Foundations of the ALIVE National Centre for Mental Health Research Translation: Impact Evaluation Protocol

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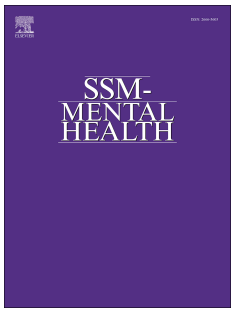

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Foundations of the ALIVE National Centre for Mental Health Research Translation Impact Evaluation

Running Title: Foundations of the ALIVE National Centre Impact Evaluation

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Declarations

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Foundations of the ALIVE National Centre for Mental Health Research Translation: Impact Evaluation Protocol

Abstract

The ALIVE National Centre for Mental Health Research Translation was established in 2021. Funded by the Australian National Health and Medical Research Council's Special Initiative in Mental Health, the Centre aims to foster innovation in mental health care. Central to this aim is embedding the voices of those with lived experience into all Centre structures and activities including leadership and co-design of research priorities for mental health research implementation and translation. This manuscript details the Centre's impact evaluation protocol. Comprised of two Streams, the impact evaluation aims to 1) evaluate the implementation of the Centre's National Roadmap for mental health care ecosystem regeneration across the mental health sector; and 2) describe the broader social value created by the Centre. This work is intended to inform future research and funding decisions across the mental health sector and bring about a paradigm shift in mental health research translation in Australia.

Keywords: Program Evaluation; Research Infrastructure; Consumer Involvement; Translational Research; Social Return on Investment

1 Introduction

1.1 Background

Mental health was specified as one of an initial eight national health priorities by the Australian Government in 1996 (Australian Institute of Health and Welfare, 1997) and has since become a strategic priority for Australia's National Health and Medical Research Council (NHMRC). Between 2017 and 2019, the NHMRC worked with the mental health research community and key mental health policy and funding bodies to explore opportunities for a strategic investment in mental health to complement other initiatives (Australian Government, 2019). As per the funding guidelines, the purpose of the NHMRC Special Initiative in Mental Health research (SIMH) was to support a multidisciplinary and nationally focussed team to establish a national centre for innovation in mental health care. The centre to undertake innovative, high quality implementation research to improve health outcomes and outlooks for people living with mental illness. Further, the centre would operate as a virtual collaborative network across Australia, coordinated by a single institution acting as an administrative hub (Box 1). Based on the contributions of the priorities of people with lived experience (terminology used to denote people with lived experience of mental ill health and carer/family and kinship group members, which are also signified internationally by terms such as consumers and carers, service users and experts by experience) within the Co-Design Living Labs program, University of Melbourne, a proposal was put forward. Within the proposal, the national centre was to be based around four flagship research programs to achieve the SIMH's desired outcomes. The flagship programs comprising: (1) Prevention across the life course; (2) Longer healthier lives in priority populations (a. Aboriginal and Torres Strait Islander people and b. people living with severe mental ill health); (3) Lived experience led research; and (4) Mental health care at scale. In 2021, the ALIVE National Centre for Mental Health Research Translation (hereafter referred to as the Centre) was funded through the SIMH for a period of 5-years (March 2021-March 2026) (The ALIVE National Centre, 2021c). During its first year, co-created values ─ lived-expertise, practice wisdom, outcomes driven, authenticity, courage and being brave ─ were developed through a deliberative process, and these drive the Centre's structure, processes and activities.

<Insert Box 1 about here>

1.2 The ALIVE National Centre's Purpose and Vision

The Centre includes 17 universities, and more than 30 partner organizations coordinated by the University of Melbourne as the administering hub (The ALIVE National Centre, 2021b). Formal partners of the Centre include national and state-based community mental health organizations (from peak bodies, non-government groups to service providers), and the Centre works in collaboration with the research and mental health sectors to achieve its purpose and vision. The Centre's purpose is transforming mental health and wellbeing through primary care and community action. The Centre's vision is to create vibrant communities that support mental health and promote well-being, enabling individuals to thrive (The ALIVE National Centre, 2021c). The Centre is thus seeking to transform the mental health sector and regenerate the mental health ecosystem by embedding lived experience within all aspects of mental health research, implementation and translation including co-leadership and co-design, and addressing unmet need in implementation of new models of care (The ALIVE National Centre, 2021b). The Centre's purpose and vision is in turn reflected in the Centre's Embedded Lived Experience Model, for which, as illustrated in Jazayeri et al. (2025), its four research programs each form a pillar, interlinked and reinforced by the Centre's networks, including the Next Generation Researcher Network and Lived Experience Research Collective.

1.3 The ALIVE National Centre's Research Programs and Networks

The ALIVE National Centre's research programs and networks address the objective of the SIMH to improve experience of care through more effective and innovative models of care and health system redesign. In turn, Centre programs seek to reduce missed life years through evidence-based strategies for addressing physical, behavioral, psychological, and other determinants. The Centre's model for ecosystem change is presented in Fig. 1. The Centre's networks have an open, national membership that provides opportunities for greater engagement with university-based researchers and the mental health sector across Australia. The networks include (1) the Next Generation Researcher Network consisting of 279 members, (2) the Lived Experience Research Collective (which encompasses capabilities development of those with Lived Experience), consisting of 253 members including 171 members of the Next Generation Researcher Network; (3) the Implementation and Translation Network, with 52 members; and (4) the Co-Design Living Labs Network, comprising more than 1,900 community members with lived experience of mental ill health and ongoing distress and carer, family and kinship groups (The ALIVE National Centre, 2021a). Network activities involve:

(1) research and implementation, co-evaluations, co-design of new models of care and (2) capacity building. These activities aim to make a direct impact on research and translation in the mental health sector (Fig. S1). Capacity building is focused on growing the next generation of mental health research leaders, across disciplines including researchers with lived experience. The aim is to engage with translational research processes, and drive quality improvement and embed community-centric research, involving the right amount of people for the problem at hand, be that at local, regional and/or national levels.

