

NATIONAL MENTAL HEALTH COMMISSION

National Mental Health Research Strategy

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Australian Government
National Mental Health Commission

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Foreword

Good mental health enhances the lives of all Australians. With 4 million Australians being impacted by a mental health disorder every year the toll of poor mental health on individuals, their families and the community is significant. As the Productivity Commission found, many people do not receive the treatment or supports needed and subsequently experience 'preventable physical and mental distress, disruptions in education and employment, relationship breakdown, stigma, and loss of life satisfaction and opportunities.'

Rigorous mental health research underpins Australia's mental health system by facilitating learning, deepening our knowledge and generating information and evidence to improve services. Achieving good mental health requires an understanding of the causes of poor mental health and an understanding of which interventions are effective, for whom and why. It is research that drives innovation and supports the development of better treatments to improve recovery. It also leads to more effective early intervention and prevention, and improved wellbeing. If directed well, we can leverage the outstanding quality of mental health research in Australia to address the burden of mental illness.

Research is also a driving force of reform. It is critical to achieving a well-functioning mental health system that delivers positive outcomes to people living with mental illness. Robust research advances our understanding of the causes and contributing factors for mental illness, improves decision making, drives innovation and underpins the development of better treatment and supports that enable people to recover and maintain their mental health.

Australian mental health research is of a high quality when compared to similar countries. It also sadly continues to be significantly under-funded compared to research in other areas of health despite its impact on medical disease and associated burden and costs. By enhancing and growing our research capacity, we could become world-leaders in mental health research. Importantly, by ensuring our mental health research is harnessed appropriately, we can move towards reducing the impact of mental illness for all Australians.

The National Mental Health Commission (the Commission) has led the development of the National Mental Health Research Strategy (the Strategy) at the request of the Australian Government and worked with the mental health research sector to identify the gaps, challenges and opportunities in mental health research in Australia. As such, this Strategy provides the principles to guide and support decision makers (funders and researchers) in enhancing the mental health research system, and outlines the actions for system reform that will ensure mental health research enables and reflects the significant reforms occurring in the mental health system. The Strategy is intended to better realise the potential of mental health research across all phases from discovery to impact, including basic and applied research.

The Strategy is both timely and well placed to ensure Australia has an optimised mental health research system that will enable reform and improvement in the mental health system to achieve better outcomes for all Australians. It is intended that the Strategy be used by academics and practitioners to stimulate partnerships and collaboration in mental health research; to guide research funders in funding decisions; to enhance research collaborations with people with lived experience of mental ill health and caring; and to guide future policy from Australian governments.

Acknowledgement

The Commission gratefully acknowledges the time, effort and insight provided by individuals and organisations who have been involved in sharing their experience and expertise to inform the development of this strategy. Thanks also go to the project’s Steering Committee, chaired by Professor Maree Teesson and Christine Morgan, who provided advice for the development of the Strategy. Full membership of the Steering Committee is included at *Appendix A*.

Executive summary

At its core the Strategy is built on the underlying tenet that **research is essential for achieving the vision of a mentally healthy Australia**. From this comes 5 guiding principles that inform the directions of reform in the mental health research system. The Strategy operationalises the principles through implementation of identified actions and defining roles and responsibilities that will drive the necessary improvements to the mental health research system.

Figure 1.0 National Mental Health Research Strategy



The Strategy and its principles provide a long-term outlook for the mental health research system. While they will remain applicable to decisions about how best the system can identify and support research priorities, the actual priorities for research are expected to change with the emerging needs of the mental health system.

Purpose

The Strategy builds on existing infrastructures and research strengths to better realise the potential of mental health research in Australia. It is intended to promote learning and positive change across the mental health system by maximising opportunities for research with impact and promoting new and innovative research to address critical knowledge gaps.

Specifically, the Strategy is in response to the 8th priority area of *The Fifth National Mental Health and Suicide Prevention Plan*,¹ Action 28, which states that governments will request the National Mental Health Commission to work in collaboration with the National Health and Medical Research Council (NHMRC), consumers and carers, states and territories, research funding bodies and prominent researchers to develop a research strategy to drive better treatment outcomes across the mental health sector.






Vision

This Strategy is driven by the vision of a mentally healthy Australia with an innovative and responsive evidence-based mental health system that is continually improving outcomes that matter to people experiencing mental illness, their families and carers.

