Mental Health Commission

GOVERNMENT OF WESTERN AUSTRALIA

Western Australian Mental Health Research Framework 2024-2028

A roadmap to developing excellence in mental health research, translation and training

Acknowledgements

This Framework could not have been developed without the ongoing enthusiasm, commitment and time dedicated by a wide range of people and organisations from across the research and mental health sectors.

We wish to acknowledge and thank the many individuals, government and non-government organisations who have contributed to the development of this Framework. This includes the reference and advisory groups to the Co-ROAMERS WA Project who assisted in the priority setting activities, as well as the writing groups. We are particularly grateful for the generosity of the Lived Experience participants for sharing their time and expertise in all aspects of the Framework's development.

A glossary including a list of acronyms are provided as **Appendix A** outlining the terms used in this Framework and their intended meaning.

Table of Contents

Commissioner's foreword

I am proud to release the Mental Health Research Framework 2024-2028. The purpose of this Framework is to provide guidance to support research that can be translated to support mental health policy and service delivery priorities, while ensuring lived experience remains at the forefront of research design and implementation.

The Framework aligns with the broader WA Health and Medical Research Strategy 2023 – 2033, providing a specific mental health focus for research and innovation programs for the mental health sector in Western Australia.

It provides a guideline for organisations, institutes, researchers, clinicians, health professionals, carers, and support services to assist with strategic research planning and implementation. It also supports best practice mental health research based on contemporary co-design principles.

The Framework encourages a transition from exploratory and project-based research to more rapid translation to practice, while also building a stronger and collaborative mental health research workforce.

I would like to sincerely thank all the representatives from the research, clinical, Lived Experience, health professional, support and advocacy sectors who came together to co-design a roadmap for mental health research in Western Australia, which was critical in the development of this Framework.

Maureen Lewis
Commissioner

Why do we need a Mental Health Research Framework?

Mental health is a key component of overall health and wellbeing. Mental health impacts all Western Australians directly and indirectly.

Almost half of all Australians will experience a mental health issue at some point in their lives and about one in five adults have experienced a mental condition in a given year (ABS 2023).[1] Mental health issues and alcohol and other drug (AOD) use were the health issues with the second highest impact on people and society in Australia in 2023, and the leading group causing non-fatal impacts[2] and it is predicted that by 2030 mental health challenges will be the leading cause of health problems and death globally.[3]

The estimated cost of mental health issues on the Australian economy is up to $220 billion each year[5]. Despite the impact that mental health issues and conditions have on our community, research into these areas has not historically attracted funding from research funding bodies that is proportionate to the impact, both nationally and internationally.

In 2022, the WA Future Health Research and Innovation (FHRI) Fund Strategy identified mental health as one of its four focus areas, with various programs and initiatives available through fellowships, research support and innovation programs to assist the mental health sector in WA. This keeping it separate to “ensure parity of esteem”.[6] The FHRI Fund leverages the $1.8b Sovereign Wealth Fund and invests the dividends received to improve the health and prosperity of Western Australians, the sustainability of the health system and to advance the WA’s standing as a leader in research and innovation.

A thriving research and translation culture is crucial to explore new ways of doing things and ways of doing things better to improve the mental health and wellbeing of Western Australians.

A research framework will help to harness the skills of researchers and build on this to attract new research talent and increase the competitiveness of Western Australian researchers in attracting research funding from funding bodies.

Aims of the Mental Health Research Framework

The Western Australian Mental Health Research Framework 2024–2028 (Framework) provides a roadmap for the principles, people, and infrastructure required to support the mission of building and sustaining a vibrant, innovative, collaborative, and impactful mental health research community in Western Australia.

The Framework is dedicated to mental health research and puts people with lived experience of mental health challenges front and centre to ensure research addresses the priorities and leads to improved outcomes that are important to the WA community.

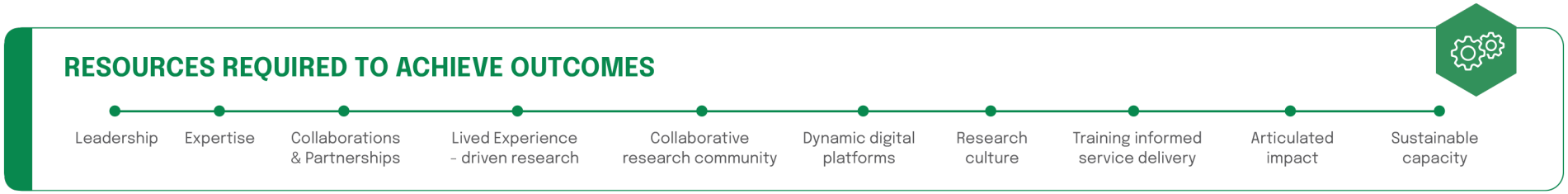
Create a thriving research culture that will attract, retain and support the mental health workforce to deliver comtemporary, safe, quality and sustainable care; and to continuously improve while translating.

Build on the great research already being done in WA, focussing on partnerships to ensure that WA-led mental health research can better access and align to existing local, national and international competitive research funding opportunities and by doing so maximise the impact of research benefiting the community.