<Insert Figure 1 about here>

1.4 Translational Research and the ALIVE National Centre

Translational research, frequently termed from 'bench to bedside', broadly aims to progress basic science discoveries toward public health impact (Drolet & Lorenzi, 2011). While definitions of translational research have evolved over time (Fort et al., 2017), there are generally four phases outlined: transitioning a basic discovery into a potential health application (T1), development of health applications and evidence-based guidelines (T2), transitioning evidence into health practice through dissemination, implementation and diffusion (T3) and incorporation into regular health practice leading to population health outcomes (T4) (Callard et al., 2012). Of note, is the emphasis of the involvement of consumers across these phases (Callard et al., 2012). The need for research and practice changes to be driven by those with lived experience is increasingly acknowledged in the mental health system (Sunkel & Sartor, 2022), as is the need for translational research to reform the mental health system. Phases T3 and T4 with their ability to significantly impact health system change and improve public health outcomes (Callard et al., 2012) are of particular relevance to the Centre.

1.5 The ALIVE National Centre Roadmap for Research Translation

Within the Centre a multi-layered implementation and translation strategy has been formulated and founded on the creation of a co-designed national living, dynamic Roadmap to regenerate the mental health care ecosystem (Palmer et al., Under review). A participatory design blueprint was created to support co-design of the Roadmap (Fig. S2). Blueprint activities, as detailed in (Banfield et al., 2024), commenced with synthesising already published material, learning directly of the research priorities of the people most impacted through annual surveys and ecosystem mapping for mental health sector change. Resources developed include Pocket Maps to provide short guides to the interpretation of Roadmap priorities and phased Consensus Statements outlining co-designed implementation actions. A publicly available searchable

research priorities database is also available (The ALIVE National Centre, 2023). Annual symposia enable progress review, and the updating of Roadmap priorities and Pocket Map creation. The Consensus Statements (Palmer et al., 2023; Palmer et al., 2024) based on analysis of the Annual Lived Experience Priorities Survey and formed through public co-design, inform research goal development and integrated knowledge translation strategy development. Together, these activities and resources form the National Roadmap for mental health research translation.

1.6 Evaluating the Impact of The ALIVE National Centre

The need for mental health ecosystem change has long been called for by many (Australian Medical Association, 2023; Christensen et al., 2011). Heeding these calls, the NHMRC committed significant funding, $AUD10 million over 5-years, to the SIMH. Through its SIMH funding, the Centre is pursuing fundamental, innovative and paradigm disrupting change within the mental health ecosystem focussing on the voices and priorities of those most impacted. Establishing the outcomes, impact, and return of the NHMRC's investment in the Centre is crucial for capturing its social value and effects in dimensions that extend beyond conventional metrics and established definitions of impact. Further, pertinent evaluation is necessary to inform the ongoing development and implementation of strategies to address sector wide concerns (Hickie & Rosenberg, 2024; Productivity Commission, 2020), and to inform future Australian funding initiatives and their direction.

Mental health program evaluations have often been found to inadequately capture their real world effectiveness and 'impact' (De Silva, 2015). The Centre has explicitly sought to overcome this limitation by establishing an integrated and comprehensive impact evaluation. This evaluation intended to extend beyond traditional approaches to capture the broad and multi-faceted impacts of the Centre, including its contribution to mental health research translational and ecosystem change. For example, evaluating how the Centre is both disrupting and contributing to phases T3 and T4 through translational mechanisms (including new research collaborations and sharing expertise) can serve to demonstrate change is happening, where and how, and to ascertain the impacts of those changes (Callard et al., 2012). In turn, the ALIVE National Centre will undertake a dual-stream impact evaluation. Stream 1 focuses on the evaluation of the implementation of the Centre's Roadmap for mental health research translation. Stream 2 covers the broad social value created by the Centre, and its associated research flagship programs and interconnected networks for its participants and stakeholders.

1.7 Research Aims

Stream 1

The aims of Stream 1 are to:

1) establish the impact of a Lived Experience driven Roadmap for mental health research;
2) establish the requirements for successful uptake and implementation of the Roadmap; and
3) establish the influence of the Roadmap on policy and practice, and the mental health research ecosystem.

Stream 2

With reference to the Purpose, Objectives, and Intended Outcomes of the NHMRC's SIMH (Box 1), the aims of Stream 2 are to:

1) provide foundations for the assessment of the broad societal impact of the Centre, including but not limited to the indicators of the NHMRC logic model (National Health and Medical Research Council, 2022b);
2) explore the knowledge and policy impact of the Centre, its networks, programs, and membership; and
3) evaluate the social value created by the Centre with an application of the SROI framework.

2 Methods

To achieve the outlined aims, the two streams of the impact evaluation will be undertaken with reference to the Framework for the Centre's Impact Evaluation (Fig. 2, Fig. S3) and directly linked to the intended outcomes of the Centre as presented in the Centre's model of ecosystem change (Fig. 1). The streams will use a mixed methods approach for data collection and analysis. A broad multi-streamed mixed methods approach is considered essential to capture the Centre's breadth across the research ecosystem and transformational role in embedding lived experience (Fig. 3).

<Insert Figure 2 about here>

<Insert Figure 3 about here>

2.1 Stream 1: Evaluation of the Implementation of the Roadmap

The evaluation of the Roadmap implementation is informed by the RE-AIM implementation evaluation framework (Glasgow et al., 2019). This framework has been applied most often in public health and behavior change research to measure health program impact (Glasgow et al., 2019) and thus has some limitations for evaluating a co-designed and evolving Roadmap. However, RE-AIM items that indicate behavior change and implementation success and barriers are suitable to develop an understanding of how Roadmap implementation has impacted the mental health ecosystem. By incorporating multiple voices and perspectives, we will employ a transdisciplinary lens to apply the RE-AIM dimensions in the evaluation of the implementation of the Roadmap (Table 1).

The evaluation will also address the following questions: (1) is the Roadmap influencing policy and practice and mental health care at scale, and (2) is there evidence of the consideration of place-based needs and requirements. Success will be assessed with respect to internal and external engagement with the Roadmap and its components i.e., Pocket Map editions, Consensus Statements and the identified priorities, particularly with consideration of phases T3 and T4 of research translation.