Principles

To achieve this vision the Strategy has 5 principles for driving reform in the mental health research system. The principles have been established to guide decisions being made about the mental health research system, and future research to enable improvements in the mental health system for better outcomes.

Figure 2.0 NMHRS principles

	How	Why
 Strengthen mental health research	Creating a stronger and more effective research system through new funding models and approaches, leadership and collaboration structures and opportunities for balance between disciplines and across sectors	Mental health research is critical to generating and translating knowledge into policy and practice as well as evaluating and measuring change.
 Strive for research with impact	Strengthening pathways for translation of research into practice through building an evaluation culture, evaluating translation and outcomes of funding and supporting economic analysis	Focussed and quality research generates evidence that drives improved prevention, intervention, treatment and support to create the best mental health system for everyone
 Support lived experience, collaboration and leadership	Strengthening the engagement of people with lived experience in research through embedded co-design and co-production, building leadership and community directed research, developing pathways to participation and implementing standards for engagement	Partnerships between people with lived experience, including their carers and their communities, and mental health researchers are vital to better connect research with people's experiences.
 Embrace a whole-of-life and whole-of-community approach	Deepening links across mental health research and practice at all levels through an embedded whole-of-life and community perspective that supports collaboration and balance of efforts between disciplines	Mental health research is enhanced by considering the person and community in the intersections of social and economic factors, social determinants, positive mental health and the burden of disease
 Grow a strong mental health research workforce	Creating greater capacity in the workforce by enabling coordination and collaboration, streamlining opportunities for partnership and innovation, supporting career and research pathways and promoting systematic collection, linkage and sharing of data	A capable, well supported workforce delivers better outcomes and enables translation and implementation through collaboration, expertise, integration of service priorities with research activity and innovation

The principles contribute to:

- improved connection between the research sector and mental health services and supports.
- increased translation of research into practice.
- the strategic prioritisation of value-based mental health research to align it with policy priorities and the priorities of practitioners, consumers and supporter.
- increasing the availability of better treatment options and improved outcomes.

Principles in action

The Strategy will achieve its vision through supporting actions that address each principle. These actions are informed by the analysis of current Australian mental health activity and stakeholder discussions. The actions include opportunities for the development of new infrastructure and funding capacity within the mental health research sector. As well, they identify opportunities for enhanced coordination, priority setting and embedding partnerships with people with lived experience of mental ill-health and caring. Importantly, the actions towards change specified under this Strategy are not exhaustive. Instead, they represent initial steps in bringing the Principles of the Strategy to life. Actions will be built upon over time to ensure alignment with emerging priorities for mental health.



Principle 1: Strengthen mental health research

ACTIONS TOWARDS CHANGE

- **Targeted funding through government sources** to prioritise high-quality research in areas of high need and research gaps identified by diverse stakeholders (researchers, people with lived experience of mental ill-health and caring, clinicians, community) and through priority setting processes.
- **Revise funding models and approaches** by exploring the development of an evidence-based funding model for the mental health research system that encourages research in priority areas with critical evidence gaps.
- **Further analysis on the balance between disciplines** to investigate opportunities for increasing outputs, funding success and efficiency in mental health research through collaboration and multidisciplinary approaches.
- **Establish national collaborative networks and shared governance structures** to enhance the quality of clinical trials and prevention trials in Australia including design and size.
- **Encourage research into social determinants** of mental health including interdisciplinary research across a range of sectors, such as justice, welfare and employment.
- **Mapping and measuring of collaborative networks** within mental health and substance use research to identify opportunities for more effective or efficient collaboration between researchers and research groups.
- **Support and promote research into substance use problems** through interdisciplinary approaches and multimodal designs.
- **Establish a national mental health research alliance** to generate and coordinate philanthropic funding dedicated to mental health research, and to build capacity and strengthen mental health research into the future.

