

A mentally healthy future for all Australians

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Abstract

A mentally healthy future is one in which Australians thrive, especially young Australians. Mental health is seen as everybody's business, with industry, research, community, and government working together to strive towards greater population wellbeing. In a mentally healthy future, there is improved equity across the social determinants of health. Aboriginal and Torres Strait Islander principles of social and emotional wellbeing are recognised and supported, under Aboriginal leadership and guidance. The Australian public are well informed and policymakers have access to the best available evidence. Young people are empowered to influence the decisions that impact their wellbeing, and decision-makers work alongside young people to ensure the best outcomes. We have a long way to go before we achieve this, but we have begun the groundwork.

Young people (aged 12–25) form a core segment of the global human population. Generation Z (born 1996–2010: 12–25 years) are the largest generation ever, comprising around 20% of Australia's population and almost 30% of the world's population. Globally there are almost 2 billion of them. Safeguarding the wellbeing of this generation and future generations is a global human rights and economic imperative. Yet future generations are under significant pressure. Rates of mental disorders in young people have increased rapidly around the world and in Australia (AIHW, 2020; Keyes et al., 2019). In 2020–21, 2 in 5 Australians aged 16–24 had a 12-month mental disorder (a mental disorder for which they had experienced sufficient symptoms in the prior 12 months). This is substantially higher than any other age group and a dramatic jump from 1 in 4 in 2007 (Australian Bureau of Statistics, 2022). Suicide rates among young people are currently at their highest of the past decade, accounting for over one-third of all deaths in young Australians (AIHW, 2023). While

growing mental health concerns in young people are a world-wide trend, Australian young people are doing it particularly tough. Australia ranks 35th out of 38 OECD countries for child wellbeing (OECD, 2021).

The imperative to act is both economic and social. Every year mental disorders conservatively cost the Australian community over \$40 billion (Mindgardens Neuroscience Network, 2019). When the full impact of productivity loss, reduced life expectancy, and the social and emotional toll of mental illness and suicide are considered, costs are estimated to be as high as \$200–220 billion each year (Whiteford, 2022). Costs are significant because mental health hits young people hardest. The Australian labour market has rebounded strongly from the initial shock of the COVID pandemic, yet youth unemployment remains double that of the adult rate and the youth labour market is vulnerable to, and demonstrating, the long-term “scarring” or negative effects of the pandemic. Throughout the pandemic, all young people — but particularly those

with mental illness — have become more vulnerable to skills-based barriers to effective employment (barriers that make it difficult to develop skills that are relevant to work) and opportunity-based barriers (barriers that exclude people from job opportunities due to employer perceptions or discrimination). Of serious concern for our future, pre-pandemic evidence showed that children with a mental illness fall behind in school, and these effects are likely to have been compounded among the current generation of young Australians, due to two years of school disruptions. This impacts future employment and productivity. Half of people who will develop a mental disorder over the course of their lifetime experience an onset of disorder before they leave school, and three-quarters before the age of 25 (Solmi et al., 2022). This clearly demonstrates the importance of supporting young people to avoid skills-based barriers to employment; more important than ever as we continue to see the impacts of COVID-19.

The trends in increasing mental illness have been exacerbated by the COVID-19 pandemic, which has disproportionately impacted young Australians (Bower et al., 2021a; Bower et al., 2022b; Bower et al., 2021b). The pandemic impacted known social determinants of poor mental health, further entrenching mental health inequalities that existed prior to the pandemic. Indeed, Santomauro, Whiteford and colleagues (2021) have shown that the COVID-19 pandemic has had a large and uneven impact on mental health globally and nationally.

Investing in mental health has significant long-term returns. The Australian Productivity Commission concluded that reform

of the mental health system would produce large benefits (APC, 2020). The main benefits were expected in improvements in people's quality of life — valued at up to \$18 billion annually. They also argued that an additional annual benefit of up to \$1.3 billion could be achieved through increased economic participation.

In recognition of the significant shortfalls of the mental health system in Australia, there has been a proliferation of commissions, inquiries, reports and plans to interrogate the issue and provide recommendations. None of these plans have been implemented with the scale required for meaningful improvements in Australians' mental health (Francis, Johnson & Wilson, 2022). One such report is the landmark Productivity Commission into Mental Health (APC, 2019).

