practice and in other ways broaden research translation opportunities

The Review identified clear local and international evidence to support the benefits of the Mission's emphasis on increasing the focus on research translation, and for broadening the impact of grant funding beyond the mental health research community (see value statements 7 and 8). Further, the Review found early evidence that Mission researchers were conducting translatable research and taking steps towards supporting more Australians to have access to evidence-based interventions, as per the Mission Roadmap Guiding Investment Principles.

That said, the findings also revealed some existing limits on how impactful individual grants recipients could be in terms of fully realising the MRFF Measures of Success, particularly those related to embedding research outcomes into wider health practice, and to seeing the broader community engaging with, and adopting, new technologies and emerging treatments.

Whilst progressing these goals is not simple, if the objectives of best practice research and improved outcomes for Australians are to be achieved through Mission projects, the findings suggest that there are various options available which warrant consideration. Some could potentially assist current projects to better share their outcomes and impacts to-date, while others are more focused on future translation – namely, the promotion of research and knowledge sharing. Importantly, many of the opportunities identified are beyond the sole remit of the EAP and Department and are, therefore, likely to require input from different levels of government, working in collaboration with research institutions, peak bodies and other organisations with an interest in mental health, and/or health and medical research more generally. If actioned, they are likely to bring benefits to research programs well beyond the Mission.

Opportunity 7.

To better support research sector capacity building and facilitate research translation, different parts of the mental health sector could work collaboratively to consider:

a) strengthening requirements for researchers to be involved in Mission research translation activities and events

b) increasing the amount of information about funded projects that is publicly available (for example, summary progress reports, key findings, short webinar presentations by project leads, etc.)

c) producing annual or biennial public reports on Mission research status and planned next steps

d) sponsoring or facilitating, forums and discussion sessions between Mission Chief Investigators, collaborators and participants with lived experience

e) identifying ways to widely disseminate and promote best practice arising from Mission investments – for example, through professional colleagues, professional associations, consumer and other relevant organisations and special interest bodies – including on topics such as:

   i. consumer engagement and co-design in mental health research

   ii. evidence-based policy and advocacy, and how research can successfully influence service design, programs and practices for the benefit of the Australian community

iii.   case-studies of innovative approaches to specific challenges (for example, conducting socially-distanced research)

f)   sharing the case studies, findings and future opportunities identified in this Review to stimulate dialogue and promote research translation across the mental health research community.

f)   Work collaboratively to support broader/long-term capacity building activities

Finally, the Review found local and international evidence to support using investments to help build the capacity and capability of researchers, including the ability to undertake evidence-based, translational research.

Positively, the Review found evidence that Mission researchers were already taking steps towards implementing the Investment Principles requiring researchers to build research capacity within their own research project and research partnerships.

The Review identified several possible options to support extending capacity building beyond individual partnerships and to fully realise the MRFF Measures of Success in this area. As for Opportunity 7, to be effective, these will require collaboration with parties beyond the EAP and Department. Again, this includes the different levels of government, research institutions, peak bodies and others, and the benefits can accrue well beyond the Mission's implementation.

Opportunity 8.

Research program decision makers and influencers could work collaboratively to generate enhanced opportunities for jointly attracting, engaging and retaining quality mental health researchers (including those with lived experience) through options such as:

a)   strengthening requirements on funded projects to attract and nurture future research leaders

b)   sharing examples of good practice in position descriptions, internal mentoring and support mechanisms, and other career development opportunities

c)   collaborating to develop new awards and events to better support and recognise excellence in mental health research, particularly among early and mid-career researchers

d)   identifying formal and informal opportunities for individual researchers to meet with, and gain exposure to, other research institutes and future job opportunities

e)   utilising digital platforms, social media, and other communities of practice channels to better connect:

i. early- and mid-career researchers to new research opportunities

ii. community-based groups with quality research organisations

f)   establishing additional peer-support opportunities for researchers at all levels to discuss and share research issues and challenges across institutions and research topics.

Opportunity 9.

To strengthen Australia's research capacity more broadly and to streamline processes for the establishment, delivery and translation of quality mental health research, relevant parties could consider:

a)   establishing a centralised, national ethics approval body to consider major, multi-agency research projects, and whose decisions are mutually recognised by all project participants and their respective organisations

b)   commissioning a national, independent research capacity and enablement review[10] to identify options to overcome barriers to Australia undertaking world class research, including in mental health

c)   developing stronger, national mechanisms and resources to provide Australian researchers with professional advice and support for the commercialisation of their research, particularly those involving multiple institutions and partners

d)   introducing mechanisms to strengthen how the Commonwealth, State and Territory Governments, together with major research institutes and other bodies:

   i.   collaborate in setting research priorities, and implementing and delivering their research investments in mental health

   ii.   share approaches to good practice grant implementation and administration

   iii. jointly promote researcher access to good practice in mental health research and other research translation documents, events, and activities.

e)   introducing mechanisms to strengthen the role of philanthropic organisations specifically to:

   i.   bolster funding available to support mental health research

   ii.   establish research and advocacy coordination structures, similar to those established for other areas of medicine.

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[10]   Under the auspices of a body such as the Productivity Commission or the Australian Council of Learned Academies, potentially involving the Australian Academy of Health and Medical Sciences, the Academy of Social Sciences in Australia, the Australian Academy of the Humanities, and the Academy of Science, and the Academy of Technology and Engineering.

1. Introduction

1.1 About the Report

The University of Technology Sydney (UTS) was contracted by the Department of Health (the Department) to undertake an independent and comprehensive review (Review) of the Medical Research Future Fund (MRFF) Million Minds Mental Health Research Mission (the Mission). What follows is the final report of the Review.

The Mission was established in 2018 to support innovative, participatory and intervention-focused research into the causes of mental illness, and the best early intervention, prevention, and treatment strategies. The findings and recommendations from this Review are intended to inform future investments made through the Mission, by providing suggestions on how to align investments with the stated goals and objectives of the Mission and MRFF, within the context of the MRFF framework and broader Australian health settings.

The UTS Mission Review was undertaken between August 2021 and February 2022. A wide evaluative lens was used, focusing on how the investments are contributing to the 'Million Minds Mission Roadmap' (2018)' and 'MRFF 10 year Investment Plan (2019)', as well as to the 'MRFF Monitoring, Evaluation and Learning Strategy 2020-2021 to 2023-2024'[11].

1.2 Overview of the MRFF and Mission

The MRFF was established in 2015 by the Australian Government through the *Medical Research Future Fund Act 2015 (Cth)*. The MRFF provides an ongoing funding stream for medical research and innovation aimed at improving the health and wellbeing of Australians, building the economy, and contributing to the health system sustainability.

The MRFF provides secure funding for important health and medical research projects. The MRFF 10-year Investment Plan, originally announced as part of the 2019-20 Federal Budget, and updated in the 2022-23 Federal Budget, acknowledges the need for secure funding to support lifesaving research into drugs, devices, treatments and cures that can take over a decade to develop. The MRFF 10-year Investment Plan also reaffirms Australia's aim to be a world leader in medical research, creates jobs, strengthens industry, and gives researchers and industry certainty and direction, supporting them to tackle areas of unmet need and excel in collaborative and transformative research. Despite being released after the Mission and its Roadmap (which was established in 2018-19), both versions of the MRFF 10-year Investment Plan continue to allocate funding for the Mission.

Since the inception of the MRFF in 2015, just under $1.95 billion in funding has been granted to a total of 722 research projects.[12] The 2019, first MRFF 10-year Investment Plan, committed over $5 billion in funding to research projects, disbursed through 20 initiatives. One of these

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[11] Note: The Review was conducted against the first MRFF 10-year Investment Plan (2018-19 to 2027-28). Following completion of this Review, the first Plan was replaced by the second MRFF 10-year Investment Plan (2022-23 to 2031-32) announced on 29 March 2022.

[12] These figures are correct as of 21 January 2022. This is consistent with public data available through the Department of Health website: https://www.health.gov.au/summary-of-mrff-grant-recipients

initiatives is the Million Minds Mental Health Research Mission (Mission), which is the focus of this Review.

The Mission was established by the Australian Government in 2018 to:

> *Assist an additional one million people who might not otherwise benefit from mental health research and trials to be part of new approaches to prevention, detection, diagnosis, treatment and recovery developed from the work of the Mission.*

Under the MRFF 10-year Investment Plan (2019), the Government committed to investing $125 million over 10 years to the Mission. As at February 2022, approximately half ($64,809,460) of this funding has been allocated to 18 research projects, with individual grants ranging from approximately $218,000 to almost $12 million. A further $50 million in mental health research funding has also been allocated to another 41 projects through other MRFF initiatives. Further information about individual mental health projects funded under the MRFF is included at Section 3.

The Department is responsible for overseeing and administering the Mission program. An Advisory Panel – later renamed the Expert Advisory Panel (EAP) – was formed to provide input into the focus of the Mission investments.

1.2.1   MRFF Management and Governance

The MRFF and its disbursements are managed through collaboration between several organisations and stakeholders, each fulfilling different roles as detailed in Table 2.

Table 2: MRFF Management and Governance

Organisation/ stakeholder	Roles and responsibilities
Future Fund Board of Guardians	• Manages the endowment fund, and are responsible for: - deciding how to invest capital held in the MRFF - determining the maximum annual distribution amount for each financial year - preserving the value of amounts credited to the MRFF ($20 billion)
Finance Minister and Treasurer	• Responsible Ministers for the MRFF • Issue the investment mandate specifying the target rate of return on investments • Credit funds to the MRFF • The Finance Minister has responsibility for disbursing funds from the MRFF (at the request of the Health Minister)
Australian Medical Research Advisory Board (AMRAB)	• Determines the Australian Medical Research and Innovation Strategy (Strategy) • Determines the Australian Medical Research and Innovation Priorities (Priorities) • Provides advice on matters referred by the Health Minister

Organisation/ stakeholder	Roles and responsibilities
Expert Advisory Panels	• Provide advice to the Health Minister on the strategic priorities for research investment through the MRFF Missions following international review and national consultation • Develop a Roadmap and Implementation Plan for each MRFF Mission.
Health Minister	• Determines expenditure from the MRFF on grants for medical research and medical innovation, taking into account the Priorities • Reports to Parliament on financial assistance provided from the MRFF
Department of Health	• Advises the Health Minister on policy matters related to the MRFF • Responsible for the administration of the MRFF • Has delegated authority to commit MRFF funding and enter into grant agreements • Reports to the Health Minister
Grant Hubs	• Administer grants and grant review processes on behalf of the Department of Health

Source: Department of Health, May 2022.

1.2.2 Million Minds Mission Roadmap

The key framing document for the Mission is the 2018 Million Minds Mission Roadmap. The Roadmap outlines the Guiding Investment Principles and Investment Priorities for investing the $125 million over ten years committed by the Government to support innovative, participatory, and intervention-focused research into the causes of mental illness, and the best early intervention, prevention and treatment strategies.

1.2.2.1 Guiding Investment Principles

The Roadmap outlines seven Guiding Investment Principles to which funding applications are required to give consideration:

a) All Australians, irrespective of background, circumstances, or geography, should have access to evidence-based, best-practice mental health and suicide prevention, treatment, and care.

b) The focus of this Mission will be on research into interventions that are innovative and have the ability to transform current prevention and treatment without duplicating the efforts of existing initiatives.

c) Research that acknowledges and aims to understand comorbidities is important for delivering better care for those with mental illness and are at risk of suicide.

d) Research should directly involve members of the community and be translational in nature.

e) Consumers, carers, and individuals with lived experience are partners and should be engaged throughout the research lifecycle. Genuine co-design and participatory opportunities to help guide research should be encouraged.

f)   Domestic and international collaboration should be encouraged and facilitated where possible.

g)   Enhancing mental health research relies on increasing the capacity and resources of the sector, and on improving alignment of research with the needs of consumers and clinicians.

1.2.2.2   Investment Priorities

The Roadmap also details five 'Investment Priorities' to which research funding should be targeted, with a short explanation included under each. These are:

- the origins of mental illness

- Aboriginal and Torres Strait Islander mental health

- child and youth mental health

- critical and emerging priorities

- research capacity and resources.

The Roadmap Investment Priorities were used to shape specific Mission grant opportunities. The first tranche of grant opportunities comprised prevention, identification and treatment of eating disorders; mental health of children and young people; and mental health of Aboriginal and Torres Strait Islander peoples. This was followed by subsequent tranches in suicide prevention; COVID-19 mental health; and clinical trials networks. See Attachment 6 for more information on each research area.

A full list of the 18 Mission funded projects to date is included at Table 7.

1.2.3   MRFF Monitoring, Evaluation and Learning Strategy

In November 2020, the Australian Government published a set of principles and approaches for monitoring and evaluating all MRFF investments called the MRFF Monitoring, Evaluation and Learning Strategy 2020–21 to 2023–24 (MEL Strategy).

The Strategy document included a key diagram (see Attachment 2) which guided the assessment questions included in this Review.

1.2.3.1   Measures of Success

Included in the MEL Strategy are eight Measures of Success that are central to how the Department monitors MRFF investments and performance. These are:

1)   Increased focus of research on areas of unmet need

2)   More Australians access clinical trials

3)   New health technologies are embedded in health practice

4)   New health interventions are embedded in health practice

5)   Research community has greater capacity and capability to undertake translational research

6)   Health professionals adopt best practices faster

7)   The community engages with and adopts new technologies and treatments

8) Increased commercialisation of health research outcomes.

The extent to which Mission projects were found to be progressing towards meeting each of these measures is set out at Section 4.3 of this Report.

1.2.3.2   Longer Term Impact Measures

The MEL Strategy also outlines a set of higher order Impact Measures, namely:

A. Better health outcomes

B. Beneficial change to health practice

C. Increased health efficiency

D. Economic growth

E. Increased job and export potential.

Although this Review was undertaken early in the lifecycle of most Mission projects, it was possible to identify early trends towards these longer-term measures. These can be found at Section 4.4.

1.3   UTS Review and Report Approach

1.3.1   Terms of Reference

The Review, as commissioned by the Department, had four defined Terms of Reference:

1) Consider existing investments made through the Mission, and other MRFF initiatives involving mental health (e.g. progress made through funded projects)

2) Consider mental health research models and approaches internationally, and their applicability to the Australian context

3) Provide information regarding progress made towards the Mission's goal

4) Suggest opportunities (if any) for improving alignment between the intended goals and implementation of the Mission.

Included at Attachment 2 and 3 is more information about the UTS Review design and research questions used to inform specific research instruments.

1.3.2   Methodology

UTS adopted a mixed methodology approach to undertake the Review as summarised in Table 3 below.

The methodology involved three core areas of investigation:

1) desktop research and program analysis

2) stakeholder engagement and feedback tools

3) select project case studies to highlight good practice in specific areas.

This final report comprises of a synthesis of all research components.

Consistent with the brief, the Review encompassed an analysis of 59 mental health research projects funded under the MRFF.

Table 3: Review Methodology

A) Desktop research and MRFF program and project analysis

Desktop situation analysis and evidence scan	Mission and MRFF program documentation analysis	Progress report analysis of all in-scope projects

B) Stakeholder Engagement

Online surveys accessible though the review website	Researcher interviews and focus groups	Written feedback and email submissions	Evaluation Advisory Panel and Departmental Feedback Workshops

C) Select Mission case studies

Source: UTS, Review data sources, February 2022.

An in-depth analysis was conducted of 18 projects funded to date under the Mission, comprising:

- 7 funded under the 2018 Million Minds grant opportunity
- 3 funded under the 2019 Suicide Prevention grant opportunity
- 2 funded under the 2020 Mental Health Research grant opportunity
- 6 funded under the 2020 COVID-19 Mental Health Research grant opportunity.

A light-touch Review was conducted of 41 non-Mission mental health-related MRFF research projects. These projects were funded from a range of MRFF initiatives and grant opportunities, comprising:

- 16 funded under the Clinician Researchers initiative
- 10 funded under the Emerging Priorities and Consumer Driven Research initiative
- 5 funded under Clinical Trials Activity initiative
- 5 funded under the Indigenous Health Research Fund initiative
- 2 funded under the National Critical Infrastructure initiative
- 3 funded under the Preventive and Public Health Research initiative.

1.3.2.1 Desktop Research

Evidence Scan

A desktop situational analysis and evidence scan was undertaken to provide background and content for the Review, and to specifically address Term of Reference 2.

A range of sources [13] related to contemporary models and approaches to mental health research occurring in Australia and internationally were interrogated. They included specific reference to prevention, detection, diagnosis, treatment, and recovery.

Relevant literature was found via a range of search techniques, including the Boolean search method, using mental health and/or with the following key terms:

- research
- mental illness
- funding
- investigations
- commissions.

The desktop scan was primarily conducted between September and November 2021, with minor updates in early 2022. A full draft was presented to the Department and Evaluation Advisory Panel (EvAP) in November 2021.

Program Documentation and Progress Report Analysis

An important source of data for this Review were the documents that led to, and have supported, the Mission mental health research disbursements. In reviewing these, UTS was guided by a set of research questions developed with guidance provided by the Department. These questions, and the core data sources, are summarised at Attachment 3.

Program data and documentation was largely provided by the Department and supplemented by publicly available resources on the agency's website. A summary of findings from this analysis is included at Section 4.

UTS also reviewed content from research project progress reports submitted to the Department before 11 February 2022. The analysis of these reports was incorporated in the Review findings and helped inform the formulation of selected case studies included at Attachment 5.

1.3.2.2   Stakeholder Engagement

UTS utilised a variety of instruments to engage with, and gather feedback, from a range of stakeholders primarily over the period September to December 2021.

Table 4 outlines the stakeholders engaged, and the mixed methodology used. In total, UTS received the following feedback:

- 130 online survey responses
- 66 focus group participants
- 16 Mission Project Leads interviews (out of a total 18 Mission projects reviewed)[14]

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[13] Sources included, though were not limited to, peer reviewed academic literature; reports, publications, conference papers, research findings, websites and articles by mental health professions and from medical and psychology bodies; government and relevant independent body reports; mental health service provider websites and reports; advocacy groups and industry papers and publications; and grey literature.

[14] In one instance, the Lead delegated the interview to a Chief Investigator.

- 4 workshops with EvAP members
- 2 email exchanges and/or written comments.

With the exception of the case studies, all stakeholder feedback was provided anonymously. As such, the majority of findings do not reference specific projects or respondents.

Table 4: Engagement Research Methods

Mission Research Stakeholders	Number
Online surveys	54
Interviews – Projects Leads	16
Focus groups – total number of events	9
Focus groups – total number of participants	57
Email/type-back	5
MRFF Mental Health Research Stakeholders	Number
Online surveys	14
Focus groups – total number of events[15]	3
Focus groups – total number of participants	9
Other Stakeholders	Number
External stakeholder (public) surveys	57
Former Expert Advisory Panel (EAP) member surveys	5
Email submissions	2
Evaluation Advisory Panel (EvAP) Workshops	4, each of 1.5 hours duration

Source: UTS, Review data sources, February 2022.

As the above figures indicate, the majority of respondents to this Review were involved in projects that were successful in receiving funding from the Mission or MRFF. UTS calculated a 21% response rate for Mission researchers (based on a population of 252 researchers registered as involved in Mission projects according to Departmental records).

Despite widely promoting the Review and the available feedback options through the open access project website and Departmental communication channels, the views and perspectives of stakeholders not involved in a funded project, including unsuccessful grant applicants, were

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[15] Three MRFF inter-project focus groups were undertaken in December 2021 on the following themes: consumer engagement, collaborations and partnerships, and an Indigenous-specific session facilitated by Kowa collaborations.

substantially smaller in number than anticipated. As further explained at Section 1.3.3 (2), this meant that the Review researchers had limited access to alternative perspectives, or even dissenting views on the Mission investments to date. Further details about the engagement methodology is included at Attachment 4.

Project case studies

In order to help inform mental health researchers about innovative approaches that could be used in the design and implementation of future Mission projects, the Review has included a sample of case studies.

Using data collected from the program documentation, progress reports and other engagement instruments, UTS identified six Mission research projects that showcased good practice against one or more of the Roadmap principles or MRFF objectives, namely:

- Consumer Engagement and Co-Design
- Knowledge Translation
- Collaborations and Partnerships
- Aboriginal and Torres Strait Islander Inclusion
- Rapid Response Research
- Capacity Building.

These projects were documented as case studies using a standard template, with consent and accuracy of content confirmed with each relevant Chief Investigator. They are included at Attachment 5.

1.3.3   Research Qualifications and Limitations

There were a number of research limitations and qualifiers that should be noted, without suggesting any compromises in the quality and validity of the findings and recommendations following. These limitations and qualifiers are expanded on below, under the following broad categories:

1) COVID-19 Impacts
2) Response Rates
3) Other Data Issues
4) Positive Bias
5) Out-of-Scope Issues.

(1) COVID-19 Impacts

All aspects of this Review, including stakeholder engagement, were undertaken during the COVID-19 pandemic, including the widespread lockdowns induced by the Delta variant in mid to late 2021, and the onset of the Omicron variant in late 2021 – early 2022.

This had the following impacts on the research, as noted where relevant throughout the report:

- progress was slower than anticipated in original project plans and, therefore, in some cases progress to date against research questions and overall Mission goals, may be less advanced than scheduled pre-pandemic

- many researchers and other stakeholders reported being preoccupied with managing the personal and professional impacts of the health restrictions and lockdowns, so had reduced capacity to fully engage with this Review

- all UTS engagement measures – including focus groups and interviews – were conducted online, potentially reducing the free flow of feedback that is best facilitated in face-to-face interactions.

(2) Response Rates

While still satisfactory, the response rates to the four online surveys were lower than anticipated. As a result:

- researcher engagement across the Mission investment priorities was not consistent. For example, there were higher response rates from projects focused on children and young people and suicide prevention, compared to from researchers involved in eating disorders[16]

- there was limited survey engagement from researchers (14) involved in the 41 non-Mission MRFF mental-health related projects, despite various follow-up activities. UTS was successful, however, in engaging with a select number of MRFF researchers and collaborators in three themed inter-project focus groups. To compensate, UTS also placed greater emphasis on progress reports when drafting the findings related to non-Mission MRFF projects

- survey responses from external stakeholders – including peak bodies, research institutes, government bodies, clinicians, service providers, people with lived experience, carers and other members of the general public with an interest in metal health research – was limited (57), despite the open access nature of the UTS Review website and significant promotions undertaken through Departmental channels including through direct emails, newsletter articles, social media and their website

- not all the questions included in the surveys were answered by all respondents. As such, response rates for individual questions vary. Furthermore, the numbers included in the report exclude those that provided 'not applicable' or 'unsure/ don't know' as their response

- engagement with members of the former EAP was not as comprehensive as hoped, with only five of 16 members providing input into this Review. The two former EAP co-chairs did not take up the opportunity to be interviewed for this Review.

Further, only 16 of 18 Mission projects were directly involved in providing feedback through the in-depth interviews and focus groups. UTS notes that many other research staff and collaborators were not available to participate in the Review during the engagement period for reasons unknown.

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[16] In some instances, this can be attributed to difficulties Project Leads experienced in either disseminating the survey instruments to research team members and collaborators, or in securing sufficient engagement, producing variation in response rates between investment streams and between projects.

(3) Other Data Issues

In addition to the lower than expected response rate detailed above, there were a small number of other data issues that should be noted, including:

- individual Mission project progress reports submitted to the Department, and made available to UTS, came in at different times, and covered different periods. While many were in line with variations in grant start dates and grant durations, this created some challenges in making comparisons across projects

- one Mission and 12 non-Mission MRFF progress reports were not available when the research phase concluded at the end of February 2022. In the case of the Mission project, UTS had to therefore rely on data collected from interviews and focus groups. As such, documentation on impact and outcome data is limited for 13 of the in-scope projects.

(4) Positive Bias

Most data presented in this report relies on self-reports, either in the form of project progress reports submitted to the Department, or verbal and written feedback gathered through the Review surveys, focus groups and interviews. Unfortunately, no alternative or independent data sources was available at the time of conducting this Review. As such, UTS notes that evidence on individual project status and outcomes may have a positive bias as it has not been independently vetted.

Further, as previously noted, the majority of respondents who participated in this Review were those successful in receiving funding. As a result, the views and perspectives of unsuccessful grant applicants, as well as other stakeholders, are under-represented in the data, despite best efforts to gain their feedback (see Attachment 4).

UTS also notes that, despite best efforts to secure it, only limited feedback was provided by stakeholders interested in specific research areas that to-date have not been funded.[17]

Out-of-Scope Issues

Finally, while the UTS Review received a broad spectrum of feedback from stakeholders, some content was registered as out-of-scope. For example, the Departmental brief excluded reviewing internal administrative aspects of the program, specifying that *"granting processes and arrangements"* were out-of-scope. This was because an audit by the Australian National Audit Office had recently assessed these aspects of the MRFF's administration and as MRFF program arrangements had evolved significantly since the commencement of the Mission.

All feedback or insights related to this aspect of the Mission have, therefore, been excluded from the Report findings and analysis.

Notwithstanding these research qualifications and limitations, UTS is confident that the report contains robust, evidence-based findings and a clear set of suggestions for the future.

1.3.4   Report Terminology

In this report, unless otherwise stated or qualified:

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[17]   For example, research into alcohol and other drugs or serious mental illness.

- **Respondents** refers to all stakeholders who provided feedback to this Review, be it via the online surveys, interviews or focus group participation. For example:
  - o Mission respondents refers to any individual involved in a Mission-funded project
  - o Other respondents refers to all non-Mission respondents, namely 'other stakeholders', non-Mission MRFF-funded research respondents, plus former EAP members
- **Chief Investigator** (CI) refers to one of the named researchers responsible for undertaking the funded research
- **Project Lead** (PL) refers to the senior CI responsible for overseeing and/or reporting on the funded research
- **Collaborators** refers to organisations that have partnered with research institutes to undertake the funded research
- **Consumer** refers to an individual with lived experience of mental ill health
- **Mission** refers to the Million Minds Mental Health Research Mission.

Other than in the case studies, all quotes are deidentified, although basic information on the level or type of respondent is provided. Quotes are used in-text to substantiate the analysis presented, and stand-alone quotes are highlighted in *blue italics* throughout the report to provide additional context or to supplement the adjoining findings.

A full glossary of terms and acronyms can be found at the front of this report (*see Glossary*).

2.   Local and International Research Approaches – Overview

This section provides background and context to the mental health research funding landscape in Australia, before presenting a summary of the UTS desktop research undertaken to address the Review Term of Reference 2:

> *"Consider mental health research models and approaches internationally, and their applicability to the Australian context."*

2.1   Prevalence of Mental Ill-Health in Australia

Based on the available data, it is currently estimated that approximately 20% of the Australian population experiences a "common mental disorder" each year, and 46% of individuals aged between 16 and 85 will experience one during their lifetime.[18] It is expected that the COVID-19 pandemic will increase both the prevalence and burden of mental illness in Australia contributing to and exacerbating long-term mental illness[19], and increasing the proportion of the population at-risk of developing a mental illness (estimated to be 23% in an average year).[20]

Mental illness and suicidality have substantial health, social, economic and community impacts. Mental illness accounts for 12% of the total burden of disease in Australia and cost the economy an estimated $43 billion to $70 billion in 2018-19 alone.[21] This figure range includes both $16 billion in public expenditure on mental healthcare and support services, as well as an estimated $15 billion in informal care provided by the family and friends of individuals experiencing mental ill-health.[22]

Whilst mental ill-health does significantly impact the quality of life and future opportunities of the individuals with lived experience, it can also have substantive echoing impacts within the social networks due to resulting emotional distress, or time taken away from education and

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[18] National Mental Health Commission 2020, *National Report 2020* p. 20.

The Australian Bureau of Statistics (ABS) is currently in the process of developing a detailed profile of mental health prevalence in Australia through the Intergenerational Health and Mental Health Study. In the interim, national prevalence data on various mental health issues is estimated from a range of sources including the 2017 National Health Survey, the 2007 National Mental Health and Wellbeing Survey, the 2010 National Survey of People Living with Psychotic Illness and the 2013-14 Australian Child and Adolescent Survey of Mental Health and Wellbeing. However, it should be noted that the prevalence rates that have been estimated through these surveys are considered "likely to be underestimates" because certain groups – such as individuals experiencing homelessness and living in aged care facilities – have not been included, whilst some participants "may be reluctant to disclose a condition" in self-report surveys.

[19] Australian Institute of Health and Welfare 2022, *Mental Health Services in Australia,* 01 Feb 2022 https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/covid-19-impact-on-mental-health.

[20] Commonwealth Department of Health 2018, *The Million Minds Mission* p. 1.

Commonwealth Department of Health 2020, *National Mental Health and Wellbeing Pandemic Response Plan,* p. 3.

Australian Productivity Commission 2020, *Mental Health Inquiry Report,* p. 115.

[21] National Mental Health Commission 2020, *National Report 2020,* p. 18.

Australian Productivity Commission 2020, *Mental Health Inquiry Report,* p. 149.

[22] Australian Productivity Commission 2020, *Mental Health Inquiry Report,* p. 153.

employment to perform caring roles. This is in addition to the economic costs to taxpayers and industry associated with sick leave, absenteeism, and sickness and disability support payments.

The most recent mental health statistics available reveal that mental illness prevalence in Australia is similar to other OECD countries analysed for this Review – namely New Zealand, Canada, United States of America (USA) and the United Kingdom (UK). The level of disease or disability burden (measured in Disability Adjusted Life Years [DALYs]), however, is estimated to be slightly higher in Australia (see Table 5).

Table 5: Mental illness Prevalence and Burden of Disease, Australia and Other OECD Countries

Country	Annual prevalence (estimates)	Total DALYs[23]
Australia	1 in 5	9.63% (7.85% - 11.4%)
New Zealand	1 in 5	8.69% (7.03 – 10.25%)
Canada	1 in 5	6.63% (5.38% - 7.82%)
USA	1 in 5	6.56% (5.37% - 7.78%)
UK	1 in 4	7.12% (5.76% – 8.54%)

Source: University of Washington 2019, Global Health Data Exchange.

2.2   Research into Mental Health

Given the prevalence and burden of mental illness in Australia outlined above, investing in research, specifically to identify the causes and develop effective treatments for mental ill-health, has been a priority of government for many decades. This is demonstrated in Australia's 2019 Long-Term National Health Plan (LTNHP), where mental health and medical research constitute the third and fourth of the plan's four pillars. These are: 'Mental health and preventative health'; and 'Medical research to save lives and boost our economy'. In addition to supporting the prevention and treatment of illness, the LTNHP identifies investment in medical research also as a means of boosting the economy and building the capacity of the research sector.[24]

The MRFF, and the Mission, are considered key mechanisms for achieving Pillars 3 and 4 of the LTNHP.[25]

The following sub-sections situate the MRFF and the Mission within the context of good practice and current trends identified in other contemporary mental health research approaches used by

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[23] DALYs stands for Disability Adjusted Life Years. It is a societal measure of the disease or disability burden in populations.

[24] Commonwealth Department of Health 2019, *Australia's Long-Term National Health Plan,* August 2019 p. 19.

[25] Commonwealth Department of Health 2019, *Australia's Long-Term National Health Plan,* August 2019 p. 19.

funding bodies in Australia and in the selection of OECD countries reviewed. The analysis offers a high-level summary of current approaches to research investments and implementation.

