



**The Victorian
Collaborative Centre**
For Mental Health & Wellbeing

Translational Research Strategy 2024-2027





Contents

Acknowledgement of Country	2
Our commitment to allyship and Aboriginal Victorians.....	3
Recognition of lived and living experiences	4
Foreword from our Lived Experiences Advisory Panel (LEAP)	5
Message from our Co-CEOs	6
Our functions	8
The Translational Research Strategy at a glance	10
Designing our Translational Research Strategy	12
Elements of the Translational Research Strategy.....	14
Our strategic goals.....	16
Our 3-year focus	18
Our work and enabling pillars.....	22
Our implementation principles.....	33
How we will measure our impact	35
Closing thoughts from our Board	36

Acknowledgement of Country

The Victorian Collaborative Centre for Mental Health and Wellbeing (the Collaborative Centre) acknowledges with deep respect all First Nations people and Traditional Owner groups within Victoria. We recognise their enduring connection to Country, Culture, and Kin, a connection that has been nurtured for thousands of years.

We acknowledge government's role in the devastating impacts of colonisation, the displacement and dispossession of First Nations people, and the ongoing social, emotional, biological and political consequences.

2

We pay our deepest respects to elders past and present, recognising their ongoing resilience, wisdom, and leadership. We acknowledge that this land was, is, and always will be Aboriginal land.

Our commitment to allyship and Aboriginal and Torres Strait Islander people in Victoria

The Collaborative Centre commits to collaborating with Aboriginal and Torres Strait Islander people in Victoria in ways that respect their sovereignty. We acknowledge that self-determination involves more than consulting and partnering on policies, programs and research initiatives that affect their lives.

We also recognise the key role and expertise of Aboriginal Community Controlled Health Organisations (ACCHOs) in driving holistic solutions for their communities. We acknowledge the decision-making and resource control that ACCHOs require to drive these solutions. We are committed to centring Aboriginal and Torres Strait Islander living and living experiences, expertise and voices in Victoria. We look forward to working with ACCHOs, Aboriginal and Torres Strait Islander communities, ensuring that when we are fulfilling our functions under the Mental Health and Wellbeing Act 2022, we do so in line with their self-determined needs.

We acknowledge that the mental health system has failed to fully recognise Aboriginal ways of knowing, doing, and being. We strive to learn from this history and aim to work towards a mental health system that respects and incorporates Aboriginal perspectives. We commit to celebrating the strengths of Aboriginal communities and to working collaboratively to address the challenges they face.

The Collaborative Centre respects the aspirations and sovereignty of all Aboriginal and Torres Strait Islander people in Victoria and is committed to Victoria's Treaty process. We wholeheartedly support Treaty and have listened to the Yoorrook Justice Commission recommendations and the aspirations of the First Peoples Assembly. We are committed to ensuring our Translational Research Strategy (i) does not limit the Treaty processes or outcomes, (ii) will be open to revision to support any Treaty-making processes, (iii) is proactive toward progressing much needed policy or reform initiatives in Victoria's mental health and wellbeing system, and (iv) is not deprioritised or delayed by the Treaty process.

We acknowledge that the terms Aboriginal, Indigenous, and First Nations or First Peoples are used interchangeably and do not capture the unique language groups of many within the community. The Collaborative Centre does not favour one approach over the other and we respect all people's rights to self-identification.

Recognition of lived and living experiences

We acknowledge people with lived and living experiences of mental ill-health and psychological distress and the experiences of people who have been, and are, families, carers, supporters and kin. We are grateful for their expertise and generosity in guiding the Collaborative Centre's work.

Some of the most powerful evidence to the Royal Commission into Victoria's Mental Health System came from the personal experiences of people living with mental ill-health, their families, carers, supporters and kin. There has been extraordinary determination and courage as people have revisited

painful memories in the hope of shaping a better future for themselves and others.

The Collaborative Centre celebrates, values and welcomes people of all backgrounds, genders, sexualities, cultures, religions, ages, bodies and abilities.

4

Language used in this Strategy

As the Royal Commission into Victoria's Mental Health System said: "Language is powerful, and words have differing meanings for different people. There is no single set of definitions used to describe how people experience their mental health."

This Strategy uses the words and language of the Royal Commission as a starting point, from which we are building to reflect the journey of lived and living experiences. The glossary table for this Strategy can be found on the Collaborative Centre website.



Foreword from our Lived Experiences Advisory Panel (LEAP)

Established in February 2023, under the Victorian Collaborative Centre for Mental Health and Wellbeing Act 2021, the Collaborative Centre Board prioritised the formation of a Lived Experiences Advisory Panel (LEAP). LEAP provides ongoing advice to the Centre through the co-development of key documents and frameworks such as the *Lived Experience Strategy 2024-2027*, the *Strategic Plan 2024-2027*, and the Centre's inaugural Translational Research Strategy.

As a collective of 10 diverse individuals who use their consumer and carer lived and living experiences collaboratively, the LEAP hopes that when reading this Strategy people with experiences of mental distress, and of caring or supporting those who experience distress, see themselves reflected. We want the language, intent, ambition and the direction of the Strategy to ignite, or re-ignite, your belief that research will include and represent you, uphold your rights, and serve you and your communities in driving positive, sustained change.

We know that there are, quite rightly, significant community expectations for this Translational Research Strategy. For it to lead in conceptualising, doing, and sharing research 'differently'. For it to honour existing experiential and learnt knowledges. For it to amplify new and less heard understandings. And for it to privilege First Nations wisdom and science in the Centre's translational research.

The LEAP hopes that you find what you are looking for, amongst these pages. We imagine that you might see the courage and leadership it has taken to create an innovative Translational Research Strategy. A Strategy that invests in future translational research leaders from across a range of disciplines, including consumer and carer experts. A Strategy that seeks to exchange evidence and resources in a democratised fashion for those who are most often marginalised, and for workforces who help co-create better experiences,

futures and outcomes for those seeking assistance. While the consultations to develop the evidence for this Translational Research Strategy have been comprehensive, if you don't see what you had anticipated or wished for, we invite you to connect and feedback - the Centre will learn and evolve.

The LEAP has engaged deeply and regularly on this Translational Research Strategy. Through the development of shared understanding and mutually agreed ways of working with each other, the Centre staff and the Board, we have given voice to our own vision and expectations for the direction of translational research within the Centre. LEAP members describe their own group culture as one of radical compassion, accountability, respect and a curiosity to learn, and our members intentionally created a safe, honest and transparent culture to enable meaningful work on this Strategy.

Some of our LEAP members co-facilitated workshops with lived and living experience communities. Others drew on their skills and expertise to contribute to many other aspects of the Strategy. This included research design, data collection, analysis of the perspectives heard during community consultations, and reviewing drafts documents to ensure the language used is contemporary, inclusive and respectful for those of us with lived and living experiences.

In some ways, the co-development of this Strategy exemplifies the best parts of genuine participatory research. Throughout the co-development of this Strategy, LEAP members contributed equally to challenge established ways in which mental distress is both conceptualised and responded to by the mental health and wellbeing sector and academic institutions.

LEAP looks forward to seeing the purposefulness and ambition embedded within this Translational Research Strategy actioned over the next three years.

Message from our Co-CEOs

'A key goal for the Collaborative Centre is to bridge the gap between what we know and what we're doing: between research and practice, especially drawing on and coordinating existing research and knowledge'

(Collaborative Centre Sector Forum participant, April 2023)

6

The Victorian Collaborative Centre for Mental Health and Wellbeing is pleased to deliver our first overarching Translational Research Strategy for Victoria.

