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The Best Yakfest and Hullabaloo in Town

Professor Stephen R. Leeder is the Director of The Australian Health Policy Institute and Co-Director of The Menzies Centre for Health Policy at the University of Sydney.

John Ralston Saul, in his *The Unconscious Civilization*, writes of the great value of town hall meetings, discussion and exploration of political matters, and vigorous conversations among citizens in maintaining a vibrant democracy. The seemingly inefficient chattering and reassessing that goes on in conversations contrast with the corporate drive that excludes debate in its quest for technical resolution and fast forward profitable movement. If you want to keep a democracy, keep talking, Saul argues.



The 2020 Summit was the culmination of many town hall meetings – 500 school meetings and thousands of on line conversations, a Youth Summit and a Jewish Summit – and was full of chatter. It fitted with Garrison Keillor's description of poetry (as opposed to managerial prose) as:

'being on the side of exhilaration and the stupendous vision, the sight of the stars through the barred window, the perfection of small birds, the democracy of their chattering language and of our own yakfest and hullabaloo'

The media coverage of the Summit has been vintage colour-me-cynical Australian-beige. Virtually none has addressed the Summit as instrument of democratic life. Instead, the dull uniformity of articles and clips asserting that no good thing can come from the Summit has been depressing. That we have a prime minister capable of scholarly reflection and grasp, at ease discussing ideas rather than sending them off-shore to an island quarantine station, has largely escaped their attention. Only a fragment of the Summit material has thus far been published and it will be weeks before it all becomes available, but most media have already closed the books.

The single most interesting idea (in the Health Strategy Stream) for me related to prevention. I learned from the CEO of Woolworths, Michael Luscombe, that Coke Zero and Diet Coke cost one third less to produce than sugar laden Coke. An interesting possibility exists for a conversation with Amatil, formerly of tobacco fame

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The Best Yakfest and Hullabaloo in Town

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and that now runs Coca Cola, for preferential pricing for the less health damaging Zero.

This, we agreed, was the kind of conversation that the prime minister could lead with benefit with major urban developers, food manufacturers and retailers in pursuit of making it easier for people to choose goods that do not screw up their health. He could convene such a meeting as a follow-up to the Summit, in the spirit of the Summit. Seated around the table the CEOs of companies that build our cities, design our parks and cycle ways, determine the style of new buildings, decide upon the walkability of a new suburbs, choose what food will be retailed, advertise it, run our commercial gyms and more, the PM could say "Ladies and Gentlemen: we have a problem and its called obesity. What are we going to do about it?" Small changes by CEOs ripple into waves – slowly reducing salt, fat and sugar in processed foods, designing mandatory park space so that people use it rather than avoid it, developing coherent walkability plans for cities and so forth could all be done at low cost through the combination of commercial, community and political will. Such a forum was recommended.

Fears that the Summit attendees would be a 'white bread' congregation were allayed by the diversity of those present. Parliament House felt less like the headquarters of a major accounting and management consulting corporation. Instead, its major assembly point was more like the packed, grand entrance to New York's Metropolitan Museum of Art, milling with enthusiastic patrons on a winter Sunday afternoon. It felt like the Sydney Olympics, with volunteer ushers, scribes, and facilitators, crowds, chatter, laughter, youthfulness, optimism and anticipation, and a touch of tinsel. I felt pleased to be alive and delighted to be there.

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NSW Branch supports Early-in-Career public health practitioners at the successful Aboriginal Health and Research Conference in Sydney

+*Carlie Naylor and Sarah Thackway*

In April the 2nd Aboriginal Health and Research Conference 'Strong Foundations.....Strong Future' was held in Sydney. This conference was a result of the collaboration between the NSW Aboriginal Health and Medical Research Council and the Sax Institute and it provided a wonderful opportunity for over 300 delegates from all over Australia to come together to explore how research can improve Aboriginal Health. The Conference was opened by a welcome to country and the Governor of NSW, Her Excellency Professor Marie Bashir AC AVO.

In support of the conference, the NSW Branch sponsored two 'Early in Career Public Health' Awards to speakers providing an oral presentation as part of the proffered paper sessions. A panel of judges included Dr Alan Cass, The George Institute, Mary Haines, Sax Institute, and Carlie Naylor and Sarah Thackway from the NSW Branch of the PHAA (Treasurer and President, respectively).