2.2.1   Overview of Governance Approaches

Comparison across jurisdictions can be difficult due to differences in institutional and policy settings, however, some observations can be made between Australia and the other OECD countries studied. Due to incomplete data, Australia's per-capita investment into mental health research compared to other OECD countries (such as USA and UK) is difficult to confirm. Available data does, however, that mental health research in Australia[26], like in most other OECD countries[27], is significantly underfunded compared to other medical research areas, and not reflective of the burden of disease, or where the greatest impact can be achieved. For example, whilst approximately 9% of the NHMRC's 2020-21 grant funding was distributed to mental health-related research[28], mental health and substance abuse disorders are estimated to account for 12% of Australia's total burden of disease.[29] More positively, Australia and New Zealand were identified as the only region which provided a "sustained increase" in funding to mental health research between 2015 and 2019.[30]

The desktop review revealed a diverse array of approaches involved in funding mental health research across Australia and internationally. Whilst all OECD countries had established a central body to coordinate and administer major investments in public health research, there are also a number of smaller national, state-level, private and not-for-profit funding bodies active in research. Though larger funding bodies tended to administer multiple grant programs balancing investigator-initiated and responsive strategic grant programs, many smaller funding bodies were established to support a finite set of strategic priorities.

Overall, the funding bodies studied were found to prioritise a spectrum of different research areas across the 'mental health lifespan' and 'research ecosystem', balancing longer term investment in identifying neurobiological mechanisms of disease, with shorter-term funding of research focusing on prevention, early intervention and treatment models of care. Investments were also found to be increasingly focused on the social, economic and ecological factors influencing mental health, hence prioritising research that addressed inequities for vulnerable individuals and communities (including for example those focused on seniors, Aboriginal and Torres Strait Islander peoples, new arrivals, or those from minority cultural, religious or linguistic groups).

Across the OECD and Australian approaches studied, there was some evidence of collaboration and coordination occurring between research bodies within and across countries. However, fragmentation appeared to be present across in most jurisdictions reviewed. The development and implementation of strategic documents, such as the *Roadmap for Mental Health Research in Europe (ROAMER),* offers lessons in the value of coordinating funding in order to foster world-

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[26] Batterham et al 2016.

[27] Woelbert et al 2020.

[28] IPPG estimate based on NHMRC *Summary of the results of the 2020 Grant Application Round.*

[29] AIHW 2020, *Burden of Disease,* 23 July 2020, https://www.aihw.gov.au/reports/australias-health/burden-of-disease.

[30] Woelbert et al., 2020 p. 12.

class mental health research. There is also early evidence that the COVID-19 pandemic has generated increased interest and support for collaborative approaches to research.

The Review found evidence that support for strong governance processes were common across the select OECD countries reviewed, as demonstrated in statements linking governance to improved research impact, effective use of the limited funds available, and to ensuring the delivery of an independent research agenda.

It was evident that many jurisdictions were interested in strengthening their governance and increasing the transparency of decision making regarding mental health research funding, which reflects similar interests in Australia as discussed in Section 2.2.2.5.

2.2.2 Overview of Funding Approaches to Implementation

The Review identified a number of different approaches to funding and implementation deployed in Australia and in OECD countries, including in respect to: funding types; funding promotion; funding timing and turn-around; application assessment and selection processes; and priority-setting processes.

2.2.2.1 Types of Funding Programs

Funding bodies in Australia and in OECD countries have tended to fund mental health research, through the following types of grant programs:

- **Investigator-initiated grant programs** which allow applicants to determine the subject matter of their research. These programs tend to "capture the majority of research funds" and are thought to leverage the creativity and expertise of the research community.[31] The ARC, for example, primarily allows investigators to determine the focus areas of their research but structures its grant opportunities to support other strategic priorities, such as promoting greater diversity in the research workforce

- **Fixed strategic grant programs** which provide funding to a set of specific focus areas that the organisation has committed to supporting. The Prevention Hub, for example, was established to support research into preventative interventions for anxiety and depression in Australia[32]

- **Responsive strategic grant programs** which flexibly respond to emerging needs and are regularly refreshed to provide funding to strategic focus areas deemed a priority by the funding organisation. These priorities are determined and approved through a variety of different processes, as detailed further in Section 2.2.2.5.

Under this categorisation, the Mission is classed as a responsive strategic funding program.

Whilst some funding bodies provide one type of grant program, others were found to utilise a mixture of different grant types, allowing them to leverage the benefits of all options. The NHMRC, for example, primarily provides investigator-initiated grants[33], but also responsively

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[31] Cartier et al., 2018 p. 2.

[32] The Prevention Hub n.d., *What is the Prevention Hub?*

[33] NHMRC 2020, *Research Funding Statistics and Data*.

supports research into strategic priority areas through Targeted Calls for Research (TCRs) and Special Initiatives.[34]

The Review did not identify a single grant program type that should be adopted for mental health in Australia.

2.2.2.2   Funding Promotion

The funding bodies reviewed took relatively similar approaches to promoting their grant opportunities to researchers and other stakeholders, such as:

- using website and industry communications to promote funding opportunities

- publishing research priority areas in strategic documents

- including a 'key dates' page for major grant programs on websites.

In addition to their publication on GrantConnect's Grant Opportunity List[35], most major Australian funding bodies – including the MRFF – publish the opening and closing dates of their grant opportunities on their own websites. These 'key dates' pages are often provided in the form of a funding calendar with a 5 to 18-month horizon, though some responsive strategic grant opportunities are added to the calendar as they emerge.[36]

Many of the funding bodies which provide responsive strategic grant programs also publish their research priority areas ahead of the publication of specific grant opportunities in order to give researchers and other stakeholders an opportunity to prepare. As detailed in Section 3.1.3, the 2018 Mission Roadmap outlined three priority areas that would be at the centre of the Mission's first tranche of funding, with further investments to "target critical and emerging priorities", and "ensure a predictable stream of research funding opportunities".[37] The New Zealand HRC[38], Canadian CIHR-INMHA[39] and USA NIMH[40] also publish their research funding priorities over a multi-year horizon through their Strategic Plans. The CIHR-INMHA's biannual Strategic Plan, for example, outlines the institution's funding priorities over a two-year horizon, with an accompanying justification and evidence base.[41]

Interestingly, the CIHR-INMHA Strategic Plan additionally indicates "emerging priorities" where the institute is likely to invest in future cycles, or will offer more favourable terms for investigator-initiated grant programs.[42] Similar to the Mission, CIHR-INMHA also retains the capacity to

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[34] NHMRC n.d., *NHMRC Special Initiative in Mental Health.*

[35] Grant Connect, *Grant Opportunity List,* https://www.grants.gov.au/Go/List.

[36] NHMRC, *Funding Calendar*, https://www.nhmrc.gov.au/calendar, ARC, *Grants Calendar,* https://www.arc.gov.au/grants/grant-calendar.

[37] MRFF, *The Million Minds Mission* p. 2.

[38] CIHR 2020, *INMHA Strategic Plan 2020-2022* p. 22.

[39] CIHR 2020, *INMHA Strategic Plan 2020-2022* p. 22.

[40] National Institute of Mental Health n.d., *Grant Mechanisms and Funding Opportunities.*

[41] CIHR 2020, *INMHA Strategic Plan 2020-2022.*

[42] CIHR 2020, *INMHA Strategic Plan 2020-2022* p. 22.

create special initiatives in response to emergent priorities, such as their COVID-19 and Mental Health Initiative.[43]

As discussed in Sections 4.5.3 and 5.d, drawing on these international approaches, the Review identified opportunities for the Mission to further strengthen its promotion and promotion timeframes.

2.2.2.3   Funding Timing and Turn-around

Both the timing and turn-around of funding applications varied across the funding bodies studied, with the period between application opening and closing dates ranging from just over 2 weeks[44] to 6 months[45].

Interestingly, following consultation with the sector, some funding bodies – such as NHMRC[46] and ARC[47] – have elected to re-design the timing of their grant programs in recent years. This was done to reduce both disadvantages posed to researchers already fully engaged in current projects and the burden placed on peer reviewers. Scheduling was adjusted to minimise the overlap of key dates for different grant programs, including those provided by other major funding bodies, as well as the organisation itself. Further, efforts have been made to avoid scheduling the opening and closure of applications over holiday periods, in order to support the work-life balance of researchers and reduce disadvantages produced by the shut-down of research institutions. The ARC, for example, amended their 2022 grants calendar to ensure that "no applications close for 3 weeks from 20 December 2021".[48]

Some stakeholders engaged in this Review specifically referenced the NHMRC reforms as an example of good practice. Consistent with these examples, and as discussed in Sections 4.5.4 and 5.d, this Review identified opportunities for the Mission to improve some of its funding timelines – particularly where the lead time has been short or opening and closing dates have fallen over holiday periods.

2.2.2.4   Application Assessment and Selection Processes

The majority of funding bodies studied utilised a peer review process to assess prospective applications.[49] As with the MRFF[50], some draw on international researchers to sit on peer review committees in order to increase the independence of their decision-making. For example, 40% of the panel members on the New Zealand HRC's public health committee were Australian-

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[43] CIHR 2021, *COVID-19 and Mental Health Initiative.*

[44] Mental Health Commission of New South Wales 2019, *Open for application: Grants to fund Lived Experience projects across NSW,* 27 March 2019 *https://www.nswmentalhealthcommission.com.au/news/open-application-grants-fund-lived-experience-projects-across-nsw.*

[45] NIHR, *22/11 Implementing the Mental Capacity Act in practice (Mental Capacity Assessments),* https://www.nihr.ac.uk/funding/2211-implementing-the-mental-capacity-act-in-practice-mental-capacity-assessments/29741.

[46] NHMRC 2018, *How did NHMRC select the open and close dates for the new grant program?* p, 1-2.

[47] ARC, *Grants Calendar,* https://www.arc.gov.au/grants/grant-calendar.

[48] ARC, *Grants Calendar,* https://www.arc.gov.au/grants/grant-calendar.

[49] ARH n.d., *How funding is awarded.*

[50] MRFF 2019, *MRFF Mission Governance,* October 2019 p. 3.

based.[51] Other funding bodies, such as the USA NIMH, have sought to ensure independent decision-making by requiring applications to be assessed by two separate peer review committees.[52]

Multi-stage review processes are also used by many funding bodies to reduce the demands placed on researchers preparing applications, and/or to assist in developing higher quality applications. For example, Australian Rotary Health (ARH) asks applicants to submit an Expression of Interest, before narrowing down the field to roughly 40 applicants who are then asked to submit a full application.[53] The USA NIMH provides applicants with detailed feedback following the first stage of their peer review process, allowing researchers to address any weaknesses identified in their application and re-submit.[54]

Interestingly, some funding bodies have also expanded their application selection and review processes to include input from public health officials, service providers, consumers and carers.[55] The NHMRC – which administers grant selection processes on behalf of the MRFF[56] – for example, have begun trialing the involvement of consumer and community representatives in the peer review processes of relevant grant opportunities, though without formal powers to score applications.[57] All MRFF Grant Assessment Committees involve consumer representation.

As discussed in Sections 4.5.4 and 5.d, the Review did identify opportunities to potentially strengthen the Mission's assessment and selection processes. It also heard from a number of stakeholders keen to see more evidence of the Mission's transparency and independence in regards to decision making within the assessment and selection process.

2.2.2.5   Research Priority-Setting Processes

There is limited publicly available documentation on the program-level priority-setting processes of funding bodies that deliver responsive strategic grant programs. However, one study conducted by Cartier et al (2018) which reviewed the approaches adopted by five major OECD public health research funding bodies – including the NHMRC – found that priority-setting processes would benefit from increased transparency and input from external stakeholders, such as consumers and service providers.[58]

A number of different approaches have been adopted for involving consumers and other stakeholders in priority-setting process, such as:

- providing public mechanisms for input

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[51] Ministry of Health/Manatu Hauora, n.d., *Strategic Refresh of the Health Research Council: Report to the Minister of Health and Minister of Science and Innovation*. P. 25.

[52] NIMH, *Peer Review Process,* https://www.nimh.nih.gov/funding/grant-writing-and-application-process/peer-review-process.

[53] ARH 2021, *Annual Report 2020-21* p. 21.

[54] NIH, *Frequently Asked Questions – Application Guidance: Next Steps*, https://grants.nih.gov/faqs#/next-steps.htm?anchor=question53101.

[55] NIMH, *Peer Review Process,* https://www.nimh.nih.gov/funding/grant-writing-and-application-process/peer-review-process.

[56] NHMRC, *Principles of peer review,* https://www.nhmrc.gov.au/about-us/resources/principles-peer-review.

[57] NHMRC, *Principles of peer review,* https://www.nhmrc.gov.au/about-us/resources/principles-peer-review.

[58] Cartier et al. 2018, 'Priority-setting in public health research funding organisations: an exploratory qualitative study among five high-profile funders', in *Health Research Policy and Systems,* vol. 16, no. 53 p. 1.

- including community representatives on advisory committees.

For example, the year following the establishment of the Mission, MRFF governance guidelines were updated to require that public consultation be undertaken in the review of draft Roadmap and Implementation Plans "to enable broad engagement on priority setting process".[59] Other Missions funded by the MRFF – such as the Dementia, Ageing and Aged Care Mission – have already integrated this consultation into the development of their roadmaps and have elicited public input via submissions to the Department's consultation hub and webinars hosted by their EAP.[60] The NHMRC has also established an NHMRC Consumer and Community Advisory Group which supports the "scoping and review of targeted grant opportunities"[61], and has routinely appointed consumer and community representatives to major internal decision-making bodies such as the NHMRC Council and other Principal Committees[62]. It is noteworthy that at February 2022, the Department was in the process of establishing an MRFF Consumer Reference Panel to provide it with advice on best practice consumer involvement in MRFF administration and processes.

Various other funding bodies studied (see Section 2.2.2.5) have documented a step-up in the transparency of their priority-setting processes, including through documenting and publishing input provided by various stakeholders, as well as the rationale for the final selection of priority areas. The NHMRC, for example, publishes its framework and process for identifying, developing, and approving potential TCRs, including a set of principles for prioritising these.[63] Since 2019, the MRFF has also published the process for eliciting input via public consultation, including gathering feedback on Mission Roadmaps and Implementation Plans, and communicating how this feedback was incorporated on the Mission's webpage.[64]

The Priority-Setting Partnerships (PSPs) approach used by the James Lind Alliance (JLA) – a not-for-profit organisation which receives support from the UK's National Institute for Health Research (NIHR)[65] – has been identified as an exemplar for elevating transparency and community involvement in research priority setting.[66] The stated purpose of the JLA is to "address the mismatch between what researchers want to research, and the practical information that is needed day-to-day by patients and health professionals".[67] PSPs seek to "bring patient, carer and clinician groups together on an equal footing" to identify and prioritise gaps in research that are important to each group.[68] PSPs are also required to disseminate both the result of their priority-setting process and the methods used to determine priorities, including

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[59] MRFF 2019, *MRFF Mission Governance,* October 2019 p. 1.

[60] MRFF 2021, *MRFF Dementia, Ageing and Aged Care Mission Roadmap and Implementation Plan National Consultation Report,* September 2021 p. 2.

[61] NHMRC 2021, *NHMRC Corporate Plan 2021 – 22* p. 7.

[62] NHMRC, *Consumer and Community Engagement,* https://www.nhmrc.gov.au/about-us/consumer-and-community-engagement.

[63] NHMRC, *Framework for Identifying and Prioritising Targeted Calls for Research*, p. 1.

[64] MRFF 2019, *MRFF Mission Governance,* October 2019 p. 1.

[65] Though the Alliance, a not-for-profit organisation, receives support from the UK's NIHR it does not appear to directly influence the body's research priorities.

[66] Cartier et al. 2018, 'Priority-setting in public health research funding organisations: an exploratory qualitative study among five high-profile funders', in *Health Research Policy and Systems,* vol. 16, no. 53 p. 7.

[67] James Lind Alliance, *About the James Lind Alliance,* https://www.jla.nihr.ac.uk/about-the-james-lind-alliance/.

[68] James Lind Alliance 2021, *James Lind Alliance Guidebook: Version 10,* March 2021 p. 7.

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a list of indicative questions, examples of original submissions, and a summary of engagement.[69]

While the Review did gather some stakeholder feedback on priority setting (see Section 4.5.2), overall, and consistent with the mixed grant models found in other jurisdictions studied, the trend to specify priorities at program-level was found to be a useful addition to approaches employed by other Australian mental health research funding bodies.

2.2.2.6   Approaches to Promoting Higher-Level Strategic Priorities

Various funding bodies studied were observed to promote and, on occasion, leverage their funding programs in order to complement and support other higher-level strategic priorities set by their governments, not-for-profit organisations, or community interests more generally. These included articulating, for example, the importance of lived experience and consumer involvement, the need for gender equality and workforce diversity, and the need for research to contribute to economic opportunities (variously described). These types of strategic priorities are documented in the overarching practices and values the funder has sought to embed in the research field. They are commonly outlined in strategic documents similar to the Mission Roadmap, including the Australian Medical Research and Innovation Strategy, Australian Medical Research and Innovation Priorities, MRFF 10-Year Investment Plan, and grant opportunity guidelines.

Below is a summary of approaches other funding bodies have taken to promoting strategic priorities similar to those set out by the Mission under its Guiding Investment Principles. The focus here is on priorities also present in national and international funding approaches, namely: fostering consumer engagement research partnerships and collaborations; translational impact; and building workforce capacity.

a)   Consumer involvement

Similar to the Mission, a number of other funding bodies studied, including the NHMRC and Mental Health Commission of NSW, have placed a specific emphasis on involving individuals with lived experience, consumers and carers in their funded research.[70] This has been supported through:

- the establishment of consumer advisory groups

- the development of toolkits and other resources

- funding of dedicated grant programs.

These consumer advisory groups have helped inform approaches to consumer involvement and provide advice on their policies and programs. As outlined above, the NHMRC Consumer and Community Advisory Group, for example, is involved in the "scoping and review of targeted grant opportunities", as well as the development of policies and toolkits for consumer involvement.[71]

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[69] James Lind Alliance 2021, *James Lind Alliance Guidebook: Version 10,* March 2021 p. 83 - 84

[70] Ghisoni, M et al 2017.

[71] NHMRC 2021, *NHMRC Corporate Plan 2021 – 22* p. 7

Similarly, all programs funded and delivered by the Mental Health Commission of NSW are supported by the advice of its Consumer Advisory Council.[72]

Both these funding bodies have also developed guidelines and resources for researchers and other stakeholders to support the safe, respectful and effective involvement of consumers and carers in research. The NHMRC, with the support of its Consumer and Community Advisory Group, has developed and published a *Toolkit* to guide consumer involvement in research. This document includes a voluntary self-assessment tool for researchers to use to determine whether their research design aligns with NHMRC guidelines.[73] The NHMRC has also co-developed a *Statement on Consumer and Community Involvement in Health and Medical Research* (the Statement) in partnership with the Consumers Health Forum of Australia, which all applicants – including those applying to MRFF grant opportunities – are encouraged to consider in the design of their research. The Statement presents the NHMRC's position on consumer involvement and outlines its benefits, as well as factors that should be considered when engaging consumers (e.g. training requirements).[74]

Similarly, the Mental Health Commission of NSW has co-developed a *Lived Experience Framework* in partnership with individuals with lived experience and their carers, families, and kinship circles. This publicly accessible document outlines a set of best practice principles and actions to guide consumer involvement in mental health research and service provision.[75] Following the publication of this Framework in 2018, the Commission implemented a *Lived Experience Framework* grants program which provided funding to projects that embedded the principles of the Framework into their project design.[76]

As discussed in Sections 4.2.2.5, 4.3.7 and 5.d, the Review has identified opportunities for the Mission to build on this trend and strengthen how it demonstrates and capitalises on lived experience in its future prioritisation and implementation.

b)   Research partnerships and collaboration

Multi-disciplinary collaboration within the research community, and across government, business and community organisations has also been identified as a strategic priority by many funding bodies. It is seen as an important mechanism for reducing the fragmentation of research efforts, encouraging innovation, and for facilitating translation through partnerships established with service providers. Notable approaches to fostering collaboration have included:

- introducing flexible grant conditions

- funding dedicated grant opportunities

- supporting the establishment of collaborative research centres.

For example, to assist collaboration, in 2018 flexible conditions were integrated into the design of NHMRC grant programs, including those administered on behalf of the MRFF.[77] This has

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[72] Mental Health Commission of NSW 2021, *Annual Report 2020-21*, October 2021 p. 12.

[73] NHMRC, *Consumer and Community Engagement,* https://www.nhmrc.gov.au/about-us/consumer-and-community-engagement.

[74] NHMRC 2016, *Statement on Consumer and Community Involvement in Health and Medical Research,* September 2016.

[75] Mental Health Commission 2018, *Lived Experience Framework,* 30 November 2018.

[76] Mental Health Commission of NSW 2020, *Annual Report 2019-20.*

[77] Commonwealth Department of Health 2021, *MRFF Funding Agreement*, November 2021 p. 23.

included allowing research support packages to be spent on procuring the services of other researchers and specialists to support specific aspects of their projects as required and without needing to have named them in the grant application.[78] In addition, the NHMRC enables collaborators identified in an application to be deemed 'Associate Investigators' to avoid being impacted by caps placed on applications or grants held.[79]

Dedicated grant programs have also been introduced by various funding bodies to foster collaboration across institutions, disciplines and sectors, often with the explicit combined aim of supporting translational activity. The ARC's Linkage Project grant stream, for example, seeks to facilitate "the development of long-term strategic research alliances between higher education organisations and industry and other research end-users" and support the translation of "advanced knowledge" into practice.[80] Similarly, the NHMRC's Synergy, Centre for Research Excellence, and Partnership Grants programs have been established to foster multi-disciplinary collaboration and to ensure research findings are translated into policy and practice.[81]

Further, there is evidence that funding is being directed toward the establishment of collaborative research ventures and centres with the combined aims of fostering multi-disciplinary partnerships, building the capacity of the workforce, and accelerating the translation of research into practice. The UK's NIHR, for example, has established a national network of centres, called the *Mental Health Translational Research Collaboration*, which facilitate partnerships between research institutions, charities and industry partners. [82] In a similar vein, the NHMRC provides annual funding to the development of Centres for Research Excellence (CRE) which "provides support for teams of researchers to pursue collaborative research".[83] The Mission has similarly provided substantial funding to support the establishment of two collaborative Clinical Trials Networks, which also support the translational impacts priority outlined in 2.2.2.6 d) below.

In this way, the Mission can be seen to be aligned to broader funding trends related to encouraging and investing in research collaborations and partnerships as expanded on in Section 4.2.2.6 and 5.f.

c) Building capacity within the research community

Many funding bodies included in this Review have recognised the need to support the capacity and capability of their research workforce, some with explicit reference to providing opportunities for under-represented groups and to developing early- and mid-career researchers (EMCs) as expanded upon in the associated Discovery Paper. Notable approaches introduced have included:

- funding dedicated grant programs

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[78] NHMRC 2018, *Fostering research collaborations in NHMRC's new grant program* p. 1.

[79] NHMRC 2018, *Fostering research collaborations in NHMRC's new grant program* p. 1.

[80] ARC 2020, *An overview of ARC grant opportunities,* December 2020 p. 3.

[81] NHMRC, *Research Translation,* https://www.nhmrc.gov.au/research-policy/research-translation-and-impact.

[82] NIHR n.d., *Mental Health Translational Research Collaboration.*

[83] NHMRC, *Centres of Research Excellence,* https://www.nhmrc.gov.au/funding/find-funding/centres-research-excellence.

NIHR, *Mental Health Translational Research Collaboration,* https://www.nihr.ac.uk/explore-nihr/support/mental-health-trc.htm.

- modifying the assessment of applications to accommodate 'relative opportunity'

- providing flexible working arrangements for successful applicants

- supporting the establishment of collaborative research centres.

As with other high-level priorities, many of the funding bodies reviewed have introduced dedicated grant programs as a vehicle for developing capacity and supporting diversity within the research community. Some examples of grant programs aimed at developing EMCs include the:

- New Zealand HRC Career Development Award[84]

- US NIMH Career Development Grants[85]

- ARC's Discovery Early Career Researcher and the Future Fellowships programs[86]

- MRFF 2021 Early to Mid-Career Researchers Grant Opportunity[87].

The ARC has also established the Discovery Indigenous Program to increase opportunities for Aboriginal and Torres Strait Islander researchers to conduct and lead research and to support their retention in higher education and research institutions.[88]

Modifications to the assessments and required reports included within grant applications have also been made by some funding bodies – including the MRFF – to expand opportunities for EMCs and reduce participation barriers produced by gender, cultural background and disability. For example, the MRFF and NHMRC have both modified their application processes to ensure track record is assessed "relative to opportunity". Peer reviewers are instructed to take into account the relative opportunities each researcher has been afforded. This includes, for example, the impacts of time spent working in other sectors, attending to carer responsibilities or community obligations, or conducting research and building relationships of trust with Aboriginal and Torres Strait Islander communities.[89] Further, prospective researchers can provide evidence of career disruption due to pregnancy, major illness/injury or carer responsibilities. The NHMRC has removed track record assessments altogether for some grants (e.g., Ideas Grants), in favour of an assessment of "feasibility" and "innovation and creativity". [90]

The ARC's *Research Opportunity and Performance Evidence,* or 'ROPE', criterion similarly assesses researchers' outputs and achievements within the context of their respective career opportunities and experiences. In addition to supporting EMCs and researchers from traditionally under-represented groups, the 'ROPE' criterion was introduced to ensure researchers are not

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[84] HRC NZ n.d., *Funding opportunities.*

[85] National Institute of Mental Health n.d., *Grant Mechanisms and Funding Opportunities.*

[86] ARC 2019, *Research Projects to Target Mental Health.*

[87] The Early to Mid-Career Researchers initiative will invest $384.2 million over 10 years from 2022-23 in early to mid-career researchers (EMCRs). Note this opportunity opened in December 2021.

[88] ARC 2020, *An overview of ARC grant opportunities,* December 2020 p. 2.

[89] MRFF 2019, *2019 Suicide Prevention Grant Opportunity Guidelines,* 28 November 2019.

[90] NHMRC, *Early and Mid-Career Researchers*.

disadvantaged by an interruption to their career, such as through illness, family and community obligations, or the impact of disasters.[91]

Flexible grant conditions and working arrangements have also been introduced by some funding bodies to reduce barriers to participation resulting from caring and community responsibilities, as well as disability and illness. The ARC, for example, provides flexible parental leave and part-time research arrangements, as well as "targeted funding" through their Fellowship schemes.[92]

As referenced in 2.2.2.6 b above, funding directed toward the establishment of collaborative research centres has also been identified as a vehicle for supporting the development of EMCs and providing them with diverse research and mentorship opportunities.[93]

The Mission's and MRFF's shared focus on building research capacity across the mental health research sector was found to be in line with both national and international research funding trends. Sections 4.2.2.6, 4.3.5 and 5.f offer some analysis of good practice.

d)   Translational impacts

A commitment to translating knowledge and research into policy and practice, and measuring and evaluating research impact, was shared across most funding bodies and jurisdictions studied for this Review. A variety of approaches to promoting translation were observed, including:

- directing funding toward dedicated translational grant programs and 'second-stage' research

- developing support resources to guide approaches to knowledge translation

- directly disseminating knowledge through the publication of lay summaries and clinical guidelines, and also hosting events

- evaluating applications and projects based on their translational impact

- supporting research centres to support additional collaborations or translation activities.

As part of efforts to ensure research findings impact policy and practice, a number of funding bodies have designed grant opportunities which direct funding toward translational and "second-stage" research. [94] The New Zealand HCR, for example, has committed to providing specific support for second stage research by 2023 in the form of a Health Delivery Translation Grant. This is designed to fund the "next steps of research where results indicate implementation readiness and viability", including dissemination and coordination.[95]

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[91] ARC, *ARC Research Opportunity and Performance Evidence (ROPE) Statement*, https://www.arc.gov.au/policies-strategies/policy/arc-research-opportunity-and-performance-evidence-rope-statement.

[92] ARC, *Gender Equality,* https://www.arc.gov.au/policies-strategies/strategy/gender-equality.

[93] NHMRC, *Centres of Research Excellence,* https://www.nhmrc.gov.au/funding/find-funding/centres-research-excellence.

[94] NSW Health, *Translational Research Grants Scheme*, https://www.medicalresearch.nsw.gov.au/translational-research-grantsscheme/#:~:text=The%20Translational%20Research%20Grants%20Scheme,the%20NSW%20public%20health%20system.

Australian Department of Health, *Rapid Applied Research Translation Initiative,* https://www.health.gov.au/initiatives-and-programs/rapid-applied-research-translation-initiative.

Australian Research Council, *Linkage Program,* https://www.arc.gov.au/grants/linkage-program.

[95] HRC, *Research Investment Plan 2021 – 2023* p. 13.

Interestingly, the NHMRC has also invested in the development of support resources, as well as a community of practice, to provide guidance to researchers delivering research with translational impact. This includes the publication of standards and "guidelines for guidelines" to support researchers to develop high-quality clinical guidelines.[96] Further, before the onset of the COVID-19 pandemic, the NHMRC hosted an Annual NHMRC Research Translation Symposium which provided researchers with "an opportunity to learn and share information about research translation".[97]

Many funding bodies also provide leadership and directly participate in the dissemination of knowledge produced through their funded research. (Methods for doing this are bulleted above.[98]) The Mental Health Commission of NSW, for example, acts on its commitment to ensuring funded research is "easily accessible to the broadest range of stakeholders"[99] by compiling and publishing research and evidence guides appropriate for a general audience (e.g. 'What works to support the mental health and wellbeing of children aged 0-12?'[100]).

The Canadian CIHR-INMHA hosts end-of-grant knowledge translation workshops for each of its responsive strategic grant programs. These events bring together researchers, policymakers, service providers, consumers and other interested stakeholders, and additionally act as a vehicle for networking and identifying gaps that could be addressed through future funding.[101]

Explicit processes for evaluating applications, projects and funding programs are being introduced to support the trend towards extending requirements for the translational impacts of funded research. The ARC's 2018 *Engagement and Impact (EI) Assessment Initiative* assesses how well researchers are engaging with the end-users of their research and asks how universities are translating their research into economic, social, environmental, cultural and other impacts.[102]

Whilst the process has recently been reviewed to support improvements for the 2024 assessment, in 2018 projects were provided a rating under 3 measures: 'Engagement'; 'Impact'; and 'Approach to Impact'. The NHMRC is similarly planning to establish a Health Research Impact Committee to advise on strategies to measure the impacts of its research and support translation into policy and practice.[103]

Finally, as outlined at 2.2.2.6 b and c, it is anticipated that the support provided by a number of funding bodies to establish research centres that foster partnerships between research institutions and service providers will help accelerate the translation of research into practice.[104]

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[96] NHMRC, *Guidelines,* https://www.nhmrc.gov.au/guidelines.

[97] NHMRC, *Research Translation,* https://www.nhmrc.gov.au/research-policy/research-translation-and-impact.