Three of the significant driving issues behind the lack of implementation of these reports are:

1. A lack of independent advocacy: The reports are often produced by a government department or government-funded organisations, without sufficient buy-in from stakeholders across the mental health ecosystem. Without this buy-in, there are few organisations to advocate long term for reform recommendations to be implemented
2. A lack of investment in implementation: There is substantial investment in the production of each of these plans, yet there is no allocated budget to invest in the implementation of the plans' recommendations
3. Inaccessibility: These reports are notoriously lengthy (e.g. the Productivity Commission Report consists of three

volumes and over 1,600 pages). It is not feasible for most time poor policymakers and other stakeholders to utilise a document of this size.

In addition to the many plans and reports that go un-implemented, much high-quality evidence is generated, only to remain hidden within a journal, not achieving the impacts it could if it were translated into policy. Indeed, one study identified a 17-year gap between research findings and implementation into policy and practice (Morris, Wooding & Grant, 2011).

Morris and colleagues argue “there have been no less than 55 high-profile public inquiries relevant to mental health have been held over the last 30 years, involving more than 55,000 public submissions and 9,000 witnesses, among other contributions made by the community. A significant proportion of these include contributions made by people who use mental health services, who share their personal stories in a process that is acknowledged as being potentially traumatic.”(Morris, Wooding & Grant, 2011).

In 2020, the potential mental health impacts of the COVID-19 pandemic were emerging nationally and internationally, yet there was no voice bringing together Australian experts and lived experience to address this. The BHP Foundation responded quickly and provided catalytic funding to establish Australia’s Mental Health Think Tank. It was recognised that the complexity of the mental health system required a system-wide approach. For the first time in Australia, a group of 14 leaders and researchers from across the mental health sector were brought together to form a mental health Think Tank. The Think Tank brings together Australia’s leading advo-

cates in mental health reform, blending the expertise of academics, politics, Indigenous leadership and living experience.

The Think Tank functions to build alliances within the sector to drive system change through evidence review, shared agenda-setting, and shared decision-making. A collaborative advocacy model is used to guide the Think Tank’s work. The project team presents the Think Tank members with synthesised evidence inputs and facilitates pathways for the voices of lived experience to inform discussion. The Think Tank members then participate in facilitated meetings where they are guided through theory-based processes to engage in collaborative idea generation and strategy formation. The project team then synthesises the outcomes of these meetings and conducts any required additional research to produce an appropriate output (e.g., a policy paper, communiqué, evidence review). This output is then reviewed by the Think Tank members and relevant stakeholders before being released publicly with an accompanying communication strategy.

The Think Tank works to actively not contribute to the “plandemic” of inaction. From the beginning, the group have prioritised evidence synthesis and knowledge brokering, only generating new evidence or recommendations where there was a clear gap. Using state of the art evidence synthesis methods including systematic reviews, data visualisation, meta-analysis and a purpose-designed longitudinal survey (The Alone Together Study) (Bower et al., 2022a).

Through centring evidence and the voices of lived experience Australia’s Mental Health Think Tank has secured over 55 national media stories, covering all of the

major news platforms in Australia (with examples including: ABC, *The Guardian*, SBS, *The Age* and associated press, Channel 7, Channel 9, including a national major print/radio news story around the impact of housing inequality on COVID-19 mental health).

Despite the significant number of reports and reviews, action and implementation has continued to be limited. Building platforms and mechanisms to synthesise the evolving evidence base and create action is critical. The demand for this is strong. All outputs are disseminated via the Think Tank's website¹ as well as the Analysis and Policy Observatory (APO).² The APO has a large nation-wide reach in a highly relevant stakeholder audience for The Think Tank (3M page views annually, 52% of audience work in Government, 22% work in not-for-profits). Australia's Mental Health Think Tank's major review synthesis on COVID-19 and mental health has been named in the APO's Top 10 Australian Health Policy documents of 2021,³ despite only being published in November of 2021. It has been viewed 5000+ times across APO, the Think Tank's website and the University of Sydney's Research Repository.

This broad national reach and positive reception evidenced by the media and policy successes outlined above reveals the desire and need for high-quality syntheses of evidence. It highlights that before now there was a gap for more voices like the Think Tank in Australia.

As identified by Australia's Mental Health Think Tank, mental health policy needs to be reimagined; recognising that

the broader determinants of mental health (education, welfare, urban design amongst others) are just as integral to wellbeing as service sector reform.

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1 <https://mentalhealththinktank.org.au>

2 <https://apo.org.au/organisation/314392>

3 https://apo.org.au/top-tens-2021?field_subject_top_level_target_id=57741

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