No single source or approach to funding is sufficient to address key gaps and challenges in Australia's mental health sector. A mental health research alliance would assist in coordinating research efforts, avoiding duplication and allowing individual efforts to be leveraged to increase their impact beyond what each funding source could achieve individually. The alliance would provide a forum for analysis of current research activity and identification of gaps to inform future research priorities. If established, a mental health research alliance could lead the mental health research system in the implementation of the principles and actions of this Strategy, ensure priority areas of research are identified in collaboration with the National Mental Health Commission, and make decisions about funding research in alignment with these. The alliance could build and maintain philanthropic, corporate and public contributions, as well as 'earned income' channels, to create a sustainable, independent funding body for mental health research. This new funding stream would complement key government funders of mental health research, such as the NHMRC and the Medical Research Future Fund (MRFF), to increase the overall funding available for mental health research in Australia. Although the mental health research alliance would be designed to be financially sustainable without ongoing government funding, it is likely that seed capital from government or philanthropy would be required to fund the establishment of the alliance.



Principle 2: Strive for research with impact

ACTIONS TOWARDS CHANGE

- **Embed research into practice** through sharing knowledge using innovative methods, leadership and value regarding evaluation and research translation.
- **Encourage funders and institutions to continually review** the scope of activities that they prioritise to foster sector collaboration and community impact.
- **Support and promote the adoption of innovative methodological approaches and research designs** with a focus on research translation.
- **Monitor future research funding outcomes** by area in the long term to examine whether investment in specific areas of mental health research translates into greater capacity and funding success.
- **Recognise the benefits of economic analyses** of mental health research to funders and policy makers when making decisions about the funding of mental health research, as well as the translation and implementation of research into practice.
- **Conduct evaluation of the implementation of research findings** as routine to determine whether there has been translation and uptake of findings and whether implementation has led to the expected improvements in outcomes.
- **Leverage opportunities for data sharing** across a range of sectors to analyse the impact of social determinants on mental health and substance use.
- **Create opportunities for integrated physical and mental health** research to improve understanding of the links between physical and mental health and ways to reduce the life expectancy gap for people living with mental illness.



Principle 3: Support lived experience, collaboration and leadership in mental health

ACTIONS TOWARDS CHANGE

- **Embed co-design and co-production approaches** in mental health research methodologies and research ethics processes.
- **Support and promote community directed** mental health research involving Aboriginal and Torres Strait Islander peoples.
- **Develop leadership in lived-experience research** to strengthen partnerships with people with lived experience of mental ill health and caring to enrich the value of the research that is being developed and help navigate ethical concerns regarding confidentiality, consent and privacy.
- **Remove barriers and create new pathways for participation** to promote study and career pathways in research for people with lived experience of mental ill health and caring.
- **Develop engagement standards** including guidelines and best-practice for lived experience involvement in research, covering co-development and co-production of research.
- **Develop purpose-built environments** to encourage co-location of key stakeholder or research groups.
- **Strengthen the inclusion of diverse populations** as partners in research, including culturally and linguistically diverse communities, people who identify as LGBTIQ+ and other priority population groups.
- **Support and promote lived-experience researchers** to strengthen the significant contribution they bring to mental health research through their critical expertise.



Principle 4: Embrace a whole-of-life and whole-of-community approach to mental health research

ACTIONS TOWARDS CHANGE

- **Grow a culture of collaboration** in mental health research across disciplines. This is particularly the case for translational research, where there is scope to connect with the broader mental health sector.
- **Balance effort between disciplines** in determining funding priorities. That is, research that focuses on immediate public health needs and clinical interventions should also be balanced with research on the optimisation of health services (including implementation research) and research that focuses on future discoveries (such as psychology and neuroscience research).
- **Balance the spectrum of mental health research** by increasing the research and evidence base in prevention, screening and treatments for mental illness.
- **Encourage and support mental health research in new and novel treatments** for mental illness to enhance consumer choice and improve outcomes.



Principle 5: Grow a strong mental health research workforce

ACTIONS TOWARDS CHANGE

Support more sustainable research careers to build capacity in the research workforce, particularly for early- and mid-career researchers. This could include increasing the number of fellowship opportunities, particularly those delivered through NHMRC and MRFF to promote more sustainable careers in mental health research.

Promote alternative pathways into research activity including promoting honorary, affiliate and visiting positions in research groups, encouraging experts from within the health and community sector to engage in research and education, identifying opportunities for exchange or joint appointments, and building capacity in people with lived experience of mental ill health and caring and citizen scientists.

Coordinate research funding across different sectors (public, private, academia, philanthropic) to ensure effective use of available resources and avoid fragmentation.