It was wonderful to see a fantastic range of highly skilled early-in-career public health practitioners presenting at the conference. The finalists were Christine Ohrin (Family Planning NSW), Clayton Chiu (National Centre for Immunisation Research), Josephine Gwynn, University of Newcastle), David van der Poorten, University of Sydney), Jenny Gale, Northern Rivers Department of Rural Health), Robin Turner, NSW Health), Sanja Lujic (NSW Health) and Stephen Cochrane, University of Newcastle.

PHAA congratulates both winners of the Conference Award: David Peiris, from the George Institute, and David Walker of

Griffith University. Both received a certificate, a full membership to the PHAA including an annual subscription to the *Australian and New Zealand Journal of Public Health*, and an invitation to discuss their work in *In-Touch*.



Early-in-Career Award winner David Peiris and NSW Branch president, Sarah Thackway: Photo courtesy of CRIAH

The Kanyini Vascular Collaboration, David Peiris, The George Institute, Sydney.

David Peiris is a research fellow on The Kanyini Vascular Collaboration- a national 5 year NHRMC funded health services research grant aimed at identifying and overcoming barriers to best practice chronic disease care for Aboriginal and Torres Strait Islander people. It represents a coming-together of leading Indigenous and non-Indigenous researchers, Indigenous primary health care services and policy-makers. Kanyini is used by Pitjantjatjara and Pintubi/Luritja groups and can be translated as 'to have, to hold and to care'. In essence it means caring for others. Within this context the nurturing and protecting of family, country and the law can be viewed as both an obligation and a fundamental right.

The two coordinating bodies are the George Institute for International Health in Sydney and the Baker Heart Research Institute in Alice Springs. The program started in late 2006 and is now nearing completion of the first study which has looked at care practices in the prevention and management of chronic disease at eight health service partner sites. A large scale qualitative study has just begun and

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NSW Branch supports Early-in-Career public health practitioners at the successful Aboriginal Health and Research Conference in Sydney

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toward the end of the year an intervention study will commence trialling an innovative model of care.

A core component of the collaboration is a commitment to workforce capacity building through the creation of Indigenous Research Fellow positions. John Brady holds this position at Inala Indigenous Health Service in Brisbane. His role includes involvement in the scientific conduct of the Kanyini studies, liaison between community representatives and researchers, conducting interviews, analysis and dissemination of results. John is locally supported by Dr Noel Hayman who is a study chief investigator on the program. David has donated the PHAA award entitlements to John.

More details about the Kanyini Vascular Collaboration can be found at www.kvc.org.au The Development of the Oral Health Role of Indigenous Health Workers, David Walker, Griffith University.

Dr David Walker is currently completing doctoral research on the factors influencing the development of the oral health role of Indigenous Health Workers in the Cape York region of Queensland. Dr Walker's presentation, with co-authors Profs Stephanie Short and Marc Tennant and Dr Claire Brown,

explored the perspectives of Indigenous Health Workers and their co-workers regarding the development of this role. The eight focus groups and 35 interviews undertaken with 58 health personnel highlight the high priority given to oral health and the development of this role. The interviews also explore the perceived characteristics of an appropriate oral health role and the training and management approaches needed to support the development and uptake of the role. The research is being undertaken because of the high incidence of oral diseases among rural and remote Indigenous communities; the severely limited availability of dental personnel in these communities; and the significant policy support which exists at national and state level for the development of the oral health role of Indigenous Health Workers.

While focusing on the Cape York region, the research has significance for the development of this role in other states and territories, and to the development of a national approach to this role.

The Research Team thanked the communities of Hopevale, Napranum and Yarrabah who have hosted this research and acknowledged the support received from the National Health and Medical Research Council, through the Public Health Postgraduate Scholarship Program and the Queensland Department of Premier and Cabinet, through the Queensland Smart State PhD Funding Program.

Dr Walker has accepted an invitation to present this research to the European Centre for Intercultural Training for Oral Health at the University of Turin, Italy later this year.

