



THE AUSTRALASIAN SOCIETY FOR PSYCHIATRIC RESEARCH  
*Australasia's Society for Multi-Disciplinary Mental Health Research*

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# **SUBMISSION TO THE SENATE SELECT COMMITTEE ON MENTAL HEALTH**

Prepared by

**Australasian Society for Psychiatric Research**  
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Authorised by

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## Introduction

The Australasian Society for Psychiatric Research (ASPR) is pleased to have the opportunity to make a submission to the Senate Select Committee on Mental Health. The Australasian Society for Psychiatric Research is the peak body in Australia and New Zealand for mental health research. It has a membership of some 350 researchers. It is multidisciplinary: its members are researchers from a range of disciplines including psychiatrists, psychologists, statisticians, epidemiologists, neuroscientists, geneticists, social scientists, mental health nurses, and health economists. Its primary aims relate to the practice and dissemination of psychiatric and mental health research (see Appendix 1). As such, it has a particular interest in responding to Term of Reference (n): *the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated.*

## Executive summary

This submission specifically addresses Term of Reference (n). The submission argues:

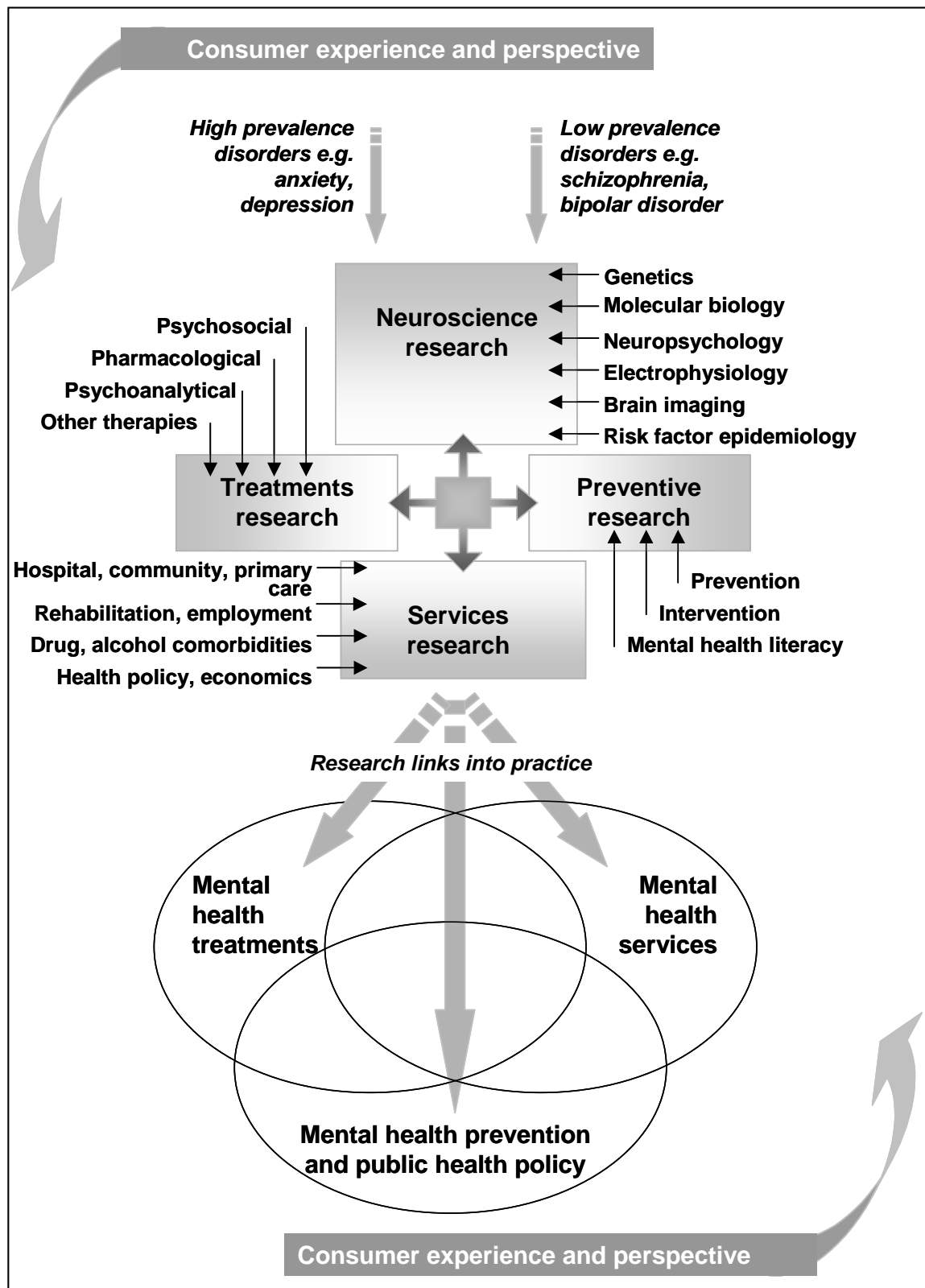
1. that mental health research plays a critical role in our understanding of pathways to illness and pathways to wellness;
2. that the capacity of researchers to undertake their role effectively relies heavily on the adequacy of funding for mental health research which, at current levels, is insufficient;
3. that funding will remain inadequate unless stakeholders (including governments, funding bodies, clinicians, consumers and researchers themselves) distinguish between and are committed to funding adequately the separate arms of mental health research. We make the following distinctions:
  - a. *Mental illness is not a single disease entity: at the very least, it is necessary to distinguish between high and low prevalence disorders.*
  - b. *The targets of neuroscience, treatments, preventive and services research are different.*
  - c. *The modalities within mental health research are multidisciplinary.*
4. that the consumer experience and perspective is the fundamental context in which research and practice occur;
5. that the academic setting in which mental health research takes place creates specific barriers to good research practice that need to be identified and addressed.

