Policy "Success" and "Failure" in Formal Evaluations of the National Mental Health Strategy

Grace F, Meurk C, Head B, Hall W, Harris M & Whiteford H

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The challenge …

- Evidence-informed policy needs evidence on policy “success” and “failure”
  - This can be informed by evaluation
- Untangling cause and effect between activities and outcomes is particularly challenging:
  - Across tiers of government
  - Among a web of policy actions
  - In relation to context and time specific implementation
- Epistemological challenges necessitate creative solutions

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Our approach

- Applying two conceptual frameworks to a study of Australia's National Mental Health Policy
  - A framework for defining policy levers[1]
  - A framework for assessing policy "success" and "failure"[2-4]
  - Both are heuristics, but heuristics that we have found to be useful

[1]Roberts et al. (2008) Getting health reform right: A guide to improving performance and equity.
[2]Howlett,M. (2012) The lessons of failure: learning and blame avoidance in public policy-making.
[3]McConnell,A. (2010) Policy success, policy failure and grey areas in-between.
[4]McConnell,A. (2010) Understanding policy success: rethinking public policy.

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Framework 1: Policy Instruments/Levers[1]

LEVER	EXAMPLE
Organisation	Establishment of local hospital networks
Regulation	Service standards for healthcare professionals
Community Education	Mass media health education campaigns
Finance	Subsidies for private health insurance
Payment	Activity-based hospital funding

[1]Roberts et al. (2008) Getting health reform right: A guide to improving performance and equity.

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Applying this typology

Advantages

- Good face validity
- Classify approaches for subsequent evaluation, and to identify patterns
- Extensible to local health organisations (PHNs)[5]

Limitations

- Heuristic rather than canonical
- Ignores discursive strategies (hortatory policy)
- Multiple levers for a single activity

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[5]Meurk, C et al. (accepted, pending revisions) Systems levers for commissioning primary mental health care: a rapid review.

Framework 2: Assigning Success/Failure[2-4]

Evaluative measure	Evidence of Success	Evidence of Failure
Original objectives (O)	Objectives achieved	Objectives not achieved
Target group impact (TG)	Perceived positive impact	Perceived negative impact
Results (i.e., outcomes) (R)	Problem improvement	Problem worsening
Significance (S)	Important to act	Failing to act
Source of support/opposition (SSO)	Key groups support	Key groups oppose
Jurisdictional comparisons (JC)	Leading or best practice	Someone else is doing better elsewhere
Balance sheet (BS)	Benefits outweigh costs	Costs outweigh benefits
Level of innovation (I)	New changes	Old response
Normative stance (NS)	Right thing to do	Wrong thing to do

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[2]Howlett,M. (2012) The lessons of failure: learning and blame avoidance in public policy-making.
[3]McConnell,A. (2010) Policy success, policy failure and grey areas in-between.
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Applying this typology

Advantages

- Provides a more comprehensive profile of success and failure
  - e.g. acknowledges the value of innovation and representation
- Recognises that failure is not (always) the absence of success
  - e.g. an initiative can be deemed a success due to its innovation, but lack of innovation does not mean lack of success

Applying this typology

Limitations

- Potential for misuse (‘success hacking’)
- Detracts from achieving the ‘ultimate objective’ – here, reduction in the burden of mental disorders
- Relies on qualitative (subjective) interpretation – may be less convincing than quantitative measures

Case Study: National Mental Health Strategy 1992-2012

- Evaluation of the National Mental Health Strategy 1997[9]
- Evaluation of the Second National Mental Health Plan 2003[10]
- National Action Plan for Mental Health (Progress Reports I-IV: 2006, 2009, 2011, 2012)[11]

[9]Australian Health Ministers Advisory Council (1997) Evaluation of the National Mental Health Strategy
[10]Australian Health Ministers Advisory Council (2003) Evaluation of the Second National Mental Health Plan
[11]Council of Australian Governments (2006, 2009, 2011, 2012) National Action Plan for Mental Health: progress reports

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Key Finding 1: Temporal variations in evaluation scope and approach

	First Plan	Second Plan	COAG Plan
Intended aim	"Process rather than outcomes focussed" (O, I) Appropriateness of initiatives (N)	"Approach and outcomes focussed" (O, I, R) Appropriateness of initiatives (N)	Government allocation and funding commitments (O) Performance against 12 population indicators (R)
Actual Focus	Approach (O) Problem improvement (R) Consumer perspectives (TG)	Approach (O, I) Problem improvement (R) Consumer perspectives (TG)	Realisation of objectives (O) Problem improvement (R)

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Key Finding 2: Variations in evaluation of policy levers

Policy	Dimensions	Patterns of use
Organisation	S/F = O, R, TG	Most nuanced, multidimensional appraisal
		Becoming more discrete overtime
Regulation	S = O, R	Used predominantly in first Plan
	F = O, R, TG	Change in type of 'regulation' overtime
		No attribution of failure under COAG Plan
Community	S/F = O, R, I	Shift towards NGO-driven model
Education		
Finance	S = O	Applied in a discrete, quantifiable manner
Payment	F = R, TG	Increasing use overtime

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Key Finding 3: Unequivocal successes and failures

	First Plan	Second Plan	COAG Plan
Quick Wins	N = 6; *e.g. Legislative review of consumer rights and responsibilities*	N = 1; *New financial incentives (MBS items)*	N = 4; *e.g. Introduction of Family Mental Health Support Service*
Cumulative Successes	N = 0	N = 1; *Relocation of acute mental health beds*	N = 7; *e.g. Education and training of health professionals*
Unequivocal Failures	N = 1, *Simplification of cross-boarder treatment*	N = 1; *Services for special needs populations (e.g. CALD)*	N = 0

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Potential explanations of our findings

- Reduction in depth of evaluation overtime could indicate:
  - success bias
  - policy learning and cumulative successes
  - changing frame of reference
  - ideological shift towards reductive (quantitative) measures
- However…
  - Structural and access challenges remain[12]
  - Little or no measurable reduction in the prevalence of mental disorders[13]

[12]Hickie et al. (2014) Getting mental health reform back on track: a leadership challenges for the new Australian Government
[13]Jorm et al. (2017) Has increased provision of treatment reduced the prevalence of common mental disorders? Review of the evidence from four countries.

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Conclusions and recommendations

- Frameworks were useful in evaluating policy initiatives
  - highlighted areas for improvement in the evaluation

Future policy evaluations should:

- Use a broad range of evaluative measures
- Employ a consistent approach across successive evaluations
- Strike a balance between optimism and realism in agenda setting
- Recognise the value of acknowledging failure as a key to policy learning[2]

[2]Howlett,M. (2012) The lessons of failure: learning and blame avoidance in public policy-making.

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Continue the discussion…

Francesca Grace

Email: francesca.grace@moh.health.nsw.gov.au

Dr Carla Meurk

Email: Carla.Meurk@health.qld.gov.au

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