The Mental Health and Wellbeing Act 2022 established the Collaborative Centre based on a world first model – one that places lived and living experiences at the heart and embeds collaboration with researchers and the workforce to translate evidence into innovative and effective practice. The Collaborative Centre aims to deliver better mental health and wellbeing outcomes for all Victorians through collaborating and learning together.

This Strategy champions research and evidence as essential ingredients for all levels of the mental health and wellbeing system: informing the design and delivery of treatment, care and support, government decisions and policy development and increasing whole-of-workforce capability. By connecting lived experience leadership, innovative service delivery and cutting-edge translational research, the Collaborative Centre serves as the engine room for driving reform across the sector.

To fully achieve the objectives in the Act, the Collaborative Centre was set up to do things differently. We are committed to continuous learning that is informed by research. By championing the value of research in driving improved outcomes, we are working to support an adaptive mental health and wellbeing system – one that impels us to reflect on the evidence underpinning the ways we deliver care. And where that evidence is lacking, to commit to change our practice, test new ideas, and share what works for the benefit of all Victorians.

The Strategy also aligns with the recommendations of the Royal Commission into Victoria's Mental Health System. Victoria has a strong history of leading innovative research to better understand and treat mental health conditions. However as noted by the Commission, there remains a gap of 17 years between publication of research and advancements in treatment and the quality of care.^{1,2} Too often, research findings are not fully implemented in practice or are neglected when new policy is developed. Today, outcomes of research can be hidden from wider view and findings on effective models of care may be translated into practice in inconsistent ways.

1 Royal Commission into Victoria's Mental Health System, *Final Report, Volume 5*, p130.

2 Zoë Slotte Morris, Steven Wooding and Jonathan Grant, 'The Answer Is 17 Years, What Is the Question: Understanding Time Lags in Translational Research', *Journal of the Royal Society of Medicine*, 104.12 (2011), 510–520 (p. 510); The Florey Institute of Neuroscience and Mental Health, p. 5.

Establishing the Collaborative Centre creates a unique opportunity for Victoria to collectively prioritise and lead the translation of mental health and wellbeing research into better outcomes for consumers, families, carers, supporters and kin. This will involve embedding collaboration between researchers, mental health practitioners³ and people with lived and living experiences in the locations where care is provided. This will allow lived experience to guide our research into new models of treatment and care, and in turn, directly improve practice and outcomes.

The Collaborative Centre has an imperative to drive this cultural change in service delivery across the state to lead systemwide reform. This will begin to address current silos between settings where research is traditionally undertaken and care is delivered, and place lived experience and expertise at the heart of our work.

We seek to build on Victoria's history of seminal research to become leaders in mental health and wellbeing *translational* research. We will build on and expand the evidence base for new and enhanced models of care to improve mental health and wellbeing outcomes for consumers, families, carers, supporters and kin. This includes investing in the next generation of translational research leaders, as well as supporting our mental health and wellbeing workforces, providing them with personalised tools to access the evidence and resources they need to shape new ways of working.

There is compelling evidence of poorer mental health outcomes for some of our Victorian communities. System redesign must occur with their needs and human rights at the forefront rather than those of the more privileged in society. By mapping the unique journeys that people take and being attuned to their experiences of trauma and intersecting layers of oppression, we will create a system that cares for the whole person and builds stronger connections between services that are currently fragmented, providing better care for all Victorians.

This renewed approach to strengthening connections and collaboration will grow an ecosystem that prioritises relationally based models of practice and care. The Collaborative Centre will share and amplify lessons from local models at the regional, state, national and system policy levels. We are committed to driving an iterative approach to reform, with the centrality of people with lived and living experiences critical at all levels.

This Strategy includes and reflects the translational research work of our lead Consortium partners - the University of Melbourne and Royal Melbourne Hospital – along with a network of 18 other health and research collaborators. It also captures many voices across our Victorian communities and lays the foundations for future partnerships and networks in which the Collaborative Centre will engage. As we move to implementation, detailed annual action plans will supplement this Strategy, which will be co-created through ongoing dialogue and collaboration across the sector.

We are committed to collaborating with you to deliver this vision.



Professor Sarah Wilson and Carolyn Gillespie
Co-CEOs

³ Here we use the term practitioner to refer to clinicians, peer workforces and any other mental health professionals.

Our functions

The functions of the Collaborative Centre outlined in the Mental Health and Wellbeing Act 2022 (Victoria) are:

- a. to provide, promote and coordinate the provision of mental health and wellbeing services.
- b. to assist service providers to facilitate and improve access to mental health and wellbeing services.
- c. to provide or arrange the provision of specialist support services and care for persons who have experienced trauma.
- d. to develop strategies for conducting research, and applying and disseminating research findings, in the field of mental health and wellbeing having regard to any priorities for research determined by the Centre Board in accordance with section 648(f).
- e. to conduct, promote and coordinate research in the field of mental health and wellbeing, including in collaboration with other persons and entities.
- f. to provide, promote and coordinate activities that support the continuing education and professional development of service providers and persons who work or conduct research in the field of mental health and wellbeing.
- g. to provide advice and guidance to service providers and practitioners in relation to the provision of mental health and wellbeing services.
- h. to report to the Minister and the Health Secretary on matters relevant to its functions.
- i. to perform any other function conferred on the Centre by or under this Act or any other Act.

The Royal Commission called for the Collaborative Centre to develop a broad reaching translational research strategy that reflects priorities and directions of people with lived and living experiences. With no overarching approach to Victoria's translational research, knowledge sharing is currently limited and successful initiatives do not necessarily contribute to system-wide improvements.

This Translational Research Strategy makes contributions to all the functions of the Collaborative Centre, with a key focus on conducting, promoting and co-ordinating mental health and wellbeing research in collaboration with our partners (function e). The Strategy lays out our research priorities for the next three years (function d), co-created with people with lived and living experiences to set us on a path of success.

Through an integrated model of learning, with the Consortium we will test new ideas in our local service settings to build on and develop innovative ways of delivering care that can be shared and scaled across Victoria (functions d and e). This cycle of learning will also inform evidence-based education and professional development activities for the mental health and wellbeing workforces (function f).

This Strategy aligns with, and is informed by, the *Collaborative Centre Strategic Plan 2024-2027* and the *Lived and Living Experience Strategy 2024-2027*. It is accompanied by annual action plans that outline the things that we will do to acquit against our functions and ensure that our actions remain integrated across the Centre. The Strategy will be renewed in 2027 to ensure its ongoing relevance and ambition for system reform over the long-term.



The Collaborative Centre is located at 205 Queensberry Street, Carlton, Victoria.

The Translational Research Strategy on a page

Strategic goals

We will ...

- narrow the gap between research innovation and practice across Victoria, promoting new ways of working with evidence.
- lead research that embeds collaboration between people with lived and living experiences, practitioners and researchers in locations where care is provided.
- aspire to excellence in research translation and practice and provide independent authoritative advice for Victoria.

In order to ...

- nurture a culture focused on better experiences and outcomes for consumers, families, carers, supporters and kin.
- set a new standard for collaborative models of care that recognises the complexity of factors which shape mental health and wellbeing outcomes at a local, regional and statewide level.
- drive systemwide practice and policy reform.



Our 3-year focus

Models of care for adults and older adults needing ongoing, intensive forms of mental health and wellbeing treatment, care and support, as well as dedicated, flexible supports for their families, carers, supporters and kin.

For this group, translational research priorities will consider:

- community-based and hybrid models of care.
- supporting and amplifying culturally responsive, intersectional approaches to care for:
 - » First Nations people and communities.
 - » diverse communities.
 - » people impacted by intersecting layers of oppression.
- eliminating seclusion and restraint and reducing compulsory treatment.
- the development of dedicated and flexible supports for families, carers, supporters and kin.