NHMRC Review of Public Health Research - Consultation

Professor Warwick Anderson, CEO of National Health and Medical Research Council (NHMRC) has appointed the Public Health Research Advisory Committee (PHRAC) to review the ways in which NHMRC can marshal its funding to most effectively contribute to improved public health in Australia.

The review process involves two stages. The first phase will involve an active program of consultation and lead to the development of a draft report by mid July 2008. The second stage

will involve further, more limited consultation and redrafting of the report leading to a final report due to be published in September 2008.

members of the review committee will be running a series of consultations with public health researchers as well as users of public health information in a number of locations throughout Australia. These meetings are being managed with the support of the Public Health Association of Australia (PHAA), and will provide participants with the opportunity to provide advice on ways in which current NHMRC public health research initiatives could be improved or new initiatives developed.

NHMRC Review of Public Health Research - Consultation

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See below for details of where and when these consultations will be provided by PHAA.

Brisbane Monday 26 May, 12.30 – 3.30 pm

Sydney Tuesday 3 June, 5.00 – 7.00 pm

Melbourne Wednesday 4 June, 3.00 – 5.00 pm

Perth Wednesday 11 June, 4.00 – 6.00 pm

Hobart Monday 16 June, 5.30 pm – 7.30 pm

Adelaide Wednesday 18 June, 3.00 – 5.00 pm

Canberra Wednesday 18 June, 5.30 pm – 7.30 pm

Alice Springs - date to be confirmed

Public Health Research consultation meetings through PHAA Branches, for more information visit the NHMRC website:

<http://www.nhmrc.gov.au/about/nutbeam.htm> or contact: the PHAA secretariat on 02 6285 2373,

email: phaa@phaa.net.au

Turmoil on the Inside

Emma Pinn, Health Education Officer, Anxiety Disorders Support & Information

Anxiety is a universal experience. However, there is a general lack of awareness in the community about anxiety disorders. Anxiety in childhood is becoming an increasing concern for teachers and parents with approximately 1 in 10 children suffering from at least one anxiety disorder. Unlike other common childhood disorders such as ADHD and autism, children with problematic anxiety have symptoms that often go unnoticed. Anxiety disorders are known as internalising disorders; unlike children with externalising disorders who act out their inner states and feelings, children with anxiety disorders experience their turmoil on the inside. In the classroom they tend to be well-behaved and do not bother anyone. At home anxious children often have anxious parents who recognise anxiety in their children but regard it as normal.

As part of my job with the Mental Health Association NSW I deliver the Small Steps project to primary schools. This largely entails delivering seminars to parents and teachers about the most common anxiety disorders in children, the signs and symptoms, and treatment options. At any seminar there will be a number of parents and teachers who have serious concerns about their own child or a child they know. Often they describe a child with multiple anxiety disorders and severe

symptoms that have endured for months or years. Sometimes a child with an anxiety disorder is misdiagnosed by teachers and parents as merely oppositional. They are unaware that the child's behaviour originates from extreme anxiety and fear rather than the desire to disrupt day-to-day life by refusing to come to school, for example.

Many people are unaware of the longer term consequences of untreated anxiety disorders. The costs of failing to recognise and treat children with severe anxiety are high. These children have a higher risk of developing depression, substance abuse, and other anxiety disorders in adolescence and adulthood. They often fail to reach their academic and social potential. Some research has indicated that they face a higher risk of suicide. The stigma of mental illness and the distrust that some groups in the community maintain towards psychologists and other mental health professionals pose significant barriers to obtaining treatment for anxious children.

In contrast to the bleak situation that I have described, there is hope for children with anxiety disorders. Early intervention and treatment have been very successful in helping children and adults alike overcome problematic anxiety. The most effective and widely used treatment for anxiety disorders is Cognitive Behaviour Therapy (CBT). CBT is comprised of several components including an educational component about anxiety, cognitive restructuring, and graduated exposure to the anxiety-provoking object or event. Parents are often involved in treatment, giving them skills to manage their child's anxiety and their own. Universal anxiety prevention programs are also being developed in universities around Australia to help build the resilience children need to cope with anxiety.

If you would like more information about Small Steps, visit www.ada.mentalhealth.asn.au or phone +61 2 9339 6088.

