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newsletter of the Public Health Association of Australia Inc.

Vol 26 No 2 March 2009

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# RISING OCEAN TIDES AND OBESITY MAY SINK SOUTH PACIFIC ISLANDS

*Stephen Leeder*

Just how idyllic is life in a South Pacific Island nation, with an exotic name like Kiribati, or even somewhere more familiar such as Fiji?

With rising ocean levels due to global warming threatening the lower lying island nations with inundation, the idyll may be coming to an end.

The other large threat is obesity. Figures for obesity rates that I found on the web were Nauru 80.5%, Tonga 79%, Federated States of Micronesia 77%, Cook Islands 70% and Niue 67%. The recent Obesity Prevention in Communities (OPIC) project baseline surveys in Fiji, Tonga, New Zealand and Australia, conducted by Boyd Swinburn and colleagues, show overweight and obesity rates of up to 70% among Pacific adolescent groups. Surveys in these nations conducted by medical research workers from Australia and New Zealand, including Professor Paul Zimmet, as long ago as 1977, have shown appallingly high rates of diabetes as well. What a mess!

While we in the OECD bemoan our high and ever increasing rates of overweight and obesity - the CDC reported in 2005 that "all but four states - Colorado, Connecticut, Hawaii and Vermont - have obesity rates greater than 20 percent, and the greatest concentration of obesity lies in the South." - ***none*** of these obesity rates approach those found in the South Pacific Nations.

Papua New Guinea, as the largest Pacific Island Country by far, presents a particular challenge with a double burden of both under- and over-nutrition. Among coastal urban populations, it seems that about 25% of the population may be obese (as reported to and by the World Health Organization), especially those living in urban and coastal regions. Data are sketchy and old, so it is hard to be sure what is happening, although travelling beside the obesity problem are nutritional deficiencies, including from iodine, as we see in many mountainous nations where rains remove the element from the soil. According to the CIA Fact Book, about 37% of its 6 million citizens live below the poverty line, 80% remain subsistence farmers, and average per capita income is about $2000 a year. Subsistence diet is supplemented heavily by rice and flour.

Food, of course, is critical to these problems and not only in the Pacific. Whatever else, too much food laden with calories, fat and salt, makes for what has been called an 'obesogenic' environment.

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The Public Health Association of Australia is the major organisation for public health practitioners in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any person who supports the objectives of the Association is invited to join.

# RISING OCEAN TIDES AND OBESITY MAY SINK SOUTH PACIFIC ISLANDS

*continued from page 1*

At a recent three day workshop in Parramatta, NSW, sponsored by AusAID and the Sydney West Area Health Service and run by the Global Health Institute of that health service, representatives from many of these nations met with food producers, retailers, and interested academics to review the problem of malnutrition in these nations with a view to finding ways of cooperating to achieve a healthier future for them. What distinguished this event from many others was the presence of industry health professionals who had obesity control in mind.

There are three areas where we might do a lot better in helping our Pacific neighbours. First, an alignment of our trade practices with a humane foreign policy would be a major step forward. We might cease dumping exports of fat laden meat, such as mutton flaps, on them for a start. It would be an interesting intervention on the part of the federal government to undertake to purchase these meat fat cuts for the manufacture of soap, at a price higher than that which is fetched in Pacific markets.

Second, I found myself wondering whether we are doing as much as we might to assist these nations in educating their populations to understand more about the problem of obesity and how it might be combated. Food industry people at the workshop commented on the low market penetration of 'diet' and 'light' foods when made available in stores. I found much the same in the United Arab Emirates two years ago, where obesity is also a growing problem but where affluent supermarkets do not stock lower fat, lower salt and lower calorie foods because no-one buys them. Adequate food labelling, providing the community can understand what is written in nutrition panels on processed foods, may also be helpful in securing educated choices.

Third, we need to support – morally and any other way – Pacific governments that wish to use legislative means to enable healthy choices and provide disincentives for goods such as tobacco. The history here is unhappy, where World Trade Organisation rules have meant that tobacco taxes have had to be repealed in the name of free global trade. This is unhealthy bullying on a grand scale and should be resisted by Australia as a member of the world community.