The Framework has been developed through consultation with stakeholders with the intent of putting lived experience at the heart of the Framework. This consultation was part of the Co-designed Roadmap for Mental health Research Strategy WA (Co-ROAMERS WA)[7] project and involved a study requiring consensus from both a lived experience consumer and carer panel and a panel of mental health professionals about research that would have the largest impact on the mental health of Australians,[8] and an evaluation of research capacity and culture in the mental health workforce,[9] and in people with a lived experience of mental health challenges. Further detail regarding the Co-Roamers Project is provided in **Appendix B**.

Some of the strategic agendas in the Framework will require resources to implement. The Framework is however provider and funder neutral, meaning the Framework articulates priorities and opportunities for efforts to be targeted across the Western Australian mental health research sector, but not who should provide the funding or implement the strategies. The Framework aims to take a coordinated approach that strategically guides interested funding bodies, whilst also building on the skills of our existing research to leverage and maximise their competitiveness in accessing existing funding opportunities from a variety of sources.

The acquisition of funding only represents one component of resources required to support the development of research aligned to the Framework. Other resource requirements which are integral to success are outlined below.



Strategic Policy alignment

The Framework aligns with, and is interdependent upon a range of strategies and frameworks:

- WA Health and Medical Research Strategy 2023-2033[10]
- WA Lived Experience (Peer) Workforces Framework[11]
- WA Health Digital Strategy 2020-2030[12]
- WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024[13]
- WA Innovation Strategy[14]
- National Mental Health Research Strategy[15]
- Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (ICA Taskforce)[16]
- Mental Health Clinical Workforce Action Plan[17]
- The Sustainable Health Review[18]

Further detail on these strategies and frameworks is provided in **Appendix C**.

WA priority driven mental health research Framework *Snapshot*

VISION

Western Australia as a global centre of excellence in mental health research translation over the life course.

MISSION

To build and sustain a vibrant, innovative, collaborative and impactful mental health research community.

AIM

Create a thriving research culture that will attract, retain and support the mental health workforce to deliver contemporary, safe, quality and sustainable care; and to continuously improve while translating research into practice.

PRINCIPLES

- Whole Person
- Culture & Place
- Trauma & Recovery
- Human Rights & Equity
- Co-Design
- Engaged Collaboration
- Excellence & Impact
- Create & Use Evidence
- Cost Effective

INITIAL RESEARCH PRIORITIES

- Aboriginal peoples social and emotional wellbeing (SEWB)
- Infant, Child and Adolescent (ICA)
- Older Adult Mental Health (OAMH)

ADDITIONAL PRIORITIES AND INTERSECTIONALITIES

Mental Health

- Eating disorders
- High prevalence (anxiety, depression)
- Neurodiversity
- Psychosis and Bipolar Disorder
- Stigma reduction
- Suicide and deliberate self-harm
- Trauma
- Wellbeing

Populations

- CaLD
- Gender, sexual and body diverse
- First responders
- Physical health and chronic conditions
- Rural and remote

DOMAINS

- Impact on people and community
- Cause & effect
- Prevention & intervention
- Translation research

STRATEGIC AGENDAS

	Growing partnerships to build collaborative gain for the future	Lived experience-centred mental health research priorities	Supporting people for mental health research	Leveraging the ecosystem for mental health research
STRATEGIC GOALS	• Coordination, collaboration, knowledge and resource sharing. • Lived experience and community involvement at all stages of research. • Outstanding interdisciplinary research. • Attract competitive research funding. • Embedding research impact. • Provide a common identity for mental health researchers. • Internationalise our mental health research activities across the Asia-Pacific region and beyond. • Sustainability through partnerships.	• Identify and drive lived experience priorities. • Increase awareness of lived experience opportunities in research. • Lived Experience mentoring, training, and fellowships.	• Workforce research and evaluation training. • Workforce and organisational readiness to work in partnership with lived experience. • Support for mental health care worker research. • Address organisational barriers to health care workers engaging in research. • Fellowship packages for senior research leaders. • Fellowships for emerging mental health research leaders. • Researcher seed project and infrastructure funding. • A national and international visiting • Research Fellow Scheme. • Promoting our research and ensuring people know what we do.	• Impact on people and community research. • Cause and effect research. • Prevention and intervention research. • Translation research. • Incubator and infrastructure grants.
TOWARDS SUSTAINABILITY	• People across the globe will know what WA is doing. • Attract sustained research funding. • Attract research partnerships at local, national and international levels.	• Lived experience embedded throughout the research sector. • Establish digital platforms to link lived experience with stakeholders from across the sector. • Lived Experience (Peer) Workforces.	• Cross-disciplinary mental health care research embedded across the sector. • Increased competitive funding success for WA-based researchers.	• Increased and diversified competitive funding success. • Digital platforms to support measure harmonisation, data collection and sharing, service evaluations, and to increase the profile of WA mental health research.