New policies and a new face at PHAA

By Melanie Walker, Health Policy Officer

Having been conscripted to write an introductory article about myself for this edition of intouch, I thought I'd cheat and kill two birds with the one stone. So this article is partially introductory and partially about the policy revision process that we are undertaking at PHAA in 2008.

Who am I and what am I doing here?

I come to PHAA having just left the Commonwealth public service - most recently as a Director with the Australian Government Department of Human Services and previously as an Acting Director and Assistant Director in the Office for Aboriginal and Torres Strait Islander Health and the Drug Strategy Branch of the Department of Health and Ageing.

Prior to that, I was the Coordinator of Lesley's Place, a service that provides before and after detox support to women and women with children in the ACT. I also have a background as a political staffer and a broadcast journalist.

I believe that my diverse background gives me a unique advantage when it comes to health policy formulation. Having looked at a range of health policy challenges from the political, bureaucratic and service provider perspectives, I believe I am particularly skilled at identifying potential synergies in purpose and direction between competing stakeholders. I hope to use these skills to support the policy work of PHAA's Special Interest Groups (SIGs) and also to forge positive linkages and relationships with a range of external stakeholders and groups.

That takes care of the 'who am I' part of the question - so now, 'what am I doing here'?

As PHAA members are aware, quite a number of PHAA policies are due for review in 2008. In addition to policies due for review, a number of new policy proposals are also being put forward for consideration this year. According to the



Melanie Walker

Administrative Protocol governing the PHAA Policy Development Process:

"Draft Policy Statements may be submitted to the Secretariat at any time during the year, but only those received by 15 June will be considered at the following AGM. This is to ensure that members have sufficient opportunity to provide comments on the drafts before the AGM."

As the PHAA annual conference is not being held this year and the annual general meeting venue and date are not yet finalised, draft policies will be placed on the Policy Forum section of the website to facilitate comment and discussion.

Given that time is starting to get away, I will be providing some assistance to SIGs over the next few weeks to help get the necessary policy revisions underway. Firstly, I'll be doing a quick literature review for each policy to be reviewed this year. I'll forward a brief list of links to recent relevant policy and/or research reports to each SIG that has policies due for review. That way, each SIG can start reviewing the policies in light of the most recent policy and research developments.

If we start reviewing the policies during May, with a view to finalising suggested amendments early in June, we are on track to meet the 15 June deadline for submission of policies to be considered at this year's AGM. I look forward to working with members on policy updates in 2008 and learning more about the long term goals of particular SIGs in the coming months.

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA**BUDGET 2008-09 SUMMARY BRIEF****FEDERAL BUDGET HIGHLIGHTS –
AT A GLANCE:*****Focus on Prevention***

The National Preventive Health Strategy will initially focus on tobacco, alcohol and obesity:

- \$53.5M for National Binge Drinking Strategy;
- \$15M for anti-tobacco initiatives; and
- \$4.5M over five years for guidelines on nutrition and physical activity for early childhood.

Child and Maternal Health

- \$25.6M over four years for health checks for all 4 year-olds; and
- \$55M over five years for Perinatal Depression screening.

Indigenous Health

- \$101.5M for maternal and child health services;
- \$49.3M over four years to improve access to drug and alcohol services, including residential treatment and rehabilitation;
- \$14.5M over four years for the Indigenous Tobacco Control Initiative; and
- \$15.7M over four years to reunite Stolen Generations families through Bring Them Home and Link-Up services.

Health and Hospitals Infrastructure

- \$10 billion for the Health and Hospitals Fund to support future health infrastructure projects (allocated from 07-08 and 08-09 Budget surpluses).

Bowel Cancer Screening

- \$87.4M over three years for free bowel cancer screening for Australians turning 50 between 2008-10.

Dental Health

- \$290M over three years for additional consultations and treatments under the Commonwealth Dental Health Program (to reduce waiting times); and
- \$490.7M over five years for teenage dental health initiatives, including an annual preventative dental check for teenagers in families eligible for Family Tax Benefit A, Youth Allowance or Abstudy.

GP Super Clinics

- \$275.2M over five years for 31 GP Super Clinics across Australia – bringing together GPs, nurses, allied health professionals, specialists and other health care providers according to local needs.