2.2 Stream 2: Assessment of Social Value and Social Return on Investment

Stream 2 of the ALIVE National Centre impact evaluation will assess the social value and Social Return on Investment (SROI) created by the Centre for its participants and stakeholders. SROI is a framework for measuring and accounting for the broader social, economic, and environmental value created by an intervention, focusing on outcomes that matter to stakeholders. Further, unlike traditional cost-benefit analysis or economic evaluation methods, SROI emphasizes stakeholder engagement and considers both tangible and intangible outcomes, thereby providing a more holistic view of an intervention's impact. Values are expressed through financial proxies (The SROI Network, 2012).

2.3 Participants

Participants in the evaluation will consist of six key groups as outlined below but for reporting purposes will be condensed as per the Impact Evaluation Framework (Fig. 2, Fig. S3):

1) Centre members including the Next Generation Research Network, Lived Experience Research Collective, Implementation and Translation Network
2) Founding Investigators – Chief Investigators
3) Affiliated Investigators – linked to Centre affiliated projects (Stream 1 only);

4) funded ALIVE National Centre roles – research fellows, PhD students, administrative Hub, strategic committees, Co-leads, Co-chairs of governance groups;
5) industry partners – either funding a project or a site for Flagship activities e.g. Neami National/Head to Health; and
6) mental health and research sector –relevant representatives e.g. NHMRC.

2.4 Co-design Approach

The Centre members (group 1) will be continuously engaged in the co-design and development of evaluation methods and approaches used for the impact evaluation and are thus considered participant-researchers, while all other groups are non-co-design participants. This approach will ensure that the ethos of the Centre of embedding lived experience within all aspects of research is embraced and that the knowledge and perspectives from a broad section of the mental health system are incorporated.

2.5 Stream 1 Data Collection and Analysis

The Roadmap evaluation will consist of seven elements and employ four methods of data collection: surveys, focus group discussions, key informant interviews and citation data analysis. The term element is used so as not to imply chronological order. The RE-AIM implementation evaluation framework and dimensions (Glasgow et al., 2019) will be utilised to inform core aspects to be measured in relation to Roadmap implementation (Table 1) (Holtrop et al., 2018).

The seven elements of Roadmap implementation evaluation data collection are outlined below:

1) sectoral awareness of the Centre and the Roadmap (survey)
   Element 1 consists of a short awareness survey pertaining to the Centre, the Roadmap and its components (Consensus Statements, Pocket Maps, priorities database). The aim is to establish the awareness of the Centre across the mental health sector and the uptake of the Roadmap over time.
2) evaluation of the Centre's annual symposia (survey)
   The Centre symposia are hybrid events, occurring in March each year. The symposia form a part of the Centre's mechanisms to review progress in meeting the priorities of people most impacted as articulated within the Roadmap and to adjust and learn about local community-led models to inform priorities in future iterations of the Roadmap. This evaluation will explore the perceived value of the symposia, how people perceived

their involvement in the activities, and if this differed for those attending face-to-face versus virtually.

3) evaluation of the implementation of the Roadmap (survey)

   Member Survey 1 will be disseminated to participant groups 1-4, to capture key aspects of implementation. This survey will be repeated after approximately 12 months (Member Survey 2). An anonymous self-identifier will be included to enable comparisons over time.

4) evaluation of the implementation of the Roadmap (focus group discussions with members and key informant interviews across multiple stakeholder groups)

   Focus group discussions will be held for the Next Generation Research Network and the Lived Experience Research Collective. These will elicit further insights from members about Roadmap implementation which are not captured in the member survey above. Key informant interviews will be primarily held for participant groups 4-6. However, members who participate in element 3, who are interested in also undertaking an interview, will be included to ensure the broadest possible perspectives on the impact of Roadmap implementation are captured. The aim of these interviews will be to take a deeper dive into Roadmap implementation including understanding the landscape needed for implementation (barriers and enablers), organizational environment, what implementation has led to and if it has created change and for how long, and whether change will be ongoing.

5) evaluation of co-creation of the 2024 Symposium Call To Action (The ALIVE National Centre, 2024) (survey)

   The 2024 symposium incorporated the co-creation of the Centre's Call To Action using a World Café method (Brown & Isaacs, 2005; Tan & Brown, 2005). The Call began with involvement of symposium attendees (virtually and in person) and has since progressed to include all Centre members (participant groups 1-4). As a part of the implementation of the Roadmap, the Call To Action inclusive of the released Actions to the Call, will be evaluated in relation to people's involvement in activities designed to prompt system redesign. A short survey will be issued which will capture barriers and enablers for enacting Actions and ensuing impacts to the mental health ecosystem.

6) utilisation of Roadmap documents

   The utilisation of Roadmap documents e.g., Consensus Statements for Centre members and non-members will be captured using Dimensions (academic and grey literature) (Dimensions, 2024) and Overton (policy documents) (Overton, 2023). Dimensions

(Dimensions, 2024) will include information on citations and a document analysis to ascertain what components of the Roadmap have been utilised and how. For the policy environment, a narrative exploration of use will be undertaken also.

7) successful mental health research grant recipients to identify research related impactful use of Roadmap components (self-reported survey)

   To explore non-public facing influence within the mental health research sector, successful mental health grant recipients across all NHMRC, Medical Research Future Fund and Australian Research Council Schemes in 2023, 2024 and 2025 will be surveyed to assess if they referenced the ALIVE National Centre Roadmap components in their applications. For broader perspectives, they will also be asked about important mental health policy documents they referred to in their application to help us understand which key documents are cited to support research for enhancing the mental health ecosystem.

The RE-AIM dimensions have been adapted for this evaluation to ensure that all relevant aspects of implementation are captured across the data collection techniques.

<Insert Table 1 about here>

Data analysis will include the triangulation of mixed methods data where relevant to provide deeper meaning to the results and interpretation. This use of both research methods for this framework has been previously supported (Kessler et al., 2013). The mixed methods approach will help us understand why and how outcomes were obtained, complex situations arising from Roadmap implementation and contextual factors important for understanding ecosystem change (Holtrop et al., 2018).

2.6 Stream 2 Data Collection and Analysis

To establish the foundations to assess the broad societal impact of the Centre, we will undertake three bodies of work, as detailed below.