Our key actions

To deliver against our strategic goals, we have developed three pillars of work and two enabling pillars.

Work pillar 1: Research and innovate

We will support interdisciplinary research by:

- conducting, promoting and co-ordinating translational research that involves collaboration between people with lived and living experiences, practitioners and researchers.
- innovating models of care by drawing on local lessons and identifying opportunities for scaling.
- mapping services and their connectivity across Victoria.



Work pillar 2: Translate

We will capture new and existing knowledge and target its application to practice by:

- bringing research into clinical and practice settings and monitoring and evaluating new approaches.
- supporting and lifting our mental health and wellbeing workforces.
- fostering cultures of inquiry, reflection and courage to grow transformational leadership.



Work pillar 3: Share

We will share evidence about what works to inform real time decision making by:

- developing a knowledge sharing platform with users at its centre.
- supporting a lived and living experience digital collection.
- convening knowledge sharing events and conversations.



11

Enabling pillar 1: Champion lived experience leadership and engagement

We will support lived and living experience in translational research by:

- creating opportunities for lived and living experience focused and led translational researcher.
- celebrating the importance of, and amplifying the outcomes of, lived and living experience-led research.
- developing a lived and living experiences translational research toolkit.



Enabling pillar 2: Reflect and learn

We will take evidence informed approaches to guide the way we work by:

- drawing on independent expert advice to inform our thinking and actions.
- aligning with relevant strategies and frameworks to support our continuous improvement.
- identifying opportunities to demonstrate, learn from and apply best practice translational research.



Designing our Translational Research Strategy

Translational research involves testing and applying new and enhanced treatments and models of care in service delivery environments to accelerate the transfer of discovery for health and wellbeing benefits.⁴

This Translational Research Strategy is informed by a strong evidence base, including reviews of current and best practice, deep collaboration with people with lived and living experiences, and conversations with mental health researchers, academics, health professionals, service providers, policy makers and the community.

12

The evidence base

We have engaged in widespread conversations with our partners, the sector and communities across Victoria, including workshops, surveys and dialogue with over 600 people. This Strategy reflects their knowledge, insights and experiences. Key activities included:

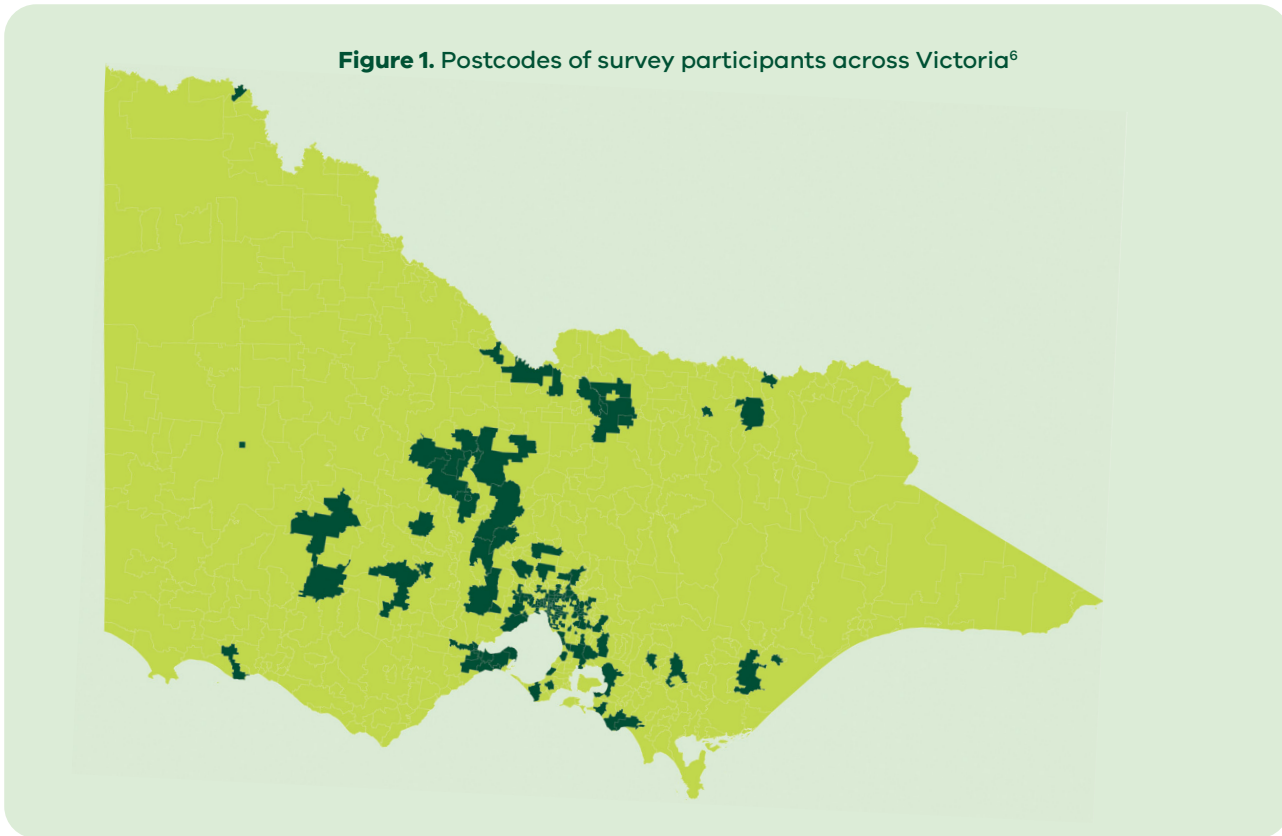
- conducting 12 community workshops with people with lived and living experiences.
- surveying 52 mental health researchers, with two-thirds identifying as consumers, families, carers, supporters or kin.
- hosting more than 20 discussions and workshops with mental health and wellbeing practitioners and researchers, including representatives from diverse communities.
- surveying approximately 400 community members at two time periods across Victoria (see Figure 1).⁵
- facilitating 18 collaborative sessions with members of LEAP and our Board.
- facilitating three Town Halls with our broader Consortium partners.
- a review of Royal Commission reports and Collaborative Centre pre-design documents.
- feedback from our key partners and stakeholders on the draft Strategy.

Our aspiration for this Strategy is to represent diverse perspectives from across Victoria, particularly the voices of people with lived and living experiences, including those most marginalised and rarely heard.

4 Estela S. Estape and others, 'Incorporating translational research with clinical research to increase effectiveness in healthcare for better health', *Clinical and Translational Medicine*, 3.20 (2014), p. 3.

5 Groot, C, Edan, V, Sansanwal, P, Hobern, B and Jones, K (2024) Headline Findings from Two Victorian Community Surveys on Research Priorities for the Victorian Collaborative Centre for Mental Health and Wellbeing University of Melbourne.

Figure 1. Postcodes of survey participants across Victoria⁶



What good research means for people with lived and living experiences

Our series of 12 community workshops were delivered in collaboration with LEAP and lived experience peak bodies, including the Victorian Mental Illness Awareness Council (VMIAC), Tandem

Carers, and the Self-Help Addiction Resource Centre (SHARC). These workshops focused on key elements of the Strategy and people's shared vision of good translational research. Figure 2 summarises the words selected by people at the workshops.

Figure 2. What good translational research means for people with lived and living experiences



6 Groot, C, Edan, V, Sansanwal, P, Hobern, B and Jones, K (2024) Headline Findings from Two Victorian Community Surveys on Research Priorities for the Victorian Collaborative Centre for Mental Health and Wellbeing University of Melbourne.

Elements of the Translational Research Strategy

This Translational Research Strategy comprises four key elements:

1. Strategic goals:

Clear high-level statements focused on the things that matter most for translational research and its role in system-wide reform. The goals articulate what success looks like and reflect our translational research ambitions.