Each item is addressed separately in the body of the submission. Figure 1 illustrates the model of research underpinning this discussion.

## Recommendations

- ➔ Recommendation (i): That government funding initiatives boost the level of funding available for medical and health-related research, and increase significantly the proportion of that funding that goes towards mental health research.
- ➔ Recommendation (ii): That funding policies differentiate between the low and high prevalence streams in mental health research, just as they currently differentiate between asthma and cancer research, and that both streams form separate national priorities.
- ➔ Recommendation (iii): That funding policies recognise that the different targets and outputs of mental health research are complimentary, and that they provide support and funding for the different modalities by which mental health researchers achieve those targets.
- ➔ Recommendation (iv): That research funding be made contingent on the dissemination of results.
- ➔ Recommendation (v): That mental health literacy programs are supported as essential components of the feedback system between consumers, researchers, and practitioners.
- ➔ Recommendation (vi): That mental health research centres and departments, in discussion with the Commonwealth, DEST and research funding bodies such as the NHMRC and ARC, address employment-related issues in the area of mental health research if they are serious about *Backing Australia's Ability* and the pursuit of mental health research excellence.

Figure 1. Underlying model of mental health research



## **1. Mental health research plays a critical role in our understanding of pathways to illness and pathways to wellness**

Burden of disease statistics emphasize the enormous burden and cost associated with mental illness. Mental disorders, including both high and low prevalence disorders, made up 5 out of the 10 leading causes of disability in 1990, and it is estimated that no less than 25 per cent of the total burden of disease in the established market economies is attributable to neuropsychiatric conditions.<sup>1</sup> Research is essential if we are to alleviate the negative personal, institutional and societal impacts associated with this burden.

The National Alliance for the Mentally Ill (NAMI) task force on serious mental illness research concluded in the lead paragraph of its Executive Summary that “dramatic improvements in patients’ lives could be realized in the next ten years if research was expanded and the treatment system reformed and brought into closer alignment with research”.<sup>2</sup>

## **2. The capacity of researchers to undertake their role effectively relies heavily on the adequacy of funding for mental health research**

A number of submissions to the Senate Select Committee on Mental Health address shortfalls in mental health research funding relative to their associated burden, and in comparison to other disorders and other countries. The Australasian Society for Psychiatric Research strongly supports the documented claims<sup>3 4</sup> that current levels of the government funding for mental health research are inadequate. The shortfalls create major impediments to effective research in critical areas.

➔ Recommendation (i): That government funding initiatives boost the level of funding available for medical and health-related research, and increase significantly the proportion of that funding that goes towards mental health research.

## **3. Funding will remain inadequate unless stakeholders distinguish between and are committed to funding adequately the separate arms of mental health research**

In addition to urging the Commonwealth to increase funding for mental health research, the Australasian Society for Psychiatric Research contends that funding will remain inadequate as long as it is seen to provide for a single pool of research needs. Mental illness is not a single disease entity. Nor will any single research objective or modality provide adequate data to bring about substantial changes to treatment initiatives and services provision. The capacity to clearly identify the separate components that the research dollar must fund enhances its potential to meet targeted short-, medium- and long-term needs. With this in mind, Figure 1 illustrates a multi-disciplinary, multi-focal approach to mental health research funding. Three principles underpinning that research approach are discussed in (a), (b) and (c) below.