2.6.1 Aim 1: Provide foundations for the assessment of the broad societal impact of the Centre

To gain an understanding of the NHMRC's concept of 'impact', we will explore the inclusiveness of the NHMRC logic model by evaluating how the NHMRC impact case study statements (National Health and Medical Research Council, 2022a) align with NHMRC and international definitions and indicators of research impact. International definitions considered will comprise the Canadian Academy of Health Science (Canadian Academy of Health

Services, 2009) and the UK's Research Excellence Framework impact indicators (UK Research and Innovation, 2014). Evaluation will employ conceptual content analysis (White et al., 2006).

Noting the importance of priority populations, including Aboriginal and Torres Strait Islander people to the Centre's purpose and vision, the intention is for a team led by Aboriginal and Torres Strait Islander researchers to further explore the impact case studies pertaining to Aboriginal and Torres Strait Islander people, including their alignment with the Social and Emotional Wellbeing Framework for Aboriginal and Torres Strait Islander peoples (Australian Health Ministers' Advisory Council Cabinet, 2017). This framework embodies critical values within First Nations communities, including culture, connection to the land, and other social dimensions. The extent to which these values are represented within and by the NHMRC impact indicators (National Health and Medical Research Council, 2022b), will have significant implications for ensuring the inclusiveness and relevance of the impact evaluation of the ALIVE National Centre to Aboriginal and Torres Strait Islander communities. The source of data for this aim are NHMRC impact case studies.

2.6.2 Aim 2: Explore the knowledge and policy impact of the Centre

To assess the fulfilment of the SIMH outcomes (Box 1) and knowledge impact of the Centre, we will undertake an evaluation of the formal and affiliated outputs of the Centre identified through the Dimensions database (Dimensions, 2024). We will conduct a longitudinal systematic screening of studies associated with the Centre for the three researcher groups — Co-Directors, the Executive Research Leadership Committee, and all members of the Centre. A specific focus of the evaluation will be the contribution of the Centre to the establishment of collaborative mental health research networks, which will be visualized using VOSviewer (VOSviewer, 2024). Secondly, we will explore the involvement of lived experience, through a parallel assessment of all publications and those mentioning lived experience.

2.6.3 Aim 3: Evaluate the social value created by the Centre with an application of the SROI framework

As defined by Social Value International, social value is about understanding the relative importance that people place on changes to their wellbeing and using the insights we gain from this understanding to make better decisions (Social Value International, 2024). As such, the third objective of Stream 2 focuses on evaluating the social value created by the Centre with an application of the SROI framework (The SROI Network, 2012). The assessment will employ the principles of involving stakeholders, understanding the changes and assessing the value of

the changes that matter, and being conservative, transparent and responsive to produce robust and high-quality findings (Fig. 4a). Using a discipline specific methodological approach, SROI employs six stages of data collection and social value estimation process (Fig. 4b) (The SROI Network, 2012).

<Insert Figure 4a,b about here>

Stage 1: Establishing Scope and Identifying Stakeholders – the impact of the Centre is not limited to individuals and organizations affiliated with the Centre. Due to time and resource constraints, the scope of the Centre's SROI assessment will be limited to Centre founding partners and other stakeholders of Flagship projects (see key participants listed under Stream 1). The stakeholders will be engaged through the Centre Hub for focus group discussions, key informant interviews and/or surveys. The relevant participant groups are 1, 2, 4, 5, and 6 (as detailed in section 2.3; see also, Fig. 3).

Stage 2: Mapping Outcomes – mapping outcomes is the stage of establishing the theory of change (The SROI Network, 2012). This stage involves understanding who and/or what is changing due to the Centre and its activities, relative to the intended outcomes of the SIMH, and the personal perspectives and experiences of other stakeholders, as elaborated below.

- Personal perspectives on achievements relative to the stated objectives and outcomes of the SIMH (Box 1) will be gathered using member survey, focus group discussions and key informant interviews. The relevant participant groups are 1, 2, 4, 5, and 6 (as detailed in section 2.3; see also, Fig. 3).
- We will conduct focus group discussions with volunteer members – 8 to 12 individuals – from the Next Generation Research Network and the Lived Experience Collective network. The focus group discussions will explore how the networks have been most meaningful to them and identify the outcomes of being involved in the networks that matter most to the participants. The focus group discussions are advantageous for incorporating open-ended questions, which may be overly burdensome in a standardised survey (Jones et al., 2020). Questions related to First Nations will be assessed for appropriateness by the Aboriginal and Torres Strait Islander Advisory

Group of The ALIVE National Centre for Mental Health Research Translation Impact Evaluation.[1]

Based on the outcomes identified above, the SROI component of the follow-up member survey will be developed and provided to all participants of the Centre. The repeat survey will also incorporate actions to the call identified in the 'Casting the Net for What Matters and to Whom' during the 2024 Symposium (The ALIVE National Centre, 2024) and impact indicators identified from the literature through Aim 1. The use of an anonymous self-identifier will enable comparisons over time.

Stage 3: Evidencing Outcomes and Affording them Values – once the outcomes are mapped, we will develop outcome indicators, collect data on change and assign value through financial proxies, potentially including the Australian Social Value Bank (Australian Social Value Bank) and the UK Social Value Bank (Housing Associations' Charitable Trust, 2023). We will also conduct focus group discussions with purposively selected individuals to rate the relative importance of the outcomes and assess relative value. To capture a wide range of perspectives in rating the outcomes, the interviewees will be selected based on their roles and experiences. Interviewees will include Centre Co-Directors, network Co-leads, individuals with lived experience, and experts in social value analysis.

Stage 4: Establishing Impact – we will account for certain factors before estimating the social value that has been created by the Centre. These factors include an estimate of the amount of outcome that would have happened even if the activity had not taken place, and an assessment of how much of the outcome was caused by the contribution of other organizations or people (The SROI Network, 2012).