Australian Health Care Agreements 08-09

- The current AHCA's will be extended for 12 months with an extra \$1 billion for public hospitals.

**FEDERAL BUDGET DISAPPOINTMENTS –
AT A GLANCE:*****Practice Incentives Program***

- \$110.7M over five years gone. No new eHealth incentive money for GPs; and
- \$83.7M over five years gone – removal of the GP Immunisation Service Incentive Payment.

Drug Prevention

- \$9.7M over five years gone – scrapped an advertising and info campaign on links between illicit drugs and mental illness; and
- \$4M over five years gone from the National Psychostimulant Initiative.

Introducing the new Cochrane Public Health Review Group

Professor Elizabeth Waters, together with a strong and distinguished team of local and international collaborators, is delighted to announce the official registration of the Public Health Review Group (PHRG) within the international Cochrane Collaboration. The demand for a PHRG has arisen out of the call for complex public health review topics on the Cochrane Database of Systematic Reviews (CDSR) that have been outside the scope of existing Cochrane Review Groups, but important to decision making in public health. This new Cochrane PHRG will provide leadership and responsibility for production and publication of public health systematic reviews that are relevant and useful for public health decision makers. It will prioritise interventions to improve population health and other outcomes including income distribution, education, public safety, housing, work environment, employment, social networks, food supply, transport and pollution. Our approach will focus on making a contribution to better understanding what works for whom, why and at what cost. We will be particularly interested in identifying what works to improve health equity and reduce health and social inequalities. It is also the intention of the PHRG to use gaps highlighted in our reviews to influence new primary research in public health.

The registration of this group is the accumulation of 12 years of work by the Cochrane Health Promotion and Public Health Field. We have established strong affiliations and a shared understanding of the knowledge needs of international public health agencies such as the World Health Organization and Pan American Health Organisation, as well as national organisations including the US Centers for Disease and Control and Prevention, the Public Health Agency of Canada, the Public Health Foundation of India, and the UK National Institute for Clinical Excellence. We also acknowledge the ongoing support of VicHealth who has provided funding since 2000.

This is an exciting and opportune time for the introduction of this new group, with the first impact factor for the CDSR on The

Cochrane Library due for release in June 2008. Impact factors are calculated as the average number of times published papers are cited up to two years after publication. They are often used for supporting academic promotions and for calculating DEST points. Therefore, conducting a Cochrane Review will become a recognised academic activity. As a result of this we hope that members of PHAA become increasingly involved in the conduct of Cochrane Reviews.



The PHRG has already established a dedicated editorial team with specific public health content and reviewing expertise and an understanding of the need for research to inform decision making. Along with the core staff they will provide editorial support to authors keen to undertake Cochrane reviews. We have also established a group of experts committed to developing and refining methods to guide authors and to best meet the needs of users of public health reviews. Details regarding the Cochrane Public Health Review Group, the team, and the development of a specialised registry of studies can be found at www.ph.cochrane.org/en/about.html

The PHRG is keen to be responsive to the needs of public health practitioners, policy makers and consumers and thus welcome your feedback and contribution to the PHRG program of work. Potential editors, authors, and those willing to act as peer reviewers and/or handsearchers are encouraged to contact the PHRG for information on opportunities to contribute to this new review group.

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Jodie Doyle, Review Group Coordinator (jdoyle@unimelb.edu.au)
Rebecca Armstrong, Senior Research Fellow, Knowledge Translation and Exchange (rarmstrong@vichealth.vic.gov.au)



Pictured are some of the attendees of the first PHRG Editorial and Methods meeting in Edmonton, March 2008

KidsMatter

beyondblue: the national depression initiative has teamed up with national education and health organisations to improve the mental health and wellbeing of primary school students across Australia.

KidsMatter is the first national mental health initiative to specifically address student mental health and wellbeing in primary schools. Launched in September 2006, KidsMatter is a partnership between *beyondblue*, Australian Government Department of Health and Ageing, the Australian Principals' Associations Professional Development Council, the Australian Psychological Society and the Australian Rotary Health Research Fund.