[98] NHMRC, *Guidelines,* https://www.nhmrc.gov.au/guidelines.

[99] NSW Mental Health and Drug & Alcohol Office 2012, *NSW Mental Health Research Framework,* February 2012 p. 11.

[100] Mental Health Commission of New South Wales, *What works to support the mental health and wellbeing of children aged 0-12?* https://www.nswmentalhealthcommission.com.au/evidence/what-works-support-mental-health-and-wellbeing-children-aged-0-12.

[101] CIHR 2020, *INMHA Strategic Plan 2020-2022* p. 14.

[102] ARC 2021, Engagement and Impact Assessment.

[103] NHMRC 2021, *NHMRC Corporate Plan 2021 – 22* p. 6.

[104] NHMRC, *Centres of Research Excellence,* https://www.nhmrc.gov.au/funding/find-funding/centres-research-excellence.

The MRFF and Mission were viewed as having a translation focus, with applicants required to explain the impact of their research, assessors required to assess applications against impact criteria, grantees required to report progress toward translation, and the MRFF program as a whole having a translation-focused evaluation strategy, the MEL Strategy.

The Mission's and MRFF's shared focus on translational research was found to be in line with both national and international research funding trends. Sections 4.2.1.4 and 5.e offer some analysis of good practice and also opportunities to strengthen respectively.

The above summary demonstrates that the Mission's approach to mental health research funding is consistent with most local and international trends, notwithstanding that there are some opportunities to further build on this, as documented in the sections following, and summarised in Section 5.

3. Current Mission and non-Mission MRFF Mental Health Investments

3.1 Million Minds Mental Health Research Mission Projects

3.1.1 Mission Application History

Between 2018 and the end of 2021, the Department received 66 funding applications through four grant opportunities and 18 projects were funded, as summarised in Table 6.

Table 6: Applications Submitted by Grant Opportunity: Million Minds Mental Health Research Mission

Grant Opportunity	Total Number of Applications	Total Number of Successful Applications	Success Rate (%)
2018 Million Minds Mission	19	7	37
2019 Suicide Prevention	17	3	18
2020 COVID-19 Mental Health Research	27	6	22
2020 Mental Health Research	3	2	67
TOTAL	**66**	**18**	**27**

Source: UTS analysis based on Department of Health data, September 2021

3.1.2 Funded Mission Projects

The Review found that all of the 18 funded Mission projects addressed one or more of the five Investment Priorities outlined in the Mission Roadmap as follows:

2 projects (11%) are addressing origins of mental health ◆ 3 projects (17%) are addressing Aboriginal and Torres Strait Islander mental health ◆ 4 projects (22%) are addressing child and youth mental health ◆ 12 projects (67%) are addressing critical and emerging priorities ◆ All projects are addressing research capacity and resources
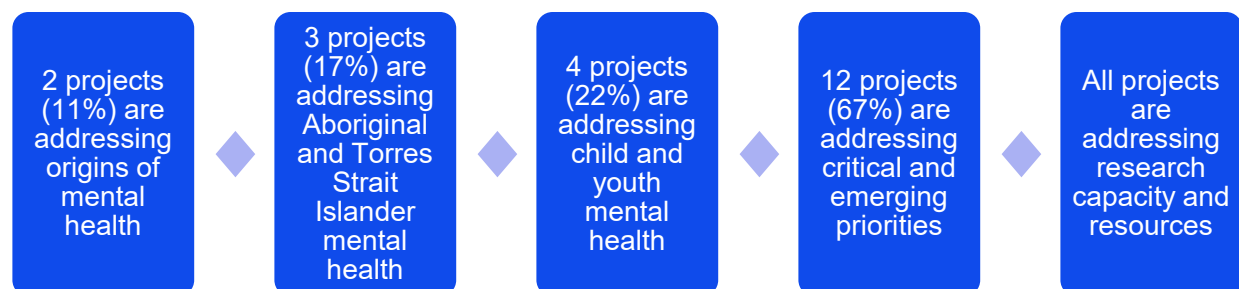
Between 2018 and the conclusion of the research phase of this report, a total of $64,809,460 had been released in tranches to these projects by the Department under 6 designated research priority areas (see Section 1.2.2.2. and Attachment 6 for priority area details).

Table 7 lists each funded Mission project by relevant grant tranche (in bolded rows), together with amount of funding allocated.

Table 7: Funded Million Minds Mission Projects by Grant Tranche/ Priority Area

2018 Million Minds Mission Projects – Priority Areas 1, 2 and 3

Institution	Project Title	Funding
Curtin University	Our Journey, Our Story: Building bridges to improve Aboriginal youth mental health and wellbeing	$2,459,030
Deakin University	Leveraging digital technology to reduce the prevalence and severity of eating disorders	$1,342,548
Monash University	The Kids are Not Okay: Emergency Department management of acute mental health crisis in children and young people	$4,996,127
University of Melbourne	Bringing family, community, culture and country to the centre of health care: Culturally appropriate models for improving mental health and wellbeing in Aboriginal and Torres Strait Islander young people	$4,998,864
University of Southern Queensland	Translating evidence-based interventions into population level digital models of care for child and adolescent mental health	$4,996,351
University of Sydney	Mainstream Centre for Health System Research and Translation in Eating Disorders: Detection and intervention system-focused knowledge to drive better outcomes in mainstream care for eating disorders ("The MAINSTREAM Project")	$3,670,400
University of Western Australia	Generating Indigenous patient-centred, clinical and culturally applicable models of mental health care	$4,991,608

2019 Suicide Prevention Projects – Priority Area 4

Institution	Project Title	Funding
Murdoch Children's Research Institute	Suicide prevention among men in early fatherhood. Determining the effectiveness of Working Out Dads, a group-based peer support intervention to reduce fathers' mental health difficulties compared to usual care	$951,918
University of Melbourne	Preventing suicide in boys and men	$5,623,083
University of NSW	Developing a comprehensive care pathway for those at risk of suicide but not in care: The Under the Radar Project	$3,729,421

2020 COVID-19 Mental Health Research Projects – Priority Area 5

Institution	Project Title	Funding
University of Canberra	Implementing Artificial Intelligence (AI) to enhance Lifeline's crisis support service capacity in response to COVID-19 and emerging crises	$218,140
Monash University	Mobilising and empowering patients in the COVID-19 mental health response: a single-arm trial of an enhanced online parenting intervention to improve parent risk and protective factors for adolescent mental health	$610,923
University of Technology Sydney	Identifying the mental health effects and support needs of people bereaved during and following COVID-19: a mixed methods project	$748,750
Deakin University	Evaluating the effectiveness of lifestyle therapy versus standard psychotherapy for reducing depression in adults with COVID-19 related distress: The CALM trial	$885,303
University of Wollongong	Narratives of Recovery: Practices supporting community mental health and wellbeing post-bushfires and COVID-19	$425,803
University of New South Wales	A novel text mining and data linkage approach to investigate the mental health needs of the population during the COVID-19 period	$232,159

2020 Mental Health Research Projects – Priority Area 6

Institution	Project Title	Funding
University of Sydney	Growing Minds Australia: A National Trials Strategy to Transform Child and Youth Mental Health Services	$11,930,126
Deakin University	Mental Health Australia General Clinical Trials Network (MAGNET)	$11,998,908
Total awarded:		**$64,809,460**

Source: UTS analysis based on Department of Health data, September 2021

These projects can also be grouped as follows:

- 6 recently funded as part of the COVID-19 Research Response

- 3 focused on Aboriginal and Torres Strait Islander people

- 3 focused on suicide prevention

- 2 focused on children and young people

- 2 focused on eating disorders

- 2 Clinical Trials Networks.

3.1.3   Distribution of Mission Projects

The Review found that research funds have been dispersed to universities and research institutes across seven Australian states and territories.

A total of 94% of these projects are being led by a university, and 6% by another form of research institute.

The institution with the largest number of grants was Deakin University in Victoria, with three projects. The remaining 15 Mission grants were distributed across 11 other universities and research institutes across Australia as illustrated in Figure 2 below.

Figure 2: Grants by Institution: Million Minds Mental Health Research Mission Projects
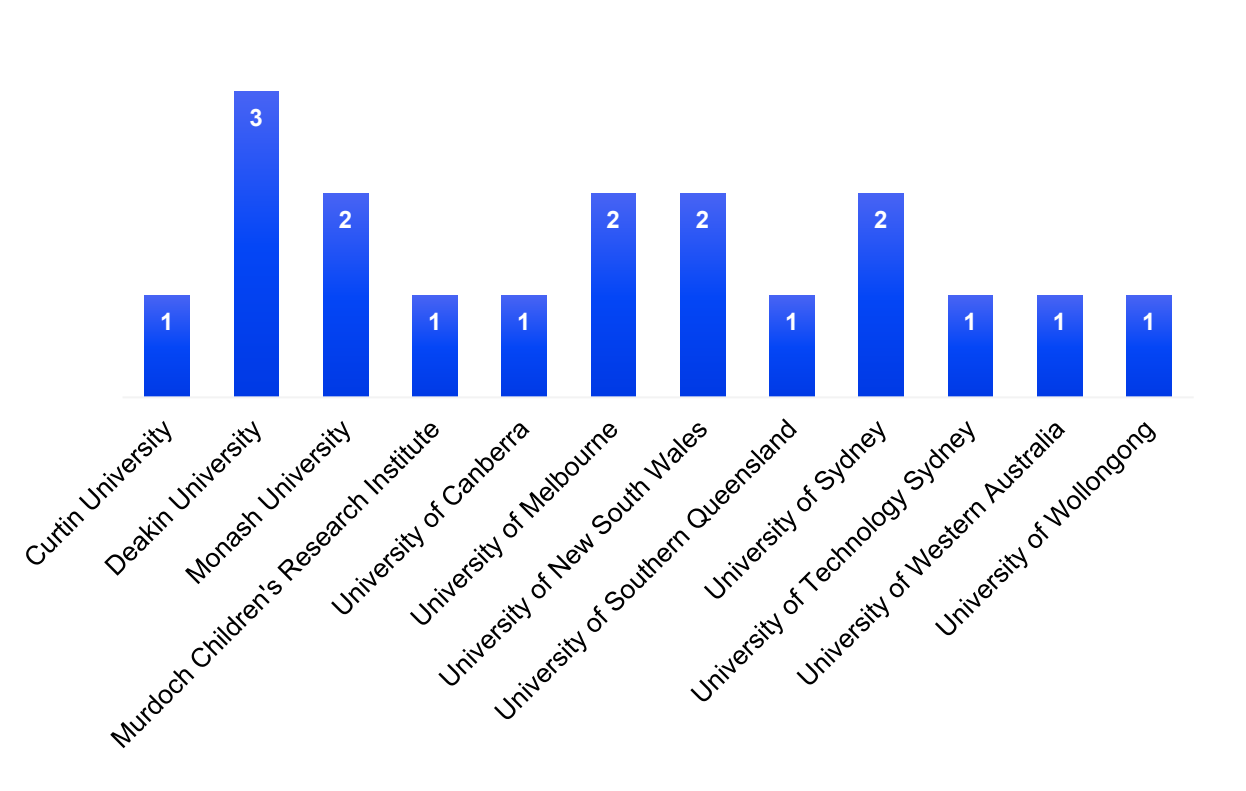
Source: UTS analysis based on Department of Health data, September 2021

As shown in Table 7 (above), grant sizes varied according to the funding stream and specific grant opportunity. They ranged from a low of $218,140 for a 1.5-year project funded under the COVID-19 Mental Health Research grant opportunity, to a high of $11,008,908 for a national collaborative project led by Deakin University, funded under the 2020 Mental Health Research grant opportunity.

Figure 3 shows a breakdown of the total value of grants received by each state and territory. Research institutions from Victoria received 48% of the total allocated funding, amounting to over $31 million, followed by NSW institutions with 32%, or almost $21 million.

Figure 3: Grants received by State and Territory: Million Minds Mental Health Research Mission Projects
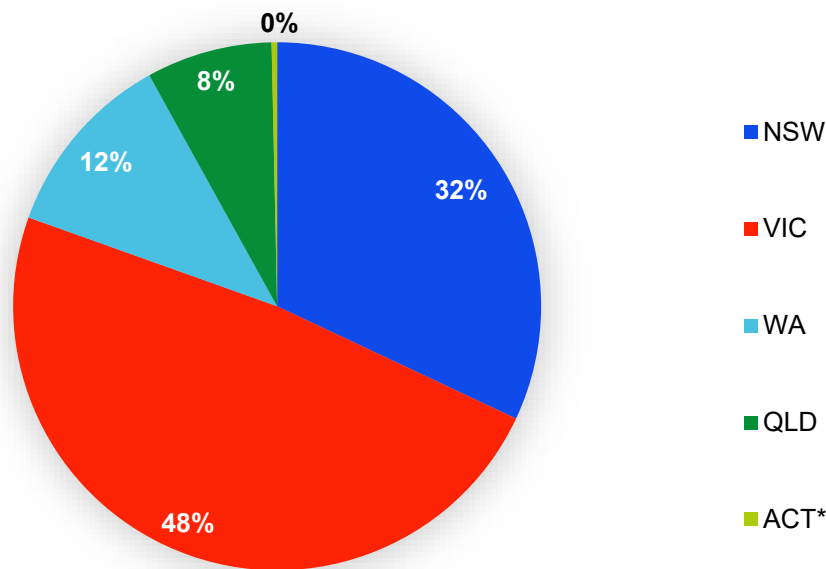
Source: UTS analysis based on Department of Health data, September 2021

*Grant value allocated to ACT is 0.33% of the total Million Minds Mental Health Research Mission grants allocated as at September 2021.

Figure 4 provides a breakdown of funding allocation by research area[105], highlighting that 37% of total allocated funds were directed towards projects that established Clinical Trial Networks, while 19% of funds went to research on Aboriginal and Torres Strait Islander mental health.

Figure 4: Million Minds Mission Funding Allocation by Thematic
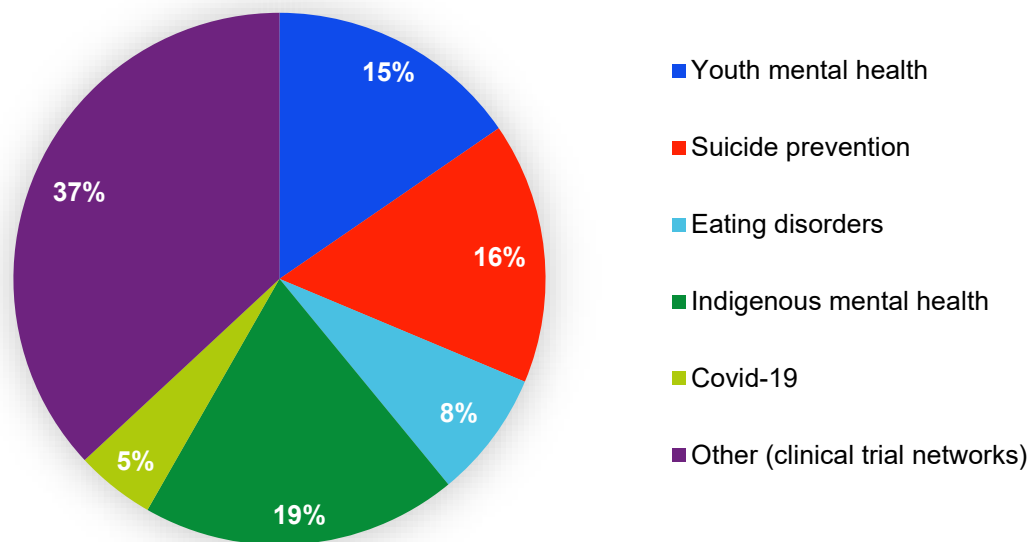
Source: UTS analysis based on Department of Health data, September 2021

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[105] See Section 1.2.2.2 and Attachment 6 for research area details.

Further analysis of the Mission research projects' focus, the progress of the grants, and issues related to their current and anticipated outcomes and impacts are included at Section 4.

3.2   Non-Mission MRFF Mental Health Research Projects

3.2.1   Non-Mission In-Scope Projects

Of the 670 projects funded through the MRFF as at August 2021, 41 were identified by the Department as 'mental health related research projects' and therefore subject to a light touch review. Each of these non-Mission MRFF-funded mental health-related research projects is listed in Table 8.

Table 8: Non-Mission MRFF-Funded Mental Health-Related Research Projects

Emerging Priorities and Consumer Driven Research – 2020 Bushfire Impact[106]

Institution	Project Title	Funding
Australian National University	Building community resilience to promote mental health in bushfire-affected communities	$295,038
Australian National University	The short- and long-term impacts of bushfires on children and their caregivers' mental health: using the Longitudinal Study of Australian Children to understand the economic, family and community protective factors	$135,348
University of Western Australia	Supporting the ongoing wellbeing and resilience of Australia's first responders following the 2019/20 bushfires	$642,196
University of Canberra	Supporting mental health through building resilience during and after bushfires: lessons from the 2019-20 bushfires in southern NSW and the ACT	$322,235
University of New England	Enhancing social and emotional wellbeing healing through arts-based storytelling for Aboriginal communities of northern inland NSW bushfire affected areas	$624,023

Emerging Priorities and Consumer Driven Research – 2019 Mental Pharmacogenomics

Institution	Project Title	Funding
University of Melbourne	The PRESIDE (PhaRmacogEnomicS in Depression) Trial: an RCT of pharmacogenomically-informed prescribing of anti-depressants on depression outcomes in in patients with major depressive disorder in primary care	$1,390,401
University of New South Wales	A multifaceted approach to the pharmacogenomic signatures of bipolar disorder for improving treatment outcomes	$1,009,768

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[106] Two other projects funded under these grants – namely Monash University – Physiological impacts of prolonged bushfire smoke exposure on first responders and outdoor workers; and University of Technology Sydney – Defining and treating the physiological effects of bushfire smoke exposure- have been excluded from this Review.

Institution	Project Title	Funding
University of New South Wales	An Australian multicentre double-blinded randomised controlled trial of genotype-guided versus standard psychotropic therapy in moderately-to-severely depressed patients initiating pharmacotherapy	$2,954,041
Council of the Queensland Institute of Medical Research	Australian Pharmacogenomics Diversity Project: Examining the evidence and improving the performance of pharmacogenomics in the Australian context	$1,371,571

Indigenous Health Research Fund – 2019 Indigenous Health Research

Institution	Project Title	Funding
Menzies School of Health Research	What Matters to Aboriginal and Torres Strait Islander Adolescents' Wellbeing: Developing a wellbeing measure for adolescents (WM2A Project)	$1,896,841
South Australian Health and Medical Research Institute Limited	Ngalaiya Boorai Gabara Budbut – supporting the heads and hearts of children: Responsive mental health care for Aboriginal and Torres Strait Islander adolescents	$1,997,344
University of New South Wales	Enabling dads and improving indigenous adolescent mental health	$1,684,560
University of Queensland	IMHIP-Youth: a multi-disciplinary collaboration to embed and evaluate a model of social and emotional wellbeing care for Indigenous adolescents who experience detention	$1,988,280
University of Queensland	Co-designed sleep health program to achieve better sleep and improved mental health symptoms in indigenous adolescents	$586,961

National Critical Research Infrastructure – 2019 Applied Artificial Intelligence Research in Health

Institution	Project Title	Funding
University of Sydney	Explainable machine learning to improve youth mental health care	$3,107,627
University of New South Wales	Optimising treatments in mental health using AI	$4,995,434

Preventive and Public Health Research – 2019 Preventive and Public Health Research

Institution	Project Title	Funding
University of Newcastle	Building the capacity of community mental health services to provide preventive care to people with a mental health condition	$1,365,093
University of Melbourne	Prenatal environments, offspring neurodevelopment and epigenetic programming	$748,010

Preventive and Public Health Research – 2020 Efficient Use of Existing Medicines

Institution	Project Title	Funding
University of New South Wales	A Phase III randomised placebo-controlled trial of mirtazapine as a pharmacotherapy for methamphetamine ("Ice") dependence	$4,899,580

Clinician Researchers – 2017 and 2018 Next Generation Clinical Researchers

Institution	Project Title	Funding
Australian National University	Implementation of a peer worker-led mental health recovery program	$179,118
Flinders University	Enhancing the capacity of mental health services to review, personalise and intervene early through implementation of real-time outcome monitoring	$179,118
Monash University	Cognitive phenotyping and personalised treatment for methamphetamine addiction	$476,728
Murdoch Children's Research Institute	Significance of low-level mosaicism to intellectual disability in paediatric disorders	$476,728
University of Queensland	iAx: Instant assessment and personalised feedback in alcohol use disorder	$181,066
University of Melbourne	Complex depression and anxiety in youth: Innovative e-therapy and biotherapy clinical trials	$349,629
University of Melbourne	Examining new treatments and developing new treatment biomarkers for youth with severe depression	$333,710
University of Melbourne	Neuroimaging in mental health: the quest for clinically useful biomarkers	$431,000
University of New South Wales	Catch them when they fall: Providing best evidence care after a suicide attempt	$179,118
University of New South Wales	Improving internet-delivered psychological therapies for depression and anxiety	$431,000
University of Sydney	New approaches for treatment of alcohol use disorder	$418,050

Clinician Researchers – 2019 Investigator Grants: Medical Research Future Fund Priority Round

Institution	Project Title	Funding
University of New South Wales	Tackling it with Tech: Using novel Internet solutions to overcome the burden of depression in youth	$620,205
Monash University	Using a purpose-built digital assessment tool to determine the mechanisms driving addictive behaviours and its utility to improve treatment engagement and outcomes	$645,205

Institution	Project Title	Funding
University of Melbourne	A Neural Systems Model to optimize treatment outcomes in binge eating populations	$645,205
Deakin University	Improving outcomes for children and adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD) and their carers	$1,544,073
University of Melbourne	The male experience of eating and body image disorders	$1,562,250

Emerging Priorities and Consumer Driven Research – 2019 Autism Spectrum Disorder

Institution	Project Title	Funding
Monash University	Autism Spectrum Disorders and Comorbid Disorders: Diagnosis and Treatment	$2,500,000

Clinical Trials Activity – 2017 Lifting Clinical Trials and Registries Capacity

Institution	Project Title	Funding
Murdoch Children's Research Institute/ Australian National University	A randomised placebo-controlled trial of combined mitochondrial agents for the treatment of fatigue and depression in multiple sclerosis with an assessment of the impact on kynurenine pathway metabolomics	$887,071

Clinical Trials Activity – 2018 and 2019 Rare Cancers, Rare Diseases and Unmet Needs-General and Neurological Disorders

Institution	Project Title	Funding
Deakin University	The Candesartan Adjunctive bipolar depression trial - CADET	$2,428,397
Council of the Queensland Institute of Medical Research	PRoCESS: Pancreatic cancer relatives counselling and education support service trial. assessing the effect of nurse-led counselling, compared with information alone, on participant-reported outcomes and use of medical services	$801,229
University of Sydney	Evaluation of a new brief intervention for childhood Autism Spectrum Disorders	$837,447
Deakin University	Does repetitive transcranial magnetic stimulation (rTMS), compared to sham rTMS, improve social communication in adolescents and young adults with Autism Spectrum Disorder?	$1,903,208
Total awarded:		$50,023,906

Source: UTS analysis based on Department of Health data, September 2021

3.2.2   Preliminary Investment Analysis of Non-Mission MRFF Projects

Analysis of the 41 in-scope, non-Mission MRFF mental health research projects revealed that research funding has been dispersed across seven Australian states and territories.

Across these projects, 85% are being administered by a university and 15% by medical research institutes.

As illustrated in Table 8, grant sizes varied according to the specific stream under which projects were funded. The lowest value awarded grant was $135,348 under the 2020 Bushfire Impact Research Grant opportunity, while the biggest was awarded under the 2019 Applied Artificial Intelligence Research in Health grant opportunity.

Figure 5 shows that the vast majority of the projects received grants of up to $2 million, with 59% receiving up to $1 million, and 27% granted between $1 million and $2 million.

Figure 5: Grant value: MRFF In-Scope Mental Health Research Projects

Legend:
- Up to $1 milllion
- $1 million - $1,999,999
- $2 million - $2,999,999
- $3 million - $3,999,999
- Over $4 million
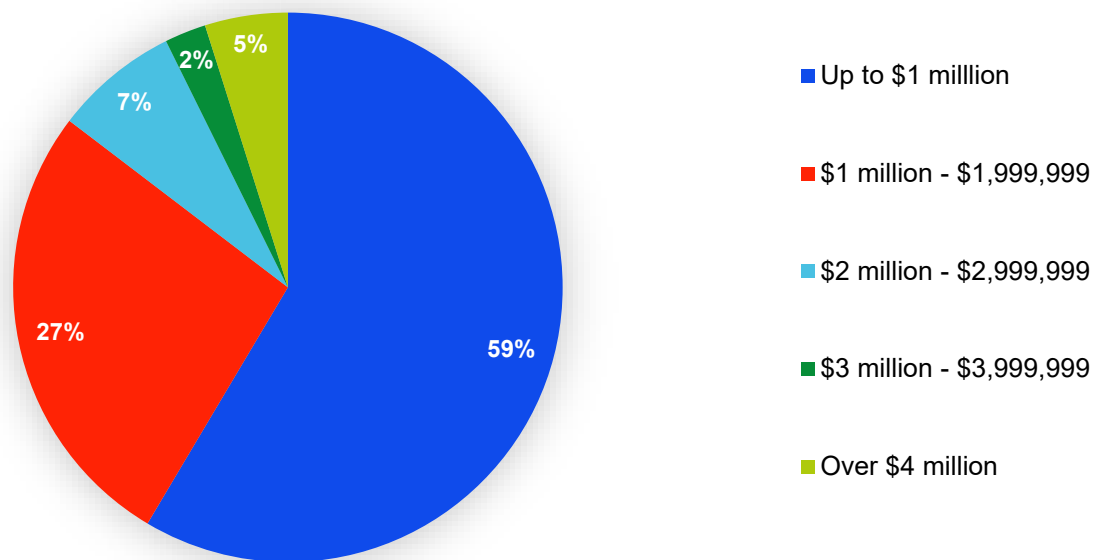
Source: UTS analysis based on Department of Health data, September 2021

As illustrated in Figure 6, most awarded institutions were based in NSW and Victoria, with 28 MRFF grants going towards mental health research projects led by universities and research institutes from those two states. Research institutions from Queensland received 5 grants, while those in the ACT received 4 grants.

Figure 6: Grants received by State and Territory: MRFF In-Scope Mental Health Research Projects

Source: UTS analysis based on Department of Health data, September 2021

Review of the MRFF Million Minds Mental Health Research Mission
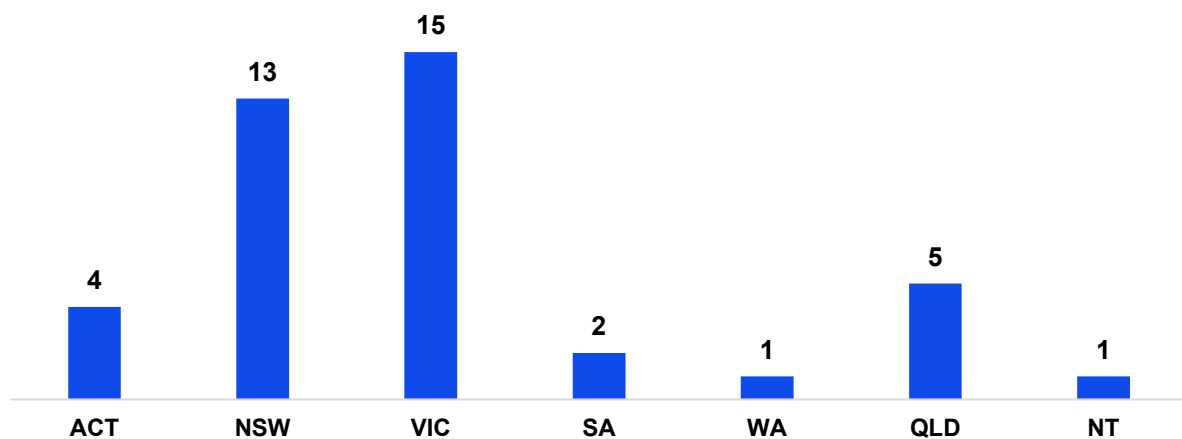
Figure 7 shows a breakdown of the total value of grants received by each state and territory. It reveals that research institutions from NSW received 46% of allocated funding, amounting to over $23 million, followed by Victorian institutions which received 33% of the funds, or just over $16 million.

Figure 7: Combined funding allocated to date by State and Territory: MRFF In-Scope Mental Health Research Projects
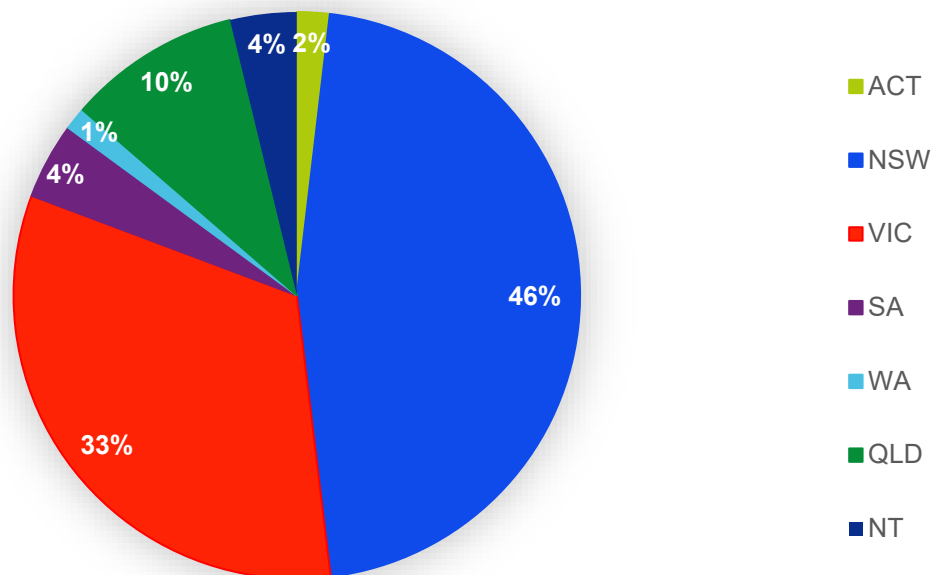
Source: UTS analysis based on Department of Health data, September 2021

In terms of research topics and thematics, a wide range of mental health subject areas are being investigated through the MRFF grants. Figure 8 illustrates a breakdown of the 41 projects by thematic. It should be noted that there is likely to be some overlap of research topics/themes across the individual MRFF in-scope projects.