Stage 5: Calculating SROI – value of the investment in the Centre will be calculated using a Net Present Value (NPV) model using the values attached to the outcomes in Stage 4. Once the NPV of costs and benefits are estimated, we will calculate a benefit cost ratio where, a benefit cost ratio of 3:1 indicates that for every dollar invested, the Centre created $3 worth of

[1] The Aboriginal and Torres Strait Islander Advisory Group for The ALIVE National Centre for Mental Health Research Translation Impact Evaluation is an advisory group established by The Centre's impact evaluation team and intersects with existing governance frameworks of the Centre. Recognising the importance of First Nations self-determination and data sovereignty, the advisory group will work alongside the team, to ensure the integrity of their work as the Centre moves from foundational establishment of its networks and the embedded lived experience research model (Phase 1) to include a focus on Aboriginal and Torres Strait Islander elements (Phase 2).

social value. We will also run sensitivity analysis to assess the robustness of the findings to the change in value of key inputs and outcomes.

Stage 6: Reporting, Using, and Embedding – using established Centre mechanisms, we will develop Quick Guides based on the impact evaluation results to inform policy uptake and transform funding approaches. Additionally, we will propose Implementation Briefs outlining how research organizations can contribute to the transformation of the mental health care ecosystem.

3 Discussion

The ALIVE National Centre for Mental Health Research Translation has embedded lived experience in all aspects of its governance and activities and seeks to influence further lived experience leadership within mental health research implementation and translation. To ensure these efforts align with the priorities of those most affected by mental health issues, the Centre recognizes that transformation of mental health research requires a unique initiative that encompasses deep listening to the most impacted individuals (Banfield & Palmer, 2023; Palmer & Banfield, 2024). Vital to this approach is that individuals with lived experience provide authentic insights into the realities of mental health experiences, ensuring that research questions and methods are grounded in real-world contexts. Further, individuals with lived experience must be involved in identifying and prioritising research areas that are most relevant and pressing for those directly affected by mental ill health, leading to more targeted and meaningful impact (Banfield et al., 2024; Palmer & Banfield, 2024). However, while the Centre is identifying and progressing the centrality of lived experience to translational research (Palmer, Wheeler, et al., 2024), this is novel and arguably disruptive to the status quo in the Australian mental health sector. For example, *The Lancet Psychiatry Commission* published in March 2024 omitted lived experience in transforming mental health implementation research (McGinty et al., 2024). As subsequently argued by the Co-Directors of the Centre, this omission exemplifies the persistent know–do gaps within mental health implementation research (Palmer & Banfield, 2024). Thus, integration of embedded lived experience within the research model employed by the Centre including 17 university partners is providing an innovative paradigm and model for others to emulate. As such, the evaluation of the Centre's philosophical approach and work is essential to inform future decision-making and funding in the mental health sector and the development of research agendas.

The novelty of the Centre also lies in the emphasis on collaboration, lived experience empowerment, and the integration of diverse perspectives and stakeholders in research. The

holistic approach of the Centre in mental health research implementation and translation represents a paradigm shift towards more inclusive, person-centred, and comprehensive research practices. One indicator of the strength of the Centre's approach can be seen in the intersection of the two Streams of the impact evaluation. Together, these streams demonstrate the Centre's commitment to scientific rigor and practical relevance while underscoring its dedication to generating meaningful social outcomes.

Evaluating impact through this innovative approach also addresses the need to ensure efficient resource use and a return on investment of research funding (Chalmers et al., 2014; Deeming et al., 2017). By focussing on the priorities of those most impacted, the Centre arguably addresses and extends on concerns initially identified in seminal research from Chalmers and Glasziou on waste in biomedical research (Chalmers & Glasziou, 2009). For example, Chalmers and Glasziou (2009) concluded that up to 85% of the tens of billions of dollars invested in biomedical research is avoidable waste associated with controllable problems (e.g., choosing the wrong questions for research, doing studies that are unnecessary, or poorly designed). To minimize such research waste and enable an inclusive transdisciplinary approach, the Centre has developed an accessible priorities database and is developing a searchable repository of completed and ongoing mental health research projects. This approach aims to provide researchers with valuable resources to foster information sharing, facilitate collaborations, and reduce duplication of efforts. Moreover, this approach will enable grant writers to review existing research, identify gaps or overlaps, and promote appropriate secondary analysis, contingent on securing ethical approvals and engaging with relevant research teams through established processes.

Further, the SROI framework to be employed in the Centre's impact evaluation is grounded in the need to capture the broad social value generated by the Centre and its activities beyond traditional clinical outcomes. This is considered essential given the ALIVE National Centre's focus on primary care and community settings, and its development and implementation of an embedded lived experience research model. In addition, SROI analysis is inherently participatory, involving various stakeholders. In health and medical projects, this means engaging not only healthcare professionals and administrators but people with ill health, families, and the wider community. By involving diverse voices, SROI ensures that the evaluation process is more holistic and reflective of the project's full impact on all stakeholders (The SROI Network, 2012).

In comparison, previous evaluations in the academic literature, if they employ economic evaluation techniques, have predominantly employed cost-effectiveness analysis and cost-utility analysis, and less frequently, cost-benefit analysis and financial return on investment (Caldwell & Thorn, 2023). However, cost-effectiveness and cost-utility analysis are too narrow to fully capture impacts associated with intersectoral programs and broad community involvement (Kaczmarek & Romaniuk, 2020). Meanwhile in a scoping review of SROI and mental health interventions covering the period January 2000 to March 2021 (Kadel et al., 2022), 42 studies of varying quality were included, with most (37, 88%) from the UK. Of the 42 studies, only three were published in the academic literature (Arvidson et al., 2014), (Mihalopoulos et al., 2020), and (Piper et al., 2021). As such, the SROI approach to be employed in this evaluation will contribute to its ongoing establishment in the academic sphere. Further, by linking investment to meaningful and valued outcomes, this evaluation will support more effective resource allocation and build foundations for continued investment in impactful mental health research and its translation.

4 Conclusion

The ALIVE National Centre for Mental Health Research Translation, established in 2021, embeds lived experience at all levels and in all its activities. To assess its impact, the Centre is conducting a dual-stream evaluation. Stream 1 analyzes the implementation of the Centre's Co-Designed Roadmap in Australia's mental health and research sectors, while Stream 2 is assessing the social value generated. This comprehensive evaluation will guide future research and funding decisions, ensuring efficient use of resources by aligning with the priorities of those most impacted. Notably, the Centre is a pioneer in combining these evaluation approaches to drive sectoral change and demonstrate societal impact of research implementation and translation.