2. Focus area:

This sets the translational research we will prioritise over the next three years, aligned with community priorities and the reform agenda of the Royal Commission.

3. Work and enabling pillars:

The pillars set out the actions we will undertake to progress our goals.

4. Implementation principles:

These reflect the voices of people with lived and living experiences and guide our actions in delivering the Strategy.

Table 1 summarises how all the evidence we collected to design this Strategy relates to these four key elements.

Table 1. How evidence has informed our Translational Research Strategy

Key elements					
Evidence	Strategic goals	Focus area	Pillars	Implementation principles	Review of draft Strategy
Royal Commission	✓	✓	✓		
Scoping reviews		✓	✓		
LEAP and Board engagements (N = 18)	✓	✓	✓	✓	✓
Sector collaborations (N = >20)	✓	✓	✓	✓	✓
Researcher survey (N = 52)	✓		✓		
Community survey (N = 398)		✓			
Lived experience workshops (N = 12)	✓	✓	✓	✓	✓
Consortium townhalls (N = 3)	✓	✓	✓	✓	✓



Our strategic goals

Goal 1

We will narrow the gap between research innovation and practice across Victoria, promoting new ways of working with evidence

In order to

nurture a culture focused on better experiences and outcomes for consumers, families, carers, supporters and kin.

Our first strategic goal focuses on changing the way we think and work, bringing research and evidence into routine practice and care for better mental health and wellbeing outcomes. Systemwide culture change will take time and we each have a role to play. Encouraging and holding each other to account to develop reflective work practices based on evidence and innovation will help narrow the gap.

With the multiple demands on practitioners to deliver care and support, there is less time to reflect on the evidence underpinning their practice or the capacity to challenge traditional ways of working, even in the face of detrimental effects. Transactional models of system service delivery and performance incentives produce unintended and perverse outcomes that further exacerbate these challenges. There is often limited time and opportunities for practitioners to share knowledge and shape best practice across the sector to deliver improvements in care.

Through our conversations we heard about the barriers and enablers to translational research, including research and evaluation not being viewed as core business, a lack of resources to undertake research, limited proximity of researchers to practice settings, and at times, a lack of an authorising environment for practitioners to implement change.

These are just some of the existing challenges that account for the gap spanning over 17 years between the publication of research findings and the advancement of treatments and quality and impact of care.⁷ In response to these challenges, our Translational Research Strategy aims to drive a culture of practice that regularly reflects on the evidence base, and where evidence is lacking, supports research, innovation and sharing of learnings to improve ways of working and the outcomes of people with lived and living experiences.

⁷ Zoë Slote Morris, Steven Wooding and Jonathan Grant, 'The Answer Is 17 Years, What Is the Question: Understanding Time Lags in Translational Research', *Journal of the Royal Society of Medicine*, 104.12 (2011), 510–520 (p. 510); The Florey Institute of Neuroscience and Mental Health, p. 5.

Goal 2

We will lead research that embeds collaboration between people with lived and living experiences, practitioners and researchers in the locations where care is provided

In order to

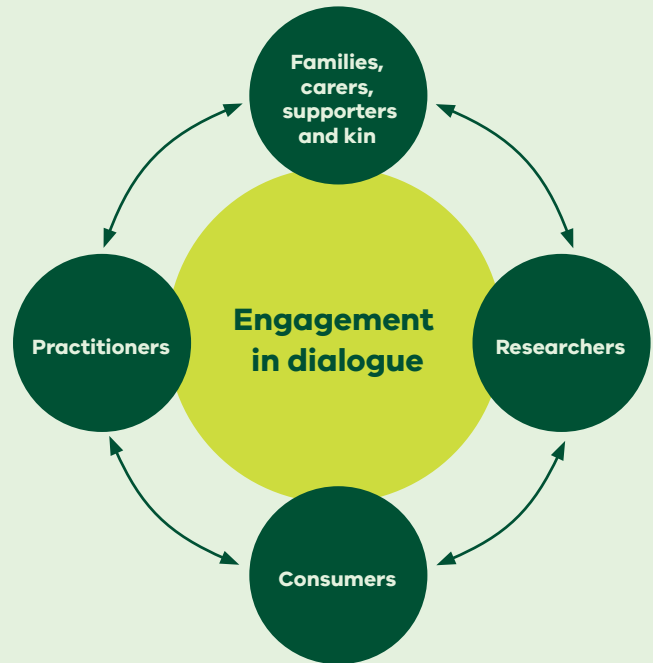
set a new standard for collaborative models of care that recognises the complexity of factors which shape mental health and wellbeing outcomes at a local, regional and statewide level.

Our second strategic goal recognises that implementing systemwide reform is an inherently complex process. The scale and diversity of the system and its component parts are considerable and involve incremental changes in how we work together. We need both bottom-up and top-down approaches to achieve this change, embedding collaborative translational research across the system that adapts to local, regional and statewide settings.

Central to our approach is ongoing dialogue between researchers, practitioners, consumers and their families, carers, supporters and kin (see Figure 3). This ensures different types of evidence and experience are captured and embedded in cycles of learning. This includes the experiential knowledge of people with lived and living experiences, practice wisdom from those in care settings, and research insights and evidence from academics and researchers. Collectively we refer to this as ‘transformative evidence’.

It is this type of evidence that is needed to inform progressive service delivery design and systems policy, developed in partnership with government.

Figure 3. Embedding transformative evidence into routine practice and care



The Royal Commission acknowledged that Victoria has resources and expertise to support the mental health and wellbeing system to evolve and reform. The state has a diverse range of independent bodies and experts engaged in mental health and wellbeing research and is world class in a number of fields. As stated in the Commission’s interim report, there is a need to bring this expertise together, and ‘develop a culture of improvement and research ... which combines clinical, academic and peer leadership and seeks interdisciplinary collaboration’⁸.

Goal 3

We will aspire to excellence in research translation and practice and provide independent authoritative advice for Victoria

In order to

drive systemwide practice and policy reform.

Our third strategic goal holds the Collaborative Centre to account. We need to ‘walk the walk’ and recognise that we are on a journey of learning with others about how best to implement system wide reform. We play an important convening role in bringing parts of the system together and commit to walking alongside others to learn from, and share, transformative evidence. Our work will support an authorising environment for practitioners to implement change and inform the development of progressive policy to achieve system transformation.

⁸ Alfred Health, Submission to the RCMHS: SUB.0002.0028.0156, p. 23.

Our 3-year focus

Addressing the mental health and wellbeing needs of adults and older adults

“There are some people whose mental health outcomes are substantially worse than the general population, and who would benefit from accelerated research and new models of care to support them. The Royal Commission considers that the needs of these Victorians should be a paramount concern, as evidence indicates that many experience high levels of coercion, poor physical health and personal recovery outcomes, and social exclusion.”⁹

18

We will prioritise translational research that improves models of care for adults and older adults needing ongoing, intensive forms of mental health and wellbeing treatment, care and support, as well as dedicated, flexible supports for their families, carers, supporters and kin.

People in this priority group may frequently use crisis and bed-based services and emergency departments and experience a higher rate of practices that impinge on their human rights. When these Victorians access care, they usually require high-intensity treatment and support from multidisciplinary specialised mental health teams and other professionals. People from this group frequently experience barriers and social exclusion and tell us they feel unsafe in many mainstream mental health services, which do not meet their needs.

Translational research can play a vital role in supporting this group, particularly in designing and implementing more relational and holistic models of care. These models promote collaborative decision making, empowering individuals to be active participants in their care, and consider the whole person, including their physical, emotional, social and spiritual wellbeing.