INDICATORS OF INCREASED MENTAL HEALTH RESEARCH MATURITY IN WA

Nature of research	Transitions from exploratory and project-based research to flagship projects and centres of excellence
Human resources	Shifts from small-scale, fragmented research in small teams to collaborative partnerships across the sector
Funding	Shifts from short-term, low quanta funding to greater success at attracting nationally and internationally competitive funding and diversified funding for long-term sustainability
Lived Experience	Embedded lived experience and co-design throughout all stages of mental health research
Outputs	Increase the quantum and impact of research outputs
Translation	Increase in policy and practice impacts of mental health research to ensure translation to optimise health care worker training and lived experience outcomes
Commercialisation & patents	Realised opportunities
International partnerships & standing	Western Australia identified as an international leader in innovative and impactful mental health research

RESOURCES REQUIRED TO ACHIEVE OUTCOMES

Leadership · Expertise · Collaborations & Partnerships · Lived Experience - driven research · Collaborative research community · Dynamic digital platforms · Research culture · Training informed service delivery · Articulated impact · Sustainable capacity

Sector-wide benefits of a thriving mental health research culture

A thriving culture of research and innovation benefits the whole WA community as well as the research and service organisations across the mental health sector, as depicted below.

	OPPORTUNITIES	INPUTS	TRANSITIONAL BENEFITS
Lived Experience	• Increased Lived Experience voice • Improved services • Improved outcomes	• Lived experience involvement throughout all stages of the research endeavour	• Improved consumer & community outcomes • Meaningful contribution to improving mental health services
Government	• Evidence-guided commissioning • Service evaluation • Policy guidance • Sustainable health review • Co-funding • Policy guidance	• Funding for research to guide commissioning (e.g. service gaps, social determinants) and evaluations • Co-funding for researchers, clinical researchers, and infrastructure	• Increased effective and efficient allocation of resources to optimise consumer outcomes • Leveraged co-funding • SHR implemented • Evidence-based policy and practice
Institutes/ Universities	• Engagement and impact • Funding for people/infrastructure • Resear-ch metrics	• Research and evaluation expertise and infrastructure • Co-funding from grants • Ethics and governance	• Meaningful and impactful research and engagement • Funding for people and infrastructure
Health Services	• Infrastructure and skills for routine outcome monitoring • Service evaluation and policy guidance	• Patients, clients, consumers • Clinical expertise • Ethics and governance	• Increased effectiveness & efficiency of resource allocation optimises consumer outcomes • Increased safety and quality • Stimulated workforce to increase retention
Community Managed Sector	• Infrastructure and skills for routine outcome monitoring • Service evaluation and policy guidance	• Clients, consumers • Psychosocial support and expertise • Ethics and governance	• Increased effectiveness & efficiency of resource allocation optimises consumer outcomes • Increased safety and quality • Stimulated workforce to increase recruitment/retention
Philanthropists	• Meaningful causes • Support research with clear community impacts	• Funding for people and infrastructure to support mental health research	• Demonstrated impact on meaningful outcomes for the community
Community	• Increased community voice • Improved prevention • Increased wellbeing	• Community expertise throughout all stages of the research endeavour	• Improved community outcomes • Meaningful contribution to improving prevention and mental health services

The Framework's guiding principles

Principles: The following principles describe how mental health research should be done to ensure ethical and impactful engagement and outcomes. These research principles were endorsed by the community within the Delphi study.[8]

The whole person	Mental health research should consider people across the lifespan, in all their diversity, and all aspects of their experience.
People in culture and place	Mental health research uses measures and indicators that are meaningful and valid for each population. Researchers are culturally informed and competent to work with the populations they collaborate with.
Trauma and recovery pathways	Mental health research is trauma-informed and promotes recovery and social and emotional well-being. Recovery means different things to different individuals, but is always person centred.
Values, including human rights and equity	Stakeholder values drive decision-making. The research recognises and respects the rights of people who produce, conduct, and participate in the research
Co-design and shared decision-making	Mental health research is conducted in partnership with the people who stand to benefit from the activity and co-design principles between researchers, mental health workers, and consumer representatives
Engaged collaboration	Mental health research is collaborative and multidisciplinary, including people with lived experience and the Lived Experience (peer) workforce.
Excellence and innovation: Local focus, global impacts	Mental health research meets local needs, international standards of best practice and rigour, and incorporates innovative solutions.
Best practice evidence	Peer-reviewed research evidence informs policy and practice. Mental health research identifies critical need and innovates to improve outcomes. Research, evaluation, and best practice benchmarking is embedded within all clinical services.
Balancing cost-effectiveness and cost-effects	Mental health research evaluates the cost-effectiveness of innovations in health care service delivery. Cost saving decisions should not compromise clinical outcomes.

Research priorities

INITIAL RESEARCH PRIORITIES

- Aboriginal peoples social and emotional wellbeing (SEWB)
- Infant, Child and Adolescent (ICA)
- Older Adult Mental Health (OAMH)

ADDITIONAL PRIORITIES AND INTERSECTIONALITIES

Mental Health

- Eating disorders
- High prevalence (anxiety, depression)
- Neurodiversity
- Psychosis and Bipolar Disorder
- Stigma reduction
- Suicide and deliberate self-harm
- Trauma
- Wellbeing

Populations

- CaLD
- First responders
- Gender, sexual and body diverse
- Physical health and chronic conditions
- Rural and remote

METHODOLOGICAL DOMAINS

The four research Strategic Agendas will focus on the below important methodological domains:

- Impact of mental health on people and community (e.g. studies of social determinants, health impacts, service gaps);
- Cause and effect (e.g. basic research in aetiology, maintenance, and change);
- Prevention and intervention (e.g. population health, social and clinical interventions); and
- Research translation (e.g. implementation science, knowledge translation).