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Box 1. The Purpose, Objectives, and Intended Outcomes of the Special Initiative in Mental Health (National Health and Medical Research Council, 2020).

Purpose of the Special Initiative in Mental Health:

1. Support a multidisciplinary and nationally focussed team
2. Establish a national centre for innovation in mental health care as a collaborative network across Australia
3. Undertake innovative, high quality implementation research to improve health outcomes and outlooks for people living with mental illness
4. Operate as a virtual network coordinated by a single institution that will act as an administrative hub
5. Undertake flagship programs to focus the network's activities on each of the identified research themes, based at participating institutions, open to a broad membership of researchers, clinicians, carers, and consumers in mental health

Objectives of the Special Initiative in Mental Health

1. Improve experience of care through more effective and innovative models of care and health system redesign
2. Reduce early mortality through evidence-based strategies for addressing physical, behavioral, psychological, and other determinants
3. Foster innovative, multidisciplinary approaches to mental health by bringing together a diverse range of stakeholders with lived experience and professional expertise to define the issues, provide evidence for solutions, deliver improved health outcomes and outlooks for people living with mental illness
4. Engage and develop the next generation of mental health research leaders.

Intended Outcomes:

1. Establish long term partnerships between research, health care and service delivery to translate research findings into improved outcomes
2. Develop and extend widespread collaborative networks in Australia
3. Build and develop mental health research capacity.

Table 1 Core RE-AIM dimensions and definitions as to how they relate to the Roadmap evaluation

RE-AIM dimension	RE-AIM definition	Definitions and adaptations in relation to Roadmap implementation
Reach	WHO is (was) intended to benefit and who actually participates or is exposed to the intervention?	Wider awareness of the Roadmap, are the resources being used, and by whom?
Effectiveness	WHAT is (was) the most important benefits you are trying to achieve and what is (was) the likelihood of negative outcomes?	Outcomes about progress of implementation. Has Roadmap implementation enabled change? Has there been sufficient organizational resources (funding, people, systems) to allow implementation? What has been needed for this to happen?
Adoption	WHERE is (was) the program or policy applied and WHO applied it?	In what organizations or spaces are the resources being used?
Implementation	HOW consistently is (was) the program or policy delivered, HOW will (was) it be adapted, HOW much will (did) it cost, and WHY will (did) the results come about?	Use of the Roadmap, which parts, how, where and when? What do internal and external environments look like that support implementation? [n.b. costs will not be included here].
Maintenance	WHEN will (was) the initiative become operational; how long will (was) it be sustained (organizational setting); and how long are the results sustained (Individual level)?	Movement towards long term behavior change. Has there been change which may translate into long term change in relation to outcomes associated with use of the Roadmap?

Figure Caption

Fig. 4a. Eight Principles of SROI (Social Value International, 2024)

Fig. 4b. Six Stages of SROI (The SROI Network, 2012)

Abbreviation: SROI; Social Return on Investment

Figure Caption

Fig. 1. The ALIVE National Centre model for mental health ecosystem change

Fig. 2. Bronfenbrenner's systems model of the ALIVE National Centre's impact evaluation (based on Bronfenbrenner, 1979)

Note: Groups are defined as follows:
1 - Centre members
2 - Founding Investigators/Chief Investigators/Co-Directors
3 - Affiliated Investigators (Stream 1 only)
4 - Centre funded roles e.g., Research Fellow
5 - Partners organisations e.g. Neami National
6 - Mental health and research sector e.g. NHMRC representatives

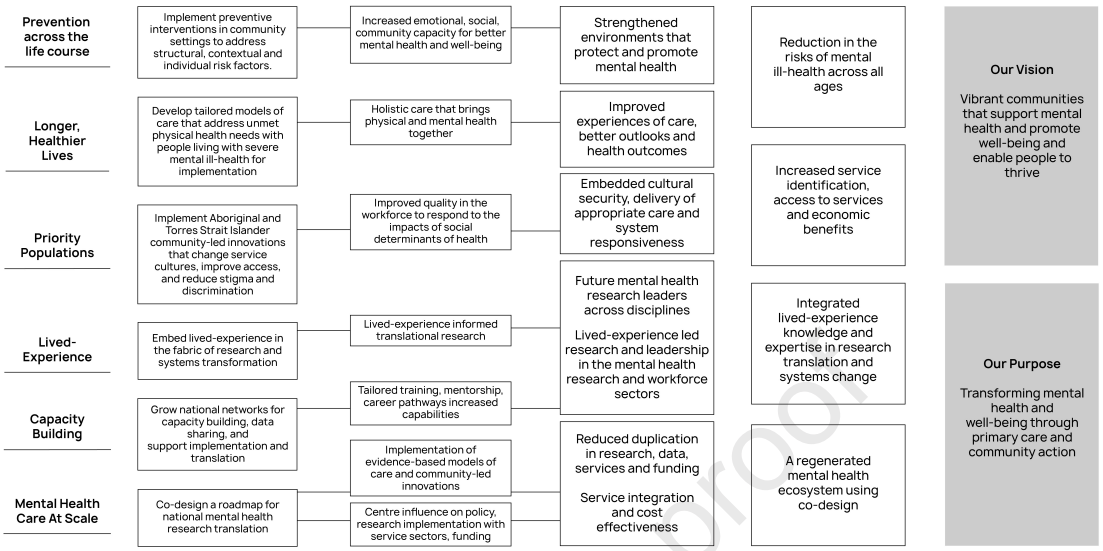
Fig. 3. Data collection and analysis overview for Streams 1 and 2 of the ALIVE National Centre impact evaluation

Fig. 4a. Eight Principles of SROI (Social Value International, 2024) and **Fig. 4b.** Six Stages of SROI (The SROI Network, 2012)