⁹ Witness Statement of Professor Patrick McGorry AO, 2019, para. 11; Witness Statement of Professor Lisa Brophy, para. 97; David Castle and others, Submission to the RCMHS: SUB.0002.0002.0118, 2019, p. 3; National Institute for Health and Care Excellence, United Kingdom, Rehabilitation for Adults with Complex Psychosis (NG181): NICE Guideline, 2020, pp. 46–49; Carol Harvey and others, Models of Care for Victorians Living with Severe and Persistent Mental Illness and Complex Multiagency Needs: Literature Review and Key Reform Considerations. Report Prepared for the Royal Commission into Victoria’s Mental Health System by the University of Melbourne, 2020, p. 6; E Sally Rogers, ‘Recovery-Oriented Practices Need Innovative Research’, *The Lancet Psychiatry*, 6,2, (2019), 82–83 (p. 82).

Our research priorities for the next three years

For adults and older adults with ongoing and intensive mental health needs, we have developed a series of translational research priorities that will guide our work.

These priorities align with the research and innovation themes set out by the Royal Commission and were further refined through our surveys in which we asked the Victorian community, *'What should the Collaborative Centre's translational research agenda focus on first?'*

The survey data showed high consistency in priority areas identified by people with lived and living experiences, practitioners, researchers, policy makers and other members of the Victorian community.

For adults and older adults needing ongoing, intensive forms of mental health and wellbeing treatment, care and support, as well as their families, carers, supporters and kin, our top four priority areas for the Translational Research Strategy are:

- 1. Community-based and hybrid models of care.**
- 2. Supporting and amplifying culturally responsive, intersectional approaches to care for:**
 - a.** First Nations people and communities.
 - b.** diverse communities, including those who are culturally and linguistically diverse,¹⁰ LGBTIQ+SB communities, people with disability and/or neurodiversity.
 - c.** people impacted by intersecting layers of oppression, including those experiencing racism, ageism, sexism, ableism, homo/bi/transphobia, poverty, homelessness, sexual and family violence and/or problematic substance use.
- 3. Elimination of seclusion and restraint and reducing compulsory treatment.**
- 4. Development of dedicated and flexible supports for families, carers, supporters and kin.**

We will prioritise translational research into models of care that can be scaled from local services to area mental health and statewide services.



¹⁰ This Strategy uses the term culturally and linguistically diverse but acknowledges there are variations in terminology including multilingual, multiethnic, multifait and culturally and racially marginalised communities.

1. Community-based and hybrid models of care

Community-based models of care are central to reform of the mental health and wellbeing system. Translational research is critical to establishing the evidence base for investment in, and expansion of, these community-based and hybrid models of care.¹¹

Hybrid models of care combine the best aspects of in-person, virtual and digital care, delivered across acute health, community and home care settings.

Digital care can also facilitate navigation of mental health services and supports, providing a more integrated, stepped care approach that aligns with national mental health policies and plans.¹²

Hybrid models of care may also incorporate psychosocial supports, such as social engagement, creative outlets and connection to the natural environment. The benefits of these supports reflect the important role played by community settings for mental health and wellbeing. Supporting this, feedback received through our community survey reflected:

“Community [based] models of care generally take a broader more holistic approach and view the person against the backdrop of a whole of life approach.”

20



2. Supporting and amplifying culturally responsive, intersectional approaches to care

The Royal Commission recommended delivering better care to people at higher risk of poor mental health, psychological distress, trauma and suicide. First Nations-led translational research is critically needed, to deliver culturally safe models of care for First Nations people that centre on social and emotional wellbeing. Feedback received through our community survey amplified this:

“Culturally responsive services are needed to really support First Nations peoples. Current approaches still rely heavily on physical environment changes, rather than implementing research and knowledge by First Nations researchers, practitioners and communities.”

There is also a need for translational research to develop and adapt culturally safe and responsive models of care to meet the unique needs of culturally and linguistically diverse communities, LGBTIQ+SB communities and people with disability and/or neurodiversity. Echoing this, in our community survey we heard that translational research is needed to understand wellbeing through a culturally and linguistically diverse lens:

“We live in a diverse world and need to consider this when developing treatment approaches that are not ‘one size fits all.’”

Through collaboration with diverse communities across Victoria, the Translational Research Strategy will trial how models of care can be designed and implemented to respond to the needs of people impacted by intersecting layers of stigma and discrimination. This includes acknowledging experiences of oppression and service barriers and how they compound disadvantage, as well as strengthening trust in our organisations and services. As noted in our community survey:

¹¹ Royal Commission into Victoria's Mental Health System, *Final Report, Volume 5*, 2021, p.180.

¹² <https://www.health.gov.au/topics/mental-health-and-suicide-prevention/what-were-doing-about-mental-health>

“We need to develop safe spaces for conversations about mental health in our own communities to break down the stigma of having a mental illness.”

We are committed to interdisciplinary research that addresses the complexity of factors that influence mental health and wellbeing, including the interplay between mental health, cultural and social determinants and other significant factors, such as alcohol and other drugs.

3. Eliminating seclusion and restraint and reducing compulsory treatment

To respect the rights of consumers, mental health and wellbeing services are required to work towards the elimination of seclusion and restraint and a reduction in compulsory treatment. In our conversations, people described situations where inadequate access to community services runs at cross purposes to respecting human rights. One such perverse example is the use of compulsory treatment orders to gain better access to community supports. However, as reflected in the feedback received through our community survey:

“Compulsory treatment, seclusion and restraint can cause a lot of harm and trauma; we need to find alternatives to this. We need a human rights-based approach to mental health care.”

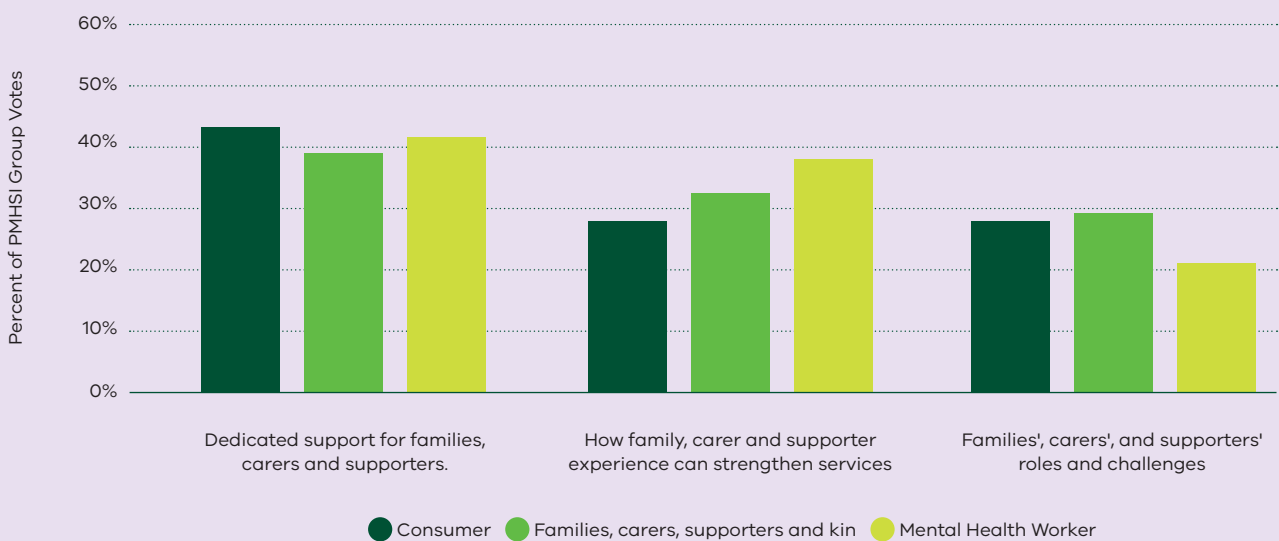
4. Development of dedicated and flexible supports for families, carers, supporters and kin

Families, carers, supporters and kin can play a key role in the mental health system. Relational models of mental health care recognise the importance of these relationships in supporting consumers over the course of their care journeys, recovery and healing. Additionally, carers may experience their own mental health challenges and psychological distress. For instance, feedback received through our community survey reflected:

“Families of those with a serious mental illness have a very hard role. They must stay well enough to continue to care for the consumer while still paying the bills and advocating.”