Priority cohorts and areas have been identified providing a point of focus for mental health research, across each of the four methodological domains and strategic agendas.

Initial research priorities have been identified that may have potential for high impact in the short term. They were selected based on:

- Consensus from people with Lived Experience and mental health professionals in the Co-ROAMERS project (see **Appendix B**).
- Building on current research strengths that have had recent success in nationally competitive funding.
- Where it is expected, additional support would rapidly attract more competitive funding to Western Australia in the short-term for innovative mental health research, capacity building and improved mental health outcomes.
- Alignment to mental health strategies and frameworks (see **Appendix C**).

Further priority areas and intersectionalities have been identified have the potential for high impact and to build capacity in Western Australia in the medium term, with targeted support from stakeholders. These additional priority areas and populations all intersect with the initial priorities and these mental health challenges and populations should be considered wherever possible.

Mental health strategic research agendas

The Framework sets out four broad strategic research agendas that will help work towards achieving the aim of building and sustaining a vibrant, innovative, collaborative, and impactful mental health research community in Western Australia with people with a lived experience at its heart.

Further information on each strategic research agenda is provided in this section of the Framework, setting out the **strategic goals** that identify what would contribute to achieving each Strategic Agenda and how this might be implemented. Each key agenda also focuses toward sustainability, identifying what the landscape would look like to maintain progress into the future.

Strategic Agenda 1:

Growing partnerships to build collaborative gain for the future

Strategic Agenda 1 aims to ensure all stakeholders can rapidly identify collaborators, and share knowledge and resources, across the sector to take a coordinated approach to maximise the impact of research and competitiveness in obtaining funding from a variety of sources. This would support the many pockets of excellent mental health research in WA to improve their coordination and communication.

From the engagement and involvement process there is support to work with research funding bodies to identify the funding for the establishment of an entity such as an institute for mental health research, training and translation as a mechanism to support collaboration across government, non-government, research, and private organisations and institutes. This could also be considered for implementation as a virtual entity.

Strategic goals

An institute or similar entity could provide leadership and governance to deliver benefits across all the Strategic Agendas:

1.1 **Coordination, collaboration, knowledge and resource sharing** across stakeholders to realise mental health research synergies and facilitate translation into policy and practice (Strategic Agenda 1).

1.2 **Lived Experience, consumer, carer, significant other and community involvement at all stages of research**, from prioritising research projects and issues, to leading, co-designing, implementing and translating research findings. This will ensure research activity is best practice, addresses the needs and priorities of the community, and ensures the research community develops the skills and readiness to embed lived experience (Strategic Agenda 2).

1.3 **A flagship for outstanding interdisciplinary research** training, career development, and partnerships with people with Lived Experience and the community to grow research capacity across the State and expand Western Australia's international standing (Strategic Agenda 3).

1.4 **A vehicle to attract competitive research funding** into mental health from a variety of sources such as government, philanthropic and other non-government sources (Strategic Agenda 4).

1.5 **An emphasis on embedding research impact**, influence and the rapid translation of research discoveries into supports and policies benefit communities.

1.6 **Provide a common identity for mental health researchers** across WA that would become a 'badge' of international standing.

1.7 Be a flagship to **internationalise mental health research activities** to the Asia-Pacific region and beyond.

1.8 Mental health research **sustainability through partnerships** with state, national and international bodies.

Towards sustainability

The critical mass of research activity and researchers within an institute or similar entity would ensure growth of research capacity across Western Australia. The institute or similar entity could be a vehicle to:

1.9 Highlight and promote Western Australia's research so people across the globe will know what Western Australia is doing.

1.10 Increase the ability to **attract sustained research funding** because of WA's growing reputation for research excellence.

1.11 Attract research partnerships at local, national and international levels.

Strategic Agenda 2:

Lived experience-centred mental health research priorities

Strategic Agenda 2 aims to embed the involvement of people with a lived experience of mental health challenges, as well as their family members, significant others, carers and the wider community in all stages of research by addressing barriers and supporting enablers of involvement. People with Lived Experience are highly motivated to contribute their expertise and experience to the mental health research endeavours for the betterment of society.[19]

Strategic goals

2.1 **Identify and drive consumer, carer and lived experience priorities:** Identify and drive mental health research priorities co-developed with people with Lived Experience.

2.2 **Increase awareness of Lived Experience opportunities in research:** Consideration of approaches such as a communication strategy to build cross-sector understanding of Lived Experience-centred mental health research and innovation. Importantly, there will be an increased visibility of opportunities for people with Lived Experience to be members of research teams and communicate project outcomes for positive change. This strategic goal will support dignity and respect at all times. People with Lived Experience of mental health challenges will co-develop the tools to measure the direct impact of mental health research on consumers, family members, significant others, carers, and the community.

2.3 **Lived Experience mentoring, training, and fellowships:** Purposeful Lived Experience researcher partnerships will be nurtured to facilitate Lived Experience-centred research opportunities. Partnerships will include a variety of stakeholders so capacity building resources can be co-designed and shared. Training will build research capacity for people with a Lived Experience to contribute to and lead research, and to build individual researchers' capacities to embed consumer, family member, significant others and carer voices within their research. Lived Experience fellowships will provide training to support co-designed and co-led research.