What degrees of freedom do food manufacturers have? Not much, with tiny margins and complex technologies. But as with folate and vitamin supplementation, they can play a part in helping achieve a healthier Pacific. We have not got as far as we might with them, even in Australia, and perhaps can learn lessons from the innovation in the Pacific.

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# Justice Health in Australia:

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# Holiday Blues: Overcoming the Jolly Season

*Mandy Dexter, Psychologist*

The tree is back in its box and Santa has made his annual trek across the rooftops. You will be sweeping up tinsel flakes for the next three months, and the holiday horror stories start to surface.

***Holiday Blues*** or ***Holiday Depression*** may occur at any holiday or vacation time; however, December and January are the two most prominent months that people present under stress, with depressive symptoms and basically at the end of their rope!! While they may be intense and unsettling, holiday blues are usually short-lived, lasting for a few days to a few weeks prior to or just after the holiday. The good news is, holiday blues usually subside after the holiday season is over and daily routines are resumed.

There are many and varied reasons for the Christmas holiday season to be unpleasant for some, but there seems to be two main causes: expectations of Christmas in general; and grief and loss issues. There is no better time than now to plan for the next Christmas season, and make choices of how to progress through the next holiday season with little or less stress.

***Expectations***: expect that from October (yes, OCTOBER... that is when the shops start to display the first of the Christmas goodies) that an underlying pressure will start... Expect that from October to December, being the end of the year, most people are due for a break from the year-long struggles of life and will be fatigued. Expect that we will start to place pressure on ourselves to have a great Christmas season, for the kids, the family, the friends, the work colleagues, the mail man and any one else we feel we MUST include in our celebrations. Expect that financial pressures will mount, particularly as we accumulate the gifts for all and sundry. Expect that our daily routines will be changed as we busy-up for the Jolly Season.

A few simple decisions can alleviate most of the pressure, and can have an incredibly positive affect on your mental health.

1. Plan ahead: Getting Christmas out of the way early frees up an enormous amount of stress and can spread out the financial strain.
2. Make a list- and stick to it! Talk to family and friends, and work out ways to reduce the cost of Christmas for everyone. Secret Santa gift giving works well in families, or buying presents only for the children. Make a capped limit per person. Talk to others to see what works for them.... People can be very creative!!!
3. As the season draws closer, let go of the past holiday horrors, and make a decision to enjoy the season for what it is (you can decide that for yourself).
4. And most importantly, allow yourself to feel sad, lonely or melancholy – these are normal feelings particularly at holiday times. However, do not dwell.... Always remember that feeling sad, lonely or melancholy will not change or fix your situation.

***Grief and Loss***

Grief and loss covers a myriad of areas, but there are three themes that seem to be most relevant at Christmas time. 1. death of a loved one; 2. loss of a relationship; or 3. the disconnection from family. The Christmas season is a particularly hard season for those who are working their way through grief or loss. With the central focus of our commercialised Christmas being on FAMILY FAMILY FAMILY, there are those in the community who, for whatever reason, will not have the opportunity to experience the dream day as promoted. For those among you who are still adjusting to changes in your life – go easy on yourself over the holiday season. Take some time this year to have a look around and find things that you can be grateful for in the next Christmas season, and start to centre your focus on enriching those aspects of your life.

If your holiday blues do not seem seasonal, and you experience persistent ongoing symptoms, please seek out professional assistance.

- headaches
- sleeplessness
- weight gain or loss
- agitation or anxiety
- excessive guilt
- unable to concentrate
- decreased interest in activities that usually bring pleasure

**Life is too short to live in the past and too long to be permanently unhappy.**

# Building Community Resilience for Suicide Prevention in South Western Australia

There is now much evidence to support the fact that communities *can* take a leading role in preventing suicide. This is because communities can influence some of the factors known to put people at greater risk of suicide.