Figure 8: Research Topics/ Themes: MRFF In-Scope Mental Health Research Projects

Youth mental health · Suicide prevention · Eating disorders · Indigenous mental health · Bushfires · Pharmacogenomics · Community mental health/ Support groups · Addiction and substance abuse · ICT for treatment of mental health · ASD, ADHD and cognitive disability · Other
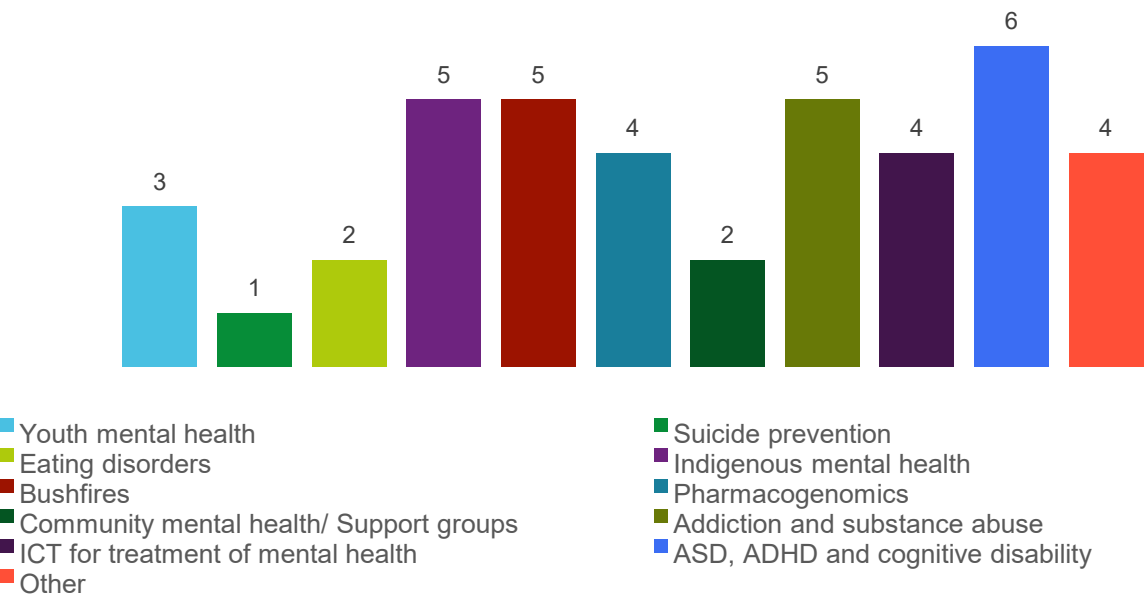
Source: UTS analysis based on Department of Health data, September 2021

4. Review Findings

4.1 Research Project Status

4.1.1 Overall Progress

This section presents an overview of the status of Mission funded projects, based on information extracted from individual progress reports and feedback gathered through the engagement process. It should be noted that all Mission projects are still active, i.e., none have reached the end of their funding period.

When Mission respondents (n=29) were asked about the status of their project:

- 66% reported they were in the early design and implementation stage
- 17% were at the early establishment stage
- 14% were at the advanced design and implementation stage
- 3% were at the final stage.

Available non-Mission MRFF funded project progress reports also revealed good progress against project milestones, with respondents indicating satisfaction in where their research was at, noting small response rates.

4.1.2 Research Enablers and Barriers

Mission researchers were asked to reflect on the factors that had positively ('enablers') and negatively ('barriers') contributed to the progress of their research.

A small number of respondents involved in Mission and non-Mission MRFF projects, identified enabling factors, while 44% of Mission respondents (27) and half of non-Mission MRFF respondents (4) identified negative and unexpected barriers to the progress of their projects.

Thirty-seven percent (10) of Mission respondents stated that their projects had encountered both negative and positive factors.

Overall, the Review identified a number of common research enablers and barriers that can be used to inform the implementation of future Mission projects, as well as the administration of future grant opportunities. These are set our below.

4.1.2.1 Research Enablers

Internal Factors

Several Mission respondents stated that **strong leadership and governance structures** were crucial factors in ensuring project success, particularly in the face of unexpected challenges such as the COVID-19 pandemic. Practical dimensions of this were reported to include:

- establishing clear role and responsibility definitions between the research partners
- convening regular group meetings and exchanges
- making sure there is "strong organisational support behind you" (CI, MMM)

- disseminating regular updates and clear communications with partner organisations and community stakeholders including, in particular, those related to the changing COVID-19 restrictions

- **being able to 'pivot'** quickly in response to unforeseen challenges such as social distancing restrictions posed by the pandemic (CI, MMM). Examples of this included a number of projects making greater use of social media platforms, such as Facebook and Twitter, than originally anticipated in order to reach a wider audience and enabling them to recruit a larger number of individual participants to for trial programs. In fact, while some projects had embedded the use of social media into their research design from the outset, those that turned to social media after experiencing difficulties in implementing a preliminary project plan reported it was a valued option.

> *"If we had known the success of the Facebook Campaign, we may have done it earlier."* CI, MMM

> *"We had more success in recruitment with social media than anything else,*
> *which was surprising."* CI, MMM

Having a **dedicated and cooperative research team** was also consistently raised as vital to project success. For example, one researcher reported that the dedication and flexibility of their research team enabled their project to provide trial services outside of standard business hours, in turn allowing a more diverse cohort of consumers – such as full-time workers and parents with demanding childcare schedules – to engage with the research.

Other Mission researchers noted that **established professional networks and standing groups of research team members** improved their capacity to establish collaborative relationships with other researchers, institutions, government agencies, service providers and partner organisations.[107]

> *"We relied on utilising existing relationships and rapport between individual*
> *staff members and services."* CI, MMM

Some respondents also emphasised that it was important to **address potential barriers for consumers** that may discourage or prevent them from participating in research. For example, by:

- allocating time to building trust and establishing genuine relationships between all partners. Some researchers focused on Aboriginal and Torres Strait Islander mental health stressed the importance of building "genuine and respectful partnerships" (CI, MMM) with communities, including through meeting individuals on country (see Case Study 2)

- ensuring that digital literacy and technology access issues are considered in the design of engagement mechanisms. One project addressed this issue by providing coaching to individuals in the use of their trial intervention's digital platform and by lending out any devices required. In this way, engagement was expanded to include individuals who may not otherwise have been involved in the trial of a digital intervention

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[107] For example, one Mission Project Lead estimated that 3 of their 6 partner organisations were recruited through their personal professional networks, 2 were recruited through the networks of her Chief Investigators and Assistant Investigators, and that their final partner organisation was introduced via one of their other partner organisations. Similarly, another project was able to establish dialogue with policymakers in Canberra based on the professional networks of one of their Chief Investigators.

*"We were firm that digital literacy or access to technology should
not be a barrier to access."* CI, MMM

- regularly providing feedback, communicating and "sell how your findings will help [community partners]" (CI, MMM). One project representative explained how the data produced by the research will help bring about policy changes that will benefit partners and the community.

External Factors

A number of Mission respondents also cited external enablers that had assisted their research to progress. This included **leveraging the networks, systems and operational platforms of partner organisations**, particularly for recruiting participants and promoting their studies.

Various projects reported utilising their partner organisations' social media platforms as a recruitment channel. One project primarily relied on their partner organisations' connections with the local community and existing relationships with participants to recruit for their study.

*"We have partnered with a number of community organisations who have promoted
our study through their websites, newsletters and twitter accounts."* CI, MMM

Whilst most projects reported being negatively impacted by the COVID-19 pandemic (see Section 4.1.2.2 and Attachment 7), some researchers observed that the **extended lockdowns,** particularly in Melbourne and Sydney during 2021, appeared to have increased consumer engagement. It was suggested this was because people had more spare time and the capacity to engage with research whilst working from home. Projects focused on digital interventions, or utilising social media, found this particularly impactful. One study that reported a spike in applications for their digital program from 150 to 1,400 participants in early 2021, attributed this to the lockdowns instituted in Victoria.

*"Unfortunately, lockdown has helped with our recruitment – there was a big spike as a result.
The release of the lockdowns has almost been a barrier, as people are now less capable of
attending sessions."* CI, MMM

A number of researchers also noted they were helped by the **dedication, enthusiasm and patience of research participants**, specifically: individuals with lived experience; carers; health professionals; and other service providers.

Non-Mission MRFF-funded researchers identified similar enablers to the Mission researchers, including:

- support, engagement and "ownership" of the research by consumers and the wider community (CI, MMM)

- additional resources, both material and technical, provided by partner organisations.

4.1.2.2   Research Barriers

When Mission researchers were asked what had negatively contributed to, or posed a barrier to progress, various factors were raised. The most dominant, as might be expected, related to the COVID-19 pandemic.

External Factors

The **COVID-19 pandemic** was the largest barrier raised by almost all respondents, with identified impacts ranging from:

- shared public health restrictions and a lack of access to team members, institutional facilities and research participants

- service closures, personnel illness and furloughs

- change in research contexts (e.g. hospitals and health centres)

- increased costs and strain on resources (human and material)

- constant uncertainty and flux, causing researchers to continually adjust approaches and timeframes.

As one researcher summed up:

> *"Conducting research in the health and mental health sector during the last two years has been exceptionally challenging. It has simply not been anyone's priority (understandably)."*
> *CI, MMM*

Given the uniqueness and impact of the situation, these COVID-19 related issues and barriers are further detailed at Attachment 7.

Excluding COVID-19 impacts, Mission researchers identified a small number of other external factors that had negatively contributed or posed a 'barrier' to research progress.

These included the **ongoing social stigma and limited mental health literacy** in the general population, and among some healthcare workers. Multiple researchers contended that the social stigma resulting from a lack of information on mental health prevented some cohorts of consumers, for example, older men and individuals with eating disorders, from engaging with research. Further, some researchers felt that limited mental health knowledge led some participants and health staff to be resistant to interventions that were considered 'alternative', such as the lifestyle-based interventions. For instance:

- researchers on one project noted that there were "strong attitudes and perceptions regarding lifestyle interventions for mental health" and that, as a result, "trying to encourage clinicians to invest in this type of work and to refer individuals was difficult." (CI, MMM)

- another researcher commented "there is a stigma around eating disorders, so people don't want to identify as having one" (Researcher, MMM).

A few respondents commented on **delays in the awarding of grants**, leading to a loss of momentum between the partners, and, in turn, a slower start to the project. In a few cases the delay posed complications in staffing and the administration before funding became available, leading to a dependence on existing administrative teams who had other responsibilities and priorities.

Non-Mission MRFF-funded respondents also identified COVID-19 as the most significant barrier to the progress of their research, plus:

- university administration procedures, particularly where the institution controls funding

- staff retention issues.

Internal Factors

The second most common barrier reported related to the **administrative burden associated with establishing multi-institutional research agreements**, including the associated delays and complexities of navigating multiple ethics approval processes. This was widely reported as creating significant delays to research commencement, frustrating various researchers and partner organisations keen to commence.

Some researchers also cited "inefficient university administration processes" and the challenge of negotiating "certain contractual issues", such as intellectual property rights, with partner institutions as barriers (CI, MMM).

"We were delayed by the ridiculous snail paces that our universities go at." CI, MMM

Administrative delays were also raised by researchers conducting research outside of university settings, including in regard to processing additional ethics applications. One project team experienced significant delays when dealing with the varying hospital ethics and data storage processes required to engage with consumers and carers across different jurisdictions.

The **complexity of managing multi-institutional partnerships** also impacted the progress of some projects. For example, researchers found that the alignment of protocols and systems across organisations proved time consuming, while building working relationships between a large number of institutions was a demanding process, given that "trust doesn't happen overnight". (CI, MMM)

"When there are so many stakeholders in the mix – how do you keep all of that afloat? What processes need to be put in place?" CI, MMM

A few respondents also noted that at times "**theoretical disagreements** with colleagues" within their internal team, and with partner organisations, also created impediments. One Project Lead (MMM) cited "tensions over the nature of 'knowledge'" as a significant barrier, whilst another researcher observed that team members should have established "a shared understanding of the concept of co-design before beginning the project".

Finally, some researchers reported delays due to their **iterative research approach**, requiring the team to change or expand the design of the project in response to preliminary findings or feedback from stakeholders. For example, one Mission project initiated an additional study on digital fatigue, and how to manage its impacts, in response to consumer feedback. While this was not necessarily a barrier to the research, it was nonetheless offered as an explanation for delays in project delivery.

"As we take on feedback from stakeholders, things change, and things grow …it has become bigger than Ben Hur." CI, MMM

4.1.3   Most Significant Research Impacts to Date

While the following sections of the Report investigate how current Mission research investments align to broader Mission and MRFF goals and objectives, researchers themselves were asked to outline what they felt was their project's most significant contribution to mental health in Australia. The survey question did not ask for evidence of benefit, but rather the respondent's perception of the project's most signification contribution.

Table 9 provides a selection of those survey responses grouped by topic or population type.

Table 9: Self-Reported Most Significant Contribution to Date by Mission and MRFF Researchers

Prevention, identification and treatment of eating disorders
• The first smartphone app designed to treat and prevent eating disorders among sexual minority men
• Knowledge gained in understanding the progress trajectory through intervention, and determining most effective pathways for positive outcomes
• The development of digital health resources for individuals with or at risk of an eating disorder • Creation of an extensive list of key eating disorder related terms used on social media. This list of terms is important for quickly identifying eating disorder related conversations online, understanding the nature of these conversations, and providing opportunities to provide information to social media users about helpful resources for any eating disorder concerns they may have

Mental health of children and young people
• Establishment of a sustainable model of self-directed care for children and adolescents with common mental health problems that can supplement existing services and provide new options for Australian families • Validation of new treatment approaches and implementation models that can assist in the long-term translation of this assessment and treatment model
• Mass dissemination / accessibility of evidence-based mental health intervention support/services for children / young people (and parents and clinicians)
• The development of a user-friendly online set of evidence-based interventions, offering best practice for anxious and depressed youth, with additional content for other comorbidities
• The establishment of a national network to facilitate best practice child and family mental health and wellbeing promotion and early intervention and implement innovative evidence-based child mental health treatment services and programs for all Australian Children and their families
• The potential to revolutionize the way that parents/carers and young people check in about child mental health care and get channelled to appropriate information or interventions. Also the potential to set up an ongoing Clinical Trials Network that will facilitate asking and solving big questions in child mental health
• Establishing an online, free, open access platform for the assessment and treatment of child and adolescent anxiety, depression, and comorbid disorders
• Early intervention in child mental health

Mental health of Aboriginal and Torres Strait Islanders
• Facilitating direct involvement by the Aboriginal community, Elders and young people, in both the research process and service delivery co-design
Suicide prevention
• Potential for suicide prevention to be embedded in early parenting and mental health services across Australia
• Investigating interventions to promote men's mental health in early fatherhood which is a neglected area of men's and family health
• Prevention of mental health problems / suicide in young men
• The development of a relevant and acceptable pathway for those "under the radar" to receive support/care and, if applicable, treatment for their suicide prevention risk
• Providing evidence around interventions for suicide prevention for boys and men
COVID-19 related mental health responses
• Understanding the accumulated impact of bushfires, foods, drought and then the COVID-19 pandemic, in particular the public health measures, on bereavement and mental health outcomes
• Empowering parents to support their adolescent children who experience mental health problems during or following lockdowns
• Development and delivery of a novel online intervention to support parents/families during the pandemic, with the ultimate aim of reducing the youth mental health impact of the pandemic
• Enhancing the capacity of a crisis service to respond to national crises like the COVID-19 pandemic
Clinical Trials Networks
• Establishing a Clinical Trials Network for child and adolescent mental health servicing
• Developing collaboration and frameworks (coordination, standards, etc.) for high-quality clinical trials to promote discovery and implementation of better treatments (and prevention) for mental health
• Improvement in evidence-based access and delivery of services for child mental health
• Improve and transform child mental health systems and introduce novel approaches to overcoming existing barriers to the completion and implementation of findings from clinical trials in child mental health

Source: UTS Review Mission respondent survey data, January 2022

Several common benefit themes also emerged through the Review's wider engagement and feedback processes. These included:

- assisting individuals and communities that are often without access to quality mental health interventions

- adapting new technologies and digital communications to benefit hard to reach groups in the community

- preventing suicide, harm and other serious consequence of mental illness

- having the opportunity to establish and refine new pathways for consumers to access appropriate treatments and interventions

- having the time, capacity and resources to participate in meaningful collaborations and co-design with people with lived experience of mental ill health

- designing and refining culturally-safe and age-appropriate services and interventions

- disseminating, and having opportunities to discuss evidence-based models and responses,

- forming close collaborations, networks and research partnerships across Australia

- providing long term opportunities for mental health researchers.

In addition, more recent COVID-19 and bushfire related researchers noted:

- the ability to outreach and bring quality responses to people in immediate need, rather than wait for more serious issues and crises to emerge.

Despite these affirming statements and perspectives, many projects are still in the early stage of implementation and the major contributions identified should therefore be considered anticipatory.

> Nevertheless, it was apparent through feedback and the progress reports that all Mission projects are making significant progress towards their stated milestones and objectives, which augurs well for downstream Mission reviews and a full MRFF evaluation.

4.2 Mission Roadmap Progress to-Date

Key to the Australian Government's establishment of the Million Minds Mental Health Research Mission was the publication of the Million Minds Mission Roadmap (2018).

The following section assesses the extent to which current Mission investments, and to a lesser extend non-Mission MRFF projects, are aligned and contributing to Roadmap directions, beginning with its Guiding Investment Principles (see Section 1.2.2.1).

Sections 4.3 and 4.4 which follow, assess the research projects' contributions to and alignment with the MEL Strategy. It should be noted that due to the complementary nature of the Roadmap Investment Principles and the MEL Strategy, there is some overlap in reporting. This is identified where relevant.

4.2.1 Alignment to Mission Roadmap Guiding Investment Principles

4.2.1.1 Access for all Australians

The first Guiding Investment Principle for the Mission is to ensure that:

> "All Australians irrespective of background, circumstances, or geography, should have access to evidence-based, best-practice mental health and suicide prevention, treatment, and care."

Though it is too early in the life of the program to make concrete assessments, it does appear that the Mission's current investments will contribute to addressing the barriers and gaps in existing research that limits access to evidence-based, best-practice treatment for some Australians.

As detailed in Section 4.2.1 below, there is evidence that Mission projects are contributing to research in areas that have historically been underfunded, and are targeted to specific demographic groups who may not presently have access to treatments that meet their needs, such as young fathers and Aboriginal and Torres Strait Islander communities. Case Study 2 provides one example of the Mission's work in pursuing the Principle of increasing access for all Australians, through its focus on Aboriginal and Torres Strait Islander mental health.

A further example is the development of online interventions as a means of helping to reduce barriers imposed by background, circumstances or geography. For instance, one project is developing a free and easily accessible online tool targeted at children and young people to support the identification and early intervention of anxiety and depression. The online platform will be the first of its kind and comes in response to the increasing demand for this type of resource.

> *"Currently there are NO online programs for depression for children, and none freely available for youth in Australia." CI, MMM*

In summary, whilst it is too early to provide definitive assessments, there is evidence to suggest that the Mission's current investments will contribute to expanding access to evidence-based, best-practice prevention, treatment and care for all Australians, by supporting: (1) historically underfunded research areas; (2) the development of targeted treatments for specific demographic groups (e.g. young fathers, Aboriginal and Torres Strait Islander communities); and (3) introducing online interventions which will assist in reducing geographic and other barriers to treatment.

4.2.1.2 Innovation and New Approaches

The second Guiding Investment Principle for the Mission states that:

> "The focus … will be on research into interventions that are innovative and have the ability to transform current prevention and treatment without duplicating the efforts of existing initiatives."

The Review found that most funded projects were deploying innovative approaches to their mental health research. Eight-six percent (18) of Mission survey respondents self-reported that their project had introduced an innovative research approach, and the majority provided details

of these approaches. Additional in-depth external assessment would be needed to objectively determine the prevalence and extent of innovative approaches in Mission-funded projects.

When asked the same question, 90% (27) of other stakeholders agreed that Mission and non-Mission MRFF funded projects were introducing innovative and new approaches to mental health research in Australia, whilst 10% of respondents disagreed with the statement.

How innovation was being delivered varied. For example, the use of technology and online tools to identify mental health problems and promote timely support for those at risk, was often cited by Mission researchers as being innovative. Digital health interventions were common to a number of Mission projects, and their benefits were multiplied when remote access requirements became essential due to COVID-19 pandemic restrictions. It was also reported that the accelerated use of digital technologies across numerous projects has created a positive momentum to roll-out further mental health digital interventions in the future.

> *"There were many people who were really pleased to be able to continue having some form of [online] therapy uninterrupted during lockdown […] It's not just an online program, it's a platform through which individuals access their therapists and clinicians […] we've been thinking of a way to deliver this [online] program to our providers beyond the trial."* CI, MMM

For example, one project has analysed over 3 million social media posts in order to identify key trends in online discussions, including the portrayal of eating disorders. The findings are expected to contribute towards changing messages that encourage disordered eating behaviours, as well as supporting detection of those at risk of eating disorders, and preparing tailored early intervention responses.

Another Mission project is employing a modularised digital treatment program to identify and treat child and adolescent anxiety and depression and other related difficulties.

> *"We are examining a tailored online program - one that uses the assessment results to tailor make an online program for each youth. Nobody in the world has done this to date."* CI, MMM

A Mission project funded under the 2020 COVID-19 Mental Health Research grant opportunity is using text mining to streamline the content analysis process. Through the effective use of technology, the project aims to reach more people. Since its establishment, the project has analysed over 500,000 police reports in order to identify indicators of mental illness and distress.[108] The Project Lead is confident this digitally assisted methodology can be applied to other research initiatives.

Another example of the innovative use of technology comes from a project using digital communication and online support to deliver lifestyle-based interventions to improve depression and anxiety. The project was reported to be one of the first of its kind in Australia and was delivered through online consultation and group therapy sessions.

In the context of the highly fragmented mental health research landscape in Australia, projects that have established Clinical Trials Networks and/or are heavily reliant on, and supportive of nationwide multi-institutional collaborations, were reported to have genuinely brought innovation to the sector. Respondents highlighted numerous benefits, the most dominant being the capacity to maximise research resources and expertise and share information throughout Australia. This

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[108] This figure is impressive when compared to a previous study that manually analysed police reports and only managed to study 100 reports due to the time consuming and demanding nature of the qualitative coding process. (Source: Project Lead, Million Minds project.)

carries the advantage of increasing the efficiency of individual clinical trials, at the same time as improving the quality and speed of translation into practice.

Overall, the Review found that the Mission projects had contributed to research innovation in the field of mental health, with the following new approaches most evident:

1) Use of digital tools and technology to identify people at risk and provide tailored diagnosis and interventions

2) Forging new collaborations and co-design approaches with people with lived experience (discussed further at Section 4.2.2.5 and 4.2.2.6)

3) Creation of multi-institutional nationwide mental health Clinical Trials Networks.

These findings are consistent with evidence from the international mental health research landscape, as discussed in Section 2.2.

4.2.1.3   Addressing Comorbidity

The third Mission Roadmap Guiding Investment Principle states that:

> "Research that acknowledges, and aims to understand, comorbidities is important for delivering better care for those with mental illness and at risk of suicide."

Analysis of project documentation, along with feedback from the consultation sessions, revealed that many of the Mission and non-Mission MRFF projects were addressing comorbidities with mental health and using a range of approaches.

One project highlighted the complex implications of eating disorders on consumers, noting that eating disorders are often triggered by, and co-exist with, other mental and physical illnesses such as depression and diabetes. As part of its strategy, the project is building a national surveillance system of individuals with eating disorders to capture screening, diagnosis and treatment data. Some of the key focus areas of the study look at the severity, stage and complexity of the eating disorder and its comorbidities. The project is significant for its research into a topic that is considered underfunded, while at the same time tackling a life-threatening condition.

Another project recognises the severe implications of comorbidities and mortality associated with mental health in Aboriginal youth. Despite the known consequences, mental health care for Aboriginal youth has traditionally been based on models that do not comply with safe cultural practices and community expectations. To address these gaps, the project has developed culturally informed research practices which are expected to raise awareness and encourage adaptive services that are culturally-secure and empowering for Aboriginal consumers. Additionally, the evidence generated through the research will inform screening policies and provide effective support for navigating care in mental health and also associated comorbidities.

Another Mission-funded comorbidity focused project is examining the severity of Prolonged Grief Disorder (PGD) on those bereaved by the loss of a loved one. Research estimates that each year around 44,000 Australians are affected by PGD, in most cases leading to serious comorbidities. By establishing a national database of mental health outcomes and service needs of those bereaved, the project aims to create an evidence-based model of care to tackle the effects of PGD and reduce the severity of associated comorbidities.

Examples from non-Mission MRFF projects also demonstrate a commitment to addressing comorbidities of mental illness, such as those experienced by young people diagnosed with autism spectrum disorder (ASD), or consumers suffering from addiction and substance abuse. Some projects' key goals are phrased around improving diagnosis and providing evidence-based treatments to reduce the prevalence and severity of mental illness and other associated comorbidities.

> In summary, a number of the Mission and non-Mission MRFF funded projects are advancing research into the understanding of comorbidities, and the development interventions which address their compounding impacts.
>
> This includes comorbidities associated with conditions such as anxiety, depression, eating disorders and ASD, as well as investment into research specifically focused on the understanding of comorbidities within Aboriginal and Torres Strait Islander communities, and practicing culturally safe interventions.

4.2.1.4   Translational Research

The fourth Guiding Investment Principle set out in the Mission Roadmap states that:

> "Research should directly involve members of the community and be translational in nature." [109]

Based on self-reporting through the online surveys, 92% (23) of Mission respondents expect to translate their project's findings into practice within the next two years – although only 8 Mission respondents reported that they had already made progress in this regard. It should be noted, however, that there are varying perceptions in the sector of what translation means, ranging from early dissemination of research results through to sustained change in clinical behaviour. While outputs and the dissemination of information are critical early steps to support longer-term translation, it is recognised that widespread understanding and application of the evidence base may take many years and, in some instances, decades.

Just over half (54% [14]) of Mission respondents reported that they had shared their findings with others not immediately involved in the project, and an analysis of the Mission progress reports submitted to the Department indicated that 10 of the 18 Mission projects had engaged in some form of dedicated translational activity to-date.[110]

As suggested by many of the researchers who participated in the Review, **it is likely to be too soon to assess the translational impacts of the Mission and its progress toward improving access to evidence-based interventions**.

At this stage, many of the Mission projects have not yet produced translatable findings due either to project delays, or because they have only recently been initiated under the Mission's newer grant opportunities. This is reflected in the survey data, where 66% (19) of respondents indicated that their project was only in its early design/implementation phase, and only one respondent reported that their project was at the stage of being finalised. Further, it was found

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[109] Australian Department of Health 2018, *The Million Minds Mission Roadmap,* Last Updated 21 November 2018 p. 1.

[110] IPPG Analysis of Mission Progress Reports submitted until Feb 2022.

that some planned translation activities, such as presentations at industry conferences, had been delayed due to COVID-19 travel and gathering restrictions.

"It is too early to tell with research translation…we are still finding our feet." CI, MMM

The translation of future findings has, however, been embedded into the design of many Mission projects. For example, one project has developed an Integrated Knowledge Translation Strategy. Similarly, although the funding period for another project only began in May 2021, the project has already established a dedicated sub-committee to ensure its future findings are translated into practice.

Further, as indicated above, 10 of the 18 Mission projects *have* reported making some progress toward translating their findings into practice. At this stage, translation has primarily involved disseminating knowledge regarding preliminary findings or research design through a variety of mechanisms including:

- writing academic and industry publications

- preparing policy submissions

- disseminating outcomes through traditional and social media

- hosting dedicated websites

- participating in industry conferences and public events

- circulating targeted newsletters to stakeholders.

Two projects have also reported providing training to service providers not immediately involved in their project, indicating progress toward improving access to evidence-based approaches to mental health treatment.

Interestingly, whilst multiple projects have presented at existing regional, national and international industry conferences, some have chosen to initiate and host their own knowledge-sharing events. One project has, for example, embedded regular translational events into their project's calendar, including hosting annual research forums that highlight their key findings and holding regular webinars. These events are targeted toward the project's partner organisations, though are open to the public and include co-presentations by individuals with lived experience involved in the study.

Other projects have similarly hosted and co-hosted conferences for relevant service providers, agencies, peak bodies, and community leaders, which have, in some cases, resulted in the development of wider communities-of-practice.[111]

Importantly, many projects are working to ensure that their findings are **translated in ways that can be understood and used by the general public**. One project has, for example, disseminated lay summaries of its findings in publications such as *The Conversation,* through radio interviews, and in documentaries produced by the ABC and SBS. Another project plans to engage directly with the community at Brisbane's 2022 Care Expo, where a representative will field direct questions from the community on the progress of their project and its findings.

"Creating places and spaces in public to talk about mental health is important." CI, MMM

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[111] Associate Professor Michael Wright 2021, Progress Report, Updated May 2021 p. 41

Efforts have also been made to ensure that findings are disseminated in targeted and culturally appropriate ways. One project, for example, hosted a "Fireside Feed and Yarn" in May 2021 at the Bilya Koort Boodja Centre in Western Australia to engage local Community members with their project, and has disseminated the findings of co-design workshops back to the Elders of each participating community. Co-researchers from the Community were also asked to present back to their Community on the project's findings. It was observed that this has made translation more "palpable" and fostered "a totally different conversation" than would otherwise occur. (CI, MMM) Further, this style of translation has ensured that the research team remains accountable to the communities it is trying to support. The project additionally provides regular updates to the Aboriginal Health Council of Western Australia and has established a dedicated website which publishes 'Significant Learnings' from the project, targeted towards the needs of services, researchers and the community.[112]

"It shouldn't be me talking about what we are doing, it should be the community."
CI, MMM

"Translation is less about me and more about them." CI, MMM

It was also suggested that Mission projects were having **immediate translational impacts and improving access to evidence-based approaches through the involvement of consumers and service providers** in the delivery of trial interventions. Some researchers reported receiving feedback from consumers that they had directly and immediately benefited from their participation in the intervention under trial. Similarly, researchers observed that the inclusion of clinicians and other service providers in project delivery had encouraged the iterative translation of findings to other clinical services as and encouraged knowledge sharing with industry. This was thought to be producing "local improvements" to health practice.[113]

"Based on the feedback from individuals – regardless of measurable outcomes – it is incredible, the benefits that they have already experienced." CI, MMM

Further, it was reported by one project that the inclusion of service providers as research collaborators had instigated organisation-wide practice changes. The Project Lead (MMM) believed that their partner organisation's decision to embed co-design strategies as part of organisation-wide practice would provide benefits beyond mental health: "this has the potential to transform the range of mental health, disability and chronic disease services" the organisation provides "leading to better health outcomes for more Aboriginal people and families."[114]

"By consistently involving key service partners in the research process, it is envisaged that the project will start to impact delivery of youth mental health services at a national level."
CI, MMM

When asked about their project's progress in relation to translating findings into practice, half of the non-Mission MRFF respondents believed that their project had already achieved this goal, whilst all respondents agreed that their projects had managed to share findings with others not immediately involved in the research and would continue to do so for the foreseeable future.

For example, one of the projects funded under the Clinical Trials Activity initiative reported that it intends to achieve its translational and dissemination goals by establishing a community

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[112] Associate Professor Michael Wright 2021, Progress Report, Updated May 2021 p. 4.

[113] Doctor Sarah Maguire 2021, Updated May 2021 p. 7.

[114] Associate Professor Michael Wright 2021, Progress Report, Updated May 2021 p. 7.

reference group involving individuals with autism, parents and carers of children and young adults with autism, and senior members of autism advocacy and support groups who were, in turn, expected to share the project findings through their networks.