Towards sustainability

2.4 **Lived Experience embedded throughout the research sector:** The long-term goal is to develop a Lived Experience researcher cohort across the mental health research sector to lead and work in partnership with other mental health researchers. This will enable researchers to easily access people Lived Experience.

2.5 **Utilise opportunities such as digital platforms to link Lived Experience with researchers:** Identify opportunities such as digital platform as a tool to match Lived Experience with relevant opportunities to contribute to co-designed research. This will support researchers to rapidly identify people with relevant Lived Experience to facilitate co-designed and co-led mental health research.

2.6 **Lived Experience (Peer) Workforces:** Lived Experience Workforces will have the opportunity to participate in research, translation, and evaluation.

These coordinated strategic goals will support the building of a body of innovative, lived experience driven, co-designed and co-led mental health research.

Strategic Agenda 3:

Supporting people for mental health research

Western Australia is home to passionate, dedicated, innovative and successful mental health researchers, mental health care workers, and people with lived experience. Collaborative research teams working across the sector on priority areas are essential to achieving the vision, aims and, Strategic Agendas of this Framework.

The Framework aims to increase opportunities for mental health workers, who are highly motivated to participate in research and evaluation, to increase service quality, outcomes and job satisfaction, and reduce the barriers to undertaking research including time constraints, funding and management support.[9]

The National Mental Health Workforce Strategy 2022-2030 highlights "there are significant shortages of all professions in the mental health workforce" and this shortage is growing. By creating mental health research career pathways, Western Australia can seek to retain and train staff from within the mental health sector, whilst building and empowering the existing workforce to engage further with quality improvement, innovation, and evaluation to improve outcomes for people in the Western Australian community.

The strategic goals outline potential opportunities to attracting, sustaining, and retaining skilled researchers who will work together for expansion of research capacity.

Strategic goals

3.1 **Workforce research and evaluation training:** The sector should work together to develop and share professional development resources to up-skill the mental health workforce in research, impact measurement and evaluation.

3.2 **Workforce and organisational readiness to work in partnership with Lived Experience:** The mental health workforce will require training to learn about the work of Lived Experience researchers. This will support realising the benefits of the partnership for the community.

3.3 **Support for mental health care worker research:** Mental health care workers with research interests and aptitude should be incentivised to increase their research capabilities. Opportunities could include:

- scholarships to complete higher research degrees;
- research activities being embedded within job descriptions; and
- positive impacts on career progression.

3.4 **Address organisational barriers to health care workers engaging in research:** Remove barriers and work with health services to genuinely value the critical contribution research can make to improving the safety and quality of services and the outcomes for people accessing services.

3.5 **Fellowship packages for senior research leaders:** To expand research capacity across the mental health sector, support is needed to attract and sustain a community of high-performing senior research fellows with a strong record of leading nationally and internationally significant research programs. The sector needs mental health research leaders who value their role as a mentor to students, early and mid- career researchers, health care workers, and people with lived experience. This is critical to the collective gain objective for Strategic Agenda 1.

3.6 **Fellowships for emerging mental health research leaders:** High-achieving early and mid-career mental health researchers will be supported and nurtured to become the next generations of leaders.

3.7 **Researcher incubator project and infrastructure funding:** Seed and infrastructure funding will support high quality researchers to conduct mental health research of local, national, and international significance. Funding should require outcomes for capacity-building across the mental health sector.

3.8 **A national and international visiting Research Fellow Scheme:** Attracting high quality visiting fellows to build capacity and collaborative opportunities for Western Australian-based mental health researchers.

3.9 **Promoting Western Australia's research and ensuring people know what research is being undertaken:** Work with stakeholders to host a regular showcase of Western Australia's mental health research to highlight to promote the success of best practice mental health research in Western Australia.

Toward sustainability

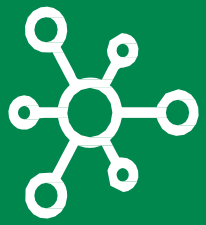
3.10 **Cross-disciplinary mental health care research embedded across the sector:** A sustainable health care service research capacity and culture would be reflected in highly collaborative and cross-sectoral research.

3.11 **Increased competitive funding success for WA-based researchers:** A sustainable mental health research sector will lead to higher rates of success in national and international competitive funding schemes, as well as other sources of research funding (e.g., philanthropy).

Together with Strategic Agendas 1 and 4, these strategic goals will support research mentorship, supervision, and technical resources to support research and quality improvement projects.

Strategic Agenda 4:

Leveraging the ecosystem for mental health research



Key infrastructure, resources, processes and platforms are crucial to support each of the research domains to address lived experience and community-driven mental health research priorities. A co-investment approach from existing research funding bodies and philanthropic organisations will support the infrastructure, resources, processes and platforms required.

Strategic goals

4.1 **Impact on people and community research:** Increase support for optimisation of data registries, linkage, and sharing across the sector to support rapid and effective use of data to guide priority-setting and to drive world-class research.

4.2 **Cause and effect research:** Investment in technology and equipment to support innovative mental health research that aims to understand the causes of mental health challenges and promotion of wellbeing.

4.3 **Prevention and intervention research:** Support for infrastructure, platforms and innovative technologies that will enable greater participation outcome monitoring, benchmarking, feedback-informed treatment (health care workers responding to consumers' data in real time) and clinical trials and across the mental health services sector.