For example, communities can reduce risk by: restricting the availability of highly lethal methods (e.g. promote safe storage of firearms); encouraging safe and sensitive media reporting of suicide (e.g. to reduce copycat suicides and to prevent normalising suicide); and educating community members about the warning signs, how to help someone at risk, and how to seek professional help.

**Anja Brok, Ministerial Council for Suicide Prevention, conducting Gatekeeper workshop in Margaret River, WA.**

Communities can also assist their members to be more resilient. Resilience refers to the ability to 'bounce back' after adversity or hard times. This depends largely on a person's sense of connectedness, belonging and empathy with others. For example, communities can promote factors that are known to build resilience against suicide by:

- Teaching optimism, coping strategies and help seeking behaviours via schools, family and community
- Fostering a sense of connectedness and belonging by promoting community and social participation – especially with those that might feel excluded from the community (e.g. a personal invitation to join a club or group)
- Offering help when it is needed, or helping others to seek help and access services
- Working together to identify issues and then acting together to make improvements in their community.

The Understanding and Building Resilience (U&BR) Project is a mutli-level suicide prevention project conducted by the Injury Control Council WA (ICCWA) in six communities in the rural South West Region of Western Australia. The Project focuses on what communities can do to prevent suicide – with community resilience being the central theme of the Project. It has been funded since February 2007 by the Australian Government via a National Suicide Prevention Strategy (NSPS) grant and will continue until May 2009.

Working groups in each community developed Action Plans based on the following objectives:
1. To lobby/ advocate to address service gaps and improve access to existing services
2. To develop local strategies to assist people to connect with their communities – particularly for excluded groups
3. To develop resilience building strategies and provide suicide prevention training for support service providers and community members, and
4. To increase community awareness and knowledge of referral and support services.

This approach has not only focussed action on these key objectives within communities, but has also initiated collaborative activities between various sectors within the region. Some examples are:

- Cross-sector networking groups established in Collie and Busselton
- Various training collaborations with Ministerial Council for Suicide Prevention (MCSP); Lifeline WA; WA Country Health Service; Department of Education and Training; South West Aboriginal Medical Service; Gay and Lesbian Community Services and National MindFrame Project
- Coordination of community activities for Mental Health Week and Carers Week
- Rotary Mental Health Community Forum, and

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## Building Community Resilience for Suicide Prevention in South Western Australia

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- Establishment of South West Mental Health Network to discuss prominent issues and better facilitate the development and delivery of quality, comprehensive mental health services in the region.

**"A Way Through" interactive community information session, Manjimup, WA.**

The U&BR Project also provides free interactive community information sessions to community groups, clubs and workplaces. These 'A Way Through' sessions offer practical information and coping strategies to assist people to deal with everyday stresses and the emotional ups and downs in life. Based on 'The Map of Loss', developed by 'Wisdom in Your Life' psychologist and author Roslyn Snyder, 'The Map' is a visual tool that has been used successfully to create connections and improve the health and well being of individuals, families and communities. The Map is a means of understanding the process of change. It assists in building personal resilience and empowers people to make positive life choices.

For more information about the U&BR Project, contact Marina Johns (Marina.Johns@health.wa.gov.au ) or visit www.iccwa.org.au.

EMERGENCY CONTACTS
**If you are concerned about anyone at risk of suicide, please contact one of the following help lines.**

**Lifeline - 13 11 14**
**Kids Help Line - 1800 55 1800**
**Crisis Care - 1800 199 008**

# Investing Upstream – Water fluoridation Successes in New South Wales

*Dr Shanti Sivaneswaran,*
*Centre for Oral Health Strategy, NSW*

In the 1950's, prior to water fluoridation, dental caries levels amongst children in NSW was one of the highest in the world, with 12 year olds having a mean of 9 to 10 decayed, missing and filled teeth (DMFT). In NSW, water fluoridation was first introduced in the town of Yass in 1956, followed by Tamworth in 1963 and Sydney in 1968. By the late 1970's, approximately 90 % of the population in NSW had access to fluoridated water. The World Health Organization goal for 12 year olds was to reach a DMFT of 1 by the year 2000. NSW children had reached this goal well before 2000. Decay rates for 12-year old children in NSW in 2007 were 0.8. The dramatic decline in decay rates from one of the highest in the world to the second best in OECD countries is attributed mainly to water fluoridation (70%), the use of fluoride toothpaste (26%) and 2 per cent to fluoride tablets (Figure 1).

However, a minority of NSW children experience dental decay, with disproportionately high decay concentrated in children from low socio-economic background, the indigenous, those living in rural areas and in areas without water fluoridation.

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# Investing Upstream – Water fluoridation Successes in New South Wales

*Continued from page 6*

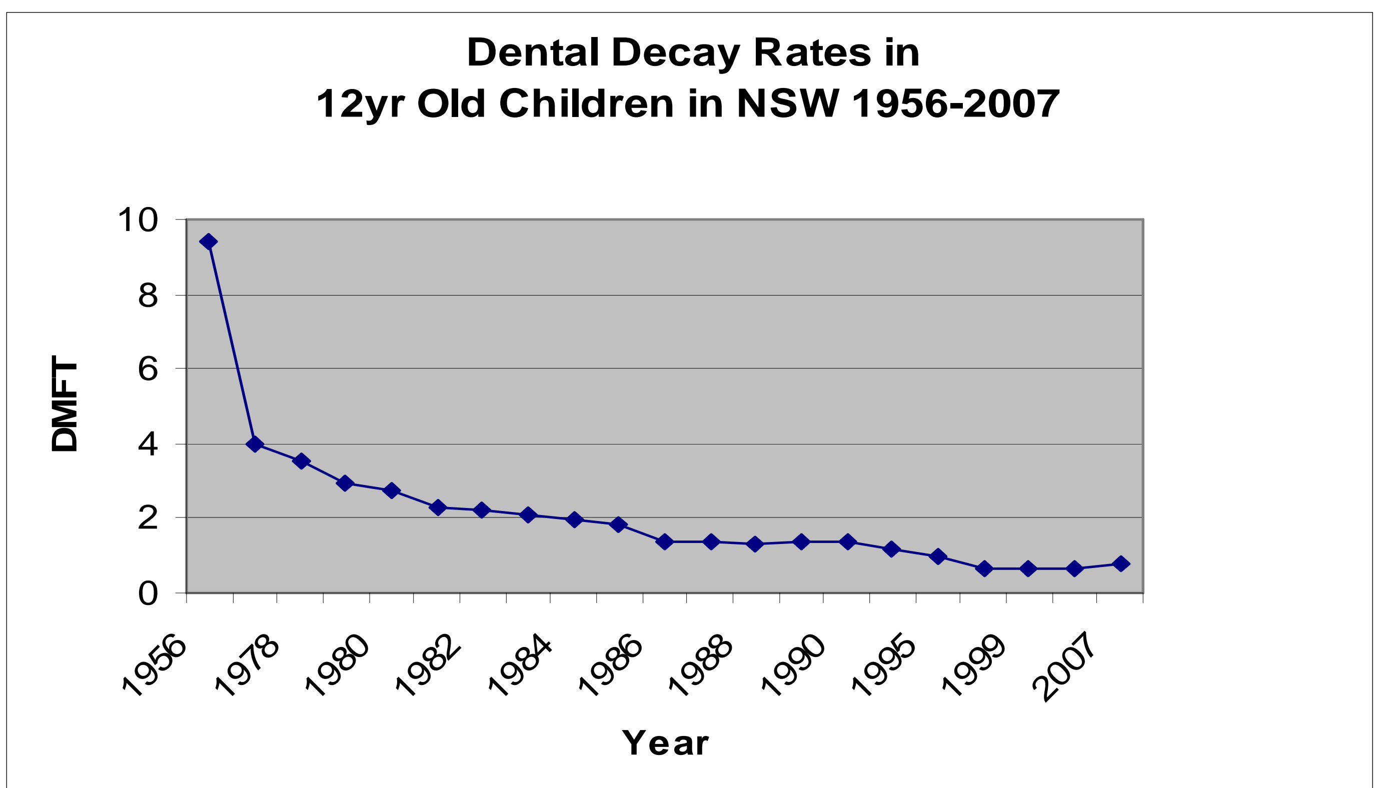
In New South Wales, children living in unfluoridated areas have significantly higher dental decay rates than those living in fluoridated areas, despite the availability of fluoride toothpaste. This high rate of decay puts these children under the risk of general anaesthetic. Rates of hospitalisation for dental treatment under general anaesthetic for children living in unfluoridated parts of New South Wales are three times as high as children living in fluoridated areas.