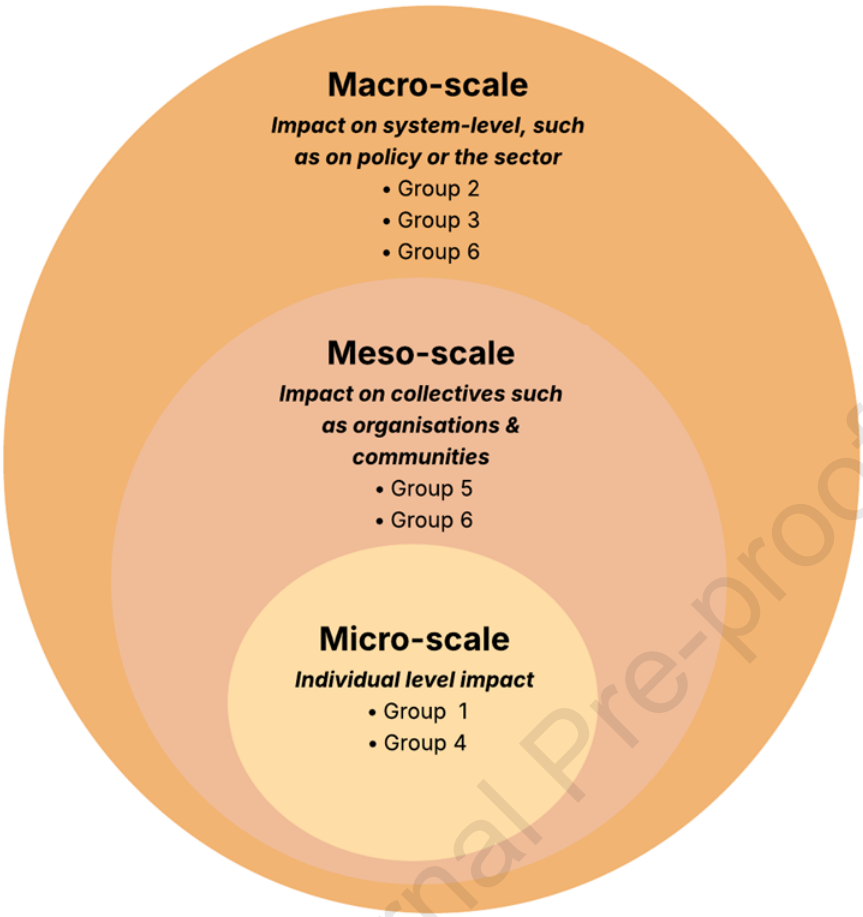
Note: SROI stands for Social Return on Investment

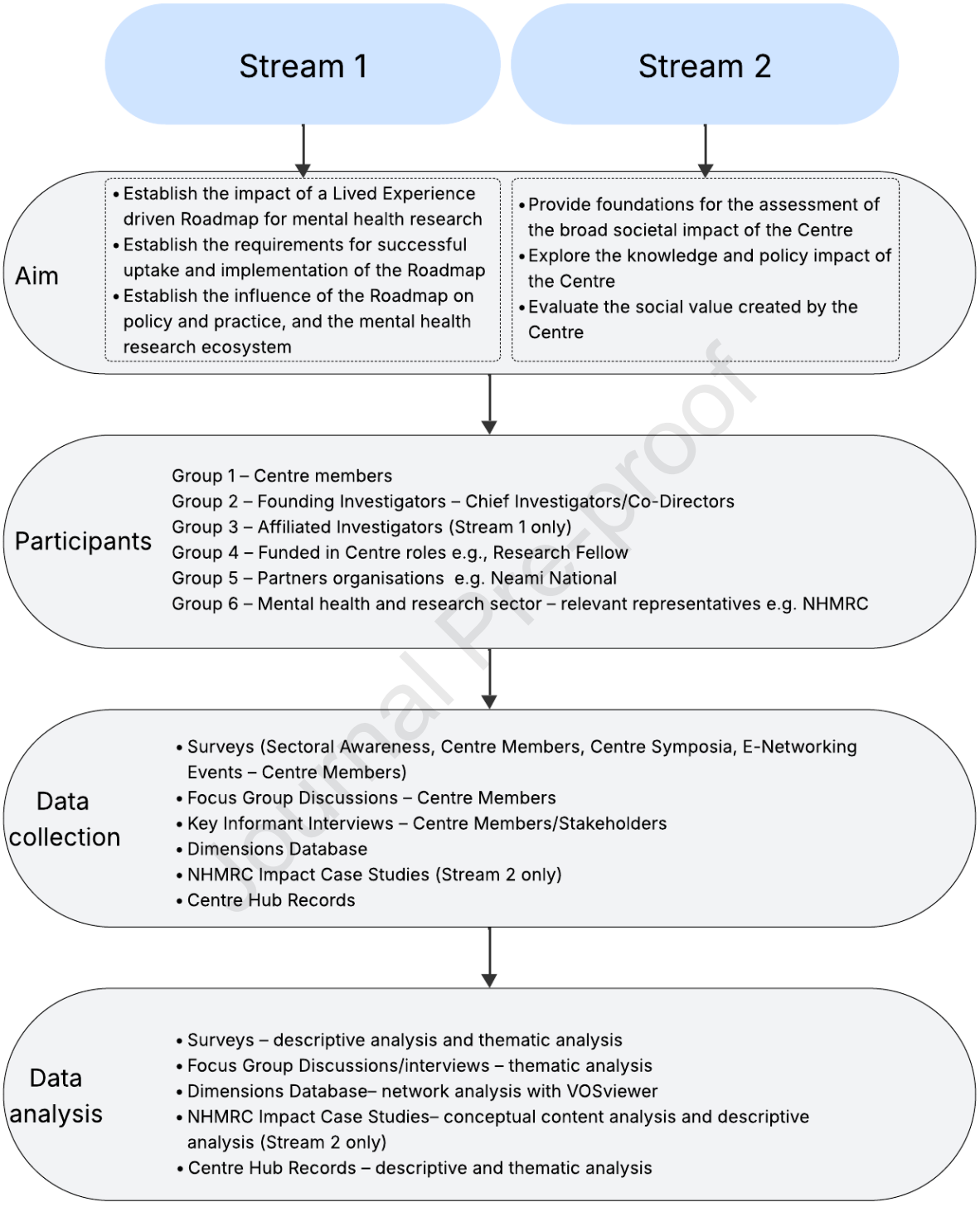
The ALIVE National Centre Model for Mental Health Ecosystem Change