- **Streamline regulatory frameworks for mental health research** to provide greater flexibility, enable a more responsive approach, encourage innovation and promote greater collaboration.
- **Encourage and support collaboration across disciplines, jurisdictions and regions**, and with stakeholders outside the mental health research sector, including industry, philanthropic bodies and non-academic researchers.
- **Collect, share and link mental health and related data** in a more systematic and strategic way, including through:
 - better defining the parameters for data capture to ensure the greatest utility
 - aligning policies and processes for data collection and use across jurisdictions
 - making existing datasets more widely available to researchers, with appropriate data security, privacy and confidentiality measures in place.

Implementation and monitoring

Roles and responsibilities

Although it exists as an enabler, the mental health research system mirrors the complexities of the broader mental health system. In both, there are many players with different priorities, roles and responsibilities. Broadly for mental health research there are:

- academics, clinicians, government and non-government organisations that conduct research
- governments, non-government, private sector and philanthropic organisations, and universities that fund research (with the bulk of investment coming from Australian Government funding bodies such as the NHMRC, MRFF, and the ARC).³

While there is a mutual aim to improve mental health, the research goals and drivers vary for different stakeholders.^{2,3} Goals for non-government and philanthropic organisations or research institutes may be targeted to particular topics, expertise, translation, or innovations in treatment and delivery. Government research funding bodies may be driven by policy priorities for research and / or peer-review processes across the broad theme of mental health. Policy makers may have a particular interest in research or evidence that can inform policy development, and more effective and efficient service delivery.

Clarifying the roles and responsibilities of key stakeholders in mental health research is a key enabler in ensuring the success of the Strategy. Table 1 outlines specific roles for different groups of stakeholders.

Table 1: Stakeholder roles and responsibilities in mental health research

Stakeholder	Roles and responsibilities
Funders	<ul style="list-style-type: none"> • Collaborative priority setting and strategic funding to reduce overlap and ensure gaps are covered • Consultation and collaboration between funding body advisory groups on research strategies (for example the MRFF Million Minds Mental Health Research Mission Advisory Panel) • For government funders, working with relevant ministers where appropriate to promote strategic priorities
Researchers	<ul style="list-style-type: none"> • Undertake high-quality and ethical research • Innovate, co-design and co-develop in partnership with people with lived experience of mental ill health, their families, carers and communities, and mental health practitioners • Seek research collaborations with other researchers, clinicians, and consumers to translate research into practice and build 'real world' applicability
Research institutions	<ul style="list-style-type: none"> • Sustain high-performing teams of researchers • Support researchers to work in multidisciplinary teams and establish cooperative arrangements with other research institutions • Encourage and support the sharing of data and information • Build partnerships with the mental health services sector and relevant industry bodies
Consumers, carers, families and communities	<ul style="list-style-type: none"> • Bring the voice of lived experience to decision-making on research needs, priorities and the research process itself • Engage with researchers on outcomes that matter to living a contributing life • Engage in conducting mental health research where applicable
Practitioners and service and support providers	<ul style="list-style-type: none"> • Work with researchers to develop pathways for translation of research into practice • Work with researchers to develop innovative treatments • Collect and share information and data, including administrative, outcome and survey data • Identify pressing knowledge gaps in mental health service implementation and work with researchers, funders and government to influence research priority setting
Industry	<ul style="list-style-type: none"> • Partner with researchers, governments and the health sector to contribute to the evidence base on mentally healthy workplaces • Invest in research and development in mental health services and supports
Government	<ul style="list-style-type: none"> • Fund mental health research • Manage, link and share administrative and survey datasets • Collect data and information, including administrative, outcome and survey data • Coordinate consultation and collaboration among other stakeholders (such as NGOs and universities) • Promote dissemination of useable research findings • Promote the translation of research into policy • Establish clear outcomes and indicators for measuring change

Addressing knowledge gaps and maximising research impact

Although Australia's mental health research is globally competitive, there are gaps, challenges and opportunities across mental health research domains. In implementing the Strategy, particular focus is needed to address structural gaps and needs and maximise opportunities to create research with impact.

The development of the Strategy included an in-depth review of the current status of mental health research and conducting the Strategy stakeholder workshop focused on 20 mental health research domains across broad research topics, diagnostic topics and key population topics.

Current priorities identified consistently across diverse mental health research domains are:

- Increasing investment in mental health research from public and private sources to address the gap between current research investment and burden of illness.
- Opportunities to support collaborative and partnership approaches between research, practice and lived experience.
- Ensuring ethics processes are fit-for-purpose, particularly for research involving participation of people with lived experience of mental ill health and caring, which has additional challenges regarding issues of consent, privacy and protection of participants.
- Enabling data sharing, linkage and standardised national data collection.
- Lack of diversity in funding sources for mental health research with opportunities in partnership with government, business, education and philanthropy.
- Developing research platforms which bring together capabilities, expertise and equipment to optimise the use of research infrastructure to generate high quality and innovative research (technology and governance structures are critical in facilitating this).
- Supporting research in the areas of:
 - developing treatment and therapeutic interventions
 - prevention of illness and the promotion of wellbeing including addressing stigma
 - detection, screening and diagnosis
 - innovation and novel approaches to identification, intervention and support.

Further details of identified current gaps, challenges and opportunities for 2022 can be found in the appendices.

Monitoring and reporting on the Strategy

The Strategy is intended to be a flexible and adaptive document that will be systematically reviewed to ensure alignment with shifting priorities for mental health. Ongoing monitoring and reporting are essential to the future success of the Strategy and will inform periodic review and updates. This can be achieved through a combination of monitoring the application of the principles to decisions being made about the mental health research system and mental health research, as well as, the progress towards implementing the actions of the Strategy. Monitoring should include mental health research activity, such as funding, publications and citations data; annual engagement activities to assess progress against the actions; and biannual workshops to review the priorities for mental health research.

Developing the Strategy

The Strategy has been informed by a range of perspectives provided through a Steering Committee and Expert Advisory Group, a research stakeholder workshop, and analyses of mental health research activity in Australia and globally.

Policy context

This Strategy has been developed during a period of significant reform activity in mental health and must be considered in the context of ongoing actions to improve the mental health system. As the mental health system reforms are implemented it will be vital that the mental health research system can provide evidence for the reform actions being taken, as well as providing the capacity to respond effectively to the emerging evidence needs highlighted by the reforms. The key reviews into mental health have unquestionably acknowledged the critical role of mental health research in a well-functioning system that continually improves mental health outcomes. This includes the need for mental health research to:

- enable and align with national strategic policies
- promote collaboration and interdisciplinary research
- consider social determinants and current 'real-world' problems
- be relevant and accessible to policy makers, service providers and practitioners, people with lived experience and the broader community.^{2,3,4}

These findings align with this Strategy, which provides a strategic approach to mental health research that ensures better treatment and services to improve outcomes, and advocates engagement with people with lived experience of mental ill health and caring to determine research objectives, and target research funding.^{1,2}

Box 1. Impact of COVID-19 on mental health research in Australia

In 2020, the emergence of COVID-19 highlighted the importance of a responsive health system built on the best and most up-to-date evidence. Australia has had one of the best responses to COVID-19 in the world, however, effects of the pandemic have still been felt deeply by Australians. The mental health of the population has been negatively impacted; quite severely in some demographics. Lockdowns, social distancing restrictions, the financial downturn and uncertainty about the future, have all contributed to poorer mental health in the community and we are yet to witness and understand the long-term impacts of these events. Australia will need new solutions to address the intensified mental health issues. Australia has a strong, but relatively small mental health research community but we need to make sure it is a mental health research system that will deliver in reducing the burden of mental disorders in the Australia of 2022 and beyond.

Engagement with stakeholders

As the lead developer, the Commission worked in partnership with representatives of a wide range of stakeholders involved in mental health research including academics, researchers, funders, policy and decision makers, and people with lived experience and carers to develop this Strategy. The range of perspectives informing the Strategy include:

- National and international evidence on mental health research priorities for over 20 areas of research.
- Input and guidance received through a Steering Committee and Expert Advisory Group.
- Targeted consultations through a stakeholder workshop exploring the current gaps, challenges and opportunities in Australian mental health research.
- Analyses of over 119,000 Australian mental health research publications and citations and international benchmarking.

- Analysis of funding of Australian mental health research in the context of burden of disease.
- Previous national and international reviews including findings from the Productivity Commission review into mental health.