Since 2004, NSW Health has been proactive in promoting water fluoridation in order to tackle the determinants of health and to reduce the growing inequalities in oral health in children and adults.  A special feature of water fluoridation is that it reduces the social inequalities in caries experience, an infrequent finding with preventive measures for oral and general health.

Under the NSW Fluoridation of Public Water Supplies Act 1957, the responsibility to implement water fluoridation rests with local government authorities (Councils). Although approximately 90% of NSW was fluoridated by the late 1970s, adoption in currently non-fluoridated communities has been hindered by organised community opposition to water fluoridation. Tactics of those opposed to fluoridation have become more sophisticated in recent years. This has been compounded by the unwillingness of some local government politicians to progress the fluoride debate lest they antagonise a vocal section of their constituents.

However, a well coordinated, strategic, multidisciplinary approach to water fluoridation since 2004 by NSW Health in partnership with Area Health Services, the Australian Dental Association and Local Governments has resulted in 5 councils implementing fluoridation and another 21 councils progressing towards fluoridation. This has resulted in an increase from 90 per cent to 94 per cent of the population currently having access to fluoridated water. When the remaining 21 Councils implement fluoridation by 2010/2012 it will result in approximately 98 per cent of population coverage of water fluoridation.

**Figure 1**



# Sowing the seeds for a healthy community

*Mardi Chapman, Health External Relations, Griffith University*

A couple of hectares of garden beds, a shed and some basic facilities wedged up against the Logan Motorway south of Brisbane are providing a valuable communal space for new migrants from countries such as Burundi, the Congo and Sudan.

The community food garden helps integrate the new residents into the local community by providing employment and training opportunities and a venue for cultural exchange and expression.

***Dr Shawn Somerset and community gardener Cecilia Ossa***

Griffith University public health nutritionist Dr Shawn Somerset said food gardening also provided health benefits through a focus on nutritious plant foods, increased physical activity, and meeting social and psychological needs.

"Many of these people come from an agricultural background and it is important to them to have a garden. They relish the opportunity to grow traditional foods and cash crops."

***Community gardener: Desirata Nizigiyimana***

The garden started as a teaching resource for public health students at Griffith's Logan campus. "As a society we have lost touch with the origins of food," Dr Somerset said.

"The garden provides a facility for nutrition and other students to experience the health promoting potential of gardens and explore the direct link between food production and consumption."

The garden has since expanded its role into the local community, supported by community and government agencies under the banner of the Queensland Government's Community Renewal program.

Logan organisation A.C.C.E.S. Services Inc assists in the transition of 500-600 new immigrants into the local community each year.

As well as providing settlement orientation programs, counselling, social support and housing assistance, they also manage the community jobs program to enhance work readiness in participants.

About twenty people from Horn of Africa nations, Thailand, Burma, Samoa and Fiji have been employed in the community food garden, honing practical skills such as building and landscaping. Several participants have found permanent work before the end of their 16-week work blocks.

Mardi Chapman can be contacted on 07 5552 9089 or email: m.chapman@griffith.edu.au

# 'The Station' Community Mental Health Centre Inc: Why it works and how.

*The Station* Community Mental Health Centre was opened in May 1998. It is situated in the small rural coastal town of Wallaroo on the Yorke Peninsula SA (Total Pop of YP 26,000). The idea for a Community Mental Health Centre came about from a public meeting attended by consumers, carers, Mental Health workers and community members who felt the need to pursue better care in the community for people with a mental illness.