4.4 **Translation research:** Support for research translation and implementation science to ensure the community rapidly benefits from current evidence through impacts on policy and practice.

4.5 **Incubator and infrastructure grants:** To support the development and success of large Western Australian led, nationally competitive grants in areas of existing mental health research strength that will support high quality programmatic research of national and international significance.

High performing researchers and teams will be supported to progress and mature mental health research in Western Australia. Existing high quality research programs will be supported to be competitive for large-scale funding applications.

Toward sustainability

4.6 **Increased and diversified competitive funding success:** This will support increased competitive national and international funding from a variety of sources such as philanthropy, non-government health care sector and industry to support sustainability.

4.7 **Digital platforms:** Identify opportunities for digital platforms to facilitate harmonisation of measures, data collection and sharing, and service impact evaluations, which will increase the quantity and quality of mental health research across the sector. For example, a state-wide data registry could reduce duplication of effort; enable novel questions to be answered regarding epidemiology, impact on community, service utilisation and gaps; facilitate health service planning and commissioning; and help to identify knowledge gaps in priority areas that need to be addressed. Communication of research opportunities, outcomes, and implications will inform policy and practice.

The alignment of existing digital infrastructure should be considered optimise collective gains. This is the first step in building the data usage for research translation and capacity building.

Appendix A: Acronyms and glossary of terms

Co-ROAMERS WA	Co-design Roadmap for Mental Health Research Strategy WA
DHS	WA Health Digital Strategy 2020-2030
DLS	WA Health Data Linkage Strategy 2022-2024
FHRI Fund	Future Health Research and Innovation Fund
HMRS	WA Health and Medical Research Strategy 2023-2033
ICA	Infant, Child and Adolescent
ICA Taskforce	Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in WA
MHAOD	WA State Priorities Mental Health Alcohol and Other Drugs 2020-2024
NHMRC	National Health and Medical Research Council
NMHRS	National Mental Health Research Strategy
OAMH	Older Adult Mental Health
OMRI	Office of Medical Research and Innovation
SEWB	Social and emotional wellbeing
SHR	Sustainable Health Review
The Framework	Western Australian Mental Health Research Framework 2024-2028 (this document)
WA	Western Australia
WAHTN	WA Health Translation Network

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 health issue or condition.

Consumers
People who identify as having a living or lived experience of mental health issue or condition 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'.

Impact on people and community
This is a measure of the impact of mental health issues on a population. In medical research it is referred to as burden of disease.

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. This can include a current or previous experience of mental health challenges, 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.

Throughout this document lived experience is interchanged with a capital 'L' and 'E' to signify lived and learned Lived Experience expertise, which is required in a workplace or leadership role, and to distinguish between lived experience. There may be times throughout this document where it may be perceived that capital letters should have been used or vice versus.

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.

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.

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.

Appendix B: Co-ROAMERS WA Project

In September 2020 the Department of Health convened an Advisory Group comprising of stakeholders with the aim of developing a mental health research strategy for WA. All five Western Australian universities, health service providers, the Mental Health Commission, consumer and carer organisations, Research Institutes, WAHTN, Mental Health Sub-networks and Primary Health Networks were invited to nominate members.

The Advisory Group endorsed the commissioning of the Co-ROAMERS WA Project[7] to undertake preliminary work to inform the Framework.

Co-ROAMERS WA aimed to identify:

Co-ROAMERS WA undertook large-scale sectoral engagement and consultation to ensure that all stakeholders had an opportunity to contribute and have their voice heard. People with Lived Experience and mental health professionals participated in reference groups and advisory groups across all stages of the first of its kind project in WA.

A Delphi study[8] was used to gain consensus on research questions that, if answered, would have the largest impact on the mental health of Western Australians across two panels: Lived Experience (consumers, family members, significant others and carers) and professional (clinicians, researchers, policymakers). The endorsed research areas and questions, along with existing and emerging research strengths in WA, were used to determine the final research principles and priorities. The Framework was also informed by concurrent priority-setting work completed by Embrace @ TKI[21] to inform the Embrace 2022: Our Research Strategy[22] with young people, parents and carers of 0–25-year-olds with a Lived Experience of mental health and mental health professionals. The priorities identified were similar across the two projects, with the Co-ROAMERS Lived Experience Advisory Group also highlighting reducing stigma as a priority.

The research principles endorsed by the community within the Delphi study are the Framework's guiding principles and are provided on page 12. These principles describe how mental health research should be done in Western Australia, whereas the priority areas outline the areas of research that, with support, could increase the profile and impact of mental health research in Western Australia.

Research capacity, culture, motivators, and barriers were also assessed in mental health care workers[9] and people with Lived Experience.[19] Health care workers reported a range of intrinsic motivators to engaging in research, with the 'top 5' being skill development, job satisfaction, understanding research can help to solve identified clinical problems and inefficiencies, to keep their brains stimulated, and the desire to prove a theory or clinical hunch. Innovative and research-intensive mental health services will attract and retain high quality staff, leading to improved consumer outcomes.