Our Translational Research Strategy reflects the priorities of families, carers, supporters and kin as identified from our survey findings. These priorities were highly aligned with those of mental health practitioners in identifying the need to conduct translational research into developing dedicated and more tailored supports for families, carers, supporters and kin (see Figure 4). Also needed is a greater understanding of the contributions they make to recovery and healing, and how best to ensure the safety and wellbeing of young carers in families experiencing mental health issues.

Figure 4. Priorities for translational research for families, carers, supporters and kin¹³



¹³ Groot, C, Edan, V, Sansanwal, P, Hobern, B and Jones, K (2024) Headline Findings from Two Victorian Community Surveys on Research Priorities for the Victorian Collaborative Centre for Mental Health and Wellbeing University of Melbourne.

Our work and enabling pillars

Our first three work pillars are based on the cycles of learning set out in Figure 5. Pillars 4 and 5 are enabling pillars, meaning they are key to the success of the first three pillars. Each pillar includes a series of high-level actions that will guide the development of more detailed annual action plans.

Cycles of learning

Translating research into actions involves 'cycles of learning' that can benefit the experiences and outcomes of consumers, families, carers, supporters and kin. Broadly speaking, the cycles of learning include:

- **research** to establish an evidence base about effective models of mental health care.
- the capacity for **innovation** to test and expand the evidence base with new ideas.
- methods to capture new knowledge and ideas and **translate these into practice** for the benefit of mental health professionals and consumers, families, carers, supporters and kin.
- capabilities to **monitor and evaluate** the effectiveness and outcomes of new and established approaches to care.
- methods to curate and **share information** from many sources, and to use this to inform decisions and policy development for improvements across the mental health and wellbeing system.¹⁴

¹⁴ Royal Commission into Victoria's Mental Health System, *Final Report, Vol 5*, p128.

Figure 5:

The cycles of learning underpin the first three work pillars of the Translational Research Strategy, including (1) Research and innovation, (2) Practice translation, and (3) Sharing (research dissemination).



Work pillar 1:

Research and innovate

What we will do

1. Conduct, promote and co-ordinate translational research that involves collaboration between people with lived and living experiences, practitioners and researchers

Over the next three years we will:

- prioritise and support translational research and evaluation that is collaborative and addresses outcomes that matter most to people with lived and living experiences.
- bring people together through research priority roundtables to share transformative evidence and opportunities to collaborate and develop statewide annual action plans.
- continue to work closely with our Lived Experiences Advisory Panel (LEAP) and other people with lived and living experiences whose voices are rarely heard.

Example: Centering lived experience in the design of enhanced models of care

With our partners, the Royal Melbourne Hospital and the University of Melbourne, we are exploring models of care through an 'Open Dialogue' project. This work draws on existing practices and evidence that place consumers and their networks at the center of their treatment, democratising the roles of consumers, families, carers, supporters and kin and service providers so that all voices are equal. This promotes collaborative decision making typical of relational models of care.

This is a relatively new and alternative approach for people experiencing an emotional crisis that will enable services to be more attuned to people's needs. We will bring together groups trialing approaches to dialogic practice adapted to local settings and apply methods of implementation science to acquire knowledge about shared barriers and enablers of this approach. Core to this project is co-design with people with lived and living experience and expertise.

What we will do

2. Innovate models of care by drawing on local lessons and identifying opportunities for scaling

Over the next three years we will:

- test new ideas in our local service settings to build on and develop ways of delivering care that are suitable for sharing and scaling across Victoria.

What we will do

3. Develop a whole-of-system connectivity map to guide statewide reform

Over the next three years we will:

- undertake systemwide mapping to identify services and their connectivity within Victorian regions.
- identify care pathways and consumer journeys to better support consumer preferences and the needs of families, carers, supporters and kin.
- identify critical enablers and change mechanisms and how they differ across groups, places and services.

Example: Innovating and co-designing tools to support trauma-informed care

Our translational research with the statewide service, Transforming Trauma Victoria (TTV), is developing and testing approaches to co-designing, evaluating and sharing best practice around trauma-informed care.

Through collaboration with the Women's Recovery Network, this pilot project focuses on testing trauma-informed tools within the 'Hospital in the Home' program, comparing implementation in a rural and metropolitan location. Participants identify as women with experience of complex mental health challenges, often related to or exacerbated by, experiences of trauma, violence and structural disadvantage. Lessons learned from this innovative approach to care will support embedding trauma-informed practices and tools across Victoria that are adapted to rural and metropolitan settings.

Example: Using social network analysis to develop a connectivity system map

In collaboration with academic partners, our social network analysis takes a regional and statewide approach to map service connections. This includes links with general practice and private mental health services, as well as broader allied services such as housing, family violence and the justice system.

The purpose of this research is to understand opportunities and challenges to enable better connections and integration between services, reduce silos and provide more joined up care. A statewide connectivity map will provide a baseline against which we can measure our progress, including how new models of care influence existing service connections. This is vital to informing the development of evidence-based progressive service design and system policy.

Work pillar 2:

Translate

What we will do

1. Harness the existing evidence base using implementation science

Over the next three years we will:

- draw on the methods of implementation science to inform effective ways of translating current and new evidence into daily practice in different settings.
- develop and refine our use of implementation science in partnership with people with lived and living experience to create resources for the sector.
- support professional development and training in implementation science to boost translational research impact.

What we will do

3. Support and lift our mental health and wellbeing workforces

Over the next three years we will:

- provide, promote and coordinate whole-of-workforce continuing education and professional development activities for core mental health and wellbeing capabilities.
- adopt principles of implementation science to support the wellbeing and practice of healthcare leaders, workforces and researchers.
- connect and align existing activities and provide new offerings based on transformative evidence.
- develop practice guides and resources based on transformative evidence to improve outcomes for consumers, families, carers, supporters and kin.

What we will do

2. Bring research into clinical and practice settings

Over the next three years we will:

- invest in the next generation of researchers, clinicians and early career academics, supporting them to embed research in practice settings through Translational Research Internships, PhD Scholarships and Postdoctoral Fellowships.
- strengthen and support a formal network of clinical academic service leaders by establishing mental health and wellbeing Translational Research and Innovation Centres (TRICs) that will apply findings from basic research into real world practice settings and policy in collaboration with lived experience expertise.
- support practitioners to conduct translational research in their day-to-day roles as well as monitor and evaluate outcomes.

What we will do

4. Foster cultures of inquiry, reflection and courage to grow transformational leadership

Over the next three years we will:

- work with professional training institutions to support the next generation of practitioners and translational researchers to develop the knowledge and skills for system transformation.
- foster a culture and practice of continuous learning and improvement to embrace ambiguity, complexity and uncertainty and to focus on identifying ways to lead and effect change.

What is implementation science?

Despite research demonstrating the effectiveness of evidence-based interventions, translation into a variety of contexts often fails to flourish. This means that improvements in the experiences and outcomes of consumers, families, carers, supporters and kin lag behind research evidence.^{15 16}

To address this gap, growing emphasis has been placed upon implementation science, which is the study of strategies and techniques that best support the translation of research into regular practice by practitioners and policy makers.^{17 18 19}

Recent research has highlighted the importance of contextualising implementation science to ensure its relevance for mental health and wellbeing practice.