Figure 3.0 Development of the National Mental Health Research Strategy



Governance

A Steering Committee supported the development of the Strategy. The Steering Committee was co-chaired by the Commission's CEO, Christine Morgan and Commissioner Professor Maree Teesson. Steering Committee membership was comprised of people with lived experience, research funders, researchers, and representatives from the Department of Health, NHMRC, the joint mental health commissions, state and territory governments, and the National Aboriginal and Torres Strait Islander Leadership in Mental Health. The Steering Committee provided advice and recommendations on the development of the Strategy.

An Expert Advisory Group, a sub-committee of the Steering Committee, was established to provide ad-hoc advice to the Steering Committee's Chairs on research-specific issues identified during the development of the Strategy.

See *Appendix A* for membership details.

Strategy workshop

The Strategy hosted a research stakeholder workshop in March 2020 to explore the current gaps, challenges and opportunities in specific research domains relating to mental health. The workshop brought together 100 stakeholders from academia, governments and

research funding bodies, along with people with lived experience to work collaboratively on shaping the Strategy's content and recommendations.

The workshop identified the key themes for mental health research were to:

- increase the collaboration across the research system
- include lived experience in research
- increase research on emerging treatments and lived experience to build an evidence base
- improve the systematic approach to mental health data, including consistency of measurements and better data linkages.

For more information about the workshop, see:

Appendix B for a summary of the workshop and an overview of the overarching themes from the workshop.

Appendix C for the workshop background papers and a summary of gaps, challenges and opportunities identified by participants for each research domain.

Mental health research analysis

The Strategy was informed by examining previous and current trends, as well as the focus and impact of Australian mental health research. This showed that Australia has seen an increase in the volume of mental health research publications over time, and that these publications are of good quality and having contributed globally to the evidence base for mental health. Differently to global trends, Australia has seen an increase in funding to mental health research, in particular through the NHMRC, Australian Research Council (ARC) and Department of Health.

The opportunities to enhance mental health research from this analysis is focused on expanding the role of charities, NGOs and businesses in funding research, and ensuring funding for research is proportional to the impact of mental illness in Australia. Approximately 10% of NHMRC research expenditure in 2020 and 5% of MRFF research expenditure in the 2020-21 financial year related to mental health research. This level of investment in mental health research is approximately half of what could be expected based on the prevalence and burden of mental ill-health on Australians as compared to other diseases and health issues.

Box 2. Burden of disease in Australia

Australian mental health research is internationally respected, yet the burden of disease of mental disorders remains high in Australia and is increasing. Over the past 50 years the prevalence of chronic conditions has increased in Australia, leading to the majority of disease burden being caused by cancer, cardiovascular disease, musculoskeletal conditions and mental disorders. If the current knowledge we have on aetiology, prevention and treatment was implemented we could realise only a 30% reduction in the burden of disease.⁵

For more information about the analysis, see:

Appendix D for a summary of the mental health research system

Appendix E for the analysis of the current state of mental health.

Appendix F for the key activities and initiatives in mental health research.
Appendix G for an analysis of mental health research activity including a link to a website that provides interactive and searchable findings.

What we heard during the development of the Strategy

Research plays a critical role in:

- Advancing our understanding of mental illness, mental health and wellbeing.
- Informing the development of effective policy and services to address mental health needs.
- Evaluating the performance of Australia's mental health system.

The overarching aim of mental health research is to enable innovation to drive improvements in mental health and wellbeing. This includes:

- Prioritising prevention and early intervention.
- Enhancing personal recovery, quality of life and experiences of service for people experiencing mental health challenges, their families and carers.
- Improving the quality and effectiveness of mental health policies, services, supports and initiatives.
- Contributing to a reduction in the prevalence of mental health challenges, taking into account both the number of people likely to benefit and the level of improvement in wellbeing/quality of life likely to be achieved.

Glossary of terms and acronyms

Australian Research Council (ARC)

A Commonwealth entity that advises the Australian Government on research matters. Its purpose is to grow knowledge and innovation for the benefit of Australians through funding the highest quality research, assessing the quality, engagement and impact of research and providing advice on research matters.

Burden of disease

Burden of disease is a measure of the impact of a disease or injury on a population.