The KidsMatter initiative aims to reduce anxiety, depression and behavioural problems among students - and to provide greater support and assistance for students at risk or experiencing mental health problems.

Chairman of *beyondblue* The Hon Jeff Kennett said: "Schools have an important role to play in promoting the social and emotional well-being of children. KidsMatter will help prepare primary school children to be resilient in dealing with the many challenges they're likely to face. We want to make sure this generation of children is better equipped than their parents and grandparents to understand that good mental health is just as important as good physical health."

The KidsMatter Initiative is currently being trialled in 101 primary schools across Australia, with participating schools representing all eight states and territories, all three education systems (Government, Catholic and Independent) and metropolitan, rural and remote communities. The trial will be completed in December 2008.



Schools participating in the trial use the KidsMatter framework to develop a comprehensive range of strategies to address the specific mental health and well-being needs of their students. This framework consists of four components:

- a positive school community
- social and emotional learning for all students
- supporting parents and families
- early intervention for students experiencing mental health difficulties such as anxiety and depression.

In this way, KidsMatter builds on the work schools are already doing to address the mental health of their students through national, state, territory and sector-based mental health initiatives and policies.

Principal of Woodville Primary School in Adelaide, Kaye Johnson, says that KidsMatter has really added value to their school community.

"We were aware of MindMatters which is a mental health program for secondary schools and we tried to adapt parts of it, but felt it didn't hit the mark for primary schools. When we heard about KidsMatter we thought it offered a wonderful opportunity to bring all the bits together in a coordinated way."

KidsMatter emphasises a sense of shared community responsibility for children's wellbeing and promotes partnerships with parents and a range of community services/agencies to improve children's mental health and family relationships. It recognises that teachers can and do make a significant difference in the lives of children and seeks to enhance the capacity of schools to recognise mental health risks in children and respond effectively.

Kaye Johnson agrees: "You need a whole-of-staff commitment and people who are genuinely caring about kids' wellbeing and their learning. You need everyone from the student support officers through to the grounds person to have a genuine belief that kids' mental health is schools' business," Kaye said.

The KidsMatter trial program is being comprehensively evaluated by a Flinders University research team with input from parents, school staff and students. This national evaluation represents the most ambitious school-based evaluation ever undertaken in Australia, as individual schools are assuming responsibility for managing the data collection. The final evaluation report is due mid 2009.

To learn more about the KidsMatter program go to www.kidsmatter.edu.au

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headspace: The National Youth Mental Health Foundation

Funding the Future: Making a difference to young Australians

headspace is the culmination of years of advocacy, research and effort on behalf of many people around the country who have a passion for youth mental health and a vision for a more collaborative and integrated system of care.

The **headspace** Youth Services Development Fund (YSDF) is an innovative approach to improving outcomes for young Australians. Funding is provided to 30 communities across Australia, assisting each of these communities to set up local headspace centres where any young person aged 12-25 can go for help. These new services will ensure that more young people are helped and helped more quickly. They employ a number of different professionals including doctors and counsellors, as well as others that can help with drug and alcohol, mental health and vocational issues. Each **headspace** centre also encourages the input of young people, families and carers to make sure that they establish youth, family and carer friendly environments.

headspace delivers training to the professionals that work in the centres, as well as others in the community such as teachers, police, doctors and youth workers. They also coordinate awareness campaigns to inform their communities about the challenges facing young people and how family, friends and other community members might support those at risk of mental illness to get help early. Many young people will be assisted with a wide range of needs including physical health, relationships, emotional difficulties and worries, difficulties with school, training or work, psychological issues and drug and alcohol misuse.

At the beginning of 2007, **headspace** announced funding for 10 services and at the end of 2007, a further successful 20 grant recipients were announced. In total, more than 300 agencies from a variety of health, education and vocational backgrounds have come

together in each State and Territory to collaborate on a model of service delivery founded on early intervention. This has translated into the funding of consortiums across Australia that will result in the establishment of 30 headspace Communities of Youth Services.

The partners in this venture include ORYGEN Research Centre, Australian General Practice Network (AGPN), Brain & Mind Research Institute, Australian Psychological Society (APS) and The University of Melbourne. In addition, **headspace** is supported by a dedicated Advisory Board made up of eminent Australian business and community leaders, and a Youth Reference Group that is comprised of young people from each State and Territory.