In mental health systems there are additional challenges to generating quality evidence and then scaling through implementation.²⁰ These reflect the complexity of supports required to achieve the best outcomes. For instance, they may be specific to relationships, such as peer-led supports, which can be difficult to standardise.

There are distinctive elements to consider when using implementation science to design and implement mental health and wellbeing interventions.²¹ These include:

- seeking multiple and diverse perspectives from researchers, practitioners, consumers, families, carers, supporters and kin.
- considering the consumer's care journey and the nature and setting of care, which may include psychosocial supports and integration of mental health services into primary care settings.
- learning about the local context and community needs.
- understanding cultural factors, such as diverse beliefs, stigma and social norms about mental health and wellbeing for individuals and communities.

This multi-level commitment and investment is crucial in the mental health and wellbeing context, more so than in most fields of healthcare. In particular, it is critical to ensuring the approach resonates with lived experience communities, empowers people to exercise choice, and supports human rights.^{22 23}

Through working with our partners, we will refine our approach to implementation science to ensure it accounts for the complexities of mental health and wellbeing contexts. This includes considering key principles of traditional implementation science approaches, such as readiness, barriers and enablers, alongside the integration of diverse types of evidence and mental health experiences and responses.

15 Laura J. Damschroder and others, 'Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science', *Implementation Science*, 4:50 (2009).

16 Mary C. Ruffolo and Jeff Capobianco, 'Moving an evidence-based intervention into routine mental health care: a multifaceted case example', *Social Work in Health Care*, 51:7 (2012), 77–87.

17 Dean L. Fixsen and others, 'Core implementation components', *Research on Social Work Practice*, 19:5 (2009), 531–540.

18 Trisha Greenhalgh and others, 'Diffusion of innovations in service organizations: systematic review and recommendations', *Milbank Quarterly*, 82:4 (2004), 581–629.

19 Martin P. Eccles and Brain S. Mittman, 'Welcome to implementation science', *Implementation Science*, 1:1 (2006).

20 Killaspy, H and others, 'Community-based social interventions for people with severe mental illness: a systematic review and narrative synthesis of recent evidence' *World Psychiatry* 21:1 (2022)

21 Rathod, S. and others 'Mental health service provision in low-and middle-income countries' *Health Service Insights* 10 (2017)

22 Sartor, C and Hussian, M 'Mental health implementation science: integrating lived experience expertise' *The Lancet, Psychiatry*

23 Harvey, C. and others 'Community-based models of care facilitating the recovery of people living with persistent and complex mental health needs: a systematic review and narrative synthesis' *Frontiers in Psychiatry* (2003)

Work pillar 3:

Share

What we will do

1. Develop a knowledge sharing platform with users at its centre

Over the next three years we will:

- establish and maintain a personalised knowledge sharing platform.
- curate and share evidence from a wide variety of sources to benefit care and address gaps.
- develop and share practice guides and tools to support continuing education and professional development of whole-of-workforce capabilities.

The Collaborative Centre Knowledge Sharing Platform

We are building a personalised knowledge sharing platform to bridge the gap between research insights and practice by enabling users to access the information and evidence resources they need, when they need it. It will be a 21st Century exemplar of digital research dissemination and practice translation. It will help re-define the way that mental health and wellbeing practitioners, consumers, carers, researchers and policymakers interact with information, evidence and practice translation resources in their daily work.

The knowledge sharing platform will reflect a holistic approach to knowledge and research by bringing together the best available evidence on models of care, treatment and support with the voices and insights of people with lived and living experiences. Embracing a user-centric approach, it will be responsive to the information, access and sharing needs of the mental health and wellbeing sector, providing real-time access to data to inform impactful decisions and actions.

What we will do

2. Support a lived and living experiences digital collection

Over the next three years we will:

- establish a lived and living experiences digital collection to champion lived experience forms of knowledge and sharing.

What we will do

3. Convene knowledge sharing events and conversations

Over the next three years we will:

- host events to bring people together from across the sector to share knowledge, insights and new ways of working.

Curating a lived and living experiences digital collection

Through our conversations with lived and living experience communities, we heard calls for a digitised archive of materials as another means of championing lived experience forms of knowledge production and sharing. This will support the preservation of artworks, artifacts and other knowledge sharing resources in digitised and other forms through partnerships and curation.

We will use these key artworks, artifacts and resources to support our translational research and continuing education and professional development activities.

Enabling pillar 1:

Champion lived experience leadership and engagement in translational research

What we will do

1. Create and support opportunities for lived experience focused and led translational research

Over the next three years we will:

- support consumers and families, carers, supporters and kin to develop capabilities as research leaders, growing a community of leaders, allies and mentors.
- ensure our translational research embeds lived and living experiences.
- provide designated Translational Research Internships, PhD scholarships and roles within translational research projects for people with lived and living experiences.
- coordinate events and information that connect people with lived and living experience to research opportunities, education and development to grow the next generation of lived experiences research leaders.

Establishing an authorising environment for lived experiences in translational research

The Collaborative Centre will continue to embed experiential knowledge across our translational research activities. In line with our *Lived and Living Experience Strategy 2024-2027*, we will create opportunities for leadership of, and partnering in, translational research. This involves engaging lived and living expertise across the full research life cycle, beginning with agenda setting, ethics and review, co-design and participatory approaches, through to implementation and evaluation of projects.

People with lived expertise bring the unique ability to translate their personal, and often intersectional experiences into meaningful system change. Developing lived expertise is a process that takes ongoing training and support, with lived experience leaders providing voices of authority on their experiences with and within the system.

Bringing lived and living experiences and expertise into research collaboration is vital for boosting the safety, inclusivity and cultural responsiveness of our translational research programs. It also supports the development and growth of career pathways for established and emerging lived experience research leaders. This will require a strong focus on accessibility and the development of new and inclusive processes to ensure that people with lived and living experiences can engage on their own terms. It challenges and invites researchers to center lived and living experiences in their work for enriching their research activities and outcomes.

What we will do

2. Celebrate and promote the importance and outcomes of lived and living experience-led research

Over the next three years we will:

- promote lived experience knowledge and expertise by elevating and integrating its role in improving practice through transformative evidence.
- promote lived experience focused and led translational research and practice through our knowledge sharing platform.
- amplify the voices of people and communities who are marginalised or rarely heard in translational research.

What we will do

3. Develop a lived and living experiences translational research toolkit

Over the next three years we will:

- co-develop a lived experience translational research toolkit to advocate for, implement and evaluate lived experiences leadership and engagement in research.
- grow the evidence base for lived experiences leadership and expertise in translational research.

Co-developing a lived experiences translational research toolkit

A detailed scoping review and broad conversations led by lived experience and First Nations researchers identified the need for a toolkit to support lived experiences leadership and engagement in translational research.

In collaboration with a lived experience-led research team, we will develop this toolkit to provide the mental health and wellbeing sector with a practical resource for use across all stages of the research life cycle. The toolkit will promote interdisciplinary understanding and new ways of working to support a culture of transparency and inclusive participation in translational research.

Enabling pillar 2:

Reflect and learn

What we will do

1. Draw on independent expert advice to support translational research excellence

Over the next three years we will:

- establish an independent Translational Research and Innovation Advisory Panel (TRIAP) to harness the collective wisdom and insights of experts in translational research to support implementation of this Strategy.