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<sup>1</sup> Murray CJL, Lopez AD (eds). *The Global Burden of Disease*. Harvard University Press, 1996.

<sup>2</sup> NAMI Policy Research Institute *Roadmap to Recovery & Cure*, Final Report of the NAMI Policy Research Institute Task Force on Serious Mental Illness Research, February 2004.

<sup>3</sup> Access Economics. *Exceptional Returns: The Value of Investing in Health R&D in Australia*. Report prepared for The Australian Society for Medical Research, Canberra, September 2003.

<sup>4</sup> Jorm A, Griffiths K, Christensen H, Medway J. Research priorities in mental health, part 1: an evaluation of the current research effort against the criteria of disease burden and health system costs. *Australian and New Zealand Journal of Psychiatry* 2002; 36:322-326.

*(a) Mental illness is not a single disease entity: at the very least, it is necessary to discriminate between high and low prevalence disorders.*

Currently, development of appropriate mechanisms for the funding of mental health research, and especially for the setting of mental health priorities in this area, has been severely constrained by the adoption of a simplistic notion of what mental illness is.

Just as physical illness covers a range of disorders, mental illness is not a single disorder. Any policy development in the area on mental health, especially mental health research, must be based on the premise that mental illness covers a wide range of conditions involving very different risk and protective factors, of varying profiles, course and outcome, and demanding a diverse set of treatment options. At the very simplest level, it is essential to differentiate between high prevalence disorders such as affective and anxiety disorders whose impact is felt through their wide distribution throughout the population (one in five people in any one year will be affected by a mental illness<sup>5</sup>) as well as the consequences for the individual affected, and low prevalence disorders such as schizophrenia and bipolar disorders that are much less prevalent but whose severity impacts heavily on the person affected, their support network and mental health services<sup>6</sup>.

It is of some concern that the NHMRC Strategic Plan 2003-2006 identifies seven national health priority areas: five are specific physical disorders, one covers injury and injury prevention, and one covers the whole of mental illness.

It is vital that funding policies differentiate between the low and high prevalence streams in mental health research, just as they currently differentiate between asthma and cancer research<sup>7</sup>, and that both streams form separate national priorities so that funding is provided for both streams.

*(b) The targets of neuroscience, treatments, preventive and services research are different.*

In this submission, we have identified four primary targets of research, namely neurosciences, treatments, prevention and health services, each with different research goals, timelines and outputs. It is possible to reconfigure research targets into somewhat different groupings. However, regardless of the specific configuration, we make the point that there is a strong interdependence between the groupings, with research towards any one target impacting on research towards the other three targets.

*(c) The modalities within mental health research are multidisciplinary*

There are many different modalities within a research target:

- neuroscience research includes but is not restricted to genetics, molecular biology, neuropsychology, electrophysiology, brain imaging, risk factor epidemiology;
- treatments research includes but is not restricted to pharmacological and psychosocial research, and research into psychoanalytic and other therapies;
- preventive research includes but is not restricted to research into preventive measures, interventions as well as mental health literacy; and
- services research includes but is not restricted to hospital, community and primary care; rehabilitation and employment; drug and alcohol comorbidities; and health policy and economics.

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<sup>5</sup> Australian Bureau of Statistics. Mental Health and Wellbeing: Profile of Adults, Australia 1997. Catalogue No. 4326.0. Canberra, Australian Bureau of Statistics. 2002.

<sup>6</sup> Jablensky A, McGrath J, Herrman H, Castle D, Gureje O, Morgan V, et al. People Living with Psychotic Illness: An Australian Study 1997-98. National Survey of Mental Health and Wellbeing: Report 4. National Mental Health Strategy. Canberra: Mental Health Branch, Australian Commonwealth Department of Health and Aged Care; 1999.

<sup>7</sup> See *NHMRC Strategic Plan 2003-2006*

There is no paramount paradigm, and each of the different disciplines contributing to the research targets must be supported. The puzzle of mental illness requires a full complement of pieces if researchers are to be successful in unravelling its mystery.

- ➔ Recommendation (ii): That funding policies differentiate between the low and high prevalence streams in mental health research, just as they currently differentiate between asthma and cancer research, and that both streams form separate national priorities.
  
- ➔ Recommendation (iii): That funding policies recognise that the different targets and outputs of mental health research are complimentary, and that they provide support and funding for the different modalities by which mental health researchers achieve those targets.

