P119 / Developing “good” evidence for system reform in health, disability, and mental health policy landscapes: challenges, opportunities, and impact.

Topic : Policy Change/Continuity/Dynamics

Chair : Joel Hollier (University of Sydney)

Second Chair : Jennifer Smith-Merry (University of Sydney)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Globally, health, mental health, and disability systems are routinely described as “fractured”, “stretched” and “underfunded”. While international levers such as the United Nations Convention on the Rights of Persons with Disability (UNCRPD) and Article 25 of the Universal Declaration of Human Rights (the right to health) have garnered widespread support, there remains sharp disparities in accessibility, availability, and quality of supports. This dynamic is true of both the (so-called) Global South, where resource scarcity is a lived reality, and the Global North, where funding allocation decisions result in thin care infrastructure.

Concurrently, governments and policy makers range widely in their openness to new models of care, willingness to engage with emerging evidence, and desire to implement change. Academics, practitioners, advocates, and people with lived experience all seek to influence change, but find themselves behest to systems which often don’t recognise their knowledge as valid or influential.

This panel critically engages with diverse disciplines, geographies and political settings to explore what constitutes “good” evidence for informing health, mental health, and disability system reform. We welcome critical and interpretive approaches to the topic.

We would encourage papers that consider critically the following topics:

1) What forms of evidence constitute “good” evidence for reform?

2) How do governments utilise different forms of evidence developed and disseminated to identify unmet needs and priorities across health, mental health, and disability system reform?

3) What methods of evidence gathering or knowledge dissemination lead to perceived policy impact?

4) How do communities, care and support recipients, and persons with disability participate in the evidence collection, analysis, and dissemination processes for policy evidence? How is the knowledge from these ‘lived experience’ voices included in policy design?

By exploring these questions, this panel aims to contribute to ongoing discourse regarding the shaping of evidence-informed-policy making in health, mental health, and disability. We hypothesise that diverse disciplines bring diverse ways of understanding what constitutes “good” evidence. We also hypothesise that “good” is contextually bound, and that policy players seeking to influence outcomes actively modify their research modes in response to what policy makers desire.

This panel’s scientific relevance lies in its drawing together of diverse disciplines, contexts, and policy landscapes to synthesis insights regarding the creation of evidence for policy. By giving voice to interdisciplinary insights, we hope to provide critical insights into the ongoing task of shaping impactful research that can be utilised to inform policy.

CALL FOR PAPERS

Governments across the globe are consistently adapting to local and international needs in health, mental health, and disability supports. In this context, researchers, practitioners and advocates face the challenge of developing evidence that can shape impactful change. For this panel, we invite submissions from diverse disciplines and professional backgrounds which critically engage with the process of developing impactful research for health, mental health, and/or disability policy reform.

We are interested in submissions across diverse geographies and political settings which explore the question, “what constitutes “good” evidence for informing health, mental health, and disability system

reform?” Here, “good” may refer to the rigour of the evidence itself, or to its positioning and impact in the policy landscape.

Disciplines may include, for example (but are not limited to) health sciences, epidemiology, sociology, psychology, health economics, social work, and political sciences.

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Papers may take the form of (but are not limited to)

- Case studies demonstrating impactful policy reform based on evidence

- Empirical studies detailing research methods which critically engage with the methodological process and report on how the research is directly related to policy reform

- Comparative analyses of diverse contexts, countries, jurisdictions, or policy landscapes

- Critical analysis of international trends, opportunities, and challenges with the research process that can help inform the development of good evidence.