What we will do

2. Align with existing strategies and frameworks for continuous improvement

Over the next three years we will:

- align with evidence-based frameworks that promote best practice in translational research.
- embed principles of Indigenous Data Sovereignty in our translational research, including the rights of First Nations people and communities to access data that is about them, or affects them.
- develop monitoring and evaluation approaches that align with the new Mental Health and Wellbeing Outcomes and Performance Framework.

32

Translational Research and Innovation Advisory Panel (TRIAP)

TRIAP is a skills-based panel whose purpose is to inform decision-making aligned to this Strategy. It will ensure independent review of translational research proposals for funding, internships, PhD and Postdoctoral applications, and the scientific robustness of resources for our knowledge sharing platform. The panel aims to reflect Victoria's diversity, including representation from people with relevant experience from diverse communities, with up to half of the panel designated for people with lived or living experiences.

Working with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to align with marra ngarrgoo, marra goorri (The Accord)

The Accord is a step towards recognising the culturally unsafe health and medical research practices that Aboriginal and Torres Strait Islander peoples have historically been subjected to. Marra ngarrgoo, marra goorri seeks to ensure that health, medical and wellbeing research takes community priorities into consideration, has community interest at heart, and is co-designed with genuine input from community.

The Collaborative Centre will champion marra ngarrgoo, mara goorri in alignment with our research priority to support culturally responsive and safe models of care for First Nations people and communities. We understand that when working with Aboriginal communities, data sovereignty is crucial to community self-determination, and we will work with our partners to support and amplify community-led approaches that recognise their expertise.

What we will do

3. Identify opportunities to demonstrate, learn from and apply translational research excellence

Over the next three years we will:

- pursue opportunities to collaborate, partner and share at state, national and international levels, including through translational research funding bids, conferences and publications.
- engage in reflection and continuous improvement of our practices and share where things have worked, and where they have not, through events, academic and practice forums.
- provide independent, evidence-based advice to inform policy, practice and decision making.

Our implementation principles

The way we collaborate is informed by our interconnecting principles, reflecting what matters most to people with lived and living experiences. These principles will guide our actions in delivering the Translational Research Strategy (Table 2).

Table 2: Implementation principles that will guide our action plans

Principle	What this means
We use transformative evidence	<ul style="list-style-type: none"> We adopt a broad definition and new ways of thinking about translational research evidence. This includes the experiential knowledge of people with lived and living experiences, practice wisdom from those in care settings, and research insights and evidence from academics and researchers.
We use an intersectional approach	<ul style="list-style-type: none"> Aligned with our <i>Lived and Living Experience Strategy 2024-2027</i>, we take an intersectional approach in our translational research and acknowledge that multiple aspects of identity can intersect to create overlapping forms of oppression.
We innovate	<ul style="list-style-type: none"> We facilitate innovative research into treatment, care and support. We embed cultures of inquiry, reflection and courage. We value research that is co-designed and co-produced.
We use holistic approaches	<ul style="list-style-type: none"> We invest in collaboration across disciplines, experiences and expertise. We are committed to research that is holistic and interdisciplinary and acknowledges the interplay between mental health, social determinants and other significant factors, such as alcohol and other drugs.
We are outcomes-driven	<ul style="list-style-type: none"> We support research that drives tangible, sustainable and effective outcomes for all Victorians. We build on the relevant Royal Commission recommendations and provide an evidence-base to support their ongoing implementation.
We uphold human rights	<ul style="list-style-type: none"> We conduct research that upholds human rights, promoting the rights and preferences of consumers, families, carers, supporters and kin. We champion research that is safe, trauma-informed and culturally inclusive.

How we will measure our impact

We are committed to measuring our success, remaining accountable and transparently reporting on the impact we are having. During the life of this three-year Translational Research Strategy, we will regularly monitor progress against our strategic goals.

We will measure our performance using the indicators listed below to determine our progress and success. These indicators will be expanded and refined once we develop our more detailed annual action plans.

Goal 1: Narrow the gap between research innovation and practice, promoting new ways of working with evidence

We will measure:

- the proportion of translational research projects that champion or engage people with lived and living experiences.
- the number and type of translational research projects that promote new ways of working using transformative evidence.
- the number and type of translational research projects that draw on the methods of implementation science.
- progress in the establishment of the Translational Research and Innovation Centres (TRICs).

35

Goal 2: Lead research that embeds collaboration between people with lived and living experiences, practitioners and researchers in the locations where care is provided

We will measure:

- the number and type of knowledge sharing and practice improvement activities, which may include events, workshops, engagement and networking opportunities held or supported by the Collaborative Centre.
- the proportion of translational research projects that co-locate research and practice
- the number of Translational Research Internships, PhD Scholarships and Postdoctoral Fellowships embedded in practice settings, including those designated for people with lived and living experiences.
- the number and type of continuing education and professional development activities that support practitioners to conduct translational research and monitor and evaluate outcomes.

Goal 3: Aspire to excellence in research translation and practice and provide independent authoritative advice for Victoria

We will measure:

- the number and type of resources on our knowledge sharing platform.
- the frequency of engagement with our knowledge sharing platform.
- the number of research and practice conferences attended, papers published, and funding bids submitted.
- progress in establishment of the Translational Research and Innovation Advisory Panel (TRIAP).

Closing thoughts from our Board

As the recommendations of the Royal Commission into Victoria's Mental Health System are implemented, lived experience communities remain hopeful for real life changes in the quality and nature of care they experience. Although change takes time, there is a strong sense of goodwill and a shared purpose across the sector to achieve the vision for change. Implementation of this three-year Translational Research Strategy will help to align our work, boost our efforts and hasten meaningful systemwide reform.

36

This is a call to action: to engage with and feel empowered to change the way we think and work. We hope that everyone who reads this Strategy can see they have a role to play in achieving systemwide reform, with many of us wearing multiple hats in the roles we undertake and move between.

People with lived and living experiences, know you have the support and emerging pathways to step into leadership roles to grow the next generation of lived experience-led translational researchers supported by a community of practice. The Royal Commission has provided the mandate that people with lived and living experiences transition from roles that primarily involve advocating for change to leading and implementing that change.

Families, carers, supporters and kin, know your voices and roles are recognised as vital and that long overdue resources and supports will be developed with your expertise guiding the work.

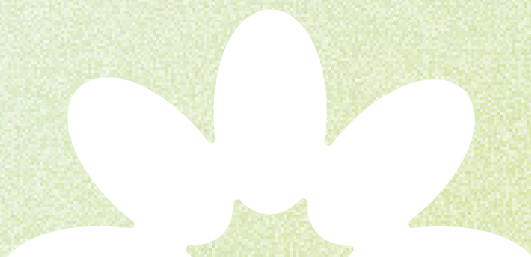
Mental health and wellbeing practitioners, take the ideas in this Strategy and reflect on how they may be applied and adapted to your local mental health and wellbeing setting. This Strategy is the first step in providing an authorising environment for you to implement change.

Researchers and academics, you have the opportunity to bring your wisdom and insights into the settings where care is provided. And the capacity to deepen your learning and knowledge of how this is best applied through ongoing dialogue with people with lived and living experiences and practitioners working on the frontline.

Policy makers and government, this Strategy will provide you with the evidence and insights you need to inform decision-making and policy to deliver a more connected and compassionate mental health and wellbeing system.

The broader community, we encourage you to join with us, seek out our knowledge sharing platform and use transformative evidence to support mental health and wellbeing across Victoria's diverse communities.

**Terry Laidler (Chair) and
Maria Katsonis (Deputy Chair)**





A note of thanks

Our sincere thanks to everyone who has generously given their time and experience to inform design of this Translational Research Strategy, particularly people with lived and living experiences as consumers, families, carers, supporters, and kin.



**The Victorian
Collaborative Centre**
For Mental Health & Wellbeing

205 Queensberry Street
Carlton, Victoria