Making headway: What we do Service Provider Education and Training

The primary goal of the Service Provider Education and Training (SPET) program is to improve both the uptake and delivery of evidence-based interventions for youth mental health problems by a range of service providers, including primary care providers, mental health practitioners, drug and alcohol workers, and non-clinical service providers in each headspace centre. The first training package on 'Youth-friendly Practice' has been developed and headspace centre trainers have been trained to deliver it. The intended targets of this training are 'first-contact' practitioners who are in frequent contact with young people, such as general practitioners, community health workers and school counsellors.

Centre of Excellence

The **headspace** Centre of Excellence in Youth Mental Health (COE) is the nucleus for gathering, analysing and disseminating evidence for interventions and models of care that are effective in responding to and improving the outcomes for these young people. The COE is undertaking an exhaustive, systematic evidence stock-take of interventions for depression, psychosis, substance use, anxiety and adjustment disorders in people aged 12 to 25 years. This stock-take will generate 'evidence maps' for each disorder, identifying effective interventions for responding to the problems. The COE is also conducting comprehensive reviews to identify the most effective methods of translating and disseminating evidence. The final major aim of the COE is to identify what facilitates (and impedes) knowledge transfer and the uptake of evidence-based materials by GPs, mental health professionals, drug and alcohol, youth and vocational workers.

Community Awareness

The Community Awareness (CA) program aims to increase early help-seeking by young people by emphasising the availability of effective, evidence-based services and promoting good experiences of care. Secondary goals are to improve mental health literacy, reduce stigma, help deliver e-health strategies and improve young people's knowledge, willingness and confidence about accessing services. The program carries out activities at both a national and local level, with local activity focussed in the 30 **headspace** centres. CA has conducted a range of consultations with youth, parents and carers recruited from **headspace** centres. These consultations collected personal stories about experiences of care and what young people would like from youth-focussed services. CA also filmed interviews with young people

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headspace: The National Youth Mental Health Foundation

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about their journey through the healthcare system. These interviews have been edited for the website, shown at concerts, used in local community awareness activities and produced as DVDs for wider circulation.

Communications & Marketing

The communications team is responsible for turning the **headspace** vision into a message that the community understands and utilises. Primarily, efforts are focussed on talking with and engaging those aged between 12 to 25 years. Young people also have key influencers who guide them in making life decisions such as seeking help - friends, parents/carers and workers. Ensuring that headspace is known and understood by these groups is essential.

Website

The **headspace** website is one of the key vehicles for communicating their activities and messages to the public. It has been built to specifically address the following requirements:

- to be a first port-of-call for people seeking information about youth mental health issues and services within Australia
- to act as a funnel for a help-seeking young person or family member so that they leave the site more informed and with accurate information about how to go about getting help and where to get it
- to provide a vehicle for headspace services to communicate and connect with each other and **headspace** nationally, and
- to provide accurate and up to date information about the activities of **headspace**.

Youth Participation

headspace has developed genuine youth participation, with viable strategic and beneficial outcomes. Ways of achieving best practice in youth participation within **headspace** have included;

- the development of a youth participation program that incorporates a Youth Reference Group and Youth Advisors
- involvement in **headspace** Education and Training forums
- involvement in focus groups run by **headspace** Community Awareness.

Twenty eight young people from rural, regional, remote and metropolitan areas of Australia were chosen to form the **headspace** National Youth Reference Group. The role of the National Youth Reference Group is to ensure young people have a voice and input into the direction of **headspace** services and mental health services both locally and nationally. The members have had the opportunity to achieve this through website consultation and development and involvement with marketing, media, promotional and community awareness activities, including the development of resources.

Ensuring that young people's perspectives are significant in shaping **headspace** and its activities has and will continue to be salient in the ongoing development of **headspace**.

2008 & Beyond

headspace is influencing the help-seeking and help-providing landscape for young people in this country. It is striving to ensure young people get help in a way that meets all their health needs. The next year will see a consolidation of some of the achievements with a more intensive focus on the 30 centres and, importantly, taking the message to the broader community through awareness and social health promotion campaigns.