*The Station* is based on a non-medical, recovery-orientated and holistic approach to achieving mental health and well being. It uses a high degree of consumer involvement in all aspects of the service. The focus is on mental health, allowing members to work through their own mental health issues at their own pace, encouraging them to become actively involved in all areas of running the Centre.

*The Station* has won numerous awards, including the inaugural Dr Margaret Tobin award for excellence in promoting mental health in the community, the MHS silver achievement award for a consumer run service, and an Eli Lily award for promoting the health of people with a mental illness.

After operating successfully for ten years it was timely to evaluate this service and *The Station* was successful in obtaining a Capacity Development Grant from the Mental Health Council of Australia

A Participatory Action Research Process was implemented by the University of SA and Senior Research Fellow, Dr Judy Taylor, with the full participation of members (people with a mental illness), carers, volunteers, staff and management committee members.

The objective of the evaluation is to identify how the program works and for whom, and to determine the link between commmunity context, program components and successful results for consumers and carers. This will enable a "best fit" between services, consumers and carers. This research will also provide information about how *The Station*'s program mechanisms work, and in what situations they work, and with which group of members. Conversely we will explain the situations in which *The Station*'s program have less effect. The results of this research will be compared with those from other similar centres nationally and internationally.

We have identified *The Station* activities in relation to the recovery process from mental illness. With recovery stage one, members' symptoms are stable and *The Station* adopts a nurturing approach. Recovery stage two members exhibit increased self expression and confidence and *The Station* provides members with the opportunity to take on more responsibility in the management of the centre. With recovery stage three, members regain self worth, self confidence and purpose; this leads to returning to the wider community, attending TAFE, seeking employment and living independently.

The benefits of consumer-run Community Mental Health Centres such as *The Station* are well known to those who attend them. However, we are seeking to disseminate information about these Centres, to help promote the approach and legitimise it. We would like to see mental health policy makers and practitioners have a better understanding of the important role these organisations play in the mental healthcare system.

The findings of this research project will be published at the end of March 2009.

# Mental Health is Dietitians' Business Too

*Annette Byron, Policy Dietitian*

Traditionally the role of the dietitian in eating disorders has been well accepted, but there has been limited acknowledgement of their role beyond this in the broader health arena. That situation is changing for the better with the recognition that dietitians can assist clients with a variety of mental health issues to improve their health and quality of life.

The *2007 National Survey of Health and Wellbeing* conducted by the Australian Bureau of Statistics showed that certain health risk factors, such as overweight and obesity, have an association with mental health problems or mental illness. Furthermore, the experience of dietitians in various practice settings tells us that individuals with diagnosed mental illness such as mood disorders, schizophrenia, substance use disorders, dementia, and eating disorders, are at increased risk of weight fluctuations, nutrient deficiencies, food insecurity and developing co-morbidities that affect their nutritional wellbeing. Other clients who seek professional help with nutrition problems may also present with a mental health issue.

A recent online survey conducted by the Dietitians Association of Australian (DAA) showed that an increasing number of dietitians are taking an active interest in mental health issues. 230 members completed the survey, with an overwhelming majority of respondents (189) saying that they work in mental health, although around half (134) said they worked in the area for less than 4 hours per week. Common mental health issues encountered by respondents are depression (68%), obesity with a mental health comorbidity (53%) or disordered eating (42%). However, many respondents also felt that they were not well equipped to respond to clients with mental health issues at the time of graduation, with two thirds of respondents rating their training with respect to mental health inadequate.

The implications of this for preparation for professional practice are obvious. The first phase of the DAA Mental Health in Tertiary Curricula project was funded via the Commonwealth government's *National Action Plan on Mental Health.* It identified the skills and knowledge needed by entry-level dietitians to confidently work with clients with mental health issues. The project also recommended changes to the National Competency Standards for Entry Level Dietitians (*Competencies*), which form a key component of nutrition and dietetics course accreditation in Australia.