Other translational activities reported by non-Mission MRFF included:

- the production of clinical guidelines, integrating findings into routine practice

- publication of free online resources for mental health consumers

- presentations to researchers, health professionals, industry and government organisations

- knowledge dissemination across multiple forms of media including radio, newspaper articles and social media

- presentations to the community through engagement events and community forums.

Feedback from external stakeholders highlighted that 82% (17) of respondents thought that projects had translated, or were progressing towards translating, their findings into practice. Sixty-nine percent (14) believed that the research projects had shared findings with others not directly involved in the projects.

Stakeholders made the following suggestions as to how Mission and non-Mission MRFF research could best translate their findings for the benefit of others:

- short, lay summaries "that people with limited time can read" (worker in mental health advocacy)

- face-to-face round table discussions

- public annual forums on the achievements and findings of funded projects

- using "the mission structure to create a community of research and practice" (non-funded researcher)

- "engaging with peak bodies to distribute findings" (worker in mental health advocacy).

- ensuring findings are distributed to service providers and included in brochures for easy consumption (worker in mental health service delivery/ carer).

In summary, the Review found that, whilst it may be too early to fully assess the translational impacts of the Mission and other non-Mission MRFF mental health projects, more than half of all projects have already engaged in some form of translation, whilst most of the remaining projects have the translation of future findings embedded in their research design.

To-date, translation has primarily involved knowledge dissemination via a variety of mediums, including academic and industry publications, traditional and social media, presentations at industry and public events, and circulating targeted newsletters to stakeholders. However, a small number of projects have drafted or published new clinical guidelines and trained service providers not immediately involved in their project.

Further, concerted efforts have been made to disseminate knowledge in ways that can be understood and used by the general public, as well as in ways that are culturally appropriate for specific target groups.

4.2.1.5 Consumer and Carer Involvement

Mission Guiding Investment Principles 4 and 5 state that:

"Research should directly involve members of the community and be translational in nature;" and,

"Consumers, carers, and individuals with lived experience are partners and should be engaged throughout the research lifecycle. Genuine co-design and participatory opportunities to help guide research should be encouraged."

The nature of the Mission funding model and its emphasis on genuine consumer engagement and co-design, meant that awarded projects were required to demonstrate continuous involvement of lived experience in every stage of the research. As one of the respondents highlighted, this commitment was often demonstrated through the establishment of a dedicated consumer advisory group to ensure that individuals with lived experience were engaged throughout the research cycle on issues such as:

- needs identification

- participant recruitment

- appropriate research methodologies

- providing feedback on the interventions being developed.

Despite many of the Mission projects being only in the early stages of implementation, 90% (24) of Mission respondents reported that their project had already engaged with mental health consumers and that they expected this would continue over the next two years. Nearly two-thirds of respondents indicated that carers had already been involved in their project, and only one respondent indicated that their project had not engaged carers, nor had plans to do so in the next two years.

Feedback from respondents involved in the non-Mission MRFF projects showed that most had already engaged consumers. However, less than half had, or were planning to, engage carers with lived experience of mental ill-health.

When other stakeholders[115] were asked whether non-Mission MRFF funded projects have engaged with mental health consumers, over 90% (26) of respondents believed the projects had achieved, or were progressing towards achieving this goal. This group of respondents also indicated that they wanted to not only see consumers involved in funded research projects, but also carers and family members of those impacted by mental illness, with 26 respondents expressing this aspiration.

During focus groups and interviews, the **Mission researchers consistently echoed the importance of consumer engagement** and lauded the valuable insights their research had already gained through the process. Many projects were reported to have benefited from consumer involvement in the development of recruitment materials, such as by providing insights into the impact of language choice in stopping many consumers from engaging in research. For example, one project was advised that using the term "languishing" instead of

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[115] Comprising external stakeholders, non-Mission MRFF respondents and former EAP members.

"mental health distress" could spark people's interest and allow them to connect more comfortably with the project.

In testament to the value gained from consumer involvement, one Chief Investigator argued that the inclusion of consumers in research was "absolutely crucial" and that, in retrospect, their project should have involved consumers from the grant-writing stage. However, it was also noted that "you need the resources to do that, and you don't get the resources until you get the grant". (CI, MMM)

"Consumer involvement has helped to inform the development of successful recruitment and data collection processes, and led to the development of engaging recruitment resources targeting fathers." CI, MMM

Multiple participants emphasised that **consumers and carers also benefited from their involvement in the research process**. In part because engagement provided a platform through which participants could communicate the challenges that they have encountered, and also as it affirmed that they were not alone in their experiences. One carer involved in a project focused on child and youth mental health stressed that consumers and carers are "desperate for" any opportunity to provide input (Carer, MMM). Similarly, consumer feedback conveyed by researchers on another project indicated that consumer engagement in a group setting was considered to be particularly "comforting and impactful" for the participants involved (CI, MMM).

"[The research] provides an opportunity for input that many carers, professionals and individuals impacted by mental health and severe behaviours of concern are desperate for." Consumer, MMM

"People with lived experience are rarely given the power to determine their treatment, and seen as equals with lifelong experience of the mental health system." Consumer Engagement Manager, MMM

When viewed as a collective, the projects funded by the Mission have engaged a diverse cross-section of consumers. This has included distinctive cohorts of individuals with lived experience such as children and adolescents, young fathers and retired men, and Aboriginal and Torres Strait Islander communities, as well as the various service providers which often act as a first point-of-contact for individuals experiencing mental health distress.

Additionally, concerted **efforts have been made to ensure that different consumer groups are engaged in culturally appropriate ways**. Many projects engaging with culturally and linguistically diverse (CALD) or Aboriginal and Torres Strait Islander groups provided cultural immersion training to their staff. One project designed its engagement framework to be consistent with the cultural protocols of the Yawuru people and has situated some engagement on country. (See Case Study 1 at Attachment 5.)

One researcher suggested that, where appropriate, **the diversity of the consumers engaged *within* each project could be improved** to ensure that the interventions developed by the Mission are informed by a representative cross-section of the Australian community and are sensitive to the needs of different groups. They suggested that integrating diversity quotas for each research team into the grant application could facilitate this. They posited that Mission research teams that reflect Australia's cultural and linguistic diversity would likely help different cohorts of consumers feel more comfortable participating in research and ensure that the nuances of what they are communicating are properly understood.

"We need to ensure we get diverse samples as we are a diverse nation, and there are certain communities that are being overlooked." CI, MMM

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One project has established a Lived Experience Advisory Group to provide feedback throughout the project, in addition to recruiting multiple sub-groups of men at-risk of suicide (such as previous callers to Lifeline and participants in Men's Sheds), to provide targeted feedback on specific interventions under development. Similarly, another project has established an Advisory Group of Fathers who will be engaged throughout the project.

Multiple projects have also **sought to establish genuine "power sharing" arrangements** with consumers in an effort to develop interventions which are "truly co-created" by those who will benefit from them (CI, MMM). Notable strategies have included involving consumers in governance settings, recruiting consumers as staff members on the project team, and providing them with research training so that they can engage in a more meaningful and equitable way. In one instance, 15% to 20% of the staff recruited to work on a project are individuals with lived experience, and the project is supported by a formalised lived experience program integrated into a specialised institute within the university.

"The ultimate goal is arriving at a product that will be truly co-created." CI, MMM

These efforts were often supported by **a dedicated member of the project team**, responsible for overseeing and coordinating all elements of engagement, and often acting as a single point-of-contact for consumers and carers involved in the project. The title and responsibilities of the role varied across projects but for consistency is referred to as a Consumer Engagement Manager in this Review. Further, some projects recruited multiple individuals to work specifically on supporting and coordinating their consumer engagement processes.

One project, detailed as Case Study 4 (see Attachment 5), provides a particularly strong example of good practice in co-design. The project has not only recruited lived experience advisors to undertake qualitative interviews and co-chair the project's Advisory Committee, but has additionally provided them with 'Research 101' training so that they are better equipped to advise on the project. Further, a consumer with lived experience has been recruited to support a process evaluation of the study so that its co-design model can be improved for the future.

Researchers did, however, note that there were a number of **challenges involved in implementing this co-design model**. In addition to identifying its impacts on timelines and budgets, one CI stated that "the biggest challenge is that it is such a cultural change for the researchers" (CI, MMM). The process has reportedly been a "stretch" for early- and mid-career researchers as it contradicts much of their training, whilst senior researchers have been more comfortable with the process because they have had the experience to know that rigour can be maintained even through a "messy" process. It was also noted that more effort needs to be made to really define the term "co-design", so that the concept is not diluted or conflated with similar constructs such as "design thinking".

"Part of the real innovation of this process is that it is really breaking with the traditional ways of producing ideas and sharing knowledge and deepening our understanding of a problem and its potential solutions…it's messy and confronting sometimes as we are sitting with a lot of uncertainty…for those of us who like nice, neat timelines and budgets, it's a challenging process." Consumer Engagement Manager, MMM

"I've never been involved in a project with so many committed people, who are so committed to the process to a point that it can be a bit overwhelming as everyone is so excited to share information." CI, MMM

"The feedback we get is almost a gift for the next group." Collaborator, MMM

As with the Mission projects, non-Mission MRFF researchers and collaborators reported:

- involving individuals with lived experience throughout the research cycle, including in the co-design process, project execution and the communication of research outcomes

- utilising consumer advisory groups

- recruiting individuals with lived experience to participate in project delivery

- establishing a dedicated 'Consumer Engagement Manager' role to oversee consumer and carer engagement.

Non-Mission MRFF researchers and collaborators also shared the finding that involving consumers in research design and delivery helped to ensure that their projects were better received and more culturally and emotionally safe for participants, whilst providing development opportunities for participants. For example, one non-Mission Project Lead stated that training and employing Aboriginal and Torres Strait Islander people to conduct their study "has upskilled community members and ensured trust and enthusiasm".

Respondents to the "other stakeholders" survey also emphasised the importance of involving mental health consumers and carers in research in order to develop effective interventions.

"All research should have input from the person who is suffering from mental [ill] health, as well as the family and friends and carers of the ill-person." Carer, MMM

Non-Mission MRFF researchers also echoed the sentiment of Mission researchers that facilitating genuine co-design required more flexibility in research design, budgets and timelines.

"It [co-design] doesn't always happen in an academic timeframe."
Consumer Engagement Manager, non-Mission MRFF

Some non-Mission MRFF respondents provided specific suggestions as to how consumer involvement could be better facilitated by the Mission, recommending that:

- funding be provided to appropriately compensate consumers as "there is a lot expected from them" (Consumer Engagement Manager, non-Mission MRFF)

- plain language summaries of grant conditions and processes be developed so that "people with lived experience understand what they are getting into" (Consumer Engagement Manager, non-Mission MRFF).

In summary, the majority of the Mission and non-Mission MRFF projects reviewed were found to engage consumers throughout the research cycle, whilst many also included carers.

Further, a number of projects made substantive efforts to establish genuine co-design partnerships with consumers and provide them with the infrastructure and training necessary to participate fully in the research, for example, by delivering 'Research 101' training or employing consumers to implement parts of the research (e.g. conducting interviews). In addition, concerted efforts have been made across a number of projects to ensure that different consumer groups are engaged in culturally appropriate ways.

The Review found that involving mental health consumers in research was seen as providing benefits to both the researchers and the consumers, and it was the view of those involved that this enhanced the efficacy of the interventions being developed.

Whilst it was acknowledged that there were some complexities involved in the co-design process, in part because of its slower and more iterative nature, it was ultimately found that genuine co-design was worthwhile and could be further facilitated by treating timelines, budgets and research design with more flexibility.

Opportunities to facilitate or improve consumer and carer involvement were also raised, including: (1) where appropriate, ensuring consumers engaged within each project provide a representative cross-section of the Australian community; (2) providing plain language summaries of grant conditions and other research processes; and (3) providing compensation to consumers for their involvement.

4.2.1.6   Partnerships and Collaborations

The sixth Guiding Investment Principle in the Mission Roadmap states:

> "Domestic and international collaboration should be encouraged and facilitated where possible."

In addition, the Roadmap also references:

> "Enabling science and services to work together towards interventions and treatments that will reduce the prevalence of mental illness…"[116]

Progress reports and Mission researchers provided commentary on strong collaboration models and robust governance structures across projects, with many suggesting that this was the "first time" they had been able to pursue these kinds of research collaborations (CI, MMM).

Over 90% (27) of Mission respondents believed that their projects had managed to promote partnerships and collaborations between researchers, institutes and mental health service providers, and will continue to do so over the next two years. This was agreed by 89% (27) of other stakeholders (external stakeholders, non-Mission MRFF funded respondents and former EAP members).

Stakeholder feedback revealed a number of Mission projects that had established **interdisciplinary collaborations** within their institutions, across institutions and/or with partner organisations. Some examples were:

- an advisory team of leaders from contracted partner organisations was established by one project to consult on the economic feasibility of the future delivery of their intervention. The researchers have engaged various economic analysts, as well as co-design, humanist and AI experts on various parts of the project

- another project is establishing a national collaboration network for adult mental health clinical trials, bringing together leading mental health researchers, consumers, carer groups, practitioners, research peak bodies, health care providers and systems and industry partners

- one project has established partnerships with five universities and 14 partner organisations to undertake seven trial interventions.

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[116] Commonwealth Department of Health, *The Million Minds Mission Roadmap* p. 1

While it is still early days for many of the Mission projects, researchers were enthusiastic about the benefits arising from their collaborations and partnerships to date. One commented that their project "had created some interesting opportunities for people to get together and collaborate when they might not have otherwise done" (CI, MMM), while another expressed that "collaborating with colleagues from different specialties and disciplines was very helpful in setting up interventions" (CI, MMM).

Another researcher stressed that the mental health research sector had traditionally been quite disparate and it was hard to know who to trust. The Mission partnerships and collaborations were seen as "a step forward to being integrated…[and] makes the fragmentation disappear" (CI, MMM). Others also felt that the collaborative focus had allowed them to establish a community of practice around the project, assisting them to "share the best analysis strategies… [and] make findings more immediately translatable" (CI, MMM).

It is important to note that many Mission projects leveraged their **pre-existing professional relationships** to establish these collaborations and partnerships. In some cases, this was seen as necessary due to the difficulties associated with creating new partnerships given the relatively short lead times for some Mission application processes.

Two Mission Project Leads indicated that several of the collaborations and partnerships produced by their project would likely be sustained after its conclusion, or be built upon in the future. For example, one Project Lead felt the relationships established with hospitals and other research institutions would create opportunities to develop new ideas and collaborate in the future.

> *"[The project] has encouraged other discussions around data in the Emergency Department and how to define a presentation… There are synergies that will flow [from the project] in terms of building infrastructure and collaborative capacity in the sector."* CI, MMM

The Mission has also been crucial in facilitating the involvement of Aboriginal and Torres Strait Islander people and communities in the co-design of culturally appropriate mental health research. For example, the project working with Aboriginal elders, Aboriginal young people and service providers in Western Australia to co-design youth mental health service models.

Similarly, another project is working with Aboriginal young people, their families and service providers across Western Australia and Victoria to produce evidence and practice tools on how to integrate Aboriginal and Torres Strait cultures and knowledge into mainstream management of adolescent mental health issues. Project Leads highlighted that developing partnerships and collaborations with the Aboriginal community takes time, suggesting that the Mission application process needed to recognise the longer lead time it takes to develop trust and personal relationships. Despite these challenges, the Aboriginal community-specific Mission projects had already led to new collaborations with academic institutions, Aboriginal students and service providers, as well as allowing the realignment of power dynamics with Aboriginal communities during the research process.

> *"I have been doing the job for 12-14 years and I have those relationships with the Aboriginal community. But I am the exception not the rule."* CI, MMM

Reflecting the enablers and barriers described in Section 2 of this Report, the Review uncovered some collaboration and partnership difficulties across projects, processes and/or locations, many of which were attributed to the COVID-19 pandemic. Despite these challenges, however, both Mission and non-Mission MRFF researchers highlighted the important role partnerships and

collaborations played in adding value to existing research and sustaining their projects through the COVID-19 period.

"Despite the impacts of the COVID-19 pandemic, the project has ensured relationships established with the service partners and community members are maintained by conducting regular video conference meetings."
2021 MMM Project Progress Report

"Highly successful year of establishing new synergies and strengthening existing networks to ensure Project success…Genuine partnerships and respectful collaborations with key partners…enabled substantial progression and successful implementation of projects under each stream."
2021 MMM Project Progress Report

"We have commenced a partnership with linguistics to undertake nested study of language…This was not part of the original study, but the opportunity will add value to the qualitative findings from the study". 2021 MMM Project Progress Report

Overall, continuous communication with partners and internally within the research team was suggested as an essential element to overcoming ongoing project collaboration challenges.

Other partnership-related issues were also raised. For example, there was a desire for cross-collaboration and resource sharing between some similar Mission projects, however, discussions had not been possible to date. There was also a perception that some Mission investments appeared to preference applications from senior researchers who could demonstrate established partnerships, rather than focusing on the skillsets that a range of research partners and collaborators could bring to a project.

As noted above, non-Mission MRFF researchers and external stakeholders generally expressed similar views on the issue of collaborations and partnerships. Non-Mission MRFF researchers highlighted the importance of establishing shared goals and interests, managing the expectations, agendas and unique skillsets of each research partner, and having the time and resources to build relationships and keep everyone accountable.

"Collaboration is extremely powerful in research and all grant opportunities should have the opportunity to develop and encourage collaborations." CI, Non-Mission MRFF

Overall, the Review found that progress towards the Mission's goal of facilitating collaborative mental health research was evident.

It also identified opportunities to increase collaborative opportunities including: (1) recognising the importance of lead times in establishing collaborative relationships; and (2) allocating sufficient resources and personnel to support effective collaborations and partnerships.

4.2.1.7 Research Capacity and Resource Building

The seventh Guiding Investment Principle outlined in the Mission Roadmap states:

"Enhancing mental health research relies on increasing the capacity and resources of the sector, and on improving alignment of research with the needs of consumers and clinicians."

Mission respondents (n=29) reported that the majority of projects had contributed to building the professional capabilities of their research teams, as well as individuals in partner organisations. Ninety-seven percent (28) of Mission respondents believed that their project was successfully

meeting this goal, whilst almost all non-Mission MRFF respondents stated that their projects were either progressing towards, or had already achieved this goal.

Across the Mission projects, dedicated capacity building activities have included:

- engaging PhD students to support the delivery of projects

- establishing dedicated mentorship programs

- providing additional training and presentation opportunities, e.g. through annual research forums, workshops and short courses

- hosting professional development webinars for partner organisations

- allowing mid-career researchers to lead elements of projects

- providing access for early- and mid-career researchers to Chief Investigators and offering them opportunities to build professional networks.

These factors were found to also provide **professional benefits to more established researchers**. For example, one Chief Investigator (MMM) said that they were "continuously learning new things from junior staff and students". Similarly, other established researchers commended the opportunities created by the collaborative nature of Mission project to network and cross-train outside their specialisation, allowing them to establish "new partnerships that may not have eventuated without the project". (CI, MMM)

Investments have also been made into the recruitment and **development of Aboriginal and Torres Strait Islander researchers** and research students, including the opportunity to lead and support research in their own communities, and to undertake honours and PhD programs.

Aboriginal and Torres Strait Islander researchers who participated in the Review expressed appreciation for the opportunity to support their communities through dedicated research, and the personal benefit they have gained from the experience. Further, participatory action and co-design methods have been utilised to "provide community members opportunities to further develop capacity to lead change for the benefit of their communities" (PL, MMM).

"Working directly with Aboriginal people, my community, is both a privilege and an honour and I derive enormous satisfaction in the opportunity."
Aboriginal and Torres Strait Islander Researcher, MMM

More widely, Mission researchers consistently expressed "personal satisfaction" from "working on projects that make a real difference" (Researcher, MMM), and on subjects that they were particularly passionate about. For example, one Chief Investigator working in child and youth mental health stated that "this project is the culmination of my life's work" (CI, MMM).

Some researchers also stated that their involvement in the Mission research helped them to develop a richer understanding of mental health and appropriate strategies which they can apply to their own lives.

"COVID-19 affected everyone – the knowledge I gained through being involved in this research project helped me cope with the challenges associated with COVID-19 and lockdowns." Researcher, MMM

Non-Mission MRFF researchers echoed much of the same sentiment as the Mission researchers, stating that their project work had provided them the opportunity to: build their research skills; network and develop collaborative professional relationships; cross-train outside of their specialty; and lead elements of a project. The non-Mission MRFF researchers also

emphasised that their research allowed them to develop a greater understanding of the subject matter and needs of stakeholders and they expected to benefit from this in future research and professional work.

"Building resilience and better understanding of the needs of the stakeholders who may benefit from this research." CI, non-Mission MRFF

Clinical researchers involved in the non-Mission MRFF Next Generation Clinical Researchers grants commended the opportunities this grant stream had provided them to re-engage with research. One Chief Investigator stated that it was "encouraging to see support for clinician researchers, who are often 'punished' in the funding space for time spent working clinically" (CI, non-Mission MRFF).

Respondents to the external stakeholders' survey recommended expanding funding to include more opportunities for non-clinical mental health workers such as art therapists, music therapists, social workers and psychotherapists.

> The majority of projects reviewed reported they were contributing to building the professional capabilities of their research teams, including for individuals within partner organisations and Aboriginal and Torres Strait Islander researchers.
>
> The cross-disciplinary partnerships many projects established with other institutions and service providers were additionally found to support capacity building, even amongst established researchers who were able to build new skills and knowledge bases outside of their specialties.

4.3   MRFF Measures of Success Alignment and Progress to Date

As described in Section 1, in November 2020, the Department of Health released the overarching MEL Strategy, containing eight Measures of Success that all MRFF funding initiatives should contribute towards in order to support achieving MRFF outcomes. While some Mission projects had commenced prior to the MEL Strategy's release, there was nonetheless an expectation that all projects would contribute to these measures.

For this reason, what follows is an assessment of how Mission and other non-Mission MRFF mental health related projects are contributing to the MEL Strategy Measures of Success.

4.3.1   Increased Focus of Research on Areas of Unmet Needs

The first Measure of Success refers to addressing unmet needs, defined as a "serious health conditions whose diagnosis or treatment is not adequately addressed by existing options". Specifically, the MEL Strategy commits to research that identifies areas of unmet need and facilitates more research into areas that:

> "leads to new health treatments, drugs, interventions, devices and diagnostics", and
>
> "embeds such approaches into clinical practice."

This commitment is also evident in the Mission Roadmap, which states:

> "the Mission will concentrate research efforts into areas… not already targeted through existing initiatives".

When Mission Chief Investigators were asked if their research addressed unmet needs of mental health consumers, 79% (15) reported this was already occurring in their projects. Further, all non-Mission MRFF Chief Investigators who participated in the survey, as well as the former EAP members, indicated that the funded projects were addressing unmet needs. While some participants engaged in focus groups noted that they were not aware that this was an intended outcome, the majority nonetheless indicated most projects that they were aware of had managed to fulfil this requirement.

It should be noted that many respondents opined that mental health research in Australia is "underfunded" compared to other areas of medical research. Some respondents believed that the current investments made in mental health research were "insignificant" compared to burden of disease. For example, respondents involved in the two **eating disorder projects** reported that research in the field has previously received little to no funding from other sources, "leaving a large gap in addressing the needs of the Australian population" (CI, MMM). Other respondents reported that many in the community have health issues that can be traced back to undiagnosed and untreated eating disorders. It was noted that the "MAINSTREAM Eating Disorder" project was the first national surveillance study to receive funding in Australia, and hence to address an identified unmet need.

There were numerous others example projects. Researchers involved in the **Indigenous youth mental health projects** noted that Aboriginal youth have some of the highest suicide rates in the world. By researching the mental health and wellbeing of this vulnerable group, the projects are seeking to meet an urgent need for this section of the Australian community and also aiming to improve both the accessibility and responsiveness of youth mental health services for Aboriginal and/or Torres Strait Islander youth.

The Mission also funds three projects focused on research in **suicide prevention**, each of which has multiple avenues for addressing unmet needs. For example, one project is investigating the unmet needs of individuals at risk of suicide who have not entered care, or who have had a negative experience with the mental health system. In addition, through qualitative engagement with individuals at-risk and those bereaved by suicide, the program is performing a re-analysis of National Coronial Information System data on deaths by suicide to determine unmet need.

> *"This is a section of the community that has not really been researched – a sort of 'invisible group', in the sense that it is hard to find these individuals, but they do exist."* CI, MMM

> *"The project is involving people who would not usually be involved."* CI, MMM

Another project focused on suicide prevention aims to address the unmet needs of new fathers by providing mental health support through a service previously unavailable in Australia.

The **COVID-19 related mental health projects** were also found to be meeting unmet need, in one case by providing parenting resources to help families overcome mental health challenges linked to the pandemic. As documented, this project came in response to parents and families seeking help to improve their parenting in areas that are related to risk of depression and anxiety in adolescents.

> *"When COVID hit, we saw lots of interest from parents and families really worried about their teenagers or young people's mental health…Obviously mental health services were really inundated with requests, so we tried to develop something that was more specific to the needs of families during the pandemic and that's easily accessible to all families of teenagers in Australia."* CI, MMM

Another **COVID-19 project** referenced previously, is addressing unmet needs by identifying those at risk of mental health related abuse and/or self-harm through text mining police reports filed during the pandemic. As many of these vulnerable individuals are known to not interface with other systems – including healthcare – researchers report it is crucial that they are identified from the moment they call the police if they are to receive the support they need.

"The project addresses the unmet needs of people who don't make it into other service."
CI, MMM

As noted in Section 2, the current state of the Australian mental health research landscape is often associated with a scarcity of funding, limited cross-institutional collaborations, and with short term and individualised research outcomes. Against this backdrop, the two national Clinical Trials Networks, involving over 100 CIs are considered major opportunities to address systemic unmet needs, specifically by encouraging information sharing and enabling national wide, multi-institutional research partnerships.

"Mental health research in Australia lacks other clinical trial networks. Many of the trials have been small scale and underpowered." CI, MMM

The two networks were each awarded approximately $12 million to invest in the creation of nationwide research collaborations to advance mental health research in Australia and ensure sustainability and continuity. These are also discussed in 4.3.2 below.

> Overall, the Review found that Mission projects were making significant contributions to addressing unmet needs, not only by conducting research and clinical trials in areas that have been previously underfunded and by encouraging research collaborations, but also by shifting the emphasis from individualised academic models of research to ones that are grounded in practice, consumer engagement and co-design.

4.3.2   More Australians Access Clinical Trials

The Mission was established in 2018 to "assist an additional one million people who might not otherwise benefit from mental health research and trials to be part of new approaches to prevention, detection, diagnosis, treatment and recovery".[117]

The second MRFF Measure of Success (see Section 1.2.3.1) considers whether "more Australians access clinical trials", including if research:

- "creates better opportunities for Australians to access clinical trials by funding activities that support research to progress to the clinical trial stage, and directly supporting additional clinical trial activity", and

- "builds Australia's clinical trial capability and leadership at the national and international level".

While it is not possible to precisely quantify the number of research participants and beneficiaries at this stage, the following data has been extracted from available documents.

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[117] Commonwealth Department of Health, *The Million Minds Mission Roadmap* p. 1

- In terms of building capability, there are 252 Chief Investigators[118] listed in the 18 Mission projects. These comprise:
  - 140 (56%) women and 112 (44%) men
  - 139 (55%) are Professors, 45 (18%) Associate Professors, 49 (19%) Doctors and 5 (2%) Emeritus Professors, while 14 (6%) have no title provided.

- There are over 150 Chief Investigator roles listed in the 41 non-Mission MRFF projects.

In terms of extending access, some examples of how wide Mission engagement is proceeding are:

- two projects funded under the 2020 Bushfire Impact Grant Opportunity have engaged with over 7,500 participants through surveys and community engagement events; many more people are expected to be impacted through the projects' planned dissemination and translation activities

- one project has undertaken a media campaign trial which has already included more than 500 participants

- one project will allow the scaling up of adult mental health clinical trials on a national level, allowing for more participants and more researchers to be involved in good clinical practice. The Project Lead anticipates that the "broad reach of the findings from our trials will easily have an impact on more than a million people" (CI, MMM).

Other researchers reported finding innovative ways to engage more Australians in mental health research. For example, the project using social media to engage with eating disorder sufferers who would otherwise not seek help through mainstream healthcare has collected data from 100 participants for initial end user testing of app functionality, appearance and user engagement.[119] Another project also reported delivering evidence-based interventions to an additional 30,000 people through the development of their new digital platform.[120]

While some researchers weren't explicitly aware of the Mission's and MRFF's emphasis on "more Australians access clinical trials" it was nonetheless viewed as an outcome of their funded project.

A number of non-Mission MRFF progress reports also recorded a large number of Australians engaged in their population-level studies, and at least one noted that while they had not yet generated findings, their study demonstrated "a strong desire from the community to participate… and local people will benefit".[121]

From a geographic perspective, Mission investments to date were found to have benefitted researchers and reached participants in all states and territories with the exception of Tasmania.

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[118] The numbers and analysis include some duplication from CIs who are involved in multiple projects. UTS estimates that over six CIs are involved in more than one project.

[119] Progress Report 2021, p. 3.

[120] Progress Report 2021, p. 5.

[121] Progress Report 2021, p. 3.

From a population group lens, current investigations are focused on improving mental health outcomes across the full age range, covering children and young people (in 16 projects), parents and other adults (in 13 projects), as well as older people (in nine projects).

Projects have also engaged research participants and consumers with lived experience include some of the most vulnerable, disadvantaged and socially isolated members of the community. For example, Aboriginal people living in regional Western Australian, young people and adolescents living in hard to reach areas and people with comorbidities.

> Overall, the Review found evidence that the Mission was providing more opportunities for Australians to access clinical trials.
>
> While the exact number of research participants and beneficiaries cannot be quantified at this stage, many Mission and non-Mission MRFF projects are using innovative approaches to encourage research participation from the wider community and amongst population groups and in locations which have previously been under-serviced.

4.3.3   New Health Technologies are Embedded in Health Practice

The third MRFF Measure of Success is that "new health technologies are embedded in health practice", and considers the extent to which research:

- "identifies or validates new health technologies, including precision medicine"

- "measures the awareness of new health technologies among clinicians and patients", and

- "embeds new health technologies into clinical practice".

This Measure of Success complements the second Guiding Investment Principle of the Mission and, as such, further details on new technologies can be found in Section 4.2.2.2.

As outlined in that Section, a number of the projects reviewed were focused on developing or validating the effectiveness of technological solutions for identifying and treating mental health issues. Examples include:

- a digital platform for identifying and delivering early interventions for anxiety and depression in children and young people

- a text-mining approach to identifying indicators of mental ill-health and distress in police reports

- a lifestyle therapy intervention which utilises digital communication and delivery modes.

It is, however, difficult to determine whether these technologies will be successfully and sustainably embedded into health practice as the projects are still in the early stages of research and implementation. It is also difficult to determine whether they will be effective in reducing the impact of mental ill-health without long term follow-up studies and/or population surveys.

> Ultimately, the Review identified several new technological solutions being developed or trialed through the Mission.

> The projects are too early in their implementation to assess whether these technologies will be successfully embedded into health practice.