#### **4. The consumer experience and perspective is the fundamental context in which research and practice occur**

Mental health research is, at its core, directed towards changing or forestalling the consumer experience of mental illness. As such, the consumer interest lies at the heart of mental health research. This does not mean that the output of all mental health research will have an immediate impact on consumer health. Basic science is as important as the study of treatment options in mapping the pathways to illness and good health. For example, the study of neurotransmitters in the brain, evolving from animal-based studies, has important implications for the development of better medication with fewer side effects.

However, this does have two important implications. First, the translation of research findings into clinical practice where the consumer is the end user is essential. Not only should research funding be adequate to enable effective dissemination of results, it should be contingent on the undertaking to disseminate widely. At the same time, the administration and funding of clinical services must allow flexibility and capacity to take up new practices.

Second, not only do consumers need to contribute to research practice as appropriate, they also need to be informed of research outcomes, whether or not these have immediate or long-term implications. In this context, mental health literacy programs are essential components of the feedback system between consumers, researchers, and practitioners.

- ➔ Recommendation (iv): That research funding be made contingent on the dissemination of results.
  
- ➔ Recommendation (v): That mental health literacy programs are supported as essential components of the feedback system between consumers, researchers, and practitioners.

## 5. The academic setting in which mental health research takes place creates specific barriers that need to be identified and addressed.

Recruitment of mental health researchers is problematic for several reasons.

- Clinicians working in academic institutions receive salaries well below those for clinicians working in both public and private clinical settings, providing poor motivation for clinicians to pursue academic careers.
- In departments of psychiatry in particular, placed as they are within vocational schools of medicine, there is no ready pool of undergraduates, other than medical graduates, to attract into postgraduate research streams. The facilitation of greater articulation across discipline areas such as psychiatry, psychology and the biological and public health sciences is highly desirable.
- It is difficult to attract and retain research staff. Many non-clinical researchers hold short-term grant-funded research-only positions with poorly articulated career paths, poor conditions of employment and no job security. Departments come to rely on the expertise of research staff, but are left bereft of research capital when these staff move on to more stable employment.

- Recommendation (vi): That mental health research centres and departments, in discussion with the Commonwealth, DEST and research funding bodies such as the NHMRC and ARC, address employment-related issues in the area of mental health research if they are serious about *Backing Australia's Ability* and the pursuit of mental health research excellence.

## Conclusion

The Australasian Society for Psychiatric Research believes that, over the past decade, Commonwealth initiatives have played an important role in advancing mental health research within Australia. Two initiatives of particular significance have been the Australian National Survey of Mental Health and Wellbeing and, more recently, the PMSEIC Working Group on Mind and Brain Disorders. However, mental health research remains under-funded and there are serious impediments to the delivery of research excellence in the area of mental health. This submission identifies current weaknesses and makes recommendations aimed at strengthening the role of mental health research in achieving short-, medium- and long-term benefits for persons affected by mental illness.

The Australasian Society for Psychiatric Research would be pleased to appear before the Senate Select Committee on Mental Health to discuss the elements of this submission in more detail. Contact in the first instance should be made with: Vera Morgan (President), vmorgan@cyllene.uwa.edu.au, ph. 08-9224-0235.

## **Appendix 1. Objectives of the Australasian Society for Psychiatric Research**

The primary objectives of the Australasian Society for Psychiatric Research (ASPR) are:

1. to provide a multidisciplinary Australasian forum for the presentation and discussion of psychiatric and mental health research;
2. to assist psychiatric and mental health researchers to remained informed about the latest research developments in Australasia;
3. to facilitate dialogue between researchers from different disciplines who undertake psychiatric and mental health research, and research cognate to this endeavour;
4. to provide methodological support to those involved in psychiatric and mental health research;
5. to strengthen existing collaborations and support the development of new collaborations both among Australasian psychiatric and mental health research workers, and with researchers outside of Australasia;
6. to encourage undergraduate training programs and take steps to ensure that such programs are both appropriate and adequate;
7. to facilitate dialogue and interaction between researchers from different disciplines who undertake psychiatric research or research germane to this endeavour.
8. to cooperate with other organizations, including but not limited to the Royal Australian and New Zealand College of Psychiatrists and the tertiary education sector, in the maintenance of high standards of psychiatric and mental health teaching and research;
9. to lobby for adequate funding for psychiatric and mental health research;
10. to ensure psychiatric and mental health perspectives are considered in the development of health policy and the provision of health services.