Appendix C: Strategic policy alignment

WA MHRS Strategic Agendas	SHR[18]	DHS[12]	HMRS[10]	MHAOD[13]	NMHRS[15]	ICA[16]
1. Growing partnerships to build collaborative gain for the future	**Enduring strategies:** 1. Commit and collaborate to address major public health issues; 2. Improve mental health outcomes; 3. Health actively partner in whole-of-government approach to supporting children and families in getting the best start in life to become physically and mentally healthy adults; 4. Person-centred, equitable, seamless access; 5. Drive safety, quality and value through transparency, funding and planning; 6. Invest in digital healthcare and use data wisely; 7. Culture and workforce to support new models of care; 8. Innovate for sustainability. **Recommendation 16**: Establish a system-wide high value health care partnership with consumers, clinicians and researchers to reduce clinical variation and ensure only treatments with a strong evidence base and value are funded. **Recommendation 28**: Establish a system wide network of innovation units in partnership with clinicians, consumers and a wide range of partners to quickly develop, test and spread initiatives delivering better patient care and value.	**Strategic theme 6:** Embedded innovation and research – Managing the adoption of rapidly evolving technologies and creating value for the system.	**Aim is to bring the sector together** **Strategic goal:** Growing Partnerships **Strategic goal:** Leveraging the ecosystem and systems we already have **Strategic goal:** Promoting our research and ensure people know what we do	**Sector development:** consortiums and partnerships	**Guiding principles:** 1. Strengthen mental health research 2. Strive for research with impact 3. Support lived experience, collaboration and leadership 4. Embrace a whole-of-life and whole-of-community approach 5. Grow a strong mental health research workforce Each principle has a range of actions, most of which are aligned with this Strategy.	**Key action 7:** Deploying ICA mental health services with contemporary infrastructure, technology and research **Recommendation 29**: Establish dedicated structures for research, learning and innovation that translate to improved and sustained outcomes. **Key action 5:** Investing in the capability and wellbeing of the ICA mental health workforce. **Recommendation 18:** Implement training and development opportunities that maximise and grow the capabilities of the ICA mental health workforce.

WA MHRS Strategic Agendas	SHR	DHS	MHRS	MHAOD	NMHRS	ICA
3. Supporting people for mental health research	**Enduring strategy 7:** Culture and workforce to support new models of care. **Recommendation 23:** Build a system-wide culture of courage, innovation and accountability that builds on the existing pride, compassion and professionalism of staff to support collaboration for change. **Recommendation 2:** Drive capability and behaviour to act as a cohesive, outward-looking system that works in partnership across sectors, with a strong focus on system integrity, transparency and public accountability. **Recommendation 25:** Drive capability and behaviour to act as a cohesive, outward-looking system that works in partnership across sectors, with a strong focus on system integrity, transparency and public accountability. **Recommendation 26:** Implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability. **Recommendation 26:** Build capability in workforce planning and formally partner with universities, vocational training institutes and professional colleges to shape the skills and curriculum to develop the health and social care workforce of the future.	**Strategic theme 2: Informed clinicians** Ensuring clinicians are informed to make effective decisions that advance quality and safety. **Strategic theme 4: Supported workforce** Supporting workforce engagement through connectivity and communication.	**Strategic goal:** Building and empowering the workforce. **Strategic goal:** Promoting our research and ensure people know what we do. **Sector development:** Workforce.	**Sector development:** Workforce.	**Guiding principle 5:** Grow a strong mental health research workforce.	

WA MHRS Strategic Agendas	SHR	DHS	MHRS	MHAOD	NMHRS	ICA
4. Leveraging the ecosystem for mental health research	**Recommendation 6b:** Immediate transparent public reporting of patient outcomes and experience. **Recommendation 6c:** Ensure clear accountabilities for joint planning, commissioning and service delivery for more integrated services. **Enduring strategy 6:** Invest in digital healthcare and use data wisely. **Recommendation 21:** Invest in analytical capability and transparent, real-time reporting across the system to ensure timely and targeted information to drive safety and quality, to support decision making for high value healthcare and innovation, and to support patient choice. **Recommendation 22:** Invest in a phased 10 year digitisation of the WA health system to empower citizens with greater health information, to enable access to innovative, safe and efficient services; and to improve, promote and protect the health of Western Australians.	**Strategic theme 3: Optimised performance** Optimising health system performance with user-centricity, modernisation, innovation and interoperability. **Strategic theme 6: Embedded innovation and research** Managing the adoption of rapidly evolving technologies and creating value for the system.	**Strategic goal:** Leveraging the ecosystem and systems we already have. **Priority areas:** Digital health.		**Guiding principle 1:** Strengthen mental health research.	**Key action 7:** Enhancing ICA mental health services with contemporary infrastructure, technology and research. **Recommendation 28:** Update digital systems, technology and data to better support the delivery and quality of ICA mental health services. **Recommendation 29:** Establish dedicated structures for research, learning and innovation that translate to improved and sustained outcomes. **Key action 8:** Driving the sustained performance of the ICA mental health system through governance and leadership. **Recommendation 31:** Establish a data and outcomes driven planning and commissioning of the ICA mental health system. **Recommendation 32:** Strengthen the oversight and public reporting of clinical quality and safety in ICA mental health.