Following a successful application for more funding, Phase 2 of the project focused on developing tools and resources to improve entry level dietetic training in mental health and assisting dietetic mentors to support students and new graduates to effectively work with clients with mental health issues.

The project has been well received by dietitians in practice who have wholeheartedly supported the development of training materials, as they see benefits for both students and practitioners. Consultations with university staff have been equally positive about the direction of the project, and this bodes well for attendance at the *Mental health is every dietitian's business* national roadshow in late April.

For more information visit the DAA website www.daa.asn.au

# The Mental Health of Adolescents in Rural S.A.

*Marijeta Kurtin, PhD Candidate, University of Adelaide*

Over the past two decades, there has been an increasing degree of attention paid to mental health issues amongst Australians, and also to the adequacy and provision of mental health services. While this is very progressive, and indicates a growing acceptance and understanding of mental illness within society, there has been a paucity of research which investigates the mental health needs of adolescents specifically, and in particular, adolescents who reside in rural communities.

Statistics on mental health problems for adolescents are not as detailed or as easy to find as they are for the adult population. The National Survey of Mental Health and Wellbeing estimated that some 14% of children and adolescents have mental health problems. However, there is little information on the prevalence of such problems in children and adolescents who live in rural areas.

Prior international research has indicated that adolescents in rural areas face particular risks to their wellbeing, which include: an increased risk of major depression; anxiety disorders; nicotine dependence; alcohol abuse; suicide attempts; educational underachievement; unemployment, and early parenthood. Such findings challenge the myth that rural communities tend to have less stress.

In an attempt to address this deficit in knowledge, Marijeta Kurtin, a PhD candidate from the Discipline of General Practice at The University of Adelaide, along with her supervisors, Dr Christopher Barton, Professor Tony Winefield and Dr Jane Edwards, is conducting a research project aimed at investigating the mental health needs of adolescents in the Spencer Gulf, Eyre Peninsula and Limestone Coast regions of South Australia. Where other studies have tended to include only mental health workers as participants, the study being conducted by Ms Kurtin is also concerned with the current mental health status and risk factors of adolescents in rural S.A., and has sought to include adolescents directly. The study takes a mixed methods approach to data collection and in addition to collecting epidemiological data will provide participants (both health care workers and young people) with a voice. Over the past two years, Ms Kurtin has conducted focus group discussions and individual interviews with 38 health service providers who are currently providing mental health care to adolescents in these rural areas of South Australia. These participants held a range of occupations, including: General Practitioner, mental health nurse, psychiatrist, Aboriginal health worker, student counsellor, youth worker and drug and alcohol counsellor, to name a few. During focus groups and individual interviews, service providers were asked a series of questions about what types of mental health issues adolescents in their communities were experiencing, the individual experience of providing care to this group, and also what types of resources or services were necessary for effective future practice.

**Map of locations, including areas serviced by health workers who participated in the study.**

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# The Mental Health of Adolescents in Rural S.A.

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Following thematic analysis of the large amount of qualitative data obtained from the service providers in this study, three significant recommendations emerged:

**1. Engaging with young people & establishing rapport:**
Service providers felt they needed to do more to engage and build a relationship with young people initially, even if this meant trying out novel ideas and utilising non-traditional methods of care. Often, they found non-direct methods of interviewing their clients. For example:

> *'When I could not get kids to talk to me, I used to clean the stove. It didn't matter how nice and clean it was already, I used to make out I was cleaning the stove. And they would ask me questions and just talk to me and we would have a better relationship the next day. It's too confronting to just sit with them and say, "tell me about this"'*
> *(FG1SP04, Youth Worker, Line 1448-1456).*

**2. Changing the layout of services to make them 'youth-friendly':**
Feedback from service providers indicated that the physical appearance and layout of existing mental health services may actually be preventing adolescents from accessing them in the first place, and more needs to be done to address this. For example:

> *'When you go to the mental health unit, there's a great big note on the door and it says Stop! Well, it shouldn't say stop. It should say welcome! But the sign on the door says, "Stop! Report to reception". So those are the simple, little things that people with mental illness don't want to know about it. A lot of it's got to be, "change the bloody sign". It will take you two minutes'.*
> *(I2SP10, Mental Health Academic, Line 687-700).*

**3. An increase in local staff training & networking events:**
Service providers argued that it was often very difficult to receive their mental health training locally, often being required to travel great distances. In addition, there was a great need for more networking and collaboration to occur between their peers. With the high turnover of staff, it was difficult for service providers to know what services were offered by the different organisations/professionals. For example:

> *'I think it would be valuable for me, anyway, if some of us from our organisations, even if it was just twice a year, we didn't really have an agenda, but we'd need to have something to get us talking, and we could just talk and get as many people as we can. I'm still finding out (about) services here that I didn't know (existed), and I've been doing this job for eight years now. It's embarrassing. I want to find out more. I know there's probably something more out there that I can use for my clients.'*
> *(FG1SP04, Youth Worker, Line 1387-1393).*

The results of this first study were used to develop the three additional studies currently being conducted by Ms Kurtin and her supervisory team. A self-report questionnaire investigating various facets of mental and physical wellbeing and risk factors has been distributed to adolescents in years 10-12 at eight rural secondary schools in South Australia. Additionally, eight focus group discussions focussing on the experience of growing up in a rural area have also been conducted, with adolescents providing specific information about the types of health services they would prefer in their towns.

Ms Kurtin is due to complete her PhD project in late 2009. Please feel free to contact her for any additional information about the study, or for a list of references at: marijeta.kurtin@adelaide.edu.au

# New research projects aim to improve quality of life for cancer victims

Six innovative research projects designed to improve quality of life for people with cancer and their carers have been awarded funding by *beyondblue* and Cancer Australia.

The jointly-funded projects are among 42 selected through the Federal Government's $14 million Priority-driven Collaborative Cancer Research Scheme to help in the fight against cancer and its impact.

Research shows that 43 per cent of people with a chronic physical illness have depression. In some people who have cancer, that figure is higher. For example, 50 per cent of women with breast cancer will develop depression or anxiety in the year following their diagnosis.

Men with prostate cancer are nearly twice as likely to develop depression as men in the general community and partners of men with prostate cancer are also at increased risk of mental health problems (Couper 2006).

*beyondblue* Chairman The Hon. Jeff Kennett said information about the link between chronic illness and mental health was confirmed as a result of previous *beyondblue*-funded research. He believes there is still much to be learned about the intricacies of the link between cancer and depression/anxiety.

"We know that in 2009, 98,000 Australians will be diagnosed with cancer," he said.

"While medical treatments have come a long way in recent years and the survival rate is improving, we need to ensure people with cancer and their loved ones have the best chance of staying mentally healthy through what can be an extremely traumatic time.

"Previous research funded by *beyondblue* has shown that people with cancer are particularly at risk of developing depression and we know now that if the depression is left undiagnosed and untreated, it will most likely impede someone's chances of recovery."

"Over the past eight years, *beyondblue* has committed $10 million to investigating how we can improve the quality of life for the people with chronic illnesses and their families. While we may not yet have a cure for cancer, we can work towards a better outcome for everyone."

Previous research into co-occurring health conditions has led to the development of a range of *beyondblue* fact sheets on depression specifically for people with chronic illnesses including breast cancer, prostate cancer, asthma, Parkinson's disease, stroke, diabetes, dementia and chronic heart disease.

To see these fact sheets, or for more information on depression, anxiety or related mental health disorders, go to www.beyondblue.org.au or call the *beyondblue* information line on 1300 22 4636.

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**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


**Editors: Elizabeth Proude, Susan Stratigos, Jacky Hony & Pippa Burns**

Articles appearing in *intouch* do not necessarily reflect the views of the PHAA but are intended to inform and stimulate thought, discussion and comment. Contributions are welcome and should be sent to:

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