For detail regarding the 30 headspace sites and more information about headspace generally please go to the website: www.headspace.org.au

What is a **headspace** centre?

- a youth-friendly, community-based health service for young people aged 12-25 and their families
- a centre where young people can receive help for a range of issues - health, mental health, education, work, and drug and alcohol problems
- an integrated service centre staffed by general practitioners, allied health, mental health, youth workers and drug and alcohol workers who have specific expertise in working with young people
- a confidential low cost or free service dependent on situation
- a locally run service that has been set up by organisations that understand the local community
- a place where young people and their families are encouraged to become involved.

Run for a cause or charity, as it doesn't matter who you are or what time you make, just give it your best as that is all you can do in life.

Debbie Hilton

Victorians recently created history with record numbers taking to the streets in grand style for the Herald Sun/CityLink run for the kids. Participants sprinted, ran, strolled and rolled the wheels of chairs and pushers through the city streets to create history. Registrations and participants were varied and included stars such as Michael Klim (Olympic swimmer, not runner) the average middle-aged mother accompanied by offspring, young parents pushing baby in a pram, disabled wheelchair users, elderly people, fitness fanatics, firefighters and people in costumes and hence all together this created a varied group. The aim and intention of the participants was to put their best effort in to raise money for the Royal Children's Hospital (RCH) that cares for and treats sick children. Money raised goes towards vital equipment, facilities and research.

According to the official website [<http://www.runforthekids.com.au/r4k/> accessed 16/4/08], there was a record 27,498 enthusiastic runners participating in Victoria's biggest fun run. A staggering \$738,941 was raised for the (RCH) Good Friday Appeal, topping last year's effort by more than \$200,000.

There were two distances: the longer gruelling 14.14 km event (17,900 entrants) took in the CityLink, then went toll-free underground through the Domain Tunnel before exiting onto the Bolte Bridge. The shorter scenic course was 5.76 km and 9,600 participants



covered this route, enjoying the fine weather on the day. The race director, the famous Steve Moneghetti, was apparently delighted with the number of registrations.

Other celebrities included Neighbours star Brett Tucker, Mix 101.1 team Brigitte Duclos and George McEncroe and former jockey Simon Marshall. The winners of the men's and women's races were Beijing marathon hopefuls Brett Cartwright (42.34) and Kate Smyth (49.36), who were heading out after the race to Japan in search of Olympic A-qualifying times.

On a personal note, I finished the short course in a time of 37 mins, 49 secs. Swimming star Michael Klim took 1 hour 8 mins to run the long course.

I really think the atmosphere on the day, having in the order of 27,500 people running or walking, knowing that you are supporting the wonderful and skilled work that the RCH performs treating children, seeing the flags waving, having the street performers, family and volunteers cheering you on and having sponsorship money raised all made the run fun, exciting, enjoyable and most of all relatively easy. I encourage anyone who has thought about doing one of these events to give it a try as it doesn't matter your age, ability or confidence but get out there and 'have a go' as the Aussie saying goes. If you consider that one day a member of your family, a friend or neighbour may need lifesaving treatment at the Children's, it is well worth your time and effort, you will feel healthier and, you never know, you may even meet someone famous.



16-18 September 2008
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For more up-to-date information please visit:
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ANTI-POVERTY WEEK 2008

12 -18 October

Anti-Poverty Week focuses on poverty around the world, including Australia. It includes the UN's International Anti-Poverty Day, 17 October,

The Week's main aims are to:

- strengthen public understanding of the causes and consequences of poverty and hardship;
- encourage research, discussion and action to address these problems.

For more information and ideas, see www.anti-povertyweek.org.au or contact us at: 1300 787 290 or email: apw@anti-povertyweek.org.au

Acronyms that are regularly used in the PHAA Newsletter

- PHAA** - Public Health Association of Australia Inc.
SIG - Special Interest Group
AIHW - Australian Institute of Health & Welfare
WHO - World Health Organization
ACT - Australian Capital Territory
NSW - New South Wales
VIC - Victoria
WA - Western Australia
TAS - Tasmania
SA - South Australia
NT - Northern Territory
QLD - Queensland

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