4.3.4 New Health Interventions are Embedded in Health Practice

The fourth MRFF Measure of Success considers whether "new health interventions are embedded in health practice", and the extent to which research:

- "identifies or validates new health interventions"

- "measures the awareness of new health interventions among clinicians and patients"

- "embeds new health interventions into clinical practice".

This MRFF Measure of Success complements the second Guiding Investment Principle of the Mission and, therefore, further detail on new health interventions can be found in Section 4.2.2.2.

As reported, several projects are developing digital treatment solutions to treat child and adolescent mental health issues. Further projects are facilitating and coordinating national mental health Clinical Trials Networks with leading researchers, service providers and industry partners working in the field, while another project is also embedding alternative practices into clinical care roles.

Although the Review identified several new health interventions, as the projects are in the early stages of research and development, levels of awareness of about them, and the extent to which they will be embedded into clinical practice are not yet known.

It is also important to note that many of these new interventions are targeted at those with mild or moderate mental health presentations, with more limited investment in those with severe and high-risk illness.

> Although the Review identified several new health interventions being developed through Mission projects, it is too early to evaluate whether they will be successfully embedded into health practice.

4.3.5 Research Community has Greater Capacity and Capability to Undertake Translational Research

The fifth MRFF Measure of Success is that that "research community has greater capacity and capability to undertake translational research", and considers the extent to which research:

- "increases researcher capacity"

- "improves awareness of translational research within the research community", and

- "supports capability development to undertake translational research".

Given the overlap between this MRFF Measure of Success and Guiding Investment Principles 4 and 7 of the Mission Roadmap more detail on how the Mission and other investments have

contributed toward translation and capacity building in the research sector can be found in Sections 4.2.2.6 and 4.2.2.7 above.

As those Sections reported, most Mission projects were found to have contributed to building the capacity and capability of the research community to undertake translational research by:

- developing the research capability and skills of individual researchers (e.g. through establishing formalised mentorships and providing opportunities for EMCs to lead parts of projects and present at conferences)

- fostering collaboration and partnerships across institutions, sectors and disciplines.

Overall, the Mission's focus on collaboration, "relative to opportunity" track record assessments, and the size of grants awarded have supported transitional research capability development.

However, many initiatives were the result of a project's individual design – e.g. initiating annual research forums, or establishing mentorship relationships – rather than being a systemic result of the Mission.

To support further progress in this area it may be useful to note approaches used by other funding bodies, as outlined in Section 2.2.2.6.d. The NHMRC, for example, has produced a suite of resources to support translation, including guidelines for developing clinical guidelines, and hosts an Annual NHMRC Research Translation Symposium which provided researchers "an opportunity to learn and share information about research translation".[122]

> In summary, the Mission projects were found to have contributed to building the capacity and capability of the research community to undertake translational research through: (1) the establishment of cross-disciplinary partnerships across institutions and sectors; and (2) developing the capabilities of individual researchers.
>
> Whilst the size of grants awarded by the Mission, modified track record assessments, and focus on collaboration has supported this result, most initiatives that have significantly contributed to capacity building appear to be the product of individual research design rather than of unique requirements or supports embedded in the functioning of the Mission.

4.3.6 Health Professionals Adopt Best Practice Faster

The sixth MRFF Measure of Success assesses the extent to which "health professionals adopt best practices faster", including whether research:

- "identifies or establishes best practices"

- "assesses the speed at which best practices are communicated to clinicians and health service administrators", and

- "identifies how best practices are understood and adopted."

This Measure of Success complements the fourth Guiding Investment Principle of the Mission and, as such, further detail can be found in Section 4.2.2.4.

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[122] NHMRC, *Research Translation,* https://www.nhmrc.gov.au/research-policy/research-translation-and-impact.

As outlined there, the available evidence suggests that the Mission has already supported health professionals to adopt best practice faster through the involvement of clinicians and other service providers as collaborators in research projects. For instance, collaborators reported that their involvement had changed "how they function in their other clinical roles" (Collaborator, MMM) and produced "local improvements" (Collaborator, MMM) in health practice.[123]

Section 4.2.2.2 also provides further insight into progress in this area. Some projects are, for example, encouraging the adoption of alternative practices into clinical roles, whilst others are creating beneficial changes to the detection, intervention and prevention of eating disorders in health care settings through the systematic data collection and development of practice tools.

In addition, as reported above there are instances where the involvement of service providers as collaborators has led organisations to modify their policies and practices.

Ultimately, at this early stage, the Mission projects are not sufficiently progressed in their implementation to enable an evaluation of whether they will support health professionals more rapidly adopt best practice.

There is, however, early evidence to suggest that the collaborative partnerships many Mission projects have established with service providers will support this goal, with some health professionals already reporting that they have integrated the findings they have been exposed to through their collaboration into their practice.

4.3.7 Community Engages with and Adopts New Technologies and Treatments

The seventh MRFF Measure of Success considers whether "the community engages with and adopts new technologies and treatments", including the extent to which research:

- "involves the community in prioritising, designing and conducting research"

- "promotes community awareness of new technologies and treatments, and their benefits", and

- "promotes community support for new technologies and treatments".

This Measure of Success complements the fourth and fifth Guiding Investment Principles of the Mission and, as such, further detail can be found in Sections 4.2.2.4 and 4.2.2.5.

Consumers were reported to have provided enthusiastic feedback on the new treatments being developed through the Mission projects, and to have already experienced benefits from their engagement. In addition, as outlined in Section 4.1.2, it was observed that the onset of the COVID-19 pandemic and related public health restrictions accelerated community engagement with new technologies, particularly in the online delivery of mental health interventions.

However, some demographic groups continued to struggle to adapt to these technologies, or they were not deemed culturally appropriate. It was also reported that "Zoom Fatigue" had begun to have an impact on engagement with online treatment options, particularly following extended lockdowns in Sydney and Melbourne during 2021.

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[123] Doctor Sarah Maguire 2021, Updated May 2021 p. 7

The Review found that many Mission projects had sought to establish genuine power-sharing arrangements with consumers and to provide them with tools to effectively engage in the design and conduct of the research. Though there were variations across projects, consumers were reported to have been involved in most stages of project delivery, including providing advice on participant recruitment and data collection, plus feedback on the interventions themselves.

Whilst it is too early to assess the adoption of new technologies and treatments established under the Mission, consumers involved in the development and piloting of these treatments were reported to have provided enthusiastic feedback.

Mixed engagement was reported with online modes of delivering treatments, with some demographic groups struggling to engage or citing "Zoom Fatigue" – undermining an initial surge of engagement during Australia's COVID-19 lockdowns.

Review participants identified further opportunities to support community adoption by increasing consumer involvement in the priority-setting processes of the Mission and in the early stages of research design.

4.3.8   Increased Commercialisation of Health Research Outcomes

The final MRFF Measure of Success considers the extent to which investments have "increased commercialisation of health research outcomes", and whether research:

> "identifies research or products that are viable for commercialisation and lead to creating new Australian companies or expanding existing companies" and

> "leads to new commercially available treatments or products for the benefit of Australian patients".

As explained in Sections 4.2.2.4, 4.3.3 and 4.3.4 above, it is too early in the Mission projects life cycle to be able make an assessment of their success in increasing the commericalisation of health research outcomes.

One researcher expressed concern that a single grant would not provide the time nor resources to scale-up their digital intervention tool or ensure that it was sustainably commercialised. They suggested that providing funding for second-stage research would assist the Mission to support the integration of the funded research into practice, and ensure the benefits of their investments are fully realised. As outlined in Section 2.2.2.6b, a number of funding bodies – including New Zealand's HRC – have begun directing funding to "'next steps of research where results indicate implementation readiness and viability".[124]

Overall, it is too soon to evaluate the extent to which the Mission projects will increase the commercialisation of health research outcomes. However, directions in other programs suggest there may be future benefits for the MRFF to continue to support commercialisation, including through the Medical Research Commercialisation Initiative by providing additional

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[124] HRC, *Research Investment Plan 2021 – 2023* p. 13

funding to second-stage research where that was deemed appropriate and recognising that grants are, by their nature, time-limited.

4.4   Contribution to Longer Term MRFF Impact Measures

In addition to the MRFF Measures of Success discussed above, the MEL Strategy outlined five Impact Measures that MRFF investments were collectively expected to contribute towards in the longer term, namely:

- better health outcomes

- beneficial change to health practice

- increased health efficiency

- economic growth

- increased job and export potential.[125]

While many of the projects subject to this Review are early in their research cycle, what follows is emerging evidence of how investments are progressing towards contributing to each of the above aims.

4.4.1   Better Health Outcomes

When Mission survey respondents were asked to rate the degree to which their project was achieving better patient outcomes, 88% (23) reported they were "progressing towards", one reported their project was "meeting expectations", and two respondents reported they were "not meeting" this goal at this stage.

When other stakeholders (n=31) were asked how they rated Mission projects overall for the same impact measure, more than half (18) reported they were "progressing towards", three respondents reported they were "meeting expectations", and five reported they were "not meeting" better patient outcomes at this stage.

Many researchers advised that despite their research projects being in the early stages, they were confident their work would lead to better patient outcomes in the long term. Researchers shared various insights and provided some examples of how their work would, for example:

- be translated into mainstream models of care and "support patients' understanding of eating disorders and what it entails, helping them to access the care they need" (CI, MMM)

- deliver more robust clinical evidence and improved treatments, ultimately leading to better patient care.

Representatives from other Mission-funded projects also spoke about their desire for the research to lead to better patient outcomes, not just in mental health, but in other aspects of consumer's lives. For example, one Project Lead said it was important that their project contributed to "less suicide and mental illness of Aboriginal young people, [which would then lead to] an improvement in their quality of life, an improvement in function and relationships, help them get jobs…those flow-on effects" (CI, MMM).

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[125] Economic growth and increased job and export potential are discussed jointly at Section 4.4.4

Non-Mission MRFF researchers and external stakeholders provided limited feedback on how funded projects were improving patient outcomes, however, one former EAP member stated that they had "not seen any evidence of improvement to patient outcomes from Mission funded projects to date" (former EAP member).

Though it is still too early to provide a definitive evaluation of alignment to this MRFF Impact Measure, the majority of Mission respondents reported that their projects were progressing towards and would deliver better patient outcomes in the long-term.

Respondents associated with the mental health-related projects funded by other non-Mission MRFF initiatives provided limited feedback on this topic.

4.4.2 Beneficial Change to Health Practice

Mission survey respondents were asked to rate the degree to which their project was delivering beneficial change to health practices. Eighty-eight percent (21) reported they were "progressing towards", one reported their project was "meeting expectations", and two respondents reported they were "not meeting" this impact at this stage.

When other stakeholders were asked how they rated Mission projects overall for the same impact measure, well over half (18) reported they were "progressing towards", nine respondents reported they were "meeting expectations", and four reported they were "not delivering" beneficial change to health practices at this stage.

A number of researchers spoke specifically about how their projects were facilitating beneficial changes to health practices. For example:

- researchers from one project reported their involvement in the research was influencing their daily practice in their clinical care roles. They also reported better and alternative practice was being encouraged when discussing the project with their peers, mainly through raising awareness and piquing their interest in learning more about alternative treatment approaches

- representatives from another project shared how the systematic collection of data from their project, as well as the development of practice tools, will lead to beneficial change in the detection, intervention and prevention of eating disorders in health care settings.

> *"The project has created a short six item eating disorder evaluation (to replace the 28 item one) in order to support GPs in identifying patients who may be suffering from eating disorders and refer them to adequate care. An additional translational element of the project is the creation of a micro-learning process comprising short 3-minute learning sessions for GPs to support their knowledge and understanding of eating disorders and help them identify these illnesses in patients."* CI, MMM

> *"The project is going to generate a good amount of good data which government can then use to make decisions. It is our ambition to make datasets nationally available to help inform practitioners and health funding decisions and promote future research."* CI, MMM

Beneficial changes to Aboriginal mental health practices were also reported by Mission researchers. For example, the progress report of one project noted that embedding co-design strategies in partner healthcare organisations had "the potential to transform the range of mental

health, disability and chronic disease services provided in the Perth metropolitan region, leading to better health outcomes for more Aboriginal people and families".[126]

Non-Mission MRFF researchers and external stakeholders generally expressed positive views on how the Mission was facilitating beneficial changes to health practices. One non-Mission MRFF project noted their success in developing a novel cost-effective newborn screening tool for 10 rare diseases associated with mental illness and intellectual disability, which has been taken up internationally and is expected to allow for earlier diagnosis and treatment in this space.

> It is too soon in the implementation of the Mission projects to provide a concrete assessment of the MRFF Impact Measure relating to health practice.
>
> However, most Mission respondents reported that they were progressing towards delivering beneficial changes in this area. This related to broad practice changes, as well as positive developments for specific demographic groups such as Aboriginal and Torres Strait Islander communities.

4.4.3   Increased Health Efficiency

When Mission survey respondents were asked to rate the degree to which their project was contributing to increased health efficiency, 81% (17) reported they were "progressing towards", one respondent reported their project was "meeting expectations", and three reported they were "not meeting" this impact at this stage.

When other stakeholders were asked how they rated Mission projects overall for the same impact measure, nearly half (48%) of the 25 respondents reported they were "progressing towards", 12% reported they were "meeting expectations", and 40% identified they were not contributing to increased health efficiency at this stage.

The Review did find evidence that some Mission projects were increasing efficiency within the health system. For example:

- researchers from one project reported developing a digital tool for treating youth depression and anxiety. They considered this product "as effective as if you were seeing that person face to face in the treatment of mild to moderate cases…as a result, it could relieve the burden of mild to moderate cases to allow intensive service to be allocated to those who really need it most" (CI, MMM)

- another project included the development of a national, independent digital check-up tool for child and youth mental health. This was reported to increase mental health literacy among the population and in so doing improve the capacity of individuals to self-identify symptoms. Researchers advised that it would allow individuals across Australia to access mental health resources where they may not otherwise have been able to, thanks to resource limitations or distance from local services. Further, the easily accessible tool is also expected to have a notable impact on reducing long-term mental health costs as "the earlier you go, the more you get sustainable change in people's mental health" (CI, MMM).

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[126] Progress Report 2021, p. 7

Notwithstanding these instances of early contributions to health system efficiencies, it should be noted that many Mission-funded projects are focused on addressing the social determinants of mental ill-health. In this context, most are using interventions that fall outside of the health sector and it is therefore challenging to identify direct contributions to this MRFF program level goal at this time.

Non-Mission MRFF researchers and external stakeholders provided limited feedback on how funded projects were increasing efficiency in the health system, although one former EAP member noted the need for the Mission to "address the levers of health system change – namely funding incentives to work across health sectors".

> Whilst the majority of Mission respondents reported that they were progressing toward increasing efficiency within the health sector, the Review concluded it was generally too early in a project's implementation to make a firm assessment.
>
> Further, given the nature of the funded projects, a number of examples provided tended to relate to the social, economic and environment dimensions mental ill-health, rather than health efficiency specifically.
>
> As such, for these projects improved efficiencies in the health system will only become evident over the long-term (e.g. by reducing demand).
>
> In short, the Review concluded this measure was difficult to accurately assess at this early stage.

4.4.4 Economic Growth and Increased Job and Export Potential

When asked to rate the degree to which their project was contributing to commercialisation of health research outcomes, the small number of Mission researchers who responded (8) reported they were "progressing towards", while four other respondents reported they were "not meeting" this impact at this stage.

When other stakeholders (n=24) were asked how they rated Mission projects overall for the same question, eight respondents reported they were "progressing towards", five reported they were "meeting expectations", and 46% (11) reported they were "not contributing" to the commercialisation of health research outcomes at this stage.

Further discussion of this issue is included at Section 4.3.8 above.

While a minority of researchers did report some potential for commercialisation opportunities based on the Mission investments, importantly, many Mission researchers reported that commercialisation was not the main aim of their research, or that they would not be able to successfully commercialise their project within their grant timeframe.

One Mission project representative described how they had tried and failed to commercialise their digital platform and posited they would need further funding in order to be successful. They suggested that, subject to eligibility, future Mission funding rounds might consider offering eligible current projects further grants to support specific opportunities to commercialise their products and outputs.

Non-Mission MRFF researchers and external stakeholders generally expressed similar views on the commercialisation of health research outcomes. One former EAP member stated that they

didn't see the Mission grants as having commercial outcomes, while another commented that "it is a long road to commercialisation especially in the mental health space" (former EAP member). Only one non-Mission MRFF project expressed interest in translating their findings for commercial interest.

> In sum, a number of Mission researchers emphasised that commercialisation was not the primary goal of their research and that successful commercialisation would be difficult to achieve within their grant timeframe and budget.

As set out in Section 4.4, overall the Review found evidence of Mission projects contributing to longer term MRFF impact measures.

This included working towards better patient outcomes, beneficial changes to health practice and increased health efficiency.

Some challenges were noted in specific areas, particularly regarding the commercialisation of health outcomes, though in general this was considered reasonable given the early research stage for most projects.

4.5   Program Implementation

In order to gain insights into the operationalisation of the Mission, researchers and stakeholders were asked for their views on aspects of the program's design and roll out to date.

4.5.1   Overall Program

One important design issue covered was the perceived value of the Mission and the grant rounds. Eighty-two percent (23) of Mission survey respondents rated the Mission's funding model as unique or innovative compared to other models they were aware of, such as the NHMRC.

In addition to its explicit support for targeted mental health funding, the most welcome innovations identified in the Mission approach included:

- the emphasis on establishing and promoting collaborations

- placing value on interdisciplinary work

- strong project leadership

- co-design and the active participation of consumers and carers

- rapid response to emerging mental health issues

- a more agile funding model

- focus on applied research and research translation

- influencing policy development

- researcher and workforce capacity building.

A sample of comments illustrate the basis of this support:

It's really great to have schemes that are quite translational, and outcomes focused…funding towards research that has applied outcomes is so badly needed and not available elsewhere." CI, MMM

"For me, that is very innovative and reassuring, and it gives us as non-medical clinical researchers a little bit of hope. I would just be so upset if [the Mission] was not continued. From a population point of view, Australians need it." CI, MMM

"[The Mission approach] requires a translation plan and building capacity in the workforce. These are often assumed activities within other grants, but articulating this as part of the project proposal has assisted in keeping these outcomes on the agenda of the CIs involved."
CI, MMM

"MRFF trying to be different, trying not to be risk-averse, trying to help strike a better balance. It's good to have another option that isn't NHMRC which has dominated the landscape. I feel the MRFF is valuing applicants differently, better than NHMRC as it is more likely to fund more diverse researchers, as well as allowing our team to include various professions and disciplines outside research and more people involved in the research. This has been a real game-changer for us, I'm grateful to the MRFF that our research is an area of interest."
CI, MMM

When asked the same innovation question, 63% (17) of other stakeholders believed that the Mission approach was not innovative or unique compared to other models they were aware of, whilst 37% (10) of respondents saw the Mission approach as being different.

Finally, there was near universal support from all respondent categories for the importance of having a funding model exclusively focused on mental health research.

"Any mental health research funding opportunities are great – NHMRC does not fund many mental health projects." CI, MMM

4.5.2   Priority Based Funding

Many Mission researchers spoke of the benefits of offering **priority-driven or thematic grant opportunities** through the Mission. They recognised that this allowed funding to be directed to areas that had either been historically insufficiently resourced and/or allowed fast-response **investments in emerging or pressing areas of need** (e.g. the impact of bushfires or ongoing mental health consequences of the COVID-19 pandemic).

Some respondents also commented on what they saw as potential shortcomings of priority-driven investments under the Mission. Their concerns included: the potential for government, being removed from the research community, to wrongly identify priorities; a risk from fully excluding investigator-driven priorities; and a question of whether it would reduce competition, potentially leading "to applications of low scientific quality" being funded.

"It is tricky for any government, especially from Canberra, to be across the issues and gaps we see every day as researchers or clinicians. … We are very pleased the research area we are passionate about got their attention this time, but what if there was a clash or mismatch of needs in the future? It could easily happen I think" CI, MMM

There was also feedback from various Project Leads (MMM) regarding a perceived "lack of transparency" in the Mission's priority-setting and decision-making processes. Various respondents expressed concern that the process of determining priorities could be "vulnerable to lobbying" or political advocacy, potentially creating unfair advantages to some research groups or research areas.

"How do priorities get set? Not sure how they have come about, who makes the decision, it is not clear. It's a little bit murky in how the priorities are determined." CI, MMM

"Care needs to be taken to ensure the Missions don't become the plaything of the loudest voices. I think a bit more clarity about how,
where and why topics are set would be very good thing." CI, MMM

Some Mission respondents were keen to have access to the evidence base behind the Mission's priorities to enhance transparency. Other suggestions included:

- providing clearer guidelines on the types of projects that the Mission intends to fund in the long term (such as fellowships)

- ensuring a diversity of voices were heard during the priority setting process, such as the views of people with lived experience, including young people.

These priority-setting viewpoints were shared by some non-Mission MRFF researchers and external stakeholders. A number of external stakeholders advocated for having a "stronger community and consumer voice during the priority setting process".

As expanded upon in Section 5, the Review identified opportunities for the Mission to further build stakeholder confidence by including more information regarding priority setting. The reviewers noted that recent MRFF Missions have adopted a more transparent and collaborative approach to developing Mission Roadmaps and Implementation Plans.

4.5.3 Communication and Notification Processes

Feedback about the communication and notification processes for announcing the Mission and specific funding rounds generally focussed on broadening dissemination channels. Greater clarity about the distinction between the Mission and other non-Mission MRFF initiatives and funding streams was also suggested.

Some Mission researchers considered that the various investment rounds were insufficiently promoted across the sector, contributing to information sharing about Mission funding primarily occurring through personal professional networks and existing relationships. One Mission Project Lead illustrated this by reporting they only became aware of funding calls through their professional body.

Mission researchers not based in academic institutions or familiar with preparing research applications also reported access challenges.

"I knew nothing about it [the Mission]. I work in a hospital-based setting, not research. If I didn't know about it, how would someone in the community know about it? I also thought [the Mission funding] was for lab research, I wasn't aware it was for psychosocial projects as well." CI, MMM

Communication issues did not only relate to the application process. Some Mission researchers reported difficulties when communicating with Mission's administration staff, including delays in receiving responses to queries.

Numerous respondents felt that stronger and more regular communication pathways could be useful, while others recommended more information sharing and knowledge exchanges and collaboration between the different Mission projects. The latter group suggested that additional knowledge sharing could provide opportunities to leverage lessons learnt from other projects

and allowed specific projects to combine or adjust current approaches based on other research approaches and findings.

> *"I think it would benefit the Mission and the outcomes of the Mission if there was information sharing between projects."* CI, MMM

> *"Would be nice to have a platform to foster collaboration or build awareness on points of intersection."* CI, MMM

There was a general consensus that Mission and MRFF funding opportunities and project activities could be better promoted to **increase their visibility** throughout the mental health research sector and wider community.

4.5.4 Funding Application Process

Various Mission respondents commented that they were comfortable with the Mission's application process, indicating it was "generally clear" and "easy to follow". A small number reported the application portal was "complex" and that they "lacked support and advice" they needed, but this was largely due to their unfamiliarity with online applications in general, and the grant portal in particular.

A number of Mission researchers commented on challenges arising from the timing of Mission applications. The most common issue raised was the short submission time. Two respondents commented that their Mission application was due "during a holiday period" which posed logistic challenges given the number of parties involved. For some, the tight turnaround for applications made them question whether the quality of submissions (including their own) could have been compromised.

> *"The grant had an incredibly tight turn around…so we had to impose an incredibly quick structure on it all – you need at least three months to prepare a quality submission."* CI, MMM

> *"Had a month to bring it together – all hands-on deck to get it done. Short turn around, wasn't familiar with the process, didn't have staff – many people put in their own time with delayed payment."* CI, MMM

For some Mission researchers, the impact of the short lead time was exacerbated by application requirements, given it takes time to build collaborative networks and develop genuine partnerships, particularly with hard-to-reach consumer groups. In this context, some researchers noted how important it was that they had been preparing well in advance.

> *"The submission time for [Mission] applications was very short – 2-3 months – but we had been prepping so it hasn't been a problem. But it would be challenging for larger grants bringing everything together."* CI, MMM

> *"[I was] working a year in advance [on my application] to some extent so already had base to work with. Already had many iterations of grant applications, so already knew who I wanted to collaborate with."* CI, MMM

A number of respondents were keen to see future Mission funding rounds announce priority areas at least 6 months in advance and potentially introduce a staged application process that commenced with a simpler, Stage 1 Expression of Interest process.

Various Mission researchers also commented on the pros and cons of a quick decision-making process for grant applications. For some this allowed research teams to retain staff, maintain momentum from the pre-work and to "hit the ground running" as soon as notifications were received. For others, however, the quick turnaround times were seen to create logistical

difficulties as there appeared to be an expectation for the research to commence immediately, even if their research team wasn't fully prepared and pre-approvals such as ethics were some way off.

> *"We were one of the earlier grants to get up, but the expectation was to start almost immediately. It was a bit of a shock to the system, felt like we were on the back foot immediately and there were delays caused by needing to get ethics approval and needing to get legal agreements in place. We needed to ask for a variation straight away."* CI, MMM

Some issues raised were primarily focused on the assessment process. These included suggestions for providing:

- feedback on Mission applications to increase transparency and help improve the quality of future submissions

- additional clarity on criteria used to determine successful and unsuccessful applications, particularly in respect to gauging scientific quality and the degree proposals would deliver against Mission/grant opportunity objectives and outcomes

- additional application requirements to better ensure the likelihood of translational impacts from funded research and to support capacity building in the sector (for example, through gender, ethnicity or career level targets).

4.5.5   Amount of Funding Available

The majority of Mission respondents provided positive feedback regarding the amount of funding available. Multiple Project Leads stated they were happy with the level of funding allocated to their projects, with Mission grants reported to be larger than those offered through other funding programs, such as NHMRC.

> *"The point of the MRFF is that you can do these bigger projects – you would never be able to do this with the NHMRC."* CI, MMM

Some Mission researchers still reported "feeling pressure to put forward a conservative budget" in order to be competitive (PL, MMM). It was also noted that the Mission had similar limits on expenditure as other grant programs such as for certain overheads (e.g. utilities) and staffing, which tended to be funded or absorbed at-cost by the researcher's institution.

One Project Lead observed that the impact of increased expectations regarding Mission research practices such as co-design were not necessarily fully aligned to the levels of funding.

> *"Some of the Mission requirements – especially consumer input and co-design practices- are really expensive and time consuming... We certainly did not fully reflect these costs in our funding application… What's more these things are difficult to fully cost as you don't know what's involved until you get in there and try."* CI, MMM

With respect to funding as a whole, various respondents highlighted the limited proportion of total MRFF funding that goes to mental health research. Further, they commented that the small number of mental health research projects funded by the Mission, and/or other funding streams, served to "deter some researchers from applying every round" (PL, MMM). Overall respondents were keen to see Mission funding of mental health research in Australia continue and preferably significantly expand to address perceptions of underfunding overall.

> *"I hope the government will find new money when the $125 million is done. Mental health is a huge area of need, Australia does punch above its weight in mental health research."*
> *CI, MMM*

4.5.6   Length of Funding Period

Mission respondents provided a range of feedback on the duration of funding provided by the Mission. Many were happy with the "standard" grant timeframes allocated (4-5 years) and felt they would be able to deliver their outcomes within this time period. Some, however, considered the funding period was "too strict" and limited their capacity to respond to findings. One Project Lead felt there needed to be more flexibility in project milestones, allowing for adjustments based on preliminary findings.

Other respondents reported that extended timeframes were also needed to support establishing collaborative research (including organising multi-institutional grant agreements) and to ensure the sustained integration of interventions into practice. Whilst it was acknowledged that the Department has grant variation options available and had communicated some additional flexibility as a result of the COVID-19 pandemic, two respondents observed that "this was exception rather than the rule".

As noted previously, some researchers also suggested that, in future, the Mission should provide opportunities for existing projects to apply for further funding or satellite extensions to embed their interventions and produce sustainable outcomes. One Project Lead suggested that the Mission should consider separate funding rounds for the translation and commercialisation of previously funded projects.

4.5.7   Reporting and Funding Accountability Processes

There was widespread recognition that it was necessary and appropriate to track progress and ensure accountability for public investments in research.

> *"It's taxpayers' money – there should be checks and balances, and we should be reporting."*
> *CI, MMM*

Feedback on the Mission's reporting requirements was generally positive. Many commented that the Mission's reporting process was very similar to those of the NHMRC and described it as being "fairly standard", "appropriate" and "not overly arduous".

> *"I quite like the layout of the Progress Report forms, the way you need to articulate milestones every year and what you are expected to achieve. It is good for accountability and helps gauge where we are at." CI, MMM*

There were some minor matters raised by a few Mission researchers in terms of reporting and accountability. One researcher commented that they could only work at the pace of the community they were engaged with and were unsure if that was well understood. A Project Lead, who was funded in one of the earliest grant rounds also expressed frustration that reporting templates has been changed multiple times throughout the life of their project, although they conceded that this was due to the learnings of the MRFF administrators over time.

> *"Our reporting format changes each year, so it's a bit frustrating…if someone was going to look back on this report over each year, nothing will match… Obviously the MRFF is learning each year, [so] they're just trying to adapt reporting procedures to meet ever changing circumstances." CI, MMM*

Mission researchers also noted that it was difficult to demonstrate the long-term outcomes and impacts of their project interventions in the early stages of projects – particularly as it related to influencing policy and practice. One participant suggested that the inclusion of case studies into reporting may be useful for this purpose.

Non-Mission MRFF researchers and external stakeholders also provided feedback on the reporting and accountability processes. One respondent noted that as a lived experience representative, "the information is not being fed down to the community mental health sector and consumers and carers. We do not seem to be kept up to date with the progress of the funded projects" (Collaborator, MMM). Another respondent suggested that this could be addressed by providing "some type of annual update…posted on a website…so each of the objectives can be monitored and inform development of either new objectives or more targeted funding" (Collaborator, MMM).

5.   Opportunities

This section addresses the fourth and final Review Term of Reference, namely:

> "Suggest opportunities (if any) for improving alignment between the intended goals and implementation of the Mission."

While the primary focus of the Review was to strategically help guide future investment by documenting progress to-date against MRRF objectives, and identifying national and international good practice and funding model trends, the fourth Term of Reference was intended to bring together any learnings that could assist implementation.

Following this Review, a newly appointed Mission Expert Advisory Panel (EAP) will be responsible for providing "advice on priorities for future research investment through the Mission by reviewing the existing Roadmap and developing an Implementation Plan"[127]. There is approximately $60 million[128] in remaining funding currently allocated to the Mission. In preparing their advice on priorities for future investment, it is expected that the new EAP will consider this report and the opportunities that follow.

Drawing on all sources, the Review identified nine specific opportunities that could help further improve alignment between the Mission's goals and implementation. Those sources were:

- good practice identified in other local and international mental health research models and approaches discussed in Section 2, and expanded upon in the accompanying Evidence Scan

- analysis of Mission project progress reports and other available Mission information summarised in Section 3 and parts of Section 4 of this report

- combined feedback from researchers and stakeholders documented in Section 4 in respect to progress made towards the Mission Guiding Investment Principles and Investment Priorities as well as the MRFF MEL Strategy Measures of Success and Impact Measures.

