

## **The ALIVE National Centre for Mental Health Research Translation**

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### Key highlights:

- The ALIVE National Centre for Mental Health Research Translation is funded by a special initiative in mental health for five years (2021-2026) by the Australian National Health and Medical Research Council.
- The centre aims to implement innovations in mental health care to address unmet physical health needs, embed prevention across the life span and use lived-experience models for delivering mental health care at-scale across primary care and community settings.
- Three networks (one that includes a tailored capacity building arm for lived-experience researchers) and four research programs will meet these aims.

[The ALIVE National Centre for Mental Health Research Translation](#) marks a new era in mental health research across Australia. It was funded by the Australian National Health and Medical Research Council ([NHMRC](#)) [Special Initiative in Mental Health](#) (SIMH GNT2002047) (2021-2026) and was established at the peak of the COVID-19 pandemic (particularly in Victoria, where the Centre is located). The National Centre's mission is to transform mental health and wellbeing through primary care and community action, and achieve a vision of vibrant communities that support mental health and wellbeing enabling people to thrive.

The National Centre embodies the values of lived-expertise, wisdom in practice, authenticity, an evidence-based approach, inclusivity, and bravery. These values were co-created with our 40± Centre investigators across 15 universities and

network partner organisations, such as Neami National, SANE, Mental Health Australia, and the Agency for Clinical Innovation (NSW Health) in 2021. We strive to embody these values while engaging in all research activities and collaborations.

Centre research translation and capacity building activities are operationalised through three networks. The first network is our 170 member-strong capacity building Next Generation Researcher Network (NGRN) which aims to engage and develop future mental health research leaders. The NGRN encompasses advanced degree students in mental health research, and early and mid-career researchers across Australia. Within the NGRN are an additional 145 members who constitute the lived-experience research collective. The collective membership is independent of the NGRN and is a tailored arm which aims to develop much needed, and largely absent career development support for researchers bringing lived experience to research practices. Lived-experience research collective membership is across universities (77%) and those engaged in service roles and government consumer and career consultant roles (24%). Researchers who apply to the lived-experience research collective have dual membership to the NGRN. Membership to the NGRN more than doubled in 2022 from 65 to the current 170 members.

A Co-Design Living Labs Network provides end-to-end research design to translation activities, meaning that mental health-related research can be shaped by co-design members using priority-setting methods and new models of care for healthcare improvements. There are 2000+ community members either living with mental illness, carers, or family/kinship group members in the Co-Design Living Labs program coordinated by The University of Melbourne who have been invited from completed mental health research studies; the program will be scaled across the National Centre's university partners.

An Implementation and Translation Network assists with translating models of care or technologies and apps that show promise in one setting, into another. The network members comprise Centre partner organisations, external organisations, other interested individuals, and individual practice and service delivery-focused members. Demonstration Projects exploring implementation and scale are a focus in this network aiming to find answers to the questions related to implementability, stability and sustainability.

All networks and the lived-experience research collective operate with co-lead groups (up to ten) comprised of mixed representatives of investigators of the Centre and wider non-Centre members who reflect different parts of the mental health ecosystem. Co-leads from the lived-experience research collective attend meetings to operationalise our embedded model of lived-experience research. Our embedded model of lived-experience operates at all levels from the Co-Directorship, including a

lived-experience research lead and the Aboriginal and Torres Strait Islander people's research lead. The National Centre's board and committees have two co-chairs with lived-experience of mental ill-health and two carer /family kinship group co-chairs.

The research programs of the Centre support short-term projects (for example, an Implementation Co-Evaluation of Head to Health and the Urgent Mental Health Care Centre in Adelaide) and Centre flagships such as The Long Conversation which is focused on identifying the who, what, where and how of lived-experience research nationally. The ALIVE National Centre is focused on models to deliver and embed prevention across the life course, and meet unmet physical health needs with people living with severe mental illness and priority populations such as Aboriginal and Torres Strait Islander people.