References

1 National Study of Mental Health and Wellbeing 2020-2022 (2023). Australian Bureau of Statistics. https://www. abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release#endnotes

2 Australian Burden of Disease Study 2023. Australian Institute of Health and Welfare. https://www.aihw.gov.au/getmedia/61a653c5-d991-44fb-a334-4df7c453225f/australian-burden-of-disease-study-2023. pdf?v=20240217225646&inline=true

3 World Health Assembly, 65 (2012). Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level: report by the Secretariat. World Health Organization. https://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R4-en.pdf

4 Report to the Nation 2023. Mental Health Australia (2023). https://mhaustralia.org/sites/default/files/docs/report_to_the_nation_2023.pdf

5 Productivity Commission Inquiry Report: Mental Health (2020). Productivity Commission. https://www.pc.gov. au/inquiries/completed/mental-health/report/mental-health-actions-findings.pdf#:~:text=Productivity%20 Commission%20Inquiry%20Report%20Mental%20Health%20Actions%20and,the%20relevant%20chapter%20 that%20provides%20the%20supporting%20detail

6 Western Australian Future Health Research and Innovation Fund (2022). FHRI Fund Refreshed Strategy on a Page. Department of Health, Western Australia. https://fhrifund.health.wa.gov.au/~/media/FHRI/Documents/ Strategy/FHRI-Fund-Strategy-on-a-Page---Aug-2022.pdf

7 McEvoy, P. M., Horgan, B., Chiu, V., Bullen, J. W., & Zubrick, S. R. (2021). Co-Designed Roadmap for Mental Health Research in Western Australia: Final Report. Perth: Curtin University.

8 McEvoy, P. M., Horgan, B., Bullen, J., Chiu, V. W., Yong, M. J. S., & Soraine, J. (in press). Building consensus between lived experience and professional stakeholders on mental health research priorities: A Delphi study. Australian Psychologist.

9 McEvoy, P. M., Horgan, B., Martin, C., Dragovic, M., Davies, S., Yong, M., Soraine, J., & Chiu, V. (submitted). Research capacity and culture in Western Australian health services: a comparison between general and mental health settings. Pre-print available at https://osf.io/7w2ed/?view_only=cf6809d92d7a49adb0366cfbdd1327a3

10 WA Health and Medical Research Strategy 2023 – 2033 (2023). Department of Health, Western Australia. https:// www.health.wa.gov.au/~/media/Corp/Documents/Reports-and-publications/Strategies/State-Health-and- Medical-Research-Strategy.pdf

11 The Western Australian Lived Experience (Peer) Workforces Framework (2022). Mental Health Commission, Western Australia. https://www.mhc.wa.gov.au/media/4911/mhc-lived_experience_workforces-framework- mar2024-digital.pdf

12 WA Health Digital Strategy 2020 – 2030 (2020). Department of Health, Western Australia. https://www.health.wa.gov.au/~/media/Files/Corporate/Reports-and-publications/Digital-strategy/Digital-Strategy-2020-2030.pdf

13 WA State Priorities Mental Health, Alcohol and Other Drugs 2020 – 2024 (2020). Mental Health Commission, Western Australia. https://www.mhc.wa.gov.au/media/2951/wa-state-priorities-mh-aod-2020.pdf

14 Innovation Strategy: Western Australia – the place to innovate (2022). Department of Jobs, Tourism, Science and Innovation, Western Australia. https://www.wa.gov.au/system/files/2022-12/Innovation%20Strategy.pdf

15 National Mental Health Research Strategy (2022). National Mental Health Commission. Australian Government. https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/national-mental-health-research-strategy_0.pdf

16 Final Report - Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia (2021). Mental Health Commission, Western Australia. https://www.mhc.wa.gov.au/media/4241/ica-taskforce-final-report-2022-final-lr.pdf

17 Mental Health Clinical Workforce Action Plan (2022). Department of Health, Western Australia. https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Mental-Health/Mental-Health-Clinical-Workforce-Action-Plan.pdf

18 Sustainable Health Review: Final Report to the Western Australian Government (2019). Department of Health, Western Australia. https://www.health.wa.gov.au/~/media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf

19 McEvoy, P. M., Horgan, B., Eadon, O., Yong, M., Soraine, J., & Chiu, V. (2023). Development of a research capacity and culture tool for people with Lived Experience of mental health challenges. Australian and New Zealand Journal of Psychiatry, 57(6), 865-874.

20 National Mental Health Workforce Strategy 2022-2032 (2022). Department of Health and Aged Care, Australian Government. https://www.health.gov.au/sites/default/files/2023-10/national-mental-health-workforce-strategy-2022-2032.pdf

21 Freeman, J., Conroy, R., Brown, G., Rao, P., Padmanabhan, V., McIlroy, C., Frank, B., McKenzie, A., Milroy, H., Lin, A., (2022). Identifying the Priorities for Future Infant, Child and Youth Mental Health. Telethon Kids Institute. https://embrace.telethonkids.org.au/contentassets/0d686982d9d04844a28fed75b201b8bb/embrace---research-priority-report-1.0.pdf

22 Embrace 2022: Our Research Strategy (2022). Embrace @ Telethon Kids Institute. https://embrace.telethonkids.org.au/contentassets/0d686982d9d04844a28fed75b201b8bb/tki2312-embrace-strategy-1.0.pdf

Mental Health
Commission

GPO Box X2299, Perth
Business Centre WA 6847

Level 1, 1 Nash Street
Perth WA 6000

T (08) 6553 0600

mhc.wa.gov.au