The nine identified opportunities have been grouped under six connecting themes. Each opportunity can support one or more of the Mission value proposition statements identified through the Review and set out in Figure 8 below.

The six themes are as follows:

a) Build on the Mission's core value proposition

b) Potential topics for future investment

c) Potential alternative or additional funding arrangements

d) Potential updated funding implementation processes

e) Work collaboratively to promote best practice and in other ways broaden research translation opportunities

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[127] See Minister for Health's 22-04-22 Press Release

[128] The Mission was originally allocated a total of $125 million set to be disbursed towards mental health research projects over 10 years from 2018-19. As outlined in Section 3, the Mission has awarded $64,809,460 to existing projects, leaving approximately $60.2 million to be awarded in the future.

f)   Work collaboratively to support broader/ long term capacity building activities.

The nature of the identified opportunities means that they will require consideration and action by a range of parties. While several could be taken up by the incoming Mission Expert Advisory Panel (EAP) or Department, many are dependent on broader leadership and/or engagement by others, including all levels of government, research institutions and peak bodies, as well as other organisations and individuals with an interest in mental health research. This reflects the current spread of responsibilities for supporting research across the ecosystem.

Importantly, the Review concluded that action on the broader proposed opportunities could benefit not only future Million Minds Mission researchers and the outcomes of Mission research, but also assist researchers and projects funded under the MRFF, as well as other researchers/projects in the health and medical research sector across Australia more broadly.

a)   Build on the Mission's core value proposition

The following features emerged from the Review as key elements of the Mission. They were highly valued by respondents and also representative of international good practice, as identified through the desktop evidence scan. They have been grouped into eight value proposition statements, reflecting the focus areas, aspirations, methods and the promotion of innovation that are seen as core to the Mission as set out in Figure 9.

> **Opportunity 1**
>
> Consider all eight core value proposition statements in the design and delivery of future mental health research funding in Australia, including in the design of a revised Mission Roadmap.

Figure 9: Mission Value Statements

1) Targeted mental health research program dedicated to better patient outcomes.

2) Sizeable investments in areas of unmet need, and underfunded research topics that carry high burden of disease and/or are amenable to interventions.

3) Focus on priority mental health research topics informed by broad sector advice and a solid evidence base.

4) National, open application process, followed by a transparent, merit-based selection process with adequate lead times.

5) Embedding of lived experience in all Mission projects with significant consumer and carer involvement in research design, delivery and evaluations.

6) Facilitating and valuing research collaborations and partnerships not just between institutions, but also with community-based organisations.

7) Staged roll-out of investments over time allowing emergent issues to be included and reducing impacts on research community.

8) Emphasis on research translation and requiring researchers to socialise their findings and explain their real world applications.

b)   Potential topics for future investment

The Review identified potential benefits to the Mission from focusing future research investment in areas where: Australia has specific expertise; there are identified funding gaps and/or specific unmet needs; and there is a high burden of disease in Australia. While each would require a firmer evidence base, corroborated by sector advice as per value statement 3, some potential topics for possible EAP consideration are set out as Opportunity 2.

In relation to value statement 3, the Review also received feedback from "other stakeholders" (i.e. non-Mission or MRFF-funded) supporting priority setting and the need to consult broadly with the mental health community (including consumers, carers, and service providers) when determining future research priorities.

Opportunity 2

Consider increased research investment focus in:

a)   high burden of disease mental health research topics, including for high-risk groups and those with comorbidities

b)   understanding the social, economic, ecological and psychosocial factors influencing mental ill-health

c)   integrated approaches to mental health prevention and early intervention, including use of interdisciplinary approaches and community-based mental wellbeing initiatives

d)   research where Australia has a strong international reputation.

Opportunity 3

Consider structured options to ensure the perspectives and lived experience of consumers, carers and service providers – and not just mental health researchers and academics – are strongly represented in the evidence used to set priority topics.

c)   Potential alternative or additional funding arrangements

While there was strong evidence to support the Mission continuing to fund prioritised research topics (as per value statement 3), and for the process to remain competitive and merit-based (value statement 4), the Review also identified local and international evidence that suggested benefits from the adoption of some alternative or modified funding approaches. These could potentially help to deliver the Mission goals and are, therefore, worthy of further consideration by the Department and EAP, as appropriate.

Opportunity 4

Consider introducing opportunities for research investments to:

a) deliver a balance between basic, clinical and applied research activities, including those deploying collaborative research models

b) fund select, high quality, innovative applications that – while still fully consistent with broad scope of the Mission – may focus on more than one priority topic, or approach the goals of the Mission and MRFF in innovative ways

c) where warranted, maximise outcomes from existing Mission projects, specifically to either:

    i.   significantly boost the number of Australians engaged in the research

    ii. support the substantial expansion of the research's impact and use of the evidence base generated, and/or

    iii. undertake substantial research translation and knowledge sharing activities.

d) Potential updated funding implementation processes

The Review found strong support for, and alignment with, the Mission Investment Principles, particularly including commitments to: involve consumers and other members of the community in research; engage individuals with lived experience; and encourage domestic and international collaborations. Each of these commitments was identified as contributing to the Mission's value proposition (see value statements 5 and 6).

The findings also highlighted that such approaches often take time to establish and fully deliver, especially where they involve innovation and/or cannot rely on pre-existing relationships and processes.

In this context, the following process options are worthy of consideration by the Department as they have the potential to: support researchers in their planning and building of collaborations; improve the number and quality of funding applications; support knowledge sharing; enhance transparency; and assist in measuring impact and translating research outcomes (thereby supporting value statements 4 to 8).

Opportunity 5

Consider implementation process reforms, including:

a) providing a Mission Implementation Plan (similar to the Implementation Plans of other, newer MRFF Missions) that documents broad topics and timeframes for upcoming funding opportunities to assist researchers in their forward planning

b) providing longer lead times (minimum 3-6 months) for applications, to assist the formation of multi-institution and inter-disciplinary collaborations, and potentially increase the quality of applications received[129]

c) requiring applicants and grant recipients to more extensively document their approach and methodology for ongoing engagement with people with lived experience in their research design and implementation

d) introducing collective and/or individual feedback mechanisms on grant applications to support capacity building in the sector

e) revising the Mission implementation and project reporting documentation provided to researchers to align more directly to the Mission Roadmap, as well as to the MRFF Measures of Success and Impact Measures.

Opportunity 6

Consider enhancing the dissemination and promotion of the following information – in some instances providing more detail – to the mental health research community and other stakeholders to improve their understanding of the Mission and its operations:

a) evidence to support why specific investment priorities have been selected for the Mission Roadmap and Implementation Plan

b) roles and responsibilities of different Mission stakeholders including the Department, the Expert Advisory Panel, and the Minister, in particular

c) further information on the criteria used to distinguish between successful and unsuccessful applications, including expanded explanations of each weighted criteria.

e) **Work collaboratively to promote best practice and in other ways broaden research translation opportunities**

The Review identified clear local and international evidence to support the benefits of the Mission's emphasis on increasing the focus on research translation, and for broadening the

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[129] UTS is aware that the Department has adopted 6 months for most MRFF grant opportunities. It has also adopted the practice of publishing Implementation Plans that assist the research sector to prepare for upcoming grant opportunities. Both these practices would benefit the Mission.

impact of grant funding beyond the mental health research community (see value statements 7 and 8).

Further, the Review found early evidence that Mission researchers were conducting translatable research and taking steps towards supporting more Australians to have access to evidence-based interventions, as per the Mission Roadmap Guiding Investment Principles.

That said, the findings also revealed some existing limits on how impactful individual grants recipients could be in terms of fully realising the MRFF Measures of Success, particularly those related to embedding research outcomes into wider health practice, and to seeing the broader community engaging with, and adopting, new technologies and emerging treatments.

Whilst progressing these goals is not simple, if the objectives of best practice research and improved outcomes for Australians are to be achieved through Mission projects, the findings suggest that there are various options available which warrant consideration. Some could potentially assist current projects to better share their outcomes and impacts to-date, while others are more focused on future translation – namely, the promotion of research and knowledge sharing.

Importantly, many of the opportunities identified here are beyond the sole remit of the EAP and Department and are, therefore, likely to require input from different levels of government, working in collaboration with research institutions, peak bodies and other organisations with an interest in mental health, and/or health and medical research more generally. If actioned, they are likely to bring benefits to research programs well beyond the Mission.

Opportunity 7

To better support research sector capacity building and facilitate research translation, different parts of the mental health sector could work collaboratively to consider:

a) strengthening requirements for researchers to be involved in Mission research translation activities and events

b) increasing the amount of information about funded projects that is publicly available (for example, summary progress reports, key findings, short webinar presentations by project leads, etc.)

c) producing annual or biennial public reports on Mission research status, and planned next steps

d) sponsoring or facilitating, forums and discussion sessions between Mission Chief Investigators, collaborators and participants with lived experience

e) identifying ways to widely disseminate and promote best practice arising from Mission investments – for example, through professional colleagues, professional associations, consumer organisations and other relevant organisations and special interest bodies – including on topics such as:

  i. consumer engagement and co-design in mental health research

  ii. evidence-based policy and advocacy, and how research can successfully influence service design, programs and practices for the benefit of the Australian community

  iii. case-studies of innovative approaches to specific challenges (for example, conducting socially-distanced research)

f) sharing the case studies, findings and future opportunities identified in this Review to stimulate dialogue and promote research translation across the mental health research community.

f) Work collaboratively to support broader/long-term capacity building activities

Finally, the Review found local and international evidence to support using investments to help build the capacity and capability of researchers, including their ability to undertake evidence-based, translational research.

Positively, the Review found evidence that Mission researchers were already taking steps towards implementing the Investment Principles requiring researchers to build research capacity within their own research project and research partnerships.

The Review identified several possible options to support extending capacity building beyond individual partnerships and to fully realise the MRFF Measures of Success in this area. As for Opportunity 7, to be effective, these will require collaboration with parties beyond the EAP and Department. Again, this includes the different levels of government, research institutions, peak bodies and others, and the benefits can accrue well beyond the Mission's implementation.

Opportunity 8

Research program decision makers and influencers could work collaboratively to generate enhanced opportunities for jointly attracting, engaging and retaining quality mental health researchers (including those with lived experience) through options such as:

a)   strengthening requirements on funded projects to attract and nurture future research leaders

b)   sharing examples of good practice in position descriptions, internal mentoring and support mechanisms, and other career development opportunities

c)   collaborating to develop new awards and events to better support and recognise excellence in mental health research, particularly among early and mid-career researchers

d)   identifying formal and informal opportunities for individual researchers to meet with, and gain exposure to, other research institutes and future job opportunities

e)   utilising digital platforms, social media, and other communities of practice channels to better connect:

   i.   early- and mid-career researchers to new research opportunities

   ii.   community-based groups with quality research organisations

f)   establishing additional peer-support opportunities for researchers at all levels to discuss and share research issues and challenges across institutions and research topics.

Opportunity 9

To strengthen Australia's research capacity more broadly and to streamline processes for the establishment, delivery and translation of quality mental health research, relevant parties could consider:

a)   establishing a centralised, national ethics approval body to consider major, multi-agency research projects, and whose decisions are mutually recognised by all project participants and their respective organisations

b)   commissioning a national, independent research capacity and enablement review[130] to identify options to overcome barriers to Australia undertaking world class research, including in mental health

c)   developing stronger, national mechanisms and resources to provide Australian researchers with professional advice and support for the commercialisation of their research, particularly those involving multiple institutions and partners

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[130]   Under the auspices of a body such as the Productivity Commission or the Australian Council of Learned Academies, potentially involving the Australian Academy of Health and Medical Sciences, the Academy of Social Sciences in Australia, the Australian Academy of the Humanities, and the Academy of Science, and the Academy of Technology and Engineering.

d) introducing mechanisms to strengthen how the Commonwealth, State and Territory Governments, together with major research institutes and other bodies:

    i. collaborate in setting research priorities, and implementing and delivering their research investments in mental health

    ii. share approaches to good practice grant implementation and administration

    iii. jointly promote researcher access to good practice in mental health research and other research translation documents, events, and activities.

e) introducing mechanisms to strengthen the role of philanthropic organisations specifically to:

    i. bolster funding available to support mental health research

    ii. establish research and advocacy coordination structures, similar to those established for other areas of medicine.

6.   Conclusion

This report presents the findings of the UTS Review of the Medical Research Future Fund (MRFF) Million Minds Mental Health Research Mission (Mission) conducted between August 2021 and February 2022.

In line with the Terms of Reference, the Review used a mixed method approach to consider how the investments made through the Mission and other selected non-mission MRFF funded research projects involving mental health, are contributing to key strategic aims set out in the Million Minds Mission Roadmap (2018), the first MRFF 10-year Investment Plan (2019), and the Monitoring, Evaluation and Learning Strategy 2020-21 to 2023-24.

The findings and opportunities identified in this Review are intended to inform future Mission investment by providing suggestions that could, in various ways, aide the achievement of the Missions' and MRFF's stated goals and objectives.

While the total estimated spend on mental health research is difficult to confirm, the available data suggests that in Australia it is significantly underfunded compared to other medical research areas and does not reflect the burden of disease.

It is therefore an important finding that both Mission and MRFF funding opportunities have resulted in a significant uplift in mental health research, including through a focus on critical and emerging priorities.

The Review revealed that as the majority of Mission projects are in their early stages it is not yet possible to assess their full impact. However, there are a number of observable positive trends.

The COVID-19 pandemic, in particular, was recognised as a major disruption to Mission projects over the last two years. Despite these challenges, the Review found that all Mission projects are making progress towards their stated milestones and objectives.

The Review also found that most, if not all, Mission projects, are being undertaken according to the Guiding Investment Principles of the Mission Roadmap. In particular, there is evidence that Mission projects are:

- involving more Australians from diverse backgrounds in mental health research

- undertaking innovative research and interventions in mental health prevention and treatment

- addressing comorbidities related to mental illness

- directly involving members of the community and actively working towards translating their findings

- committing to genuine co-design processes with consumers, carers and individuals with lived experience throughout the research lifecycle

- undertaking research collaborations and partnerships with a diverse range of stakeholders

- working towards increasing the capacity and resources of the mental health sector, and improving the alignment of research with the needs of consumers and clinicians.

The Review also found emerging evidence of Mission and in-scope non-Mission MRFF research projects contributing to the eight Measures of Success outlined in the MEL Strategy. It was,

however, too early in the implementation of the projects to make a fulsome assessment against these Measures of Success.

The Review was also able to identify that the Mission and in-scope MRFF research projects were contributing to longer term MRFF Impact Measures. These include: better health outcomes; beneficial change to health practice; increased health efficiency; economic growth; and increased job and export potential.

As an additional source of information, Review participants were asked about various aspects of the Mission and its implementation. The majority of Mission respondents viewed the Mission as unique or innovative compared to other models and strongly welcomed its explicit focus on mental health. There was also support for the Mission's emphasis on applied research and real-world impact, as well as on the psychosocial dimensions of mental health.

Mission researchers also spoke of the benefits of having priority-driven grant opportunities, making suggestions to adopt improvements to process to increase transparency and the quality of proposals. Mission researchers were generally happy with the monetary value and the length of the grants awarded, and reported that the application process and reporting requirements were largely similar to existing funding models such as the NHMRC.

Overall, the Review identified widespread support for the Mission and a commitment to achieving its goals.

Attachments

Attachment 1: Review Contributors

| UTS Subject Matter Experts |
| --- |
| **Distinguished Professor Jane Hall**
UTS Centre of Health Economics Research and Evaluation (CHERE) |
| **Professor Carol Mills**
UTS Institute for Public Policy and Governance |
| **Associate Professor Toby Newton-John**
UTS Graduate School of Health |
| **Professor Rosalie Viney**
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Members of the Evaluation Advisory Panel
Dr Alex Cockram
Professor Ian Everall
Ms Erica Kneipp
Associate Professor Beth Kotzé
Ms Janne McMahon
Dr Ruth Vine (Chair)

Attachment 2: UTS Review Framework

To guide the Review, UTS developed an overarching evaluation agenda. The evaluation agenda draws directly from the MRFF Monitoring, Evaluation and Learning Strategy 2020-21 to 2023-24 and includes the MRFF Measures of Success and MRFF Impact Measures outlined in the Conceptual Framework replicated at Figure 10. While it should be noted that this Strategy (dated November 2020) was finalised after the Mission was established – and after some of its early grant opportunities were funded – it nonetheless provides a useful frame of reference to assess the progress made to-date.

Figure 10: MRFF Monitoring, Evaluation and Learning Conceptual Framework
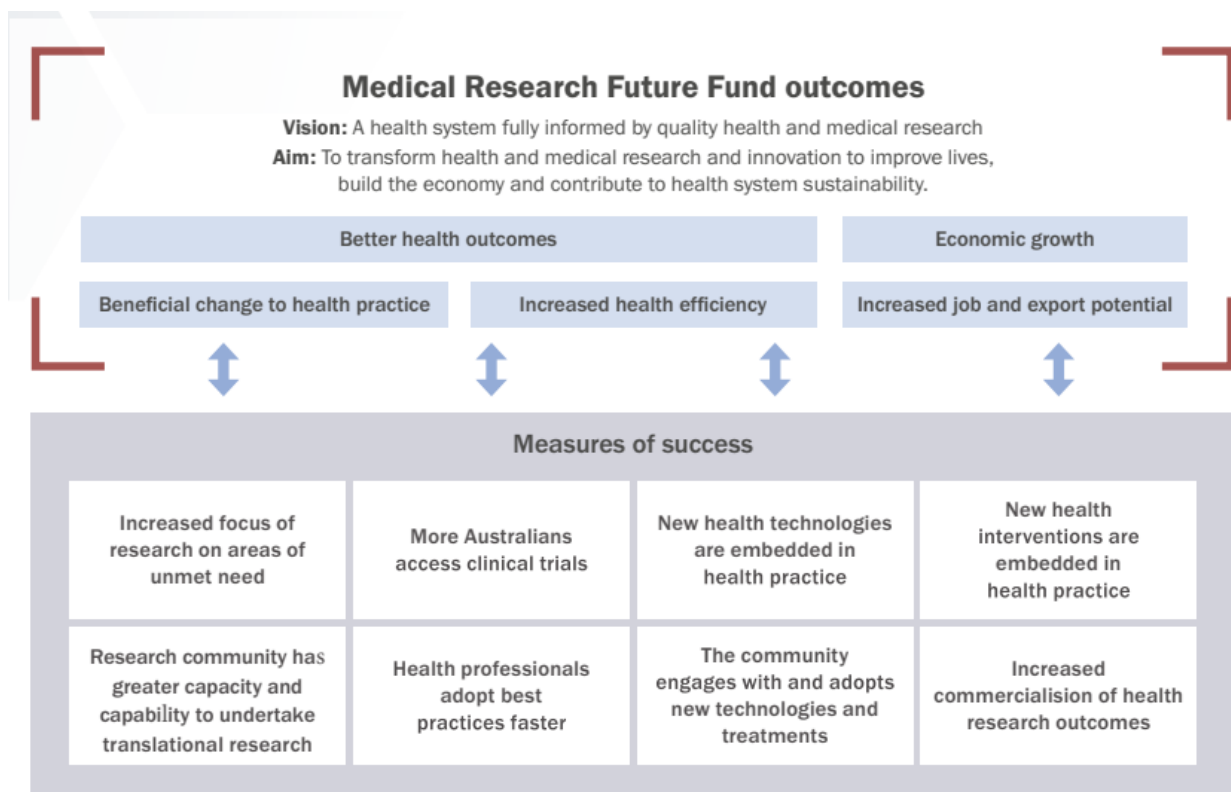
As all projects included in the Review have, a) been underway for three years or less and b) were being undertaken during ongoing COVID-19 restrictions and lockdowns, the Review's focus was on how well the program and the individual funded projects therein, were either aligned to, progressing towards, or in part already delivering on the MRFF outcomes and the Mission's goals, rather than apply a strict results-based assessment.

Further details on the UTS research questions are included at Attachment 3.

Attachment 3: UTS Research Questions

This report addresses four inter-connected review areas:

1) **Program level outcomes**
2) **Funded project outcomes**
3) **Implementation status**
4) **Lessons and future opportunities**

Table 10 below outlines the core research topics that were investigated during the Review, along with the major sources of evidence used:

Table 10: UTS Core Research Topics and Evidence Sources

1) Program Level

Key Research Question	Evidence Scan	Program Documentation	Engagement Feedback
• **How well is the 'research model and approach' progressing towards MRFF and Mission goals?**	✓	✓✓	✓✓
• **How well is the Program addressing unmet needs and the priority research topics?**	✓	✓	✓✓
• **To what extent is it involving more Australians in research and having translational impacts?**	✓	✓	✓✓
• **To what extent is it meeting expectations and delivering intended outcomes?**	✓	✓	✓✓

2) Project level

Key Research Question	Evidence Scan	Program Documentation	Engagement Feedback
• **What progress has been made on meeting grant and project objectives and milestones?**		✓✓	✓
• **How well is it addressing unmet needs for the specific target group/ research topic?**	✓	✓	✓✓
• **To what extent is it engaging with consumers and helping translate research into practice?**		✓	✓✓

Key Research Question	Evidence Scan	Program Documentation	Engagement Feedback
• **What factors have impacted/ are impacting positively or negatively on the research project?**		✓	✓✓

3) Implementation Status

Key Research Question	Evidence Scan	Program Documentation	Engagement Feedback
• Have there been any implementation issues that have impacted the Mission's progress?		✓✓	✓
• **How have different sectors and stakeholders been engaged and communicated with?**		✓✓	✓

4) Lessons & Future Opportunities

| Key Research Question	Evidence Scan	Program Documentation	Engagement Feedback
• **Are there any enhanced models or approaches to research that are applicable to the Australian context?**	✓✓		✓
• **What other options are there to improve the Program and its impacts?**	✓✓	✓✓	✓✓

Table 11 outlines the preliminary research questions used during the analysis of program documentation:

Table 11: UTS Preliminary Research Questions

Preliminary research questions	Sources of data and information
- What were the circumstances that led to formulating the MRFF? - What informed the Mission's goals, priorities, and roll-out process? - What types of grants have been awarded and what progress has been made to-date? - What is the level of existing investment and to what extent have the projects been rolled out? - How many researchers and service providers have been involved? - How many consumers have participated and in what capacity? - What impacts/ outcomes data have been gathered and reported to-date? - To what extent do the current research projects align to the Mission's goals? - What options are there for improving alignment to the Mission's goals and intended project outcomes? - What supplementary outcomes and goals are being delivered? - What research barriers or constraints have been reported on in the progress reports? - How will these impact on delivery timeframes and research outcomes? - What other positive or negative consequences have emerged from the research funding as documented to date?	- The Million Minds Roadmap - The MRFF Monitoring, Evaluation and Learning Strategy - The 10-year MRFF Investment Plan - Program Guidelines and distribution process - Number of successful and unsuccessful research applications - Individual funded project descriptions, grant agreements, implementation plans and progress reports to date (if available) - Governance and financial reporting - Other relevant data provided by the Department

Attachment 4: UTS Approach to Stakeholder Engagement

Figure 11: UTS Engagement Website Using HIVE Software
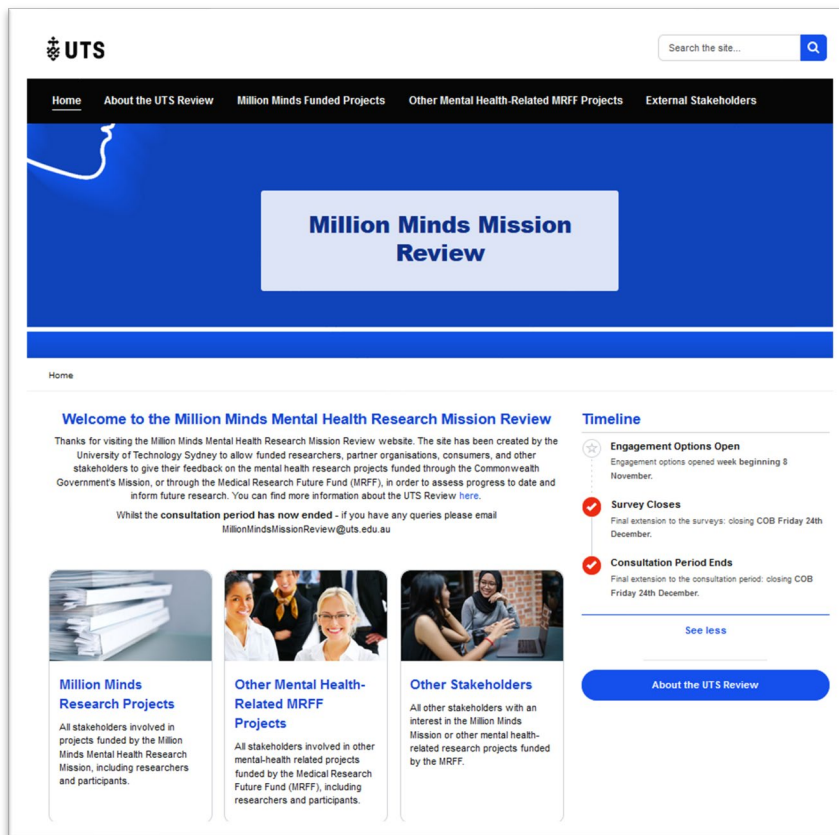
Given the significant number of stakeholders located across Australia, UTS streamlined stakeholder engagement and feedback through a single digital engagement platform using HiVE software. The HiVE website (see Figure 11) hosted a landing page with up-to-date information and background to the Review, companion pages related to each stakeholder group, access to all online survey instruments[131] (powered by Qualtrics) and the ability for stakeholders to provide feedback through email.

UTS and the Department undertook a number of communication methods to attract input from a broad cross-section of stakeholders across Australia. From October to December 2021, the Department:

- sent direct emails to stakeholders with information about the Review and participation in the consultation phase

- issued announcements and reminders about the Review and the consultation phase through the MRFF monthly newsletters

- kept the Mission webpage updated with the Review status and a link to the UTS HiVE website

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[131] There were three survey instruments for the following stakeholder groups: Million Minds Research Projects, Other Mental Health-Related MRFF Projects and External Stakeholders.

- wrote directly to Project Leads of the 18 Mission and 41 MRFF mental health related projects inviting their participation in early November 2021 and again in December 2021 to remind Project Leads

- used the Department's Twitter account to inform on the commencement of the consultation phase by UTS and later encourage and reminder stakeholders to take part in the surveys.

UTS also communicated through direct emails and supplementary communications to stakeholders, primarily to encourage online survey participation and organise interviews and focus groups with relevant Mission and MRFF stakeholders.

All interviews, focus groups and workshops were undertaken online using either Teams, Zoom or WebEx videoconferencing software.

Stakeholder engagement findings were analysed by the UTS Review team, with the main findings presented in this report.

UTS worked closely with Departmental representatives and Evaluation Advisory Panel members at key points throughout the Review to ensure that their requirements were met. This included weekly UTS-Departmental Officer update meetings, and workshops and at least monthly discussions with senior Departmental staff.

Attachment 5: Project Case Studies

This section contains six targeted project case studies designed to illustrate best practice in specific aspects of the Mission approach and its Guiding Investment Principles, namely a focus on:

1) Access to All Australians: Aboriginal and Torres Strait Islander Inclusion

2) Consumer Engagement and Co-Design

3) Rapid Response Mental Health Research

4) Building Collaborations and Partnerships

5) Knowledge Translation

6) Research Capacity Building.

Each case study was prepared using a standard template, with consent and accuracy of content confirmed with the relevant Chief Investigator. They were developed using data collected from the program documentation, progress reports and other engagement instruments.

They are included in the report to highlight innovative or impactful approaches that could inform future approaches to mental health research, as well as the potential design and implementation of future Mission funding.

Note: The case studies are not designed to address all aspects of the project, only the specific issue listed in the case study heading.

Case Study 1: Access for all Australians: Aboriginal and Torres Strait Islander Inclusion

Project Title	Our Journey, Our Story: Building bridges to improve Aboriginal youth mental health and wellbeing
Lead Institution	Curtin University

Setting the Scene

The 'Our Journey, Our Story' research project is investigating building culturally safe mainstream youth mental health services to improve the mental health of Aboriginal youth.

The research aims are to increase the capacity of youth mental health organisations to respond to the needs of Aboriginal and Torres Strait Islander youth, and to better engage with families and communities to improve mental health and wellbeing. In order to achieve this, the project is implementing and evaluating the Debarkarn Koorliny Wangkiny (Steady Walking and Talking) framework. The framework has been successful in reforming youth mental health services by involving Aboriginal Elders and young people in participatory action research to co-design new systems and clinical models with service staff.

The framework is being implemented across regional youth mental health service sites across Western Australia, with Aboriginal Elders, youth and service staff involved in co-designing appropriate measures, and then implementing ways to translate research into policy and practice.

"And for so long the youth have not been trusted really to sort of run something like this and I feel like that's what (Our Journey Our Story) did; it gave us that platform to almost lead the direction of this whole thing. Like in essence, you guys organise the meetings, but really, you're all working around what we said." Youth co-researcher

Evidence of Innovation and Good Practice

The engagement framework for co-design, Debakarn Wangkiny Koorliny, and the research team's approach to building relationships is consistent with Aboriginal cultural protocols and practices, confirmed as relevant to Aboriginal people living on Yawuru country, in the Broome area.

The framework was developed with Nyoongar Elders in the Perth metropolitan area and has now been successfully applied in Broome with Yawuru Elders and local young people.

The framework is considered good practice when working with Aboriginal and Torres Strait Islander people due to its application across different clan groups and service locations; the importance it places on taking the time to build relationships with the Aboriginal and Torres Strait Islander community (who typically have little trust of researchers and Western research practices); and placing cultural knowledge "at the centre of recovery, not just an add-on to traditional clinical approaches".

"I keep coming back because the value of having Elders involved helping young people; we can give (services) the guidance in how to approach young people in healing and understanding culture and history. Having that input and being taken seriously makes me feel valued." Elder co-researcher

Outcomes and Lessons for the Future

To date, the following activities have been undertaken as part of the project:

- initial meetings and meaningful relationship connections between mental health researchers, Aboriginal Elders and project staff being convened on country, "even out the usual power imbalances that often occur in research projects"

- recruitment of Aboriginal and non-Aboriginal research staff, Aboriginal Elders and Aboriginal youth co-researchers

- relationships built with service staff and Aboriginal co-researchers at service sites

- baseline interviews undertaken at three service sites, with analysis underway

- storying undertaken in Broome (October 2020) and co-design workshops undertaken with stakeholders (February 2021)

- a number of research translation activities, including policy submissions, journal articles, radio and podcast interviews, website development, and reporting to the community through reports, presentations and meeting discussions.

The 2020 Annual Progress Report identified that the majority of milestones for the project have been met and additional activities have been undertaken. Initial engagement with six service sites have occurred, as well as additional five headspace sites across Western Australia. The COVID-19 pandemic has significantly impacted the project, although the use of video conferencing and Aboriginal ways of working have allowed relationships to be established and maintained.