Carer

In this document, the term carer refers to an individual who provides ongoing personal care, support, advocacy and/or assistance to a person living with mental illness.

Co-design

An approach to design that includes all stakeholders (for example, consumers, carers, researchers, health workers, clinicians, funders, policy makers).

Consumers

People who identify as having a living or lived experience of mental illness, irrespective of whether they have a formal diagnosis, who have accessed mental health services and/or received treatment. Consumers include people who describe themselves as a 'peer', 'survivor' or 'expert by experience'.

COVID-19

The term used for the disease caused by the virus SARS-CoV-2, as established by the World Health Organization, the World Organisation for Animal Health, and the Food and Agriculture Organization of the United Nations. COVID-19 is also known as '2019 novel coronavirus', '2019-nCoV' or 'Coronavirus'.

Early intervention

Identifying signs and risks of mental illness early, followed by appropriate, timely intervention and support that can reduce the severity, duration and recurrence of mental ill health and its associated social disadvantage.

LGBTIQ+

The collective term for people who identify as lesbian, gay, bisexual, transgender, gender diverse, intersex, queer and questioning. Many sub-groups form part of the broader LGBTIQ+ movement.

Noting that there are multiple variations of this term. For example, LGBTQIA.

Lived or Living Experience

Personal and contextual knowledge, understanding and wisdom about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.

Lived or living experience of mental ill-health

A current or previous experience of mental ill-health, trauma or distress. For Aboriginal and Torres Strait Islander people, a lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

Lived or living experience of caring/being a carer

A current or previous experience of being an unpaid carer or support person for someone experiencing mental ill-health, trauma or distress.

Mental health

The World Health Organization defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.

Mental health research

There is currently no nationally agreed definition of mental health research, but it is generally acknowledged that the diverse and complex field of mental health research encompasses a variety of domains including basic science research into biological causes of mental illness, clinical treatment research, prevention research, models of system design and service delivery, evaluation of existing services, and consumer experiences of treatments and services.

Mental ill health

The Life in Mind National Communications Charter defines mental ill health as a broad term that includes both mental illness and mental health problems.

Mental illness / Mental health condition

A wide spectrum of diagnosable health conditions that significantly affect how a person feels, thinks, behaves, and interacts with other people. Mental illness can vary in both severity and duration. In this report 'mental illness' or 'mental health condition' is used in place of 'mental health disorder' and 'mental health disease'.

Medical Research Future Fund (MRFF)

A \$20 billion long-term investment supporting Australian health and medical research. The MRFF aims to transform health and medical research and innovation to improve lives, build the economy and contribute to health system sustainability.

National Health and Medical Research Council (NHMRC)

Australia's peak body for supporting health and medical research, for developing health advice for the Australian community, health professionals, and governments, and for providing advice on ethical behaviour in health care and in the conduct of health and medical research.

Non-government organisations (NGOs)

Private, not-for-profit community-managed organisations that receive government funding specifically for the purpose of providing community support services.

Pandemic

The World Health Organization defines a pandemic as an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

Poor mental health

When our mental health is not what we would want it to be. Finding it difficult to manage how we think, feel, and act with respect to daily stresses could be a sign of poor mental health.

See also mental health.

Prevention

In this report prevention refers to approaches that work to reduce incidence, prevalence and recurrence of mental ill health.

Recovery

Recovery is different for everyone. For the purposes of this report, recovery is defined as being able to create and live a meaningful and contributing life, with or without the presence of mental illness.

Research

The creation of new knowledge and/or the use of existing knowledge in a new and creative ways to generate new concepts, methodologies and understandings.

Stigma

Stigma is the disapproval of, or poor treatment of, an individual or group based on characteristics that serve to distinguish them from other members of a society. Stigma results from complex social, political and psychological processes and can include negatively stereotyped characteristics, attitudes and responses that are personally internalised, community socialised and/or structural which harm a person's or groups day-to-day health and wellbeing by excluding, devaluing or shaming them.

Substance Use Problems

Refers to a range of harms associated with use of alcohol or other drugs. These can include dependence (sometimes referred to as addiction) which is a health condition that occurs when someone finds it difficult to stop consuming a drug or engaging in an activity or pattern of behaviour, even if it is causing physical or psychological harm, or adversely affecting their life.

Suicide

Deliberately ending one's own life.

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