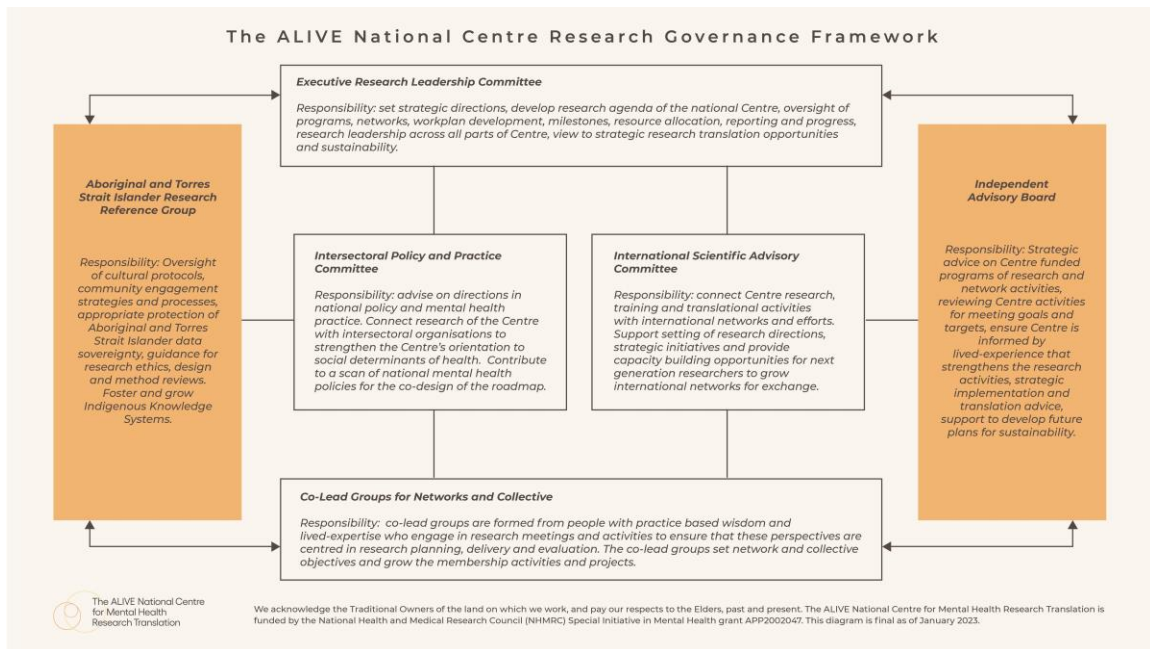
In 2021-22 we facilitated nine presentations in a Virtual Translation Café Series hosting international and national guests with over 400 attendees. The Co-Design network supported the design of SANE's digital service model for people with complex mental health needs with 65 people with lived-experience coming together to develop the experiential values for the model which is now rolling out in Australia.

Ove 500 Australians who identified as having lived-experience of mental ill-health, or as being a carer, family and kinship group member (or both) have contributed to our genesis priorities, and 115 to the subsequent prioritization using online co-design for the development of a national roadmap for mental health research translation. In February 2023, the Centre released the first stages of roadmap development with the Phase 1 Consensus Statement Short Horizons 2023 Implementation Actions. Work continues with co-design of an Aboriginal and Torres Strait Islander people's wellbeing pathway in the roadmap. In focus for 2023 is also the codesign of our children and families pathway ensuring priorities of families where a parent experiences mental illness. Each year our impact and progress is evaluated through an Annual Symposium which for 2023 aligns with our priority theme of Holistic Care.

The Centre's operates a community-led definition of Lived-Experience as its approach to working collaboratively. Community-led approaches to lived-experience mean that we are always working with people to implement their lived-expertise, while also being guided by the ways in which any given community may articulate and shape their understanding of Lived-Experience. This is important for acknowledging the experiences of Aboriginal and Torres Strait Islanders in relation to the ongoing impacts of colonisation, violence, and trauma, and also important for acknowledging intersectionality and issues of equity in our work.

## **Figure 1. Research Governance Framework**

# International Psychogeriatric Association Bulletin



## For further reading:

Website: <https://alivenetwork.com.au/>

Phase 1 consensus statement: <https://midd.me/XF2C>



Victoria Palmer and Sandra Eades (AO) and Michelle Banfield are Co-Directors of the ALIVE National Centre for Mental Health Research Translation funded by the NHMRC. The co-directorship reflects lived-experience, and Aboriginal and Torres Strait Islander leadership at all levels of Centre research and translation activities. Contacting [v.palmer@unimelb.edu.au](mailto:v.palmer@unimelb.edu.au)]