According to members of the research team, the 'Our Journey, Our Story' project has and is likely to deliver the following benefits and outcomes:

- service provider representatives from Orygen and headspace regularly participating in project meetings and supporting research dissemination and translation

- involvement of Elders and youth co-researchers in all stages of the research, including research translation: co-design workshops in Broome in 2021 involved a youth forum and a video invitation, leading to additional local youth service engagement as part of the project

- career development of Aboriginal researchers, including a staff member employed for one day a week focused on research translation

- incorporation of Aboriginal and Torres Strait Islander research methodologies, participatory action research and relationship and trust building with Aboriginal communities throughout the project.

Case Study 2: Consumer Engagement and Co-Design

Project Title	Developing a Comprehensive Care Pathway For those at Risk of Suicide but Not in Traditional Care: The 'Under the Radar' Project
Lead Institution	University of New South Wales

Setting the Scene

The 'Under the Radar' research project is investigating the unmet needs of individuals at risk of suicide who have not been in contact with the health system prior to making an attempt. A specific aim of the research is to develop a scalable and integrated system of support that incorporates digital and non-digital services.

In addition to a series of systematic reviews examining the risk factors for those who do not seek help for suicide, and differences between those in contact with services and those not in contact with services, the project has sought to develop an understanding of the target group through a large-scale survey, and qualitative interviews.

People with lived experience of suicide have led the work in conjunction with researchers and project management teams, and those with lived experience have been involved extensively in surveys, interviews, and co-design processes facilitated through both Advisory Committee processes, and involvement and leadership on the Implementation team and the Co-Design team.

"New pathways for suicide prevention can only be developed with leadership from people with lived experience." Project Lead

Evidence of Innovation and Good Practice

Innovation and Lived Experience Advisors are involved in 'Under the Radar' throughout the entire iterative co-design process. At the heart of the project is a Core-Co-Design team, consisting of Lived Experience Advisors, and researchers. This team is responsible for decision making related to varied elements of the project such as the design of interview questions, process evaluation, and the design of the system of care being developed.

The project aims to facilitate a "genuine power-sharing dynamic" within the Core Co-design team by:

- providing equal representation of perspectives on the team, including through a Researcher-Lived Experience Advisor co-chairing arrangement

- establishing a set of core co-design principles at the initial meeting to create working relationships conducive to genuine co-design, including commitments to transparency, trust, cooperation, and reflexivity, amongst others

- building the capacity of the Lived Experience Advisors and Researchers to effectively collaborate through participation in a series of informative 'Research 101'-style workshops on quantitative and qualitative research methods, and workshops on the principles and practices of co-design

- embedding reflexive processes into the Project Committee's standing agenda so that the team can regularly reflect on how elements of the project are working, including adherence to the established core co-design principles

- providing non-technical research summaries, adopting plain language and facilitating a "comfortable Committee-dynamic" where Advisors are empowered to step in and ask questions or seek explanations.

The 'Under the Radar' project has also sought to empower Lived Experience Advisors by:

- allowing Advisors to nominate research streams and elements that they are most interested in so that those with limited time are still able to meaningfully engage "on their own terms"

- providing avenues for anonymous feedback: for example, through the use of the MURAL online whiteboard during reflexive processes where participants can post anonymous sticky notes

- establishing a consistent point-of-contact and support for Advisors through a Senior Lived Experience Engagement Officer, who is involved in the project to focus solely on the involvement of people with lived experience in the project.

Outcomes and Lessons for the Future

Members of the research team believe that their lived experience engagement processes have "flipped" traditional research methods and will allow them to deliver a system of care that "will be truly co-created".

Importantly, the researchers noted that co-design can be "challenging" and, on occasion, a "confronting" process for some team members –as the iterative processes introduces "uncertainty" that does not lend itself well to deadlines.

Project respondents suggested that in future projects additional efforts could be made to establish a common understanding of what 'co-design' means in practice, and that there are

more opportunities to support all researchers, not just CIs, to learn how to "share power and knowledge", and accept that the pathway to rigorous, inclusive research "can be a bit messy," though the outcomes will be all the more impactful because of the engagement processes used.

Case Study 3: Rapid Response Mental Health Research

Project Title	Identifying the mental health effects and support needs of people bereaved during and following COVID-19: A Mixed Methods Project
Lead Institution	University of Technology Sydney

Setting the Scene

The 'Identifying the mental health effects and support needs of people bereaved during and following COVID-19' project is a mixed methods investigation that aims to track the mental health outcomes and service needs of 2,000 Australians bereaved from any cause during the pandemic.

The evidence generated from this national longitudinal COVID-19 bereavement study will ensure that Australia's mental health system can rapidly and appropriately respond to provide the necessary psychosocial supports during current and future global crises.

> *"Running the online engagement campaign was more effective during the COVID-19 pandemic lockdown because having more time at home helped people reflect more and make sense of their experiences."* Project Lead

Evidence of Innovation and Good Practice

Bereavement research is complex and recruiting participants who have recently experienced loss is challenging. As data shows, under normal circumstances only about 30% of those approached will choose to engage. Moreover, the unprecedented events created by the COVID-19 pandemic have exacerbated engagement barriers, and overcoming them required rapid adjustments, creativity and resilience.

After losing their main partner, who was expected to facilitate the recruitment of 2,000 participants, the project team had to adapt swiftly in order to overcome this challenge. They did this by implementing an online recruitment campaign using social media platforms such as Facebook and Twitter.

This new approach has proven very fruitful, with over 700 people completing the research project survey within the first three weeks of the campaign. Prior to commencing the online campaign recruitment was at 150.

At the time of the Review focus group, the research had received over 1,400 survey responses (over 70% of the initial engagement target).

Outcomes and Lessons for the Future

To date the above initiatives have delivered:

- recruitment of almost 1,600 survey participants

- receipt of interest to participate in an interview from almost 600 respondents.

Further, this way of approaching recruitment and data collection is reported to deliver additional benefits, including:

- achieving the target of engaging with 2,000 participants who have experienced loss during the COVID-19 pandemic

- exceeding the initial target number of interview participants.

The findings from this project are expected to inform the National Bereavement Action Plan (co-designed with stakeholders), as well as guide policy and practice linked to supporting the mental health of those bereaved.

Case Study 4: Building Partnerships and Collaboration

Project Title	Mental Health Australia General Clinical Trial Network (MAGNET)
Lead Institution	Deakin University

Setting the Scene

According to global rankings, Australia is a global leader in mental health research. Clinical Trials Networks (CTNs) are designed to capitalise on this expertise and assist researchers to develop, optimise and translate clinical evidence into treatments. Up until recently, psychiatry and mental health research was the only medical discipline entirely lacking CTNs in Australia.

The aim of the Mental Health Australia General Clinical Trial Network (MAGNET) is to build an Australian mental health CTN to improve treatment outcomes for people impacted by mental health. When fully established, MAGNET will provide a nationwide resource, including a one-stop of specialised support platforms and lived experience capacity to support clinical trials in the sector. The broader goal is to empower Australian adult mental health researchers to utilise robust clinical evidence to change practice, deliver improved treatments, and enable better patient care.

"With a vision of enabling innovative, globally impactful, large-scale clinical trials, the Mental Health Australia General Clinical Trial Network (MAGNET) is a cooperative and inclusive mental health clinical research alliance. MAGNET is a new phase in Australian mental health… [it] will deliver a paradigm shift in how we approach mental health trials to deliver new or re-imagines strategies to positively impact the health of Australian communities." **Mission Grant Proposal**

Evidence of Innovation and Good Practice

By design, MAGNET is a collaborative adult mental health clinical research alliance. It brings together a national critical mass of leading mental health researchers, consumers and carer groups, practitioner Colleges, research peak bodies, health care providers and systems and industry partners (insurers and government agencies).

MAGNET has approximately 50 CIs and 50 Associate Investigators, with expertise in clinical trials (CTs) utilising a wide range of intervention types, and across a broad range of mental health conditions. The CTs are substantially informed by leaders from professional and peak bodies (including Australian Clinical Trials Alliance, Royal Australian and New Zealand College of Psychiatrists, Australian Psychological Society, Australian College of Rural and Remote Medicine, Neuro Science Victoria) and by key carer and consumer organisations (including Mental Illness Fellowship of Australia, National Medical Health Consumer and Carer Forum, Mental Health Australia, SANE Australia).

MAGNET's community partnerships are also underpinned by a number of co-designed structures, including the Consumer and Carer Participation Framework, plus First Nation, Culturally and Linguistically Diverse, and LGBTQIA Advisory Groups. These mechanisms are designed to ensure that trials are driven by diverse lived experience and that they maximise scope for clinical translation.

Outcomes and Lessons for the Future

MAGNET is still in the building and development stage, but the Network has instigated national-level collaboration between researchers and a diverse range of stakeholders in adult mental health. This collective impact will deliver multiple CTs that address the Mission 2020 Mental Health Research Grant Opportunity priority areas related to adult cohorts. MAGNET also aims to partner with youth and other CTNs to foster unity and efficiency of scale.

MAGNET intends to establish best-practice resource platforms in key areas, including: data management; health economics; bioinformatics and trial design; knowledge translation; assessment; governance; and policy.

The establishment of four core CTN platforms will provide resources that individual trials would struggle to develop and keep funded. In doing this it aims to drive consistently high quality, impactful mental health CTs.

Currently, CT sites in mental health are often isolated, inefficient and fragmented, with many researchers engaged in small scale trials that are prone to waste and duplication. Each new CT involves training skilled people and the development and dissemination of resources. Traditionally this knowledge-base and human capital has been lost when projects end.

A key benefit of MAGNET will be to prevent unnecessary fragmentation, duplication and loss of knowledge related to adult mental health CTs in Australia.

MAGNET's multidisciplinary membership provides the capacity to cut across professional silos, link the best results across different disciplines, and support diverse trials. The data management platform will also collate existing CT data to assist meta-research and collect and store biospecimens for genotyping, allowing CTs to design for genetic variation and personalised medicine approaches.

Some other benefits and outcomes likely to be delivered by MAGNET include:

- making mental health CTs more efficient, higher quality and more translatable into clinical practice (and enable better patient care and outcomes)

- facilitating the meaningful and equitable participation of consumers with lived experience in all aspects of the CT process

- increase trust and collaborations between mental health disciplines

- opportunities for CIs to contribute to clinical guidelines and teach and/or mentor current and future clinicians and EMCs.

"MAGNET is changing the mindset and landscape of clinical trials. Instead of only 'testing medications', the clinical trials look at the whole person and their wellbeing. It will meet the needs of all Australians across all population groups." Consumer representative

Case Study 5: Knowledge Translation

Project Title	**Evaluating the effectiveness of lifestyle therapy versus standard psychotherapy for reducing depression in adults with COVID-19 related distress: The CALM trial**
Lead Institution	Deakin University

Setting the Scene:

The 'Curbing Anxiety and Depression using Lifestyle Medicine' (CALM) project is a group-based telehealth CT that looks at how positive lifestyle changes can improve mental health in adults who have experienced distress during the COVID-19 pandemic.

Over a period of 8 weeks, the project delivers online mental health management programs to over 180 participants, comprising group therapy sessions with a dietitian and an exercise physiologist or clinical psychologists.

The project is conducted by the Food and Mood Centre (Deakin University) in partnership with Barwon Health.

The study is the first in Australia to test the impact of diet and exercise interventions on improving mental health symptoms and commonly associated physical health conditions

'By nature, the type of research that we do has a very strong focus on translation as part of the MRFF. So because we are less of a laboratory-based research team, we don't necessarily go for as many of the NHMRC type of grants. We're much more about translating the evidence into practice and conducting more effectiveness trials, and I do think that that is a strength of the MRFF Mission.' Project Lead

Evidence of Innovation and Good Practice:

To improve the public's awareness of the research and its premise, the Project Lead and CIs have participated in numerous radio and television programs, as well as being interviewed for articles for mainstream newspapers. This has allowed them to share their knowledge, whilst attracting interest from prospective participants, who may not have been captured as part of the recruitment processes.

In addition, the researchers have leveraged their strong connections with the sector and the local community to explore ways to expand the program's application beyond the trial settings. Through this approach, the CALM trial attracted interest from healthcare providers, medical insurance companies and industry peak bodies.

The main engagement elements of the project were designed to be conducted exclusively online, which worked well in the context of the pandemic related lockdowns. For many participants, having this opportunity for regular contact was an important (and in some instance their only) form of social interaction.

To ensure that digital literacy and access to technology did not pose barriers for any participant or potential participant, the research team facilitated access to IT devices and provided guidance through training material and offering one-to-one support.

"What we are delivering is something you could imagine being out in the community without substantial adjustment and doesn't involve too much burden for clinicians or consumers." **Research team member**

Outcomes and Lessons for the Future

To date the following initiatives have been delivered:

- numerous public disseminations of the research trial to date including articles, talks and webinars

- partnership with Diabetes Victoria to promote the benefits of positive lifestyle choices on improving overall health that is likely to significantly contribute to further knowledge translation opportunities

- recruitment of 184 participants in the trial

- engagement of a 12-member research team, involving individuals from a range of backgrounds and expertise including mental health researchers, dieticians, psychologists and exercise physiologists.

The project has made progress towards achieving its outcomes and is on track to deliver the objectives set in the grant guidelines and research proposal.

Case Study 6: Research Capacity Building

Project Title	Translating evidence-based interventions into population-level digital models of care for child and adolescent mental health
Lead Institution	University of Southern Queensland

Setting the Scene

This project aims to expand national access to evidence-based interventions for depression and anxiety among children and young people through the development of an "integrated, scalable, population-level model of digital mental health care provision for Australian youth".

Various sub-projects are being undertaken to establish the evidence base to support the development of the digital tool and verify its scalability, as well as consultation with an expert panel of clinicians and a Consumer Advisory Group including children and adolescents with lived experience, as well as their parents.

"Our project aims to embed research capacity and skills training into our core activities, with a focus on building the next generation of child and adolescent mental health researchers and clinicians."
Project Lead

Evidence of Good Practice:

In addition to future plans to train partner organisations including Queensland Health, West Moreton Health, Kids Helpline (Yourtown), Stride, Darling Down & West Moreton Primary Health Network and Education Queensland to implement the digital tool under development, the Project Lead and CIs have supported capacity building in the sector to-date by:

- recruiting PhD students to participate in various aspects of the project, who are co-supervised by Research Fellows in order to develop their research supervision skills. Thus far, six PhD students have been recruited to work in various areas including engagement, data collection and data analysis

- conducting annual professional development webinars targeted towards the project's partner organisations, though open to the community. The December 2020 webinar included a series of seven presentations focused on the topic: 'Families and Digital Technology in the Age of COVID-19' and included presentations by members of two partner organisations. The November 2021 webinar included a series of five presentations focused on the topic: 'Supporting Consumer Engagement in Youth Mental Health Research and Practice' and included presentations by members of three partner organisations

- conducting annual research forums to highlight the findings of research projects to partners and community. Some early career researchers are additionally provided an opportunity to present at the forum and participate in poster displays, with CIs and AIs rotating in keynote presentations each year

- allowing research team members to access advanced research skills training programs provided by the project's CIs, AIs and visiting experts, the University's Centre for Health Research and through external providers (Australian Consortium for Social and Political

Research Incorporated). For example, team members completed courses on qualitative research methods and advanced quantitative statistics and 'How to write a paper in 6 weeks'

- establishing mentorship pairings between mid-career and senior CIs, and pairing PhD students with Research Fellows, including dedicated monthly mentoring sessions.

Further, as a result of the collaborations between institutions and service providers fostered through the project:

- a number of clinical/professional staff within the project's partner organisations have begun Masters' degrees at the University of Southern Queensland

- industry placements will be made available at clinical partner organisations.

Outcomes and Lessons for the Future:

Members of the research team anticipate that, in addition to strengthening the research skills of all researchers and other collaborators, the project's capacity building activities will provide networking opportunities that will elevate the chances of EMCs being invited to collaborate on future projects.

Attachment 6: Description of the Mission Grant Opportunity Priority Areas

What follows is an overview of the 6 research priority areas as they appear in the relevant Million Minds Mission Grant Opportunity Guidelines.

Priority Area 1 –
Prevention, Identification and Treatment of Eating Disorders

Eating disorders are a complex set of illnesses including anorexia nervosa, bulimia nervosa, binge eating disorder and other feeding and eating disorders such as avoidant/restrictive food intake disorder. They are estimated to affect at least 5% of the Australian population.

While onset is generally during adolescent years[132], evidence suggests that there are often considerable delays in seeking treatment and that illness can be chronic and recurring. Eating disorders: are also commonly comorbid with other mental illness such as depression, anxiety and substance abuse; can lead to cognitive impairment, heart complications, growth retardation and osteoporosis; and have one of the highest mortality rates of any mental illness. Burden of disease costs are estimated to be comparable to anxiety and depression.

The Government recognises the need for a multidisciplinary approach to research into eating disorders which takes into account the complexity and multiple biological, psychological and sociocultural causes of the illness.

Priority Area 2 –
Mental Health of Children and Young People

In 2015, it was estimated that approximately 560,000 children and adolescents aged 4-17 years experienced a mental illness. Further to this, one in 10 adolescents aged 12-17 years self-reported having ever self-harmed and approximately one in 13 adolescents reported having seriously considered attempting suicide in the previous 12 months[133]. The National Survey of Mental Health and Wellbeing in 2007 also found that one in four young Australians aged 16-24 years experienced a mental illness across a 12-month period.[134]

Evidence suggests that intervention early in life and at an early stage of illness can reduce the duration and impact of mental illness. This priority area focuses on supporting participatory mental health and suicide research into causation, prevention and wellness, early intervention and treatment strategies for children, youth and/or emerging adults.

Priority Area 3 –
Mental Health of Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islander peoples experience higher levels of certain mental illnesses and psychological distress than non-Indigenous Australians. In 2017, the suicide age-

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[132] Hay at el, 2008.

[133] Lawrence et al., 2015.

[134] Australian Bureau of Statistics, 2007, *National Survey of Mental Health and Wellbeing*.

standardised death rate for Aboriginal and Torres Strait Islanders was twice that of non-Indigenous people.[135]

The Government acknowledges that social and emotional wellbeing is critical to understanding the mental health of Aboriginal and Torres Strait Islander peoples and supports the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* (the Framework). Social and emotional wellbeing is a holistic concept that incorporates the importance of connection to body, mind and emotions, family and kinship, community, culture, land and spirituality as well as the impact of social and cultural determinants.

The Government recognises the need to improve the cultural competence of mainstream mental health services to better accommodate the needs of Aboriginal and Torres Strait Islander peoples, and to develop more effective, tailored and culturally safe approaches for the prevention, intervention and treatment of mental illness which respect the agency of Aboriginal and Torres Strait Islander peoples. Further, outcome 1.2 under the Framework notes the importance of a strong evidence base, including a social and emotional wellbeing and mental health research agenda under Aboriginal and Torres Strait Islander leadership.

Priority Area 4 – Suicide Prevention

Suicide, or deaths caused by intentional self-harm, is an area of considerable public and governmental concern. In 2018, suicide was responsible for 12.1 deaths per 100,000 people in Australia, with 3,048 suicides recorded in that year.[136] This represents a continuing upwards trend in suicide deaths over the last decade, with the age-standardised rate of suicide in 2019 higher (by 13.1%) than in 2009.[137]

Risk factors leading to suicide and suicidal behaviour are broad, and are not limited to mental illness alone. Emotional, economic, and social factors, in addition to comorbidities such as drug and alcohol abuse, also contribute to the risk of suicide. This makes suicide a highly complex and multi-facetted public health issue that usually cannot be attributed to just a single risk factor.[138]

In 2017, Suicide Prevention Australia commissioned the University of Melbourne to undertake a review of suicide prevention research. The report found that the majority of suicide prevention research undertaken between 2010 and 2017 was epidemiological in nature, with a focus on descriptive analyses of suicide rates.[139] Consequently, the report recommended that more priority should be given to research into suicide prevention interventions.[140]

The Australian Government recognises that suicide has devastating impacts on families and local communities, and that there is no acceptable suicide rate. Suicide prevention has been

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[135] Australian Bureau of Statistics 2018. *Causes of Death, Australia 2017*.

[136] Australian Bureau of Statistics 2018, *Intentional self-harm, key characteristics' in 3303.0 – Causes of Death, Australia, 2018*.

[137] Ibid.

[138] KPMG 2019, *Turning Points: Imagine a World Without Suicide*, p. 14.

[139] Reifels, L. et al. 2017, p. 2.

[140] Ibid p.3.

made a high priority with the goal of working towards zero. This grant opportunity [2019 Suicide Prevention Grant Opportunity] aims to support the Government's efforts.

Priority Area 5 –
COVID-19 Mental Health Research

The COVID-19 pandemic is having a profound impact, including on the mental health and wellbeing of the community. It is unprecedented in scale, and there are no past exemplars from which to project the outcomes of this event reliably.

High-quality data is needed on the mental health effects of the COVID-19 pandemic across the whole population as well as with particular vulnerable groups to guide health system responses. There is also an urgent need for research to address how mental health consequences for vulnerable groups can be mitigated under pandemic conditions, and on the impact of repeated media consumption and health messaging around COVID-19

The objective of this grant opportunity [2020 Covid-19 Mental Health Research Grant Opportunity] is to support research to understand how the mental health system can be enhanced to be most effective and responsive during and following the acute COVID-19 crisis. This may include consolidating data systems, helping to design and deliver new treatments, new services, and new policies both during and beyond the crisis.

The anticipated outcome of these research projects is to positively impact the lives of a significant number of Australians, especially those with pre-existing mental health issues and those with mental health issues arising from the COVID-19 crisis. The outcome of the research is also expected to have application beyond COVID-19 and extend to other natural disasters and widespread times of hardship.

In the context of the rapidly evolving nature of the COVID-19 crisis, this grant opportunity required applicants to work rapidly from early 2020-21 to understand the enhancements required within the mental health system to enable it to be as effective and responsive as possible in managing the mental health and wellbeing community impacts of a crisis.

This grant opportunity compliments the Government's broader mental health response to COVID-19, including through funding investments and the National Mental Health and Wellbeing Pandemic Response Plan.[141]

Priority Area 6 –
Clinical Trials Networks

The objective of this Grant Opportunity [2020 Mental Health Research] is to support research into the following mental health priority areas:

- new mechanisms for early identification and prevention amongst children and adolescents

- treatments for those with treatment resistant or treatment refractory mental health conditions

- initiatives to address the physical health of individuals with mental illness

- mechanisms to support access to treatment.

To deliver these projects, the successful researchers under this Grant Opportunity will be required to establish mental health clinical trial networks as part of their research project to ensure effective engagement with clinicians, national collaboration and coordination, and rapid implementation into clinical practice.

The networks must be inclusive and multidisciplinary (i.e. be national in coverage, include rural and regional participation and engagement of marginalised populations, and incorporate expertise in all relevant research disciplines). The networks should be aligned with the Australian Clinical Trials Alliance and preference will be given to networks that avoid duplication and can demonstrate their approach to long-term sustainability.

The intended outcome of the Grant Opportunity is to support the creation of new knowledge that can be quickly translated into clinical practice that will improve access to high quality mental health care and optimal treatments for individuals at risk of, or experiencing, mental illness.

Attachment 7: Research Impacts of COVID-19 Pandemic

Extended public health restrictions forced at least six Mission projects to postpone their research and/or re-design in-person interventions for an online format. The *Working Out Dads* project has, for example, had to modify their intervention so that it is suitable for online implementation: however, it is anticipated that this may undermine some of the intervention's peer support mechanisms, as conversations between struggling dads will now occur via WhatsApp rather than in-person. A researcher on the project stated that this was "*not ideal, but we had to get started*" and hoped that the intervention would be able to be implemented in-person in 2022. She explained that "*we know if we don't get started, there will be delays on the other end*" and that they "*can't push out the other side or [we] won't have any funding for the start*" CI, MMM.

Whilst, as outlined in Section 4, some projects experienced an initial spike in recruitment with online engagement due to extended COVID-19 lockdowns, many researchers later observed that "Zoom fatigue" began to undermine engagement. Further, some participants – particularly older generations – struggled with the transition from in-person to online modes of engagement .In other cases, it was not considered "*culturally or emotionally safe*" to conduct engagement or trial interventions with particular cohorts online: for example, certain Aboriginal and Torres Strait Islander communities.[142]

> *"Recruitment in the last term has been really hard…people are sick of online activities. COVID has also had an enormous impact in terms of how stretched people are, so it has been hard to recruit as a result."* CI, MMM

Researchers also conveyed that delivering interventions online complicated the process of disseminating materials and collecting data from participants, such as collecting blood and stool samples. Similarly, the pandemic was found to increase the costs associated with delivering in-person interventions due to the need to purchase resources to minimise the risk of transmission, such as:

- providing personal protective equipment for staff and participants

- purchase and administration of thermometers for screening

- making available individually packaged food and single use items such as cups

- new costs associated with COVID-appropriate venue hire.

> *"Conducting research in the health and mental health sector during the last two years has been exceptionally challenging. It has simply not been anyone's priority (understandably)."* CI, MMM

Many projects additionally experienced delays due to the pandemic's impacts on their research settings. Multiple trial interventions set to take place in hospitals and in schools were delayed due to the institution of restrictions on visitors and extended closures to minimise transmission, as well as the demands COVID-19 placed on the resources of the health and education systems. For example:

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[142] Associate Professor Lynne Keevers 2020, *Project Progress Report – MRF2005659,* November 2020 p. 3.

- one study was delayed in recruiting young participants due to the extended closure of schools in Victoria

- another study struggled to engage with health workers due to their re-deployment to testing and vaccination hubs

- some projects also experienced lockdown-induced delays where data needed to be physically accessed from an institution - for example, the NSW Police Force Headquarters.

The pandemic additionally impacted on partner organisations: forcing changes to their priorities and business practices that delayed the progress of Mission projects. The re-direction of resources in the health sector, for example, led some researchers to re-enter or re-prioritise their roles in the health sector and created delays to the administration of hospital ethics processes. Similarly, one project attributed the difficulties experienced recruiting bereaved families through the Australian Funeral Directors Association to the strain created by transitioning to virtual funerals.[143] Further, many research institutions were financially impacted by COVID-19, leading to the loss of staff and exacerbating the additional workload already produced by the requirement to rapidly transition to online modes of teaching.

The following feedback from Mission researchers captures these impacts:

"Our team members have faced unprecedented pressures in keeping up with demand for services and research in their broader mental health area." CI, MMM

"COVID has affected every health business and sector differently, with flow on effects impacting the way they do business and engage in partnerships. This has impacted communication through to participant recruitment." CI, MMM

"It is likely that some of our projects will have to continue over the funded period and be managed by PhD students and investigators outside of the funding period due to these issues." CI, MMM

"COVID-19 impact on ED and mental health clinical workload has led to a significant delay in commencement of some projects." CI, MMM

Rapid changes to health practice necessitated by the onset of COVID-19 also delayed the progress of at least one project. The Monash University *the Kids Are Not Okay* sub-project trialling a best practice Emergency Department (ED) response to youth suicidality presentations has been stalled, because new ED practices – including the practice being trialled – have been instituted across Australia in response to the increasing severity of mental health presentations. As a result, different states are no longer on the same baseline, leading to a narrower definition of 'usual care' and meaning that the original step-wedged design of the trial was no longer feasible.

"The impact of COVID has created interesting 'wrinkles' in the data." CI, MMM

Finally, some projects experienced pandemic-induced delays due to staff within their core team or partner organisations falling ill with the COVID-19 virus. For example, the University of Queensland experienced delays in the development of their digital child and youth mental health platform due to members of their Melbourne-based website development team becoming ill.

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[143] Professor Elizabeth Lobb 2021, Updated May 2021 p. 8.

Similar barriers were also idenified by researchers working on the non-Mission mental health projects funded by the MRFF.

The financial impacts that COVID-19 had on the university sector was also identified as severly disruptive to research progress. The lack of government support provided to universities was cited as leading to significant job loss, triggering skills shortages and subsequent recruitment difficulties. Additionally, due to the university budget cuts, it has reportedly become increasingly difficult for funded research projects to receive additional financial support from within their institution.

Despite these extended difficulties, many researchers also commented on the fact that team members and partners had shown significant resilence, adaptability and nimbleness in how they adjusted to the pandemic and continued their engagement with the research "*despite the obvious barriers COVID posed".*

As one Project Lead summed up:

> *"We are on track…allowing for COVID. I think we are doing as well as we could be, or should be, considering the circumstances."* CI, MMM

Attachment 8: Alignment of Mission Projects to the Roadmap Investment Priorities

Project Title	The origins of mental health	Aboriginal and Torres Strait Islander mental health	Child and youth mental health	Critical and emerging priorities	Research and capacity resources
Our Journey, Our Story: Building bridges to improve Aboriginal youth mental health and wellbeing		✓			✓
Leveraging digital technology to reduce the prevalence and severity of eating disorders				✓	✓
The Kids are Not Okay: Emergency Department management of acute mental health crisis in children and young people			✓		✓
Bringing Family, community, culture and country to the centre of health care: Culturally appropriate models for improving mental health and wellbeing in Aboriginal and Torres Strait Islander young people		✓			✓
Translating evidence-based interventions into population level digital models of care for child and adolescent mental health			✓		✓
Mainstream Centre for Health System Research and Translation in Eating Disorders: Detection and intervention system-focused knowledge to drive better outcomes in mainstream care for eating disorders ("The MAINSTREAM Project")				✓	✓
Generating Indigenous patient-centred, clinical and culturally applicable models of mental health care		✓			✓
Suicide prevention among men in early fatherhood. Determining the effectiveness of Working Out Dads, a group-based peer support intervention to reduce fathers'				✓	✓

Project Title	The origins of mental health	Aboriginal and Torres Strait Islander mental health	Child and youth mental health	Critical and emerging priorities	Research and capacity resources
mental health difficulties compared to usual care					
Preventing suicide in boys and men				✓	✓
Developing a Comprehensive Care Pathway For those at Risk of Suicide But Not in Care: The Under the Radar Project				✓	✓
Implementing Artificial Intelligence (AI) to enhance Lifeline's crisis support service capacity in response to COVID-19 and emerging crises				✓	✓
Mobilising and empowering patients in the COVID-19 mental health response: a single-arm trial of an enhanced online parenting intervention to improve parent risk and protective factors for adolescent mental health			✓	✓	✓
Identifying the mental health effects and support needs of people bereaved during and following COVID-19: a mixed methods project				✓	✓
Evaluating the effectiveness of lifestyle therapy versus standard psychotherapy for reducing depression in adults with COVID-19 related distress: The CALM trial				✓	✓
Narratives of Recovery: Practices supporting community mental health and wellbeing post-bushfires and COVID-19				✓	✓
A novel text mining and data linkage approach to investigate the mental health needs of the population during the COVID-19 period				✓	✓

Review of the MRFF Million Minds Mental Health Research Mission

Project Title	The origins of mental health	Aboriginal and Torres Strait Islander mental health	Child and youth mental health	Critical and emerging priorities	Research and capacity resources
Growing Minds Australia: A National Trials Strategy to Transform Child and Youth Mental Health Services	✓		✓		✓
Mental Health Australia General Clinical Trial Network (MAGNET)	✓			✓	✓

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