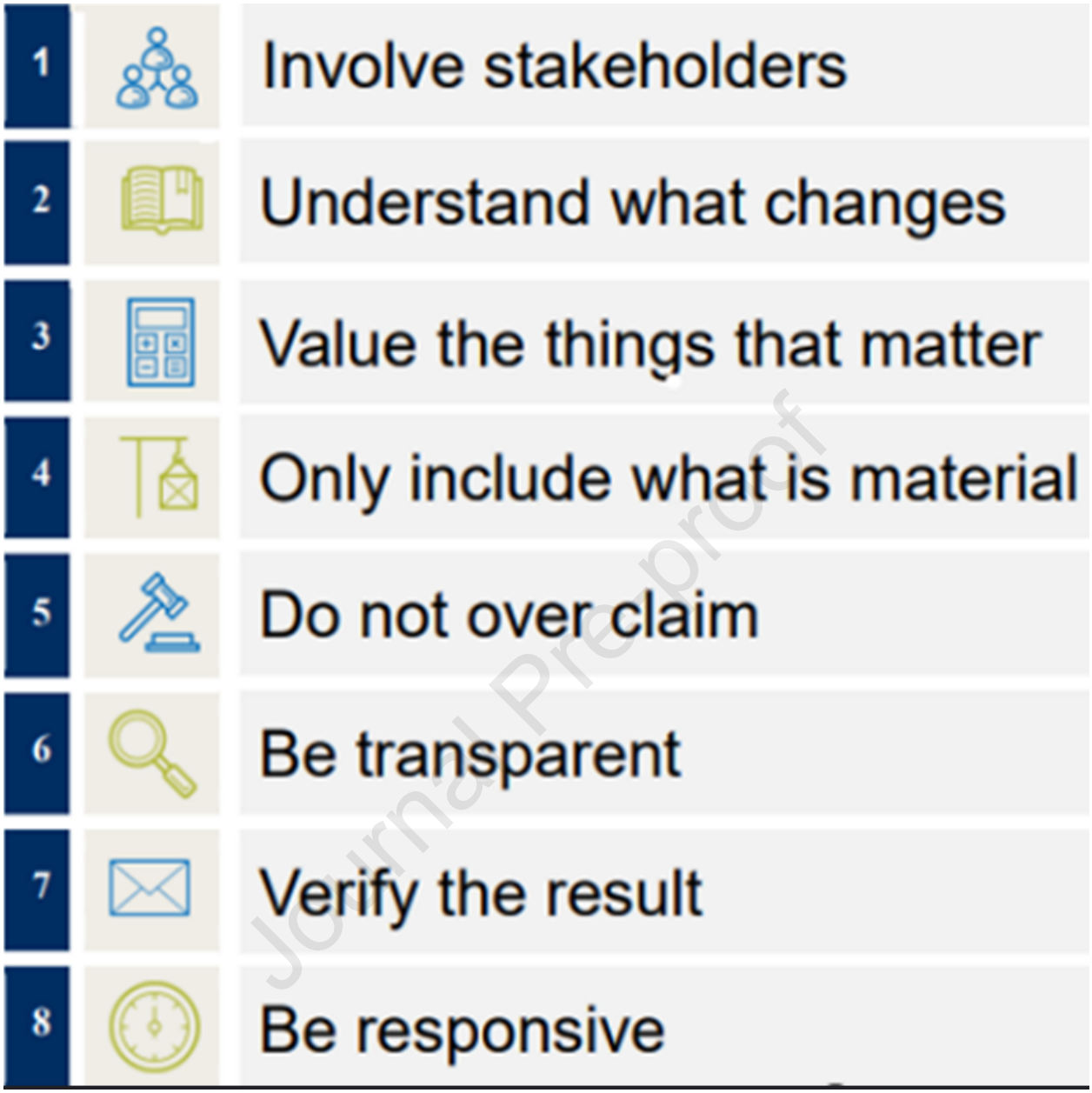
The ALIVE National Centre for Mental Health Research Translation



We acknowledge the Traditional Owners of the land on which we work, and pay our respects to the Elders, past and present. The ALIVE National Centre for Mental Health Research Translation is funded by the National Health and Medical Research Council (NHMRC) Special Initiative in Mental Health GNT2002047.




Stream 1
Stream 2
Aim
• Establish the impact of a Lived Experience driven Roadmap for mental health research
• Establish the requirements for successful uptake and implementation of the Roadmap
• Establish the influence of the Roadmap on policy and practice, and the mental health research ecosystem
• Provide foundations for the assessment of the broad societal impact of the Centre
• Explore the knowledge and policy impact of the Centre
• Evaluate the social value created by the Centre
Participants
Group 1 – Centre members
Group 2 – Founding Investigators – Chief Investigators/Co-Directors
Group 3 – Affiliated Investigators (Stream 1 only)
Group 4 – Funded in Centre roles e.g., Research Fellow
Group 5 – Partners organisations e.g. Neami National
Group 6 – Mental health and research sector – relevant representatives e.g. NHMRC
Data collection
• Surveys (Sectoral Awareness, Centre Members, Centre Symposia, E-Networking Events – Centre Members)
• Focus Group Discussions – Centre Members
• Key Informant Interviews – Centre Members/Stakeholders
• Dimensions Database
• NHMRC Impact Case Studies (Stream 2 only)
• Centre Hub Records
Data analysis
• Surveys – descriptive analysis and thematic analysis
• Focus Group Discussions/interviews – thematic analysis
• Dimensions Database– network analysis with VOSviewer
• NHMRC Impact Case Studies– conceptual content analysis and descriptive analysis (Stream 2 only)
• Centre Hub Records – descriptive and thematic analysis



- The ALIVE National Centre is fostering a paradigm shift in mental health research.
- The Centre is seeking to align research with the priorities of those most impacted.
- An embedded lived experience research model has been developed and implemented.
- The novel dual-stream evaluation approach to assess the Centre's impact is described.
- Findings are intended to inform and guide future research and funding decisions.

Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☐ The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: